

Needs Determination

An update on corporate foster care reduction efforts and reducing related barriers to independent living for people with disabilities

Minnesota Department of Human Services

Disability Services Division

August 2014



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Minnesota Statutes, Chapter 3.197, requires the disclosure of the cost to prepare this report. The estimated cost of preparing this report is \$1,621.

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I. Executive summary

During the 2012 and 2013 sessions of the Minnesota Legislature, lawmakers required ([Minn. Stat. §245A.03, subd. 7\(e\)](#)) the Commissioner of the Department of Human Services (DHS) to:

- Develop and conduct an annual needs determination process in regard to corporate foster care
- Present a report to the legislature by Feb. 1, 2013
- Deliver a follow-up report by Aug. 1, 2014, on actions taken
- Conduct yearly follow-ups afterward.

The following report fulfills the requirement to deliver a follow-up by August 2014. It reviews what steps the state took to reduce corporate foster care beds and meet the statewide reduction goal.

Starting in August 2015, DHS will combine the needs determination report and the gaps analysis report.

By working with county moratorium liaisons, Minnesota reached its bed-reduction goal before June 30, 2014, and:

1. Found more independent community living alternatives to corporate foster care
2. Created a widespread understanding of what the moratorium and statewide reduction would mean to each county's capacity and practice
3. Shifted from county decision-making to state approval with county recommendations, including moratorium exceptions
4. Implemented a statewide voluntary closure process with providers by making a rate-reduction incentive available
5. Implemented a county-recommended vacancy closure process.

The February 2013 report identified barriers to independent living. Work to reduce those barriers, such as housing access, transportation, employment and assistive technology, is ongoing. A short summary, recommendations and links regarding this ongoing work, including the Moving Home Minnesota program, are included in this report.

II. Legislation

Minnesota Statute, section 245A.03, subdivision 7:

(e) A resource need determination process, managed at the state level, using the available reports required by section 144A.351, and other data and information shall be used to determine where the reduced capacity required under paragraph (c) will be implemented. The commissioner shall consult with the stakeholders described in section 144A.351, and employ a variety of methods to improve the state's capacity to meet long-term care service needs within budgetary limits, including seeking proposals from service providers or lead agencies to change service type, capacity, or location to improve services, increase the independence of residents, and better meet needs identified by the long-term care services reports and statewide data and information. By February 1, 2013, and August 1, 2014, and each following year, the commissioner shall provide information and data on the overall capacity of licensed long-term care services, actions taken under this subdivision to manage statewide long-term care services and supports resources, and any recommendations for change to the legislative committees with jurisdiction over health and human services budget.

III. Introduction

This report is a follow up pursuant to [Minn. Stat. §245A.03, subd. 7\(e\)](#). It informs state, county and tribal administrators on actions taken by DHS since 2013 as part of the corporate foster care reduction efforts.

The 2009 Minnesota Legislature authorized a moratorium on growth of corporate foster care for adults and children. In 2011, legislation followed establishing a statewide capacity reduction for CFC. The state met that deadline of June 30, 2014.

In February 2013, DHS presented a [needs determination report](#) to the Minnesota Legislature. It included results from a survey conducted with state counties. It focused, in part, on the growth of corporate foster care for people on Brain Injury (BI), Community Alternatives for Disabled Individuals (CADI) and Developmental Disability (DD) waivers.

The initial needs determination survey with Minnesota counties was conducted in Fall 2012. It assessed housing needs for people with disabilities and identified support services to assist them with living more independently. DHS conducted a [gaps analysis](#) the following year with people with disabilities and/or their representative(s). Both reports included common service gaps:

- Transportation
- Housing options
- Employment
- Support services.

For this reason, an update on these key service gap areas has also been included in Section V of this report.

Recently implemented state initiatives continue to develop alternatives to corporate foster care for people who seek more independent options. [The Jensen Settlement](#) and [Minnesota's Olmstead Plan](#) assure that all people with disabilities can work, learn and live in an integrated community setting of their choice with respect and dignity.

IV. Update

Shortly after the 2012 Legislative session, DHS's Disability Services Division hired a Residential Fiscal Planning Analyst. This person oversees the process for statewide coordination of corporate foster care requests for new development. Previously, County staff — referred to as county moratorium liaisons — negotiated contracts with providers and used their 'banked beds' for individuals who needed to live in a corporate foster care setting. The staff also negotiated bed 'trades' with neighboring counties to meet these needs.

Disability Services Division updated its process to be more person-centered and coordinated with these county moratorium liaisons and DHS Licensing Division staff. The Disability Services Division began assisting with a weekly review of requests using updated criteria. It created new, adaptable forms for county recommendations, which now needed state approval.

Disability Services Division began tracking all corporate foster care requests, including ones from early 2013 that were already in process but not completed (e.g. had been approved by a county board; a four-bedroom home had been purchased, built or leased; people were ready to move in; etc.). Disability Services Division also tracked the five moratorium exceptions, as well as the urgent health and safety needs of individuals. The Disability Services Division residential fiscal policy planner assisted counties with complex problem solving about this new process, as well as ever-shifting county foster care housing needs.

In addition to a statewide coordination of efforts, a reduction of up to 128 corporate foster care beds statewide went into effect beginning July 1, 2013. Having a strong, clear process in place, along with regular communications, assisted Disability Services Division (in partnership with the county moratorium liaisons) in meeting the reduction by the June 30, 2014 deadline. State and county staff worked together to:

- Find creative alternatives to corporate foster care
- Work with providers to de-license vacant beds
- Provide a voluntary closure-rate incentive to providers.

Three grantees of local planning dollars, which were given to assist with development of alternatives to corporate foster care, will report initial results when the next needs determination report (combined with the gaps analysis report) is released August 2015.

V. Barriers identified

Both the [needs determination report](#) and the [gaps analysis](#) identified common barriers for people who want to move into more independent settings:

- Transportation
- Housing options
- Employment
- Assistive technologies (as an important support service).

The following updates include:

- Background on each area
- Actions that have taken place since the February 2013 Needs Determination Report was published
- Recommended next steps.

A. Transportation

A sufficient transportation system provides safe, convenient, efficient and effective movement of people and goods. It is a necessary feature of life in community. Transportation facilitates interaction with a variety of people, participation in community events, school attendance, employment, commerce, civic engagement, recreation and pursuit of interests. Without effective means of transportation, people have limited options and, potentially, a diminished quality of life.

Creating and maintaining a sufficient transportation system is complex. Transportation comprises many interconnected parts and multiple variables. All these factors lead to the complexity of the solution and the costs involved:

- Different geographic areas to cover
- Variation in population density
- Variation in destination and time when transportation is needed
- Individual requirements, such as available seating, short wait times, protection from weather, and accessibility

People with disabilities consistently identified transportation as a highly necessary service. According to responding counties and tribes in the 2013 needs determination process, transportation was the second-most frequently cited support service needed to expand independent community living (64 percent). The other most necessary support services identified were:

- Independent living skills training (65 percent)
- Housing access services and coordination (62 percent)
- 24-hour emergency assistance (61 percent).

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This mirrors similar findings in previous planning activities, such as the Minnesota State Council on Disability's transportation forums (2008-2012) and the 2011 Greater Minnesota Local Human Services Transit coordination plans.

Moving Home Minnesota prioritizes transportation

This Money Follows the Person federal demonstration grant focuses on assisting and supporting the transition of certain people who reside in institutional settings to integrated community settings. The focus is on the process of planning for transition and supporting the person with additional services during the first year after transition to the community. Moving Home Minnesota pays for transportation to allow people to find housing and employment.

Actions since the February 2013 needs determination report

In November 2013, Minnesota completed its first Olmstead Plan. The overall goal for the plan is for people with disabilities to live, learn, work and enjoy life in the most integrated setting. Transportation is included as its own section of the plan because it is so integral to achieving the other community integration objectives of the plan.

The Olmstead Plan lays out four actions to ensure Minnesotans with disabilities have reliable, cost-effective and accessible transportation choices. These actions support the essential elements of life such as employment, housing, education and social connections:

- Establish a baseline of transit expenditures and types of service provided across state agencies to better support people with disabilities
- Engage community members to expand flexibility in transportation systems
- Integrate Olmstead principles into existing transportation plans so that Minnesota's transportation policy supports integration and inclusion of people with disabilities
- Engage the Minnesota Council on Transportation Access (MCOTA).

To engage community members in an attempt to expand flexibility in transportation systems, the Minnesota departments of Human Services and Transportation sponsored an Olmstead Transportation Forum on March 26, 2014. Not just a one-time effort, The Forum served as a kick-off to a renewed effort to bring people with disabilities into the transportation planning process in a meaningful way. The forum participants acknowledged and built-upon prior planning and community input. It also gave participants information about how to be further involved in the future.

Next Steps

Additional, though not typical, resources will expand transit service during the next few years. There is a plan to add 40,000 more hours of service to Greater Minnesota transit in 2015. This is an important opportunity. By altering state and local government's traditional planning practices, we reach goals that improve life for people with disabilities.

An update to MnDOT's transition plan is in progress and will include Olmstead needs.

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The next round of investment plan development is also in 2015. As expanding service to night and weekends is consistently a highly ranked priority, it is likely to be an important aspect of the plan. Any service expansion that results from this will take two years to implement. The next Transportation Investment Plan process will specifically include the disability community.

The Federal Transit Authority established the Section 5310 program as a discretionary capital assistance program. In cases where public transit is inadequate or inappropriate, the program awards grants to private non-profit organizations to serve the transportation needs of elderly persons and persons with disabilities. The Minnesota Department of Transportation (MnDOT) annually awards grants under this program. MnDOT also recognizes the need to increase outreach and incorporate feedback received when doing local-service planning.

MnDOT recently released the fiscal year 2015 (FY2015) solicitation. It speaks to the opportunity for developing new approaches to building the transportation infrastructure. The FY2016 solicitation may address some of the issues raised at the Forum. MnDOT determined that it could reach potential new partners and develop innovative approaches if:

- The solicitation was distributed more widely than it has been in the past
- Technical assistance is available to entities that might not be aware of the program.

Incorporating people with disabilities and older Minnesotans into the review process would be a significant step toward engaging affected communities in the planning process.

B. Housing

Minnesota has been a leader in the deinstitutionalization effort and has worked to assure full integration of people with disabilities in the community. As a means to assure integration, the state has identified certain limits on the number of people with disabilities on a waiver program that could live in certain settings. Beginning in 2001, the limit in one building was four people receiving Brain Injury (BI) and Community Alternatives for Disabled Individuals (CADI) waivers services. As more and more people moved to community settings, it became clear to individuals, advocates, service providers, lead agencies and the state this limit was often not workable in all situations. To address this, the 2012 Minnesota legislature passed legislation defining home and community-based settings, which included a limit of 25 percent of the building being people with disabilities receiving waiver services.

In January 2014, the Centers for Medicare & Medicaid Services (CMS) issued a new federal rule defining home and community-based settings for all home and community-based services. States are required to submit a compliance and transition plan, and have a five-year transition plan for existing programs. Minnesota is in the process of getting stakeholder input into the compliance and transition plan, as well as conducting a review of existing policies and statutes. The federal rule does not include a specific concentration limit, but instead focuses on outcomes for people and assuring community integration in all areas of an individual's life.

Actions since February 2013 needs determination report

- **Olmstead Plan:** In collaboration with other state agencies, DHS completed the Olmstead implementation plan. It identifies necessary actions specific to housing, supports and services that seek to provide people with disabilities with the option to live in the most integrated setting possible. DHS is coordinating across the department and with other state agencies to implement the actions.
- **DHS Housing Workgroup:** DHS established an internal workgroup across all areas of the department, specifically focused on streamlining housing programs and learning from each other. The group meets monthly with a variety of subgroups meeting more frequently.
- **HCBS rule compliance and implementation plan:** DHS has begun to obtain input from people who receive services, as well as other stakeholders on the development of the state's compliance and implementation plan, which DHS will submit to CMS by the end of 2014.
- **Housing Access:** DHS partnered with The Arc Minnesota to increase outreach, referrals and support for people on disability waivers. Since 2009, 1,002 Minnesotans relocated to suitable, affordable and accessible homes of their own. Additionally, the program fostered more than 8,700 contacts and referrals.
- **Moving Home Minnesota:** Moving Home Minnesota partnered with Minnesota Housing Finance Agency (Minnesota Housing) in 2012 to apply for HUD Section 811 Project Based Rental Subsidy vouchers. In 2013, HUD awarded Minnesota 95 vouchers. They will be available to people enrolled in Moving Home Minnesota and to people

experiencing long-term homelessness. The contract between Minnesota Housing and HUD is in the signature process. In June 2014, Moving Home Minnesota partnered with Minnesota Housing to apply for an additional 75 vouchers.

Next Steps

- **HCBS rule compliance and implementation plan:** DHS will release a draft compliance and implementation plan and continue to seek input during the late summer and early fall of 2014. DHS will submit the final plan to CMS by the end of 2014, and will give an update to the legislature by Jan. 15, 2015.
- **Olmstead implementation:** DHS will continue to coordinate within DHS and across state agencies to implement the goals of the Olmstead Plan to successfully provide supports to individuals in the most integrated settings.
- **Coordinate with GRH/MSA housing assistance reform:** The Department is preparing a Group Residential Housing (GRH) and Minnesota Supplemental Aid (MSA) housing assistance reform effort to assure there is consistent work across the various housing-related reform efforts.

C. Employment

Employment is an important part to full community integration, economic advancement and quality of life for people with disabilities. That is why DHS sets competitive, integrated employment as the preferred outcome for people on its programs.

Actions since February 2013 needs determinations report

- **Olmstead Plan:** In collaboration with other state agencies, DHS participated in the Olmstead work plan, which lays out actions needed to improve competitive, integrated employment outcomes for people with disabilities. Work has commenced on action items to further this goal. .
- **Waiver Review:** DHS completed 38 county waiver reviews to identify promising practices and to track local improvements. Employment for working age adults (ages 22-64) is an area of focus during the review. DHS measures the lead agency's performance and compares it to cohort groups.
- **Medical Assistance for Employed Person with Disabilities (MA-EPD):** MA-EPD continues to offer medical assistance to employed people with disabilities.
- **Information, Referral and Assistance**
 - *Disability Linkage Line*® provided in-depth benefits and work training to each of their options counselors, and created an Economic Advancement Discussion Guide to help options counselors consistently offer work as an option and a solution
 - *Disability Linkage Line*® added four Work and Benefits Specialists positions to expand the system's capacity to engage people in work and benefits planning

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- *Disability Benefits 101*, the online work and benefits planning tool, updated content and tools based on The Patient Protection and Affordable Care Act changes.
- **Customized Employment**
 - Established customized employment as a Moving Home Minnesota Service
 - Created protocols to embed employment in the Moving Home Minnesota Person Centered Plan
 - Contracted with Griffin Hammis to train and provide technical assistance on customized employment to service providers.
- **MnCHOICES**
 - MnCHOICES staff embedded employment principles in Certified Assessor training.
 - Counties began using the mandatory employment module in the MnCHOICES tool.
- **Moving Home Minnesota:** This Money Follows the Person federal demonstration grant is developing and testing a customized employment service available to people enrolled in the demonstration. Between October and May, Moving Home Minnesota has provided training through a contract with Griffin & Hammis on this service delivery model to 36 community based employment service providers. As noted above, Moving Home Minnesota also pays for transportation to allow individuals to find housing and employment.

Next Steps

- Develop an outreach plan for families illustrating the impact of integrated, competitive employment on individual benefits through the use of DB101 and work incentives
- Offer enhanced training on person-centered planning to ensure Employment First and employment-planning strategies are incorporated
- Provide 1,000 Work and Benefits Estimator Sessions to people ages 14-21 who are receive Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI)
- Begin implementation of Reform 2020 Encourage and Empower employment strategies
- Align waiver services and rates to better support integrated competitive employment goals
- Develop follow-up strategies and introduce work planning for participants new to SSI/SSDI benefits.

D. Assistive Technology as a Support Service

Many Minnesotans with disabilities want to stay in their home or move to a home of their own, but they need assistive technology to do so. Providing the right assistive technology requires skilled teams with unique skills to identify needs and determine the best way to provide it.

Beginning in 2013, a Technology for HOME grant partnership between LiveLife Therapy Solutions and DHS provides consultation and training on assistive technologies to counties, tribes, families and others. Service includes consultation and training. The goals of Technology for HOME are two-fold:

- Making providers more aware of the potential of assistive technology to increase independence
- Provide assistive technology assessment, training and follow-up to individuals to support their ability to live in the least restrictive environment

DHS has additional partnerships with PACER, STAR, Gillette clinics and the DHS Telephone Distribution Program, a service where vendors loan speech-generating devices for individual trials.

Actions since February 2013 needs determination report

LiveLife Therapy Solutions and DHS have increased the goal of consulting with 1,402 individuals to 1,610 due in part to successful marketing and outreach efforts. Nearly 75 percent of people served are receiving PCA, CADI or DD services.

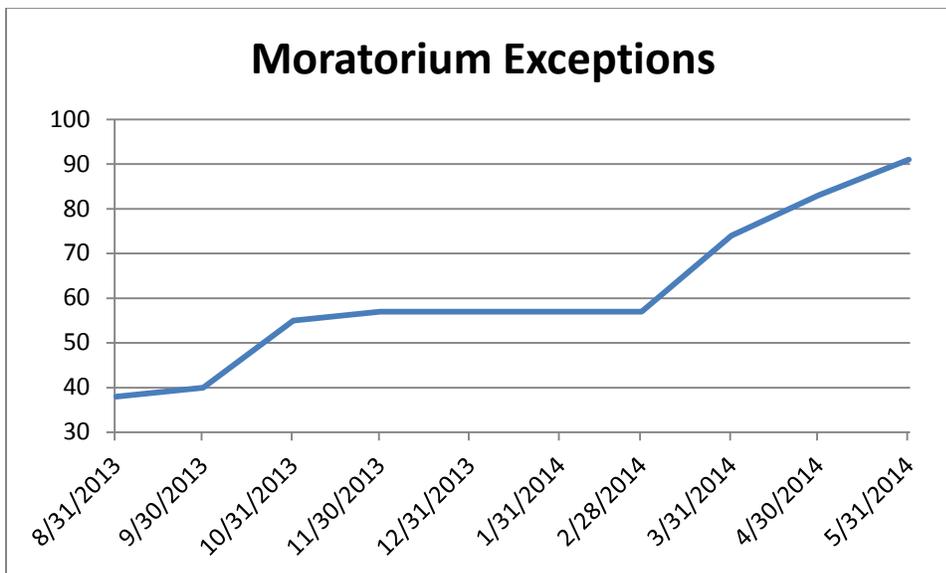
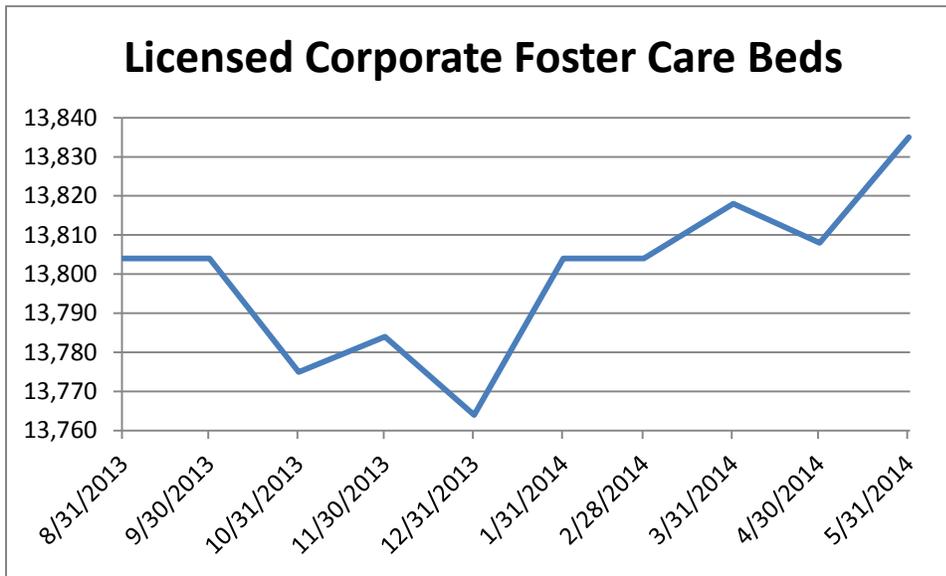
Many individual success stories involve increased communication and the ability to successfully live or return home.

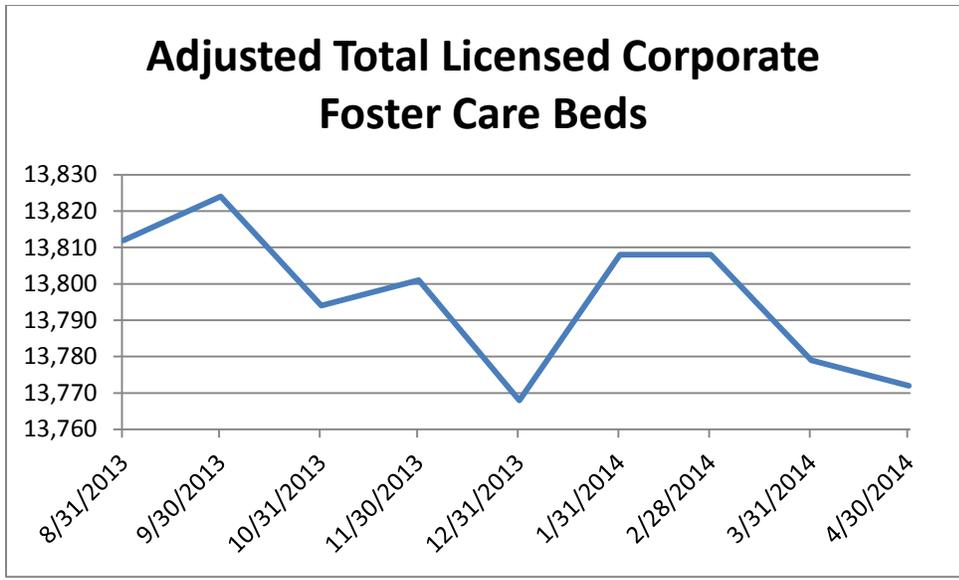
Next Steps

- Continue efforts to communicate with the state's 87 counties and 11 tribes in a variety of ways.
- Continue to track key information about the people served
- Build new partnerships with other programs to improve delivery of assistive technology services
- Identify — through tracking of less represented geographic areas — new marketing and outreach opportunities.

VI. Licensed Adult and Child Corporate Foster Care

The baseline for the statewide bed reduction was set in statute with the July 2011 count of licensed corporate foster care beds. The “up to 128 bed” reduction began July 1, 2013. The state met the goal by the June 20, 2014, statutory deadline. The third graph below (adjusted) includes licensed-bed counts minus moratorium exceptions and a small number of urgent, safety recommendations from a few counties during this period.





VII. Links to Additional Information –

Community living settings [Minn. Stat. §256B.49, subd. 23](#)

[Corporate foster care moratorium](#)

[Gaps analysis](#)

HCBS settings [Minn. Statute §256B.492](#)

[Needs determination report](#)

[Minnesota's Olmstead Plan](#)

[Moving Home Minnesota](#)

VIII. Addendum

A. Timetable of Actions Taken: The following is a recent history of state legislation enacted, the details of that legislation and the Disability Services Division’s response.

Legislation enacted	Details	DHS’s Disability Services Division Response to Legislation
<p>Corporate foster care (CFC) moratorium: 2009 (ongoing)</p>	<p>Effective July 1, 2009, legislative action Minnesota Laws 2009, Chapter 79, Article 8, Section 8 prohibited the DHS Commissioner from assigning initial licenses for child and adult corporate foster care. Exceptions to the moratorium include:</p> <ul style="list-style-type: none"> • Persons requiring a hospital level of care • Settings that require Minn. Stat. 144D Housing with Services registration (80% or more of the residents are age 55 or older) • Closure of a nursing facility, ICF/DD, regional treatment center or due to restructuring of state-operated facilities and closure plan in place 	<ul style="list-style-type: none"> • County moratorium liaisons were assigned • ‘Banked beds’ were assigned by DHS to each county based on county records, • Cross-county ‘placements’ handled through county moratorium liaisons with case managers • DHS staff created the Request to Close or Develop New Corporate Foster Care Form, DHS-6021 (PDF) for review of new requests from counties • An initial state approval/tracking process was designed and implemented.

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<p>Assessment</p> <p>2011 (ongoing)</p>	<p>In 2011, the Legislature modified Minn. Stat. section 245A.03, subd. 7, the corporate foster care moratorium, by directing local agency case managers at the time of reassessment, to assess recipients of CADI and BI waivers currently residing in corporate foster care to determine if they may be appropriately served in a community-living setting*.</p> <p>The legislature also required DHS to reduce corporate foster care capacity as people move into community-living settings. This was amended in 2012 to include statewide capacity reduction language.</p>	<ul style="list-style-type: none"> • DHS requested ideas/plans from counties regarding their development efforts to create alternative settings to corporate foster care • When recommending new development, DHS reminded counties to make sure that assessments of individuals' desires to live independently had been considered, etc.
<p>Local Planning Grants:</p> <p>2011 (2014 and ongoing)</p>	<p>The objective of these grant funds is to:</p> <ul style="list-style-type: none"> • Provide planning dollars to counties to develop alternatives to congregate living for people with disabilities • Re-purpose existing congregate settings to better align resources with unmet needs • Develop a more robust set of service options in individual counties or regions, or • Plan for people who choose to return to their home communities. 	<ul style="list-style-type: none"> • 2012 and 2013 funds were combined and repurposed to conduct the Gaps Analysis (delivered by the Improve Group) • A Request for Proposals for local planning grants went out in January 2014 and resulted in three grantees: Stearns County, Washington County and a group of metro counties

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<p>Moratorium Modified: 2012 (2013 and ongoing)</p>	<p>The 2012 Legislature Minnesota Laws 2012, Chapter 247, Article 4, Section 6 modified the corporate foster care moratorium by:</p> <ul style="list-style-type: none">• Delaying the closure of beds (as people moved to community-living settings) from beginning July 1 2012, to July 1, 2013; criteria was changed to give DHS discretion on closing beds, by statewide county needs determination process of where those beds are needed most;• Requiring an annual resource need-determination process to determine where reduced corporate foster care capacity will be implemented;• Giving the Commissioner the authority to de-license up to 128 beds by June 30, 2014, using the needs-determination process Minn. Stat. 245A.03 Subd 7• Exempting certain providers who would otherwise be subject to the decreased licensed capacity; and• Creating a new process for voluntary adult foster care planned closures (2013 Minn. Statute 256B.493)	<ul style="list-style-type: none">• Needs Determination survey completed December 28, 2012, with initial report published February 2013; Residential Fiscal Policy Planner assigned June 5, 2013, to focus on corporate foster care moratorium, statewide corporate foster care bed reduction, statewide coordination/tracking, working on alternatives to corporate foster care, and available to assist county moratorium liaisons;• County ‘banked beds’ were eliminated July 1, 2013;• Process for reviewing new corporate foster care development ‘already in the pipeline’ (when July 1, 2013 was reached) established with deadline of September 30, 2013;• Internal Disability Services Division/Aging Divisions’ Policy Review Team agreed to add discussion regarding complex, new development requests to their weekly meetings;• DHS Licensing’s county bed counts became the baseline starting with July 1, 2011;• Monthly county corporate foster care licensed bed counts were monitored, the DHS Form 6021 was revised and the Community Based Services Manual (CBSM) page was revised to assist counties.
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<p>Closure of Vacant Beds: 2013 (2014 and ongoing)</p>	<p>DHS, with provider involvement, now reviews county recommendations to de-license homes or beds that have been vacant for at least a year. In 2013, the Legislature Minn. Stat. 256B.493 Adult Foster Care Planned Closure directed the commissioner to solicit proposals for the conversion of services provided for persons with disabilities in adult foster care homes to other types of community settings in conjunction with the closure of identified licensed adult foster care.</p>	<ul style="list-style-type: none"> • A 'closure of vacant corporate foster care beds' process was created for county recommendations; • An email to stakeholders sent January 24, 2014; • DHS Form 6021 and CBSM page revised for assistance to counties
<p>Moratorium – added exceptions: 2013 (2013 and ongoing)</p>	<p>Beginning July 1, 2013 by Minnesota Laws 2013, Chapter 108, Article 7, Section 3, transitions from the Minnesota State Security Hospital and Anoka Regional Treatment Center were added to the preceding list of moratorium exceptions.</p>	<ul style="list-style-type: none"> • DSD staff assigned to assist w/ requests on these two specific additions, • DHS Form 6021 and CBSM page revised for assistance to counties

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<p>Minnesota's Olmstead Plan:</p> <p>2013 (2014 and ongoing)</p>	<p>For the long-term supports and services system to be truly person-centered, service design and delivery needs to be flexible and individualized. Currently, because of an individual's level of need and the cost of services, the only available option an individual may have is to receive services in a congregate setting - either an institutional setting or a group living arrangement. While this is a preferred option for some, it precludes having free choice if there is no other option available. In order to have services that are truly person-centered, there needs to be a range of living settings from independent living to congregate living available.-MN Olmstead Plan</p>	<p>The Residential Fiscal Policy Planner, along with other DHS staff, has been trained on Jensen Settlement, Olmstead Plan, Person-Centered Thinking and Person-Centered Planning to better assist counties with CFC requests.</p>
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<p>Voluntary Provider Rate Adjustment:</p> <p>2013 (2013 and ongoing)</p>	<p>Providers planning to voluntarily close a corporate foster care home with people still in residence can apply for a rate reduction during an up-to-six month period of site transition.</p>	<ul style="list-style-type: none"> • ARRM proposed initial legislation and the Legislature passed it in 2012. • Disability Services Division and ARRM told providers of this option for the first time in February 2013; but there was no response. This partially was because there was confusion about the baseline number of corporate foster care beds set at July 1, 2011, and not on July 1, 2009. • DHS sent a reminder in November 2013 that included additional detail regarding a process for rate adjustment with the County of Residence • DHS revised Form 6021 and created Voluntary Closure Application DHS-6021B (PDF) for providers to fill out in advance of talking with a county about closure • DHS revised the Community Based Services Manual (CBSM) corporate foster care page
<p>Changes to Size & Setting- 5th bed:</p> <p>2013 (2014 for all 5)</p>	<p>DHS did not have approval to add 5th beds until CMS approved for all waivers. The last approval was for those on the DD waiver (late December 2013).</p> <p>A request for a 5th bed on a <i>permanent</i> basis (considered a new development of corporate foster care must be approved in advance by DSD). The county works with DHS Licensing directly to request a 5th bed <i>temporary</i> variance .</p>	<ul style="list-style-type: none"> • DHS revised Form 6021 and the CBSM corporate foster care page to assist counties.

* **“Community-living settings”** [Minn. Stat. 256B.49, subd 23](#) are defined as single-family homes or apartments where the service recipient or his or her family owns or rents, and maintains control over, the individual unit. Community-living settings must meet the following criteria in addition to those mentioned in statute:

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- Individuals must not be required to receive services through the housing provider
- Individuals must not be required to have a disability or specific diagnosis to live in the setting
- Individuals may choose whether to share their household and with whom
- Individuals must have lockable access and egress (Minn. Statute 256B.49, subd 23)