This document is made available electronically by the Minnesota Legislative Reference Library as part of an ongoing digital archiving project. https://www.lrl.mn.gov



Legislative Report

Disability services provider COVID-19-related public health grants

Disability Services Division

August 2021

For more information contact:

Minnesota Department of Human Services Disability Services Division P.O. Box 64967 St. Paul, MN 55164-0967

651-431-4300

651-431-4300 or 866-267-7655

Attention. If you need free help interpreting this document, call the above number.

ያስተውሉ፡ ካለምንም ክፍያ ይህንን ዶኩመንት የሚተረጉምሎ አስተርጓሚ ከፈለጉ ከላይ ወደተጻፈው የስልክ ቁጥር ይደውሉ።

ملاحظة: إذا أردت مساعدة مجانية لترجمة هذه الوثيقة، اتصل على الرقم أعلاه.

သတိ။ ဤစာရွက်စာတမ်းအားအခမဲ့ဘာသာပြန်ပေးခြင်း အကူအညီလိုအပ်ပါက၊ အထက်ပါဖုန်းနံပါတ်ကိုခေါ် ဆိုပါ။

កំណត់សំគាល់ ។ បើអ្នកគ្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះដោយឥតគិតថ្លៃ សូមហៅទូរស័ព្ទតាមលេខខាងលើ ។

請注意,如果您需要免費協助傳譯這份文件,請撥打上面的電話號碼。

Attention. Si vous avez besoin d'une aide gratuite pour interpréter le présent document, veuillez appeler au numéro ci-dessus.

Thoy ua twb zoo nyeem. Yog hais tias koj xav tau kev pab txhais lus rau tsab ntaub ntawy no pub dawb, ces hu rau tus najnpawb xov tooj saum toj no.

ဟ်သူဉ်ဟ်သးဘဉ်တက္နှဲ့ စွဲနှမ့်ဂ်လိဉ်ဘဉ်တာ်မာစားကလီလာတာ်ကကျိုးထံဝဲဒဉ်လံာ် တီလံာ်မီတခါအားနှဉ်,ကိုးဘဉ် လီတဲစိနိုါဂ်ါလ၊ထးအံးနှဉ်တက္ခါ.

알려드립니다. 이 문서에 대한 이해를 돕기 위해 무료로 제공되는 도움을 받으시려면 위의 전화번호로 연락하십시오.

ີ ໂປຣດຊາບ, ຖ້າຫາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ຟຣີ, ຈົງໂທຣໄປທີ່ໝາຍເລກຂ້າງເທີງນີ້.

Hubachiisa. Dokumentiin kun tola akka siif hiikamu gargaarsa hoo feete, lakkoobsa gubbatti kenname bilbili.

Внимание: если вам нужна бесплатная помощь в устном переводе данного документа, позвоните по указанному выше телефону.

Digniin. Haddii aad u baahantahay caawimaad lacag-la'aan ah ee tarjumaadda goraalkan, lambarka kore wac.

Atención. Si desea recibir asistencia gratuita para interpretar este documento,

llame al número indicado arriba. Chú ý. Nếu quý vị cần được giúp đỡ dịch tài liệu này miễn phí, xin gọi số bên



For accessible formats of this information or assistance with additional equal access to human services, call 651-431-4300 (local) or 866-267-7655 (toll free), write to dhs.info@state.mn.us or use your preferred relay service. (ADA1[2-18])

Minnesota Statutes, Chapter 3.197, requires the disclosure of the cost to prepare this report. The estimated cost of preparing this report is \$1,000.

Printed with a minimum of 10 percent post-consumer material. Please recycle.

Contents

I. Exe	cutive summary	4
II. Leg	gislation	5
III. In	troduction	9
A.	Purpose of report	9
В.	CARES Act	9
C.	COVID-19-related retention grants for HCBS providers	9
IV. Gı	rant processes	10
A.	Unique challenges	10
В.	Application process	11
C.	Eligibility	12
D.	Grant awards	13
E.	Payment issuance	14
V. Gr	ant outcomes	15
A.	DHS guidance on spending grant funds	15
В.	How the money was spent	16
C.	People affected	17
D.	Success stories	18
VI. Ap	opendix	22
Δ	Grant recipients and award amounts	22

I. Executive summary

In August 2020 the Minnesota Legislature appropriated money from the federal coronavirus relief fund to the Minnesota Department of Human Services (DHS) for COVID-19-related public health grants. Eligible disability services providers used the funds to improve social distancing practices to reduce the risk of exposure to and transmission of COVID-19 to people with disabilities and staff who support them by:

- Maintaining or increasing use of individualized day or employment services
- Reducing use of congregate and sheltered workshop settings.

This report details how DHS allocated the \$15.3 million to 86 eligible applicants and how providers used the funds, measured outcomes, supported people and met other measures determined by the commissioner.

II. Legislation

The 2020 Minnesota Legislature required DHS to submit a report by Aug. 1, 2021. The report must address the total funds allocated to providers, uses of the funds, outcomes measured, people affected and other measures determined by the commissioner. Specifically Minnesota Session Law, 2020, 3rd special session, chapter 1 states:

Sec. 5. APPROPRIATION; DISABILITY SERVICES PROVIDER COVID-19-RELATED PUBLIC HEALTH GRANTS.

Subdivision 1. Appropriation.

- (a) \$10,125,000 in fiscal year 2021 is appropriated from the coronavirus relief fund to the commissioner of human services for COVID-19-related public health grants to eligible providers under subdivision 3 who have implemented or intend to implement COVID-19-related public health measures that facilitate social distancing practices that align with the most current social distancing guidelines issued by the United States Centers for Disease Control and Prevention (CDC) and are in accordance with the federal Coronavirus Aid, Relief, and Economic Security Act, Public Law 116-136, and related guidance.
- (b) The commissioner may use up to \$125,000 of this appropriation to administer this grant.
- (c) This is a onetime appropriation.

Subd. 2. Purpose.

Grants under this section are established to reduce the risk of exposure to and transmission of COVID-19 to people with disabilities and staff who support them by maintaining or increasing utilization of individualized day or employment services and reducing utilization of congregate and sheltered workshop settings.

Subd. 3. Definitions.

- (a) For purposes of this section, the following terms have the meanings given.
- (b) "Eligible provider" means an enrolled provider who provides eligible services and who meets the attestation and application requirements in subdivisions 5 and 6.
- (c) "Eligible services" means the following services:
- (1) day training and habilitation, day support services, prevocational services, and structured day services provided by the home and community-based waiver programs under Minnesota Statutes, sections 256B.092 and 256B.49; and

(2) employment exploration services, employment development services, and employment support services provided by the home and community-based waiver programs under Minnesota Statutes, sections 256B.092 and 256B.49.

Subd. 4. Allowable uses of funds.

Grants must be used to reduce the risk of exposure to and transmission of COVID-19 to people with disabilities and staff who support them by maintaining or increasing access to individualized employment services and reducing the use of congregate and sheltered workshop service settings. Funds must be used in accordance with the federal Coronavirus Aid, Relief, and Economic Security Act, Public Law 116-136, and guidance from the United States Department of the Treasury. Funds may be used for:

- (1) expenses incurred as a result of actions to facilitate compliance with COVID-19-related public health measures, such as the provision of services in settings that optimize social distancing and health and safety precautions for people with disabilities and staff who support them;
- (2) expenses to facilitate and ensure the availability of individualized services to enable compliance with COVID-19 public health precautions; and
- (3) other activities as determined by the commissioner that align with the purpose in subdivision 2 and are in accordance with the federal Coronavirus Aid, Relief, and Economic Security Act, Public Law 116-136, and related guidance.

Subd. 5. Attestation.

As a condition of applying for and accepting public health grants under this section, each provider must attest in writing that the provider:

- (1) has or will have unreimbursed costs that are greater than or equal to grant awards under this section related to actions to facilitate compliance with COVID-19-related public health measures, such as the provision of services in settings that optimize social distancing and health and safety precautions for people with disabilities and staff who support them;
- (2) agrees to return any funds determined by the commissioner to be ineligible uses according to the federal Coronavirus Aid, Relief, and Economic Security Act, Public Law 116-136, and related guidance; and
- (3) will maintain documentation sufficient to demonstrate the unreimbursed costs required in order to receive a grant under this section.

Subd. 6. Application.

- (a) The commissioner shall develop an expedited application process and process for issuing grants under this section notwithstanding time-consuming procedures and formalities prescribed in law such as the following statutes and related policies: Minnesota Statutes, sections 16A.15, subdivision 3; 16B.97; 16B.98, subdivisions 5 and 7; and 16B.98, subdivision 8, the express audit clause requirement. The application and related processes must be consistent with allowable uses of funds under subdivision 4. The commissioner shall allow applicants to submit applications electronically and shall accept electronic signatures.
- (b) Eligible providers must apply for a grant under this section no later than November 15, 2020.

Subd. 7. Allocation.

- (a) Beginning October 31, 2020, the commissioner shall award grants under this section to eligible providers who meet the attestation and application requirements under subdivisions 5 and 6.
- (b) The commissioner may make public health grants in an amount determined by the commissioner and based on each grantee's application, up to a maximum grant amount of \$200,000.
- (c) Notwithstanding paragraph (b), if funds are available after all eligible providers have received a grant, the commissioner may award additional grant funds to providers who have already received the \$200,000 maximum grant amount.
- (d) If applications for grants exceed the available appropriations, the commissioner shall give priority to grant applications from providers whose applications demonstrate the most need or the most robust plan to ensure people have opportunities to participate in day or employment services that are not provided in a facility or sheltered or work crew setting.
- (e) The commissioner's determination of the grant amount is final and not subject to appeal. This paragraph does not apply to recoupment by the commissioner under subdivision 8.

Subd. 8. Recoupment.

- (a) The commissioner may perform an audit under this section up to six years after the grant contract expires to ensure the funds are utilized solely for the purposes stated in subdivision 4.
- (b) If the commissioner determines that a provider used awarded funds for purposes not authorized under this section, the commissioner shall treat any amount used for a purpose not authorized under this section as an overpayment. The commissioner shall recover any overpayment. All money recovered by the commissioner under this subdivision must be deposited in the federal fund.

Subd. 9. Reporting.

The commissioner shall develop a reporting process for public health grants under this section. Each provider receiving funds under this section shall report to the commissioner by March 1, 2021, with a description of how the funds were utilized. By August 1, 2021, the commissioner shall report to the legislative committees with jurisdiction over human services policy and finance the total funds allocated to providers, uses of the funds, outcomes measured, people impacted, and other measures determined by the commissioner.

Subd. 10. Expiration.

Subdivisions 1 to 7 expire December 30, 2020, or on a date determined by the United States Department of Treasury, whichever is later. Subdivision 9 expires August 1, 2021, or on the date the commissioner submits the report required under subdivision 9, whichever is later.

EFFECTIVE DATE. This section is effective the day following final enactment.

III. Introduction

A. Purpose of report

This report is submitted to the Minnesota Legislature pursuant to Minnesota Session Law, 2020, 3rd special session, chapter 1, section 5, subdivision 9. This report details how DHS distributed \$15.3 million in public health grants to 86 eligible applicants and how providers used the funds with resulting outcomes. The DHS Disability Services Division has prepared this report as the lead division for implementing these grants.

B. CARES Act

The federal Coronavirus Aid, Relief, and Economic Security Act (CARES Act) established the Coronavirus Relief Fund. The Minnesota Legislature designated a portion of the state's share of this fund for the disability services provider COVID-19-related public health grants. The CARES Act provides that payments from the Fund may cover costs that:

- Are necessary expenditures incurred due to the public health emergency with respect to COVID-19
- Were not accounted for in the budget most recently approved as of March 27, 2020 (the date
 of enactment of the CARES Act) for the state or government
- Were incurred between March 1 and Dec. 30, 2020.

The grants were implemented consistently with the CARES Act, <u>Public Law 116-136 (PDF)</u> and related <u>Coronavirus Relief Fund guidance (PDF)</u> from the U.S. Department of the Treasury.

C. COVID-19-related retention grants for HCBS providers

Minnesota Session Law, 2020, 3rd special session, chapter 1, section 4 created the COVID-19-related retention grants for home and community-based services providers. The Legislature appropriated \$20,305,000 for these grants. Providers had to apply for a grant no later than Sept. 15, 2020. Beginning Oct. 31, 2020, DHS could use any unencumbered appropriations for the disability services provider COVID-19-related public health grants.

IV. Grant processes

A. Unique challenges

The disability services provider COVID-19-related public health grants had a unique challenge to implementation compared to usual grant programs: compressed timelines to comply with the federal guidelines, expedited payments to providers and coordination with the HCBS "retention grants." (See Minnesota Laws, 2020, 3rd Special Session, Chapter 1, Section 4)

In response to this challenge, the legislation made a provision to expedite the process, requiring DHS to develop an expedited application process and process for issuing grants, notwithstanding "time-consuming procedures and formalities prescribed in law":

Table 1 - Minnesota Statutes waived in authorizing legislation to expedite grants

MN Statute	Summary
16A.15 subd. 3	Payment may not be made without prior obligation
16B.97	Grants management
16B.98 subd. 5	Creation and validity of grant agreements
16B.98 subd. 7	Payments to the grantee may not be issued until the agreement is fully executed
16B.98 subd. 8	Express audit clause requirement

Because of these waived provisions, DHS was able to grant the funds to providers without first entering into grant contracts and encumbering the funds. It also created new tasks to accommodate these provisions. To develop this expedited process, DHS brought together expertise across the department. Employees in the following areas collaborated to provide guidance to ensure compliance with the state and federal requirements and expedite the process with integrity:

- Disability Services Division (DSD)
- Financial Operations Division (FOD)
- Community Supports Administration (CSA) Operations
- Budget Analysis Division (BAD)
- DHS Legislative Team
- MN.IT@DHS
- Contracts and Legal Compliance (CLC).

The timeframes from the federal requirements was a constraint on the process. Typically, DHS knows the full dollar amount available when posting a solicitation. In this case, DHS had to post the public health grants solicitation before the HCBS retention grant process was complete. DHS generally does not start distributing funds until the solicitation period has ended. The public health grants required

DHS to begin awarding grants to providers before the application period closed. Providers also had a short period to spend the funds after receiving their award.

Table 2 - Significant dates from authorizing legislation

Date	Milestone			
Aug. 14, 2020	Legislation signed by governor; implementation process began			
Oct. 31, 2020	DHS "shall begin" awarding public health grants to eligible providers			
Oct. 31, 2020	Any unencumbered appropriations from the HCBS retention grants could be used			
	for disability services provider COVID-19-related public health grants			
Nov. 15, 2020	Grant application due date			
Dec. 5, 2020	Last date funds from the HCBS retention grants were available			
Dec. 30, 2020	Costs paid by the public health grants must be incurred by Dec. 30, 2020, or on a			
	date determined by the U.S. Department of Treasury, whichever is later [federal			
	decision in early January 2021 to extend to Dec. 31, 2021]			
March 1, 2021	Each grantee must report to DHS with a description of how the funds were used			

DHS determined two rounds of public health grants would meet the initial required distribution date as well as the application due date. Two rounds also accommodated another condition of the public health grants, specifically that providers could receive up to \$200,000 initially and could also receive additional funds if funds were available after all eligible providers received a grant.

B. Application process

Generally, DHS grant solicitations are competitive; the Legislature structured the public health grants to fund every eligible applicant even if there was not enough money to fund their requests in full. Therefore, DHS focused on verifying eligibility objectively rather than scoring the quality of the proposals.

As directed in the authorizing legislation, DHS created an online application process for providers. Interested providers created an account in the system and then were able to fill out the application form to answer the following questions:

- Organization information (name, address, phone, email, FEIN, etc.)
- Dollar amount of funds requested
- Short narrative of their plan to spend the grant money
- Federal tax classification of the organization
- Authorized representative name
- Affirmation of the attestations and agreements as a condition of receiving the grant funds.

The HCBS retention grants implementation team created a new <u>FAQ page</u> to post information related to eligibility and grant application. DHS decided to update this page to include the public health grants information as well.

DHS publicized the availability of the grants through eList announcements. DSD maintains opt-in subscriber lists for lead agencies and stakeholders. The stakeholder eList is a resource for anyone who is interested in DSD's services and programs. DSD sends most announcements that go to the lead agency eList to the stakeholder eList, as well. DHS sent the first email Oct. 1, 2020, announcing the availability of the grants, application due date and linking to the public website for more information. DHS sent reminder emails Nov. 2 and 13, 2020. A DHS news release also went out on Nov. 6, 2020.

The application period for this grant opened Oct. 1, 2020. The legislation designated Nov. 15, 2020, as the due date, but since it fell on a Sunday, applicants could submit proposals through Monday, Nov. 16. To meet the legislation's first payment due date of Oct. 31, 2020, DHS made initial determinations on applications submitted between Oct. 1 and 14 as the first round. Applications received Oct. 15 through Nov. 16 were in the second round.

C. Eligibility

Providers of the following services within the four disability waiver programs (Brain Injury, Community Access for Disability Inclusion, Community Alternative Care and Developmental Disabilities) were eligible to receive grants:

- Employment exploration, employment development and employment support services
- Prevocational services
- Structured day services
- Day training and habilitation services.

DHS confirmed eligibility by verifying the federal tax identification number (FEIN) submitted in the application matched claims data from March 2019 through October 2020 for the eligible services. DHS then reviewed applicants' submitted plans to spend the grant money to ensure it was consistent with the issued guidance.

Two applicants submitted a FEIN that did not match a FEIN on the claims data report that DHS used to verify eligible providers. By the time DHS notified the applicants and the providers realized the error, the funds were already distributed. In the spirit of the grants, DHS submitted a subsequent request to the Legislature for additional funds to award grants to these two providers as well.

D. Grant awards

The original appropriation for the public health grants was \$10,125,000, with \$125,000 available to administer the grant. Beginning Oct. 31, 2020, DHS could use any remaining balance from the HCBS retention grants for the public health grants, \$4,944,639.57. DHS requested and received an additional \$392,091 from the Legislature to fund two additional providers who were determined later to be eligible after initial submission data errors. DHS distributed more than \$15.3 million.

In the application, DHS asked providers to request the full amount they could use. Interested providers submitted 142 applications requesting a total of \$23.4 million. In the first and second round of grants, all verified eligible providers received the full amount of their request, up to \$200,000. After all initial payments were determined in both the first and second round, DHS considered the balances of requests over \$200,000. The total requests from eligible providers exceeded the grant funds available. DHS gave priority to applications, as specified in the legislation, that demonstrated the most need or most robust plan to ensure people have opportunities to participate in day or employment services that are not provided in a facility or sheltered or work crew setting.

Table 3 - Public health grants recipients and total dollar amount per round

Round	Recipients	Awards
First - initial payments	35	\$6,596,196.69
Second - initial payments	49	\$6,807,495.08
Second - additional payments	19	\$1,540,947.80
Third	2	\$392,091.00
TOTAL	86	\$15,336,730.57

DHS was able to confirm eligibility and funded 86 providers from 50 counties. The size of the grants ranged from \$15,000 to \$400,000. The average grant was \$178,000. One-third of grantees received exactly \$200,000.

Table 4 - Public health grants awarded by round and region of Minnesota

Round	Central	Metro	Northeast	Northwest	Southeast	Southwest	Other ¹	TOTAL
First	5	14	4	6	2	4	0	35
Second	5	10	11	9	3	10	1	49
Third	0	2	0	0	0	0	0	2
TOTAL	10	26	15	15	5	14	1	86
% of total	12%	30%	17%	17%	6%	16%	1%	100%

¹ Organization provides services in Minnesota but address is in Iowa

E. Payment issuance

DHS typically distributes grant funds in disability services through either county allocations or grant contracts, reimbursing grantees for actual costs incurred. An executed grant contract has funds encumbered and the grantee submits an invoice for payment once the work is completed.

The public health grants required DHS to distribute the funds before receiving documentation of how the grantee spent the funds. This will require DHS to recoup funds if subsequent audits determine grantees did not spend all of the funds or the funds were spent in a manner inconsistent with the DHS-issued guidance.

DHS decided to use a single payment voucher through SWIFT to issue the payments to eligible providers. DHS provided an Excel spreadsheet with the payment file specifications required by MMB. Almost all of the providers had an existing SWIFT vendor ID, enabling the payments to be sent electronically and deposited into their designated bank accounts. Those providers without an existing SWIFT vendor ID on file received a paper voucher in the mail for the grant.

DHS submitted payment files to meet the legislative due dates:

- "Beginning October 31, 2020, the commissioner shall award grants... to eligible providers." The first payments were posted Oct. 29, 2020.
- "Eligible providers must apply for a grant... no later than November 15, 2020." The remaining funds from HCBS retention grants were available until Dec. 5, 2020. Second payments were posted Dec. 2, 2020.

V. Grant outcomes

A. DHS guidance on spending grant funds

The authorizing legislation was clear that grants must be used to reduce the risk of exposure to and transmission of COVID-19 to people with disabilities and staff who support them, by maintaining or increasing access to individualized employment services and reducing the use of congregate and sheltered workshop service settings. DHS subject matter experts determined the directions for grantees on how they could spend the grant funds in compliance with the state and federal guidance. DHS posted these directions on the Frequently asked questions about HCBS provider grants website under the category "How can I use the grant money?" Funds may be used for:

- Expenses incurred as a result of actions to facilitate compliance with COVID-19-related public health measures, such as the provision of services in settings that optimize social distancing and health and safety precautions for people with disabilities and staff who support them
- Expenses to facilitate and ensure the availability of individualized services to enable compliance with COVID-19 public health precautions
- Other activities determined by DHS to align with the purpose of this grant, including:
 - Training or technical assistance to:
 - Build capacity for staff to deliver individualized day services or employment services
 - Change organizational business model to support individualized day services or employment services
 - Equip staff to instruct service recipients on proper personal protective equipment (PPE) use and social distancing practices.
 - Investing in technology needed to provide remote services, such as providing internet access or equipment to service recipients
 - Addressing transportation issues or capacity related to providing more individualized services, including purchasing additional vehicles to provide more individualized services.
 - Leasing or obtaining new space to facilitate providing more individualized services and meeting social distancing standards

- Purchasing PPE for people receiving services or for support staff or purchasing equipment (such as washing machines) needed to use PPE or sanitize areas.
- Indirect time incurred when developing new programming options
- o Hazard pay for staff or hardship sick leave bank
- Membership dues for people in community events/locations (like YMCA fees, tickets to socially distanced/safe events, community class fees, etc.)

B. How the money was spent

Based on analysis of the information submitted by providers in their grant applications DHS identified six broad categories of proposed spending:

- Buying personal protective equipment and supplies for cleaning and sanitizing
- Purchasing vans and office space to accommodate social distancing requirements
- Supporting existing staff through sick leave, overtime, hardship funds and hazard pay
- Investing in technology to support remote services
- Hiring new employees to support community-based employment services
- Development of training and new remote services to respond to the pandemic.

Grantees reported on their actual expenditures based on those categories with a seventh option of "other" for anything else. Seven percent of all reported expenses were in "other." Providers included the following types of expenses in "other":

- Room and table top dividers
- Membership dues for community events / locations
- Investments to improve air ventilation and/or purification
- Automatic doors and toilets to minimize common touchpoints.

Almost half of the public health grant dollars (49%) were spent on transportation or workspace costs; this could include the purchase of a new vehicle or leasing additional space to accommodate social distancing requirements. Support for existing staff accounted for another 20% of the total grants. This included paid COVID leave, hazard pay, overtime, etc. The remaining categories each contribute 4% to 7% of the total expenses reported.

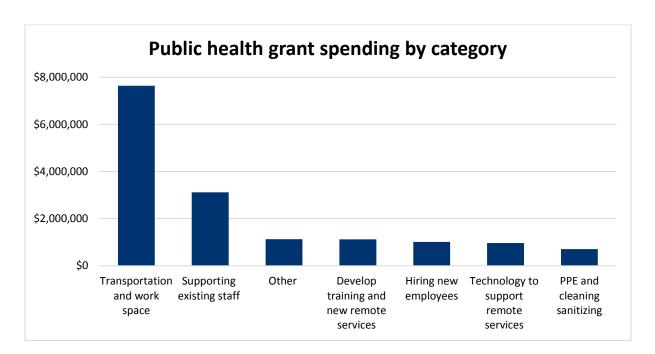


Figure 1 - public health grant spending by category

C. People affected

Employees

Because of the grants, providers were able to offer support to more than 1,900 existing employees. Almost 1,800 employees used those supports. Some providers offered hazard pay as either a one-time bonus or a temporary increase to employees' usual rate of pay. Some providers used grant funds to pay for COVID-related leave or general sick leave. One provider reported they supported their furloughed staff by continuing their medical and dental coverage and not requiring the normal employee contributions for coverage.

In addition, providers reported that they hired 190 people because of the grants. These positions included case management, training, employment, job coaching, program support, program management, direct support, transportation and community coordination.

Participants

Providers reported that almost 2,800 participants shifted to more individual service models because of this grant. Some providers chose to develop or expand remote services. Some were able to invest in workspace, vehicles, and/or employees to support smaller cohorts of people they serve. A few providers reported a permanent shift from day training and habilitation services to individualized services, center-based programming to community-based options.

D. Success stories

DHS invited all recipients of the public health grants to submit success stories resulting from the grants. They sent pictures and personal stories in addition to how it affected their organization. Below are some examples in their own words.

AccessAbility Inc.

The additional funding provided support that allowed more people the ability to feel safe coming back to work. Since the funding was received, we have seen a 20% increase in attendance from the population we serve. We have been able to start shifting from congregating to smaller or even individual service models. It also helped continue to support the essential workers that have been continuing to support the community throughout the pandemic. With the staff, the community and the people with waiver services combined, this grant has directly impacted the lives of over 250 individuals.

Achieve Services Inc.

Our greatest success story was the launching of remote services. We were able to provide remote services to 81 of our participants, and for 45 of our participants, their only access to services was via remote services. Our staff created a broad menu of remote service offerings, and they quickly became very popular and attendance has continued to grow. Zoom meetings proved to be an extremely valuable way of keeping people connected with their peers and staff. Many of our participants were isolated for extended periods of time, so when we'd connect with them on Zoom, they just lit up! It was a great way for them to connect, but also for them to share how they were coping with the isolation and dealing with the pandemic. And, it was undoubtedly the safest way – for both staff and participants – to stay engaged and connected. Without question, the DHS Public Health grant was instrumental in our development of remote services, and we will continue to use our "remote service infrastructure" long after the pandemic is over.

Arrowhead Community Employment LLC

Our services are now entirely individualized and in the community. With ample fleet vehicles and quality job coaches we are doing training in the community as opposed to sheltered workspaces. The grant gave an amazing boost to the timeline of our vision for competitive employment in our region. We are supporting significantly more individuals and have hired high quality employees. The entire process has highlighted the availability of our services and that employment can be an option for many individuals in our community. Employees are better able to provide remote support for meetings and conversations with service recipients.

Clearwater Day Activity Center Inc.

Our clients and staff are excited to expand into our new space! Before, we could only serve half of the clients in the morning, and the other half in the afternoon. By increasing our building by 50 percent, now we have space to socially distance and serve all for full days. They are very glad to be back! Our new sensory room and equipment provides clients with not only their own space, but stimulation and exploration.

Our new meeting room offers a larger space for our staff to meet in person with clients, guardians and social workers.

We greatly appreciate receiving this grant. It has allowed us to continue to fully serve our community.

East Polk County Developmental Achievement Center Inc.

Purchasing a washer and dryer has allowed our clients to independently wash items in our facility, whether that be towels, rags or reusable gloves. Prior to this, they needed our assistance with washing and drying.

The new van has allowed for safer and more comfortable transportation throughout the community for our clients. It has also streamlined our transportation process because we are able to transport more individuals while keeping them socially distanced.

The purchase of PPE has made wearing masks much easier for our clients. It is quite often that they forget to bring a mask from home, and having masks available at our facility has kept our clients safe even when they forget to bring theirs.

Norman County Developmental Activities Center

Our facility was operating in a very minimal capacity before being granted these monies. With this grant, we were able to hire enough staffing to bring back 60 percent of our individuals to the facility/community-based services (employment and activities based). Our DAC was able to provide a socially distant environment, in groups of six to eight or less (including staff members). We were able to purchase PPE and cleaning/sanitizing materials to ensure a clean environment. We were able to provide safer transport due to being more socially distant. We were able to implement many things throughout our facility that allowed our individuals to be more independent, and receive services in a way that benefitted them individually. We were able to begin a remote service program that allowed the inclusion and engagement of all of our clients remaining at home, who hadn't otherwise received services in nearly six months. These grant monies allowed the DAC to return to the most "normal" state it had been since the closure in March, and has allowed us to continue to operate. The monies saved the facility from being forced to close, which could have been a real possibility had we not been able to hire staffing to support our individuals in a safe, socially distant environment.

Occupational Development Center Inc.

Our International Falls DT&H site has always been predominantly a subminimum wage, center-based work model. All community work has also been through the use of enclave groups and participants in this program have also been compensated at subminimum wages under our 14(c) certificate. This community has always been one of ODC's most challenging areas to promote independent community placement. ODC was considering exiting from this community as we did not think we could promote a shift to employment services. We have provided cleaning services for the Koochiching County building for years with these enclaves.

The grants funds have helped us increase time spent on individual training and supporting pilot trials to demonstrate to businesses in the community that people with disabilities are productive, efficient and reliable employees. We started working on this project in early fall and had difficulty moving it forward. After proving the reliability of the employee pool, we were able to develop a partnership with the local ServiceMaster franchise owner and worked with the customers to transfer all our janitorial contracts, including the county, to them.

ServiceMaster offered jobs to all the persons served that were working under the enclave model and ODC provided the required ServiceMaster orientation and training to these employees. One hundred percent of these employees are now paid by the new employer and are compensated at minimum wage or above. The partnership and the positive outcomes continue to grow.

Two of the smaller janitorial contracts have since opted out of their ServiceMaster contracts and have hired individuals directly. One is funded by CDCS and the other is a funded under the waiver program. Both are employed at market rate; one is at \$14 per hour and both are currently functioning without any job supports from ODC.

So far, this partnership has positively impacted 20 of our persons served. Of those, five were funded under our county contract, one CDCS and 14 under waivers. ODC transferred over a dozen janitorial and cleaning contracts to ServiceMaster since this was started and they have also employed the persons with disabilities at an additional 14 sites. Now when they need additional staff, we are the first phone call to see if we have anyone available. This franchise holder is also indicating a willingness to communicate his success to other franchise holders in ODC's service area. The model has been extremely successful, and his business has grown with the partnership.

Trillium Works Inc.

The largest success story that we have from the COVID-19 Pandemic is our Virtual Job Club. Much of the success that it has had all has ties back to things that we were able to fund with the grant. We were able to use portions of the Career Skills 101 curriculum to create a base of topics that we wanted to cover with people. The host of the club uses a laptop that we purchased with the grant. Some of the

people attending, attend using iPads from our lending library. The SMART Board will be used to enhance the functionality of the meetings. That's just the pieces that the grant paid for. There is also the fact that on average eight people have been able to attend for 46 weeks, so far. They have stayed connected. They have worked on their goals. They have created relationships, virtually, with people they probably would never have met otherwise. They have learned lots of relevant information and skills that will help them into the future. They have learned to navigate this virtual and remote world together, something we all struggle with. We have always wanted a well-functioning and vibrant job club. It took the COVID-19 pandemic happening to make it a reality.

VI. Appendix

A. Grant recipients and award amounts

Organization Name	Amount Awarded
Ability Building Center Inc.	\$200,450.00
AccessAbility Inc.	\$200,000.00
Accord	\$200,000.00
Achieve Services Inc.	\$200,000.00
Adult Client Training Service Inc.	\$350,000.00
Adult Training & Habilitation Center	\$198,000.00
Advance Opportunities	\$200,000.00
Aitkin County Developmental Achievement Center Inc.	\$196,000.00
Arrowhead Community Employment LLC	\$315,894.16
Becker County DAC	\$200,000.00
Broadway Industries	\$175,000.00
Canby Developmental Achievement Center	\$76,530.00
Cedar Valley Services Inc.	\$200,000.00
Chippewa Enterprises Inc.	\$300,000.00
Chisago Lakes Achievement Center	\$200,000.00
CHOICE Inc.	\$192,091.00
CHOICE, unlimited	\$45,500.00
Chrestomathy Inc.	\$200,000.00
Clearwater Day Activity Center Inc.	\$200,000.00
Douglas County Developmental Achievement Center	\$185,000.00
East Polk County Developmental Achievement Center Inc.	\$176,956.03
East Range Developmental Achievement Center	\$307,272.00
Employment Enterprises Inc.	\$153,866.00
Empowering Health	\$200,000.00
Enterprise North Inc.	\$68,000.00
Epic Enterprise Inc.	\$256,000.00
Falls Diverse Abilities Corporation	\$137,255.45
Floodwood Services and Training	\$319,000.00
Focus On Living Inc.	\$200,000.00
Functional Industries Inc.	\$200,000.00
Good Life Services Inc.	\$132,000.00
Great Work LLC	\$219,324.00
Hope Developmental Achievement Center	\$200,000.00
Hope Haven Inc.	\$253,000.00
Hubbard County Developmental Achievement Center	\$73,700.00
Improve To Make Better LLC	\$200,000.00

Organization Name	Amount Awarded
Itasca Life Options	\$86,964.00
Jobs Plus Incorporated	\$200,000.00
Kaposia	\$135,000.00
Kota Connections	\$17,039.20
Lake County Developmental Achievement Center	\$42,000.00
Lifeworks Services Inc.	\$200,000.00
Mahnomen County DAC	\$48,600.00
Main Street Industries and Training Center Inc.	\$134,528.00
Mankato Rehabilitation Center Inc.	\$200,000.00
Merrick Inc.	\$200,000.00
Metro Work Center Inc.	\$56,400.00
Mille Lacs County Area Developmental Achievement Center	\$95,380.00
MSS	\$297,500.00
Murray County Developmental Achievement Center	\$80,000.00
Norman County Developmental Activities Center	\$199,993.31
Northeast Contemporary Services Inc.	\$206,531.00
Northstar Community Services LLC	\$22,000.00
Occupational Development Center Inc.	\$268,936.64
Opportunity Partners Inc.	\$200,000.00
Opportunity Services	\$300,000.00
Options Inc.	\$78,488.70
Partnership Resources Inc.	\$300,000.00
Phoenix Alternatives Inc. (DBA "PAI")	\$200,000.00
Pine Habilitation and Supported Employment Inc.	\$265,000.00
Pinewood Cloquet Inc.	\$200,000.00
Pinewood-Duluth Inc.	\$200,000.00
Polk County Developmental Achievement Center Inc.	\$115,391.00
PossAbilities of Southern Minnesota	\$191,000.00
ProAct	\$195,200.00
Productive Alternatives Inc.	\$200,000.00
Progress Inc.	\$56,470.00
ProWorks Inc.	\$200,000.00
Residential Services of Northeastern MN Inc.	\$167,500.00
Resilient Lives LLC	\$200,000.00
Rise Inc.	\$400,000.00
Rock County Opportunities	\$307,040.00
Service Enterprises, Inc. of Minnesota	\$80,000.00
Sibley County Developmental Achievement Center Inc.	\$83,799.00
STEP Inc.	\$225,000.00
Trillium Works Inc.	\$112,986.40
TSE Inc.	\$200,000.00

Organization Name	Amount Awarded
Udac Inc.	\$250,000.00
WACOSA	\$200,000.00
Wadena Co. DAC	\$32,000.00
West Central Industries Inc.	\$116,814.68
West Metro Care Services LLC	\$15,000.00
Winona ORC Industries Inc.	\$200,000.00
Winter Homes Inc.	\$200,000.00
Zenith Services	\$127,540.00
Zion Care Services LLC	\$95,790.00
TOTAL	\$15,336,730.57