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DEPARTMENT OF HUMAN SERVICES

Legislative Report

Waiver Reimagine – Phase 1 Service Streamline and Phase 2 Recommendations for Reshaping Waivers and Individualized Budgets

Disability Services Division

January 2021

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I. Executive summary

Background

The Minnesota Department of Human Services Disability Services Division (DHS) seeks to improve its system of supports for people with disabilities (and their families) who live in Minnesota. The 2017 Minnesota Legislature required DHS to conduct two studies to identify efficiencies, simplifications and improvements to the four home and community-based service (HCBS) waiver programs for people with disabilities. The four HCBS waiver programs include:

- **Brain Injury (BI) Waiver** for people younger than 65 years old with acquired or traumatic brain injuries who need the level of care provided in a nursing facility that provides specialized services (e.g., cognitive and behavioral supports) or the level of care provided in a neurobehavioral hospital
- **Community Access for Disability Inclusion (CADI) Waiver** for people with disabilities who are 64 years old or younger who need the level of care provided in a nursing facility
- **Community Alternative Care (CAC) Waiver** for chronically ill and medically fragile people 64 years old and younger who need the level of care provided in a hospital
- **Developmental Disabilities (DD) Waiver** for people with developmental disabilities or related conditions of any age who need the level of care provided in an intermediate care facility for persons with developmental disabilities (ICF/DD).

DHS contracted with the Human Services Research Institute (HSRI) and a team of HSRI partners to complete the two studies. The aim was to develop recommendations related to DHS' goals for improving the system of supports available to people with disabilities who live in Minnesota and their families. The studies include concepts for reconfiguring the waiver program structures and recommend an individual budgeting model for people who access disability waivers, linking a person's needs to the amount spent in their service plan. Together, these studies informed the Waiver Reimagine project. Read more about the work done previously in the 2019 Waiver Reimagine Legislative Report (PDF).

In 2019, the Minnesota Legislature authorized DHS to make system-level improvements to Minnesota's disability waiver programs in a two-phase process to implement Waiver Reimagine changes (Minnesota Laws 2019, Chapter 9, Article 5). The first phase mandated the streamlining and simplification of the service menu. The legislature approved this work to begin in fiscal year 2019. Beginning Jan. 1, 2021, or upon federal approval, whichever is later, the streamlined service menu changes will go into effect. Completion of Phase 1 prepared the system for the transition to a new waiver structure.

The second phase includes the implementation of individual budgets and reshaping of the four current disability waiver programs to simplify into two. The 2019 Minnesota Legislature asked DHS to conduct further research, analysis and stakeholder engagement for implementing the second phase of Waiver Reimagine, which are included in this report.

During the past three years, DHS engaged stakeholders throughout the state to share project information, offer opportunities for feedback and speak directly with people who access services (and their families) about their expectations for the changes. Based on these activities, DHS outlined several goals for the project:

- Offer flexibility to encourage person-centered supports
- Enhance personal authority of service choice
- Simplify waiver-program information and administration
- Provide equity across waiver programs and participants
- Align benefits across waivers
- Ensure a smooth transition
- Offer the opportunity to monitor and improve programs to achieve greater sustainability.

While developing the individual budget methodology (alongsidereshaping the waivers), that financially would support the new system, the central policy values are to:

- Align Waiver Reimagine recommendations with self-direction, independent living, and employment-first policy statements passed by the Minnesota Legislature in 2020
- Provide support according to need based on a reliable assessment
- Support people with disabilities to self-direct
- Provide transparent, easy and accessible information about supports, services and budgets
- Empower people to choose who supports them
- Provide consistent funding for services throughout Minnesota
- Making the system easy to navigate
- Support greater choice and control.

As a whole, the above goals align with those identified by DHS and stakeholders. These goals will result in a more streamlined, simplified and person-centered service system for people with disabilities in Minnesota.

Phase 2 summary

DHS continues to research options to reshape waiver programs and identify efficiencies, simplifications, and improvements. The Waiver Reimagine recommendations include reshaping the

four disability waivers (BI, CAC, CADI and DD) into a two-waiver structure based on where a person lives.

Basing the waivers on where a person lives will make system-naming conventions easier to understand and use:

- People who live independently or with family will use the Individual Support Waiver
- People who live in a group/shared living arrangement will use the Residential Support Waiver

Reshaping the waivers, as proposed, would change the waiver names, but it would not change the scope and definition of the wavier services.

This change will:

- Simplify the waiver system while maintaining current level-of-care and eligibility requirements
- Help people access the most appropriate services and supports
- Empower people with more flexibility and control over their services (including self-directed services options)
- Provide equity across waiver programs.

Individual budgets

As recommended in the 2018 report, DHS has continued to research options, analyze data and engage stakeholders around the development and implementation of individual budgeting.

The individual budget model (as outlined in 2018, refined in 2019 and recalibrated throughout 2020) is based on three components: Support ranges criteria, support range descriptions and service mixes.

There will be support ranges by four age groupings:

- 18 years old and older
- 14 to 17 years old
- 6 to 13 years old
- 0 to 5 years old.

A person is placed into a support range based on aggregate scores across multiple domains of the MnCHOICES assessment. The domains represent General Support Needs (GSN), physical health needs and psychosocial needs based upon a person's assessment. The aggregate scoring ensures a holistic view of a person—no one question or handful of questions will drive the support range assignment.

Each support range has as associated budget range based on the service-mix assumptions and research detailed in this report and Appendix B. For the adult support ranges, budget ranges also differ based on living setting.

As the budgets have rates, rate components and current service-use data built into them, they will be flexible over time. As services, rates or rate components change, DHS will recalibrate the budget ranges accordingly. After the implementation of individual budgeting, DHS will review support range assignment and spending within budget ranges to determine if changes in the service-mix assumptions are needed.

For more detailed information, review the Individual budgets section of this report.

Timeline

Waiver Reimagine must be completed methodically and carefully to ensure successful implementation. Below is a projected timeline.

Past

- **2017 to 2018**: DHS conducted extensive research and stakeholder engagement that informed the Waiver Reimagine legislative report and recommendations.
- **2019**: DHS published the 2019 Waiver Reimagine legislative report (PDF), which provides a detailed explanation of the project, including the analysis, stakeholder engagement and recommendations.

2019

- Minnesota Legislature passed law to simplify the service menu.

Present

- **2020**: DHS are continuing to research reshaping the waivers, individual budgets and self-direction. DHS are conducting monthly stakeholder engagement events to inform policy

Future

- **2021**: Changes to simplify the service menu took effect Jan. 1, 2021. This is the second Waiver Reimagine legislative report with more detail on reshaping the waivers, individual budgets and self-direction.
- **2022 and beyond**: After approval from the Legislature, DHS will submit plans to the Centers for Medicare and Medicaid Services (CMS). Implementation will be in 2023 or later.

II. Legislation

Minnesota Laws 2020, First Special Session, chapter 2, article 3, section 2, amending 2019 Laws of Minnesota, First Special Session, Chapter 9, Article 5, Section 86 states:

“Subdivision 1. Intent. It is the intent of the legislature to reform the medical assistance waiver programs for people with disabilities to simplify administration of the programs, Disability waiver reconfiguration must incentivize inclusive, person-centered, individualized supports and services; enhance each person's self-determination and personal authority over the person's service choice; align benefits across waivers; ensure equity across programs and populations; promote long-term sustainability of waiver services; and maintain service stability and continuity of care while prioritizing, promoting, and creating incentives for independent, integrated, and individualized supports and services chosen by each person through an informed decision-making process and person-centered planning.

“Subd. 2. Report. By January 15, 2021, the commissioner of human services shall submit a report to the members of the legislative committees with jurisdiction over human services on any necessary waivers, state plan amendments, requests for new funding or realignment of existing funds, any changes to state statute or rule, and any other federal authority necessary to implement this section. The report must include information about the commissioner's work to collect feedback and input from providers, persons accessing home and community-based services waivers and their families, and client advocacy organizations

“Subd. 3. Proposal. By January 15, 2021, the commissioner shall develop a proposal to reshape the medical assistance waivers provided in sections 256B.092 and 256B.49. The proposal shall include all necessary plans for implementing two home and community-based services waiver programs, as authorized under section 1915(c) of the Social Security Act that serve persons who are determined to require the levels of care 8 provided in a nursing home, a hospital, a neurobehavioral hospital, or an intermediate care facility for persons with developmental disabilities. The proposal must include in each home and community-based waiver program options to self-direct services. The proposal must include in each home and community-based waiver program options to self-direct services. Before submitting the final report to the legislature, the commissioner shall publish a draft report with sufficient time for interested persons to offer additional feedback.”

III. Introduction

The Minnesota Department of Human Services (DHS) submits this report to the chairs and ranking minority members of the policy and finance committees, which have jurisdiction over health and human services for older adults and people with disabilities pursuant to 2019 Laws of Minnesota, First Special Session, Chapter 9, Article 5, Section 86.

The DHS Disability Services Division (DSD) prepared this report.

Background

During the past six decades, the country's state-supported systems for people with disabilities have evolved significantly. Fifty years ago, there were few, if any, community-based services. While most people with disabilities lived in their families' homes without the services they or their families needed, a significant number of people lived in state-run facilities. For decades, these facilities comprised Minnesota's primary service response to people with disabilities.

Informed by decades of legislative action, court decisions, advocacy and evolving thought, current best-practice guidance emphasizes community integration and principles to promote self-determination. Further, people with disabilities increasingly have expressed their desire and resolve to live lives of their own choosing in the community.

More recently, Minnesota and other states have embraced the concepts of person-centered practices and self-direction. This has carried great implications for states as they reform how systems are managed and to what end. `

Person-centered practices

Person-centered practices are based on the fundamental principle that government and service providers must listen to people who access services to understand what is important **to** the person and what is important **for** the person to ensure full access to and membership in their communities.

When a person-centered approach is used, support and service planning is not driven by professional opinion or limited service options. Instead, planning looks at services and supports in the context of what it takes for a person to have the life they want. The person (along with his/her support team) identifies effective supports and services that will help the person live, learn, work and participate in a preferred community on his/her own terms.

Person-centered practices encourage professionals to see people as unique and whole people with potential and gifts to share. Using these practices, professionals and informal support people learn

what is important to each person and what contributes to each person's quality of life. Person-centered services are an alternative to system-centered or professionally driven approaches.

For more information about Minnesota's person-centered practices, review the DHS Person-centered practices page.

Self-directed system

In self-directed systems, each person who receives services has considerable authority over the services they receive, how they receive them and from whom. This begins with substantial control of the allocated budget for services. In Minnesota, consumer-directed community supports (CDCS) is a self-directed waiver service that allows participants to direct their own care.

DHS seeks to improve its system of supports for people with disabilities (and their families) who live in Minnesota. We currently are engaged in transformational change in our services and support for people who use services, their providers and the lead agencies who implement the system. The work to transform the system will happen across programs and funding sources. That's where the Waiver Reimagine project begins.

Waiver Reimagine

Waiver Reimagine is the name of ongoing work that DHS will do to reshape waiver program structure and transition to an individual budgeting model for people who access disability waivers. These changes will link a person's needs to the amount spent in their service plan. Services/supports will align to a person's needs – not their diagnoses. Waiver Reimagine, therefore, works in concert with many other efforts to promote a statewide system that leads to person-centered outcomes and the ability for people to live their best lives, on their own terms.

Additional efforts DHS already is engaged with across the system also support these transformational goals. They include:

- Minnesota's Olmstead Plan
- MnCHOICES
- Statewide rate setting (Disability Waiver Rates System)
- HCBS settings rule.

Together with Waiver Reimagine, these changes all share the common goals of:

- Simplifying information in order to ensure people have the right information to support informed choices about their lives in the community
- Transparency and equitable access to funding and available resources
- A focus on supporting meaningful participation in community life.

For a more extensive summary of the work of the division, see the 2019 Biennial Report on Services for People with Disabilities (PDF).

Legislative direction

In 2019, the Minnesota Legislature authorized DHS to make system-level improvements to Minnesota's disability waiver programs in a two-phase process (Minnesota Laws 2019, Chapter 9, Article 5). The first phase mandated the streamlining and simplification of the service menu. The legislature approved this work to begin in fiscal year 2019. Beginning Jan. 1, 2021, or upon federal approval, whichever is later, the streamlined service menu changes will go into effect. Completion of Phase 1 prepared the system for the transition to a new waiver structure.

This report includes an update on streamline service menu changes implementation (Phase 1) and recommendations for implementation (Phase 2), which includes:

- Combining the four disability waivers into a two waiver structure that reflects support needs based on the type of living setting in which the person resides
- Allocating resources using an individualized budget; the budget methodology links a person's needs to a range of service plan costs.

Impact of COVID-19

The COVID-19 public health emergency significantly affected the Waiver Reimagine project. In addition to responding to the immediate waiver flexibilities needed to safely support people who already access services, COVID-19 affected every facet of the project, including seeking federal approval of amendments to implement the simplified service menu. In response, DHS adapted the 2020 stakeholder engagement plans, revised trainings and the training schedule to fit into a compressed window of time, and balanced systemwide resource pressures while also responding to the public health emergency needs.

Responding to the pandemic-related, unprecedented times, DHS requested federal technical assistance to review waiver plan amendments and to aggressively meet implementation timelines for Waiver

Reimagine phase I changes to streamline services. DHS also developed targeted resources, content and trainings, which could be reviewed on-demand to fit into each person's schedule. To enhance our stakeholder engagement, DHS used new collaboration tools and technology to engage people and families in more ways than ever before.

IV. Phase 1 – Simplified service menu and new online portal

After the 2019 Minnesota Legislature authorized system-level improvements to Minnesota's disability waiver programs, DHS began work for the first phase of the Waiver Reimagine project. Based on 2018 feedback from stakeholders that the service menu was difficult to understand and had limited options, DHS began simplifying the BI, CAC, CADI and DD waiver service menu. DHS also began work to build an online service-planning tool for people who access services. This will be an important resource for people to understand their authorized services and supports and other important information, similar to web-based platforms that other private health systems utilize for patient communication and care coordination .

Simplified service menu updates

In response to stakeholder feedback about the complicated service menu, DHS worked to combine similar services across waivers and create more service options. A public comment period was held from July to August 2020, to gather feedback on the Waiver Reimagine simplified service menu waiver amendments. DHS submitted these waiver amendments to the Centers for Medicare and Medicaid Services (CMS) in September and received approval, effective January 11, 2021.

The simplified menu became available on Jan. 1, 2021. It combines 12 previous services into six new options. The service changes will be applied on a rolling basis: People will have their new services authorized either as part of their annual reevaluation or during a service change. DHS anticipates people will be fully transitioned to the simplified menu by January 2022.

See Figure 1 on the next page for a list of the new, simplified services. The menu offers the same level of support despite having different service names. People who use waivers will have access to these services regardless of which waiver they use. The streamlined services use existing Disability Waiver Rate System (DWRS) frameworks and DWRS remains in effect.

These changes will make it easier to:

- Understand waiver programs while ensuring people still get the supports they need
- Reflect person-centered ideals (i.e., what is important **to** the person and what is important **for** the person)
- Match the right services to the person's needs.

Most importantly, these changes implement strategies that will promote equitable distribution of resources across the state by:

- Streamlining the system to make it easier to navigate
- Restructuring the system to be centered on people's needs.

Streamlining services ensures a common language and service menu regardless of waiver. Adding a new service, integrated community supports, also service to fill a service gap for people who live in supported apartments.

Figure 1: Simplified services

Existing service(s)	Simplified service
Corporate foster care Supported living services (corporate)	Community residential services
Family foster care Supported living services (family)	Family residential services
Personal support Adult companion	Individualized home supports (without training)
Independent living skills (training) Individualized home supports Supported living services (15 min. unit)	Individualized home support with training
In-home family supports	Individualized home supports (with family training)
Day training and habilitation Structured day program	Day support services

Figure 2: New service or service model

Service	Change
Integrated community supports	New service

In August of 2020, DHS conducted a virtual Waiver Reimagine stakeholder event on simplifying the service menu. Due to the COVID-19 public health emergency, this stakeholder event was redesigned to ensure people who access services, families, providers, lead agencies and advocates could participate safely. For more information about the project's stakeholder engagement, see Section VII: 2019-2020 Communication and Stakeholder Engagement.

Attendees at the virtual stakeholder event in August shared they were ready to learn more details about the simplified service menu, including:

- How it will impact them
- How it will interact with other services
- The broader waiver system, in general
- When the changes will happen.

Providers and lead agencies who shared feedback had a range of thoughts about the simplified service menu, but some overall themes emerged. They asked for:

- More information about Waiver Reimagine and the planned improvements
- Details about how the service menu changes relate to other proposed Waiver Reimagine changes
- A crosswalk between the current and new simplified service menu.

In response to event feedback and other stakeholder input, DHS developed a variety of resources and tools for people, families, advocates, providers and lead agencies. The specific steps DHS took included:

- Conducting trainings for providers and lead agency staff during fall/winter of 2020 on how to put the simplified service menu into effect. Those include:
  - **Oct. 13, 2020**: DHS hosted a statewide webinar, Waiver Reimagine: Implementing the streamline service changes
  - **From late October through early December**: DHS ran a Waiver Reimagine service-specific trainings series, which complimented the Oct. 13, 2020, webinar
  - **November through December**: DHS participated in Regional Resource Specialist fall regional meetings
  - **November**: DHS joined the DHS support planning professionals learning community, a monthly series related to person-centeredness
  - **First quarter of 2021**: DHS plan to hold a series of simplifying the service menu open office hours
  - **January 2021**: DHS will attend the DHS support planning professionals learning community meeting.
- Creating resources and brief case documents, such as:
  - Revised community-based service manual (CBSM) and rate management system (RMS) policy manuals
  - The Waiver Reimagine streamline service crosswalk showing the simplified service menu changes

- Case scenarios about services and supports that align with the simplified service menu.

Online waiver service planning tool

In addition to simplifying the service menu, the 2019 legislative session gave DHS authority to create a waiver service-planning tool for people who use services. The tool will help people better understand and choose available services. DHS plans to design the online waiver service-planning tool in stages.

- **Stage 1**: Update and expand information available online about supports and service planning for people who currently use or are interested in learning more about disability waiver services
- **Stage 2**: Research, develop and launch an interactive online waiver service-planning tool.

The central requirement of the online waiver service-planning tool is to provide understandable and useful information in an accessible manner. By simplifying the service menu, reconfiguring the waivers and implementing individual budgeting, Waiver Reimagine is making the disability waiver system easier to access and navigate. The online waiver service planning tool ensures the information is widely available and useful to people and their families. This online tool will empower people to make informed decisions for themselves and better understand the options available to support them.

Stage 1: Spring 2020

DHS already is working internally to update online, external resources. This is central to Stage 1's effort to expand options for people to learn more about the services and options available to them. An updated and expanded Disability Hub, launched in December 2020, will include increased disability waiver content that is focused on Waiver Reimagine changes. It will have plain language information about accessing waivers and available services and supports. DHS will continue to add updated information, interactive activities and links to newly created content with visuals and explanatory documents written in plain language for people and their families. Content will be added throughout 2021 based on feedback from website users and the Hub's Virtual Insights Panel (VIP).

Stage 2: Through 2021

Stage 2 efforts will continue throughout 2021. DHS will lean on stakeholder feedback to inform our research as DHS explores systems and solutions to develop a platform for the waiver service online planning tool. With this input, DHS will build a list of requirements of the tool and explore internal/external options to host the system.

Looking to gain feedback for Stage 2, DHS held a virtual stakeholder engagement event in August 2020. DHS asked people what information they want to see about themselves, services or other benefits in

the tool. DHS also asked people and their families what will make them likely, or less likely, to use an online resource and what current online resources they find useful or confusing.

Overall, people and their families shared that they would use a secure and easy-to-use online service-planning tool. Most were eager to participate in more engagement efforts toward this goal. They said they would like to access all their information through the tool, including budget information, service and planning information. Participants also suggested some specific features, like a live chat option, email support and advanced search functionality. There were valid concerns raised about internet access, availability of assistive technology and data privacy concerns.

Future possibilities

In the next few years, DHS will work to find solutions that will allow the online waiver service-planning tool to display:

- Live budget and spending information through MMIS service authorization and claims data
- Past and current assessment and service plans through MnCHOICES connections
- Information about upcoming renewals for Medical Assistance or other benefits, such as SNAP and cash assistance (through MAXIS connections)
- Guidance and support for people who self-direct services and tools to manage and track their service provider employees
- Links with information about meeting and connecting with lead agencies, advocates or other disability-focused online communities.

V. Phase 2 – Reshaping the waivers

The second phase of Waiver Reimagine builds on the Phase 1 changes to simplify services and develop an online waiver service-planning tool. Phase 2 will include reshaping the waivers and system-level improvements to Minnesota's disability waiver programs. These changes will be based on multiple years of research to identify efficiencies, simplifications and improvements.

The Waiver Reimagine project recommends reshaping the four disability waivers (BI, CAC, CADI and DD) into a two-waiver structure. The new two-waiver system will simplify the waiver programs by aligning waivers based on where people choose to live, rather than their diagnoses. Right now, a person's diagnoses or required level of care determines their eligibility for one of the four current disability waivers.

Basing the waivers on where a person lives will make system-naming conventions easier to understand and use:

- People who live independently or with family will use the **Individual Support Waiver.**
- People who live in a group/shared living arrangement will use the **Residential Support Waiver**.

Reshaping the waiverschanges the waiver names, but it does not change the scope and definition of the waiver services. In both the Individual and Residential Support waivers, the project team proposes that people receive services proportionate to their assessed support need. These services will be allocated through a budget model discussed in the individual budget section of this report.

This change will:

- Simplify the waiver system while maintaining current level-of-care and eligibility requirements
- Help people access the most appropriate services and supports
- Empower people with more flexibility and control over their services, including self-directed services options
- Provide equity to people across waiver programs.

Having fewer administrative complexities aligns with the department's goal to shift from a historical process and control oriented system to a person-centered system. These improvements will make it easier for people and families to navigate the waiver system. Removing system complexities also improves cross-governmental body collaboration with our federal partners, the state legislature and other state agencies.

Launching two new waiver programs that are not tied to historical, diagnostic-specific information will promote equity within the HCBS disability waiver program. Within the waivers, the rates of waiver access by racial groups are disparate. In FY 2019, the DD Waiver's racial demographics were 82 percent white and 16 percent Black, indigenous or people of color (BIPOC). The BI, CAC and CADI waivers are 70 percent white and 29 percent BIPOC. The overall state demographics of Minnesota in 2019 were 79.1 percent white and 20.9 percent BIPOC. There has been a historical bias regarding the DD waiver as being a more comprehensive waiver. This has been problematic for two reasons:

1. There is a long standing history in the clinical world of under-diagnosing black children with intellectual or developmental disabilities (I/DD) or a related condition and over-diagnosing black children (especially males) with behavioral conditions. This has limited access to the DD Waiver in a waiver system based on diagnosis. DHS acknowledges bias in diagnostic assessments is outside the scope of this project; however, one of the intended outcomes of Waiver Reimagine is to have the reshapedwaivers consider levels of care with other eligibility requirements. The structural change moves diagnostic criteria into the background. This ensures that, regardless of diagnosis, access to needed services is available, based on assessment/living setting and respect's the person's choice.
2. Second, inherent bias exists toward people diagnosed with I/DD. These biases are reinforced by having a diagnostic-based waiver structure. A common bias is that people with I/DD cannot recognize harmful situations or direct their own care. These ableist assumptions lead to around-the-clock staffing and barriers to living independently or having independent time without a caregiver present. DHS has created robust policies to shift away from these ableist ideas; the Waiver Reimagine program is another step in the direction of self-direction and person-centered choice for people with I/DD who receive services.

Since the two proposed waivers will consider the existing four levels of care and other eligibility criteria associated with the four current waivers, people who presently access services will have continued access. The anticipated outcome of moving diagnostic information into the background of eligibility would be a reduction in implicit bias and a focus on the assessed needs and the person's choice in services.

Financial considerations

In order to implement these proposed, systemic changes to the waiver programs, DHS will have to employ a unified resource allocation methodology. The necessary changes to the allocation methodology are described in the individual budgeting section of this report. The current, county-based methodology would not work with the proposed reshaped waiver system, as it is based on disability diagnosis/type instead of the person's living setting.

Residential support waiver criteria

The two reshaped waivers will emphasize employment-first, independent-living-first and self-direction-first policies as described in Minn. Stat. 256B.4905. These reshaped waivers will allow DHS to launch a program not connected to historical, diagnostic-specific waivers and to target services and supports for people based on where they choose to live. The choice of where a person lives is affected by many factors, including what the person wants, a person's safety plan and the affordability of local housing options.

The reshapedwaiver structure simplifies the waiver programs to align service options based on the person's chosen living arrangement. The new system will continue to use the existing four levels of care and other eligibility criteria associated with the BI, CAC, CADI and DD waivers. As a result, eligibility requirements will remain unchanged for people who use services. A person may be eligible for the residential support waiver when both:

- Their assessment determines they meet the current eligibility criteria associated with the BI, CAC, CADI and/or DD waivers
- They choose to live in a residential setting among other living options in their community.

The scope and definition of each waiver service does not change with two reshaped waivers. Instead, differences in services offered between the two waivers are due to service limitations based on living setting. For example, community residential services (formerly known as foster care services) and other paid residential services only will be available on the Residential Support Waiver. The waiver service of community residential services does not change, but instead only is available under the applicable waiver.

Another example of how service options/limitations are tied to living setting is how the state implements services, policies or procedures for people who live in their own home. There are specific services that take into consideration the unique needs and dynamics of the family unit, such as individualized home supports with family training (formerly known as in-home family supports). The individualized home supports with family training service does not change, but instead only will be available on the Individual Support Waiver.

Community feedback about reshaping the waivers

In September of 2020, DHS conducted two parallel, virtual Waiver Reimagine stakeholder events on reshaping the disability waivers. There were 72 participants between two events, with 42 attending the first session and 30 joining the second session. Representation was similar at both events: Two-thirds of participants represented service providers, lead agencies and advocacy organizations and one-third of participants represented people, their family members and members of the public. DHS selected participants to ensure representation from all regions of Minnesota and to maximize the number of organizations that could take part. All people and families who registered were invited to attend either session.

During the event, DHS shared plans to reshape the disability waivers. We also asked participants for input on who makes decisions about where people live and what influences those choices. The following comments are from attendees:

> "She [daughter] wanted to be around family, close to her fiancée, in our small town. It's home to her. My home has been modified to meet her accessibility needs."
>
> "I did a lot of person-centered planning. One of the tools I used when people changed settings and moved is using a tool from essential lifestyle planning and mapping out non-negotiables to figure out what would make me miserable. That could be living/not living with pets, not living with smokers, and figuring out what are the strong preferences and wish lists."
>
> "What we've seen to be the most effective is taking people out and showing them how other people live – doesn't happen quite enough. If they could see how other people are living, connections are made. Helps people expand their idea about what might be possible."
>
> "Like his older brothers, he will want to move out at some point. It's a natural progression to want to live on your own. We want him to live in an apartment setting. I don't want him in a group home if I don't have to. He's not a high-need person. We need a space where he can be social but also be alone too because he requires that. Those are what we've considered. But it's more about finding those things that will meet his needs as well. Hopefully he'll more independent at 21."

Event participants' input fell into 10 categories (or factors) to consider in deciding where people live. These factors — and their interconnections — will inform how DHS designs the Individual Support and Residential Support waivers and how people access them.

The 10 factors are:

- What the person wants
- A desire for multiple housing choices that offer flexible and creative combinations of services and supports
- A person's safety
- A person's independence and how they define it
- The ability to access quality care
- A person's desire and ability to live with family
- Opportunities to socialize and a person's compatibility with any housemates
- The availability of community connections and friends and family who support the person
- Life changes that cause a person to re-examine their wants and needs
- Affordability of housing options.

DHS will use participant input from this event to inform decisions on how we reshape the disability waivers, identify housing-related topics to explore in detail and connect people to relevant existing resources. DHS will use feedback to:

- Help us reshape the waivers, create the process to determine which waiver is right for a person and identify how people will be able to move between the new waivers. This will include developing new policies to support the changes.
- Identify topics related to housing choices to explore in detail based on what we learned.
- Connect people to existing DHS resources
- Honor participant feedback about the importance of being able to choose where to live.
- Offer more opportunities during the next couple of years to provide input on Waiver Reimagine, including plans to reshape the waivers.

Self-directed services under a two-waiver system

DHS is exploring how to expand and improve Minnesota's self-directed service options under a two-waiver system. This is in response to legislative direction during the first 2020 special session. Legislation required DHS to have a self-direction policy and implementation plan for disability waiver services (as described in Minn. Stat. 256B.4905). The current self-directed service option, consumer directed community supports (CDCS), is not available to people who access residential services such as community residential services, family residential services and customized living. When the four current disability waivers are reshaped into two waivers based on where a person lives, access to self-directed services would be available on both the Residential Support and Individual Support waivers.

DHS is exploring different types of access to self-direction, budget-parity methodologies, meaning that self-directed budgets will be equitable to budgets for traditional waiver services, and such as an à la carte option for self-directed services. Currently, people who choose CDCS generally self-direct all of their services. We've heard that people find it hard to manage/ pay for a mixture of self-directed and traditional services. Therefore, DHS is exploring different types of access to self-direction, including more options for people to mix and match services to best fit their needs (à la carte). The à la carte option would pull traditional waiver services away from the CDCS budget, so that the service would be authorized as usual. This would help the person have a more clear understanding of the budget they have available for self-directed services. This also would give people more flexibility and clarity in how their budgets can be used.

Community feedback about self-directed services

In October 2020, DHS conducted two stakeholder engagement events focused on self-directed services. There were 65 participants between the two events, with 35 attending a daytime session on Oct. 12, and 30 attending an evening session on Oct. 13. There was a mix of stakeholders at each event. At both events, people who access services and their family members made up at least half of the participants. Of the 37 people who access services and their family members who participated, 28 (76 percent) indicated that they or their family member currently use consumer directed community supports (CDCS).

During the October events, DHS shared plans for the future of self-direction in Minnesota, including expanding access to self-directed service, budget parity and the à la carte option. DHS asked participants for their ideas and feedback about how we should expand access to self-directed services and make them easier to use.

Event participants shared that they want a self-direction program that is:

- Available to everyone who accesses waivers
- Inclusive of many (if not all) services
- Consistently administered
- Easy to understand through policy and resources.

Expanding self-direction

Participants appreciated the proposal to expand self-direction to people who live in group/shared living arrangements. Identified benefits include:

- Improved quality of life by allowing for greater control over services
- Increased choices for people
- More flexibility.

A few participants noted excitement about the breadth of services potentially available for self-direction. One lead agency representative said:

> "I think quality of life for a lot of people living in group homes would improve. Maybe being able to do music therapy or horse therapy. It would give people a greater variety of things to do in their day; not just depending on the staff that work in their home."

When asked to describe a self-direction program that is easy to use and available to everyone who accesses disability waivers, participants shared ideas related to simplicity, consistency and access.

Participants described the complexity of CDCS and the difficulties that people who access services and their family members have in understanding and navigating the system. The complexity can lead to increased reliance on professionals (e.g., case managers) to offer or explain self-direction. Some people mentioned that the complexity and inconsistency of how CDCS is managed in different areas of the state are current barriers for people to access self-directed service options.

Participants also expressed the need for a simple self-direction program that allows people to easily access and manage the services they want. This includes the availability of simple and user-friendly tools and resources for understanding self-directed services, including:

- A basic overview of the program (e.g., manual, training, etc.)
- Clear information on what services can and cannot be covered
- Process and paperwork requirements.

Budget parity

Attendees expressed interest in budget parity, or the assignment of one budget to people regardless if they self-direct services or not, but participants had concerns about how that would be achieved and if there would be unintended consequences. Some participants liked the idea of budget parity, but people who access services and their family members had questions about how this would work. A few

felt that CDCS budgets already are too low and worried that the changes would lead to reduced budgets or budgetary winners and losers.

Services and à la carte option

When asked what services would be available for self-direction in an ideal program, participants shared ideas for specific services. Some felt that allowing à la carte self-directed services could increase individualization and person-centeredness, though there were concerns about access to services. An à la carte option would mean that self-directed services could be more easily mixed and matched with traditional waiver services. One family member of a person who accesses services said they would like to see:

> "One-on-one supports for individuals to access peer activities and community-based activities, including support at work, even if they're in a residential setting that has staff. It's a great idea to push community inclusion and mandate it, but there is a severe block to those who need one-on-one supports."

Participants said most (if not all) services should be available for self-direction. Some people who access services and their family members expressed that a genuinely person-centered system would allow self-direction options for all services. In addition, participants suggested specific services for self-direction, including:

- Equipment (e.g., heated mat, adaptive bike, iPad, etc.)
- Day and employment services
- Therapies and other medical services (e.g., physical therapy, equine therapy, music therapy, hypnotherapy, etc.)
- Nursing and medical services (e.g., nursing services, dental services, etc.)
- Education and training
- One-on-one support for activities based on individual choice (in group/shared living arrangements), to access environments to learn social and behavioral skills or to support community integration (e.g., membership fees, tickets, transportation, etc.)
- Food and meal services (e.g., grocery delivery, home delivered meals, etc.)
- Exercise and physical activity (e.g., gym membership under 18, etc.)
- Consumer/family training
- Personal supports (e.g., individualized home supports worker, companion, homemaker, etc.)
- 24-hour on-call supports
- Other supports (e.g., yard care, housework, helping with some cooking, home modifications, emotional support dog training, life coaching, etc.).

A family member of a person who accesses services shared the value of new approaches:

> "Sometimes people have brilliant ideas for services for themselves – but then they're not able to fit those services or ideas into what is approved and covered. So, there should be more open ways of having options. For example, before COVID… remote services [was not an option], and now it's the way things are done, and we can see how beneficial it is. We need more open-mindedness and openness to new ideas about what people think would be helpful for them."

Going forward

As DHS move forward with developing a self-directed service program that expands access under a two-waiver system, s will use the information participants shared to:

- Identify the types of supports that would be available for self-direction
- Create tools and resources to make self-directed services simpler and easier for more people to access
- Make the administration of self-directed services more clear and consistent across the state
- Offer additional opportunities to provide input on self-directed services.
- Ensure equity analysis is completed when developing self-direction options.

VI. Phase 2 – Individual budgets

The current, county-based methodology would not work with the proposed reshapedwaiver system, as it is based on disability diagnosis/type instead of the person's living setting. This section reviews DHS's work to develop an individual budget methodology.

Summary

To develop a unified budget methodology for Minnesota's disability waivers, DHS reviewed how Minnesota currently determines budgets for people who access waiver services. DHS also explored ways other states use budgets. After we considered these options, DHS developed a model unique to Minnesota and the needs of the people who live here.

- Currently, there are two different budget methodologies being used for the disability waiver programs: One for people who choose to self-direct (or use the CDCS option)
- One that determines lead agency-based aggregate budgets.

The lead-agency-based, aggregate budgets balance people's waiver spending together within a single lead agency budget. People who use CDCS receive a budget that is determined by an algorithm that consistently is applied across the state, but varies based on the person's waiver. People who do not use CDCS receive a budget that is authorized by their lead agency. CDCS has not been updated since its statewide launch nearly two decades ago (other than cost-of-living adjustments and to account for specific policies, e.g., employment exceptions). Lead agencies also vary considerably in how they authorize funding.

Given these circumstances, DHS wanted to develop a unified budget methodology that could be used for all people who access services via the four waivers. The new methodology would provide equitable funding and promote sustainability over time.

In 2018, DHS proposed an adult budget model composed of three different elements:

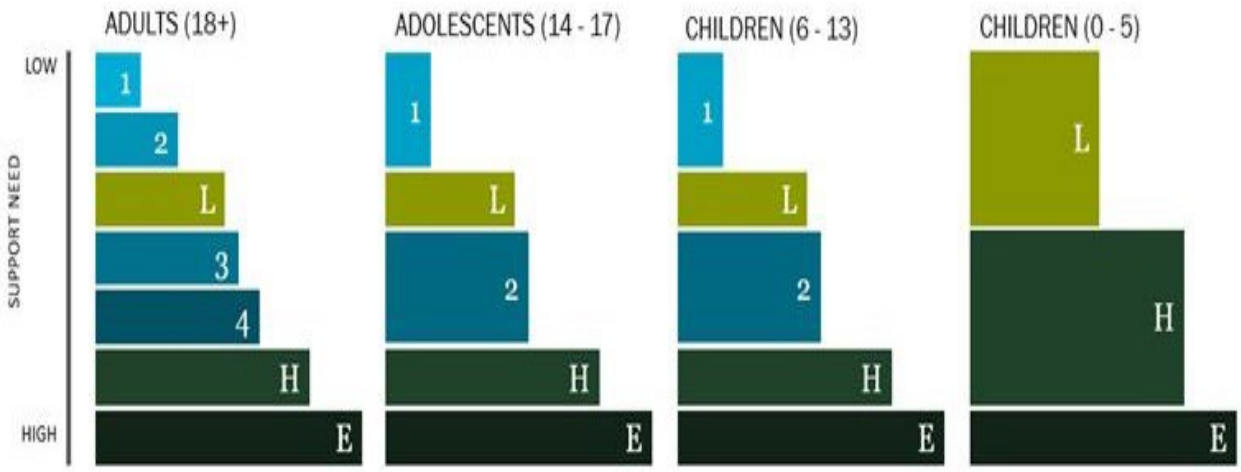
- Support range descriptions
- Support range criteria
- Service mixes.

Support range descriptions make the budget framework easier to understand by providing a written description of a person's needs. Support range criteria is the methodology that assigns people to support ranges using their MnCHOICES assessment. Service mixes set the budget amounts and differ based on support ranges, where people live and how old they are.

The individual budget model is different for adults and children. There are four different, but similar, support ranges by four age groups:

- 18 years old and older
- 14 to 17 years old
- 6 to 13 years old
- 0 to 5 years old

Figure 3: Support ranges by age



The framework for adults 18 and older has seven support ranges for people with a variety of general support needs (support ranges 1-4) and with high or extraordinary health and/or behavioral or psychosocial support needs (support ranges L, H and E). The framework for adolescents (14 through 17 years old) has two support ranges for varying general support needs (support ranges 1 and 2) and three support ranges for high or extraordinary health and/or psychosocial support needs (support ranges L, H and E). The framework for children six through 13 years old are the same as those for adolescents, though they have different criteria. The framework for children from birth through 5 years old has three support ranges (support ranges L, H and E). These are for children with various general support needs and health and/or psychosocial support needs.

The support range frameworks are tied to budget ranges based on support range, living setting and age. For adults, DHS created budgets for people who live independently, with their families, in community residential services or in family residential services. For adolescents and children, DHS only developed budget ranges for those who live in the family home since children overwhelmingly live with their families. Other living settings are reserved only for the rare instances when children cannot be best supported with families.

Service mixes, shown in Appendix B, are an estimation of the type and amount of services that people in each support range, living setting and age group are likely to need. These are used to develop the budget ranges. When developing service mixes, DHS intended them to account for more than the average amount people use. DHS added employment for adults and respite for children to align with policy efforts to expand access and the use of employment services and supporting family sustainability through caregiver relief.

Values

While developing the individual budget methodology (alongsidereshaping the waivers), that financially would support the new system, the central policy values are to:

- Align Waiver Reimagine recommendations with self-direction, independent living, and employment-first policy statements passed by the Minnesota Legislature in 2020
- Provide support according to need based on a reliable assessment
- Support people with disabilities to self-direct
- Provide transparent, easy and accessible information about supports, services, and budgets
- Empower people to choose who supports them
- Provide consistent funding for services throughout Minnesota
- Making the system easy to navigate
- Support greater choice and control.

Individual budget recommendations

To support people's greater control of their lives and supports, we developed a budget model that can be applied to all people who receive disability waiver services. This budget model is meant to support children and adults, in all living settings. This model aligns with the values of DHS to improve equity and transparency for waiver participants while simplifying programs to be more understandable.

The individual budget model uses multiple analysis methods and data sources. DHS developed it with significant stakeholder participation. The model assigns each person to a support range based on their needs as identified in their MnCHOICES assessment. This support range is then tied to a budget range that also considers age and living setting. This budget model, shown in Figure 4, is composed of three unique elements: Support range descriptions, support range criteria and service mixes.

Figure 4: Budget model elements

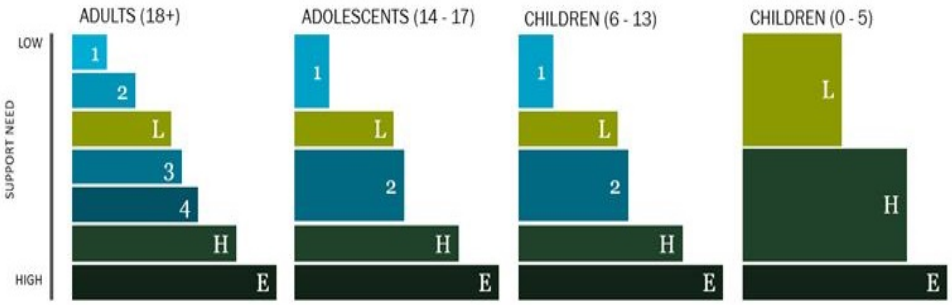
- Support range descriptions make the budget framework easier to understand by providing a written description of a person's needs.
- Support range criteria is the methodology that assigns people to support ranges using their MnCHOICES assessment.
- Service mixes set the budget amounts and differ based on support ranges, where people live and their age.

DHS coordinated and communicated with stakeholders for the development of all three elements, and their input directly supported the work to create a unique budget model for Minnesota. There are four different, but similar, support ranges by four age groups:

- 18 years old and older
- 14 to 17 years old
- 6 to 13 years old
- 0 to 5 years old.

The differences in the framework by age are shown in Figure 5, as it shows increasing support need by support range for all age groups. The support range framework includes seven unique support ranges.

Figure 5: Support ranges by age



The framework for adults 18 years old and older has seven support ranges for people with a variety of general support needs (support ranges 1-4) and with high or extraordinary health and/or behavioral or

psychosocial support needs (support ranges L, H and E). The framework for adolescents (14 through 17 years old) has two support ranges for varying general support needs (support ranges 1 and 2) and three support ranges for high or extraordinary health and/or psychosocial support needs (support ranges L, H and E). The framework for children six through 13 years old are the same as those for adolescents, though they have different criteria. The framework for children from birth through 5 years old has three support ranges (L, H and E). These are for children with various general support needs and health and/or psychosocial support needs.

The brief descriptions in Figures 6-9 provide more information about the support ranges for each age group.

Figure 6: Adult support range brief descriptions

1	Low general support need with typical health and psychosocial support needs
2	Moderate general support need with typical health and psychosocial support needs
3	High general support need with typical health and psychosocial support needs
4	Extensive general support need with typical health and psychosocial support needs
L	Low to moderate general support need with high health and/or high psychosocial support needs
H	High to extensive general support need with high health and/or high psychosocial support needs
E	Any general support need with extraordinary health and/or psychosocial support needs

Figure 7: Adolescent (14 to 17) support range brief descriptions

1	Children with low to moderate general support need with typical health and psychosocial support needs.
2	Children with high to extensive general support need with typical health and psychosocial support needs.
L	Children with low to moderate general support need with high health and/or high psychosocial support needs
H	Children with high to extensive general support need with high health and/or high psychosocial support needs
E	Children with any general support need with extraordinary health and/or psychosocial support needs

Figure 8: Children (6 to 13) support range brief descriptions

1	Children with low to moderate general support need with typical health and psychosocial support needs.
2	Children with high to extensive general support need with typical health and psychosocial support needs.
L	Children with low to moderate general support need with high health and/or high psychosocial support needs
H	Children with high to extensive general support need with high health and/or high psychosocial support needs

Figure 9: Children (0 to 5) support range brief descriptions

L	Children with low to moderate general support need with or without high health and/or high psychosocial support needs
H	Children with high to extensive general support need with or without high health and/or high psychosocial support needs
E	Children with any general support need with extraordinary health and/or psychosocial support needs

Support range descriptions

Support range descriptions are used to help describe the model and to show the differences in the needs of the people in each group. Each support range has an accompanying support range description. Each domain of a person's life is described with narrative first-person statements about the potential support needs and wants of a person in that support range. The life domains were developed from Charting the LifeCourse frameworks.

The support range descriptions do not play a direct role in assigning a person to a support range or a budget range. They are informational resources for people, their families, advocates, lead agencies and providers to better understand where a person might fit in. The descriptions help to provide examples of a person's life across each support range so people can better understand the support ranges and how they relate to each other.

For more information on how the support range descriptions were developed, review the Waiver Reimagine reports page. An example of a support range description is provided below. For full support range descriptions for each support range and age cohort, review Appendix A.

Figure 10: Example of a support range description

MnCHOICES	In general, I need no support or minimal reminding for most activities of daily living, such as eating, bathing, dressing and toileting. I sometimes need assistance or supervision for instrumental activities of daily living such as housework, shopping or managing finances. I have no or few health support needs. I have no or few support needs for challenging behaviors. I may need some support for managing emotional needs.
Meaningful day and employment	To engage in meaningful employment, I may need initial support to explore employment or education options and find a job, including filling out applications and securing transportation. On the job, I may need intermittent help to troubleshoot problems I experience, to manage my relationship with co-workers or tools to manage my anxiety.
Community living 	To live in and access the community, I may need help to explore living options and housing or to apply for housing benefits. I may need intermittent help to pay bills, manage my money, find transportation/maintain my car and keep up with housekeeping and maintenance. I may need technology support to live independently.
Safety and security 	To stay safe and secure, I may need a risk assessment and plans to mitigate vulnerabilities. I may need help setting up emergency contacts and identifying additional supports to keep me safe. I usually know what to do to stay safe and can advocate for myself and manage emergencies. I may benefit from technology.
Healthy living 	I might manage my healthcare needs on my own but could need a healthcare plan to keep up with my medical needs. To manage and access healthcare and stay well, I may need help setting up and attending medical appointments, finding/communicating with healthcare practitioners or recognizing my mental health care needs.
Social and spirituality 	To build relationships and engage in leisure activities, I may need initial support to coordinate and attend activities that I am interested in. I may need minimal or intermittent support connecting with others or maintaining existing relationships. Education about healthy relationships, boundaries and dealing with aggression also might help me to maintain my relationships.
Citizenship and advocacy 	To drive how I live my life, I may need support in the form of supported decision-making. I might need temporary support to prioritize or implement my goals and may need guidance to make major decisions.

Support range criteria

The support range criteria are the scores from the assessment that are associated with each support range. These scores are based on MnCHOICES assessment data and consider:

- **General support needs (GSN)**, or the support that people need for activities of daily living (ADL, e.g., eating, bathing, etc.) and instrumental activities of daily living (IADL, e.g., housework, shopping, etc.). IADL items do not contribute to the GSN scores of children from birth through 13 years old.
- **Health support needs**, or the support that people need to manage health conditions (e.g., cardiac conditions, diabetes, etc.).
- **Psychosocial support needs**, or the support that people need to manage psychosocial conditions (e.g., anxiety, verbal aggression, socially unacceptable behavior, etc.). Psychosocial support needs are broken out into three scores: Psychosocial behavior (PS behavior), psychosocial emotions (PS emotion), and psychosocial mania psychosis (PS mania/psychosis). PS mania/psychosis is merged with PS emotion for scoring for all children.

The support range criteria are different across each of the age groups to account for changes across a person's life span, as well as assessment differences by age. To account for these age differences, DHS developed a children's model that is separate from the adult model. The children's model includes three age cohorts to incorporate the changes and growth of child, as well as a smooth transition as a person ages through the system.

The support range criteria for all age groups is driven by aggregate scoring across three major assessment domains to create the whole picture of a person's needs. This model does not score one ADL or health support need higher than the other does, but holistically looks at all of a person's needs as assessed. The support range criteria for adults is shown Figure 11.

For more information about the aggregate scoring and MnCHOICES, review the Waiver Reimagine reports page.

Figure 11: Support range criteria for adults

Support range	GSN	PS: Behavior	PS: Emotion	PS: Mania/Psychosis	Health
1	7 or less	16 or less	5 or less	0 or 1	5 or less
2	8 to 19				
3	20 to 29				
4	30 or higher				
L	19 or less	17 to 29	6 to 11	2 to 4	6 to 19
H	20 or higher				
E	Any score	30 or higher	12 or higher	5 or higher	20 or higher

Figure 12: Support range criteria for adolescents (14 to 17 years old)

Support range	GSN	PS: Behavior	PS: Mania/Psychosis	Health
1	0 to 16	12 or less	0 or 1	5 or less
2	17 or higher			
L	0 to 16	13 to 26	2 to 4	6 to 21
H	17 or higher			
E	Any score	27 or higher	5 or higher	22 or higher

The support range criteria for children six through 13 years old are shown in Figure 13. Note that while these support ranges are labeled the same as the adolescent age group, there are differences in the GSN related to the removal of IADL items for this age group.

Figure 13: Support range criteria for children (6 to 13 years old)

Support range	GSN	PS: Behavior	PS: Mania/Psychosis	Health
1	0 to 12	12 or less	0 or 1	5 or less
2	13 or higher			
L	0 to 12	13 to 26	2 to 4	6 to 21
H	13 or higher			
E	Any score	27 or higher	5 or higher	22 or higher

The support range criteria for children from birth through 5 years old are shown In Figure 14. These criteria also do not include IADLs as part of the GSN scoring.

Figure 14: Support range criteria for children (0 to 5 years old)

Support range	GSN	PS: Behavior	PS: Mania/ Psychosis	Health
L	12 or less	26 or less	4 or less	19 or less
H	13 or higher			
E	Any score	27 or higher	5 or higher	20 or higher

Service mixes

To calculate the budgets associated with the support ranges, DHS developed service mixes that estimate the type and amount of service needed by people in each cohort. First, we determined the cohorts for which budgets would be developed to create more targeted service mixes In addition to support ranges, our analysis showed differences in service use by living setting for adults. For children, our analysis showed differences by age group. Additionally, we considered both the current DHS service-use policies and future, recalibrated waiver structures.

These analyses support the development of cohorts that include:

- Adults who live independently
- Adults who live with family
- Adults who live in community residential settings
- Adults who live in family residential settings

- Adolescents 14 to 17 years old who live with family
- Children 6 to 13 years old who live with family
- Children 0 to 5 years old who live with family.

There also are children who live in settings besides the family home, though these situations are rare. DHS did not establish service mixes for children who live outside the family home. DHS expects budgets for children who live outside the family home will be handled through a collaborative support-planning process with lead agency and state staff.

Only certain services that align with current service-use policies within a specific service groups were considered for development in the service mixes. The cohorts and service groups included in the service mix are shown in Figure 15.

Figure 15: Service group by cohort

Cohorts	Residential	Personal supports	Day and employment	Respite	Medical and professional	Other services
Adults who live independently	N/A	**Yes**	**Yes**	N/A	N/A	N/A
Adults who live with family	N/A	**Yes**	**Yes**	**Yes**	N/A	N/A
Adults who live in community residential services	**Yes**	N/A	**Yes**	N/A	N/A	N/A
Adults who live in family residential services	**Yes**	N/A	**Yes**	N/A	N/A	N/A
Adolescents (14-17) who live with family	N/A	**Yes**	**Yes**	**Yes**	N/A	N/A
Children (6-13) who live with family	N/A	**Yes**	**Yes**	**Yes**	N/A	N/A
Children (0-5) who live with family	N/A	**Yes**	**Yes**	**Yes**	N/A	N/A

For many reasons, not all services are included in each service mix. First, many services only are allowable in certain residential settings, and therefore, are not included where they cannot be used. Respite, for example, only can be used by people who reside in the family home. For this reason, respite is included only in the service mixes for people who live with family. Medical, professional and other services are not included because they are not used universally and are needed only in specific circumstances. Home modifications, for instance, are not needed by every waiver recipient, but are necessary for some. As a result, there already are mechanisms in place to account for both access to

these services and their cost. If needed, people can get authorized medical, professional or other services without having to use their budget.

DHS did not develop separate service mixes for people who choose to self-direct some or all of their services, (i.e., the CDCS option). Rather, people who choose to self-direct some or all of their services will have the same budget as those who choose not to self-direct at all. DHS developed budget ranges for people in each support range and cohort. These budget ranges were based on the service mixes already described. DHS then translated each of these service mix models into budget ranges by applying rate assumptions for each service included in the service mix. The service mixes and rate inputs were reviewed by our expert panel (comprised of people with disabilities, advocates, providers and lead agency staff) for a qualitative check on our analysis. Using this amount, DHS established a lower range that is 50 percent of the calculated amount and a higher range that is 105 percent of the calculated amount. The proposed budget ranges are shown in Figures 16a and 16b.

Figure 16a: Budget ranges by cohort (adult)

Cohort	Budget by support range						
Adults	**1**	**2**	**L**	**3**	**4**	**H**	**E**
Adults who live independently	$23,923 to $50,238	$23,923 to $$50,238	$33,695 to $70,758	$33,695 to $70,758	$40,270 to $84,566	$43,711 to $91,792	$44,607 to $93,674
Adults who live with family	$16,967 to $35,631	$16,967 to $35,631	$27,668 to $58,103	$27,668 to $58,103	$35,021 to $73,544	$38,462 to $80,770	$41,571 to $87,298
Adults who live in community residential services	$45,519 to $95,590	$45,519 to $95,590	$62,383 to $131,004	$62,383 to $131,004	$69,906 to $146,802	$77,423 to $162,589	$100,031 to $210,064
Adults who live in family residential services	$38,165 to $80,146	$38,165 to $80,146	$53,403 to $112,147	$53,403 to $112,147	$59,951 to $125,896	$65,478 to $137,504	$74,572 to $156,601

Figure 16b: Budget ranges by cohort (children)

Cohort	Budget by support range				
Children	**1**	**L**	**2**	**H**	**E**
Adolescents (14-17) who live with family	$16,548 to $34,750	$22,707 to $47,685	$27,043 to $56,790	$31,379 to $65,896	$33,680 to $70,727
Children (6-13) who live with family	$16,548 to $34,750	$22,707 to $47,685	$27,043 to $56,790	$31,379 to $65,896	$33,680 to $70,727
Children (0-5) who live with family	Category not applicable	$20,141 to $42,296	Category not applicable	$25,981 to $54,560	$28,282 to $59,391

The budget ranges for each cohort are displayed visually in graph form in Figures 17-23. Budget ranges for adults who live independently are shown first in Figure 17.

Figure 17: Budget ranges for adults who live independently

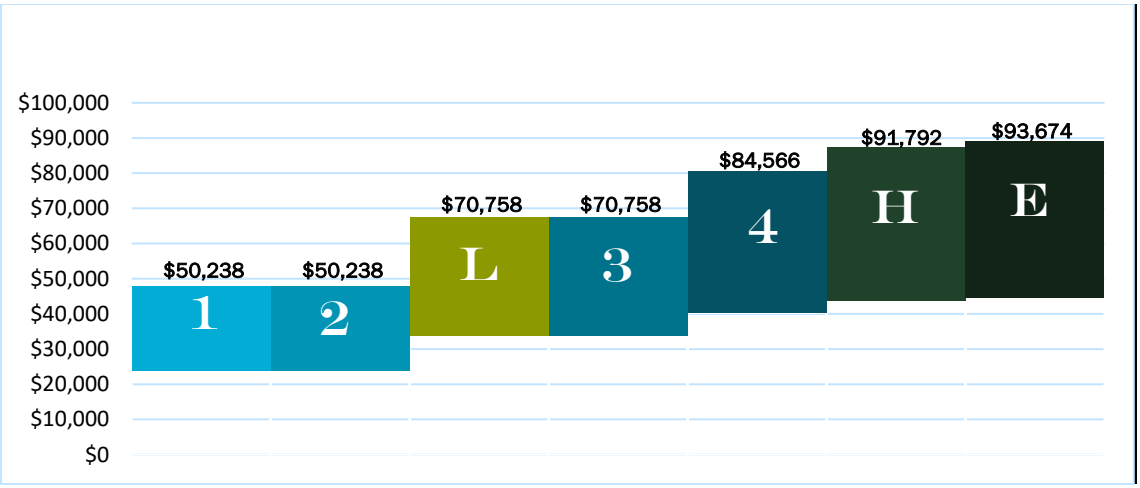


Figure 18: Budget ranges for adults who live with family

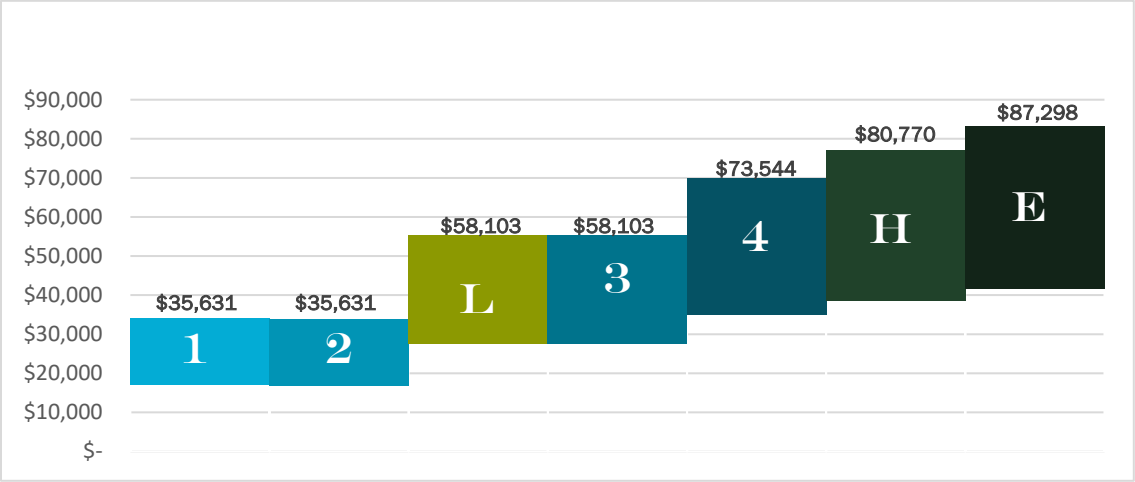


Figure 19: Budget ranges for adults who use community residential services

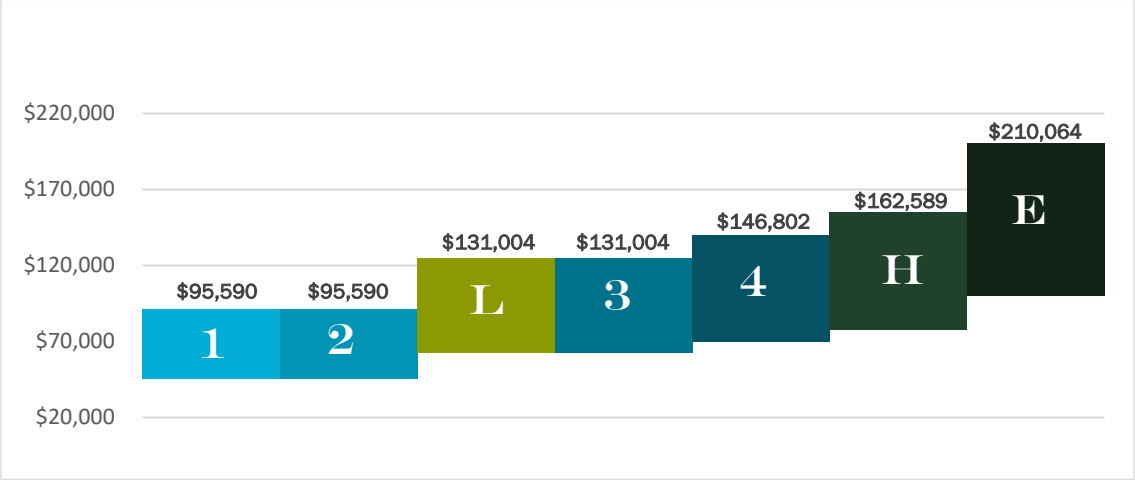


Figure 20: Budget ranges for adults who use family residential services

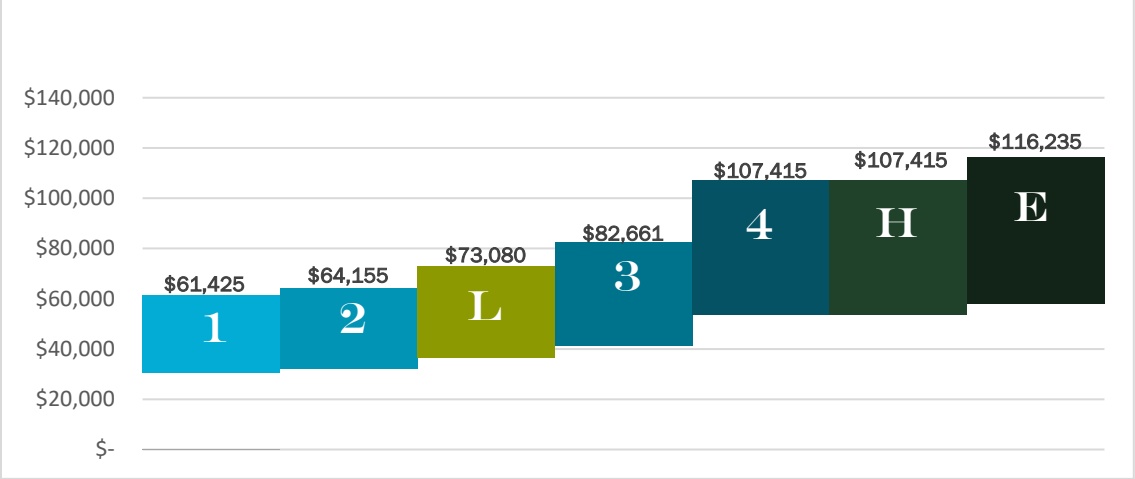


Figure 21: Budget ranges for adolescents, 14 to 17 years old, who live with family

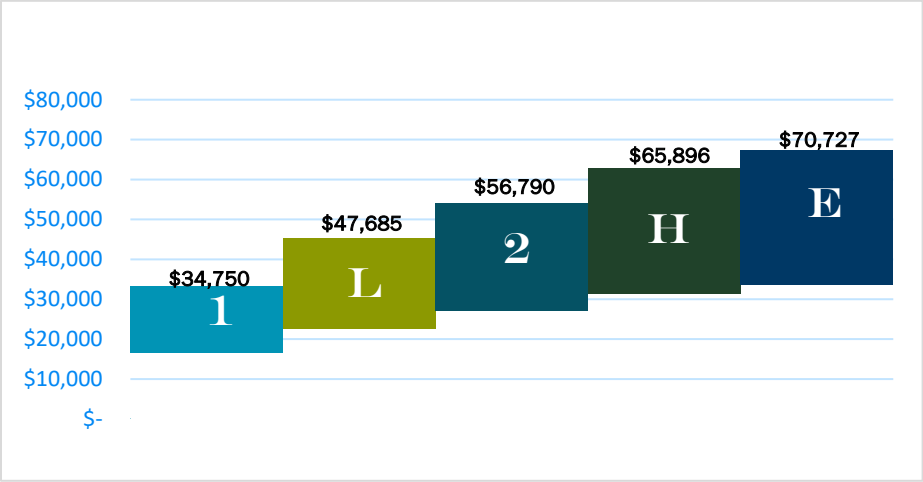


Figure 22: Budget ranges for children, 6 to 13 years old, who live with family

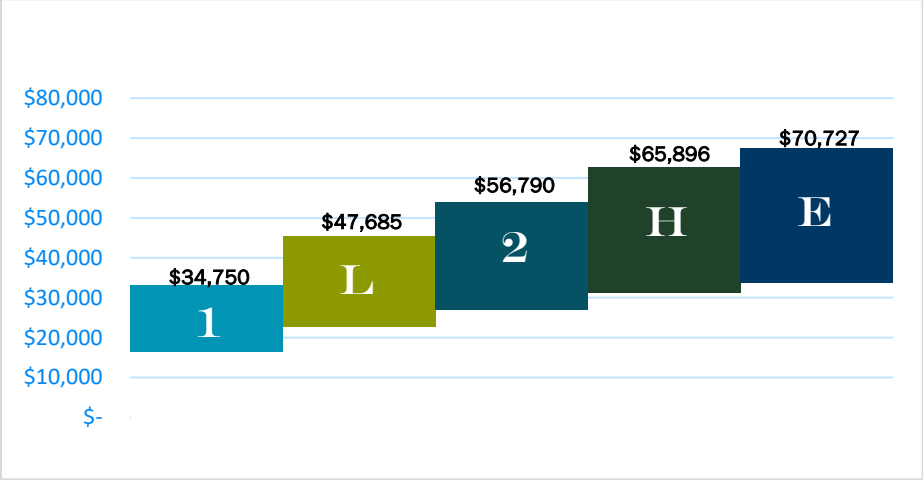
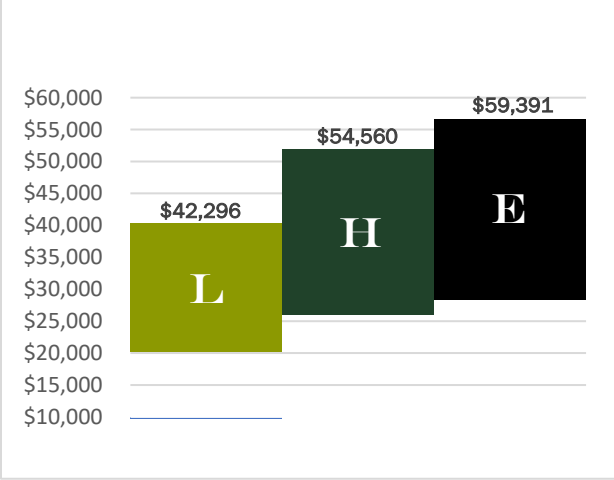


Figure 23: Budget ranges for children, 0 to 5 years old, who live with family



The supports included in the service mixes and assumed framework-rate inputs are not prescriptive. People can use their budgets flexibly to access the services and supports they want and need. The service mixes and specific service costs are only used in the methodology to determine the total dollar range for the budget. Each person will use their budget to guide the service planning process. For example, if a person is interested in gaining employment, they might use the funds from their budget to purchase more employment exploration services than assumed in the service mix and less of another service.

2020 update

Since the budget ranges were first developed for adults in 2018, DHS completed a recalibration in 2020 to align budget ranges with updated costs. This ensures the budget ranges are sustainable and will continue to meet peoples' needs over time. One of the significant updates with recalibration was our ability to use DWRS framework rates, as rate banding ended. The budget range values noted in this report reflect the results of recalibration and full rates implementation.

Support ranges across the population

DHS will develop a better understanding of the unique needs of people across ages and settings by using the already mentioned, distinct budget models for adults and children. Doing so will allow us to monitor the service system over time to anticipate needs, refine services, provide adequate funding, measure goal attainment and otherwise make the system work better for people with disabilities.

Figures 24a-d show the composition of support ranges by age group. Despite similarities in how the support ranges are represented, the support range framework for each age group is different. Support range 1 for adults, for instance, is made up of different people with different support needs compared with adolescents between 14 and 17 years old in support range 1.

Figure 24a: Adult support range

Support range	1	2	L	3	4	H	E
Percentage	11%	22%	28%	11%	3%	19%	6%

Figure 24b: Adolescent (14-17 years old) support range

Support range	1	L	2	H	E
Percentage	21%	30%	8%	27%	14%

Figure 24c: Children (6-13 years old) support range

Support range	1	L	2	H	E
Percentage	15%	43%	6%	18%	19%

Figure 24d: Children (birth-5 years old) support range

Support range	L	H	E
Percentage	36%	46%	18%

Support ranges across age groups show that adolescents and children are more likely than adults to be assigned to higher support ranges (L, H and E for people with high health and/or psychosocial support needs). This may be related to the significant support needs that prompt children to access waiver services. Looking at the support ranges this way can help DHS:

- Anticipate the needs of people who enter the system
- Explore how needs change over time
- Tailor better support needs by age group.

Figures 25a-d have two components: Each displays the percent of people in each support range by whether they use CDCS or traditional services (i.e., do not use CDCS).

Figure 25a: Adults in each support range by CDCS and traditional

Support range	1	2	L	3	4	H	E
CDCS percentage	3%	13%	23%	9%	3%	32%	18%

Support range	1	2	L	3	4	H	E
Traditional percentage	12%	23%	29%	11%	3%	18%	5%

Figure 25b: Children (14 to 17 years old) in each support range by CDCS and traditional

Support range	1	L	2	H	E
CDCS percentage	14%	28%	6%	33%	19%

Support range	1	L	2	H	E
Traditional percentage	27%	30%	10%	23%	9%

Figure 25c: Children (6 to 13 years old) in each support range by CDCS and traditional

Support range	1	L	2	H	E
CDCS percentage	9%	44%	5%	19%	23%

Support range	1	L	2	H	E
Traditional percentage	25%	38%	7%	18%	13%

Figure 25d: Children (birth to 5 years old) in each support range by CDCS and traditional

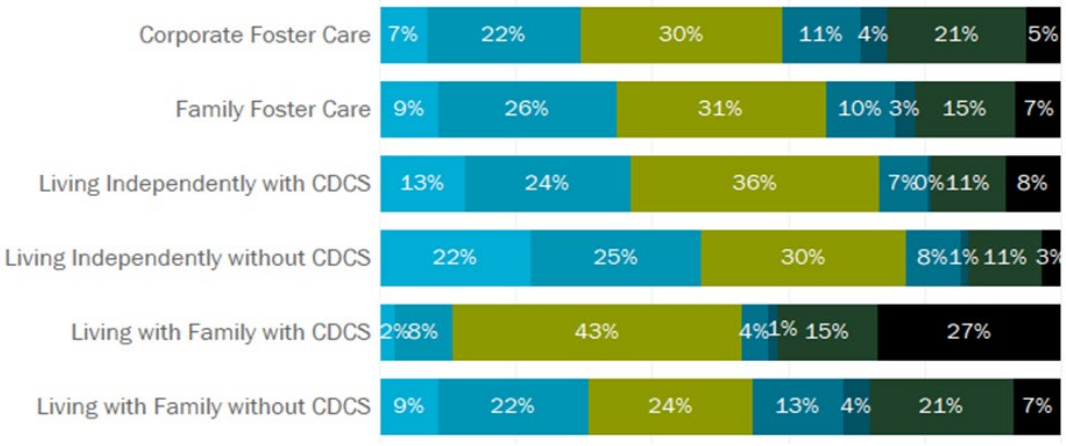
Support range	L	H	E
CDCS percentage	33%	46%	21%

Support range	L	H	E
Traditional percentage	26%	56%	18%

This shows that for all age groups (except children from birth to 5 years old), people who use CDCS are more likely to be assigned to support ranges 1, 2, 3 or 4 (support ranges for people without high health and/or psychosocial support needs). Looking at support ranges by CDCS can help DHS understand why people choose CDCS and, therefore, come up with strategies to help people with higher support needs to self-direct their services.

Figure 26 shows the percent of adults and children in each support range by living setting.

Figure 26: Adults and children in each support range by living setting



Figures 26a-26e show the ranges for adults by living setting.

Figure 26a: Adult support range by setting for people who living in corporate foster care

Support range	1	2	L	3	4	H	E
Percent	7%	22%	30%	11%	4	21%	5

Figure 26b: Adult support range by setting for people who live in family foster care

Support range	1	2	L	3	4	H	E
Percent	9%	26%	31%	10%	3	15%	7%

Figure 26c: Adult support range by setting for people who live independently with CDCS

Support range	1	2	L	3	4	H	E
Percent	13%	24%	36%	7%	1	11%	8%

Figure 26d: Adult support range by setting for people who live independently without CDCS

Support range	1	2	L	3	4	H	E
Percent	22%	25%	30%	8%	1	11%	3 %

Figure 26e: Adult support range by setting for people who live with family without CDCS

Support range	1	2	L	3	4	H	E
Percent	9%	22%	24%	13%	4%	21%	7%

The data show adults who live independently (with or without CDCS) have a greater proportion of people in lower support ranges. It also shows that adults who live with family and use CDCS have more people in higher support ranges.

For the proposed support ranges, children have an assumed living setting of living with family. Figures 25b-25d illustrate support range by living setting for children—those children living with family using CDCS and those children living with family who do not use CDCS (or “traditional”).

Adults and children who live with their families and use CDCS are more likely to have the highest needs (support range E), than those who do not use CDCS. Using support ranges to understand where people

live can help DHS target resources and strategies to help people with higher support needs to live more independently.

Figure 27a-27d show the ranges for adults by waiver.

Figure 27a: Adult support ranges for people who currently use the Brain Injury (BI) Waiver

Support range	1	2	L	3	4	H	E
Percent	9%	15%	36%	7%	2	25%	7%

Figure 27b: Adult support ranges for people who currently use the Community Alternative Care (CAC) Waiver.

Support range	1	2	L	3	4	H	E
Percent	0	0	2	1	0	26%	70%

Note: No current people who use the CAC Waiver who fall into support range 1, 2 or 4.

Figure 27c: Adult support ranges for people who currently use the Community Access for Disability Inclusion (CADI) Waiver

Support range	1	2	L	3	4	H	E
Percent	12%	21%	33%	10%	3	17%	5

Figure 27d: Adult support ranges for people who currently use the Developmental Disabilities (DD) Waiver

Support range	1	2	L	3	4	H	E
Percent	9%	24%	22%	13%	4	22%	6

Figure 27f-27p show the ranges for children by waiver.

Figure 27f: Support ranges for children (14 to 17) who currently use the Brain Injury (BI) Waiver

Support range	1	L	2	H	E
Percent	20%	20%	0	40%	20%

Note: There currently are no children (14 to 17 years old) who use BI Waiver that would fall into support range 2.

Figure 27f: Support ranges for children (14 to 17) who currently use the Community Alternative Care (CAC) Waiver

Support range	1	L	2	H	E
Percent	3%	5%	0	53%	39%

NOTE: There currently no children (14 to 17 years old) who use the CAC Waiver who would fall into support range 2.

Figure 27g: Support ranges for children (14 to 17) who currently use the Community Access for Disability Inclusions (CADI) Waiver.

Support range	1	L	2	H	E
Percent	24%	39%	9%	17%	10%

Figure 27h: Support ranges for children (14 to 17) who currently use the Developmental Disabilities (DD) Waiver.

Support range	1	L	2	H	E
Percent	17%	25%	7%	34%	17%

Figure 27i: Support ranges for children (6 to 13) who currently use the Brain Injury (BI) waiver.

Support range	1	L	2	H	E
Percent	9%	27%	9%	27%	27%

Figure 27j: Support ranges for children (6 to 13) who currently use the Community Alternative Care (CAC) waiver.

Support range	1	L	2	H	E
Percent	0	5%	2	45%	47%

Figure 27k: Support ranges for children (6 to 13) who currently use the Community Access for Disability Inclusion (CADI) waiver.

Support range	1	L	2	H	E
Percent	19%	44%	8%	17%	12%

Figure 27k: Support ranges for children (6 to 13) who currently use the Developmental Disabilities (DD) waiver.

Support range	1	L	2	H	E
Percent	12%	47%	4%	15%	21%

Figure 27l: Support ranges for children (birth to 5) who currently use the Community Alternative Care (CAC) waiver.

Support range	L	H	E
Percent	13%	48%	38%

Figure 27m: Support ranges for children (birth to 5) who currently use the Community Access for Disability Inclusion waiver.

Support range	L	H	E
Percent	39%	55%	6%

Figure 27n: Support ranges for children (birth to 5) who currently use the Developmental Disabilities (DD) waiver.

Support range	L	H	E
Percent	43%	38%	20%

For all age groups, people who access the CAC Waiver have the highest support needs, followed by BI, DD and CADI. This helps to better understand the support-range framework since these patterns align with how the system was designed and with what stakeholders report about the system. For example, CAC is meant to support people who have intensive health support needs, which is confirmed with applying the support range framework.

Community feedback about individual budgets

In November 2020, DHS conducted two parallel, virtual Waiver Reimagine stakeholder events on individual budgets. At both events, most participants were family members and people who access services.

During the event, DHS shared information about individual budgets and support ranges—both support range criteria and descriptions. DHS asked participants for input on their initial understanding and

questions around the support range concept, as well as what excites and concerns them about the future of individual budgets.

Many participants said they were excited about self-direction options and the consistency and transparency of the individual budgets. They also shared concerns and more questions around implementation and effects on their own independence. Some feedback included:

> "The new support ranges will open things up to everyone becoming more familiar with self-direction."
>
> "It seems like it was a good plan to have it look more holistically at a person rather than right now, it's just one or two choices of the MnCHOICES that is determining the budget."
>
> "I would like to see a case study example of how it will work: Here are the benefits, what are the downsides—how it really affects a real person."
>
> "[I] have seen improvements in the past and so this could be a further improvement. [I] like the consistency aspect for across the state and the ability to be flexible, and there's better potential for being person-centered."

Participants asked questions and had discussions in the large group as well as small group breakout sessions. Some of the overall findings were:

- Participants hope that support ranges will make the system more equitable, though there were concerns that inconsistencies would remain or that standardizing the process could be harmful.
- Participants feel that support ranges would bolster transparency and self-direction.
- Participants shared many concerns about assessments and the relationship between assessment results and support ranges.
- Participants want frequent, detailed communication about support ranges that demonstrates how the changes will impact people.

DHS will use participant input from this event to inform decisions on how we continue to edit the support range descriptions, implement the transition to support ranges, and how we help train lead agencies. DHS will use feedback to:

- Expand existing DHS resources to provide information about services and wavier funding.
- Honor participant feedback and make public any details about the development of the support ranges.

- Offer more opportunities during the next couple of years to provide input on Waiver Reimagine, including plans to transition to individual budgets.

Individual budgeting alignment with goals

Throughout budget-method development, we continued to revisit the specific goals of this project. These goals align with later recommendations:

1. Flexibility to encourage person-centered supports
2. Enhanced personal authority over service choice
3. Simplified waiver program information and administration
4. Equity across waiver programs and participants
5. Smooth transition
6. Opportunity to monitor and improve programs to achieve greater sustainability.

Individual budget implementation

There are several considerations to keep in mind as DHS works toward implementation. Vital ongoing efforts include:

- Reshapingof the disability waivers
- Implementation of Community First Services and Supports (CFSS)
- Revision of the MnCHOICES assessment software and process
- Case management redesign
- Shifting service preferences following the COVID-19 pandemic.

It is important to note that the recommendations outlined in this report were developed using data and with an understanding of plans from a particular period in time. The work to generate the recommendations outlined in this report began in 2018 and continued through 2020.

Post-pandemic considerations

At the beginning of 2020, the COVID-19 global pandemic spread throughout the United States and greatly affected people with disabilities' access to services. This also was true in Minnesota, though the exact effects are not yet fully known. As the pandemic continues, Minnesota will need to ensure adequate safety nets for people with disabilities during this (and any other) time of crisis. Even after the pandemic is controlled, it is likely that people will have new attitudes and desires about how they want to be supported. The changes in service use during the pandemic, for instance, may have highlighted new ways that people would prefer to be supported. Since these impacts are not yet known, DHS should be prepared to revisit certain aspects of the individual budget model when effects

are clearer. For example, the budgets are based, in part, on the services people have used in the past. If attitudes and practices change greatly, DHS must be open to revisiting the service mixes in the future. In such a scenario, DHS could pursue a recalibration to the budget methodology or service mixes to adjust.

Recalibration

Recalibration (i.e., the refinement of the individualized budget methodology), is essential to the ongoing development, implementation and maintenance of the budget model. DHS can use this model to analyze trends in services/spending and determine what changes are warranted. Indications may include:

- High rates of exceptions for a specific group of people (e.g., support range and cohort)
- Differences in the needs of people who enter services
- Spending patterns that differ significantly from the services mixes
- Anecdotal reports that the support range descriptions do not adequately describe the population
- Policy changes to advance goals that are not reflected in the model.

Other possible changes might include adjustments to the assessment, covered services or rates. When recalibration occurs, DHS should carefully consider the timing of changes to ensure people have access to adequate funding and to reduce administrative burden on lead agencies as much as possible.

MnCHOICES revision

Changes to the MnCHOICES assessment have the potential to significantly affect the individual budget methodology, since the assessment is the basis for assigning support ranges. Work to modify the MnCHOICES assessment is ongoing and likely to affect the budget model described in this report. Since the budgets are dependent on the assessment, it is imperative that the final assessment undergoes analytical testing, and that thorough and consistent assessor training is developed and implemented. DHS should pursue the collection of new assessment data in a systematic way to inform the recalibration of the budget model. Below is a brief overview of necessary tasks when changes to the assessment occur:

- **Determine preliminary support ranges**: DHS will determine whether the support range framework model continues to be a good fit for the support range framework. Additional

analysis may indicate specific, necessary modifications. Once these analyses are completed, the previous steps can be repeated to develop preliminary support ranges.

- **Refine support range descriptions**: If the initial, exploratory analysis shows the support range framework is a good fit, then the support range descriptions can be updated. If the support range framework changes, then the task to develop the support range descriptions can be completed again.
- **Confirm/adjust support ranges**: Regardless of how well the model fits, DHS will complete the support range survey to confirm/adjust the criteria as necessary.
- **Update model service mixes**: DHS will revisit the service mixes to ensure that the rates used align with the recalibrated model.
- **Conduct record review**: DHS will complete another record review to ensure that the resulting plans are sufficient to meet people's needs.
- **Conduct fiscal impact analysis**: DHS will test the impacts of any planned changes to ensure that it has appropriately considered personal and system wide costs and impacts.

The extent to which DHS should repeat the tasks depends on the extent and potential impact of the changes on people who receive services. Should a recalibration occur, quality assurance should occur to ensure accuracy across all the tasks.

Service and rate changes

Service and rates are, perhaps, the most common changes likely to affect the individual budget model over time. DHS developed the budget model to be flexible and to incorporate rate and service changes. A significant update of a service or rate, whether due to a legislative change or a use pattern shift, will result in updates to the service mixes, and thus to the budget ranges. Since the budgets are developed using current rates and services, recalibrating budgets to reflect future changes ensures that people retain access to the amount of funding they need to obtain the services they need. If only the rates or services are changing, DHS would complete the following steps:

- **Develop/update model service mixes**: When DHS adds a new service that changes or adds a living setting, it will necessitate developing a new service mix for people who live in that setting. For rate changes, DHS can update based on assumptions used to develop the budgets. If new services are developed or services are changed, DHS can reflect that by updating the service mixes and computing the new budget from the changes.
- **Conduct record review**: If DHS uses changes to the services in the budget, it may need to complete a record review. This can help ensure that the changed services continue to meet the needs of people who access services.

- **Conduct fiscal impact analysis:** Since rate/service changes likely will have significant impacts on the total cost of the budget, it will be important to complete a fiscal analysis to understand the impacts of the budget on both the people who receive services and overall waiver costs.

The timing and implementation of recalibrating budgets related to rate or service changes will be important work. Any changes that will affect people's ability to select services should be weighed carefully before the change is made. DHS also will need to consider how to implement changes to ease the administrative burden of adjusting budgets.

Individual budgeting research, analysis and development

For more information on the research, analysis and development of the individual budget methodology, review the DHS – Waiver Reimagine reports page. On the DHS – Waiver Reimagine page you will find the detailed 2018 reports. DHS will publish/post updated 2020 reports beginning in early 2021.

VII. 2019-2020 communication and stakeholder engagement

Stakeholder input has and will continue to inform Waiver Reimagine's goals and the project's course. The Waiver Reimagine project plans for stakeholder engagement and communications were significantly impacted by the COVID-19 public health emergency. In addition to responding to the immediate waiver flexibilities needed to safely support people who access services during the public health emergency, COVID-19 affected every facet of the project. In response, DHS redesigned plans for stakeholder engagement, revised trainings and the training plan to fit into a compressed window of time. DHS also balanced system wide resource pressures while responding to public health emergency needs. DHS utilized new collaboration tools and technology to engage people and families in more ways than ever before.

Stakeholder engagement and communication pre-COVID-19

Before COVID-19 began significantly to affect the implementation and stakeholder engagement plans, DHS contracted with The Improve Group to conduct stakeholder engagement and communications activities about Waiver Reimagine. The plan used a three-phase approach, with each phase building on the engagement and communication that occurred in the previous phase. The stakeholder engagement plan included 24 events, primarily in-person events across Minnesota. Additionally, the statewide communications efforts included content such as a short introduction video, marketing content and a visual brand for Waiver Reimagine. Stakeholder engagement and communications were planned to begin in April 2020.

In March 2020, Waiver Reimagine stakeholder engagement planning was halted due to COVID-19. While it was clear that in-person events no longer were a viable option, other impacts of the COVID-19 crisis on stakeholders were unclear. DHS developed and conducted a stakeholder engagement capacity survey in June to assess stakeholders' anticipated availability and interest to engage in future, virtual Waiver Reimagine events.

While the respondents to the survey did not represent the full breadth and diversity of stakeholders for Waiver Reimagine, some themes emerged from the survey's nearly 500 respondents:

- Most respondents were interested in and willing to engage with DHS on Waiver Reimagine in August 2020, especially people who access services and their family members.
- Respondents were willing to participate frequently and through a wide variety of engagement strategies, especially through brief virtual events and other feedback strategies, such as surveys.

- A small portion of stakeholders was not willing to engage in the near future, and it was unclear if or when they would be ready to engage.

Based on the survey findings, DHS and The Improve Group resumed planning for virtual stakeholder engagement and communication that aligned with the interests and preferences of stakeholders.

Stakeholder engagement and communication in response to COVID-19

To address the engagement preferences and safety needs of stakeholders DHS conducted virtual stakeholder engagement events that included multiple opportunities for participation. The approach maintained the original goals for stakeholder engagement, as well as mirrored the arc of the initial three-phase plan that included:

- Sharing information about what will change
- Receiving feedback from stakeholders on proposed changes
- Sharing back to stakeholders how DHS has responded to their feedback and next steps.

However, instead of each phase occurring sequentially over the course of the project, virtual engagements were focused on a single topic that included an iterative cycle of sharing information, receiving feedback and responding to input gathered.

Events

In the fall of 2020, DHS hosted the series of online feedback opportunities designed to engage people with disabilities and their families, as well as lead agencies, providers and advocates in:

- Understanding the changes to Minnesota's disability waiver system and their impacts
- Understanding opportunities for feedback and how stakeholder feedback has been/will be used
- Eliciting feedback on communications about and implementation of Waiver Reimagine.

The events included a brief presentation, small group discussions and question-and-answer sessions. Figure 28 lists the topic of these events.

Figure 28: Feedback topics by month (2020)

August	September	October	November
Simplifying the waiver service menu	Reshaping the disability waivers- What influences a person's choice about where they live?	Improving and expanding access to self-directed services	Individual budgeting: Understanding support ranges

Outreach and recruitment

The Improve Group and DHS worked together to conduct general and tailored outreach to engage a broad and diverse group of participants. DHS aimed general outreach strategies toward people who receive services and their family members, including people who:

- Subscribe to the DSD eList and people who already were organizational contacts (e.g., through lead agencies, service providers and advocacy groups)
- Responded to the DHS June 2020 capacity survey
- Participated in previous Waiver Reimagine feedback events.

Tailored outreach strategies focused on reaching populations underserved by and underrepresented in the waiver system. This included people of color who access waiver services, people with culturally specific needs and parents of school-age children with disabilities. Strategies for engaging these communities included outreach through cultural and community-specific groups and organizations, as well as through trusted community liaisons. The Improve Group also met with an advocacy organization to gather recommendations for engagement with these communities.

For almost all feedback events, the number of registrants exceeded event capacity. In these cases, space was allocated to allow for a variety of perspectives and experiences. This included:

- Prioritizing people who access services and their family members
- Ensuring representation from all regions of Minnesota
- Limiting representatives of providers, lead agencies and advocacy groups to one per organization.

There were several strategies in place to support stakeholder participation at events, including:

- Sending workshop materials to participants in advance
- Using closed captioning
- Structuring breakout rooms by stakeholder type
- Developing opportunities for input via varying formats (e.g., polls, chat feature, verbal discussion).

Additional practices to support participation and improve the participant experience also emerged based on lessons learned (e.g., holding two events per topic and adding real-time question and answer sessions to events, etc.).

DHS also created opportunities for people to provide written input using feedback surveys prior to each event. An example of some questions asked in the pre-event surveys include:

- How familiar are you with DHS' work to reimagine waivers?
- What barriers currently exist for you in the existing service model?
- What impact do you think waiver reimagine will have on the services and supports you, your family and/or your community receive?

Trainings and vital communications

In addition to hosting this series of virtual stakeholder events, DHS conducted a variety of trainings specific to simplifying the service menu (Phase 1):

- **November 2019**: DHS conducted lead agency regional meetings with a focus on review and feedback of service streamlining changes
- **July 2020**: DHS hosted a webinar specific to waiver amendment changes July 2020
- **August 2020**: The waiver amendments went out for 30 day public comment
- **August 2020**: DHS hosted a virtual stakeholder event specific to simplifying the service menu—one session was for people receiving services and families and the other for professionals
- **September 2020**: Service policy pages went out for 30 day public comment
- **Oct. 13, 2020**: DHS hosted a statewide Waiver Reimagine: Implementing the streamline service changes webinar.
- **Late October through early December**: DHS ran a Waiver Reimagine service-specific trainings series, complimenting the October webinar
- **November through December:** DHS staff participated in Regional Resource Specialist fall regional meetings
- **First quarter of 2021 (planned)**: DHS plans to send a direct mailing to people who access services and hold a series of simplifying the service menu open office hours.

Stakeholder engagement specific toreshaping the waivers, individual budgeting, expansion of self-direction and the personal portal (Phase 2) included the following:

- **September 2020**: DHS hosted two virtual stakeholder events specific to reconfiguring the waivers
- **October 2020**: DHS hosted two virtual stakeholder events specific to changes with self-direction
- **November 2020**: DHS hosted two virtual stakeholder events specific to individual budgeting

Individual budget expert panels

For both our 2018 and 2020 work, our expert panels were critical in the development and refinement of the individual budget methodology. In 2018, the expert panel was composed of people with disabilities, their family members, advocates, providers, lead agency staff and DHS. In 2020, due to the restrictions of COVID-19, the expert panel was spilt into two working groups. Lead agency staff and DHS comprised the first expert panel while the second expert panel included advocates, family members, provider agencies and DHS staff.

Expert panelists participated in activities that actively shaped the budget model. These groups worked to refine the developed models for Minnesota based on their varying expertise on the waiver program. For example, they worked on a survey that was analyzed and used to improve the criteria that assigns people to support ranges. The expert panel work in 2020 became an iterative process—with the second expert panel reacting to the first expert panel's work. This work was instrumental to our approach and has helped to alert us to innovative opportunities, unintended consequences and potential barriers from the many different perspectives of stakeholders.

DHS will continue to engage stakeholders throughout 2021 and 2022 aboutreshaping the waivers, individual budgeting, expansion of self-direction and the personal portal changes.

Additional resources

In 2020, DHS also developed the following resources to tell people more about Waiver Reimagine and how they can share their thoughts about it:

- Video introduction to Waiver Reimagine
- Waiver Reimagine introductory flyer (PDF)
- Waiver Reimagine frequently asked questions

VIII. Phase 2 Waiver Reimagine transition strategies

Transitioning to the two-waiver system and individual budgets will take several years to happen and it will require state legislative and federal approval. Additional changes to implement a reshapedwaiver structure include:

- Updating existing systems
- Developing a plan to transition from the existing waiver structure to the reshaped structure
- Identifying and adapting statutes, rules and policies to support a waiver transition and statewide aggregate budget
- Analysis and development of policy for a budget exception process
- Continuing engagement with people with disabilities, lead agencies and service providers about this change.

DHS recommends a one-year, rolling implementation beginning in calendar year 2023 to transition from four waivers to two waivers and into individual budgets. DHS determined that rolling implementation at reassessment provides the most benefit to people who access services. It is viwed as the best option when considering the systems-implementation work and communication strategies.

It is typical practice for HCBS waiver programs to make system-wide changes through rolling implementation at a person's annual reassessment. Landing on this strategy ensures person-centered discussions take place during each person's reassessment about upcoming changes. This will allow the person to make choices about the type and amount of services within their annual supports budget. This transition strategy also spreads out the operational resources for lead agencies and DHS, while also minimizing potential disruption of services experienced by people and their families.

As part of this strategy, DHS will submit two new waivers to CMS in 2022. The two new waivers and individual budgets would start Jan. 1, 2023 or upon federal approval, whichever is later, and the four exiting waivers – BI, CAC, CADI and DD – and the lead agency-based budgets would sunset Dec. 31, 2023. Starting Jan. 1, 2023, people would enroll or transition to one of the two new waivers as follows:

- New people who are enrolling will go on one of the two new waivers based on their living setting.
- People who exit and reenroll on a waiver will go on one of the two new waivers based on their living setting.
- Existing people served through one of the four current waivers will transition to one of the two new waivers based on their living setting at their annual reassessment (between Jan. 1, 2023 to Dec. 31, 2023).

This transition strategy gives DHS time to:

- Complete the HCBS Settings Rule requirements. Minnesota will be in full compliance by March 2022 (all new waivers submitted to CMS must be in compliance before CMS will approve).
- To ensure all necessary legislation support the transition.
- Engage stakeholders in a robust way.
- Draft and submit the two new waivers to CMS in 2022 with an effective date of Jan. 1, 2023.
- Invest in the online planning tool.
- Complete systems work after DHS receives legislative approval and conduct testing.
- Assure Phase 1 service menu streamlining works as intended before implementing Phase 2, including reshaping the waiversand individualized budgeting.
- Assure remote support works as intended.
- Work on "pre-budget planning" and messaging to ensure lead agencies have tools necessary to support reassessments completed in 2022, which will help prepare people to transition to new budgets in 2023.
- Assure lead agencies can work on restructuring how their work is done.

Along with the policy and procedure development and updates, there are other considerations for the implementation of a unified budget methodology. As described in the Individual budgeting section, the individual budgets will be affected by currently planned and future changes, including but not limited to:

- The implementation of Community First Services and Support (CFSS)
- Revision of the MnCHOICES assessment
- Service and rate changes, including changes to any component values
- Case management redesign
- Regular recalibration based on new assessment and service authorization data.

X. Appendix

Appendix A: Support range descriptions

Figure 29: Adult support range 1

MnCHOICES	In general, I need no support or minimal reminding for most activities of daily living like eating, bathing, dressing and toileting. I sometimes need assistance or supervision for instrumental activities of daily living like housework, shopping, or managing finances. I have no or few health support needs. I have no or few support needs for challenging behaviors. I may need some support for managing emotional needs.
Meaningful day and employment	To engage in meaningful employment, I may need initial support to explore employment or education options and find a job, including filling out applications and securing transportation. On the job, I may need intermittent help to troubleshoot any problems I experience, to manage my relationship with co-workers, or tools to manage my anxiety.
Community living 	To live in and access the community, I may need help to explore living options and housing, or to apply for housing benefits. I may need intermittent help to pay bills, manage my money, find transportation or maintain my car, and to keep up with housekeeping and maintenance. I may need technology support to live independently.
Safety and security 	To stay safe and secure, I may need a risk assessment and plans to mitigate vulnerabilities. I may need help setting up emergency contacts and identifying additional supports to keep me safe. I usually know what to do to stay safe and can advocate for myself and manage emergencies, and I may benefit from technology.
Healthy living 	I might manage my healthcare needs on my own but might need a healthcare plan to keep up with my medical needs. To manage and access healthcare and stay well, I may need help setting up and attending medical appointments, finding and communicating with healthcare practitioners, or recognizing mental healthcare needs.
Social and spirituality 	To build relationships and engage in leisure activities, I may need initial support to coordinate and attend activities that I am interested in. I may need minimal or intermittent support connecting with others or maintaining existing relationships. Education about healthy relationships, boundaries and dealing with aggression might also help me to maintain my relationships.
Citizenship and advocacy 	To drive how my life is lived, I may need support in the form of supported decision-making. I might need temporary support to prioritize, or implement, my goals and may need guidance to make major decisions.

Figure 30: Adult support range 2

MnCHOICES	In general, I need minimal supervision or reminding for most activities of daily living like eating, bathing, dressing and toileting. I often need assistance for instrumental activities of daily living like housework, shopping, or managing finances. I may have health support needs, but they are minimal and require prompting or oversight. I may need some support for challenging behaviors like verbal aggression, socially unacceptable behavior, susceptibility to victimization, or impulsivity. I may need some support for managing emotional needs.
Meaningful day and employment	To engage in meaningful employment, I may need help to determine my interests and to develop employment skills. I could use help getting and keeping employment, education or volunteer opportunities. I may also need on-the-job support. I might need education and/or supervision and cueing to use public transportation.
Community living 	To live in and access the community, I may need help to identify housing needs and/or to pay for my home. I may need direct family or staff support to complete homemaking activities such as planning and cooking meals, shopping, and paying bills, and access to 24-hour support. I might need technology, home modifications, and/or specialized transportation.
Safety and security 	To stay safe and secure, I may need education about emergencies, being home alone, identifying unsafe scenarios (e.g., strangers entering my home), or understanding the consequences of my actions. I may need access to 24-hour supports, or direct support to remain safe in my home or community. I may also need help to manage my emotions or behavior.
Healthy living 	To manage and access healthcare and stay well, I may need help to schedule and attend medical appointments, to take medication, including medication for mental health needs. I may need help shopping for and preparing healthy food and reminders to exercise. I may benefit from therapies, but I don't experience frequent hospitalization.
Social and spirituality 	To build relationships and engage in leisure activities, I may need help to attend events. I may need help getting connected with a social group. Education about healthy relationships, boundaries and dealing with aggression might also help me to maintain my relationships.
Citizenship and advocacy 	To drive how my life is lived, I may need access to education about advocacy and advocacy opportunities, as well as support to set goals that I can achieve. I may identify people I trust to assist me in processing situations and making decisions about my life. I might need assistance setting up routines, and I may become more independent over time.

Figure 31: Adult support range L

MnCHOICES	In general, I need no or little support, reminding and/or supervision for most activities of daily living like eating, bathing, dressing and toileting. I sometimes or often need assistance or supervision for instrumental activities of daily living like housework, shopping, or managing finances. I may have high health support needs and/or high psychosocial needs that require some daily support. I may have support needs for challenging behaviors such as injury to self, physical aggression, verbal aggression or socially unacceptable behavior. I may need support for emotional needs such as difficulties regulating emotion, withdrawal, agitation and anxiety, and may need some support for managing manic or psychotic behaviors.
Meaningful day and employment	To engage in meaningful employment, I might need help to find and keep a job. I may work independently or need support to work in the community, including prompts. I may need education to use transportation, and tools to help me manage challenging behaviors or emotional needs at my job. I may need specialized support such as nursing, behavioral, or communication help.
Community living 	To live in and access the community, I may need help to figure out the right living setting for me, including my own home or with family. I may need education about transportation and means to pay for it. I may need support such as assistive technology, PERS and/or direct assistance to fill out forms, secure housing or other benefits, pay bills, maintain my home and create emergency backup plans.
Safety and security 	To stay safe and secure, I may need supportive people around me, or other forms of representation to help make decisions and manage benefits. I may need education about how to respond in emergencies. I may need emergency supports and protocols available, a risk assessment to mitigate any vulnerabilities, assistive technology, and/or periodic check-ins.
Healthy living 	To manage and access healthcare and stay well, I may need support to schedule and attend medical appointments, follow medical routines, and recognize and understand medical/mental health needs. I may benefit from period check-ins and/or assistive technology. I may attend therapies, receive treatments or need help to comply with medication schedules.
Social and spirituality 	To build relationships and engage in leisure activities, I may need help to be active in my community, including education about healthy relationships. I may also need support to express frustration in a positive way, or manage other mental health or challenging behaviors, so that I can maintain my relationships. I may need long-term supports to access my community, including transportation and means to pay for transportation.
Citizenship and advocacy 	To drive how my life is lived, I may need supports to express my dreams and to manage my meetings. I can usually advocate for myself and make my own decisions, but I may need formal plans to make sure that I can be independent and make as many choices as possible, including expert help to maintain my employment or living situation. I may need tools to help me manage my relationships with others.

Figure 32: Adult support range 3

MnCHOICES	In general, I need some physical assistance for most activities of daily living like eating, bathing, dressing and toileting. I always or nearly always need assistance for instrumental activities of daily living like housework, shopping, or managing finances. I may have a few health support needs that do not require extraordinary support. I may need minimal support for challenging behaviors like physical aggression, verbal aggression, socially unacceptable behavior, susceptibility to victimization, or impulsivity. I may need minimal support for managing emotional needs.
Meaningful day and employment	To engage in meaningful employment, I may need thoughtful planning, formal supports to find and keep a job, long-term transportation support and help to complete activities that I am interested in. I may benefit from the assistance of a job coach or day programming. On-the-job, I may need prompting, direct support, constant monitoring or physical assistance.
Community living 	To live in and access the community, I may need daily support for physical or emotional needs. I frequently need help to maintain my home. I may need home modifications, adaptive equipment and/or assistive technology. I likely need support to access transportation. I may need frequent physical support, including people to lift and transfer me.
Safety and security 	To stay safe and secure, I may need the support of a representative or other people I identify to help me make decisions, including financial. I may need access to 24-hour supports. I may need help to abstain from eloping or hurting myself. I need to have emergency plans ready to be sure that I can remain safe in emergencies.
Healthy living 	To manage and access healthcare and stay well, I may need a special diet, tube feeding, and/or interventions to prevent choking. I may need skilled nursing visits and/or long-term supports. I may rely on others to set up appointments and to determine when I need medical care. I likely need assistance preparing healthy meals.
Social and spirituality 	To build relationships and engage in leisure activities, I may need family or staff supports to access the things that I want to do. I may need people to facilitate activities and to help me engage in my interests. I might need support available in social situations.
Citizenship and advocacy 	To drive how my life is lived, I may need the help of a supportive person that I can depend on to help me make decisions. An advocate might help to ensure that my choices aren't limited because of my needs. Just because I need, help doesn't mean that I am not able to make decisions in my life.

Figure 33: Adult support range 4

MnCHOICES	In general, I need full physical assistance for most activities of daily living like eating, bathing, dressing and toileting. I always need assistance for instrumental activities of daily living like housework, shopping, or managing finances. I may have a few health support needs that do not require extraordinary support. I may need minimal support for challenging behaviors like injury to self, physical aggression, verbal aggression or susceptibility to victimization. I may need minimal support for managing emotional needs and may need some support for managing manic or psychotic behaviors.
Meaningful day and employment	To engage in meaningful employment, I may need long-term support to find a job and physical support, or hand-over-hand assistance, to complete work tasks. I may need help to understand work tasks or to manage mental health/behavioral needs. I may require support from more than 1 person and may need assistive technology or communication devices.
Community living 	To live in and access the community, my living setting may need to be modified to meet my mobility needs. I may need assistive technology or a communication device. I likely need considerable support with transportation and to access the community. I may need a 24-hour plan of care.
Safety and security 	To stay safe and secure, I may need help to make decisions. I likely need 24-hour access to care in case of emergencies. I may need a risk assessment and plan to mitigate risks. People who support me might need specialized training to keep me safe and secure.
Healthy living 	To manage and access healthcare and stay well, I may need extensive emergency planning, advocacy with medical practitioners, preventative care with a social worker or RN, and transition planning after hospital stays. I may need significant support for taking medication, participating in therapy and promoting my overall wellness.
Social and spirituality 	To build relationships and engage in leisure activities, I may need help to find and maintain social groups, assistance communicating, hands-on assistance to participate in activities of interest, planning to attend activities due to my health/mobility needs, and/or help with personal care when I am engaged in activities that I enjoy.
Citizenship and advocacy 	To drive how my life is lived, I may need help to make decisions and support to maximize my ability to make decisions. I may need encouragement and communication support to make decisions, as well as people to help advocate for the things that I want.

Figure 34: Adult support range H

MnCHOICES	In general, I need partial to full physical assistance for most activities of daily living like eating, bathing, dressing and toileting. I always or nearly always need assistance for instrumental activities of daily living like housework, shopping, or managing finances. I may have high health support needs and/or high psychosocial needs that require daily support. I may have support needs for challenging behaviors such as injury to self, physical aggression, verbal aggression, socially unacceptable behavior or property destruction. I may need support for emotional needs such as difficulties regulating emotion, withdrawal, agitation, and anxiety, and I may need some support for managing manic or psychotic behaviors.
Meaningful day and employment	To engage in meaningful employment, I likely need a substantial amount of staff support. If I am not employed, I may need support to participate in other preferred activities. I often need extensive support for day-to-day activities from skilled people and backup plans when support is unavailable. I likely need support to attend school or to engage in other daily activities.
Community living	To live in and access the community, I need formal support to help secure appropriate housing, maintain housing and pay bills. Home modification and assistive technology can help increase my independence. I may need in-home support and other services to live in and access my community including transportation.
Safety and security	To stay safe and secure, I may need a risk assessment and planning to mitigate vulnerabilities. I might need supervision in my home and my community and 24-hour access to specialized supports, including nursing and behavioral. I may need support to deal with legal proceedings such as criminal charges, civil commitments and emergencies.
Healthy living	To manage and access healthcare and stay well, I may need help to schedule and attend medical appointments, and to coordinate health support. I may need monitoring for health conditions such as seizures. I may need help communicating with my providers, as well as support to secure reliable health and mental health supports. I experience health or mental health issues that require me to have an emergency plan.
Social and spirituality	To build relationships and engage in leisure activities, I may need full support to find and participate in activities with others. I may need support to ensure that my physical, emotional and medical needs are met, including when I am doing things with my friends and family. I may need long-term support to ensure that I can maintain relationships and manage behavioral or health needs.
Citizenship and advocacy	To drive how my life is lived, I may need support to engage in opportunities to make decisions and advocate for myself. I may need formal planning to help me realize my goals and ongoing support to advocate for my needs. I may need help to ensure that even when I experience health or mental health issues, I am still able to make choices for myself.

Figure 35: Adult support range E

MnCHOICES	In general, my support needs for daily activities are varied. I may need no support for most activities like eating, bathing, dressing, and toileting, or I may need extensive support for them. I often or nearly always need assistance for instrumental activities of daily living like housework, shopping, or managing finances. I have extraordinary need for health needs and/or psychosocial needs. I usually have a serious health condition such as frequent seizures, swallowing disorders, respiratory needs, or other conditions that require constant support. I may have support needs for serious challenging behaviors that may result in hurting myself, or others, if not supported.
Meaningful day and employment	To engage in meaningful employment, I may need fully customized employment or significant accommodations to work from home. I need at least 1:1 support the entire time that I am working. To access work or day programs, I need constant support and supervision, often from people with highly specialized skills. I may be at risk of hospitalization or institutionalization and need flexible options to fulfill a meaningful day.
Community living 	To live in and access the community, I may need significant home modifications including ceiling track lifts, a ventilator, 24-hour 'eyes on' support, or specialized staff. I may require 2:1 support to help me manage my medical/mental health needs and/or to keep others around me safe. I may be frequently hospitalized due to health or mental health needs. My housing options may be limited due to my needs, and/or I may have restrictions on my freedom related to legal involvement. I may also have trouble accessing the community.
Safety and security 	To stay safe and secure, I may need specialized family or staff support (e.g., people trained to operate medical equipment and recognize health emergencies, people trained in crisis-prevention who are able to physically intervene if I am in danger or hurting myself or others). I may require 2:1 support to keep me from hurting myself or others. I likely need a guardian or other forms of representation to help me make decisions. I need emergency plans to deal with recurrent emergencies.
Healthy living 	To manage and access healthcare and stay well, I may need specialized daily physical assistance for nutrition needs, positioning, mobility, ventilation and/or other extraordinary support needs. I may experience frequent hospitalization. I need help to schedule and attend appointments and may need specialized transportation to get there. I may need in-home medical and behavioral consultation. I may require a specialized living setting to meet my unique needs and help to advocate and communicate my health needs to others.
Social and spirituality 	To build relationships and engage in leisure activities, I may need significant long-term support to help with communication and physical support to maintain my personal care or to secure my safety and the safety of others around me when I engage in community activities that I enjoy. I may have limits on my freedoms due to past criminal activity, and/or I may need planning and help to access my community in a way that suits my extensive support needs.
Citizenship and advocacy 	To drive how my life is lived, I need significant support to determine my interests and goals make decisions, and/or to advocate for myself, including assistive technology. I may benefit from a strong advocate who knows me and my interests well. Though I have considerable support needs, a strong and well-coordinated team can help me have the stability required to make important decisions in my life.

Figure 36: Children (14 to 17) support range 1

MnCHOICES	In general, I need supervision for eating, bathing, dressing, and using the restroom. I may need assistance for mobility, meal preparation and housework, while I may not need assistance to make phone calls. I may have infrequent support needs for health. I may need therapies or support for challenging behaviors, such as verbal aggression.
Daily life and employment 	At school, I need minimal support to participate in education and employment activities. I might need specialized education or employment opportunities, but I am likely to become more independent in these activities with support. I'm really starting to talk about my future employment and education goals. I might need help to achieve my goals.
Community living 	At home, I might need supervision or physical support for eating, bathing, using the restroom, shopping and housework. I might get a driver's license but would need support to meet the requirements. I might also use public transportation. I'm learning to be more independent in my community.
Safety and security 	To stay safe, I need to learn safety skills and make decisions. To understand the supports I need to stay safe, you need to understand the resources available to my community, family and me. I might need extra help to learn about dangers in my community or online, and about my rights and responsibilities. I might rely on technologies to be safe like iPads. I may also need supervision in the community and to respond to emergencies.
Healthy living 	To stay healthy, I might need to learn about my conditions and to manage them as much as I am able. If not able, I might need help with my health conditions. I also need to learn about and express my sexuality. I might need a formal behavior plan. I may need help making and attending medical appointments and with healthy decision-making such as self-regulation, symptom monitoring, and diet.
Social and spirituality 	I am growing into my culture and/or religion. While my parent or caregiver may have ideas about how I should move down these paths, I'm starting to decide for myself. I might need extra help to make or maintain friendships. I participate in social events but might need help to get there or to build my social networks.
Citizenship and advocacy 	To keep advocating for myself, I'm starting to learn about how I can direct my life and what my responsibilities are. My family might be looking at how they can support me to make decisions for myself through options like supported decision making and advance directives. I am increasingly making decision about my support, and I might need help to communicate my decisions to my parent or caregiver.

Figure 37: Children (14 to 17) support range 2

MnCHOICES	In general, I need supervision or physical assistance for eating bathing and dressing. I may need support for incontinence and physical support with mobility. I frequently need support with shopping, meal preparation and phone calls. I may have infrequent support needs for health and/or behavior. I may need therapies or support for challenging behaviors, such as verbal aggression.
Daily life and employment 	At school, I need support to participate in education and employment activities. I might get frequent support in school or use assistive technology. I might need specialized education or employment opportunities, but I am likely to become more independent in these activities with support. I'm really starting to talk about my future employment and education goals. I might need help to achieve my goals, along with a transition plan.
Community living 	At home, I need physical support to use the restroom, take baths or prepare meals. I may need home modifications like ramps or grab bars, or public spaces to be physically accessible. My parent or caregiver might need specialized training to address my needs. I might get a driver's license but may need adaptations to vehicles I drive. I might also access public transportation with some education. I'm learning to be more independent in my community.
Safety and security 	To stay safe, I need to learn safety skills and make decisions. To understand the supports I need to stay safe, you need to understand the resources available to my community, family and me. I might need extra help to learn about dangers in my community and online, and about my rights and responsibilities. I might rely on technologies to be safe, like iPads. I may also need physical support and supervision in the community and to respond to emergencies.
Healthy living 	To stay healthy, I might need to learn about my health conditions and to manage them as much as I am able. If not able, I might need support to manage my health conditions, including assistive technology or mobility supports. I might need a formal behavior plan and strategies. I may need help making and attending medical appointments. I may need help with healthy decision-making, such as self-regulation, symptom monitoring, and diet.
Social and spirituality 	I am growing into my culture and/or religion. While my parent or caregiver may have ideas about how I should move down these paths, I'm starting to decide for myself. I might need extra help to make or maintain friendships, including physical assistance. I may need physical support to participate in social events.
Citizenship and advocacy 	To keep advocating for myself, I'm starting to learn about how I can direct my life and my responsibilities. My family might be looking at how they can support me to make decisions for myself through options like supported decision making and advance directives. I am increasingly making decision about my support, and I might need some help to communicate my decisions to my family or caregivers.

Figure 38: Children (14 to 17) support range L

MnCHOICES	In general, I need supervision for eating, bathing, dressing, and using the restroom. I may need assistance for meal preparation and housework, while I may not need assistance with mobility to make phone calls. I have significant support needs for health and/or behavior. I may need therapies or have challenging behaviors, such as injury to self and physical aggression.
Daily life and employment 	At school, I may need significant health or behavior support to participate in education and employment activities. I may need specialized support for personal care or to mitigate challenging behaviors. To be successful in future employment, I need to learn to manage my behavior and will need a strong transition plan. I may require 1:1 support or assistance from people with specialized training. I need exploration and a detailed transition plan to achieve my goals.
Community living 	At home, I might need supervision or physical support for eating, bathing, using the restroom, shopping and housework. I might get a driver's license but may need support to meet the requirements. I might also use public transportation. I may rely on routines and schedules to help manage my health and behavioral needs, and my parent or caregiver may require specialized training. I'm learning to be more independent in my community.
Safety and security 	To stay safe, I need to learn safety skills and make decisions, and may rely on my parent or caregiver to help me make safe decisions. To understand the supports I need to stay safe, you need to understand the resources available to my community, family and me. I might need extra help to learn about dangers in my community and online, and about my rights and responsibilities. I might rely on technologies to be safe like a tracking device. I may also need extensive physical support and constant supervision in the community for emergencies.
Healthy living 	To stay healthy, I might need to learn about my conditions and may need support to manage them and take medications. I also need to learn about and express my sexuality. I might need a formal behavior plan. I may need help making and attending medical appointments and with healthy decision-making such as self-regulation, symptom monitoring, and diet. My medical and behavioral needs may be overwhelming, so my parent or caregiver and I may benefit from support from peers or respite.
Social and spirituality 	I am growing into my culture or my spirituality. While my family or caregiver may have ideas about how I should move down these paths, I'm starting to get to decide for myself. I benefit from direct instruction on making friends and building a social network. I might need to build a social network that can understand my needs and may require significant support to navigate relationships.
Citizenship and advocacy 	To keep advocating for myself, I am starting to make decisions on my own. I also have decisions about my healthcare and need information to make choices, while managing my responsibilities. I may need to learn about how to advocate for my mental healthcare needs, and to understand legal ramifications of my behavior. My parent or caregiver may consider means to help me to continue to make choices such as supported decision-making, and advanced directives.

Figure 39: Children (14 to 17) support range H

MnCHOICES	In general, I need physical assistance, or am dependent on other people, for eating bathing and dressing. I may need support for incontinence and physical support with mobility. I frequently need support with shopping, meal preparation and phone calls. I likely have significant health needs like cardiac conditions and swallowing disorders. I likely have multiple challenging behaviors, such as self-injury or manic or psychotic behaviors.
Daily life and employment 	At school, I may need significant health or behavior support to participate in education and employment activities. I may need specialized support for personal care or mitigate challenging behaviors. To be successful in future employment, I need to learn to manage my behavior and will need a strong transition plan. I may require 1:1 support or assistance from people with specialized training. I need exploration and a detailed transition plan to achieve my goals. I may need technology support and modifications to access my school.
Community living 	At home, I need physical support to use the restroom, take baths or prepare meals. I may need home modifications like ramps or grab bars, or public spaces to be physically accessible. My parent or caregiver might need specialized training to address my needs. I might get a driver's license but might need adaptations to vehicles I drive. I might also access public transportation with some education. I may rely on routines and schedules to help manage my health and behavior needs. I'm learning to be more independent in my community.
Safety and security 	To stay safe, I need to learn safety skills and make decisions, and may rely on my parent or caregiver to help me make safe decisions. To understand the supports I need to stay safe, you need to understand the resources available to my community, family and me. I might need extra help to learn about dangers in my community or online, and about my rights and responsibilities. I might rely on technologies to be safe, or a plan for emergency medical needs. I may need extensive physical support and supervision in the community.
Healthy living 	To stay healthy, I might need to learn about my conditions and may need support to manage them and take medications. I also need to learn about and express my sexuality. I might need a formal behavior plan and help with healthy decision-making such as self-regulation, symptom monitoring, and diet. My medical and behavioral needs may be overwhelming, so my parent/caregiver and I may benefit from support from peers or respite.
Social and spirituality 	I am growing into my culture and/or religion. While my parent or caregiver may have ideas about how I should move down these paths, I'm starting to decide for myself. I may need physical support to participate in social events and to socialize. I benefit from direct instruction on making friends and having a social network. I might need to build a social network that can understand my needs and may require significant supervision and physical support to navigate relationships.
Citizenship and advocacy 	To keep advocating for myself, I am starting to make decisions on my own. I also have decisions about my healthcare and need information to make choices, while managing my responsibilities. I may need to learn about how to advocate for my mental healthcare needs, and to understand legal ramifications of my behavior. My parent or caregiver may consider means to help me to continue to make choices such as supported decision-making, and advanced directives.

Figure 40: Children (14 to 17) support range E

MnCHOICES	In general, I likely need physical support or am dependent on others for eating, bathing, dressing and mobility. I nearly always need help to shop, prepare meals and make phone calls. I have extensive support needs for health and/or behavior. I may need health conditions or have challenging behaviors like injury to self, physical aggression, or verbal aggression. I might need extensive support for manic or psychotic behaviors.
Daily life and employment	At school, I may need constant supervision and 1:1 support or assistance from people with specialized training to participate in all education and employment activities. I may need support to communicate and to manage my behavioral needs. I need exploration and a detailed transition plan to achieve my goals. I may need technology support and modifications to access my school. I may need a modified environment or schedule at school.
Community living	At home, I need extensive support and supervision for all activities. I need a structured environment and constant supervision. I may rely on routines and schedules to help manage my health and behavioral needs, and my parent or caregiver may require specialized training to support me. Even though I have significant support needs, I'm learning to be more independent in my community. I need opportunities to learn from my experiences in the community.
Safety and security	To stay safe, I may need 1:1 specialized support in the community and at home to learn safety skills and make decisions. I may also rely on my parent, caregiver or mental health advocate to help me make safe decisions. To understand the supports I need to stay safe, you need to understand the resources available to my community, family and me. I might need someone to protect me from dangers in my community or online, and to help me express my rights and responsibilities. I might rely on technologies or a plan for emergencies. I may also need extensive physical support and constant supervision.
Healthy living	To stay healthy, I need extensive support to manage my health conditions. I may require someone to make and attend doctor appointments with me and to help me comply with healthcare routines, including taking any medications. I also need to learn about and express my sexuality. My medical and behavioral needs may be overwhelming, so my parent/caregiver and I may benefit from support from peers or respite.
Social and spirituality	I am growing into my culture and/or religion. I may need extensive supervision and physical support to maintain my social network and to participate in social activities. I may become overwhelmed and need to engage in things at my own pace. I need means to manage my behavior when I become overwhelmed and options to make my own choices about what I do. I benefit from direct instruction on making friends and having a social network. I might need to build a social network that can understand my needs.
Citizenship and advocacy	To keep advocating for myself, I may need extensive support from my parent/caregiver and others. I also have decisions about my healthcare and will need ample information to make choices, while managing my responsibilities. I may need to learn about how to advocate for my mental healthcare needs, and to understand legal ramifications of my behavior. My parent or caregiver may consider means to help me to continue to make choices such as supported decision-making, and advanced directives.

Figure 41: Children (6 to 13) support range 1

MnCHOICES	In general, I may need supervision or physical assistance for eating, bathing and dressing. I might sometimes need physical support for using the restroom and mobility. I may have a few support needs for health and/or behavior. I may need support for therapies or have challenging behaviors like physical or verbal aggression.
Daily life and employment 	At school, I might need help to communicate and express myself, including a communication device. In school, I may need supervision or physical assistance taking care of my personal needs. I may need support with understanding my schedule, staying on task, understanding directions, and with transitions.
Community living 	At home, I might need support to get around or communicate, including technologies to support me to be independent. I may need some support to take care of my personal needs, prepare meals, or to do things in my community. My parent or caregiver might need help to support me to be independent in my home and community.
Safety and security 	To stay safe, I need to learn safety skills and make decisions. To understand the supports I need to stay safe, you need to understand the resources available to my community, family and me. I might need extra help to learn about dangers in my community, online, and about my rights and responsibilities. I might rely on technologies to be safe like iPads. I may also need supervision in the community and to respond to emergencies.
Healthy living 	To stay healthy, I am learning about how to manage my own health needs while my parent or caregiver still makes many healthcare decisions for me. I might need extra help to start making decisions for myself to understand my medical needs and to comply with healthcare routines or dietary needs.
Social and spirituality 	I'm starting to decide how I fit into my family's culture and/or religion. I may need support for making and maintaining friendships and to participate in recreational activities I'm interested in.
Citizenship and advocacy 	To advocate for myself, I need to start making choices about my daily life. I need support to understand my choices and their consequences. I also need help to understand my disability and the choices that I have for services. My parent or caregiver may need help to advocate for me.

Figure 42: Children 6 to 13 Support Range 2

MnCHOICES	In general, I may need full physical support to eat, or may tube feed. I may need physical assistance or am totally dependent on another person for support with bathing, dressing and mobility. I may need support for incontinence. I may have a few support needs for health and/or behavior. I may need support for health conditions, therapies, or have challenging behaviors like physical or verbal aggression.
Daily life and employment 	At school, I might need help to communicate and express myself including a communication device. I may need physical assistance taking care of my personal needs. My parent or caregiver may need help to get me ready before school. I may need my school to be accessible. I may also need support with adhering to my schedule, navigating transitions, or need physical modifications.
Community living 	At home, I might need support to get around or communicate, including technologies to support me to be independent, and may need physical support or frequent reminders. I may need physical support to take care of my personal care needs, prepare meals, do things in my community, or with my mobility. I may need home modifications like ramps or grab bars, or public spaces to be physically accessible. My parent or caregiver might need specialized training to address my needs. I may also need an adaptive vehicle.
Safety and security 	To stay safe, I need to learn safety skills and make decisions. To understand the supports I need to stay safe, you need to understand the resources available to my community, family and me. I might need extra help to learn about dangers in my community, online, and about my rights and responsibilities. I might rely on technologies to be safe like iPads. I may also need physical support and supervision in the community and to respond to emergencies.
Healthy living 	To stay healthy, I am learning about how to manage my own health needs. While my parent or caregiver still makes many healthcare decisions for me, I'm becoming more active in addressing my healthcare conditions. I might need physical support to start making decisions for myself to understand my medical needs and to comply with healthcare routines or dietary needs.
Social and spirituality 	I'm starting to decide how I fit into my family's culture and/or religion. I may need physical support for making and maintaining friendships and to participate in recreational activities of interest. I may need accommodations to access my community, like adaptive playgrounds and options for adaptive recreational activities.
Citizenship and advocacy 	To advocate for myself, I need to start making choices about my daily life. I need support to understand my choices and their consequences. I also need help to understand my disability and the choices that I have for services. My parent or caregiver may need help to advocate for me or to navigate services.

Figure 43: Children 6 to 13 Support Range L

MnCHOICES	In general, I may need supervision or physical assistance for eating, bathing and dressing. I might sometimes need physical support for using the restroom and mobility. I have significant support needs for health and/or behavior. I may need support for health conditions or have challenging behaviors like self-injury or physical aggression.
Daily life and employment 	At school, I might need help to communicate and express myself, including a communication device. In school, I may need supervision or physical assistance taking care of my personal needs. I may need 1:1 or specialized support for health conditions or behavior needs. My parent or caregiver coordinates closely with my school for these reasons. I may also need support outside of the classroom to help me manage my health and behavior needs.
Community living 	At home, I might need support to get around or communicate, including technologies to support me to be independent. I may need some support to take care of my personal needs, prepare meals, or to do things in my community. I also need significant support for health conditions and/or challenging behavior. My parent or caregiver might need specialized training to address my needs, or I may need skilled services.
Safety and security 	To stay safe, I need to learn safety skills and make decisions, and may rely on my parent or caregiver to help me make safe decisions. To understand the supports I need to stay safe, you need to understand the resources available to my community, family and me. I might need extra help to learn about dangers in my community, online, and about my rights and responsibilities. I might rely on technologies to be safe like a tracking device. I may also need extensive physical support and constant supervision in the community and to respond to emergencies.
Healthy living 	To stay healthy, I am learning about how to manage my own health needs while my parent or caregiver still makes many healthcare decisions for me. I might need extra help to start making decisions for myself to understand my medical needs and to comply with healthcare routines or dietary needs. My parent or caregiver may need more specialized training to support me with my health needs. My parent or caregiver may need help managing my health and may benefit from support of other parents.
Social and spirituality 	I'm starting to decide how I fit into my family's culture and/or religion. I may need support for making and maintaining friendships and to participate in recreational activities of interest. I may need support to learn social skills, communicate, or to manage my behavior and modified activities to build social networks.
Citizenship and advocacy 	To advocate for myself, I need to start making choices about my daily life. I need support to understand my choices and their consequences and experiences to support me choosing. I also need help to understand my disability and the choices that I have for services. My parent or caregiver may need help to advocate for me.

Figure 44: Children 6 to 13 Support Range H

MnCHOICES	In general, I may need full physical support to eat, or I may tube feed. I may need physical assistance or am totally dependent on another person for support with bathing, dressing and mobility. I may need support for incontinence and need physical assistance for mobility. I have significant support needs for health and/or behavior. I may need support for health conditions or have challenging behaviors such as physical aggression or verbal aggression.
Daily life and employment 	At school, I might need help to communicate and express myself including a communication device. I may need physical assistance taking care of my personal needs. I may need 1:1 or specialized support for health conditions or behavior needs. My parent or caregiver coordinates closely with my school to these reasons. I may also need support outside of the classroom to help me manage my health and behavior needs.
Community living 	At home, I might need support to get around or communicate, including technologies to support me to be independent, and may need physical support to take care of my personal care needs, prepare meals, do things in my community, or with mobility. I also need significant support for health conditions and/or challenging behavior. My parent or caregiver might need specialized training or skilled services to address my needs. I may need home modifications like ramps or grab bars, an adaptive vehicle or public spaces to be physically accessible.
Safety and security 	To stay safe, I need to learn safety skills and make decisions, and may rely on my parent or caregiver to help me make safe decisions. To understand the supports I need to stay safe, you need to understand the resources available to my community, family and me. I might need extra help to learn about dangers in my community and online and about my rights and responsibilities. I might rely on technologies to be safe like a tracking device. I may also need extensive physical support and constant supervision in the community and for emergencies.
Healthy living 	To stay healthy, I am learning about how to manage my own health needs while my parent or caregiver still makes many healthcare decisions for me. I might need extra help to start making decisions for myself to understand my medical needs and to comply with healthcare routines or dietary needs. My parent or caregiver may need more specialized training to support me with my health needs. My parent or caregiver may need help managing my health and may benefit from support of other parents.
Social and spirituality 	I'm starting to decide how I fit into my family's culture and/or religion. I may need physical support for making and maintaining friendships and to participate in recreational activities of interest. I may need accommodations to access my community, like adaptive playgrounds and adaptive recreational activities. I may need support to learn social skills, communicate, manage my behavior and build social networks.
Citizenship and advocacy 	To advocate for myself, I need to start making choices about my daily life. I need support to understand my choices and their consequences and experiences to making choices. I also need help to understand my disability and the choices that I have for services. My parent or caregiver may need help to advocate for me or to navigate services.

Figure 45: Children (6 to 13) support range E

MnCHOICES	In general, I may need physical assistance or am dependent on another person for eating, bathing, dressing and mobility. I may need support for incontinence. I have extensive support needs for health and/or behavior. I need daily support for health conditions and routine care and or have multiple challenging behaviors including self-injury, physical aggression and verbal aggression.
Daily life and employment 	At school, I need support with all tasks. I might need help to communicate and express myself including a communication device, and specialized support. I may need physical assistance taking care of my personal needs. I may need 1:1 or specialized support for health conditions or behavior needs. My parent or caregiver coordinates closely with my school for these reasons. I may also need support outside of the classroom to help me manage my health and behavior needs and may need a modified environment or schedule at school.
Community living 	At home, I may need extensive supervision and support to get around or communicate, including technologies, take care of my personal needs, prepare meals, or to do things in my community. I have extensive 1:1 support needs for health and/or behavior, for which my parent or caregiver may need specialized training. I may need home modifications, a modified home environment to address sensory needs, adaptive transportation and a detailed support plan.
Safety and security 	To stay safe, I may need 1:1 specialized support in the community and at home to learn safety skills and make decisions. I may also rely on my parent or caregiver to help me make safe decisions. To understand the supports I need to stay safe, you need to understand the resources available to my community, family and me. I might need someone to protect me from dangers in my community, online, and to help me express my rights and responsibilities. I might rely on technologies to be safe like a tracking device. I may also need extensive physical support and constant supervision in the community for emergencies.
Healthy living 	To stay healthy, my parent or caregiver will help me to manage my health needs and may continue to make many decisions for me. I need extensive support to comply with healthcare routines or dietary needs. My disability or other medical needs may feel overwhelming. My parent or caregiver may need more specialized training or a care coordinator who can help manage mental health needs and help us maintain stability in emergencies.
Social and spirituality 	I'm starting to decide how I fit into my family's culture and/or religion. I may need physical support for making and maintaining friendships and to participation in recreational activities of interest. I may need accommodations to access my community, like adaptive playgrounds and options for adaptive recreational activities.
Citizenship and advocacy 	To advocate for myself, I may need supporters to advocate with and for me. I need extensive support to understand my choices and their consequences. I also need help to understand my disability and the choices that I have for services. My parent or caregiver may need help to advocate for me or to navigate services.

Figure 46: Children (0 to 5) support range L

MnCHOICES	In general, I need some physical assistance for eating, bathing or dressing which is often appropriate for my age. I may need infrequent support for health and/or behavior. I may have health conditions or need support for challenging behaviors like verbal aggression.
Daily life and employment 	In my daily life, I'm learning how to communicate what I need and want. My parent or caregiver primarily provides this support, though they might need help to teach me to develop relationships, socialize and be safe. When I'm in my community, my parents or caregivers need to help me learn how to engage with others. At my age, I need people to give direct instruction. I might be getting early intervention.
Community living 	At home, I'm learning how to communicate what I need and want. My parent or caregiver might need help to teach me to learn to do things on my own, to ask for help or to express myself. As I grow older, I might continue to need extra support at home for dressing, using the restroom, bathing, or eating.
Safety and security 	To stay safe, my parents and I might need support. To understand the supports I need to stay safe, you need to understand the resources available to my community, family and me. I might need extra education to learn how to stay safe, including education about emergencies and how to react to them.
Healthy living 	To stay healthy, I need to start learning about my body, healthy habits and nutrition. I need to learn about any medical needs and routine care that will affect me throughout my life, like respiratory conditions. My parent or caregiver might have to help take care of my health needs. I may need to learn about how to start managing my behavior, and my parent or caregiver might need expertise to support me or access respite.
Social and spirituality 	I'm learning about my family's culture and/or religion. I might need extra help to understand or participate. I'm learning about activities I like. I'm learning about how to make friends and might need help. I'm starting to learn about my feelings and might need to help to understand or express them. My parent or caregiver might benefit from support of other parents.
Citizenship and advocacy 	To start learning about how to advocate, I need to learn to share what is important to me. I need people to start talking to me about the services that I get, what they are for and how I can be active in them. I need my parents or caregivers to let me try things out so that I can learn from them.

Figure 47: Children (0 to 5) support range H

MnCHOICES	In general, I need significant support or may be totally dependent on another person for eating, bathing or dressing. I may need tube feeding. I likely need frequent support for health and/or behavior. I may have health conditions or engage in challenging behaviors like self-injury or physical aggression.
Daily life and employment 	In my daily life, I'm learning how to communicate what I need and want. I might rely on my parent or caregiver to help me communicate or might begin using a communication device. I might need physical support to engage in relationships, socialize and be safe. I might need early intervention services to help me catch up. Though I might have intensive health or behavior needs, it's important that I get out in my community and have opportunities to try things.
Community living 	At home, I'm learning how to communicate what I need and want. I rely on my parent or caregiver to do things in my home. They might need help to learn how they can support me to do things on my own, to ask for help or to express myself. As I grow older, I might continue to need extensive physical support for dressing, using the restroom, bathing, or eating. I might also need modifications to my house, such as a ramp or grab bars.
Safety and security 	To stay safe, my parent/caregiver, and I may need support. To understand the supports I need to stay safe, you need to understand the resources available to my community, family and me. In addition to education, I might need physical support to stay safe and to respond to an emergency.
Healthy living 	To stay healthy, I need to start learning about my body, healthy habits and nutrition. I need to learn about any medical needs and routine care that will affect me throughout my life, like cardiac conditions, and how to get support. I might need to have an emergency bag ready with medications or equipment in case something happens. I may need to learn about how to start managing my behavior and might need verbal or physical support. My parent or caregiver might need specialized skills to help me, or respite.
Social and spirituality 	I'm learning about my family's culture and/or religion. I might need extra help to understand or participate. I'm learning about activities I like. I'm learning about how to make friends and might need physical support to stay engaged. Parks and community centers may need to be accessible. I might need help to navigate and manage my feelings. My parent or caregiver might benefit from support of other parents.
Citizenship and advocacy 	To start learning about how to advocate, I need to learn to share what is important to me, even in alternate ways. I need people to start talking to me about the services that I get, what they are for and how I can be active in them. Soon, I might want to make more decisions about my healthcare needs and how I get support.

Figure 48: Children (0 to 5) Support Range E

MnCHOICES	In general, I need significant support or may be totally dependent on another person for eating, bathing and dressing. I need extensive support for eating and may need tube feeding. I likely have extensive daily support needs for health and/or behavior. I may have significant health conditions or engage in challenging behaviors like self-injury and physical aggression.
Daily life and employment 	In my daily life, I'm learning to communicate. I might rely on my parent or caregiver to help or use a communication device, but I also need opportunities to communicate. I might need physical support to engage in relationships, socialize and be safe. I might need early intervention and highly specialized support. Though I might have intensive health or behavior needs, it's important that I get out in my community and have opportunities to try things.
Community living 	At home, I'm learning how to communicate what I need and want. While I rely on my parent or caregiver to do things in my home, they might need specialized skills to learn how they can support me (e.g., using adaptive equipment or complying with health routines). As I grow older, I am likely to continue to need physical support for dressing, using the restroom, bathing, or eating. I might also need modifications to my house, such as a ramp or grab bars.
Safety and security 	To stay safe, my parent or caregiver and I need support. To understand the supports I need to stay safe, you need to understand the resources available to my community, family and me. It might be harder for me to understand how to stay safe and to get help in an emergency. In addition to education, I might need physical support to stay safe and to respond to an emergency. My parent or caregiver might need help finding services or specialized equipment and managing my healthcare needs.
Healthy living 	To stay healthy, I may need help with all my healthcare needs and my parent or caregiver might have to learn special skills to support healthy habits. I need to learn things that all kids my age learn, like learning about my body and doctor's visits. I might need to have an emergency bag ready with medications or equipment in case something happens. I also need to learn about how to start managing my behavior and might need frequent verbal or physical support. My healthcare needs might seem overwhelming and my parents might need respite.
Social and spirituality 	I'm learning about my family's culture and/or religion. I might need physical support to participate. I'm learning about activities I like. I'm learning about how to make friends and might need physical support to stay engaged. Parks and community centers may need to be accessible. I might need help to navigate and manage my feelings. My parent or caregiver might benefit from support of other parents.
Citizenship and advocacy 	To start learning about how to advocate, I need to learn that I can share what is important to me, even in alternative ways. I need people to start talking to me about the services that I get, what they are for and how I can be active in them. Soon, I might want to make more decisions about my healthcare needs but may still need significant support to advocate for myself.

Appendix B: Service mixes and budget ranges

Figure 49: Adults who live independently

Support range	1	2	L	3	4	H	E
Ind. home supports (hours/week)	14	14	17	17	21	21	21
Personal support subtotal	$30,968	$30,968	$37,604	$37,604	$46,452	$46,452	$46,452
Extended personal care (hours/week)	0	0	7	7	7	7	7
EPC subtotal:	$0	$0	$6,230	$6,230	$6,230	$6,230	$6,230
Day support services (hours/week)	5	5	7	7	12	12	12
Employment support (hours/week)	5	5	7	7	7	10	10
Day and employment subtotal	$14,112	$14,112	$20,789	$20,789	$24,169	$31,051	$32,843
Total	$47,846	$47,846	$67,389	$67,389	$80,539	$87,421	$89,213
Budget range	$23,923 to $50,238	$23,923 to $50,238	$33,695 to $70,758	$33,695 to $70,758	$40,270 to $84,566	$43,711 to $91,792	$44,607 to $93,674

Figure 50: Adults who live with family

Support range	1	2	L	3	4	H	E
Ind. home supports (hours/week)	7	7	10	10	14	14	16
Personal support subtotal	$15,484	$15,484	$28,350	$28,350	$37,198	$37,198	$41,622
Extended personal care (hours/week):	0	0	7	7	7	7	7
EPC subtotal	$0	$0	$6,230	$6,230	$6,230	$6,230	$6,230
Respite (hours/year)	168	168	240	240	336	336	336
Respite subtotal	$4,338	$4,338	$6,197	$6,197	$8,676	$8,676	$8,676
Day support services (hours/week)	5	5	7	7	12	12	12
Employment support (hours/week)	5	5	7	7	7	10	10
Day and employment subtotal	$14,112	$14,112	$20,789	$20,789	$24,169	$31,051	$32,843
Total	$33,934	$33,934	$55,336	$55,336	$70,042	$76,924	$83,141
Budget range	$16,967 to $35,631	$16,967 to $35,631	$27,668 to $58,103	$27,668 to $58,103	$35,021 to $73,544	$38,462 to $80,770	$41,571 to $87,298

Figure 51: Adult community residential settings

Support range	1	2	L	3	4	H	E
Residential	$61,756	$61,756	$86,832	$86,832	$101,878	$116,913	$157,035
Day support services (hours/week)	10	12	12	12	12	12	16
Employment support (hours/week)	10	10	10	13	13	13	13
Day and employment subtotal	$29,282	$29,282	$37,933	$37,933	$37,933	$37,933	$43,026
Total	$91,038	$91,038	$124,765	$124,765	$139,811	$154,845	$200,062
Budget range	$45,519 to $95,590	$45,519 to $95,590	$62,383 to $131,004	$62,383 to $131,004	$69,906 to $146,802	$77,423 to $162,589	$100,031 to $210,064

Figure 52: Adult family residential settings

Support range	1	2	L	3	4	H	E
Residential	$47,048	$47,048	$68,873	$68,873	$81,968	$93,023	$106,118
Day support services (hours/week)	10	12	12	12	12	12	16
Employment support (hours/week)	10	10	10	13	13	13	13
Day and employment subtotal	$29,282	$29,282	$37,933	$37,933	$37,933	$37,933	$43,026
Total	$76,330	$76,330	$106,806	$106,806	$119,901	$130,955	$149,144
Budget range	$38,165 to $80,146	$38,165 to $80,146	$53,403 to $112,147	$53,403 to $112,147	$59,951 to $125,896	$65,478 to $137,504	$74,572 to $156,601

Figure 53: Adolescents (14 to 17 years old) who live with family

Support range	1	L	2	H	E
Ind. home supports (hours/week school)	8	10	12	14	16
Ind. home supports (hours/week non-school)	20	22	28	34	36
Personal support subtotal	$26,898	$31,499	$38,931	$46,364	$50,964
Extended personal care (hours/week school)	0	7	7	7	7
Extended personal care (hours/week non-school)	0	7	7	7	7
EPC subtotal	$0	$6,479	$6,479	$6,479	$6,479
Respite (hours/year)	240	288	336	384	384
Respite subtotal	$6,197	$7,436	$8,676	$9,915	$9,915
Total	$33,095	$45,414	$54,086	$62,758	$67,359
Budget range	$16,548 to 34,750	$22,707 to $47,685	$27,043 to $56,790	$31,379 to $65,896	$33,680 to $70,727

Figure 54: Children (6 to 13 years old) who live with family

Support range	1	L	2	H	E
Ind. home supports (hours/week school)	8	10	12	14	16
Ind. home supports (hours/week non-school)	20	22	28	34	36
Personal support subtotal	$26,898	$31,499	$38,931	$46,364	$50,964
Extended personal care (hours/week school)	0	7	7	7	7
Extended personal care (hours/week non-school)	0	7	7	7	7
EPC subtotal	$0	$6,479	$6,479	$6,479	$6,479
Respite (hours/year)	240	288	336	384	384
Respite subtotal	$6,197	$7,436	$8,676	$9,915	$9,915
Total	$33,095	$45,414	$54,086	$62,758	$67,359
Budget range	$16,548 to $34,750	$22,707 to $47,685	$27,403 to $56,790	$31,379 to $65,896	$33,680 to $70,727

Figure 55: Children (0 to 5 years old) who live with family

Support range	L	H	E
Ind. home supports (hours/week school)	12	16	18
Ind. home supports (hours/week non-school)	12	16	18
Personal support subtotal	$27,606	$36,808	$41,409
Extended personal care (hours/week school)	7	7	7
Extended personal care (hours/week non-school)	7	7	7
EPC subtotal	$6,479	$6,479	$6,479
Respite (hours/year)	240	336	336
Respite subtotal	$6,197	$8,676	$8,676
Total	$40,282	$51,962	$56,563
Budget range	$20,141 to $42,296	$25,981 to $54,560	$28,282 to $59,391