

*Day Training and Habilitation (DT&H) Services*

Determination of Need Application For Expansion of DT&H Services

Instructions

Lead agencies must use this form when they want to develop new DT&H services or expand, change or increase existing DT&H services for people with developmental disabilities.

For more information on the request process and DHS' legal authority, see the [Day training and habilitation \(DT&H\) services need determination page](#) in the [Community-Based Services Manual \(CBSM\)](#).

When completed, submit this form and any additional documentation using the “submit” button on page 4.

Lead agency information

DATE 8/20/2020	NAME OF LEAD AGENCY Lake Owasso Residence	CONTACT PERSON'S NAME shari.nesja@co.ramsey.mn.us	PHONE (651) 266-0716
CONTACT PERSON'S EMAIL shari.nesja@co.ramsey.mn.us		CITY Shoreview	STATE MN
		ZIP CODE 55126	

DT&H program information

PROGRAM NAME Lake Owasso		CONTACT PERSON Shari Nesja		PHONE (651) 266-0716
CONTACT PERSON'S EMAIL shari.nesja@co.ramsey.mn.us				FAX NUMBER (651) 765-7722
STREET ADDRESS 210 N. Owasso Blvd.		CITY Shoreview	STATE MN	ZIP CODE 55126
NPI/UMPI NUMBER 1871651521	DHS LICENSE NUMBER 1072975	CORPORATE (PARENT) NAME Ramsey County		

Request

Based upon the service and support needs identified in the Coordinated Services and Support Plans and Addendums (CSSP and CSSP Addendum), we request to: (check all that apply)

<input checked="" type="checkbox"/>	Develop a new facility-based, DT&H program
IF SO:	<ul style="list-style-type: none">■ Provide a summary of the need for services and supports as identified within the CSSPs and CSSP Addendums■ Provide a summary of the proposed services and supports to be provided to people.
<input type="checkbox"/>	Develop a new congregate, community-based, DT&H program
IF SO:	<ul style="list-style-type: none">■ Provide a summary of the needs for services and supports as identified within the CSSPs and the CSSP Addendums■ Provide a summary of the proposed services and supports to be provided to people
<input type="checkbox"/>	Develop a new DT&H program satellite facility
IF SO:	<ul style="list-style-type: none">■ Provide a summary of need■ Provide the number of people that will be served

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<input type="checkbox"/>	Increase DHS licensed DT&H program facility capacity (e.g., increase the number of people with developmental disabilities who receive DT&H services within the day-service provider's facility)
IF SO	■ Provide a summary of need, the number of people that will be served
<input type="checkbox"/>	Increase the number of service days providing DT&H services (not to exceed 23 days a month)
<input type="checkbox"/>	Change the location of the DT&H service-provider facility/site
IF SO	■ Provide the present and future addresses ■ Provide the increases in primary, usable square footage within the new facility(s) for the purpose of increasing the number of people with developmental disabilities who receive DT&H services.
<input type="checkbox"/>	Change the fundamental DT&H program/services provided to people
IF SO	■ Provide a summary of the proposed services and supports to be provided
<input type="checkbox"/>	Change the DHS license to serve a different age group of people

Requirements

The lead agency must base the development of new DT&H services or the expansion and modification of existing DT&H services upon service needs identified in the Coordinated Services and Support Plan and Addendum (CSSP and CSSP Addendum) as required by [Minn. Stat. §256B.092, subd. 1b](#).

Do all the people who either currently receive who will receive DT&H services have a current CSSP and CSSP Addendum that meets the statutory requirements?	<input type="radio"/> Yes <input type="radio"/> No
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Changes

In column A, list the current license conditions. In column B, list any proposed changes. If you do not request a change in column B, write N/A.

CHANGES	COLUMN A (CURRENTLY)	COLUMN B (PROPOSED)
No more than this number of persons can be served on site at any one time.		
Age of persons served (as stated on License)		

County board comments and approval

Pending

The county/tribal board supports the need for changes to the programs or services as described in this application and recommends approval of this application.

SIGNATURE OF COUNTY BOARD CHAIRPERSON OR DESIGNATED REPRESENTATIVE	DATE OF COUNTY/TRIBAL BOARD ACTION
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Additional requirements

Please answer the following items (If the items are not relevant to this application, write N/A).

1. Please describe how the lead agency's proposed DT&H services determination of need request application is related to the service needs identified in the lead agency's:

- A. Community health and human services plan
- B. Community social services administration (CSSA) plan
- C. Lead agency needs determination/gaps analysis reporting
- D. CSSPs and CSSP Addendums for people with developmental disabilities.

Lake Owasso Residence (LOR) is a residential campus style Intermediate Care Facility (ICF) specializing in the service and support of people with intellectual disabilities, behavioral health, mental health, or related conditions. Its focus is to serve individuals who have been unsuccessful in other community-based settings because of challenging behaviors. LOR ensures that supports are available for those with conditions that prohibit them from living in a more independent setting. These individuals require intensive specialized supports, services, and supervision only an ICF can provide. The Ramsey County Social Service Department seeks to strengthen individual and community health, safety, and well-being through effective safety-net services and innovative programming. The LOR population served is aging, as is the case at most ICFs, and the average age of residents at LOR is now 48 years old. Given changes to DT&H guidelines for employment, at least 20% of LOR residents have been unable to obtain paid work at a level that matches their abilities. In addition, the COVID-19 virus has brought an increased risk of adverse health effects with community programming or 42% of LOR residents. Finally, LOR residents have coordinated services and supports plans (CSSP) that indicate attendance at a DT&H program is beneficial for health and wellbeing.

2. If the lead agency's proposed request increases or expands the size and use of DT&H services, describe the home and community-based services and supports that were considered and ruled out as viable alternative options to DT&H services, and why.

N/A

3. Please describe how your lead agency provided information about informed choice and viable/alternative service and support options to DT&H services.

An active treatment program includes the following elements as substantiated through observation, interview and record review, informed choice and review of alternative supports: Each resident's needs and strengths are assessed and relevant input is obtained from team members. Each resident's individual program plan is based on assessed needs and strengths and addresses major life areas such as personal skills, community living skills, and employment skills, etc., essential to increasing independence and ensuring rights. Needs identified as a priority are addressed formally and through activities that are relevant and responsive to resident need, interest and choice. LOR will provide an environment that allows residents the freedom to grow and learn skills for lifelong achievement and to be successful in the activities they choose. A copy of the Minnesota Statute Service and Resident Related Rights is reviewed and distributed to LOR residents and their guardians annually.

4. If the lead agency's proposed request increases or expands the size and use of DT&H services, describe the home and community-based services and supports that could be used as viable alternative options to DT&H services in the future.

5. Please describe how the lead agency's proposed request ensures that current and prospective people receiving DT&H services and supports will have all of the following:

- A. Individualized services and supports that meet their needs and preferences
- B. Individualized opportunities to seek competitive employment and work at competitively paying jobs in the community with people without disabilities and with or without support services
- C. Meaningful community integration and involvement via regular access to available community services, resources, organizations, activities and people without disabilities.

LOR values and supports each resident's right to choose a community provider. LOR has identified a service gap for individuals who have behavioral concerns, including those who have a combination of autism and a history of aggression or other disruptive behaviors. LOR will provide vocational supports to address the complex needs that cannot be provided by other community providers to help bridge this gap. The individuals with disabilities that are served by LOR/Ramsey County, as well as individuals that are the service and financial responsibility of other counties, have service plans that identify the need for vocational supports that are currently served, or will need the support in the future. LOR staff assigned to day services support will work with individuals to access resources to meet their individual needs and preferences and work to develop partnerships within the larger community to place individuals served in the types of employment they may desire. We have had experience and success with this and will carry

6. The lead agency assures the DT&H service provider has policies and practices that protect and support:

A. The right to privacy, dignity and respect?	<input checked="" type="radio"/> Yes <input type="radio"/> No
B. Personal autonomy, independence and control of resources?	<input checked="" type="radio"/> Yes <input type="radio"/> No
C. Accessibility and freedom from restraint?	<input checked="" type="radio"/> Yes <input type="radio"/> No
D. Individualized services and supports that meet people's needs and preferences?	<input checked="" type="radio"/> Yes <input type="radio"/> No
E. Individualized opportunities to seek competitive employment, and work at competitively paying jobs in the community with people without disabilities and with or without support services?	<input checked="" type="radio"/> Yes <input type="radio"/> No
F. Meaningful community integration and involvement via regular access to available community services, resources, organizations, activities and people without disabilities?	<input checked="" type="radio"/> Yes <input type="radio"/> No

What if I have questions?

If you have questions, or need help, please contact the DSD Response Center via email DSD.ResponseCenter@state.mn.us (preferred) or by phone at 651-431-4300 or 866-267-7655.

To send via U.S. mail, write to:

Minnesota Department of Human Services, Community Supports Administration
 Disability Services Division, ATTN: DSD Response Center
 PO Box 64967
 St. Paul, MN 55164-0967

How do I submit this application?

Use the submit button below to email this complete form to DHS. If applicable, remember to attach your documentation to the email before you send it.

SUBMIT