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DEPARTMENT OF HUMAN SERVICES

Legislative Report

Technology First Advisory Task Force

Strategies to increase the use of support technology for people with disabilities

Disability Services Division

June 30, 2021

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Contents

I. Executive summary

In 2019, the Minnesota Legislature directed the Technology First Advisory Task Force to recommend strategies to the Commissioner of Human Services that will increase the use of support technology by people with disabilities. The goal of the task force was to promote usage of support technology in a way that will enable people with disabilities to:

- Live independently in community settings
- Work in competitive integrated environments
- Participate in inclusive community activities
- Increase quality of life.

In addition, the use of support technology can:

- Promote independence and privacy
- Provide tools that can increase safety and health
- Maximize staff resources
- Address the direct care workforce shortage in Minnesota.

Technology First means raising the expectation that all Minnesotans with disabilities have a right to access, consider and utilize support technology to increase self-dependence. This is reinforced by the Minnesota Olmstead decision, which specifically addressed using technology to support independence.

The Technology First Advisory Task Force recommends the following actions to increase the use of support technology in the services and programs the commissioner administers for people with disabilities in Minnesota:

1. Ensure that Minnesota commits to becoming a Technology First state
2. Eliminate $3,909 annual cap on the specialized equipment and supplies (SES) waiver service
3. Create separate billing codes for service providers to enable better tracking of expenditures related to support technology
4. Increase funding limits for fee-for-service (FFS) items under Medical Assistance
5. Amend waiver plans and the Community-Based Services Manual (CBSM) to include the federal definition of assistive technology (AT) when combining AT and SES
6. Amend waiver plans to allow waivers to cover internet costs when internet access is needed for support technology to function in the person's home (when certain criteria are met)
7. Allow assistive technology to be approved under the traditional waivers and bought directly by the person or provider in typical shopping venues, e.g., Amazon, Best Buy, etc.
8. Increase the number of assistive technology practitioners in the state, especially those who will service greater Minnesota
9. Establish a mechanism to recycle and redeploy support technology that is no longer needed
10. Mandate and provide training on support technology for service and support planners

11. Develop, provide and expand training for people with disabilities, their families and their caregivers on support technology and related resources
12. Expand the MnCHOICES assessment and support planning process to include more consideration around potential uses of support technology and the impact of any technology already being used.

II. Legislation

This Technology First Advisory Task Force was created during the First Special Session of the 2019 legislative session. Laws of Minnesota 2019, Article 5, Section 92, Chapter 256.01, subdivision 6 state:

(a) The commissioner shall appoint under Minnesota Statutes, section 256.01, subdivision 6, a Minnesota Technology First Advisory Taskforce to advise the commission on strategies to increase the use of supportive technology in services and programs the commissioner administers for persons with disabilities to enable them to live independently in community settings, work in competitive integrated environment, participate in inclusive community activities, and increase quality of life. The advisory task force must include:

1. One representative of the Department of Human Services;
2. Two representatives of the counties;
3. One representative of the Association of Residential Resources in Minnesota;
4. One representative from the Minnesota Organization for Habilitation and Rehabilitation;
5. One representative of the Disability Law Center;
6. One representative of the Arc Minnesota;
7. One representative from STAR Services;
8. One representative from the Traumatic Brain Injury Advisory Committee;
9. One representative from NAMI Minnesota;
10. One representative from Advocating Change Together:
11. Two individuals with disabilities accessing supportive technology; and
12. One parent advocate.

Meetings will be held quarterly and hosted by the department. Subcommittees may be developed as necessary by the commissioner. Advisory task force meetings are subject to the OpenMeeting Law under Minnesota Statues, chapter 13D.

(b) The advisory task force will provide an annual written report with recommendations to the commissioner by June 30 of each year of its existence, beginning June 30, 2020.

(c) Persons with disabilities and family members of persons with disabilities are eligible for compensation for participation in this task force.

(d) The advisory task force expires on June 30, 2021.

III. Introduction

This report summarizes the work and findings of the Technology First Advisory Task Force. It has been prepared by the Disability Services Division (DSD) of the Department of Human Services (DHS) in conjunction with the task force. Refer to Appendix A for the complete list of task force members and affiliations.

The task force met quarterly from October 2019 through June 2021, with some additional smaller group meetings as needed. The COVID-19 pandemic created both a new challenge and opportunity for the task force since DHS had to transition to the use of remote technology for the meetings. People said this change helped members of the task force who have disabilities, including those who use support technology in their everyday lives. Remote meetings reduced transportation barriers and allowed more time for augmentative communication devices users to prepare their responses and participate more easily.

At the January 2020 meeting, the group outlined its work and identified what it wanted to both accomplish and avoid. This report summarizes the work and outlines the recommendations the group created. Due to COVID-19, the first-year report was not completed.

Purpose of the report

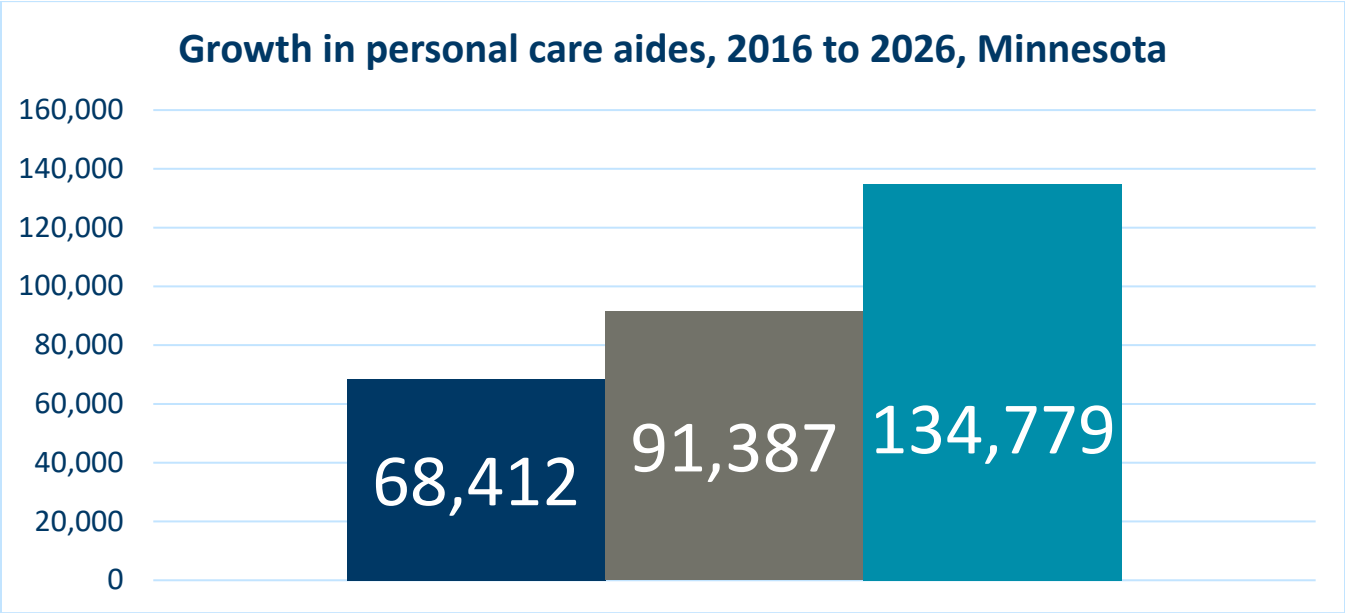
The purpose of this report is to forward the task force's recommendations to the commissioner, the legislature and community stakeholders.

Given the current environment, where there is a workforce shortage and limited government resources, people with disabilities and their families will have to plan differently in order to meet their needs and live a meaningful community life. Technology offers our greatest chance to address current and future staffing issues, which are projected to only get worse over time. In addition, technology also can substantially increase someone's independence, as its primary purpose is to help someone do things for themselves that they would either need a caregiver to do or help with. Yet, the use of support technology across Minnesota has been limited.

Identifying the problem

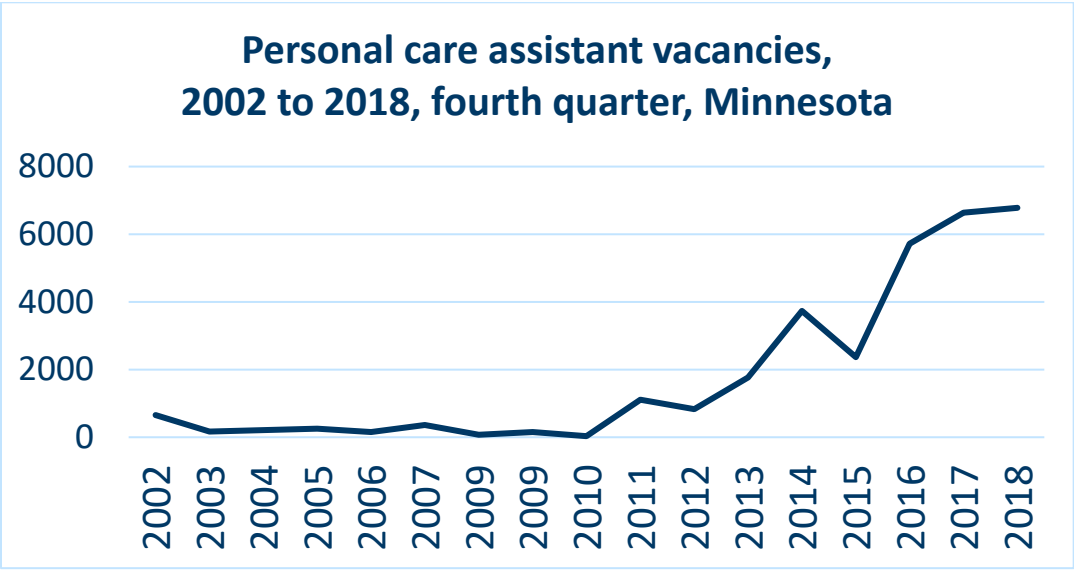
Projections show a growing reliance on direct support staff if support plans continue to be written as they currently are. The data in Figure 1 are from labor market information and Department of Employment and Economic Development (DEED) projections. They are based on a job classification that covers anyone who does one-to-one work in the home, in employment settings, in direct social service jobs, etc., but do not include professionals, such as case managers.

Figure 1: Growth in personal care aides, 2016 to 2026, Minnesota



Compounding the workforce shortage issue is an unsustainably high annual turnover rate within the direct care and support workforce. The turnover rate ranges from 40 to 60 percent nationally. Of those direct support workers who left their positions, 46 percent left their positions within six months of hire. The data in Figure 2 are from 2018. In 2018 (pre-COVID-19), a full 15 percent of direct support positions were vacant.

Figure 2: Personal care assistant vacancies, 2002 to 2018, fourth quarter, Minnesota



The Minnesota State Demographic Center says that labor force projections (based on 2018 American Community Survey) “indicate slowing labor force growth in Minnesota until a low point of less than 0.1% average annual growth during the 2020-2025 period.”

Experts warn that this labor problem will lead to even worse difficulties as America’s senior population swells to 88 million people in 2050 (up from 48 million today) and will require more assistance with chronic health conditions and disabilities.

IV. Background on support technology

The use of support technology is an important part of support planning for people with disabilities and people who are older. Using this technology to its full potential will allow people to meet their needs, achieve their greatest independence and maximize resources, which will permit them to live full lives in the community.

Definition of support technology

Support technology is a broader term used to describe both assistive technology and technology used to provide remote support.

The federal definition of assistive technology includes:

> "… any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve functional capabilities of individuals with disabilities."

The state of Minnesota defines remote support as:

> "The provision of support within the scope of an allowable service by a staff or caregiver from a remote location who is engaged with a person via enabling technology that uses live, two-way communication."

Assistive technologies include a wide variety of tools or equipment. It is important to note that assistive technology represents a broad spectrum from "high tech" to "low tech" items. Examples of high-tech items include electric wheelchairs, communication devices, eye-tracking technology and smart home devices. Examples of low-tech items include pencil grips, adapted silverware, visual schedules, canes and walkers. It can be helpful to think of assistive technology as any item that enables a person with a disability to do things for themselves that otherwise would require the assistance of caregivers or would require additional effort, time or energy on the part of the person. Assistive technology also includes technology services to assess needs, design solutions, train users/caregivers and support its use.

Remote support technology is the technology that makes the on-demand remote supervision and support possible. Examples include sensors, live audio/video feeds, web-based monitoring systems, global positioning systems, mobile applications, communication devices, smart devices or devices that otherwise meet the requirement for live, two-way communication. It can be helpful to think of remote support technology as the tools used to help a caregiver support someone without being physically present.

Why it is important

Incorporating the use of support technology in people's support plans is vital, but it is not a new concept. In fact, the Minnesota Olmstead Plan (PDF) weaves advice about deploying technology into several different sections.

The plan says this about assistive technology and person centered planning:

> An important aspect for many people with disabilities is support through the use of assistive technologies. As part of the *Person-Centered, Informed Choice and Transition Protocol*, individuals are assessed to determine the need for materials, equipment, or assistive technology; and if the individual plan includes assistive technology, that technology will be acquired and tested in the environment where it will be used.
>
> Through the MnCHOICES assessment tool, assess whether assistive technology will be considered as part of the individual's support plan, and at reassessments, monitor access to and effective use of technology.

The plan directs DHS to lead in the area of assistive technology and transition services:

> Provide technical assistance and education about assistive technology to lead agencies and providers and provide examples of innovative uses of assistive technology to support people in making successful transitions to the most integrated settings.

Regarding assistive technology and employment, the plan says:

> Increase awareness of and education about ways that assistive technology products, services and resources can support competitive, integrated employment outcomes. This includes working with the Diversity and Inclusion Council as they address disparities for people with disabilities.

In addition, the Minnesota Legislature passed a statute on incorporating the use of technology into support plans in 2017, and updated in 2019. It states:

> At least once per year, the license holder, in coordination with the person's support team or expanded support team, must meet with the person, the person's legal representative, the case manager and other people as identified by the person or the person's legal representative to discuss how technology might be used to meet the person's desired outcomes. The coordinated service and support plan addendum must include a summary of this discussion. The summary must include a statement regarding any decision made related to the use of technology and a description of any further research that must be completed before a decision regarding the use of technology can be made. Nothing in this paragraph requires the coordinated service and support plan addendum to include the use of technology for the provision of services, 245D.071, Subd. 5, paragraph (b).

In order to increase the use of support technology as defined above, people need to understand what it is, how it can help, where to get it and how to use it.

V. The work of the task force

The Technology First Advisory Task Force was a time-limited effort that existed to advise the state on increasing usage of support technology. It consisted of 20 members, each of whom was appointed by the DHS commissioner. The members actively participated at each meeting, resulting in rich and robust discussions and recommendations.

Figure 3 summarizes when the task force met and the primary topics discussed, as well as the additional small group work and individual "homework" completed by task force members.

Figure 3: Meetings and work details from task force activities

Date	Summary
Oct. 28, 2019 (6 hours)	Kick-off meeting: Level-setting, star exercise and project planning using trajectory exercise
Jan. 13, 2020 (3 hours)	Full task force: Barrier analysis and options development
May 18, 2020 (3 hours)	Full task force: Updates on service changes due to COVID, barrier analysis summary, reflection on how the pandemic impacts people with disabilities' use support technology and revisited trajectory exercise priorities in light of pandemic
July 13, 2020 (3 hours)	Full task force: Orientation for task members on the MnCHOICES assessment process, support planning process, Community First Services and Supports' (CFSS) ability to purchase support tech and National Core Indicators Survey data
Between July 13 and Oct. 9, 2020	Homework to all members between meetings to begin developing recommendations
Oct. 12, 2020 (3 hours)	Full task force: Reviewed compiled homework assignment, prioritized initial recommendations within topics and assigned topics to small groups
Dec. 14, 2020 (2 hours)	Continued recommendation development, Small Group A topic: "Make AT more readily available to students transitioning from school (ages 14-21)"
Jan. 5, 2021 (2 hours)	Continued recommendation development, Small Group B topics: "Make AT accessible and available for all people with disabilities" and "Collect and report data to measure the utilization and impact of using AT"

Jan. 6, 2021 (2 hours)	Continued recommendation development, Small Group D topics: "Improve AT support" and "Increase the number of AT providers, especially in Greater Minnesota"
Jan. 7, 2021 (2 hours)	Continued recommendation development, Small Group C topics: "Promote use of AT, raise awareness and provide training," "Increase overall knowledge related to AT" and "Provide info on AT life cycle management"
Feb. 1, 2021 (3 hours)	Full task force: Recommendation review and refinement
Feb. 24, 2021	Continued recommendation review and refinement
Between April 2 and April 12, 2021	Homework assignment to all members to review and comment on first draft of legislative report
April 12, 2021 (3 hours)	Full task force: Come to agreement on final recommendations in the draft report

Education and level setting

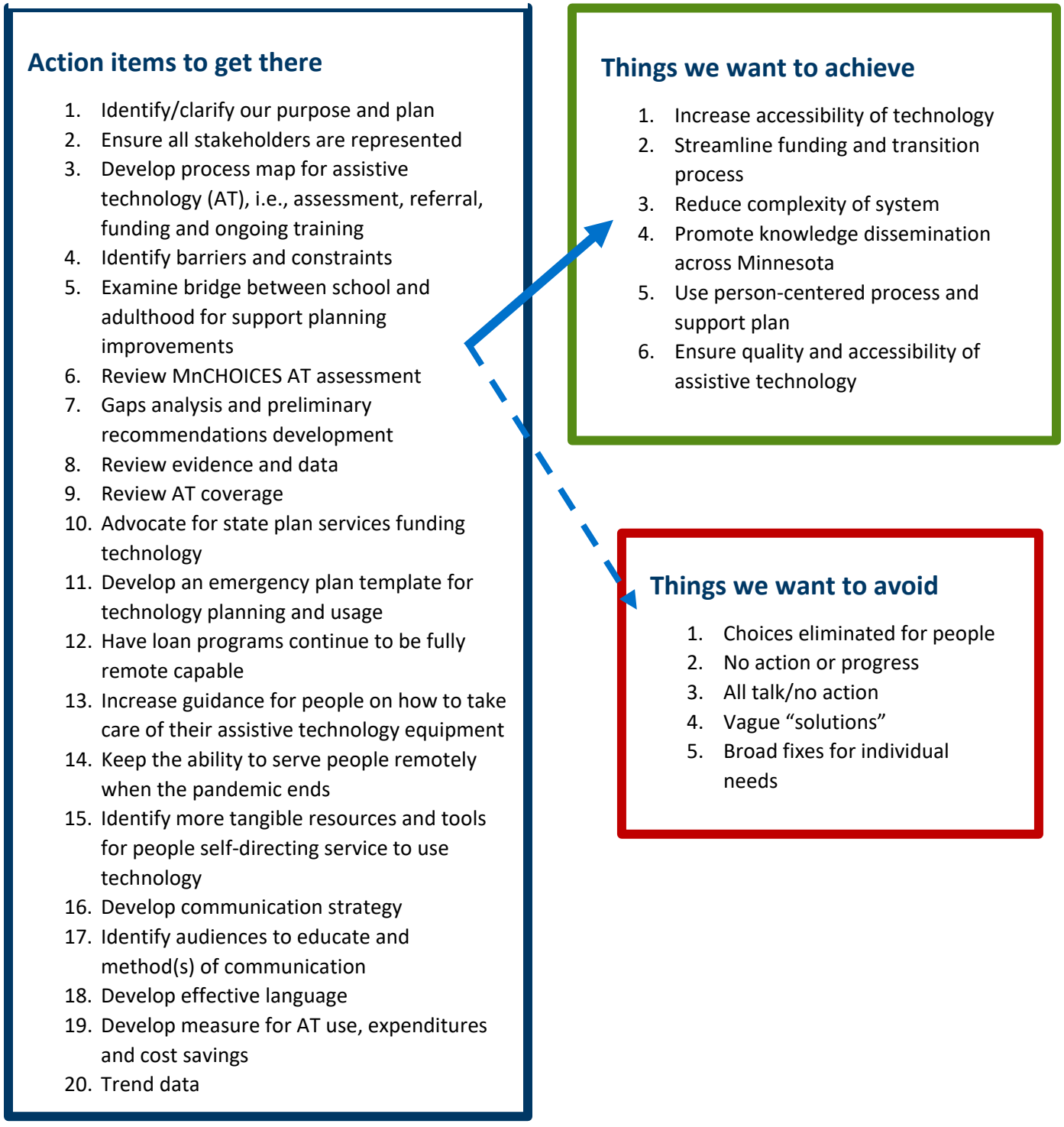
During its first meeting, the task force worked on developing the group's foundational knowledge by bringing in guest speaker, Sandy Henry. Henry is a board member with the Association of Residential Resources in Minnesota (ARRM) and an experienced support technology professional. Henry oriented the group on:

- The differences between assistive technology and remote support
- Supervision and supports in person-centered planning then and now
- Dignity of risk versus a culture of protection.

Anna MacIntyre, a waiver policy lead for the DHS Disability Services Division, presented additional orientation and training in the areas of waiver and state plan technology-related services, additional Minnesota technology resources, how Minnesota compares to the other states in technology and emerging technologies.

It was during this first meeting that the task force, working in small groups, began work to develop a vision for the task force's work, including what they hoped to achieve, what they wanted to avoid and recommended steps to achieve the goal. This work is depicted in Figure 4, the summary trajectory list. The trajectory document was used throughout the task force's existence to ensure the work stayed on track. The document was revised at the May 2020, meeting to include learnings from the pandemic.

Figure 4: Task force planning trajectory



There were guest speakers during task force meetings to share information with members on a variety of topics:

- Andrew Johnson, a case management policy lead with DHS, shared information with the group on how identifying technology needs currently is handled during the MnCHOICES assessment process.
- Cara Benson, who was with Home Care and Self-Directed Services team at DHS shared how the new program, Community First Services and Supports (CFSS) (which will replace personal care assistance [PCA]), will have a goods and services category that will include the option to purchase assistive technology.
- Miriam DeVaney, a research and evaluation specialist at DHS, presented on Minnesota's National Core Indicators (NCI) Survey results and reviewed the questions and responses related to technology.

The support planning process

All support planning for home and community-based services in Minnesota starts with a MnCHOICES assessment to understand the person's support needs and preferences. The assessment determines what potential services the person is eligible for and creates a summary of the assessment. After reviewing eligible programs and discussing service options, the person makes informed choices on their services, including any use of support technology.

Assessors are trained to look for opportunities to incorporate assistive technology into a person's life to increase their independence, personal control and to assist with communication. Assessors look at what the person's needs are, what the person's current abilities are related to that need and how much support is available from others. This information is included in the support plan. It includes any recommended referral information for the case manager gathered during the assessment. People who receive PCA or other home care services do not have case managers and, therefore, the assessor assists in creating the support plan.

For people who access disability waiver services, their case managers help them identify and access the appropriate social, health, educational, vocational and other supports identified during the assessment through a person-centered discussion that explores the following:

- What matters most to you?
- What is your own definition of quality of life?
- What is important FOR you?
- What is important TO you?
- How can technology help meet your needs?

This ensures the plans and supports are centered on each person's culture, values, strengths, goals, preferences and needs.

Current environment of technology options

There are several different ways support technology currently is funded in Minnesota. The following is a list of home and community-based services (HCBS) that either directly fund support technology or support its use:

- 24-hour emergency assistance
- Assistive technology
- Environmental accessibility adaptations
- Monitoring technology
- Personal emergency response systems (PERS)
- Specialist services
- Specialized supplies and equipment.

Medical Assistance/state plan services can be used to pay for equipment that meets the definition of durable medical equipment (DME). A person must be on Medical Assistance but does not need to receive waiver services to access durable medical equipment. To be considered DME, the equipment must:

- Be prescribed or ordered by a medical provider
- Primarily serve a medical purpose
- Be reusable
- Not be used for people without an injury or disability
- Be appropriate for home use.

Examples of DME include:

- Hospital beds, pressure mattresses, lift beds and blankets
- Mobility aids, e.g., walkers, scooters, canes, crutches and wheelchairs
- Personal care aids, e.g., bath chairs, commodes and dressing aids
- Prosthetics and orthotics
- Oxygen concentrators, monitors, ventilators and related supplies
- Kidney machines.

Vocational Rehabilitation Services (VRS/DEED), State Services for the Blind (SSB) and the STAR program (federal program) also currently fund or support the use of technology. The Community First Services and Supports (CFSS) program will be added to this list once the program is implemented.

In August of 2019, DHS began work on creating a global remote support definition in preparation for seeking approval from the federal Centers for Medicare & Medicaid Services (CMS) to allow people who access services the option of receiving many HCBS services either in-person or remotely through the use of support technology. The task force did not know at the time that this work would become so relevant and timely, given that just seven months later people would be sheltering in place due to a global pandemic and would literally *need* the ability to receive services and supports remotely. The

work that we had previously done at that point allowed us to react quickly to develop temporary guidance (PDF) and obtain CMS approval to provide services remotely during the public health emergency. We expect to have new CMS approved waiver amendments in place by the time the temporary approval expires that will allow for the ongoing use of a remote support service option in the following services:

- Assistive technology assessments
- 24-hour emergency assistance
- Community residential services
- Consumer directed community supports
- Crisis respite
- Day support services
- Employment development services
- Employment exploration services
- Employment support services
- Family residential services
- Family training and counseling
- Homemaker (home management tasks only)
- Independent living skills (ILS) therapies
- Individualized home supports (without training, with training and with family training)
- Integrated community supports
- Positive support services
- Prevocational services
- In-home respite
- Specialist services.

Barriers to incorporating technology

During the Jan. 13, 2020, task force meeting, members identified barriers that interfere with people being able to access or use available support technology. The task force participated in both full and small group exercises to develop the list of barriers. A total of 35 barriers were identified. The barriers were then categorized and summarized:

- Fear of the unknown
  - Learning curve
  - Bias toward “known” services
  - Fear of loss of current staff
  - Families are hesitant to use AT
- Lack of knowledge transfer
  - Specific individual knowledge that can be hard to transfer
  - Not enough collaboration

    - Telehealth tools struggle to communicate with each other
- Lack of upfront demonstrations and training
    - Need training to know how to use
    - Access to device trials (before purchase and use)
- Internet access disparities
    - No Wi-Fi or poor Wi-Fi
    - No access to a smart phone/cell phone
- Lack of awareness of technology options
    - Uncertain how to obtain technology
    - Not knowing about available technology options
    - People using older technology, which is less effective and they may lack access to upgrades
- Complex funding systems
    - Technology may cost more than available funding
    - Decreased funding and/or inflexible federal rules for state programs like SSB and VRS
    - Lack of access to funding eligibility under disability waivers
- Lack of staff knowledge about technology options and how to use it
    - Staff do not understand how to use available technology
    - Lack of training on use of AT for staff
- Lack of technology support
    - Fear of technology failure
    - No technical support to fix issues
- Lack of technology training
    - Parents do not get training to support the AT their children use
    - Lack of training for users and families
    - Instructions are not clear and are hard to understand
- Lack of person-centered technology assessments and selection process
    - Lack of understanding of how to discuss and plan for the use of technology
    - Inexperience in identifying what is needed: Not knowing how to match technology features to a person's needs and preferences
    - Thinking one solution is enough and not considering multiple solutions
    - Lack of implementation process or knowledge of how to implement support technology
    - Not being able to express one's needs
    - Technology being selected based on the provider's, home's or case manager's familiarity with one product or system versus the person's needs or service plan
- Not enough providers, especially providers in greater Minnesota
- Cultural and/or language barriers (that hinder service provision, training on equipment use, on-going tech support, etc.)
- Inaccessible software and websites
- Billing and payment systems that are cumbersome, slow and unreliable

These barriers and their causes were used to inform the task force's recommendations.

VI. Recommendations

Technology First is the practice of considering the use of technology before deploying direct support professionals. Technology can be a creative solution to support a person's desire for more independence and enable them to live independently in community settings, work in competitive/integrated environments, participate in inclusive community activities and increase quality of life. Support technology services available through home and community-based services (HCBS) enable people to use smart or electronic devices to experience greater independence and security and while reducing an over-reliance on caregivers.

With direct support workforce shortages, changing demographics and dynamic shifts in the landscape of long-term services and supports, technology solutions are rapidly emerging as valuable tools to promote quality of life, inclusion, and increased autonomy for people with disabilities and their families.

Although many other states are also working on becoming a Technology First State, only the following states currently have this distinction:

- Alaska
- Delaware
- Indiana
- Missouri
- New York
- Ohio
- Pennsylvania
- Tennessee
- Wisconsin.

The Coleman Institute for Cognitive Disabilities out of the University of Colorado surveyed this nation's states to investigate creative funding mechanisms and interest in technology solutions for people with intellectual and developmental disabilities across the U.S. Forty-five states and the District of Columbia responded to the survey. At that time, Minnesota was one of only six states in the U.S. funding ten or more technology services and supports. Despite being so well positioned to become a Technology First state, we still are not one, and we will not be one until we make a commitment to use our already existing technology-related HCBS services whenever and wherever possible/appropriate.

Support technology options are growing at a rate that is challenging to keep up with. The number of direct support staff available to care for people with disabilities and chronic health conditions in Minnesota is not. We already know that in 2018 (pre-COVID 19), 15 percent of direct support positions were vacant (1.5 out of every 10 positions). As America's senior population is expected to swell to 88 million people in 2050 (an increase from 48 million today) and will require more assistance with chronic health conditions and disabilities. We need to get people used to using technology in every area they are able, so they can build up their confidence and level of comfort.

Some of the recommendations put forth by the task force may be actionable using resources currently available. However, some recommendations will require additional resources in relation to staff time and funding. The task force feels strongly that many of the current barriers could be greatly reduced or eliminated altogether if there is support to move forward on the following recommendations.

Action items

The task force identified these items as the best strategies to increase the use of support technology in services and programs.

The recommendations are not listed by order of importance or priority, but rather are arranged under the following general topic areas:

- Systems and infrastructure
- Education and training
- Support planning.

See the executive summary for a more condensed list.

Systems and infrastructure

1. **Minnesota must commit to becoming a Technology First state**

   At the time of drafting this report, legislation was pending to establish a Technology First policy direction for the state. This legislation has since been authorized by the 2021 Legislature. (See Minnesota Laws 2020, First Special Session, Chapter 7, Article 13, Sections 40-41.) By committing to "Technology First," a state makes a public commitment to integrating support technology into their reimbursable services. Upon service initiation and during on-going team meetings, people who access waivers and their team members must explore and evaluate support technology options before enlisting in-person supports. The sooner people are able to get comfortable using support technology to meet their needs whenever possible and appropriate, the sooner they will have increased independence and less over-reliance on staff.

2. **Eliminate $3,909 annual cap on the specialized equipment and supplies (SES) waiver service, and combine the assistive technology (AT) and SES services to create a common service menu**

   This will align the services, creating equity amongst the different disability waivers and policies. It also will allow for greater flexibility in service planning and often reduce future spending on in-person services.

3. **Create separate provider billing codes for assistive technology equipment, assessments and specialized supplies to allow billing and payment systems to be quicker and more reliable, and enable better tracking of expenditures related to support planning**

   This will provide data on what specifically is spent on the different areas of support technology, including assessments, on-going training, equipment and specialized supplies. It would also allow AT equipment to bypass a lengthy, complex claim review process, which would save on provider resources and allow people to get their equipment when they need it. This also would create the

ability to track the increase in spending on support technology against the decrease in spending on other in-person services.

4. **Increase funding limits for fee-for-service (FFS) items funded through Medical Assistance**

   Eliminate the provisions that currently deny funding for assistive technology and specialized equipment and supplies on the basis that they are available under FFS Medical Assistance (when they often are not) and allow the HCBS waiver services to consider funding those items under the waiver if the item was denied by FFS Medical Assistance.

5. **Amend waiver plan and Community-Based Services Manual (CBSM) to include the federal definition of assistive technology (AT) when combining AT and specialized equipment and supplies (SES) services**

   The federal definition of assistive technology is any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve functional capabilities of individuals with disabilities. Using the federal definition will broaden what AT can be covered under this waiver service.

6. **Amend waiver plans to allow the waiver to cover internet costs when internet is needed for support technology to function in the person's home when certain criteria is met**

   This will greatly reduce disparities people experience in not being able to access or use needed AT that requires an internet connection or Wi-Fi capabilities.

7. **Within the traditional waivers, allow assistive technology to be approved and bought directly by the person or provider in typical shopping venues, e.g., Amazon, Best Buy, etc.**

   This currently is possible through the consumer directed community supports (CDCS) service option, which is available under all disability waivers. (Note: This will be an option in the Community First Services and Supports [CFSS] program launching later next year.) These changes will support people to use more mainstream technology, which is typically less expensive and easier to use, service, return and update.

8. **Increase the number of assistive technology technicians in the state, especially those who will service greater Minnesota**

   While we acknowledge that it is out of scope of this task force's work and DHS's authority to directly hire additional providers, there are steps DHS can take to minimize barriers for potential providers. The state currently does not have an adequate number of AT professionals willing to provide technology-related waiver services due to the current system being too burdensome and unreliable. To encourage more providers and technicians, we must simplify the enrollment process, billing procedures, claims processing procedures and timeliness of payment as well as allow services to continue to be provided remotely after the end of the public health emergency. This allows providers to scale services, reach a broader geographic area and reduce expenses.

9. **Establish a mechanism to receive, refurbish, recycle and redeploy support technology that is no longer needed by current user**

   Other states have developed functional models for this service. Minnesota needs to fund a sustainable program that can do this work across the state.

Education and training

10. **Mandate and provide training on support technology for service and support planners.**

    Support planners can include case managers, assessors, vocational rehabilitation counselors and others. They play a critical role in helping people make informed choices about support technology, help people get assessed for appropriate support technology, line up funding for the equipment and ensure training on how to use it. The person's history of technology tried, current technology used and related contacts/supports must be included in the support plan.

11. **Develop, provide or expand training for people with disabilities, their families and their caregivers on support technology and related resources.**
    People need to gain a better understanding of the positive impacts of using support technology to increase independence while still maintaining safety. It is important that they have access to information, resources and services so they can see how it works for others. This can help with facilitating an informed choice around the use of technology and/or in-person services. As mentioned in Item 11, the person's history of technology previously tried, current technology used and related contacts and supports must be included in the person's support plan. The person owns this information and must have an accessible version of it.

Support planning

12. **Expand MnCHOICES assessment and support planning process to include more consideration of potential uses of support technology and the impact of any technology already being used**

    Assessors and support planner also must be equipped to evaluate for the need of a full AT assessment.

VIII. Appendix

Appendix A – List of taskforce members

Name	Representing
Mary Lenertz	DHS staff
Jennifer Lammert	County staff 1 (Nicollet County)
Erin Thompson	County staff 2 (St. Louis County)
Alan Berner	Association of Residential Resources in Minnesota (ARRM) representative
Elizabeth Schear	Minnesota Organization for Habilitation and Rehabilitation (MOHR) representative
Jennifer Giesen	Minnesota Disability Law Center (MDLC) representative
Joan Breslin Larson	The Arc of Minnesota representative
Amy Perron	System of Technology to Achieve Results (STAR) program representative
Stephanie Simpatico-Thomas	Traumatic Brain Injury (TBI) Advisory Committee representative
Sam Smith	National Alliance on Mental Illness (NAMI) representative
Thomas Robinson	Advocating Change Together (ACT) representative
David Shaw	Person with disability who accesses supportive technology 1
Lauren Ireland	Person with disability who accesses supportive technology 2
Jim Sillery	Parent/unpaid guardian
Meghanna Junnuru	Representative of ethnic/racial groups 1
Abdul Diriye	Representative of ethnic/racial groups 2
N/A	Representative of ethnic/racial groups 3

Name	Representing
Kursten Dubbels	Minnesota Department of Education (MDE) staff
Michele Johnson	Speech or occupational therapist using technology, The College of St. Scholastica
Sue Redepenning	Assistive technology professional, LiveLife Therapy Solutions
David Andrews	State Services for the Blind/Department of Employment and Economic Development (SSB/DEED) representative who uses assistive technology

Appendix B

Glossary of terms and acronyms

Accessible: Activity, place or information capable of being reached, entered or used by people who have disabilities.

Activities of daily living (ADL): Tasks essential to perform routine self-care functions (e.g., dressing, bathing and eating). A person sometimes is considered to have a disability when they cannot perform one or more of the ADLs. (See also instrumental activities of daily living or IADLs.)

Adaptive behavior: Ability of a person to meet the standards of maturation, learning and personal independence that are expected based on normative standards for age, cultural background and experience. A person can demonstrate adaptive behavior through skills or the ability to adjust their own behavior to compensate for health, motor or sensory deficits.

Advocate: Individual designated by a person or a person's legal representative to speak on the person's behalf and help the person understand and make informed choices in matters related to identification of needs and choices of supports and services. (See also self-advocate.)

American with Disabilities Act (ADA): National civil rights legislation passed in 1990 that guarantees equal opportunity for people with disabilities in public accommodations, employment, services and telecommunications.

Appeal: Process through which a human services judge reviews a decision made by either DHS or a county/tribal nation that affects the services the person receives or requests.

Applied Behavior Analysis (ABA): Type of therapy frequently used with children with autism spectrum disorder (ASD) or related conditions that focuses on increasing positive and appropriate behaviors

through reinforcement while decreasing interfering/unwanted behaviors or behaviors that interfere with learning.

The ARC of Minnesota: Advocacy and service nonprofit organization that promotes and protects the human rights of people with intellectual and developmental disabilities.

ARRM: Nonprofit association of providers, businesses and advocates of services to people with disabilities to support community-based living. Many ARRM providers offer residential services such as corporate foster care in four-person group homes.

Caregiver – Primary: Person principally responsible for the care and supervision of the person.

Case management (waiver/Alternative Care [AC]): Service that provides a person and their family with access to assessment, person-centered planning, referral, linkage, support plan monitoring, coordination and advocacy related to waiver or AC services, resources and informal supports that are not necessarily funded through the waiver.

Case manager/care coordinator: Professional who assists with access to and navigation of social, health, education, vocational and other community and natural supports and services. This support is based on the person's values, strengths, goals and needs. The professional is responsible to provide the person with information necessary for them to make informed choices.

Centers for independent living (CILs): Service organizations designed to help people with disabilities achieve and maintain independent lifestyles. CILs are run by people with disabilities who themselves have successfully established independent lives and have a deep commitment to help other people with disabilities become more independent. There are eight CILs in Minnesota.

Centers for Medicaid & Medicare Services (CMS): Part of the U.S. Department of Health and Human Services that administers the Medicare and Medicaid programs. CMS partially pays for health care services, ensures states administer national health care programs according to regulations, establishes policies for paying health care providers, conducts research on the effectiveness of various methods of health care management, assesses the quality of health care facilities/services and takes enforcement actions as appropriate.

Community Access for Disability Inclusion (CADI) Waiver: Home and community-based services necessary as an alternative to institutionalization that promote the optimal health, independence, safety and integration of a person who would otherwise require the level of care provided in a nursing facility.

Community Alternative Care (CAC) Waiver: Home and community-based services necessary as an alternative to institutionalization that promote the optimal health, independence, safety and integration of a person who is chronically ill or medically fragile and who would otherwise require the level of care provided in a hospital.

Community First Services and Supports (CFSS): New program expected to launch in late 2021 that will be a home and community-based program to help a person with activities of daily living (such as eating or dressing) and other services (such as chore services) to help maintain or increase the person's independence. This new program will replace personal care assistance (PCA) services. Everyone eligible for PCA will be eligible for CFSS, but CFSS will offer additional features: People may choose to purchase goods, not just services. People may rely on an agency to provide workers, or they may choose to hire and train their own workers. (See also personal care assistance.)

Community Support Plan (CSP): Written summary of a person's MnCHOICES assessment to determine need for long-term services and supports based on what the certified assessor discovered during the assessment. The person receives a copy of the CSP, whether the person is eligible for Minnesota Health Care programs or not, and the person decides how they will act on it. (See also MnCHOICES and Coordinated Services and Support Plan [CSSP].)

Competitive, integrated employment: Work that is performed on a full-time or part-time basis by a person with a disability for which the person is compensated at or above minimum wage at a rate comparable to the customary rate paid by the employer to employees without disabilities.

Consumer directed community supports (CDCS): Service option available to people on the home and community-based services (HCBS) waivers and Alternative Care (AC) program. CDCS gives a person flexibility in service planning and responsibility for self-directing their services, including hiring and managing support workers. CDCS may include traditional services and goods and self-designed services.

Consumer Support Grant (CSG): A state-funded program that is an alternative to the following Medical Assistance home care services:

- Home health aide
- Personal care assistance
- Home care nursing.

Coordinated Services and Support Plan (CSSP): Written summary that describes a person's choices of services and supports after they have received a MnCHOICES assessment and a Community Support Plan (CSP) from the certified assessor. The CSSP also includes the person's preferences for the delivery of those supports and services. A CSSP is typically completed by a case manager with the person and their chosen team only if the person is eligible for and chooses to receive publicly funded home and community-based services or Rule 185 developmental disability (DD) case management. (See also MnCHOICES and CSP.)

Crisis respite: Short-term care and intervention strategies provided to a person due to:

- Caregiver's need for relief and support and protection of the person or others living with the person
- Person's need for behavioral or medical intervention.

Department of Human Services (DHS): State agency that pays for and supervises the administration of health care coverage, economic assistance and a variety of services for children, people with disabilities and older adults. DHS is the designated "single-state agency" that administers the Medical Assistance (Medicaid) program in Minnesota.

Developmental Disabilities (DD) Waiver: Home and community-based services available as an alternative to institutionalization to promote the optimal health, independence, safety and integration of a person who meets waiver eligibility criteria and who would otherwise require the level of care provided in an intermediate care facility for persons with developmental disabilities (ICF/DD).

Developmental disability (DD) screening: Assessment for a person with a diagnosis of developmental disability or a related condition to evaluate the level of care they need.

Direct service: Intervention services delivered by the provider through face-to-face contact with the person.

Disability: As defined by the Social Security Administration and applied by DHS, an inability to engage in substantial gainful activity by reason of any medically determined physical or mental impairment that can be expected to last for a continuous period of not less than 12 months. To be eligible for one of the waiver programs, the Social Security Administration or the State Medical Review Team (SMRT) must certify the person as disabled.

Disability determination: Person must meet the disability definition from the Social Security Administration to be eligible to receive Medical Assistance benefits as a person who has a disability. A person may also be certified disabled by the Social Security Administration or State Medical Review Team (SMRT).

Disability Hub MN: A neutral resource for disability-related information, referral and assistance. Access can be via the Disability Hub MN website (https://disabilityhubmn.org/) or by phone, 866-333-2466.

Disability Law Center: Organization in Minnesota that provides free civil legal assistance to people with disabilities, regardless of age or income, on legal issues related to their disabilities. It also advocates for public policy to support the legal rights of people with disabilities. The Disability Law Center focuses on eliminating abuse and neglect, increasing community integration, eliminating discrimination, and increasing access to appropriate services.

Disability Services Division (DSD): Division of the Minnesota Department of Human Services responsible for the management of publicly funded programs that support people with a wide variety of disabilities and chronic illnesses.

DSD Resource Center: Help desk that provides technical assistance to counties, tribal nations, managed care organizations and DHS staff for the Medicaid Management Information System (MMIS) in the areas of chemical health, developmental disabilities, home and community-based services and long-term care.

Due process: Process mandated by the Individuals with Disabilities Education Act (IDEA), by which parents of children who have disabilities and public agencies can challenge decisions made by a public school system about the evaluation, placement or services for children with special needs.

Durable medical equipment (DME): Broad category of equipment—not just support technology—that can be paid for by Medical Assistance. DME requirements are that the equipment must be prescribed or ordered by a medical provider, serve primarily a medical purpose, be reusable, not be used for people without an injury or disability and be appropriate for home use.

Family Support Grant (FSG): Statewide program that provides cash grants to eligible families with children who have been certified disabled. The program:

- Helps families access disability services and supports
- Prevents out-of-home placement for children who have disabilities
- Promotes family health and wellbeing.

Inclusion: When people with disabilities are in the same place as people without disabilities and participate in the same activities at the same time.

Individual Education Program (IEP): Plan that outlines special education and related services for children who have been evaluated and are in need of special education. IEP services are based on information gathered from evaluations, state and district assessments and current levels of achievement on IEP goals and in the general education curriculum.

Individual provider: A service provider who is not employed by an agency, organization or other type of provider business entity.

Individual Service Plan (ISP): Each person with developmental disability or a related condition who receives services must have an ISP. The ISP is developed after an assessment of the person's preferences, functional skills and need for services and supports, and it is completed before services are authorized. The ISP is based on the service recommendations from the completed assessment(s) and the service needs identified by the team.

Individuals with Disabilities Education Act (IDEA): Federal law that makes available a free, appropriate public education to eligible students with disabilities throughout the nation and ensures special education and related services are provided to those students.

Informed choice: Choice a person makes that is based on their likes, dislikes, community-based experiences, potential impact on quality of life and information about other available options they receive from their support system.

In-home family supports: Services provided to a person and their family (including extended family members) in the family's home to enable the person to remain in or return to the home. This includes training of the person and family members to increase their capabilities to care for and maintain the person in the home.

In-home respite: Respite provided in the person's home or place of residence. (See also respite.)

Instrumental activities of daily living (IADLs): More complex skills than activities of daily living (ADLs) that enable a person to live independently. IADLs include shopping and meal preparation, housecleaning or managing finances, medications or transportation. (See also activities of daily living or ADLs.)

Lead agency: County, tribal nation or managed care organization that provides services to people who receive Medicaid-funded services.

Least restrictive environment: Referring to the needs of people with disabilities, an environment where services:

- Are delivered with minimum limitation, intrusion, disruption or departure from typical patterns of living available to people without disabilities
- Do not subject the person or others to unnecessary risks to health or safety
- Maximize the person's level of independence, productivity and inclusion in the community.

Legal guardian: Person with legal authority and duty to act on behalf of another person. The legal guardian can make decisions for the person about where to live, medical treatment, training and education, etc. Decision-making is limited to the specific powers the court assigns to the legal guardian.

Legal representative: Parent(s) of a person younger than age 18, guardian, conservator, guardian ad litem (authorized by the court) or other representative legally authorized to act on behalf of a person, including the right to make decisions about services for the person.

Limited English Proficiency (LEP) program (DHS): Program that provides spoken and written language assistance services to people whose limited English skills prevent them from accessing health and human services.

Medicaid: Federal- and state-funded health insurance program for people who have a low income or other needs. It covers children, people who are older, people who have disabilities and others who are eligible to receive federally assisted income maintenance payments. Minnesota's Medicaid program is called Medical Assistance.

Medical Assistance (MA): Minnesota's name for the federal Medicaid program that provides medical care for people with low incomes. (See also Medicaid.)

Medical Assistance under the TEFRA option: Option for children with disabilities who are otherwise ineligible for Medical Assistance because household income is above the Medical Assistance for Families with Children and Adults (MA-FCA) income limit. Under TEFRA rules, only the child's income is considered to determine eligibility for Medical Assistance. There are other requirements regarding parents' insurance and copays. The TEFRA option for children with disabilities is named after the Tax Equity and Fiscal Responsibility Act (TEFRA) that created the option. (See also TEFRA.)

Medically necessary/medical necessity: Health service that is consistent with a person's diagnosis or condition and is recognized as the prevailing medical community standards or current practice by the provider's peer group and is rendered according to one of the following:

- In response to a life-threatening condition or pain
- To achieve a level of physical or mental function consistent with prevailing community standards for diagnosis or condition
- To care for the mother and child through the maternity period
- To treat a condition that could result in physical or mental disability
- To treat an injury, illness or infection.

Medicare: Federal health insurance program administered by the U.S. Department of Health and Human Services under the Centers for Medicare & Medicaid Services (CMS) for people who:

- Are age 65 years or older
- Are younger than age 65 and disabled after receiving Social Security Disability Insurance (SSDI) for 24 months
- Have permanent kidney failure (end-stage renal disease treated with dialysis or a transplant).

Note that Medicare is not "means-tested," i.e., for people with low income like Medicaid—with a few exceptions.

MinnesotaCare: A health care program for Minnesotans with low incomes who are not eligible for Medicaid. People who are enrolled in MinnesotaCare get health care services through a health plan. MinnesotaCare is funded by a state tax on Minnesota hospitals and health care providers, Basic Health Program funding and enrollee premiums and cost sharing.

Minnesota Department of Health (MDH): State agency whose mission is to protect, maintain and improve the health of all Minnesotans.

Minnesota Health Care Programs (MHCP): DHS-administered programs that include:

- Medical Assistance (MA)
- MinnesotaCare
- Minnesota Family Planning Program
- Home and community-based waiver programs
- Medicare Savings Programs.

MnCHOICES: Web-based application tool for conducting and creating person-centered assessments and support plans. It helps people with long-term or chronic care-needs make decisions about their care. MnCHOICES includes two electronic tools:

- Assessment
- Support Plan.

MnCHOICES certified assessor: Individual who completes assessments and planning services for people who need long-term services and supports using the MnCHOICES web-based application.

Modifications and adaptations: Physical adaptations to a person's home and/or vehicle.

Notice of action: Document used by the certified assessor or case manager/planner to inform a person that the county/tribal nation has made a decision about their services and will take an action that affects them.

Olmstead decision: 1999 decision by the U.S. Supreme Court concerning two women from Georgia that played a major role in the expansion of consumer-directed services in Minnesota as well as other states. Because of the decision, called *Olmstead v. L.C.*, all public entities are required to administer programs "in the most integrated setting appropriate to the needs of qualified persons with disabilities."

Ombudsman: Independent governmental official who hears and investigates complaints from private citizens against government and government-regulated agencies.

Person-centered planning (PCP): Organized process of discovery and action meant to improve the quality of life for a person receiving supports and services. PCP focuses on the person and what they want for the future; PCP takes into account what is important to the person (preferences and goals) and what is important for the person (what is needed for the person's health and safety). There are many different approaches to person-centered planning. Assistive and supportive technology should be incorporated into person-centered planning.

Person-centered practices and principles: Way of ensuring that people who receive supports and services have the same rights and responsibilities as other people. This includes having control over their lives, making their own informed choices and contributing to the community in a way that makes sense for themselves. Person-centered practices include:

- Tools everyone can use to learn more about a person
- Person-centered planning
- Person-centered changes made in schools and human services settings.

Personal care assistance (PCA): Services that help a person with activities of daily living (such as eating or dressing) and other services (such as chore services) to help maintain or increase the person's independence. PCA services will be replaced by the Community First Services and Supports (CFSS) program, expected to be launched in late 2021. (See also Community First Services and Supports.)

Personal support: Services provided in a person's home or community to:

- Achieve their full potential
- Increase their independence
- Meet community inclusion goals that are important to and important for the person and based on assessed needs.

Provider: Person, organization or entity that has entered into an agreement with DHS to provide health services to people eligible for Medical Assistance (MA) or Alternative Care (AC).

Public agency: Organization that provides the services required under programs and initiatives listed in Minnesota statutes. Private agencies have some of the duties and responsibilities of public agencies when they are vendors of public services and have contracted with a public agency.

Respite: Short-term care services provided to a person with disabilities when their primary caregiver is absent or needs relief.

Response Center: Service of the Disabilities Services Division (DSD) of DHS that provides support to and answers questions of lead agency staff who administer home and community-based services, including disability waivers and personal care assistance services.

Retirement, Survivors, and Disability Insurance (RSDI): A federally funded program designed to ensure the continuation of income to people who are disabled, have reached retirement age or are surviving dependents of those who qualified for Social Security Disability Insurance.

Rule 185 case management: Minnesota rule that helps people with developmental disabilities gain access to needed social, medical, educational and other supports and services. The case manager works with the person to identify their unique needs.

Section 504 of the Rehabilitation Act of 1973: Civil rights law that prohibits discrimination against people with disabilities.

Self-advocate: Person who advocates on their own behalf.

Self-determination: Situation in which a person, or their authorized representative, makes their own decisions, plans their own future, determines how money is spent for their supports and takes responsibility for the decisions they make. Self-determination is a guiding principle behind consumer-directed services.

Social Security Administration (SSA): Federal agency that administers Social Security programs consisting of disability, retirement and survivors' benefits.

Social Security Disability Insurance (SSDI): Program under Retirement, Survivors, and Disability Insurance (RSDI) that provides cash payments to people who have a disability, have worked a certain number of quarters or had a parent or spouse that worked a certain number of quarters and paid into Social Security under the Federal Insurance Contributions Act (FICA).

Social Security Supplemental Security Income (SSI): Federal program that pays monthly cash benefits to people who have limited resources and income and are age 65 or older, are blind or have a disability. Children who are blind or have a disability can also receive SSI benefits. Social Security looks at how the disability of the child affects their everyday life to determine if the child is eligible for the monthly cash benefits.

Special education: Education provided to children with disabilities whose abilities (physical, cognitive and social) and learning styles require alternative teaching methods and/or related support services to help the child benefit from the educational program.

Special transportation: Transportation of a person who is unable to use a common carrier (such as a bus or taxi) safely but who does not require ambulance service.

STAR (A System of Technology to Achieve Results) Program: Federally funded program that is housed in the Minnesota Department of Administration. Its purpose is to help Minnesotans with disabilities gain access to the assistive technology they need to live, learn, work and play. The program offers device demonstrations, a device loan program to try a device before purchase, and a device exchange.

State Medical Review Team (SMRT): Team of people in the Minnesota Department of Human Services that makes disability determinations using criteria defined by the Social Security Administration. These determinations help people become eligible for certain programs.

State Services for the Blind (SSB): Division of the Minnesota Department of Employment and Economic Development (DEED) that offers a number of services primarily to people age 14 and older who are blind, deaf-blind or have significant visual impairment. These services include tools and training for employment, to support independence and to remain active.

Support planner services: Option under consumer directed community supports (CDCS) in which a person can receive help with developing and implementing the Community Support Plan (CSP). Support planner activities are provided by an individual or entity chosen by the person and are in addition to required case management activities.

Support technology: Broad term used to describe both assistive technology and remote support technology:

- Assistive technology: The federal definition of assistive technology applies to any item, piece of equipment, product or system, whether it is acquired commercially off-the-shelf, is modified, or is customized and is used to increase, maintain, or improve the functional capabilities of persons with disabilities. The item may be high-tech, such as a communication device or low-tech, such as a cane.
- Remote support technology: This is the use of technology that permits live, two-way communication to provide support within the scope of an allowable service by staff or caregivers from a remote location. Remote technology makes on-demand remote supervision and support possible.

Targeted case management (TCM): Service coordination that helps people who are eligible for Medical Assistant and meet other criteria to access needed medical, social, educational and other services.

Tax Equity and Fiscal Responsibility Act (TEFRA): Program available for some children with disabilities who ordinarily would not be eligible for Medical Assistance (MA) because of parental incomes. The

State Medical Review Team must review applicants. TEFRA is also known as the Katie Beckett Provision. (See also Medical Assistance under the TEFRA option.)

Technology for HOME: State-funded service that provides assistive technology consultations for people who receive home care or home and community-based services who need assistive technology to live independently. Technology for HOME offers a team approach that allows multiple professionals to assess and meet a person's assistive technology needs concurrently.

Technology for HOME team: Group of professionals who support people during the technology for HOME process. The team might include occupational therapists, physical therapists, speech therapists, nurses and engineers.

Transition Protocol: Policy expectations applied by the Department of Human Services when a person receiving supports (whether due to disability, mental illness or age) transitions from one living arrangement to another. In order to ensure the person can move to the least restrictive setting appropriate for the person, the person must have a person-centered process that provides informed choice. The transition protocol, person-centered planning and informed choice all aim to provide the person with a higher quality of life, as the person prefers it.

Tribal administration of home and community-based services (HCBS) programs: Option that allows DHS to contract with federally recognized tribal nations that have a reservation in Minnesota to operate a federally approved program or any other DHS program.

Vocational Rehabilitation Services (VRS): Division in the Minnesota Department of Employment and Economic Development (DEED) that helps people with disabilities prepare for, find and keep a job so they can live as independently as possible.

Waivers: Programs that have received federal approval for expanded coverage for services not usually covered under Medical Assistance (MA). These programs waive normal Medicaid rules to allow people to receive services in less restrictive environments, such as their own homes. Waivers serve targeted populations based on eligibility requirements specific to each waiver program. Minnesota offers five waivers; four are for people with disabilities and one is for seniors—see each individual waiver for a description:

- Brain Injury (BI) Waiver
- Community Access for Disability Inclusion (CADI) Waiver
- Community Alternative Care (CAC) Waiver
- Developmental Disabilities (DD) Waiver
- Elderly Waiver (EW).

Waiver span: Period of time that identifies both the start and end dates for the specific waiver program the person has been approved to receive.