Chris Steller

From: Kochanski, Alexis R (DHS) <Alexis.Kochanski@state.mn.us>
Sent: Friday, February 15, 2019 3:44 PM
To: 'Sen. Michelle Benson'; 'sen.john.marty@senate.mn'; 'Sen. Jim Abeler'; 'sen.jeff.hayden@senate.mn'
Cc: Katie Cavanor; Liam Monahan; Patrick Hauswald; Dennis Albrecht; LaRissa Fisher; Andrea Todd-Harlin; James Nobles; Frans, Myron (MMB); Chris Steller
Subject: DHS Submission of 2019 Biennial Report on Services for People with Disabilities
Attachments: 2019-DSD-biennial-report.pdf

Follow Up Flag: Follow up
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Dear Legislators,

Please find the Department of Human Services biennial legislative mandated report on Services for People with Disabilities.

Please let me know if you have any questions or how I can be of further assistance.

Thank you.

Alexis Russell Kochanski, MPH
Director of State Legislative Relations | External Relations

Minnesota Department of Human Services
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St. Paul, MN 55164-0998
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Chris Steller

From: Kochanski, Alexis R (DHS) <Alexis.Kochanski@state.mn.us>
Sent: Friday, February 15, 2019 3:47 PM
To: Rep.Tina Liebling; Rep.Joe Schomacker; Rep.Rena Moran; Rep.Debra Kiel
Cc: Chris McCall; Pat McQuillan; Frans, Myron (MMB); James Nobles; Chris Steller
Subject: DHS Submission of 2019 Biennial Report on Services for People with Disabilities
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DEPARTMENT OF HUMAN SERVICES

Legislative Report

2019 Biennial Report on Services for People with Disabilities

Disability Services Division

January 2019

For more information contact:

Minnesota Department of Human Services
Disability Services Division
P.O. Box 64967
St. Paul, MN 5516-0967

651-431-4300

651-431-4300 or 866-267-7655

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Table of contents

I. Executive summary

The Minnesota Department of Human Services (DHS) prepared this report in response to legislation passed in 2012. Legislation requires DHS to report every two years on our goals and priorities for people with disabilities and how programs administered by DHS support those goals.

DHS helps people with disabilities live, work and enjoy life in ways that are most meaningful to them. DHS builds a culture and a system that promotes a person's control over his/her own life and quality of life. This report describes the current phase of Minnesota's journey toward ensuring the health and welfare of people with disabilities and supporting better quality of life across multiple domains.

The domains that contribute to quality of life can be summed up with the acronym **CHOICE:**

- **Community membership** grounded in participation, contribution and valued community role
- **Health, wellness and safety** with an emphasis on communication, relationships and trust
- **Own place to live**, which is the choice to decide the place you live, the people you live with and/or who provide support in your home
- **Important long-term relationships** that are reciprocal and chosen
- **Control over supports**, including choice and control over services and funding
- **Employment earnings and stable income**, which could be jobs, self-employment and/or stable income from public and private sources.

In the 1950s, most people with disabilities who used long-term services and supports received them in an institutional setting. With the advent of the disability movement and changes in state and federal policy, the service-delivery model transformed during the next several decades. Public education, day care centers, intermediate care facilities (ICFs), including smaller ICFs (community group homes) and other resources transformed the landscape.

With the advent of the Medicaid program in 1965 and the first home and community-based waiver in 1981, the balance from institutional care to community-based care was well underway.

Today, more than 94 percent of people with disabilities in Minnesota receive long-term services and supports at home and in the community, rather than in an institutional setting. Still, too many people do not:

- Live where they prefer to
- Have the type of employment they want
- Have the opportunity to participate in the community the way they want.

People with disabilities are able to enjoy their best lives and contribute to their communities when they have the appropriate supports.

The field of disability services continues moving toward recognizing the valued role of people with disabilities living and participating in our communities and supporting them to lead community lives that are fulfilling to them, in the ways they choose.

Most of the programs described in this report have been in place for decades, and the services successfully meet people's needs every day. The demand for these services continues, and the service systems responds to those demands. At the same time, there are emerging trends and challenges to which all entities that make up the service system must adapt:

- Workforce pressures
- Changing demographics
- Changing preferences
- New models
- System gaps
- System complexity
- Managing change
- Federal directives.

DHS uses multiple data sources to track our progress:

- National Core Indicators program
- Home and community-based services (HCBS) lead agency reviews
- Performance dashboards
- Long-Term Services and Supports Improvement Tool.

Data from these and other sources appear throughout the report.

DHS takes a strategic and comprehensive approach to moving the disability service system to better support people to have meaningful lives, as they choose, and be contributors to their communities. This report highlights many key initiatives that are underway. To illustrate our approach, we have organized these efforts by strategy:

- **Improving access and building equity** so people get what they need in a timely and fair way
- **Advancing choice and control** so people's strengths, preferences and goals shape the services that enable them to lead their best lives
- **Learning and adapting** from people's experiences to always do better and innovating to keep up with evolving needs and preferences
- **Optimizing individual and system capacity** so people have stable supports that will be there for now and in the future
- **Aligning policies, regulations and funding** so the way the system works for people aligns with our vision
- **Offering individualized services and supports** so services fit all people despite wide-ranging needs or circumstances that change over time.

The report concludes with an overview of the HCBS system, including descriptions of all the major programs and funding sources.

II. Legislation

The 2012 Minnesota Legislature required the Department of Human Services (DHS) to submit a biennial report beginning Jan. 1, 2013. The report must address DHS goals and priorities for people with disabilities. This includes how programs administered by the commissioner support those goals and priorities. Specifically, Minn. Stat. §252.34 states:

252.34 REPORT BY COMMISSIONER OF HUMAN SERVICES.

Beginning January 1, 2013, the commissioner of human services shall provide a biennial report to the chairs and ranking minority members of the legislative committees with jurisdiction over health and human services policy and funding. The report must provide a summary of overarching goals and priorities for persons with disabilities, including the status of how each of the following programs administered by the commissioner is supporting the overarching goals and priorities:

(1) home and community-based services waivers for persons with disabilities under sections Minn. Stat. §256B.092 and Minn. Stat. §256B.49;

(2) home care services under section Minn. Stat. §256B.0652; and

(3) other relevant programs and services as determined by the commissioner.

III. Introduction

This report gives the 2019 Minnesota Legislature and interested stakeholders an overview of the Department of Human Services' (DHS) current goals and priorities in providing home and community-based long-term services and supports for people with disabilities. It gives a status update on home and community-based waivers, home care services and other disability service programs. The report shows how the investments made by the State of Minnesota affect the lives of people with disabilities.

Purpose of report

Because the disability service system constantly evolves, this report gives a short history, includes updates on efforts that have been unfolding in recent years and provides information on new key initiatives. It includes a brief overview of the funding and organization of the system.

Brief descriptions of many of the on-going programs and services are in the appendix.

This report highlights many key initiatives that are underway. To illustrate our approach, we organized these efforts by strategy:

- **Improving access and building equity** so people get what they need in a timely and fair way
- **Advancing choice and control** so people's strengths, preferences and goals shape the services that enable them to lead their best lives
- **Learning and adapting** from people's experiences to always do better and innovating to keep up with evolving needs and preferences
- **Optimizing individual and system capacity** so people have stable supports that will be there for now and in the future
- **Aligning policies, regulations and funding** so the way the system works for people aligns with our vision
- **Offering individualized services and supports** so services fit all people despite wide-ranging needs or circumstances that change over time.

Scope of services covered in this report

Most Minnesotans with disabilities do not use formal supports from the state. According to the Minnesota State Demographic Center's Minnesotans with Disabilities: Demographic and Economic Characteristics (PDF) report, about 593,700 people (approximately 11 percent of the state population) have one or more disabilities (according to the American Community Survey definition of disability). In 2016, about 118,000 people with a disability or who are blind were enrolled in Medicaid.[1] Thousands

[1] Medicaid Matters, The impact of Minnesota's Medicaid Program, February, 2018 (PDF)

of others are served through state-funded services, including information, referral and options counseling.

DHS manages programs that support people of all ages with a variety of disabilities. Disabilities include:

- Developmental disabilities
- Chronic medical conditions
- Acquired or traumatic brain injuries
- Mental illnesses
- Physical disabilities.

These programs' services are delivered at any point in life and can be provided throughout the lifespan. These programs promote individual and family self-sufficiency and help people be as independent as possible in the community. Services include home care and those that support people's community living, work and other goals. (For more information, see the Overview of the HCBS system section of this report.)

IV. Quality of life

The Minnesota Department of Human Services (DHS) helps people with disabilities live, work and enjoy life in ways that are most meaningful to them. DHS builds a culture and a system that promotes a person's control over his/her own life and quality of life.

This is the current phase of Minnesota's journey toward ensuring health and safety of people with disabilities and supporting their quality of life across multiple domains. Too often, people's lives can revolve around their services. The type of service and the service provider can dictate where a person lives, how they spend their time and with whom they spend time. We constantly are evolving our service system to provide supports that bolster, not supplant, natural supports and relationships. Ever-increasingly, people, their strengths, preferences and goals propel their services.

The domains that contribute to quality of life are summed up with the acronym **CHOICE:**

- **Community membership** grounded in participation, contribution and valued community role
- **Health, wellness and safety** with an emphasis on communication, relationships and trust
- **Own place to live**, which is the choice to decide the place you live, the people you live with and/or who provide support in your home
- **Important long-term relationships** that are reciprocal and chosen
- **Control over supports**, including choice and control over services and funding
- **Employment earnings and stable income,** which could be jobs, self-employment and/or stable income from public and private sources.

Minnesota's disability service system is substantial and complex. It serves diverse people of all ages and disability types across the lifespan. To make real change for the better in people's lives,

BEING HUMAN: LIVING WITH A DISABILITY

What is my dream and what is in my future? I will do what I want to do and live where I want to live. Do I want to be forced to work and live where I don't want to? Nobody does. I am starting college next year and even though the employment rate for people with disabilities working full time is only about 26 percent here, I will do what it takes to work in a meaningful job where I will give back to society. I am determined. I am a human being like any other. We all have challenges and struggles we face. I choose the possibilities not the disability.

Excerpt from an essay by Justin Smith, as reported in Enabling a Brighter Future, 2016 2nd quarter (PDF)

change must be consistent across all aspects of the system. We advance our mission strategically and comprehensively, driving change in all we do.

Brief history[2]

At one time, a family with a member with a certain disabilities had essentially two choices—to keep their loved one at home or to turn guardianship over to the state and place the person in an institution. This either/or decision often was a difficult one to make. On the one hand, a family might not be able to provide the necessary special care or the community might not be able to provide special education. On the other hand, the family might be reluctant to see a member move into an institution with low staff ratios that was geared toward custodial care.

In the 1950s, most people with disabilities who used long-term services and supports received them in an institutional setting. With the advent of the disability movement and changes in state and federal policy, the service-delivery model transformed during the next several decades. In the mid-50s, the state began to develop and test new models, especially in the area of community programming.

In 1957, the state legislature required local school districts to provide special education classes for children with developmental disabilities in their district. That same year, it established requirements for community mental health centers with costs shared by the state and local communities.

In 1961, the Minnesota Legislature authorized experimental use of day programs for people with developmental disabilities using the same state and local funding match. The model was a success, and day programming became a permanent part of the state budget. Still, in 1961, more than 6,565 people with developmental disabilities lived in Minnesota state hospitals, with almost 900 people waiting for care.

By the mid-1960s, there were dozens of day activity centers for people with developmental disabilities of all ages across the state. In addition to public facilities, there were privately operated facilities. In 1963, federal funds became available to build community facilities. Minnesota was the first state to submit a plan, and the federal government approved the plan in 1966. The move to regional and community-based services took a large step forward. Also in 1966, Minnesota was one of six states that enacted Medicaid as soon as the program became available. Congress approved Medical Assistance for Intermediate Care Facilities (ICFs) in 1971. Within four years, all of Minnesota's state hospitals were certified. Minnesota became the first state to use Medicaid to fund small ICFs (community group homes).

In the mid-1970s, access to community residential facilities exploded. The number of these facilities grew from 12 in 1970 to 116 in 1976. Two years later, there were 200. The numbers continued to climb.

[2] Adapted from the Council on Development Disabilities' "With an Eye to the Past" website

In 1981, Congress created the home and community-based services (HCBS) waiver that allowed Medicaid use for alternative community-based services. Congress emphasized providing services in less costly, non-institutional service settings. They required that the cost of the services provided under the waiver be less, on an average per capita basis, than the total expenditures that would occur if the people were being served in an institution.

The demand for community facilities was one factor that led to authorizing the waiver. Still, institutional services are an entitlement under the Medicaid program today, though federal policies recognize that people have the right to live in the most inclusive environment. Home and community-based services are an alternative to institutional care. (For more information, see the Federal direction section of this report.)

Minnesota was one of the first states to build a waiver-service system and re-balance our services. The last child with a disability in a Minnesota state hospital moved out in 1987. In 2000, the last adult with a disability living in a Minnesota state hospital (then called regional treatment centers) moved out. Today, more than 94 percent of people with disabilities in Minnesota receive long-term services and supports at home and in the community, rather than in an institutional setting. Medical Assistance (both through waivers and state plan services) covers home and community-based services. (For more information, see the Overview of the HCBS system section of this report.)

Since the 1980s, attitudes, understanding and expectations have continued to shift. The entire system of services and supports continues on a journey to:

- Increasingly recognize the human and legal rights of people with disabilities
- Treat people with disabilities with respect and dignity, as valued members of our community
- Give people with disabilities opportunities to live their best lives, in their communities.

The 1990 Americans with Disabilities Act and the 1999 Supreme Court Olmstead decision affirmed the right of people with disabilities to live in the most integrated setting. In 2011, part of a settlement agreement for the U.S. District Court class action case, *Jensen v. DHS,* stipulated that the state and DHS would develop and implement an Olmstead plan that uses measurable goals to increase the number of people with disabilities receiving services that best meet their needs in the most integrated setting. The court approved the Minnesota Olmstead Plan in 2015. Together with other state agencies who are part of the Olmstead Subcabinet, DHS is implementing the plan. (See discussion of the Americans with Disabilities Act (ADA) and the Olmstead decision in the Federal direction section of this report.)

The Olmstead Plan envisions a Minnesota where people with disabilities have the opportunity, both now and in the future, to:

- Live near families and friends
- Live as independently as possible
- Work in competitive, integrated employment
- Be educated in integrated settings
- Participate in community life.

The journey continues

From institutions, to the rise of home and community-based services, to the Olmstead decision, the field of disability services continues to move toward recognizing the valued role of people with disabilities in our communities and supporting them to lead lives that are fulfilling to them, in the ways they choose, in our communities.

To advance this work, in the context of today's trends and challenges, we focus on:

1. Better individual outcomes, including:

    - Increased flexibility to better meet the needs of each person
    - Increased stability in the community
    - Better-informed, individual decision-making about long-term services and supports options
    - Promotion of person-centered planning
    - Improved transitions between settings and programs, preventing avoidable health crises
    - Recognition of and action on the social determinants of health care need and cost

2. Right services at the right time, including:

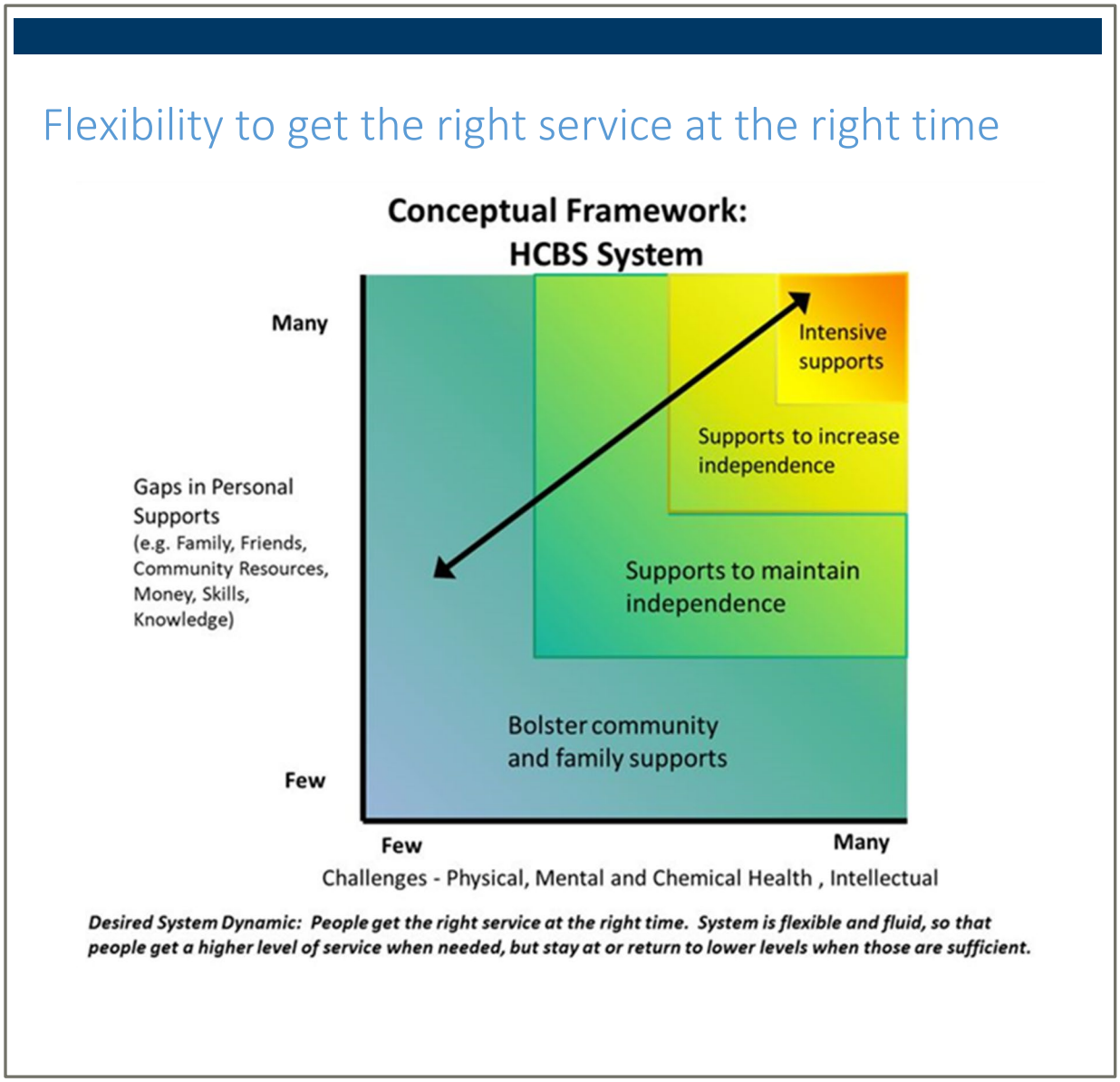
    - Low-cost, high-impact services that reach people sooner
    - Decreased reliance on more costly services
    - HCBS, not institutional care, as a preferred option

3. Ensuring the future of long-term services and supports, including:

    - Increased sustainability of the long-term services and supports system
    - Increased efficiency in the use of public long-term services and supports resources.

We are positioning the system to offer an array of flexible services that address each person's preferences and support the person in living his or her best life.

Figure 1: Conceptual framework for the home and community-based services system



V. Trends and challenges

People with disabilities are able to enjoy their best lives and contribute to their communities when they have the appropriate supports. DHS administers programs in Minnesota that provide many of these supports. Most of these programs have been in place for decades and the services successfully meet people's needs every day. The demand for these services continues, and the service system responds to those demands. At the same time, there are emerging trends and challenges to which the system must adapt.

Workforce

Statewide workforce shortages that affect all Minnesota industries are felt especially in the low-wage, disability services field. This shortage coincides with increased demand and a need for increased skills to support more people in the community and a more diverse population. People already have trouble finding workers to provide these services. This is an urgent issue because these critical services enable people to live in the community. Economic forecasts project that the labor market will tighten considerably in the future.

At the same time as workforce pressures grow, we are striving to increase community capacity to serve people with specialized service needs.

FEEDING HIS PASSION AND HIS COMMUNITY

Like many snow-bound gardeners, Mark was deep into researching seeds and gardening in the middle of December. That caught the attention of Jeff when they met at a holiday party.

Jeff is a "community connector" service provider. Mark lives in a residential group setting. Jeff helped connect Mark with his town's community garden.

Now, in addition to gardening, Mark volunteers, including helping coordinate the gardeners and the local food bank.

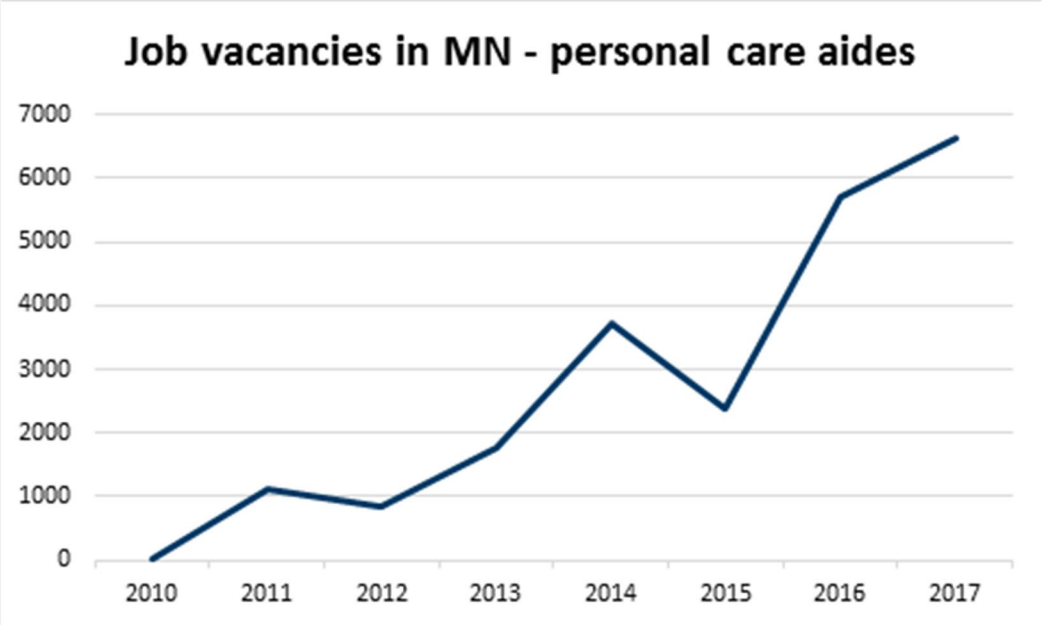
Other gardeners appreciate Mark's positivity and his joy at being in the place he seems to be most at home—the garden.

As reported in the Pine City Pioneer, Aug. 22, 2018

Figure 2: Estimated vacancies in Minnesota for personal care aides

Vacancy rates for direct care workers are rising

Vacancies in the direct care labor market are increasing drastically. The graph below details the estimated vacancies from the Minnesota Department of Employment and Economic Development's Job Vacancy Survey. While this data goes beyond the services provided under publicly funded services, it illustrates the current condition of the industry in Minnesota. The risk of not having an adequate labor pool for the direct care workforce could affect people's lives dramatically and limit their ability to receive care in their homes and communities.



Program growth and population changes

We see several trends in program utilization:

- There is increased demand for home and community-based services
- While overall numbers served are smaller in the very young and those 65 years and older, these two groups have the highest growth rate in program participation
- We are serving people with higher intensity needs
- There is greater racial diversity among the people who use services.

Historically, demand for the disability waiver programs has grown. DHS projects this trend will continue in the future.[3]

One factor in recent program growth is legislative growth limits for the Community Access for Disability Inclusion (CADI) Waiver program expired in July 1, 2015. Elimination of the limits resulted in increased enrollment in that program and the elimination of the waitlist for CADI services.

Legislation in 2015 gave DHS additional authority to manage services and increased accountability to ensure the state would use available resources to eliminate waiting lists. Though the CADI waitlist was eliminated, there continued to be people waiting for Developmental Disabilities (DD) Waiver services. DHS instituted a priority and reasonable pace system to manage how people access these services. (See Reasonable pace standards discussion in the Aligning policies, regulation and funding section.)

While we see growth across the waiver programs (Figure 1 and Figure 2), the growth rates for people younger than five years old and people older than 65 years are higher than for other age groups. People ages 23–64 still comprise a large majority of people who participate in disability waivers. The number of children younger than five years old, while still small, is 58 percent higher for all of the disability waivers combined in FY 2017 than in FY 2013. Similarly, the increase in people 65 years and older who participate in all of the disability waivers combined rose 61 percent from FY 2013 to FY 2017.

[3] State of Minnesota Department of Management and Budget, Budget and Forecast webpage

Figure 3: Disability waiver-program enrollment since 2014 and future forecasts

Disability waiver programs will continue to grow

Between FY 2014 and FY 2018, disability waiver program enrollment has increased, on average, by 6.6 percent. In the November 2018 Medical Assistance Forecast, DHS projected growth will continue from FY 2019 through FY 2023, on average, by 3.9 percent.

Table 1: Historical data on disability waiver-program enrollment since 2014

Fiscal year	Average number of people served per month	Percent change from previous year
2014	35,031	3.1%
2015	35,957	2.6%
2016	38,237	6.3%
2017	41,779	9.3%
2018	45,186	8.2%

Table 2: Disability waiver-program enrollment — November 2018 forecast

Fiscal year	Average number of people served per month	Percent change from previous year
2019	47,987	6.2%
2020	50,242	4.7%
2021	52,194	3.9%
2022	54,046	3.5%
2023	55,841	3.3%

Figure 4: Changes in ages served across CCB and DD waivers, FY 2013-2017

Increased demand at both ends of the lifespan

From 2013-2017, the highest waiver growth rate was for people under the age of 5 and 65 or older.

Table 3: Changes in ages across CAC-CADI-BI waivers (FY 2013-2017)

Age	January 2013	January 2017	Percent change
Under 5 years old	138	194	40.6%
5-7 years old	1,541	1,941	26.0%
18-22 years old	1,004	1,181	17.6%
23-64 years old	14.717	19,166	30.2%
65+ years old	883	18,883	113.3%

Table 4: Changes in ages across DD Waiver (FY 2013-2017)

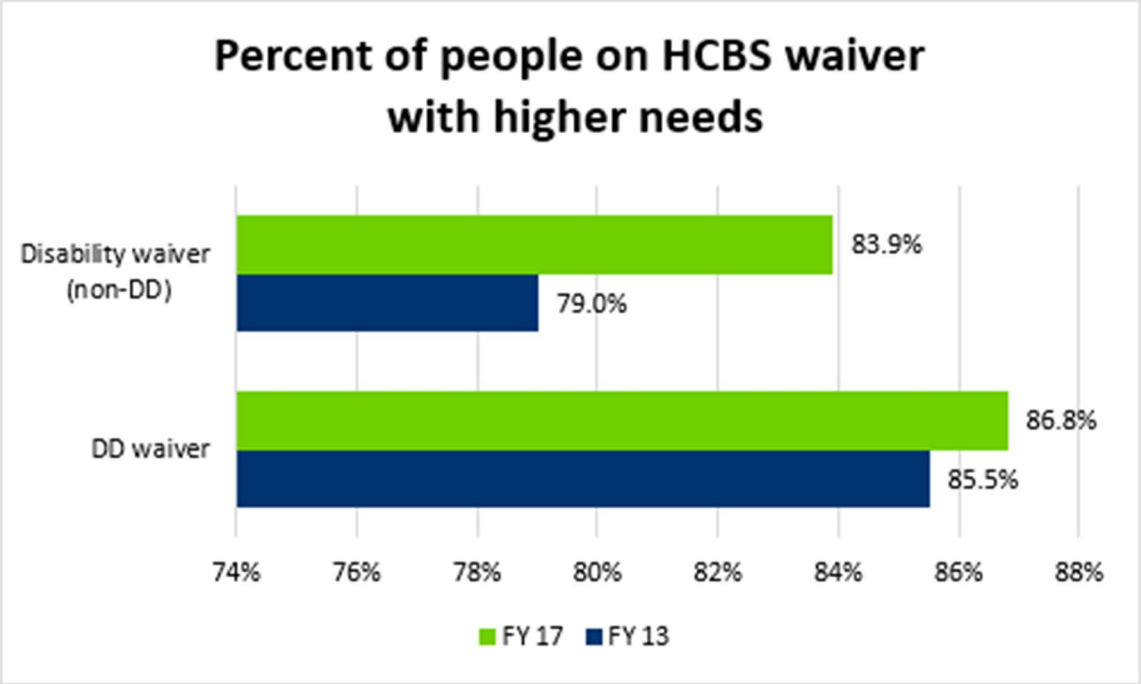
Age	January 2013	January 2017	Percent change
Under 5 years old	31	82	164.5%
5-7 years old	1,721	1,917	11.4%
18-22 years old	1,878	1,952	3.9%
23-64 years old	11,037	12,373	12.1%
65+ years old	992	1,198	20.8%

We also see a trend of people with higher needs (e.g., needing more assistance with activities of daily living, behavioral interventions and/or clinical or nursing care, etc.) participating in HCBS programs. People who need intensive and specialized services can and do receive services in home and community-based settings rather than in institutional settings.

Figure 5: Percent of people on home and community-based services (HCBS) waivers with higher needs

More people with higher needs

Along with more program participation on either end of the lifespan, we see people who have higher needs seeking home and community-based services. This drives the demand for direct support workers with greater skills.



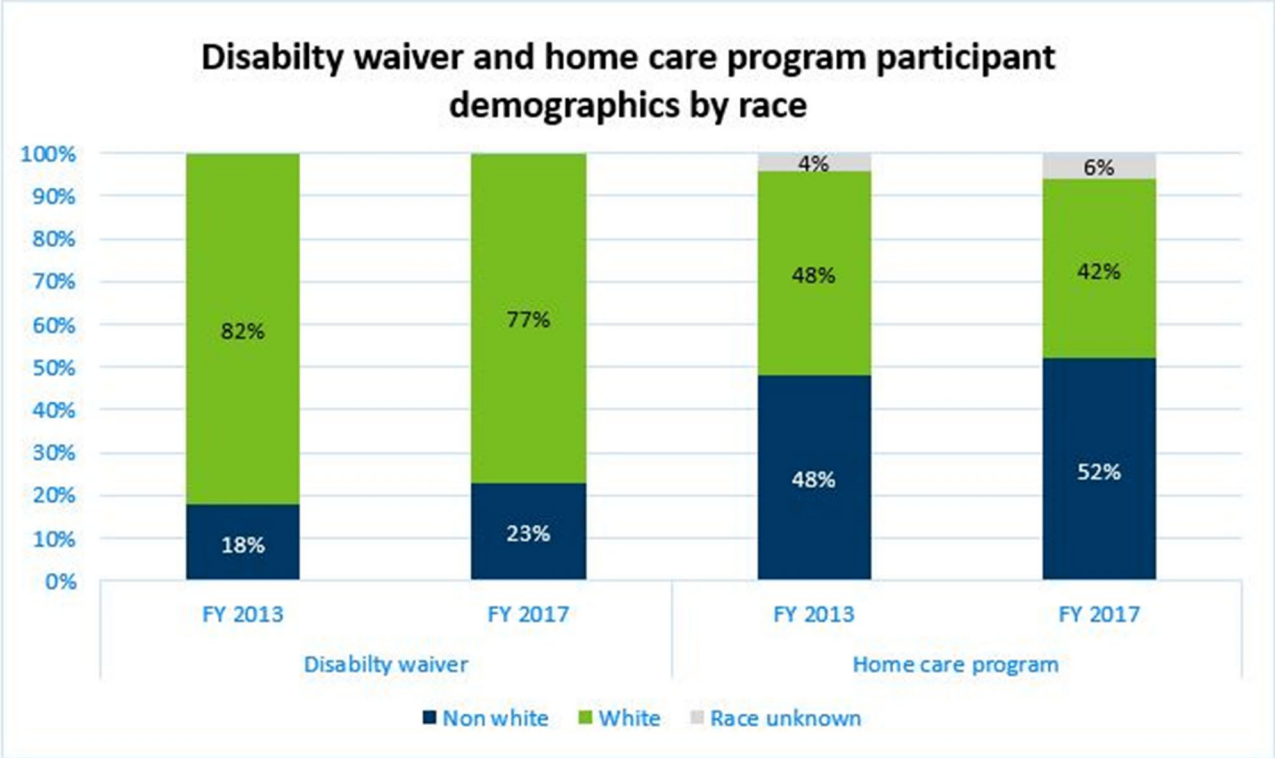
Another demographic trend is the increasing diversity of Minnesota's population, which is reflected in the make-up of the populations served with home and community-based services. Fifty years ago, people of color made up less than 5 percent of the population. Today, they represent 17 percent of the state's population. State demographers project that by 2035, the non-white or Latino population will grow to 25 percent of the state's population. Currently, one in five children under age five in Minnesota are foreign-born or born to one or two foreign-born parents.

Accordingly, the younger people coming into the service system are a more diverse group than older people who came into service in the past. This shifts the overall diversity of the programs. That diversity is especially evident in the younger part of the population served, and it will grow over time. Home and community-based services need to be responsive to the culture, language and individual preferences of the people we serve. As we see an increase in diversity in the people we serve, we must adapt our programs accordingly.

Figure 6: Disability waiver and home care program participants by race, 2013 to 2017

Increasing diversity among people who use services

As with the increasing diversity of Minnesota's population, the population of people with disabilities who use HCBS is becoming more diverse. The personal care assistance (PCA) service is the most diverse HCBS option.



Preferences

People who come into the service system now (in addition to being a more diverse group) have different expectations and goals than those who came into the service system years ago. People want

to have more choices, more control over their services and more opportunity to be fully contributing members of their communities. The service system has to adapt to support people differently, while maintaining stable services for those who have been in the system for years.

This includes:

- Expanding options to support people where they want to live
- The use of assistive technology to substitute or enhance the direct support workforce and increase independence
- Service design to achieve outcomes that are important to the person
- Choices about who delivers services.

It is vital to have a robust provider network able to adapt successfully to new demands.

Increasingly, people also want competitive employment and the opportunity to contribute to their communities. According to Minnesota's 2017 National Core Indicator survey (PDF), 47 percent of people with disabilities who responded and are not working say they would like a job in the community. While average earned income for some is rising, most people with disabilities still are not working or are working for non-livable wages (often sub-minimum wage). The service system needs to align with the presumption that competitive employment is the first option for people. These changes require significant effort. (For more information, see the National Core Indicator survey section in this report)

New service options

In Minnesota and elsewhere, disability services are evolving to meet people's preferences. In addition to residential models in which providers have responsibility and control over housing and services, there are flexible approaches to supporting people in their own homes or in the homes of their families. These can be cost-effective and often result in higher reported quality-of-life and increased consumer satisfaction.

System gaps

There continue to be gaps in the service system. Services are not always available uniformly across the state. Sometimes, there simply are not enough available providers in an area to deliver the needed services. In addition, existing policies or regulations might limit the flexibility of a service.

One notable example is that we do not have sufficient state and local capacity to prevent and intervene early with people who have escalating aggressive or self-abusive behaviors. This results in unnecessary costs for emergency room access, hospital psychiatric inpatient stays and other crisis services. This also often results in costly supports for the intensive services people need once they are discharged from the hospital, or loss of housing when people are absent from their home for a period of time.

Complexity

The current service system developed one piece at a time over the course of many years. As a result, it is very complex, hard to understand and difficult to navigate. DHS is working to simplify and modernize our system.

Managing change

The state has been working to adapt to all these trends and challenges. This has put substantial pressure on our partners—counties, tribal nations and providers—as they are called to operate under constantly evolving conditions. Major changes during the last decade include:

- **MnCHOICES**: Adopting a new assessment and support planning process for long-term services and supports
- **Disability Waiver Rate System:** Converting rates previously negotiated by counties and tribal nations to a statewide methodology based on individual service needs
- **Provider standards, outlined in Minnesota Statutes, Chapter 245D**: Updating disability services licensing standards to achieve quality outcomes for people and requiring consistent standards for most disability services
- **Positive Supports Rule**: Providing guidance on the use of positive supports, while prohibiting practices that punish and cause pain
- **Federal Home and Community-Based Services Rule:** Ensuring all aspects of Minnesota's home and community-based services system comply with the federal rule by March 2022.

VI. Federal direction

Americans with Disabilities Act (ADA) and the Olmstead decision

The Americans with Disabilities Act, and subsequent Supreme Court Olmstead decision, affirm the right of people with disabilities to live in the most inclusive environment appropriate to their needs. The United States Department of Justice has challenged some service models across the country that are considered segregated. These include large congregate living arrangements or day service settings for people with disabilities. The Department of Justice also challenges states on policies/programs that do not provide adequate assistance to people who wish to leave a nursing home or other institutional setting and move into the community. States must modify their policies, procedures or practices to avoid discrimination.

Minnesota's Olmstead Plan[4] ensures people with disabilities in Minnesota have opportunities for to live fully in their communities. Ten state agencies are represented on the Olmstead Subcabinet, which oversees implementation of the plan. The federal court also has jurisdiction over the plan as a result of the settlement of a class action lawsuit, *Jensen v. DHS.*[5]

Home and Community-Based Services Rule

In 2014, the federal Centers for Medicare & Medicaid Services (CMS) published regulations[6] that made a number of changes, including changes to the definition of home and community-based settings for the Medicaid HCBS waivers. CMS granted states until March 2022 to bring their systems into compliance with the HCBS settings requirements. States are required to develop a transition plan for the HCBS waivers in order to comply with the rule. (See

ROBBY GETS A PLACE OF HIS OWN

Robby moved from a corporate foster care home he had lived in since 2001 to a townhouse of his own.

Robby shares rent with the roommate of his choice – a guy he's known since high school. Now, he is close to the walking paths and shopping centers he enjoys when he is not working, volunteering and going to church.

With the help of a large and enthusiastic support team, Robby was able to move out of foster care to get the services he needs in his own place!

[4] Minnesota Olmstead Plan website

[5] Jensen settlement agreement webpage

[6] Transition plan for home and community-based settings webpage

discussion of Home and Community-Based Services (HCBS) Rule transition plan in the Aligning policies, regulation and funding section of this report.)

The purpose of the rule is to maximize opportunities for people who use HCBS. It raises expectations around what is possible for older adults and people with disabilities. It requires that all people:

- Have information and experiences with which they can make informed decisions
- Are treated with respect and are empowered to make decisions about how, when and where to receive services
- Have opportunities to be involved in the community, including living and working in integrated settings.

The HCBS Rule might mean significant changes for some providers in how they deliver services, and for some people, in how they receive services. After almost 30 years of diverse and inconsistent policies across the country, the HCBS Rule sets the standard for the next generation of services. It raises hopes and expectations for changes in the lives of older adults and people with disabilities.

VII. Tracking our progress

DHS uses multiple data sources to help answer three questions:

- How much did we do?
- How well did we do it?
- Is anyone better off?

Throughout this report, we derive data from the following sources, which track our progress.

The National Core Indicators program

People define for themselves what constitutes quality. One way we seek to understand if anyone is better off from receiving services is through National Core Indicators (NCI). NCI measures and tracks how well home and community-based services (HCBS) support people with physical disabilities/brain injury, people who are older or people with intellectual or developmental disabilities (I/DD) and their families. The goal is to learn about how well the services and supports people use help them to live, learn, work and enjoy life in their community.

The NCI project is a suite of tools tailored to the population. Minnesota uses five NCI tools administered either by face-to-face interviews or mailed, paper surveys.

Minnesota participates in the NCI[7] to:

- Report on the quality of life and experiences of people served
- Inform improvements to current services based on reported needs and preferences
- Support efforts to develop new services and initiatives.

DHS invites the following people to participate in this survey:

- Older adults
- People with disabilities

A FAIR WAGE IS THE FIRST STEP TO MANY DREAMS

For ten years, Tsering was paid a subminimum wage while working through a service provider. Then, she made a decision that would change everything: She decided to leave the sheltered workshop to achieve her personal goals.

Tsering has many dreams, including moving out of her family's home. She realized she needed more income and steady hours to achieve that dream.

Tsering, her family and her employment consultant discussed her skills and interests. Less than a month later, she got a chance. She now has a job at a nearby hotel. She's on the way to realizing more of her dreams!

[7] Minnesota National Core Indicators webpage

- Families or guardians of children and adults with Intellectual/Developmental Disabilities who currently get services and supports through DHS programs.

Home and community-based services (HCBS) lead agency reviews

DHS initiated the lead agency review[8] of HCBS programs in 2006 and has completed three full rounds of reviews for each lead agency (county or tribal nation) that administers HCBS waiver programs. It examines all five Medicaid waiver programs[9] and the Alternative Care program[10] in each lead agency.

DHS shares performance measures and operational indicators during each site visit. These data allow lead agencies to compare themselves with other agencies of a similar size to measure how they meet the needs of their community. DHS reports its findings on Minnesota's HCBS programs to the Center for Medicare & Medicaid Services (CMS).

Once DHS completes the final analysis for each visit, we prepare a customized report for each lead agency. We make both this report and the lead agency's corrective action plan (if applicable) public. Reports and corrective action plans are available for the following reviews:

- Round III – August 2015 to November 2018
- Round II – July 2012 to May 2015.

The team reviews each lead agency once every three years. During the past three years, it:

- Reviewed 6,729 cases
- Interviewed 199 supervisors
- Talked to 940 focus-group participants.

[8] Lead Agency Review website

[9] Home and community-based services waivers webpage

[10] Alternative care webpage

Table 5: Average statewide compliance in select person-centered categories (January–September 2018)

Tracking progress on using person-centered practices in support planning

Lead agency reviews provide evidence of compliance with federal and state regulations. Findings inform training and technical assistance efforts. Reviews give the state an opportunity to learn from the lead agencies and to identify and promote best practices. Compliance below 85 percent requires corrective action.

Compliance measure	Average rate of compliance
The support plan describes goals or skills that are related to the person's preferences	85%
The person's strengths are included in the support plan	75%
Action steps describing what needs to be done to achieve goals or skills are documented	91%
The person's current rituals and routines are described	60%
The support plan includes a global statement about the person's dreams and aspirations	45%
Social, leisure or religious activities the person wants to participate in are described	93%

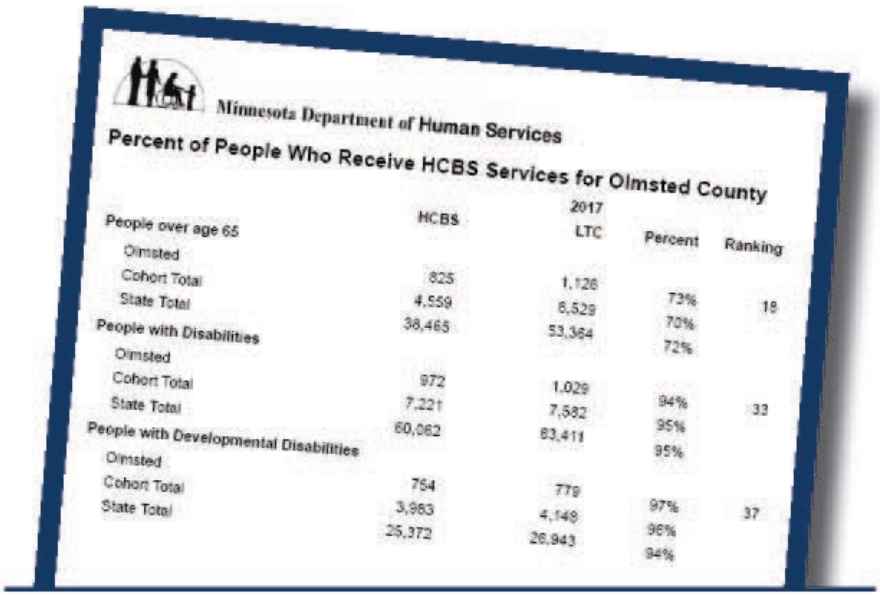
Performance dashboards

DHS makes data on home and community-bases service delivery available to the public to ensure transparency and accountability and to inform decision-making. The HCBS dashboards, as shown in Figure 7, provide statewide data related to certain DHS program goals. The lead agency review team uses the Results-Based Accountability™ model to develop and share best practices in performance measurement. In addition, HCBS dashboard reports provide summary data on county and statewide operations and performance measures.

Figure 7: Example of a dashboard for percent of people who receive HCBS services

HCBS dashboards help counties track key measures

Publicly available HCBS dashboards show how individual counties are doing, year-to-year, on seven measures. Counties can compare themselves to similarly sized counties and the state as a whole.



Minnesota Department of Human Services

Percent of People Who Receive HCBS Services for Olmsted County

	HCBS	2017 LTC	Percent	Ranking
People over age 65				
Olmsted	825	1,126	73%	19
Cohort Total	4,559	6,529	70%	
State Total	38,465	53,364	72%	
People with Disabilities				
Olmsted	972	1,029	94%	33
Cohort Total	7,221	7,582	95%	
State Total	60,062	63,411	95%	
People with Developmental Disabilities				
Olmsted	754	779	97%	37
Cohort Total	3,963	4,149	96%	
State Total	25,372	26,943	94%	

Employment First Data Dashboards are used to track employment outcomes in Minnesota's disability service system in line with Minnesota's Employment First policy.[11] This policy sets the expectation that all working-age people with disabilities in Minnesota can work, want to work and can achieve competitive, integrated employment. Under this policy, each person will be offered the opportunity to work and earn a competitive wage before being offered other supports and services. The dashboards illustrate changes in the past three years in numbers of:

- People with earned income
- People earning up to $600 per month
- People earning $600 or more per month
- Employers by type (competitive employer or service provider).

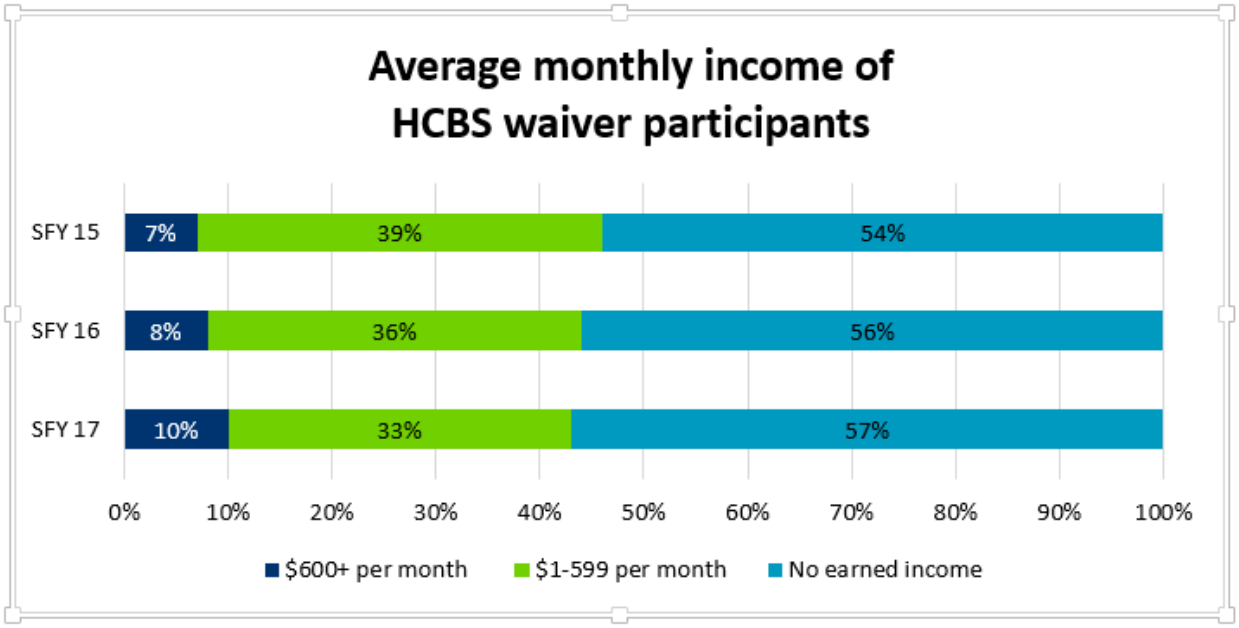
[11] Employment First webpage

This helps ensure continued progress in disability employment outcomes. The dashboards also can be used to compare outcomes across counties, providers, age groups, waiver programs and employer types, as well as across time.

Figure 8: Average monthly income of HCBS waiver participants

Changing earned income patterns

In the past three years, the percentage of HCBS waiver recipients who earned a level of income that indicates a competitive wage has increased, but the percentage of HCBS waiver recipients who have no income also has increased. This gives us cause to celebrate increases in competitive employment and reductions in subminimum wages, but also concern about having people who are not engaged in employment.



Long-Term Services and Supports (LTSS) Improvement Tool

The LTSS Improvement Tool[12] is an essential part of quality oversight for DHS and lead agencies. It gathers feedback on a person's experience with his/her long-term services and supports.

The goals are to:

- Drive improvement and demonstrate changes made at individual, organizational and programmatic levels
- Promote person-centered services and supports.

The case manager and the person complete the tool at a semi-annual or mid-year visit. With the addition of this tool to the MnCHOICES Support Plan application, DHS can look at both individual- and system-level progress toward individual outcomes that are important to people. By adding the LTSS Improvement Tool to the MnCHOICES Support Plan Application, DHS is able to measure people's experience with their services and improve service responsiveness and effectiveness.

Case managers can use the information to address service quality for people. DHS and lead agencies will be able to identify systemic- and program-wide opportunities to improve services.

DHS launched Phase I of the LTSS Improvement Tool in fall 2017. Phase I included two sets of questions:

- The person's evaluation of his/her coordinated services and supports plan
- The person's evaluation of his/her service provider.

DHS anticipates Phase II will launch in the fourth quarter of 2019. Phase II focuses on the case manager's evaluation of a person's coordinated services and supports plan and of the person's provider(s). The purpose of this evaluation is to collect feedback about the case manager's perception of how a person's coordinated services and supports plan works for him/her.

As of September 2018, 73 lead agencies have used the LTSS Improvement Tool to gather feedback from people about their experiences. Since then, people who use services have completed 8,980 evaluations for coordinated services and supports plans. People have completed another 8,464 evaluations on service providers.

[12] Frequently asked questions about the new LTSS Improvement Tool webpage

VIII. Strategies and initiatives

Improving access and building equity

If there isn't enough of something, or people can't get to it, they can't be helped by it. Too often across all sectors of our society, not everyone can enjoy the benefits of living in Minnesota equally. Inequity exists in the disability service sector, too. As Minnesota becomes a more diverse place to live, we are at risk of growing inequity. Now is the time to make changes in how we operate to change that trend and build access for everyone.

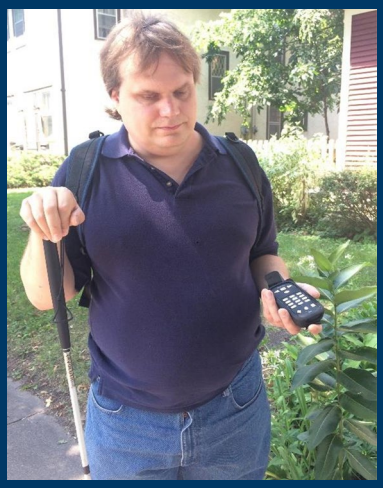
Key initiative: Addressing the workforce shortage

People who use services need a reliable, skilled workforce to deliver those services. For some, it is literally a matter of life and death. For all, it determines whether people's lives run predictably and whether they can fulfill their responsibilities and daily activities such as going to work, taking care of their family or doing the things that make their live fulfilling.

The Minnesota Olmstead Subcabinet directed DHS and the Minnesota Department of Employment and Economic Development (DEED) to assemble a cross-agency workgroup that includes people with disabilities, the Office of Higher Education and colleges and universities in the Minnesota state system. The subcabinet tasked the group to develop strategies and work plan activities to recruit, train and retain direct support workers to meet Minnesota's direct service workforce needs.

The group has been meeting since May 2017. It began with a review of previous work done on this topic. It analyzed existing data to understand the scope of the workforce shortage and developed recommendations for the Olmstead subcabinet on ways to expand, diversify and improve Minnesota's direct care and support workforce. These were refined into work plan items that are now part of the full Olmstead Plan work plan for 2019.

ON THE MOVE WITH TECHNOLOGY



Matthew enjoys being part of his community.

Although he has taken orientation and mobility training for people who are blind, he still wanted to more independently navigate his community and beyond.

He received a microgrant to purchase a voice GPS device that gives him greater independence by providing aided assistance at all times.

Now, Matthew visits with neighbors, goes to local shops and has opportunities to earn money performing with his guitar.

Key initiative: Understanding access issues

DHS seeks to understand access issues that prevent people from getting the services they need.

HCBS Access Project

The Home and Community-Based Services (HCBS) Access Project is a multi-year effort to assess, monitor and evaluate HCBS access. It was informed by the work of the National Quality Forum.[13] The project currently is in its third year and builds on previous studies.

There are few standard ways to measure access or availability of HCBS. DHS commissioned a consultant group that systematically collected, analyzed and tracked DHS data related to access. After completing this work, the consultants tested and developed a set of proposed measures for DHS to consider.

As a result of this project, DHS will have a consistent, reliable set of measures to:

- Evaluate HCBS access and system capacity, including how each varies across subpopulations
- Assess access to services in specific geographic areas and changes in access over time
- Monitor the impact of state policy and programmatic changes on HCBS access
- Support state- and federal-reporting requirements.

The project includes these activities, some of which have been completed:

- Analyze data related to HCBS access
- Prioritize elements within these domains for developing measures:
    - Users/potential users (i.e., demand)
    - System capacity (i.e., supply)
    - Utilization rates, patterns and trends among specific populations
- Develop a framework for selecting the proposed set of measures
- Develop benchmark access measures
- Inform the state's development of a plan to monitor access to long-term services and supports (in accordance with federal- and legislatively mandated reporting requirements)
- Monitor and evaluate access to HCBS.

Gaps analysis process

Another related effort to understand access to services in Minnesota is the gaps analysis process. This on-going work is a partnership with DHS, counties, tribal nations and others at a regional level. The gaps analysis changed from a biennial study to an ongoing process.

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[13] Quality in Home and Community-Based Services to Support Community Living: Addressing Gaps in Performance Measurement webpage

The process includes:

- Gathering local information about the capacity of the services system to support all people who need services
- Utilizing quantitative data and qualitative research
- Using results to inform regional development of services and programs.

Beginning in 2001, DHS produced biennial gaps analysis studies that originated with services for older adults. These studies used input on home and community-based services gathered via survey and focus groups with lead agencies (counties, tribal nations and managed care organizations), as well as providers and people who use services or their representatives. Discussion of the last study using this model appears in the 2013-2014 Gaps Analysis report. For the 2015-2016 Gaps Analysis (PDF), we changed our methodology and developed the regional framework for creating a new, more data-driven approach. In addition to making better use of data, the new process is more action-oriented and includes a broader focus on disability and mental health populations, in addition to older adults.

In 2017, DHS further refined the gaps analysis process. Instead of the previous survey methodology, this effort used regional meetings to explore the data about regional populations, service use and known gaps. The 2017 gaps analysis identified four areas that consistently were prioritized as the biggest gaps:

- Crisis services/crisis stabilization
- Housing
- Transportation
- Workforce/staffing.

DHS is using the experience gained in 2017 to develop a continuous-improvement and planning process for regions to review available data that helps with setting priorities and identifying actions that improve access.

Going forward, DHS will use the HCBS Access Project data in the gaps analysis process to identify access issues/trends and make data-driven decisions on the state and local level.

Key initiative: Transportation study

Transportation allows people to access their communities for things like shopping, work, recreational activities, etc. It is necessary to lead a productive, fulfilled life and to reach maximum potential. However, as noted in the 2015-2016 Gap Analysis Study (PDF), access to non-medical transportation is a problem for people with disabilities, particularly in certain regions of Minnesota.

In 2017, the Minnesota Legislature directed DHS to conduct a study to identify opportunities to:

- Increase access to transportation services for people who use HCBS
- Identify opportunities to achieve efficiencies and collaboration opportunities
- Make recommendations regarding reimbursement for transportation funded by HCBS waivers.

There were two aspects of the study related to transportation services under Minnesota's four disability waiver programs, the Elderly Waiver or Alternative Care program:

- To identify and recommend service rates for covered transportation
- To identify and recommend technical and administrative improvements to transportation.

The study uses data analysis, stakeholder input, provider surveys, an assessment of the current Minnesota transportation environment and research into innovative approaches in other states. The study includes two provider surveys:

- One identifies access and capacity issues for waiver transportation services
- The other seeks to determine the cost of providing waiver transportation.

Two advisory groups met between July and November 2018: the Access Advisory Group and the Rates Advisory Group. The final report is due to the legislature in January 2019.

Stakeholders have provided input about access at existing consumer advisory groups and through discussion groups and interviews with:

- Providers
- Service agencies
- County representatives
- Tribal agencies
- Managed care organizations
- The Regional Transportation Coordinating Council
- Other identified transit organizations.

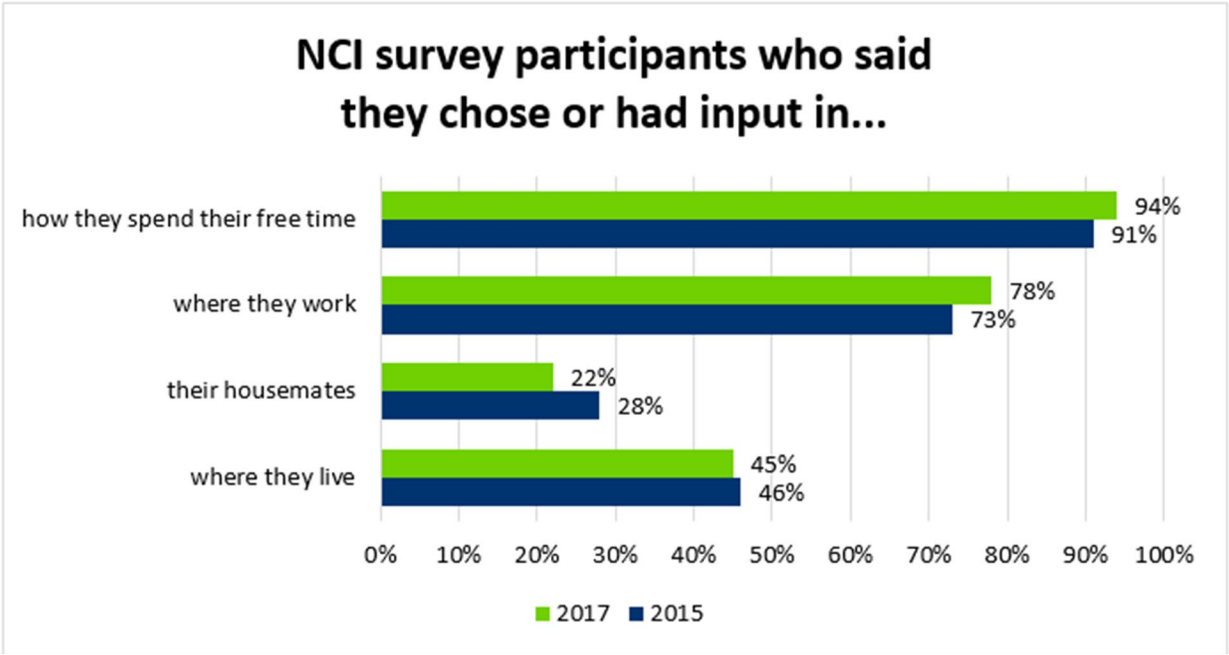
Advancing choice and control

Each person is his/her own best expert on what makes life comfortable, enjoyable and meaningful. As human beings, we all need other people to help us through life. That interdependency sometimes means giving up some of our autonomy. For people with disabilities who rely on services and supports, there is a greater risk of losing control over decisions that greatly affect their quality of life. To support autonomy, DHS is pursuing many activities to ensure people have the opportunity to explore possibilities and express their dreams. We are reshaping the service system so people have more options, understand their options and can make informed choices for themselves.

Figure 9: National Core Indicators (NCI) adults with I/DD survey participants who said they had a choice or input

Tracking progress on people having the opportunity to make choices

Data collected during the course of several years helps us recognize trends and progress in the areas of choice and control. NCI data comes mostly from people themselves (and in some cases, from family members).



Here are some examples of resources to help people who use services and supports exercise choice in their lives:

- Families typically are the first and life-long foundation for building a quality life. Families can know their children best, have dreams for them, are their earliest caregivers and are their passionate advocates. Charting the LifeCourse are life-planning materials created by families to help people and families of all abilities and all ages develop a vision for a good life, think about what they need to know and do, identify how to find or develop supports and discover what it takes to live the lives they want to live. Minnesota is joining many other states across the nation that already use LifeCourse materials to support people with disabilities and their

families to have good lives. We will be engaging actively with families and stakeholders to promote the use of LifeCourse in 2019.

- Knowledge is power. DHS builds tools and resources that put information in the hands of people. This includes tools like MinnesotaHelp.info and the enhanced "finder function," which lets people dig down into specific preferences when searching for certain services. For example, when a person does not eat meat, the finder tool can search for assisted living services that provide vegetarian meals.
- Choosing one's own staff can make all the difference. Direct Support Connect is a new, dedicated job board. It helps people who self-direct their own care and direct support workers, such as personal care assistants (PCAs), find each other.
- Seeing one's own information lets a person be a more active member of his/her own team. DHS is wrapping up a four-year, multi-state project to develop and test electronic personal health records for long-term services and supports. Electronic personal health records have revolutionized health care, but have yet to be expanded for use with long-term services and supports. Personal health records in long-term services and supports will improve care coordination, care transitions, data sharing and analytics. For more information, see Personal Health Records for Long-term Services and Supports Demo webpage.
- Our society too often assumes adults with an intellectual or psychosocial disability (or even some sensory disabilities) lack the legal capacity to exercise their own rights. Guardianship raises fundamental civil rights issues. Across the country, people are questioning the underlying assumptions of this practice. DHS is working with partners to increase awareness of supported decision-making, an alternative or adjunct to guardianship. For more information, see the Introduction and Guide to Supported Decision Making YouTube webpage.

Key initiative: Disability Hub MN

People have more control over their lives and can choose for themselves when they understand their options and how to navigate the system. When people and their families come armed with knowledge and ideas to plan with case managers or receive services from providers, they retain more autonomy and ability to direct their own lives.

People get help to solve problems, navigate the system and plan for the future with the Disability Hub MN, a free statewide resource network. The Hub focuses on people's needs—helping them understand their options, connect to resources and find solutions. It helps people get the answers they need. The Hub also helps people think through additional options and make paths toward creating the lives they want.

In 2017, the service formerly known as the Disability Linkage Line and other related tools and resources came together under one brand, Disability Hub MN.

Figure 10: Disability Hub MN testimonials

Testimonials about the dedication of the Hub staff

The follow are customer testimonials about how the Hub helped them:

> "The person [from the Hub] I worked with was a beast at it. She didn't give up. We worked on it for two weeks, and she connected me every direction we had to go. She was on the phone with me like she was holding my hand, to the point that every morning she woke up and called me and was handling it, and I respected her to the highest."

> "The Hub was able to listen, support, encourage, give positive feedback about work I've already done; going the extra mile to help, help, help me."

> "Thank you. Without you and your dedication to helping me and finding answers in the messy situation I've been dealing with, I'm not sure what shape I'd be in right now. I credit your help as part of my ability to stay out of a crisis center hospital! I'm not kidding. It's a fine line, and thank you for your support through it all – and as it continues. Also – you have made a world of difference to me and in my life."

> "Before I wasn't working but I wanted to be independent. [My benefits coach] helped me fill out some applications and gave me some guidance. … Well, I looked at the difference between the benefits, SSI benefits and full time work, and I decided that I wanted to do full-time work. I thought that the benefits would outweigh the SSI benefits that I was getting. They helped me look at the paycheck that I would be receiving and it was a clear decision for me. I decided that I could be successful, and that I would be much more independent."

Hub services and tools include:

- **Person-centered options counseling**: Trained staff build on each person's strengths, capacities and preferences. They focus on the person's immediate needs but also explore his/her desired goals and vision of the future. Counseling is a creative process that includes exploring informal networks.
- **Follow-along support:** Hub staff offer this more intensive, one-to-one service when someone is going through a critical transition or the person has goals he/she wants to work toward. For people who are committed to work together over time, a designated Hub staff member will provide longer-term support. This service was re-launched in spring 2018, with new staff

training. It is showing growth. In 2018, the Hub provided follow-along service to 701 people. The average time spent on a case was 78 minutes.

- Disability Benefits 101 (DB101)**:** This online resource gives people information and tools about health coverage, benefits and employment so they can learn how work and benefits go together. This help people plan ahead.
- Housing Benefits 101**:** This online tool offers information and tools to explore housing options, discover what makes sense for them and make a plan to get there.
- My Vault: This online tool offers a safe place for users to keep track of their own information (and share it with others, if they choose). People can use My Vault with their support teams to share their activities, benefits information and plans. My Vault supports collaboration across the system. It makes efficient use of people's time and effort by reducing redundancies.

Figure 11: Disability Hub MN data

More people turning to Disability Hub MN for help

Each year, the Hub has more to offer and serves more people with more in-depth assistance.

Table 6: Number of people and cases served by the Hub and average length of call, FY 2016-2017

Year	Number of people serviced	Number of cases	Average call time
FY 2017	20,997	51,256	31
FY 2018	26,734	67,918	30

Table 7: Number of visits to DB101 and number of estimator sessions completed, FY 2017-2018

Year	Site visits	Estimator sessions completed
FY 2017	227,933	323
FY 2018	219,638	697

The Hub initiative includes a systems capacity-building element. The current focus is on increasing access to benefits planning to increase competitive work and reduce poverty. In collaboration with DEED's Vocational Rehabilitation Services, the Hub is piloting a model to expand provider competency through training, technical assistance and benefits-coach credentialing. The goal is to have providers incorporate benefits planning into the employment planning.

The Hub also provides a platform for DHS to connect directly with people with disabilities. An example is the Virtual Insight Panel, which is a diverse group of people in Minnesota who volunteer to shape/inform programs in the state for people with disabilities. (For more information about the panel, see the Virtual Insight Panel discussion in the Learning and adapting section of this report.)

Key initiative: MnCHOICES 2.0

Both people who use publicly funded services and those who do not can benefit from a comprehensive assessment and support-planning process. People who have any type of disability or are in need of long-term services and supports can request to go through the assessment and planning process through a lead agency (their county or tribal nation).

Lead agencies increasingly use MnCHOICES, an electronic web-based tool, to conduct a comprehensive assessment for people of all ages with all types of disabilities in the state. The MnCHOICES process includes discovery of people's goals, interests and preferences, as well as health, welfare and safety concerns. It seeks to balance what is important TO the person with what is important FOR the person.

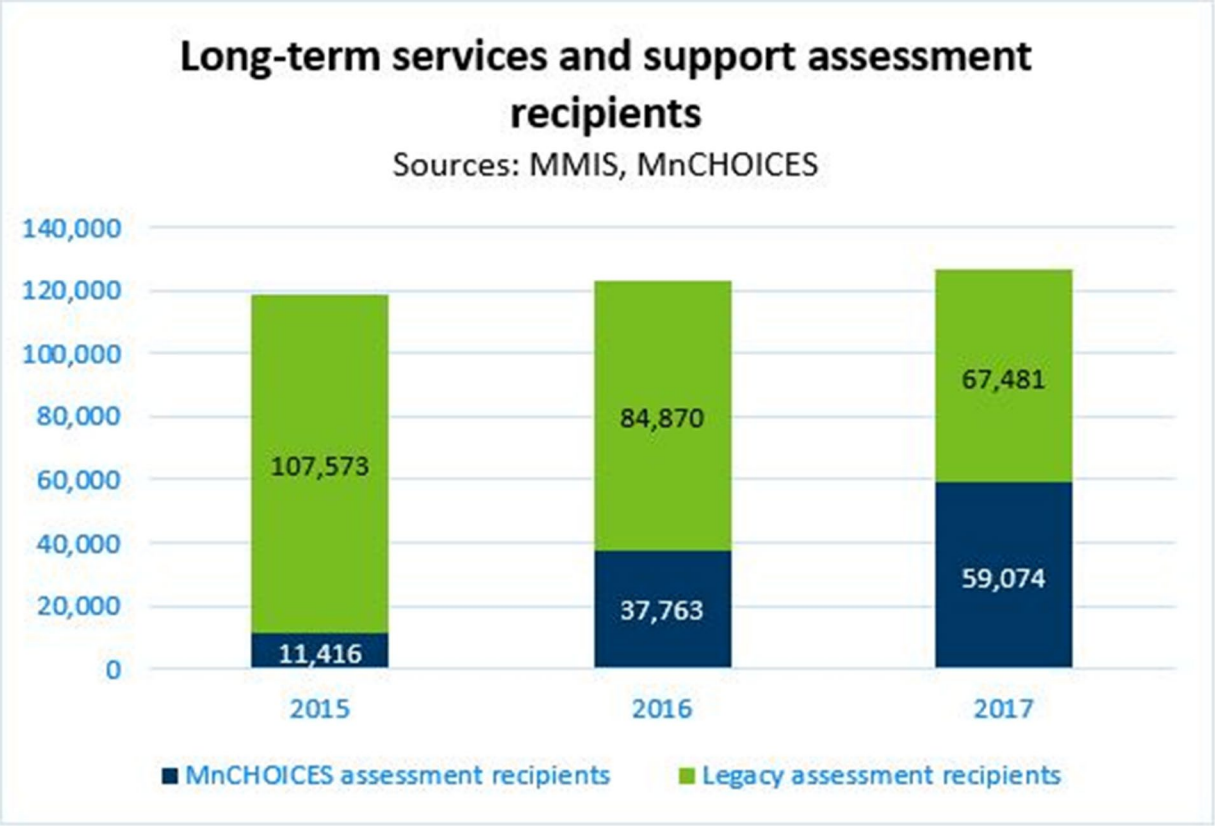
MnCHOICES supports people to make informed choices about all aspects of their life. Its assessment and support planning system also determines eligibility and captures important data for ongoing service planning and evaluation.

MnCHOICES has been implemented during the course of several years. It replaces multiple assessment processes that were designed for specific service programs. Counties and tribal nations were in the first launch and have been working with DHS to manage their conversion from legacy assessments to MnCHOICES assessments. The conversion from the legacy processes to MnCHOICES still is rolling out.

Figure 12: Long-term service and support assessment recipients by process used, 2015-1017

Rolling implementation of MnCHOICES

In an effort to manage the multiple changes happening across the HCBS system, DHS and lead agencies are phasing in the conversion from legacy assessment to MnCHOICES. Each year sees significant jumps in MnCHOICES usage.



Through these early rollout years, we have been learning along with our partners about the MnCHOICES tool. DHS has worked with lead agencies to create efficiencies for assessors and people who receive assessments. The goal of this work is to shorten assessment times and reduce the number of face-to-face assessments while maintaining a person-centered process and informed choice, and ensuring services adjust to a person's changing needs.

At the same time, DHS is building a new release of the tool, MnCHOICES 2.0.

The purpose of the redesign is to:

- Update the technical platform
- Focus the scope of the assessment
- Integrate and standardize policy
- Consolidate duplicate or similar assessment items.

The redesign will respond to suggestions identified through multiple engagement efforts. DHS held regional meetings with assessors and other lead agency personnel from August to October 2016. In addition, lead agency personnel have had other opportunities to provide feedback on the design and development of MnCHOICES 2.0. An advisory group with representation for counties, tribal nations and managed care organizations has been integral in the design and development of the forthcoming version.

Planning participants identified the areas for improvement that are being addressed in MnCHOICES 2.0:

- Reducing the length of the assessment
- Stabilizing technology
- Increasing data and reporting capabilities
- Increasing flexibility with the assessment interview.

Key initiative: Personal care assistance (PCA) and community first services and supports (CFSS)

People across Minnesota use personal care assistance (PCA) services for help with day-to-day activities in their home and community to help them maximize their independence. People who use this service can choose between two service options based on the amount of control they wish to exercise over staffing decisions.

In the traditional PCA option, the person chooses an agency, which provides the workers. The agency finds, hires, trains and supervises the support workers. The agency also is responsible to maintaining the care plan specific to the needs of each person. The person works with the agency to choose and schedule workers.

With the PCA Choice option, the person still selects an agency, but he or she finds his/her own support workers. The person works with the agency to train and supervise workers. Each person creates a care plan and can get assistance from the agency for this, if desired. The person schedules workers and determines who will work for him/her.

Both types of PCA agencies enroll with DHS and are Medical Assistance providers. Both types of agencies are responsible for the wages and benefits of the support worker and billing the state for the services provided.

Community first services and supports

The 2013 Minnesota Legislature passed legislation to establish the community first services and supports (CFSS) service. With extensive stakeholder engagement, DHS is progressing with the development of this new option. DHS forecasts community first services and supports will launch by June 2020.

People will have more choice and control over their services with community first services and supports. Like PCA, this service will allow people to have support in activities of daily living, instrumental activities of daily living and complex health-related needs. However, community first services and supports also will include:

- Helping people acquire, maintain or enhance the skills necessary to accomplish activities of daily living, instrumental activities of daily living or health-related tasks
- Purchasing goods that either replace the need for human assistance or increase people's independence.

In community first services and supports, people will have a range of control over their services based on their choices. This includes two options. One is to be employers of their own support workers with assistance by a financial management services agency. The other is to receive services through agency providers that employ the support workers. People also will have the opportunity to blend these options.

Offering individualized services and support

People are more likely to get what they need when their services fit their specific circumstances. DHS seeks to learn from partners and people who use services so we can design and adapt services to be more flexible and individualized. (See discussion of the Waiver Reimagine initiative in the Learning and adapting to drive outcomes section.) During the past two years, DHS has launched several new supports that can be tailored to individual needs and drive positive outcomes.

Key initiative: Improved housing access and stability

People with disabilities and people who live with a mental illness often find themselves facing a range of barriers to affordable housing. Minnesota is making it easier for people with disabilities to live where they want by helping them overcome access barriers to housing and maintain stable housing.

Two main issues often stop people with disabilities from accessing housing in the community:

- **Many people with disabilities cannot afford to live in the community.** According to the Priced Out in the United States report, in 2016 in Minnesota, a person with a disability received Supplemental Security Insurance (SSI) benefits equal to $814 per month. A person with a disability receiving SSI would have to pay 76 percent of their monthly income on rent for an efficiency unit and 92 percent of their monthly income for a one-bedroom unit.
- **Many people with disabilities lack the support they need to find and keep their own place to live.** Without assistance, it can be challenging for people with disabilities to search for/secure housing, interact with landlords/neighbors and adhere to the requirements of a lease.

DHS is taking steps to reform existing programs to support better housing options for people with disabilities:

- Beginning July 1, 2020, DHS will expand eligibility for Minnesota Supplemental Aid (MSA) Housing Assistance to include people who are transitioning off the Housing Support program. The higher subsidy available through MSA will help them afford to live in the community. By aligning programs, people will be able to choose the income support program that best suits their need. More people will have the option of managing their own housing benefits.
- DHS has applied to the Centers for Medicare & Medicaid Services to establish two new Medical Assistance state plan services. Once approved, these services will replace the Housing Access Coordination waiver service and serve a broader population of people who receive Medicaid:
    - **Housing stabilization – transition** is a service designed to help people get housing in the community. Service options would include developing an individualized housing support plan, assisting with a housing search, identifying resources to cover moving expenses, developing a housing support crisis plan and helping people overcome access barriers to community housing.
    - **Housing stabilization – sustaining support** are services designed to help people maintain stable housing in the community. Service options would include prevention of behaviors that may jeopardize their housing, education about rights/responsibilities, coaching, advocacy and connection with community resources.

In addition, funding from the Minnesota Housing Support Act, which passed in 2017, created the Community Living Infrastructure Grant program. In 2018, DHS awarded $2.97 million to counties, tribal nations and collaboratives to:

- Provide outreach to engage people who are homeless, unstably housed or who want to relocate from hospitals, treatment centers, corrections or other facilities in to their own home in the community
- Support people with disabilities by providing technical assistance and resources
- Help counties and tribal nations administer and monitor programs.

DHS will increase the award amount for the Community Living Infrastructure Grant to $4.1 million in the FY 2019–20 biennium and $5.2 million in the FY 2021–22 biennium.

DHS anticipates these strategic efforts will complement each other and result in:

- People having more options to choose where they want to live
- More people remaining in their own home and avoiding institutional stays or homelessness
- More people moving out of institutions, hospitals and group settings and into the community
- Opening up high level-of-care facilities for people with high needs, thus reducing backlog and waiting lists.

Another effort to increase access to affordable housing in Minnesota is the federally funded Housing and Urban Development (HUD) Section 811 Project-Based Rental Voucher program. This program is a partnership between DHS and the Minnesota Housing Finance Agency. In FY 2012 and FY 2013, Minnesota received 159 HUD Section 811 project-based housing vouchers. We anticipate another round of funding will become available in 2019. The 811 program provides project-based rent subsidies to people with disabilities and very low incomes who are younger than 62 years old.

The program targets people who:

- Experience long-term homelessness and have serious mental illness
- Are exiting an institution and are enrolled in the Moving Home Minnesota program or using the relocation service coordination service
- Use HCBS services and are leaving corporate foster care settings or family homes.

As of Nov. 1, 2018, we have housed 145 people in the program. With participant turnover, we currently have 107 people participating in the program.

Key initiative: Individualized home supports

With individualized support geared toward activities necessary to live and participate in the community, many people are able to live in their own home or community settings typically used by the public.

Individualized home supports provide support and training in certain aspects of community living for people who live in their own homes. This HCBS disability waiver service can be provided in the person's own home or in public/community settings and either in person or remotely. The covered aspects of community life are:

- Community participation
- Health, safety and wellness
- Household management
- Adaptive skills.

DHS launched this service in July 2018.

Key initiative: New employment services

People with disabilities can and do work in the competitive workforce. Unfortunately, people with disabilities are underrepresented significantly in the labor force and are more likely to live in or near poverty. With the appropriate support, however, people with disabilities can reach their employment goals. Participating in community life and contributing to one's community are important factors in determining quality of life.

In July 2018, DHS launched three new employment services through the HCBS disability waivers. These new options will better support people's employment goals and help raise employment outcomes for people with disabilities in Minnesota. Each service supports a different stage in a person's employment journey, depending on whether a person wants to explore, obtain or maintain competitive, integrated employment in the community. The individualized services include:

- **Employment exploration services**, which help people gain a better understanding of competitive, integrated employment opportunities in their communities. Exploration activities and experiences strengthen a person's knowledge, interests and preferences so he/she can make informed decisions about competitive employment. Exploration includes:
    - Individualized educational activities
    - Learning opportunities
    - Work experiences.
- **Employment development services**, which help people obtain competitive, integrated employment, become self-employed or establish a microenterprise business in their communities.
- **Employment support services**, which help people maintain paid employment in community businesses and settings. People receive these services in integrated community settings.

Aligning policies, regulations and funding

When the administrative structures that support the service system align and point toward quality of life outcomes, people have an easier path to lead the lives they want. This requires alignment of policies, funding, regulations and practices to support the values and outcomes we seek as a system. Misalignments can result in barriers, sources of confusion and frustration for people. They expect one thing, but that is not the way it actually happens in their lives.

As the disability services system evolves, DHS works with partners to identify these misalignments and make corrections. A few examples include the following:

- Minnesota adopted the Employment First policy in 2014. The policy raises the expectation that all working-age people with disabilities in Minnesota can work, want to work and can achieve competitive, integrated employment. We expect each person will be offered the opportunity to

work and earn a competitive wage before being offered other supports and services. The Employment First policy set the foundation for aligning all services and policies related to employment with this new expectation. Since 2014, DHS has created policy guidance, new employment services (see the Key initiative: New employment services section on the previous page), tools, training and a rates framework to support this policy.

- DHS is engaged in a multi-year initiative to embed person-centered practices deeply and broadly throughout our organization. We have supported multiple cohorts of counties and provider organizations that also are committed to going beyond person-centered requirements to build the person-centered approach through all organizational levels and functions. DHS consults with these organizations to learn what systemic barriers they encounter as they try to implement person-centered practices. Together we are identifying possible misalignments and prioritizing areas for change.

For more examples, see the Learning and adapting section of this report.

Key initiative: Reasonable-pace goals

People use disability waiver services to support them in their home and community. They must go through a process with a lead agency (i.e., county or tribal nation) to access this funding. Until recently, each lead agency had its own process for making this determination, and people weren't clear on what to expect.

On Dec. 1, 2015, DHS implemented and now monitors an urgency categorization system[14] for the Developmental Disabilities (DD) Waiver that is in place across all lead agencies. By using a companion category-determination tool, lead agencies have been able to better manage demand and communicate with people who seek services.

The categorization system recognizes the need for waiver services varies between people. It sets a reasonable pace for lead agencies to approve services for people in each category. The four urgency categories are:

- **Institutional exit:** A person in an Intermediate Care Facility for Persons with Developmental Disabilities (ICF/DD) or nursing facility who does not oppose leaving that setting
- **Immediate need:** A person who meets one of the following:
    - Has a living situation that is unstable due to the age, incapacity or sudden loss of a primary caregiver
    - Suddenly loses his/her current living arrangement
    - Requires protection from confirmed abuse, neglect or exploitation
    - Experiences a sudden change in need that state plan services or other funding resources alone do not cover

[14] Waiver program waitlists webpage

- **Defined need:** A person who has a current need for waiver services not covered by the institutional exit or immediate need categories
- **Future need:** A person who does not have a current need for waiver services, but might in the future.

DHS monitors lead agencies' funding-approval processes for disability waiver services to help them meet the reasonable pace goals. DHS sends lead agencies monthly updates about the people who are waiting for waiver-funding approval. These serve as reminders of the number of days a person has been waiting and whether lead agencies are meeting reasonable pace goals. If lead agencies are not meeting reasonable pace goals for people in the Institutional Exit or Immediate Need categories, DHS directly contacts the lead agency and seeks remediation. DHS may transfer funding to lead agencies to support waiver approval for people in the Institutional Exit and Immediate Need categories.

DHS continues to provide training and technical assistance to lead agencies as waiting-for-funding approval issues occur. DHS has dedicated staff resources to monitor and remediate lead agency compliance with reasonable pace goals.

Table 8: Long-term service and support assessment recipients by process used, 2015-1017

Increasingly, people get access to needed services at a reasonable pace

DHS and lead agency partners have eliminated waiting lists for the Community Access for Disability Inclusion (CADI) Waiver. While there still is a waiting period for people who want to access the Developmental Disabilities (DD) Waiver, those wait times are decreasing. The state and lead agencies are working together to meet the reasonable pace goals.

Time period	Portion of people assessed who had funding approved within 45 days
Baseline: CY 2016	**42%**
July to September 2017	66%
October to December 2017	62%
January to March 2018	70%
April to June 2018	73%

Key initiative: Home and Community-Based Services (HCBS) Rule transition plan

In 2014, the federal Centers for Medicare & Medicaid Services (CMS) published regulations that included a change in the definition of home and community-based settings for the Medicaid HCBS waivers. CMS granted states until March 2022, to bring their systems into compliance with the new requirements. States now are required to develop a transition plan for the HCBS waivers to comply with the rule. For information about Minnesota's work, see the Transition plan for home and community-based settings webpage. (Also, see discussion of the rule in the Federal direction section of this report.)

DHS is committed to providing on-going information and updates about the transition to people who use services and their families. Minnesota has a strong network of partners willing to make the necessary changes to improve experiences for people and to comply with the rule's requirements. DHS

has and will continue to develop tools and information for providers as they implement changes to comply with the rule.

In 2017, DHS focused on refining service standards, policies and practices to meet the HCBS Rule requirements. In addition, we modified service descriptions and developed new services, as needed.

In 2017[15] and 2018[16], DHS implemented the strategies identified in the statewide transition plan to bring our system into compliance, including site-specific assessment, validation and remediation. As part of this effort, we:

- Implemented a provider-attestation process for providers to self-report compliance and submit supporting documentation as evidence of compliance
- Developed provider tools and resources and improved licensing policy templates and forms
- Developed provider-expectation guidance to help providers with their transition into compliance
- Conducted outreach efforts using direct mail, email, the MN-ITS mailbox, eLists and the HCBS transition webpage
- Conducted desk audits to validate compliance and remediated areas of non-compliance by providing targeted outreach to providers
- Conducted outreach efforts using direct mail, email and phone.

During this two-year period, DHS responded to nearly 7,000 requests for technical assistance via phone and through a dedicated email box. To date, 99 percent of settings are reporting compliance with the HCBS settings requirements through the provider-attestation process.

CMS requires states to assess settings further that "are presumed to have institutional or isolating qualities." DHS identified 368 settings that fall under this definition. To gather evidence to overcome the institutional or isolating presumption, DHS began conducting on-site assessments across the state beginning in spring 2018.

As of November 2018, DHS has conducted nearly 150 onsite visits. We have found most providers clearly meet the definition of HCBS. Some, however, have needed a transition plan. For example, if a community-based service (e.g., adult day services, etc.), is co-located with institutional services (e.g., a hospital), the provider needs to clearly distinguish between the two and ensure that the people who receives HCBS have opportunities to participate with the community. DHS is working in partnership with providers to understand and adapt to the regulations. We believe we will meet the federal deadline.

[15] 2017 Transition Plan Implementation for Home and Community-Based Settings report (PDF)

[16] 2018 Transition Plan Implementation for Home and Community-Based Settings report (PDF)

In addition to coming into compliance on time, DHS also is developing higher standards for future settings and services. During the past two years, DHS worked with stakeholder groups to define these standards. We have built these into our HCBS settings transition plan. Our tiered approach encourages provider to develop alternative, more community-inclusive approaches. Current services must meet the base threshold that is compliant with the rule. New services will be required to meet a higher standard of person-centered, inclusive practices.

Key initiative: Electronic visit verification

Electronic visit verification of services will help ensure people receive services when and where they expect them. It also will give the state better information about instances of incorrect or fraudulent billing.

In December 2016, the U.S. Congress enacted the 21st Century CURES Act, which included provisions to prevent fraud and ensure accountability in personal care and home health services. In 2017, the Minnesota Legislature directed DHS to establish implementation requirements and standards for an electronic service-delivery documentation system to comply with the act. Personal care services (which include personal care assistance and other home and community-based services that fit the federal definition for "personal care") must be verified electronically by Jan. 1, 2020. Home health services must be verified electronically by Jan. 1, 2023. The federal guidelines offer federal reimbursement for 90 percent of the state's costs for system design, development or installation and 75 percent of the costs of ongoing system operation and maintenance.

DHS engaged stakeholders between August and December 2017, to share information about the requirements and collect input about preferences and potential system features. Stakeholders who provided input included:

- People who use services
- Direct support workers
- Home and community-based services providers
- Agencies that provide PCA services
- Home health service providers
- Managed care organizations
- Other interested parties.

The 2018 Legislative Report: Electronic Visit Verification System (PDF) summarizes the recommendations from this stakeholder engagement process. In general, stakeholders recommended an electronic visit verification system that:

- Would be as mobile as the people using it
- Would avoid rigid scheduling rules
- Is easy to use regardless of language or ability

- Would have flexibility and adaptability related to internet access or mobile devices
- Minimized privacy intrusions (including those created by collecting the location of service delivery)
- Minimized cost burdens for people who use services, workers and service provider agencies.

DHS is planning for the implementation of a model for electronic visit verification that meets the widest range of needs, minimizes burdens and provides the greatest flexibility to people who use services, service providers and direct support workers. The current plan:

- Includes a state-purchased electronic visit verification system(s)
- Allows providers to choose an alternative system that meets minimum requirements set by the state
- Includes a state data aggregator.

Legislation will be needed for full implementation.

Key initiative: Enhanced personal care assistance (PCA) reimbursement rate

People who rely on direct support services need to have reliable workers with the necessary skills.

During this period of workforce shortages, people with a higher reliance on direct support services report increasing challenges in finding skilled workers for the number of hours needed.

To offset that, DHS began a 5 percent rate or budget enhancement for PCA services and Consumer Support Grants on July 1, 2018, for work that is both:

- Provided to people who are eligible for 12 or more hours of PCA services per day
- Provided by a worker who has completed qualifying trainings.

The enhanced rate applies to direct support services received through:

- PCA (traditional)
- PCA Choice
- Consumer directed community supports
- Consumer Support Grant.

Optimizing capabilities

Gaps in skills translate to people experiencing sub-optimal outcomes. Skill gaps can exist in planning and service provision. If service providers or case managers do not have the necessary skills, they cannot offer the best services possible. People who use services also have skill gaps that we can address through new approaches. DHS is working to build capabilities of individuals, partners and providers in innovative ways.

Key initiative: Promoting person-centered practices

When people with disabilities are approached in a person-centered way, they:

- Grow in relationships
- Contribute to their community
- Make choices
- Are treated with dignity and respect
- Have a valued social role
- Share ordinary places and activities along with people who do not have disabilities.

Person-centered practices have many aspects, including:

- Sharing power with people, instead of exercising control over them
- Recognizing and building on people's strengths and assets
- Balancing what is important TO people and what is important FOR them.

Person-centered planning is one element of person-centered practice. Lead agencies are required to developed person-centered support plans. Additionally, DHS has been working for several years to promote the statewide use of broader person-centered practices across the disability-service system. The strategies and activities laid out in this report are all efforts to promote person-centered practices. In addition to these efforts, DHS provides training, technical assistance and support, along with building an infrastructure for these activities that extends beyond DHS.

In FY 2018, DHS trained and supported thousands of practitioners through multiple kinds of activities, including:

- Monthly online webinars for the Support Planning Professionals Learning Community
- One-day training on using person-centered practices in support planning
- Half-day training on 8 simple elements of person-centered support planning
- Half-day training on creating meaningful person-centered outcomes
- Half-day training on the new employment services
- MnCHOICES certified assessor training and recertification
- Two-day person-centered thinking training
- Two-day person-centered planning/Picture of a Life training
- Person-centered positive behavior support intensive training
- Two-day person-centered gathering, a conference-style event
- Communities of practice.

DHS also has expanded the capacity for training and learning that moves beyond reliance on DHS. This includes:

- Purchasing and subsidizing licenses for the College of Direct Support and person-centered counseling curricula
- Person-centered thinking instruction for trainers
- Person-centered planning instruction for trainers
- Three-year person-centered and positive support organizational change training.

As of Nov. 1, 2018, 23 organizations across the state (counties and provider agencies) have completed or are completing the organization training. In addition, DHS is in the second year of our own Person-Centered Organizational Change initiative. The DHS Disability Services and Licensing (i.e., 245D licensing and maltreatment investigation units) divisions jointly participate in this process. Together, we are implementing new person-centered practices to better support people who use services, our partners and the people who work here. We also engage with others to identify changes we need to make on a system-wide level to advance our progress in growing as a person-centered system.

Key initiative: Positive supports

People have the right to live free from abuse and neglect and to have their human and legal rights protected. Two of the ways Minnesota ensures human and legal rights for people are through licensure requirements and limiting the use of practices that may cause physical, emotional/psychological pain or distress.

With the implementation of Minnesota Statutes, Chapter 245D in January 2014 (and updates in 2017) and the Positive Supports Rule (Minnesota Rule 9544) in August 2015, providers must use positive supports in place of restrictive interventions. This applies to:

- Providers of home and community-based services to people with a disability or people 65 years and older governed by Minnesota Statutes, Chapter 245D
- Other licensed providers and in other settings licensed by the commissioner under Minnesota Statutes, Chapter 245A, for services delivered to people with developmental disabilities or related conditions as defined in Minnesota Rule 9525.0016.

The law prohibits the use of punitive practices and procedures such as seclusion and restraint. If being used to maintain safety, legislation allows for an 11-month transition period, with the implementation of a positive support transition plan, to end prohibited practices.

Through the licensing process, reviews and investigations, DHS provides information and technical assistance to providers to increase their capacity to provide positive supports.

DHS established the External Program Review Committee (comprised of clinicians) from which providers may request approval for the limited, emergency use of prohibited procedures, such as mechanical restraints. The External Program Review Committee reviews and assesses these requests

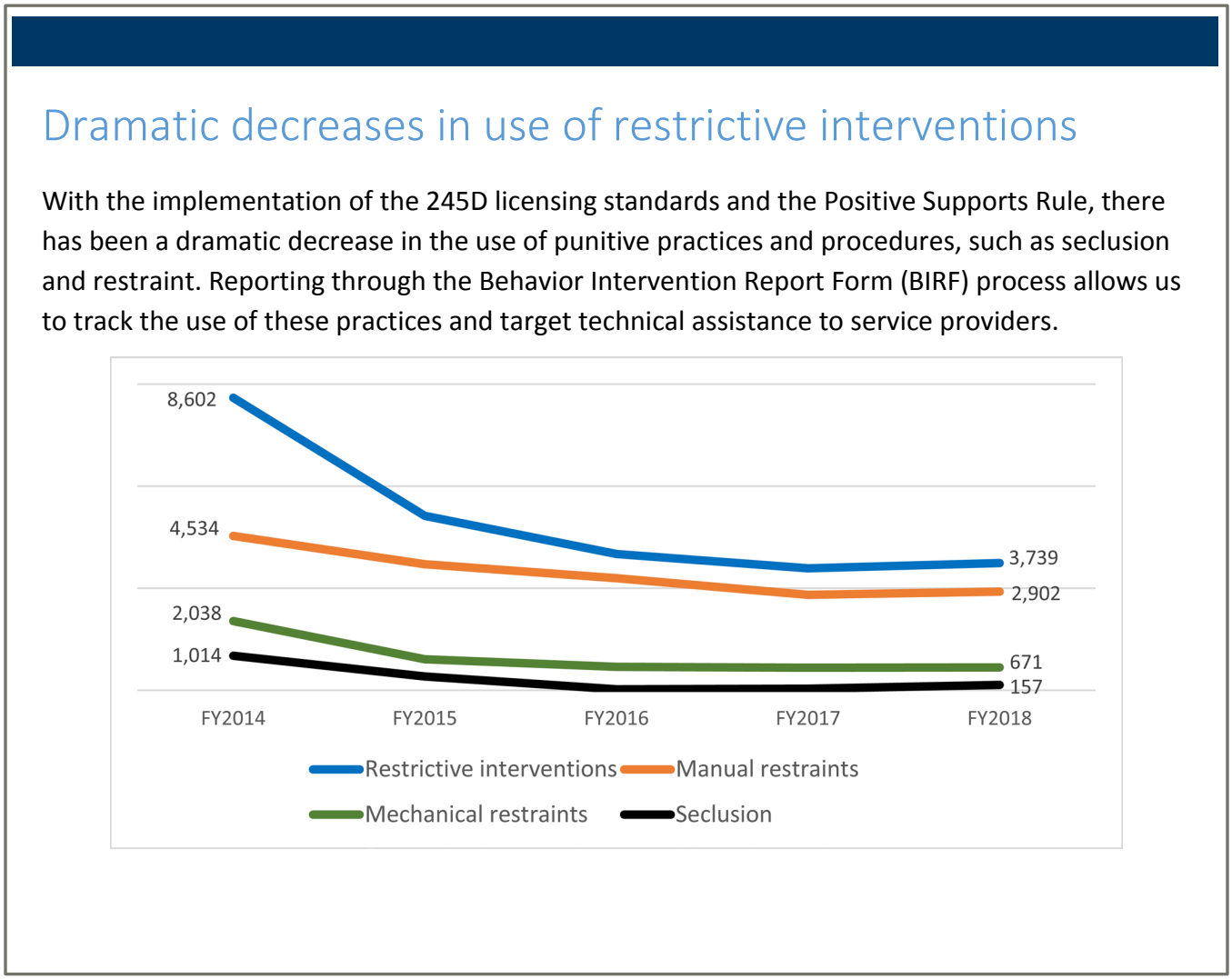
and makes recommendations to DHS to either deny or approve those requests. The committee also monitors reports of emergency use of manual restraint and provides guidance to service providers on how to work through the process of eliminating the need for restraints.

Minnesota also has initiated several efforts to reduce the use of restraints, time-out methods, seclusion and punitive consequences used by providers. These include the:

- Behavior Intervention Reporting Form process, in which providers licensed under 245D and those subject to the Positive Supports Rule must report the emergency use of manual restraint and any prohibited procedure in a positive support transition plan via the Behavior Intervention Report Form (BIRF). The BIRF reporting process allows DHS to collect statewide information and data on these restrictive interventions and alternative interventions. Review of BIRF data informs strategies for technical assistance and training. (DHS also provides on-going technical assistance to assure the proper use of positive supports, including topics such as the appropriate use of 911 emergency calls.)
- Implementing the Statewide Plan for Positive Supports, which is a statewide communication and technical assistance effort to decrease the use of restrictive procedures and increase implementation of positive supports across agencies. This is being used to:
    - Establish a technical assistance infrastructure across agencies
    - Design and implement strategies for statewide evaluation
    - Expand awareness of positive supports across the state
    - Create and maintain strategies for establishing policies and procedures encouraging positive supports.

The number of restrictive interventions has gone down significantly from 8,602 in FY 2014 to 3,739 in 2018, a 43 percent reduction.

Figure 12: Number of restrictive interventions, FY 2014-FY 2018



Key initiative: Technology

Technology can improve services and the way people live greatly. People with disabilities can use technology to increase their independence, expand the opportunity to participate in their communities and enhance their quality of life. Providers are finding new ways to use technology to support their business from remote monitoring to efficiencies in documentation. New technology is developed every day, and the challenge is leveraging its potential.

DHS requires lead agencies to assess whether people who seek or use long-term services and supports might benefit from a technological solution. DHS updated the MnCHOICES assessment tool in 2016 to include prompts for exploring the potential for using assistive technology. To support this work, DHS provided training to support planners on assistive technology and resources.

Minnesota's Olmstead Plan includes a goal area for the use of technology. As a result, state agencies worked with the System of Technology to Achieve Results (STAR) program, to design an approach that prompts assessors and case managers to consider technology during support planning. The STAR program is Minnesota's federally funded Assistive Technology Act program and serves people of all ages and disabilities (including older adults with functional needs) in Minnesota. STAR partners with other state agencies and community organizations to provide assistive technology demonstrations and device loans. There is no charge for these services.

Disability waiver services cover assistive technology and remote monitoring through the service menu. Devices themselves can be purchased with waiver funds. The assessment (which explores how technology can offer assistance and which device is best) is also a covered waiver service. There are gaps in the ability to cover internet expenses, but we are exploring options to address that challenge.

Technology for HOME

DHS administers a more in-depth, grant-funded program, Technology for HOME, to people who are eligible for home and community based services and either:

- Live in their own home and could potentially benefit from assistive technology (AT) for safety, communication, community engagement or independence
- Want to live in their own home and need AT to meet that goal.

This service takes a team approach. The program covers individual consultation, connecting people to resources and follow-up services. It does not pay for the AT equipment. The team provides possible solutions and communicates with the county/tribal nation to develop a plan.

People who receive waiver services can access this service through the waiver. The grant funds are available for people who are not on waiver programs.

Learning and adapting to drive outcomes

A continuously improving system delivers increasingly better results for people. DHS is using many robust quality activities to learn from people, our partners and data to ensure basic health and welfare and to drive quality improvement.

DHS needs new strategies to meet the evolving needs described in the Trends and challenges section of this report. DHS seeks to learn about new approaches tried elsewhere across the state and nation and build on promising practices. The solutions to these challenges do not lie solely with state government. While we need to evolve with the times, we also foster innovations from local governments and providers.

DHS uses many mechanisms to support our own learning and that of our partners. We engage in efforts to innovate our practices and encourage innovation throughout the system.

Examples include:

- Self-advocates tell DHS and others in the service system what is working and not working for them. DHS supports self-advocacy curriculum development and programming that helps people with intellectual or developmental disabilities develop their self-advocacy skills. With DHS support, Advocating Change Together (ACT) developed the Disability Equality Training Series. It is a 12-session course that gives self-advocacy groups the tools to build a culture of disability equality. Groups access the curriculum through ACT and conduct the training themselves:
    - In FY 2019, 140 people across the state competed the 12-session course
    - In FY 2019, 12 people completed the 12-month Olmstead Academy program
    - In 2017, another 500 self-advocates and their allies learned about self-advocacy and became connected to the larger self-advocacy movement at the Minnesota State Self-Advocacy Conference.
- Every region has its own opportunities, resources and challenges. DHS encourages counties to develop innovative practices on the local level. In 2009, the Minnesota Legislature established a moratorium on the growth of corporate foster care capacity. Since 2013, DHS has awarded grants to select counties to develop alternatives to corporate foster care in their areas. Currently, there are six counties receiving local planning grants. Since the program began, ten counties have received grants. Through this investment, counties and the state are learning and expanding new practices.
- DHS uses individual-level data that are available through our systems to learn how the systems are operating. Individual assessment and planning information from the MnCHOICES and community support plan tools can be looked at in the aggregate. This helps us track information, such as people's living and employment preferences and if the people who have goals in those areas meet them. The Employment First Data Dashboards use data from claims and financial eligibility to track employment outcomes for working-age people who receive disability services.
- DHS continually engages with people who are most affected by our work, people who use services, family members, lead agencies, providers, advocates and others. Most of the initiatives covered in this report had their own stakeholder engagement processes. In addition, DHS maintains standing stakeholder groups. Examples include:
    - HCBS Partners Panel
    - HCBS County State Work Group
    - MnCHOICES Advisory Group
    - Early Intensive Developmental and Behavioral Intervention (EIDBI) advisory group
    - Disability Waiver Rates Advisory Committee
    - HCBS Rule Advisory Group
    - Traumatic Brain Injury Advisory Committee
    - Person-Centered Practices Training Fidelity Workgroup
    - Positive Behavior Support Workgroup.

- DHS has hosted and will continue to support opportunities for dialogue with organizations that are going through the Person-Centered Organizational Change initiative. The purpose of these events is to learn from one another about where we experience system-level barriers to engage in person-centered practices. There are changes people can make by themselves to have a more person-centered practice and changes individual organizations can make to become more person-centered. There also are changes that need to happen on a systemic-level, such as changes to laws, regulations, policies and funding. These events help shape the short- and long-term strategy actions of the state.
- DHS is learning as we implement the Disability Waiver Rate System (DWRS) and, using what we learn, will propose future adaptations to rates or to the rate system. We reported our findings to the legislature in 2015, 2016 and 2017. In addition to these reports, DHS has conducted additional research on non-wage costs for service providers and rate exceptions. These studies have informed DWRS proposals in the Governor's budget. We also consider these finding with stakeholders at the DWRS Advisory Committee and other public events.

Key initiative: Innovation grants

While existing services are successful, we need to be innovative to keep up with emerging trends and challenges. Additionally, traditional practices have not served all people with equal success. When we do better, people will do better. We need to learn what is working and what is not working, and develop new approaches accordingly.

DHS offers disability services innovation grants that promote new ideas to achieve positive outcomes for people with disabilities. With funding authorized by the 2015 Minnesota Legislature, DHS issued three types of grants: large, small and microgrants. All of them require grantees to use new ways to help people with disabilities in Minnesota:

- Achieve integrated, ccompetitive employment
- Live in the most integrated setting
- Connect with others in their communities.

Large innovation grants

The large innovation grants are multi-year grants for more than $50,000 per year to people and organizations that work with people with disabilities. DHS awarded ten grants totaling nearly $1.8 million in 2016 and seven grants totaling $2.6 million in 2017. For 2018, DHS is in the process of executing contracts with grantees for approximately $500,000.

Small innovation grants

Small innovation grants award single- and multi-year grants between $2,000 and $50,000 per year to people and organizations that work with people with disabilities in Minnesota. To generate innovative and creative responses from a variety of applicants, DHS created a shorter and easier application

process versus the typical Request for Proposals format. DHS awarded 17 small innovation grants to 16 different grantees totaling nearly $950,000 in 2017.

For more information on these grants, see the following DHS news releases:

- Expanding opportunity for people with disabilities, April 5, 2017
- Grants fund new efforts to support people with disabilities, Aug. 2, 2018
- New grants promote community inclusion, employment, housing choices for people with disabilities, May 21, 2018.

Microgrants

Sometimes people need a small amount of money to get them past a barrier and into a more integrated, community life. In 2017, through grantee partner organizations, DHS has made this smaller type of funding available through the Minnesota Microgrant Partnership. The program provides grants up to $500 to people with disabilities to help them achieve their personal goals for competitive, integrated employment, living in the most integrated settings or increased community integration. Among other things, grant recipients have used microgrants to pay for:

- Work clothing
- Equipment to start or grow a business
- Classes
- Security deposits
- Moving services
- Equipment to make a home safer
- Adaptive equipment
- Membership fees.

DHS distributed more than $11,000 in microgrants in 2016, and more than $52,000 in 2017.

Key initiative: Autism respite grants

With proper support for them and for their community, people with autism and related conditions have more opportunities to share community spaces and activities. Some people have a difficult time participating in the community because community members do not understand their condition, how best to engage and how to support them. This has the effect of isolating people who have autism and related conditions. Their family members also end up isolated and/or depleted from the demands of supporting their loved one around the clock.

The autism respite grant was a two-year opportunity to develop in-home respite, activities to build informal supports, capacity within marginalized communities and test new ideas.

The grants provided technical assistance and funding for community businesses to become more autism- and sensory-friendly and aware. The grants also supported counties in greater Minnesota and one tribal nation to build their own autism-support capacity by developing curricula and training. One lead agency executed an environmental scan and sustainability planning.

Other examples of grant successes include funding for:

- Families to choose their own community-based activity for respite
- Respite provided by unlicensed friends and neighbors
- A break for the child and family member through respite childcare alongside their siblings without disabilities
- Making community businesses sensory-friendly and aware (e.g., Dakota County public libraries, Science Museum of Minnesota, etc.), including training for staff
- Parent support groups and childcare during support groups
- Training about autism and related conditions (e.g., fetal alcohol spectrum disorders) that is geographically tailored and audience-specific for:
    - Parents and community businesses
    - Residential providers and direct support professionals
    - Medical providers.

DHS is using the information learned from these grants to develop and improve policy. Each grantee developed a sustainability plan. DHS will use all of this information to look for ways to continue successful strategies in the future.

Key initiative: Waiver Reimagine

When a system is easy to understand, people with disabilities find it easier to navigate and are more likely to get the services they need. Reducing differences in the type and amount of services available and creating models for individualized budgeting:

- Creates a more equitable and predictable experience for people
- Encourages person-centered supports
- Puts more control in the hands of people who use services
- Allows people to see the range of funding available to them
- Gets people more involved in making decisions about how to invest those funds to meet their specific circumstances.

The Waiver Reimagine project seeks to identify and recommend potential system-level improvements to Minnesota's disability waiver programs. It is a prime example of DHS learning and adapting. We learn from activities, such as meetings with stakeholders and studying models used in other states. We adapt by considering recommendations and implementing subsequent program changes.

The Waiver Reimagine project incorporates two studies authorized by the Minnesota legislature—disability waiver reconfiguration and the individual budgeting model. The cross-disciplinary project team will deliver a January 2019 report to the Minnesota Legislature on both of these topics. The report will include recommendations on both the feasibility of reconfiguring/consolidating waivers and individual budgeting.

By learning both from other states' work and through conversations with county/tribal staff, waiver providers and people who receive waiver services, early findings suggest the changes will require a phased implementation. The team suggests additional analysis and planning so it can develop a full-implementation proposal for the legislature in 2021.

The primary goals of the Waiver Reimagine project are to:

- Provide equal access and supports across disability waiver programs, ensuring programs are responsive to a person's needs, circumstances and preferences
- Align services across waiver programs for people with disabilities (including consistent limits and allowable services)
- Facilitate flexible and predictable service changes that recognize life changes and an increased use of technology
- Simplify administration to make waivers easier to understand for people who receive services, county/tribal administrators and service providers
- Recommend an individual budgeting model for everyone who receives disability waiver services and link people's needs to the amount available for their service plans.

Ultimately, the Waiver Reimagine project will identify ways to improve system structures to give people who receive disability waiver services more choice and control over the services they use. The project seeks to create a template that will streamline service administration through systems design, data collection and analysis. Benefits for the system include:

- An increased ability to respond effectively to challenges in the direct care workforce
- Increased administrative capacity to govern the programs strategically.

Key initiative: Case management redesign

People in the disability service system rely on case managers to help navigate the system, plan for and get access to services and for problem solving. Case managers also are responsible to monitor progress on their plans and oversee the quality of the authorized services.

In 2013, the Minnesota Legislature directed DHS to redesign Medical Assistance-funded case management to:

- Increase opportunities for consumer choice
- Specify and standardize how services are delivered
- Improve quality and accountability
- Streamline funding arrangements.

The case management redesign initiative addresses this requirement and is co-led by DHS, counties and tribal nations. Stakeholders and communities are engaged in the process, both through DHS staff

meeting with existing stakeholder groups and through intentional community engagement opportunities across the state.

Background

Medical Assistance pays for case management under a variety of services and programs in Minnesota. The scope of the case management redesign initiative crosses many administrations within DHS and includes:

- Targeted case management, which includes:
    - Adult mental health
    - Children's mental health
    - Vulnerable adults
    - Developmental disabilities
    - Child welfare
    - Relocation services coordination
- Waiver case management, which includes:
    - Disability waivers
    - Elderly Waiver
- Alternative Care case management
- Non-MA-funded developmental disabilities case management (under Rule 185).

Redesign basics

DHS established the initial design team in February 2018. The team is responsible for drafting a definition of case management services and to create a set of service-delivery standards. Specifically, the team wanted to ensure consistency in **what everyone can expect and what everyone can rely on** when receiving case management services. It primarily focused on drafting foundational policies and expectations that would be required for all case management services, including:

- Core activities
- Roles and responsibilities of service delivery
- Provider qualifications and training
- Ways to identify and measure common outcomes and quality.

DHS will share the initial draft with stakeholders and communities throughout the state in order to gather feedback. The final service design proposal that goes to the Minnesota Legislature will expand on the foundational policies and expectations to address:

- Additional expectations based on the needs of specific populations
- Expertise to provide the service to specific populations
- How it meets federal requirements for specific service areas.

Financial analysis

At the same time, DHS is working with consultants to:

- Document and comprehensively describe the finances currently associated with administering and providing Medical Assistance-funded case management services. This will include a description of both the funds counties use when a contracted provider provides services, and the funds counties use to provide similar non-MA case management services.
- Develop models for a potential, universal base rate for the cost to provide the case management services and compare models to the current payment structures and rates to assess the potential impact of changes to current payment structures.

Looking forward

Case management redesign builds on many previous studies and recommendations. DHS and our partners devoted much of 2016 and 2017 to gathering that information, strengthening relationships with stakeholders/partners and aligning leadership within DHS.

Planning and service design are the focus in 2018 and 2019.[17] The initiative aims for legislative authorization in 2020, and implementation of service-design and rate-structure changes beginning in 2021.

Key initiative: Virtual Insight Panel

People with disabilities contribute directly to our learning and adapting. One path for direct input is the Virtual Insight Panel (VIP), which launched in fall 2017. It is a panel of diverse people across Minnesota who volunteer to shape and inform communications and programs for people with disabilities.

Disability Hub MN created and manages the VIP (in partnership with the Department of Human Services).The goal of the panel is to make it easier for people who receive services to participate and give feedback on the services and communications that affect them. As of October 2018, there were 202 members. People with disabilities comprised 76 percent of panel members, with the other 24 percent being parents or legal guardians.

The panel already has provided valuable input into service design and delivery. In spring 2018, more than 60 VIP members provided feedback on key employment messages that will be used by multiple state agencies that support people to find employment. In summer 2018, VIP members provided useful feedback for the Autism Resource Portal. DHS is using data collected through a VIP survey to make the portal more user-friendly for people with autism and their families.

[17] Case Management Redesign Plan for 2018-2019 (PDF)

IX. Overview of the HCBS system

To deliver long-term services and supports that build on a person's informal supports, Minnesota uses a combination of:

- Medical Assistance state plan services
- Medical Assistance home and community-based services (HCBS) waivers
- State and locally funded services and supports.

Medical Assistance state plan services

Medical Assistance is the name for the federal Medicaid program in Minnesota. It is funded with a combination of federal and state funds. Medical Assistance is an insurance program for people who have low income and/or have high medical expenses. It provides health-related coverage for pregnant women, children, parents of minor children, people who are 65 years or older and/or people who are blind or have other disabilities.

The federal government funds the program jointly with each state and the District of Columbia. Medical Assistance requires states to offer some benefits (e.g., inpatient hospital care) and allows states to offer others (e.g., personal care assistance and home care nursing). Minnesota offers a comprehensive Medical Assistance benefit set that includes both federally mandated and optional benefits. This standard Medical Assistance benefit set is referred to as the "state plan."

The state must ensure anyone who qualifies for a state plan service receives the service. Minnesota's state plan covers the cost of receiving services in institutions (e.g., nursing facilities, hospitals and Intermediate Care Facilities for Persons with Developmental Disabilities [ICFs/DD]). The state plan also offers a continuum of medical care and support services provided in the person's home and community for people who have nursing facility or hospital level of care needs.

POSITIVE SUPPORTS FOR A BETTER LIFE

Since childhood, "Dan" wore a soft helmet because he expressed his frustrations by banging his head on hard objects.

Dan's staff began using strategies that build on his strengths and changing communication patterns. He has learned better ways of expressing himself and people around him understand his communications better.

Dan also has more opportunities to be in control of his life, such as making choices about what to wear or what he wants to do.

He still expresses discontent, but his staff has tools to redirect, express their understanding of his frustrations and work through what's bothering him.

All of this adds up to a better quality of life for Dan.

One example of an HCBS state plan benefit is the recently added Early Intensive Developmental and Behavioral Intervention (EIDBI) benefit. This benefit offers medically necessary treatment to people who:

- Are younger than 21 years old
- Are on Medical Assistance
- Have autism spectrum disorder (ASD) or related conditions.

The benefit includes a comprehensive, multi-disciplinary evaluation that leads to recommendations for the type of intervention to use. This becomes the basis for service authorizations. Therapeutic interventions under EIDBI are designed to improve functioning and decrease behavioral challenges. DHS works with stakeholders to develop additional proposals and measures to help build statewide capacity for the benefit and for related services.

Home care services, including personal care assistance (PCA)

Through the Medical Assistance state plan, Minnesota offers home care services that many people with disabilities use. As shown in Table 7, these services represent a substantial part of the disability services system.

Home care provides medical- and health-related services and assistance with day-to-day activities to people in their homes. It can provide short-term care for people moving from a hospital or nursing facility back to their home, or it can provide continuing care to people with ongoing needs.

People also can use home care services in other locations when normal life activities take them away from home.

Medical Assistance covers the following home care services and supports:

- Equipment and supplies (e.g., wheelchairs and diabetic supplies)
- Home care nursing
- Home health aide
- Personal care assistance
- Skilled nursing visits (either face-to-face or via tele-home care technology)
- Therapies (i.e., occupational, physical, respiratory and speech).

Table 9: Number of people who used home care services in FY 2017

Home care utilization

Service type	Number of people who received the service in FY 2017
Personal care assistance (PCA)	42,608
Skilled nursing	28,122
Home health aid	4,337
Home care nursing	1,404
Home health therapies	6,050

Personal care assistance is one of the most utilized home and community-based services. As noted in Table 4, it is also the most racially diverse HCBS program. The PCA service provides supports to people who need help with day-to-day activities. This allows them to be more independent in their own homes. Personal care assistants (PCAs) are one type of direct support worker. A PCA may be able to help a person who has a physical, emotional or mental disability, a chronic illness or an injury.

People who need long-term services and supports beyond what the medical assistance state plan covers may be able to access services through home and community-based waiver services.

Home and community-based services (HCBS) waivers

One of the ways Minnesota provides services outside of institutions is through the home and community-based services (HCBS) waiver programs. Waivers are so-named because the federal government waives certain Medicaid requirements for states to run these programs. The programs are "home and community-based" because they offer alternative services to people who otherwise would be eligible to receive institutional care. HCBS waivers offer various services in people's homes and communities at an average cost that is less than or equal to the cost of serving people in institutions.

DHS manages the waiver programs under the authority of Minnesota statutes. The federal government gives DHS permission to offer these services through agreements between the state and the federal government. DHS administers disability waiver programs in partnership with public health or social services through counties and tribal agencies.

Services authorized by CMS under all HCBS waiver federal plans must:

- Be necessary to ensure health, safety and welfare of the person
- Have a reasonable cost
- Have no other available funding source
- Help a person avoid institutionalization and be an appropriate alternative to institutionalization
- Help a person function with greater independence in the community
- Meet the unique needs and preferences of the person.

Waivers allow states to provide various service options not available or allowed under regular Medicaid. They are a crucial piece of DHS' goal to improve quality of life for people who have disabilities and older adults who have low incomes. With waiver services and supports, people can live as independently as possible in the community of their choice.

The federal Centers for Medicare & Medicaid Services (CMS) bases a person's eligibility for waiver programs on the amount of care and services required to meet his/her needs.

Waiver types

In Minnesota, there are four waivers specific to disability services:

- **Brain Injury (BI) Waiver:** For people with a traumatic or acquired brain injury who need the level of care provided in a nursing facility or neurobehavioral hospital
- **Community Alternative Care (CAC) Waiver:** For people who are chronically ill or medically fragile and need the level of care provided at a hospital
- **Community Access for Disability Inclusion (CADI) Waiver**: For people who need the level of care provided in a nursing facility
- **Developmental Disabilities (DD) Waiver:** For people with developmental disabilities or related conditions who need the level of care provided at an Intermediate Care Facility for Persons with Developmental Disabilities (ICFs/DD).

Table 10: Number of people who used waiver services in FY 2017, by waiver type

Waiver program utilization

Waiver type	Number of people who used the waiver in FY 2017
Community Access for Disability Inclusion (CADI)	26,967
Developmental Disabilities (DD)	18,629
Brain Injury (BI)	1,351
Community Alternative Care (CAC)	564

State and local funds

In addition to services available through the Medical Assistance state plan or waiver programs, Minnesota uses state funds for innovative programs that serve a small number of people when federal financial participation funding is not available. (Depending on their resources, counties and tribal nations also may fund long-term services and supports for people when state and/or federal funds are not immediately available to serve the person.)

The following are examples of state-funded grants and services.

Family Support Grant

The Family Support Grant (FSG) is a state-funded program that provides cash grants to eligible families with children with disabilities. The program:

- Helps families access disability services and supports
- Prevents out-of-home placement of children with disabilities
- Promotes family health and social well-being.

These grants offset the high expenses directly related to a child's disability. Families must use grants to purchase goods or services described in a plan approved by their county/tribal nation. Grants cannot exceed $3,113.99 per calendar year for each eligible child. In FY 2017, 1,985 people used this program.

Consumer Support Grant

The Consumer Support Grant (CSG) program is an alternative to Medical Assistance home care services. It allows greater freedom of choice in service selection and service delivery.

People can use the Consumer Support Grant to purchase a variety of goods, supports and services beyond what is available through Medical Assistance. It is an alternative to using traditional home care services. DHS bases the grant amount on the person's home care assessment and rating, available program funding and state budget caps. In FY 2017, an average of 2,382 participants per month received an average monthly grant of $954.

Semi-independent living services

Semi-independent living services (SILS) help adults with developmental disabilities live successfully in the community. The goal of semi-independent living services is to support a person in a way that enables him/her to achieve outcomes he or she desires and lead a self-directed life.

To be eligible for semi-independent living services, a person must be 18 years or older and not at risk of placement in an Intermediate Care Facility for Persons with Developmental Disabilities. In FY 2017, 1,434 people used SILS.

Self-direction

Many of our home and community-based services have an element of self-direction. However, we specify some of our program and service options as "self-directed" because the primary function of these services is to allow a person to design and manage his/her own services (which includes hiring, firing and supervising his/her staff).

The Family Support Grant and Consumer Support Grant programs are examples of self-directed options. Others include:

- Consumer directed community supports (CDCS)
- PCA Choice.

Consumer directed community supports

Consumer directed community supports (CDCS) is a unique service option available through the home and community-based services (HCBS) waivers. This option can give people greater control, flexibility and responsibility to manage and direct their services and supports. An increasing number of people choose consumer directed community supports so they can do things such as:

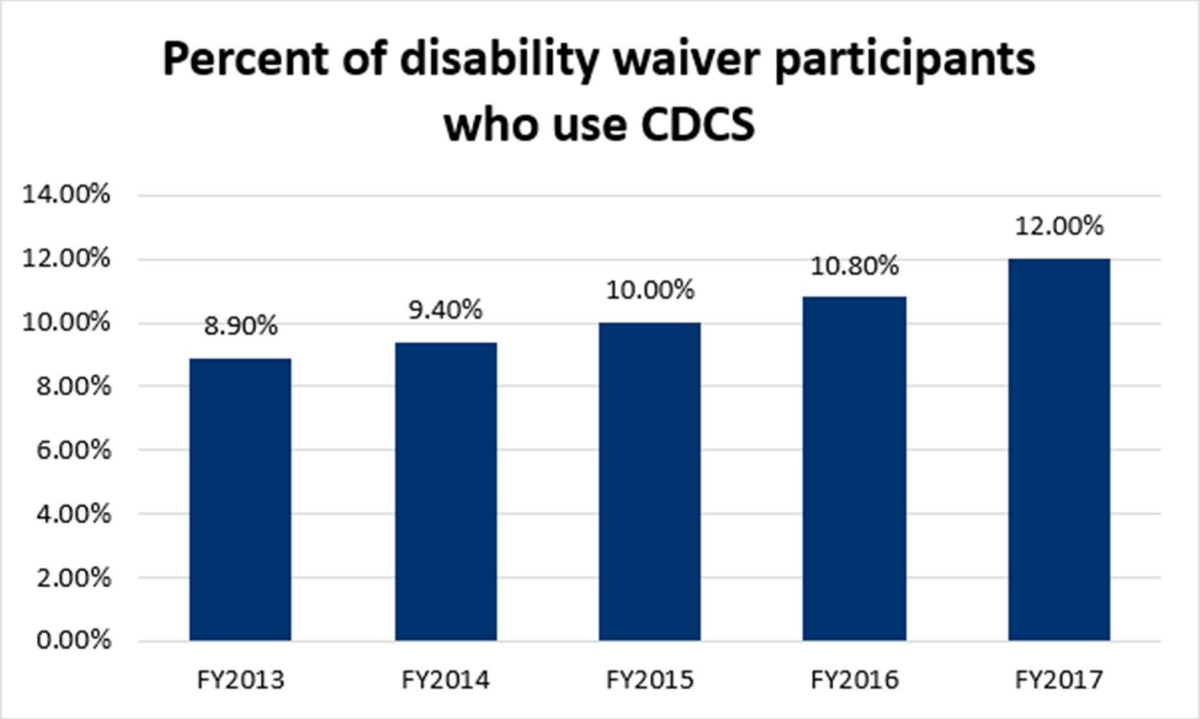
- Customize their services
- Hire and fire staff
- Purchase goods and services.

People who participate in consumer directed community supports are willing to assume greater responsibility for the implementation of their plan because of this increased flexibility.

Figure 14: Percent of disability waiver participants who use CDCS, FY 2013-2017

Increase in use of consumer directed community supports (CDCS)

Each year, more people opt to direct their own services. This is particularly popular with families of children with disabilities. Of those who use CDCS, 54 percent are younger than 18 years old.



The “supports” in CDCS may include services, supports and items currently available through the waivers (e.g., chore services or environmental modifications for accessibility). The additional flexibility built into the service expands a person’s options when purchasing support from people (e.g., parents

or spouses). CDCS is especially appealing to families with a child served through the Community Alternative Care (CAC) Waiver.

People who participate in this service option have a yearly budget. They can decide how much to pay the people they hire to provide their services. In addition, a person may purchase other allowable services and goods to support their ability to live in and participate in the community. A DHS formula determines individual budget limits for people who participate, and counties/tribal nations authorize services within these limits

Legislation passed by the 2014 Minnesota Legislature (and later updates) allows a 20 percent budget increase, if necessary, for people who use CDCS and meet specific criteria. CDCS participants may use the budget exception if they have graduated high school and need increased funds to increase their employment options, or increase their time spent working. As of Nov. 1, 2018, 534 people have used this 20 percent budget adjustment.

PCA Choice

While consumer directed community supports is one self-directed service option, other options exist as well. PCA Choice, an option of the personal care assistance service, is one example. It allows people who use PCA services more control to choose, hire, train and supervise their personal care assistants (PCAs). By choosing this option, the person acts as the employer of his/her direct-support workers.

In the future, a new service called community first services and supports (CFSS) will replace personal care assistance, including the PCA Choice option, and the Consumer Support Grant.

For more information about community first services and supports, see the Advancing choice and control section of this report.

IX. Appendix

Community first services and supports

Community first services and supports (CFSS) is a new self-directed home and community-based service being developed by the Minnesota Department of Human Services.

For more information, see the Community first services and supports webpage.

Consumer directed community supports

Consumer directed community supports (CDCS) is a unique service option that gives people flexibility and responsibility to direct their services and supports. CDCS may include services, supports and items currently available through the Medical Assistance waivers, as well as additional services.

For more information, see the Consumer directed community supports webpage.

Consumer Support Grant

The Consumer Support Grant (CSG) program is a state-funded alternative to Medicaid home care services of home health aide, personal care assistance and/or home care nursing. Through cash grants, the CSG program provides consumers with greater flexibility and freedom of choice in service selection, payment rates, service delivery specifications and employment of service providers.

For more information, see the Consumer Support Grant (CSG) program webpage.

Day training and habilitation

Day training and habilitation services include the supervision, training or assistance of a person to develop and maintain life skills, engage in productive/satisfying activities of their own choosing and participate in community life. Services are designed and implemented in accordance with the person's Coordinated Services and Supports Plan. The service helps people reach and maintain their highest level of independence, productivity and integration into the community.

For more information, see the Day training and habilitation webpage.

Employment First (Minnesota's plan for competitive, integrated employment)

Minnesota is committed to ensuring people with disabilities have opportunities and support to work in competitive, integrated employment. DHS supports an employment first approach, with employment being the preferred outcome for people with disabilities.

For more information, see the Employment First webpage.

Essential Community Supports

Essential Community Supports (ECS) is a program of services and supports that may be available to people who need services to live in the community, but who do not need the level of care provided in a nursing facility.

For more information, see the Essential Community Supports program webpage.

Family Support Grant

The Family Support Grant (FSG) program provides state cash grants to families of children with disabilities. The goal of the program is to prevent or delay the out-of-home placement of children and promote family health and social wellbeing by facilitating access to family-centered services and supports.

For more information, see the Family Support Grant webpage.

Financial management services

Financial management services (FMS) providers help people who employ their own service workers directly. For a list of approved and enrolled financial management service providers, including contact information and fee schedules, see the Financial management services provider information webpage.

Home and community-based services (HCBS) waivers

Medicaid home and community-based services (HCBS) waivers afford states the flexibility to develop and implement community alternatives for Medicaid-eligible people with disabilities and chronic health care needs who would otherwise receive services in a hospital, nursing facility or Intermediate Care Facility for Persons with Developmental Disabilities.

For more information, see the home and community-based services waivers webpage.

Home care services

Home care services offer medical and health-related services and assistance with day-to-day activities to people in their home. Home care can provide short-term care for people moving from a hospital or nursing home back to their home or continuing care to people who have ongoing needs.

For more information, see the home care services webpage.

Intermediate Care Facilities for Persons with Developmental Disabilities

Intermediate Care Facilities for Persons with Developmental Disabilities (ICFs/DD) are residential facilities licensed to provide services to people who require active treatment for developmental disabilities or related conditions. ICFs/DD are located in 62 counties in Minnesota and each serve from four to 64 people.

For more information, see the ICFs/DD webpage.

Long-term care consultation

Long-term care consultation (LTCC) services provide information, assessment and support planning to help people with disabilities and older adults remain in or move to community living.

For more information, see the long-term care consultation webpage.

Medical Assistance for Employed Persons with Disabilities

Medical Assistance for Employed Persons with Disabilities (MA-EPD) allows working people with disabilities to qualify for MA under higher income and asset limits than regular MA. The goal of the program is to encourage people with disabilities to work and enjoy the benefits of employment.

For more information, see the Medical Assistance for Employed Persons with Disabilities webpage.

Medical Assistance Rehabilitation Option

The Medical Assistance rehabilitation option consists of two types of mental health services to enhance existing mental health services in Minnesota. This is done through expanded support and intervention services in the community.

For more information, see the Medical Assistance rehabilitation option webpage.

MnCHOICES

MnCHOICES is an assessment and support-planning tool used by Minnesota counties and tribal nations (managed care organizations are scheduled to begin using MnCHOICES in 2020). A MnCHOICES assessment uses a person-centered planning approach to help people make decisions about their long-term services and supports, and determine eligibility so people can receive the right service at the right time.

For more information, see the MnCHOICES assessments webpage.

Personal care assistance

Personal care assistance (PCA) services provide help for a person with his/her day-to-day activities in the home and community. Assistants (PCAs) help people with activities of daily living, health-related procedures/tasks, observation/redirection of behaviors and instrumental activities of daily living for adults. PCA services are available to eligible people enrolled in a Minnesota Health Care Program.

For more information, see the personal care assistance services webpage.

Relocation service coordination

Relocation service coordination is a type of case management to help people who currently reside in eligible institutions and who want to move into the community. Relocation service coordination – targeted case management helps people plan and arrange for the services and supports they need to live in the community.

For more information, see the relocation service coordination webpage.

Self-directed service options

Self-directed service options give people more control over the services and supports they receive. Options include personal care assistance (PCA/PCA Choice), consumer directed community supports (CDCS) and the Consumer Support Grant (CSG).

For more information, see the self-directed service options webpage.

Semi-independent living services

Semi-independent living services (SILS) include training and assistance to people with developmental disabilities so they can manage money, prepare meals, shop, keep up personal appearance/hygiene and other activities needed to live in the community. A goal of SILS is to support people in ways that will enable them to achieve personally desired outcomes and lead self-directed lives.

For more information, see the semi-independent living services webpage.