

Olmstead Plan January 2026 – January 2031

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Executive Summary

“Delivering on the Promise. Iowans with disabilities are living, learning, working, and enjoying life in the most integrated setting.”

An *Olmstead* plan is a public entity’s plan for implementing its obligation to provide individuals with disabilities opportunities to live, work, and be served in integrated settings. A comprehensive, effectively working plan must do more than provide vague assurances of future integrated options or describe the entity’s general history of increased funding for community services and decreased institutional populations. Instead, it must reflect an analysis of the extent to which the public entity is providing services in the most integrated setting and must contain concrete and reliable commitments to expand integrated opportunities. The most integrated setting is defined for the purposes of Iowa’s *Olmstead* plan as a setting that enables individuals with disabilities to interact with non-disabled persons to the fullest extent possible. The plan must have specific and reasonable timeframes and measurable goals for which the public entity may be held accountable, and there must be funding to support the plan, which may come from reallocating existing service dollars. The plan should include commitments for each group of persons who are unnecessarily segregated, such as individuals residing in facilities for individuals with developmental disabilities, psychiatric hospitals, nursing homes and board and care homes, or individuals spending their days in sheltered workshops or segregated day programs. To be effective, the plan must have demonstrated success in actually moving individuals to integrated settings in accordance with the plan. A public entity cannot rely on its *Olmstead* plan as part of its defense unless it can prove that its plan comprehensively and effectively addresses the needless segregation of the group at issue in the case. Any plan should be evaluated in light of the length of time that has passed since the Supreme Court’s decision in *Olmstead*, including a fact-specific inquiry into what the public entity could have accomplished in the past and what it could accomplish in the future.

The *Olmstead* decision stands for individual choice. The human condition is enriched by the natural diversity in life. Disability is a natural part of that diversity. People with disabilities and long-term care needs must not be unnecessarily segregated from the community. Everyone deserves to live a fully integrated life in the community of their choosing. The Americans with Disabilities Act of 1990 and the *Olmstead* Supreme Court decision are about moving public policy and attitudes to the other end of the spectrum so that all persons with disabilities have the opportunity to be fully integrated into the communities of their choice and are only served in more restrictive settings based on their individual needs and their personal preferences.

The State of Iowa is firmly committed to ensuring that people with disabilities experience lives of inclusion and integration in the community. We envision an Iowa where people with disabilities have the opportunity, both now and in the future, to live close to their families and friends and as independently as possible, to work in competitive integrated employment, to be educated in integrated settings, and to participate in community life. This *Olmstead* Plan is a groundbreaking, comprehensive plan to provide people with disabilities opportunities to live, learn, work, and enjoy life in integrated settings. This Plan is both a resounding proclamation of the State of Iowa’s commitment to inclusion and a vital, dynamic roadmap to making our vision a reality for present and future generations of Iowans.

1999

The Olmstead Decision issued in 1999 specifically concerns Title II of the ADA and its prohibition of discrimination against individuals with disabilities by public entities such as state and local governments. The federal regulations for Title II require public entities to “administer services, programs, and activities in the most

integrated setting appropriate to the needs of qualified individuals with disabilities.” The most integrated setting is defined as one that “enables individuals with disabilities to interact with nondisabled persons to the fullest extent possible.” This is known as the “integration mandate”. The Olmstead Plan is the state’s action plan for the “integration mandate” outlined in the Olmstead decision.

In 2003 Governor Tom Vilsack issued [Executive Order 27](#) calling upon Iowa’s state agencies to identify the barriers to community living posed by their policies and programs and to develop plans to remove them. Executive Order 27 also created the current Olmstead Consumer Taskforce to advise the Governor’s Office on strategies to promote community integration, including changes in policies or programs. The Olmstead Consumer Taskforce, continues in advising and providing valuable feedback in the development, implementation and monitoring of Iowa’s Olmstead plan and was instrumental in the development of this plan.

The Olmstead Consumer Taskforce activities also support the full inclusion of people with disabilities in housing, employment, transportation, healthcare, and other areas. The taskforce works with consumers and families, state agencies, providers, and others to ensure that legislation, changes in Iowa State Agency administrative rule, and other public policies and programs promote the full inclusion of individuals with disabilities in all aspects of life in the community. Therefore, the taskforce will continue to be a major part of the oversight of Iowa’s Olmstead plan.

Iowa

2016

Iowa developed its most current Olmstead Plan. This plan will replace Iowa’s 2016 plan as well as all its updates.

March 2025

HHS identified strategic and development priorities as well as staff for updated of Iowa’s Olmstead Plan.

Summer 2025 – further dates TBD

How This Plan is Structured

Olmstead Plan

Strategic Priorities: Major things we want to influence over the next five years.

Primary Impact Areas: The aspects within the strategic priorities that need an intentional focus to achieve our priorities.

When We’re Successful: What we hope to see as a result of the plan.

Olmstead Plan IN ACTION

Strategies: What we’re doing.

Tactics: How we’re doing it.

Measures: How well we’re doing it.

This is a five-year plan that is intended to be dynamic, which will allow us to respond to emergent needs while moving operations of our new agency forward.

We will publish an updated Strategy Plan in Action as we go that outlines progress on our strategies and tactics. The overarching plan will not change, but the strategies and tactics will be updated.

How We Will Use This Plan

The purpose and goal of this plan is to establish clear focus and direction of disability integration for the next five years.

This plan will serve as the framework to deliver on the mission and vision of the Olmstead Decision in the State of Iowa:

- Set Priorities for New Initiatives related to Olmstead
- Connect Olmstead to Strategic Priorities
- Reflect and Embed Strategic Priorities in Communications to stakeholders and the disability community.
- Guide Day to Day Collaboration and Culture

Mission and Vision

MISSION STATEMENT

Iowa HHS provides high quality programs and services that protect and improve the health and resiliency of individuals, families and communities.

ORGANIZATIONAL VISION STATEMENT

Iowa HHS is a trusted leader and partner in protecting health and providing high quality, equitable services.

HHS Guiding Principles – principles which guide all HHS plans – and applies to Olmstead

MISSION STATEMENT

The Olmstead plan incorporates Iowa's HHS mission of providing high quality programs and services that protect and improve the health and resiliency of individuals, families and communities.

DATA-DRIVEN

The Olmstead plan strives to make informed, data-driven, and evidence-based decisions to drive quality and improve results.

ACCOUNTABILITY

The Olmstead plan will use public resources. Its purpose to improve the quality of the lives of Iowa's disabled population.

INTEGRITY & COMMUNICATION

The Olmstead plan will generate trust with its intended clients through honest, respectful, and reliable communication and as well as updates to the action plan as needed.

EQUITY

The Olmstead Plan seeks to remove barriers to access and inclusion so possibilities are provided to all individuals with disabilities an opportunity to succeed in the environments of their choosing.

COLLABORATION

The Olmstead plan facilitate meaningful partnerships that focus on the voices of the individuals and communities we serve.

Olmstead Guiding Principles:

The following principles serve as foundation for Iowa's Olmstead Plan:

1. People with disabilities have the same basic human rights, options, and control over their lives as any other citizen.
2. People with disabilities have the right to access information, education, and experiences that foster their ability to make informed choices, with respect to dignity of risk.
3. People with disabilities must be given an opportunity to access competitive, integrated employment opportunities based on individual interests.
4. People with disabilities have the right to live and be supported in the community and setting of their choice, with opportunities for productive and meaningful participation in the community.
5. People with disabilities must have opportunities to develop meaningful personal relationships.
6. People with disabilities have the right to autonomy and are the experts of their own lives

PRIMARY IMPACT AREAS

ACCESS TO SERVICES: Individuals with disabilities and mental illnesses have timely and convenient access to services and support that are responsive to their needs and preferences, and are provided by a qualified, well-trained, and supported workforce

- a. Iowa's community disability services will empower individuals with disabilities, promote their inclusion in society, and improve their quality of life through increased independence, opportunities, and social interaction. Services should include but are not limited to the following: supported housing, Home and Community Based Services (HCBS) waivers crisis services, long term services and supports, case management, respite, personal care services, peer support services, and supported employment.
- b. Individuals with disabilities will live, work, attend school, and conduct their daily lives in community settings even when experiencing a life crisis. If this is not possible, disruption to daily life will be brief, minimal, and targeted to meet the individual's choices and needs. Crisis services will address any diagnosis, including complex or multiple conditions. The goals measure impact of reform of services in three areas: children's mental health; adult mental health; and disability home and community-based waivers.
 - i. Crisis services do three things: (1) stabilize a person in their current setting; (2) triage to determine if more intensive services are necessary; and (3) divert people from unnecessarily accessing segregated settings. The most effective measure for crisis services is maintaining stability in their current setting. This can be influenced by timely and appropriate crisis services and increased capacity of community providers delivering positive supports strategies.
- c. Students with disabilities have the supports they need to learn and thrive in an inclusive learning environment chosen by their families.

LIFE IN THE COMMUNITY demonstrated through integration, employment, housing and transportation: Individuals with disabilities and mental illnesses are valued, respected, and active members of their communities. Children with disabilities and mental health conditions are appropriately educated in integrated settings. Adults with disabilities and mental illnesses are employed in integrated settings of their choice, earning competitive wages and benefits. Older adults with disabilities and mental illnesses engage in meaningful activities of their choice.

- a. community-based services are appropriate to the person's needs;
- b. the individual with a disability does not oppose community-based services; and
- c. the state or local service provider can reasonably modify its programs and services to provide services in the community and will work with the individual with a disability to meet their needs.

- d. Individuals with disabilities have access to competitive integrated employment. Being fully integrated in a workplace means an individual has an opportunity to interact regularly and consistently with their non-disabled peers to the same extent as their non-disabled coworkers. Consistent with Title I of the ADA, an employee with disabilities should be treated similarly to employees without disabilities and participate equally in the customary benefits of the workplace. Ensuring that employment services are individualized, sufficiently intense and of sufficient duration, provided in integrated settings, and designed to achieve competitive integrated employment
 - i. Individualization of Services The success of a person with a disability in competitive integrated employment often depends on identifying jobs and services that align with the particular person's skills, abilities, and interests. Individualization of services is achieved through a process by which a person with a disability identifies his or her particular interests, preferences, strengths, skills, and support needs for the purpose of finding, obtaining, and maintaining employment. This process includes: (1) assessments that evaluate the individual's skills, strengths, and support needs in an integrated setting; and (2) person-centered planning
 - ii. Intensity and Duration of Services To be effective, supported employment services should be provided in a sufficient amount, intensity, and duration to enable a person with a disability to secure and maintain employment. The type, amount, and intensity of someone's services may change over time, but such services should be provided for a sufficient duration to ensure that the person can continue to succeed and to avoid placing the person at risk of unnecessary segregation. Supported employment services should be sufficient to allow individuals to work in a mainstream job for the maximum number of hours consistent with their abilities and preferences.
- e. Providing compensation and benefits to people with disabilities in an employment setting that are not equal to those offered to peers without disabilities performing the same job may also violate Title I or Title III of the ADA or other federal laws and will not be an acceptable practice for Iowa's individuals with disabilities.
- f. Individuals with disabilities and mental illnesses live in integrated settings of their choice that are safe, decent, affordable, and accessible
- g. Individuals with disabilities and mental illnesses have adequate transportation to get to the places they need and want to go.

PERSON-CENTEREDNESS: Individuals with disabilities and mental illnesses are supported and empowered to make informed choices about their personal goals, daily activities, individualized service plans, and civic involvement.

- a. Individuals with disabilities will be provided opportunities for community and social interaction to provide a multifaceted platform to enhance their mental and emotional well-being, maintain and improve physical health, engage in continuous learning, and build self-esteem and confidence.

HEALTH AND WELLNESS: Individuals with disabilities and mental illnesses receive quality health care and are supported in living healthy lives.

- a. Individuals with disabilities, regardless of their age, type of disability, or place of residence, will have access to a coordinated system of health services that meets individual needs, supports good health, prevents secondary conditions, and ensures the opportunity for a satisfying and meaningful life.
- b. Individuals with disabilities have the support and health care they need to live in the community setting of their choice.

QUALITY OF LIFE AND SAFETY: Individuals with disabilities and mental illnesses are safe, free from all forms of neglect and mistreatment, and are empowered to improve their quality of life.

- a. Individuals disabilities will see a reduction in abuse as result of any physical, emotional, or financial harm inflicted upon an individual resulting from the willful or negligent acts or omissions of a caretaker.

FAMILY AND NATURAL SUPPORTS: Individuals with disabilities and mental illnesses are supported by family members and friends of their choice and have social connections within their communities.

- a. The degree to which individuals with disabilities are interconnected and embedded in communities has a powerful impact on their health and wellbeing. Efforts

The following criteria will be used for setting measurable goals:

Baseline: Each measurable goal for increased integration or improvement of quality of life begins with an analysis of the extent to which people with disabilities are in the most integrated settings and have the necessary supports to meet their needs.

Concrete and reliable: Each measurable goal is a concrete and reliable commitment to expand the number of individuals in the most integrated settings and necessary supports that best meet individual needs.

Realistic: Each measurable goal must be realistically achievable.

Strategic: Each measurable goal sets its outcomes and activities over a defined number of years.

Specific and reasonable timeframes: Each measurable goal has specific and reasonable timeframes for which State agencies will be held accountable.

Funding: Measurable goals will address the extent to which there is funding to support the goal including potential reallocation of funds.

- **Start here with measured goals. Possible ideas for measured goals. (At this time – these are just ideas and will have to be placed under the appropriate impact area for measurement)**
 - **Strengthen direct service workforce.**
 1. Quantify the workforce shortage to include all helping professionals.
 - a. Develop a methodology to determine the actual projected shortage rates for case managers & direct care staff by district, including rural areas.
 - b. Develop and implement recruitment strategies for additional case managers & direct care staff if it is determined that shortages exist or are projected to exist.
 - **Outreach** – Material provided to all individuals residing in institutional settings like Intermediate Care Facilities for individuals with Intellectual Developmental Disabilities (ICF/IDDs) and State Resource Centers (SRCs) should be aware of community-based services and other living options and the process for getting access to those services.
 - **Reduction in residential settings** Individuals will be followed for 365 days after discharge from State Resource Centers to ensure successful transition and integration into the community they are residing in.
 - **Person Centeredness:** All lowans with disabilities vote. Voter Empowerment & making Voting More Accessible
 - **Person Centeredness** Empowering Young Leaders Youth Leadership Academy program for youth with disabilities ages 14-21 to connect and develop leadership skills. The interactive

virtual training focuses on five themes: leadership, goal setting, self-determination, civic engagement, and networking/mentoring

- Individuals with disabilities have access to an informal supported decision making process