DEPARTMENT OF HUMAN SERVICES

Legislative Report

2023 Biennial Report on Services for People with Disabilities

Disability Services Division

February 2023

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I. Executive summary

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

People with disabilities bring tremendous value to the communities in which they live. Over the past two decades, Minnesota has transitioned successfully from high use of institutional services to more flexible, cost-effective, home and community-based services (HCBS). Minnesota continues to build a person-centered system that supports people to live as valued members of their communities and to have increased choice and control over the services they receive.

Many trends identified in the 2021 Biennial Report (PDF) continue in 2023, including:

- Workforce pressures
- Increased preference for having choice and control
- Program growth and changes
- Continuing cost reporting initiatives.

DHS also acknowledges new trends, including the need to develop best practices that help people with disabilities overcome barriers to returning to their communities when they no longer meet hospital level of care.

The report further describes how DHS has shifted work due to the COVID-19 pandemic and used federal relief dollars to provide needed investments in HCBS.

Guiding all this work are the principles of equity, choice and control. DHS remains committed to advancing equity across initiatives and program areas, as well as increasing people's ability to have options, make informed decisions and exercise choice and control over their services. The report spotlights these guiding principles and provides updates on several ongoing projects, including:

- MnCHOICES revision
- Electronic visit verification
- Waiver Reimagine
- Community First Services and Supports.

Finally, the report concludes with an overview of the disability service system DHS administers.

II. Legislation

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

252.34 REPORT BY COMMISSIONER OF HUMAN SERVICES.

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

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

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

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

III. Introduction

The 2023 biennial report provides an overview of the Minnesota Department of Human Services' (DHS) current goals and priorities in providing home and community-based, long-term services and supports for people with disabilities. It presents an in-depth review of trends and challenges, updates on new and continuing programs and impacts from the COVID-19 pandemic.

Workforce shortages existed before the pandemic. However, COVID-19 has greatly exacerbated these shortages, and they continue to have varying impacts on DHS programs. This report provides an overview of DHS' response to this trend, including new initiatives that support people transitioning back into their communities when they no longer meet hospital level of care.

Guiding all of DHS' policies, programs and initiatives are the principles of equity, choice and control. DHS remains committed to growing as an anti-racist organization and providing fair and just access to community-based services for all people with disabilities. DHS will continue to promote long-term, customized services for Minnesota's diverse populations.

Purpose of report

The purpose of this report is to inform the 2023 Minnesota Legislature and interested parties about how DHS is using investments made by the people of Minnesota. These investments provide people with disabilities the opportunity to lead meaningful lives and participate fully in their communities. Minnesota benefits from the presence and contributions of people with disabilities.

Scope of services covered in this report

According to the Minnesota Compass, about 649,222 Minnesotans (11.5% of the population) report having serious difficulty in at least one of the following basic areas of functioning: hearing, vision, ambulation, cognition, self-care or independent living. However, most people with disabilities do not use formal supports from the state.

In 2021, about 116,000 people who have a disability or who are blind were enrolled in Medicaid in Minnesota. Thousands of others received state-funded services, such as information, referral and options counseling.

DHS manages Medicaid programs that support people of all ages with a variety of disabilities, including:

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

These programs deliver services at any point in life, potentially throughout a person's lifespan. They promote individual and family self-sufficiency and help a person be as independent as possible in their community. Services include home care and those that support a person's community living, work and other goals. For more information about home and community-based services (HCBS) programs, refer to the Overview of the HCBS system section.

IV. Guiding principles

People with disabilities deserve every opportunity to be valued, integrated members of their communities and live self-directed lives. In building this person-centered approach to disability services, the Minnesota Department of Human Services (DHS) incorporates the guiding principles of equity, choice and control into the programs it oversees, regardless of different goals, strategies or types of populations served.

Unfortunately, the service system has not always included these guiding principles. The systemic stripping of people's dignity and control over their lives were once core outcomes of Minnesota's institutionalized history. The system only began to transform in recent decades with the passing of key legislation at both the federal and state levels.

While DHS cannot erase this history, it understands the importance of acknowledging this oppressive past and strives to build a system that promotes — not strips — choice and control and equitable distribution of positive outcomes for all people with disabilities.

Brief history[1]

Fifty years ago, there were few, if any, community-based services for people with disabilities. Family members had the choice of keeping their loved ones at home or turning guardianship over to the state and placing the person in an institution.

This reality shifted with the start of the disability movement and changes to state and federal policy that transformed the service-delivery model over the next several decades.

In the mid-1950s, Minnesota started to pilot new community-based models. By the mid-1970s, access to community residential facilities increased dramatically. In 1981, Congress created the home and community-based services (HCBS) waiver that allowed Medicaid use for alternative, less-costly, community-based services. Congress required the cost of the services provided under the waiver to be less, on an average per capita basis, than the total expenditures if people received the services in an institution.

Minnesota was one of the first states to build a waiver service system and rebalance services. The last child with a disability living in a Minnesota state hospital (then called a regional treatment center) moved out in 1987.

In 2000, the last adult with a disability living in a Minnesota state hospital moved out. Today, more than 95% of people with disabilities in Minnesota receive long-term services and supports at home and in the community.

[1] Much of this history has been adapted from Minnesota Council on Developmental Disabilities – With an Eye to the Past, which is a resource for deeper exploration of Minnesota's disability history.

Minnesota's Olmstead Plan

The 1990 Americans with Disabilities Act and the 1999 Supreme Court *Olmstead* decision affirmed the right of people with disabilities to live in the most integrated setting.

In 2011, part of a settlement agreement for the United States District Court class action case, *Jensen v. DHS,* stipulated that the state and DHS would develop and implement an Olmstead plan that incorporates measurable goals to increase the number of people with disabilities receiving services that best meet their needs in the most integrated setting. Following court approval of the Minnesota Olmstead Plan in 2015, the state implemented the plan with oversight by the Olmstead Subcabinet, an executive-office-level, multi-agency entity.

On Oct. 24, 2020, the court ended its jurisdiction over the entire *Jensen* settlement, including the Minnesota Olmstead Plan. However, the end of court jurisdiction did not terminate the plan. The Olmstead Implementation Office continues to update the plan and work with state agencies to set new goals.

The Olmstead Plan continues to be a multi-agency effort, bringing together 13 state agencies and entities to achieve the plan's vision of a Minnesota where people with disabilities have lifelong opportunities to:

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

HCBS Rule

In 2014, the federal Centers for Medicare & Medicaid Services (CMS) published regulations that changed the definition of home and community-based settings for the Medicaid HCBS waivers. CMS allowed states until March 2023 to bring their systems into compliance with the HCBS settings requirements.[2] The rule raises expectations about what is possible for older adults and people with disabilities. It requires that all people:

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

States are required to develop a transition plan for the HCBS waivers to comply with the rule. Minnesota's statewide transition plan is a document that outlines how Minnesota will ensure compliance with the

[2] This timeline includes a one-year extension due to the COVID-19 public health emergency.

rule. For final approval, CMS required:

- Site-specific assessment and validation outcomes.
- Remediation strategies to resolve areas of non-compliance.
- Detailed plans for identifying settings presumed to have institutional/isolating characteristics and a plan for preparing submissions for CMS heightened scrutiny review.
- Processes for ongoing monitoring to ensure all settings remain fully compliant in the future.

CMS approved Minnesota's HCBS Settings Statewide Transition Plan (PDF) on Feb. 12, 2019.

Ongoing monitoring for HCBS compliance

DHS uses several strategies at the provider, lead agency and individual recipient levels to ensure ongoing compliance with the home and community-based settings requirements. To ensure ongoing provider compliance, DHS will use the following mechanisms already in place (to the extent possible), with some necessary revisions to accomplish the requirements of the CMS rule:

- Provider enrollment process
- Licensing
- Case management.

DHS will monitor HCBS rule compliance through multiple approaches and evaluate:

- Compliance at the setting and of the service provider through state staff and licensing entities
- People's experiences through an annual assessment administered by their case manager
- Roles and responsibilities of case managers and lead agencies for person-centered planning through lead agency reviews.

The following sections provide more details about these mechanisms.

Provider enrollment process

In August 2018, DHS implemented a process to evaluate new providers for compliance upon their request to enroll as a waiver provider. This process balances the need for providers to have up-front information with CMS' requirement that providers be operational before evaluation, with heightened scrutiny conducted as necessary.

DHS asks new providers to attest to their compliance with the HCBS settings requirements when they enroll. DHS processes new enrollment requests in the order received and provides a response within 30 days.

Licensing

DHS will monitor compliance through licensing standards. If a new provider indicates it meets one of the criteria for a setting that is presumed not to be home and community-based, DHS will require further evaluation before the provider is able to enroll and deliver waiver services. DHS will design a process for this evaluation so it can conduct the evaluation as quickly as possible.

Case management

DHS will use case management to monitor compliance with the HCBS settings requirements for all settings, including individual private homes. Case management is a required service for every person receiving waiver services.

Advancing equity

DHS acknowledges many barriers remain in place that continue to oppress historically marginalized and underserved populations across the state. Minnesota has some of the greatest health, education, housing and employment disparities in the country between white and Black, Indigenous and people of color.

Black, Indigenous and people of color are expected to make up one third of the state's population by 2053.[3] As such, equity must remain a driving force for all DHS policies, programs and culture. The program updates in this report demonstrate DHS' commitment to promoting positive outcomes for all people with disabilities, regardless of their backgrounds.

Internally, DHS committed to advancing a culture of equity by establishing two key equity goals:

- Implement equity practices across DHS.
- Provide employees with the tools and skills to establish equity in the workplace.

The DHS Disability Services Division (DSD) also has a strategic plan for advancing equity that focuses on the following efforts:

- Build DSD's internal capacity to advance equity and combat racism.
- Establish standards, including culturally and linguistically appropriate services (CLAS) standards, for community engagement.
- Use data to support equity analysis of policies and services.

Promoting choice and control

Choice and control did not exist in the institutionalized settings where people with disabilities once lived. Now, people receive more opportunities to choose their supports, manage their care and direct their lives in ways most meaningful to them.

[3] Minnesota State Demographic Center – Long-Term Projections for Minnesota, October 2020 (PDF)

For more than a decade, Minnesota has been building a more person-centered disability service system guided by the principles of choice and control. Person-centered supports must reflect its understanding, honoring and respect of the things each person thinks are important. When people with disabilities experience person-centered approaches, they:

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

Person-centered practices have many aspects, including:

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

DHS projects and partnerships advance this person-centered system by promoting outcomes that provide more choice and control to people who use services.

V. Trends and challenges in disability services

This section provides updates on continued, troubling workforce shortage trends, as well as efforts by the Minnesota Department of Human Services (DHS) to find sustainable, person-centered solutions.

This section also shares updates on trends DHS has been tracking for many years, including increased demand for consumer directed community supports (CDCS) and increased enrollment in integrated community supports (ICS).

Workforce shortage trends

Home and community-based services (HCBS) are critical to ensuring people with disabilities have:

- Support they need to be valued members of their communities.
- Choice and control over the services they receive.

People rely on direct support professionals (DSPs) to increase their independence and help with daily activities through HCBS. Unfortunately, low wages, lack of adequate benefits, competition with other employers and other factors have placed considerable pressure on the ability to build and maintain a qualified workforce.

In every region of the state, both agency employers and people who hire their own DSPs are struggling to recruit and retain DSPs. The already dangerously small workforce is predicted to worsen over the next 10 years.[4] The workforce crisis:

- Prevents and diminishes access to services.
- Can be a factor in abuse, neglect and injury incidents.
- Contributes to people losing their choice and control over services they need.

For example, in both 2020 and 2021, more than 50 Minnesotans reported moving into nursing facilities because they could not find a caregiver to provide in-home services.[5]

DHS continues working to understand the root causes of the declining workforce, potential solutions and national efforts to support HCBS waiver services. Since March 2021, the DHS Disability Services Division (DSD) has hosted monthly meetings with several DHS divisions and the Minnesota Department of Health (MDH) staff to discuss workforce shortage projects, impacts and solutions. More than 50 people representing disability, aging and behavioral health services are in regular attendance. These meetings have shaped many initiatives, such as a grant to support the development of employee-owned HCBS cooperatives. DHS hopes this grant initiative will promote employee retention by giving DSPs more control over their work environment.

While DHS cannot control many of the factors that contribute to the staffing crisis, it strives to provide resources, information and collaboration with others to address the shortage and create sustainable

[4] Minnesota Department of Employment and Economic Development, "Occupations In Demand"

[5] Data obtained through DHS' preadmission screening documents, noting the reason for nursing facility admission

solutions that restore person-centered practices.

Examples from the field

Early Intensive Developmental and Behavioral Intervention (EIDBI)

The workforce shortage has dramatically affected the EIDBI benefit. DHS declared a provider shortage in 2013, when the benefit initially passed into law. The COVID-19 pandemic has only made it worse.

As the workforce continues to get smaller, the prevalence rate of autism continues to increase. In 2022, there were more than 28,000 children younger than age 21 with a diagnosis of autism on Medical Assistance (MA) in Minnesota.

EIDBI providers were among the essential workers during the pandemic who had to pivot and find ways to continue providing medically necessary services during stay-at-home orders. The pandemic resulted in increased stress and financial strain on many workers, resulting in increased turnover, larger workloads for remaining workers and burnout. As a result, many EIDBI agencies are struggling to stay in business.

Emergency staffing pool

Since September 2020, the emergency staffing pool has provided temporary staff relief for residential service providers experiencing staffing shortages due to an outbreak of COVID-19.

DHS and MDH use a triage process with COVID-19 data to determine whether a provider group setting is currently (or close to) experiencing a staffing crisis that could affect safety and normal operations. A third-party staffing agency deploys emergency pool staff to a site for up to 21 days until the provider can stabilize the setting. For additional information, refer to the Announcement about temporary staffing help available for residential service providers during COVID-19.

Since September 2020, DHS and MDH have approved more than 350 provider requests for 1,100 staff. During that time, about 450 staff were deployed.

DSP labor market data collection

The Legislature required DHS to collect market-level information about the direct support workforce to improve its understanding of the workforce that supports people receiving HCBS. Using the information collected, DHS must begin to work on innovative solutions to the shortage.

DHS is using two distinct but related approaches to collect this information accurately:

- **HCBS labor market survey** helps DHS better understand wages, benefits, size and scope of the direct support workforce in Minnesota.
- **Self-direction reporting** provides DHS with broad, population-level data about DSPs from financial management service (FMS) providers.

DHS must collect data from both surveys annually. The surveys will provide data over many years so DHS can compare and evaluate trends. The information collected from these efforts includes:

- Number of part- and full-time workers
- Wages for direct care workers

- Access to and cost of other benefits, such as health care, paid time off, etc.
- Retention and job vacancy.

Survey findings reveal multiple challenges in the DSP labor market, including:

- Statewide median starting wage was $14.32 for part-time workers and $13.50 for full-time workers (lower than the wage considered adequate by the Minnesota Department of Employment and Economic Development [DEED] to meet basic needs).
- 47% of the surveyed HCBS providers did not offer health insurance to full-time DSPs.
- 52% of the workforce was comprised of part-time staff.

While data alone cannot remedy the workforce crisis, HCBS labor market reporting provides new and unique insights into Minnesota's direct support workforce. Policymakers can track the health of the labor market year over year to understand which areas need investments or policy changes.

For more information on the findings, refer to the 2022 HCBS Labor Market Reporting Legislative Report (PDF). DHS anticipates new findings in early 2023, based on 2022 reporting.

Supporting complex needs

The continuing workforce shortage is a current and future stressor on the system. However, it is not the only challenge DHS has been working to address. The following sections describe strategies DHS is using to address the challenge of supporting complex needs.

Culture of Safety

DHS' Culture of Safety model aims to move the critical incident system from a culture of blame toward a culture of accountability. Critical incidents are any situation that creates a significant risk of harm to the physical or mental health, safety or well-being of a person receiving HCBS waiver services.

Without a culture of safety, DSPs cannot share true accounts of how the service system operates and how to improve it. The Culture of Safety model allows DSPs to share their experiences about how things may go wrong and how to avoid these issues in the future without fear of being sanctioned or fired.

The Culture of Safety review process includes a sequence of phases that value DSPs' accounts of critical incidents and gather perspectives to inform how operations occur in real time. Through these efforts, DSPs have been able to share the following experiences with DHS:

- DSPs frequently experience challenging situations when they try to balance "dignity of risk" and protect the health and safety of the people they serve.
- In challenging situations, many DSPs choose to protect health and safety for fear of what will happen to their job if the person they serve is injured trying to engage in an activity they enjoy or are interested in.
- DSPs need additional resources to help them understand how to best support "dignity of risk" while also protecting health and safety.
- Support planning meetings can be overwhelming and stressful for DSPs because of the number of questions, paperwork and sense of pressure.

Minnesota's Regional Quality Councils are currently reviewing data from the incident review process and will make recommendations for systemic changes to Minnesota's HCBS system. DHS' goal is that the Culture of Safety model will promote a quality system for both DSPs and the people they serve.

Hospital technical assistance and coordination

DHS is committed to providing services to people in unrestricted settings, in the community of their choice.

In partnership with MDH, DHS is helping alleviate pressure on level 1 and 2 trauma hospital capacity. Specifically, DHS supports the transition of people in hospitals and other institutional settings who may receive HCBS successfully in the community. This effort includes providing staffing support and access to a multi-disciplinary consultation panel focused on creating the best life possible for people in these critical situations. The panel consists of experts from the following disciplines:

- Positive behavior support
- Psychology
- Neuropsychology
- Psychiatry
- Occupational therapy
- Person-centered planning.

Additionally, DHS provides technical assistance and consultation to identify people experiencing extensive delays or barriers to moving back to the community after they no longer meet hospital level of care criteria. To begin finding solutions that overcome these barriers, DHS implemented its Continuous Quality Improvement (CQI) pilot to understand how the system works for people who are at risk of institutionalization, stuck in hospitals or in crisis.

Before developing the CQI process, multiple DHS areas were involved when children and adults were experiencing barriers when moving back into their communities. This work existed within silos, resulting in duplication of efforts and inefficient or ineffective technical assistance and support.

The CQI pilot seeks to unravel this confusion and provide better transition support by focusing on collaborative efforts between people, their support team and hospital staff, and by receiving input directly from community partners about their experiences. For example, efforts have already revealed that the direct support workforce shortage continues to be one of the largest barriers to finding community-based homes for people.

This person-centered approach not only helps DHS make informed recommendations to better the system but also includes input from people of varying backgrounds and with varying needs.

Service terminations

Community residential services provide support to people with disabilities and people age 65 and older in a corporate foster care or licensed community residential setting. Individualized plans provide a person with choice and control over their services, which may include increasing and maintaining their physical, intellectual, emotional and social function in the following areas:

- Assistance with activities of daily living
- Communication skills
- Community participation and mobility
- Health care
- Household management
- Interpersonal skills
- Money management
- Positive behavior and mental health support
- Self-care.

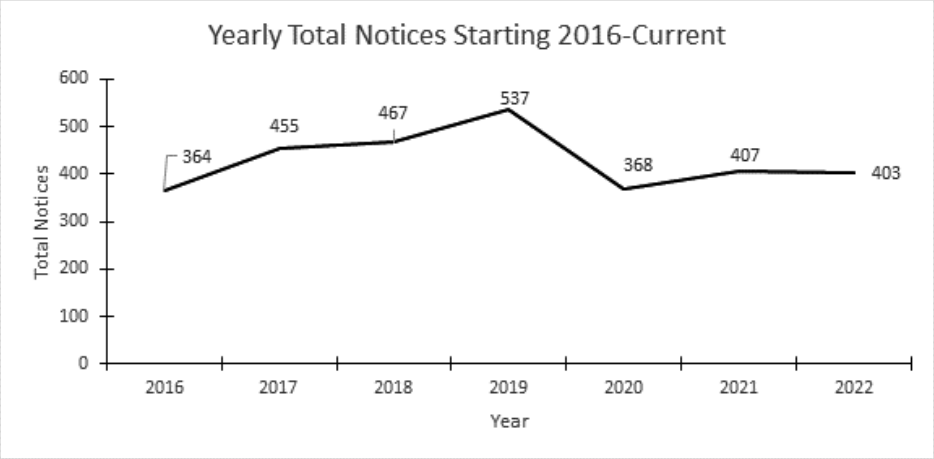
Providers of community residential services may terminate or suspend their services for multiple reasons, including:

- The termination is necessary for the person's welfare, and the facility cannot meet the person's needs.
- The health of the person or others in the program would otherwise be endangered.
- The program has not received payment for services.
- The program ceases to operate.
- The lead agency has terminated the person's waiver eligibility.
- For state-operated community-based services, the person no longer demonstrates complex behavioral needs that cannot be met by private community-based providers.

Figure 1: Yearly total service termination notices, FY 2016-current

Total yearly service terminations sent for review

When a community residential provider issues a termination or suspension notice, they are required to notify DHS, the person receiving services or their guardian and the case manager in writing. The DSD Community Capacity and Positive Supports (CCPS) team reviews each written notice.



Note: Figure 1 reflects data received at the writing of this report. DHS expects 2022 to have the highest number of service terminations compared to previous years.

The majority of the yearly total notices (roughly 70-75%) cite "challenging behavior" (including severe physical aggression toward self and others) as the reason for suspension or termination, while a much smaller percentage (20-28%) cite "the program ceases to operate" as the reason.

Most notices (99% or more) that cite "the program ceases to operation" and provide a specific reason state that the provider is closing specific homes or specific licensed sites. Providers often close sites in rural areas where direct support staffing is difficult to find or the commutes are too long.

When a community residential provider closes a site, they usually offer an opening in another licensed site they operate. In these cases, people do not lose their housing, but their choice and control over where they will be receiving services becomes limited.

After years of working with case managers on service terminations and suspensions, the DSD Community Capacity and Positive Supports (CCPS) team discovered the following trends:

- The workforce shortage adds additional risk to people who engage in severe physical aggression toward themselves and others because service termination and/or service suspension notices are issued due to staff injury or quitting on the spot.
- People who engage in severe physical aggression toward themselves and others are at most risk

of receiving a service termination and/or service suspension.

- Increasing investment in waiver or state plan services that provide intervention services should increase capacity. Intervention services offered before a person is in a crisis can reduce the use of hospital emergency departments, 911 calls, corrections, family separation, service termination and/or suspension and use of institutional services.

Continuing demand for consumer-directed options

In addition to tracking and addressing workforce shortage trends, DHS also continues to address the substantial growth in demand for self-directed services and customized living preferences.

Many of DHS' HCBS waivers have an element of self-direction, which contributes to the building of a person-centered system. However, some program and service options are labelled specifically as "self-directed" because their primary function is to allow people to design and manage their own services.

Consumer directed community supports (CDCS)

CDCS is a unique service option available through the HCBS waivers. This popular option provides more choice and control over services and allows people to:

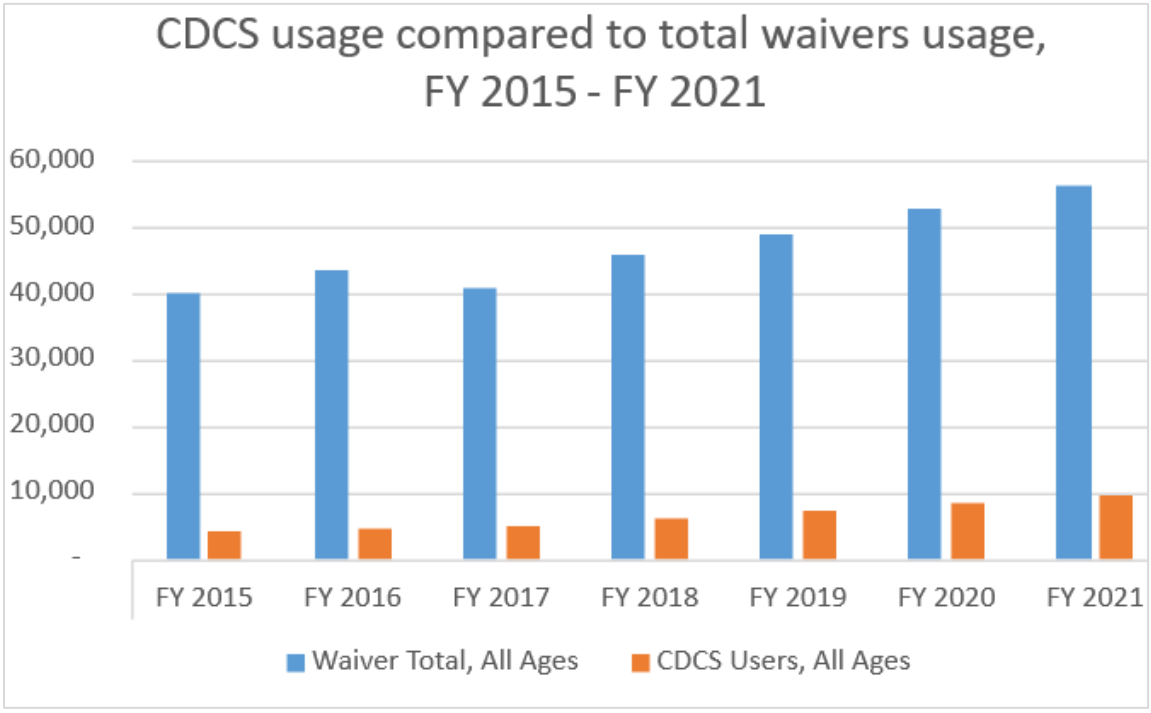
- Customize their services.
- Hire and fire their staff.
- Purchase goods and services.

Over the last five years (FY 2017-2021), the percent of people who use CDCS through disability waivers increased from 10% to 17%. This outpaces the growth rate for the waivers, which was 7.5% during the same period. It indicates a rapid increase in people opting to direct their own services.

Figure 2: Total number of people on disability waivers who use CDCS, FY 2015-2021

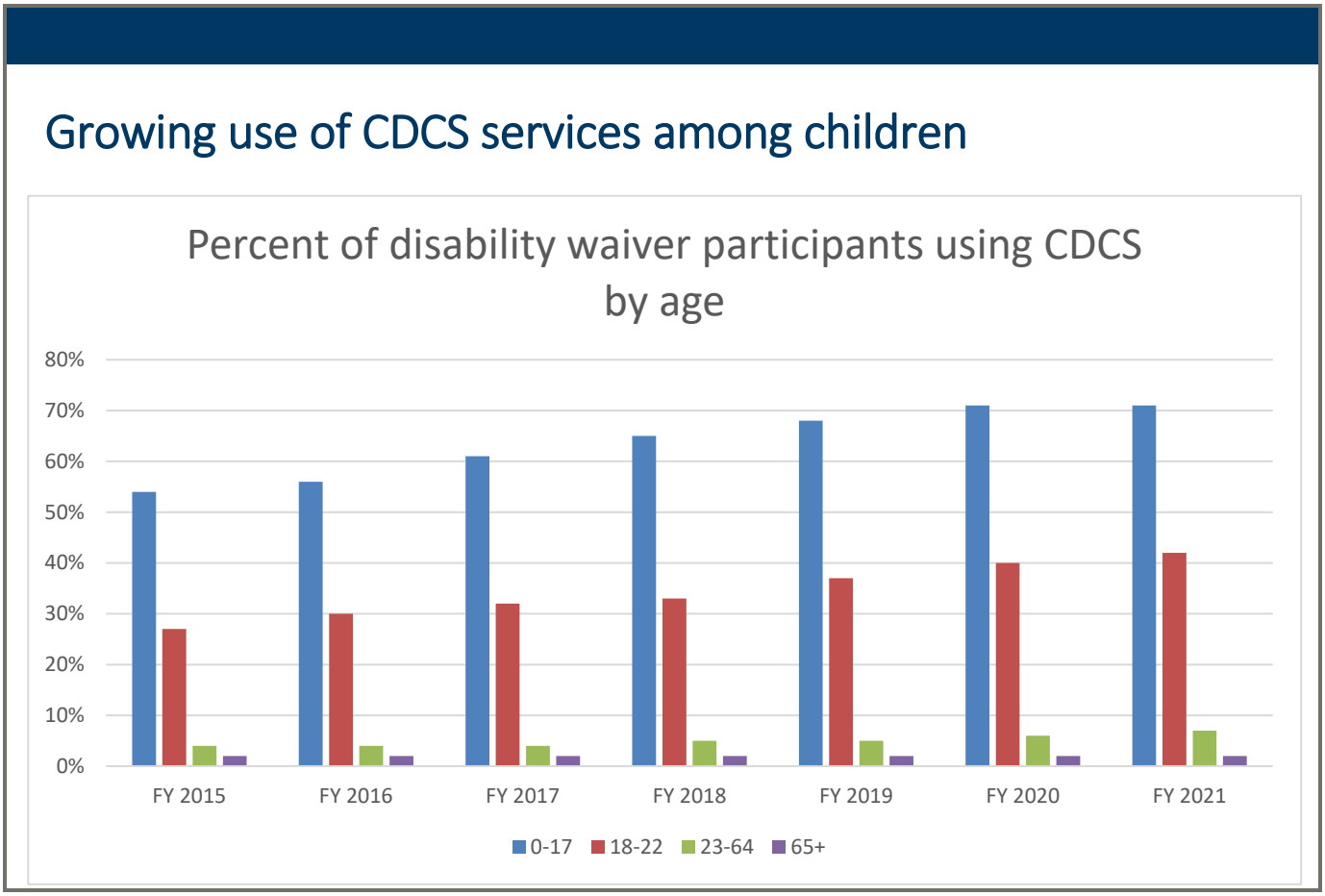
Increase in use of CDCS

Each year, more people opt to direct their own services. The growth rate in CDCS use outpaces the growth rate in overall waiver use.



Children are the fastest growing group of people who use disability waivers. During the last seven years, the number of people on disability waivers overall has grown approximately 8% per year. The "younger than age 18" age group grew approximately 6.7% per year during the same time.

Figure 3: Percent of people on disability waivers using CDCS by age, FY 2015-2021



Age correlates significantly with CDCS use and with growth in use. During FY 2015-2017, the percent of children using CDCS grew about 20% each year. Approximately 71% of children on a disability waiver use CDCS, compared to 17% of all people on disability waivers.

Overall, CDCS use has grown for all four of the disability waivers. However, rates of use vary by waiver.

People on the Community Alternative Care (CAC) Waiver use CDCS the most. Part of this is a reflection of age. For example, people on the CAC Waiver are far younger (on average) than people on the Brain Injury (BI) Waiver.

Over the past several years, CDCS use has grown significantly for people who use CAC and Developmental Disabilities (DD) waivers. CDCS use among people on the CAC waiver increased from 46% in 2017 to 68% in 2021. CDCS use among people on the DD Waiver increased from 17% in 2017 to 27% in 2021.

Integrated community supports (ICS)

ICS is a new service that provides training and support to meet adults' individualized assessed needs

and goals in at least one of the community living service categories:[6]

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

To be eligible for ICS, a person must be at least 18 years of age and reside in a living unit of a provider-controlled ICS setting (e.g., apartment in a multi-family housing building). People can receive ICS training and support up to 24 hours per day in their living unit or in the community.

ICS became available:

- Jan. 11, 2021, for people on the BI and Community Access for Disability Inclusion (CADI) waivers
- Jan. 1, 2023, for people on the CAC Waiver.

DHS expects ICS to become available to people on the DD Waiver upon federal approval.

Capacity for ICS continues to grow as it launches for more waivers and as more providers seek approval to deliver it. As of Nov. 1, 2022, 109 providers were either enrolled, approved or applying to provide ICS. As noted in Figure 4, this translates to 104 active, enrolled settings that offer a combined 706 ICS units.

When combining all settings with the statuses of enrolled, approved or applied for, there are 246 settings and 1,646 units as of Nov. 1, 2022.

[6] For additional information about the community living service categories, refer to the covered services section of the ICS page in the Community-Based Services Manual.

Figure 4: Number of ICS settings enrolled, approved or in application status, as of Nov. 1, 2022

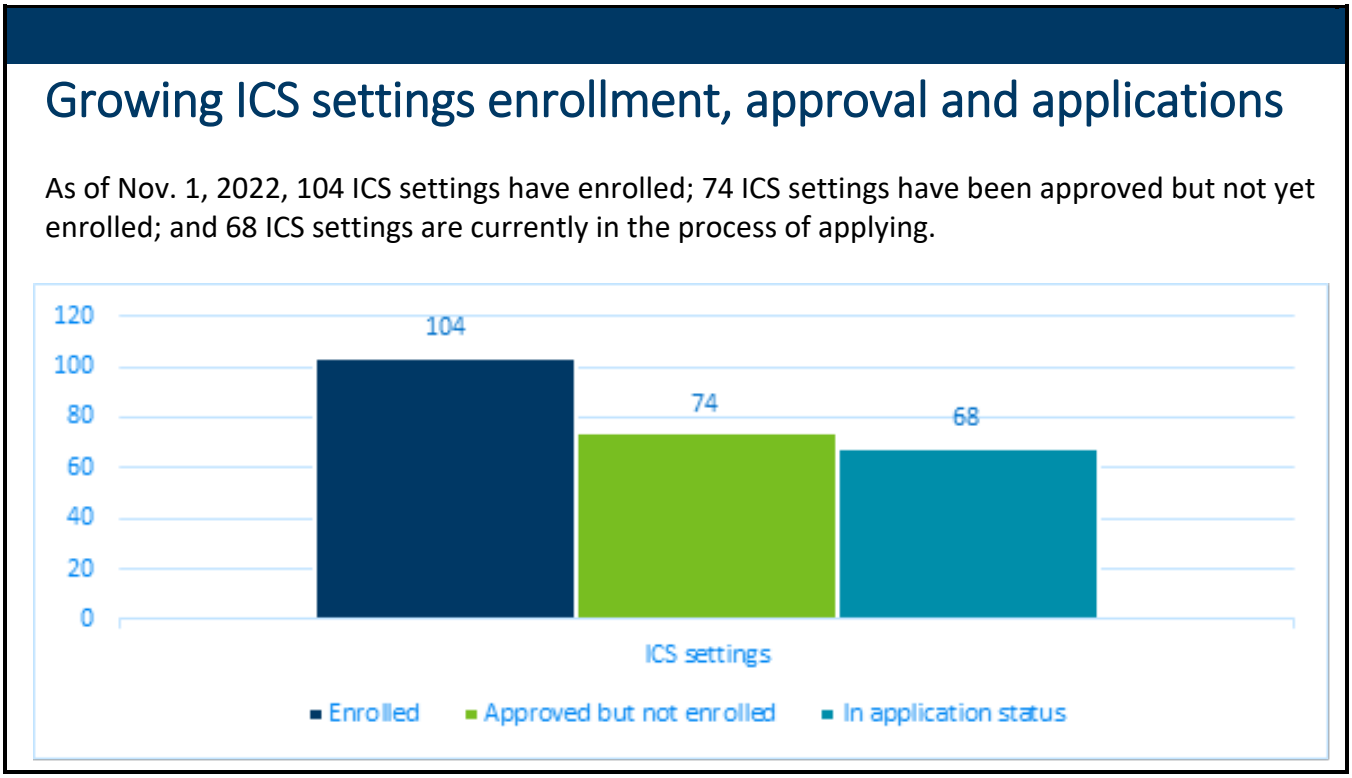
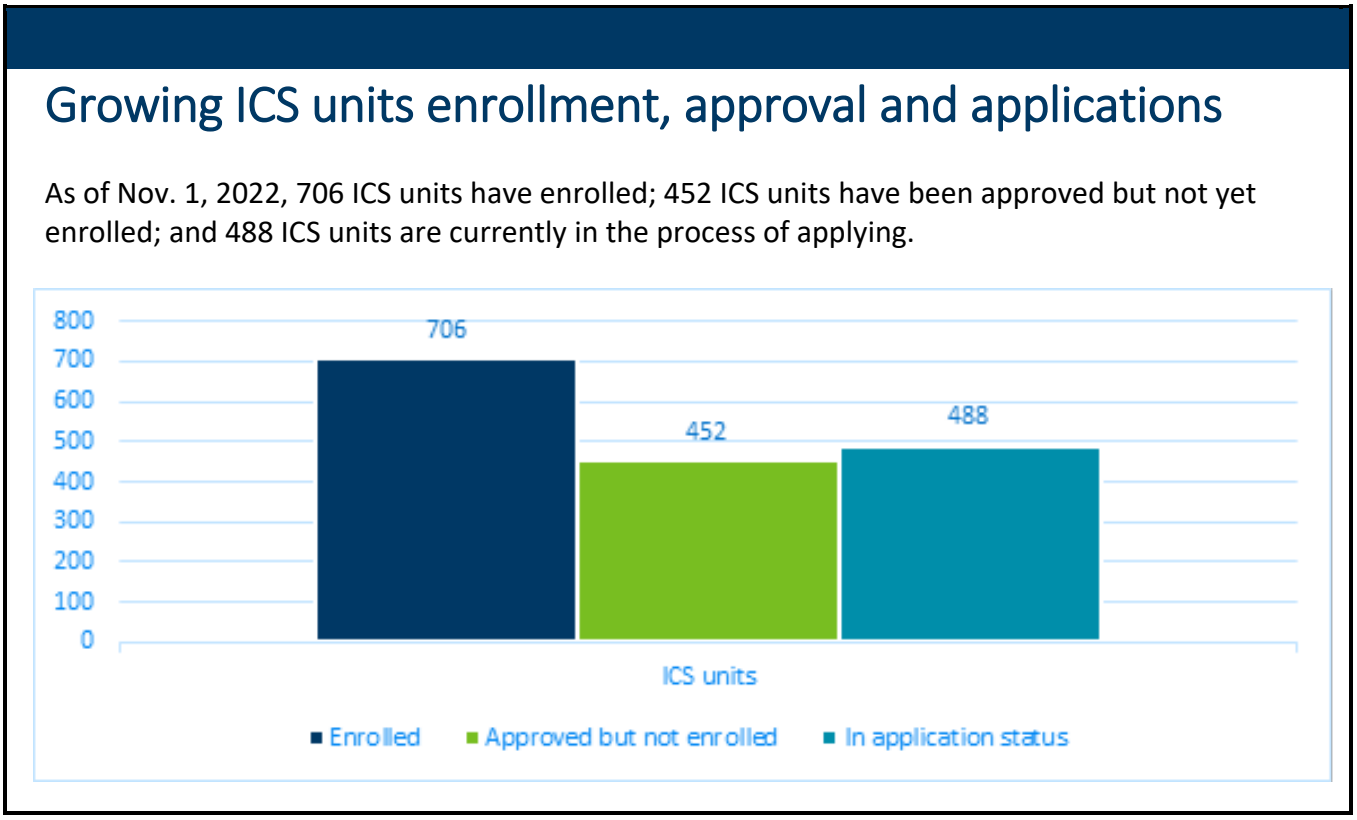


Figure 5: Number of ICS units enrolled, approved or in application status, as of Nov. 1, 2022



Program growth and population changes

The Long-term services and supports (LTSS) demographic dashboard allows the public to access data about who uses Minnesota's LTSS and HCBS, and how users' demographics are changing across the state.

The following trends observed in the last biennial report continue in this report:

- Program enrollment continues to grow.
- More people with high-intensity needs are using services.
- Populations served continue to become more racially diverse.

Program growth

In FY 2022, waiver program participation grew by 6.3%. On average, serving people through HCBS is less costly than institutional care. Therefore, increasing the number of people served in their homes and communities contributes to the ongoing sustainability of the LTSS system. From FY 2022-2027, DHS projects waiver program participation will grow by 3.1% annually.

Higher needs

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

Changing preferences and new service options

In addition to shifting services to meet the needs of increasingly diverse populations, DHS acknowledges that programs must also meet the needs of people who are new to the system and who may have different expectations and goals than those who came into the system years ago.

People want to have more choice and control over their services and increased opportunities to be fully integrated, valued members of their communities. The service system must adapt to support people differently while maintaining stable services for those who have been in the system for years.

DHS is expanding how it addresses people's changing preferences by:

- Expanding options to support people where they want to live.
- Using assistive technology to substitute or enhance the direct support workforce and increase independence.
- Designing services to achieve outcomes that are important to the person.
- Providing choices about who delivers services.
- Providing opportunities for greater control over services.

DHS also is responding to shifting needs by creating new service options. In addition to residential models in which providers have responsibility and control over housing and services, people with disabilities have more access to flexible approaches that support them in their own home or in their family's home. These service options can be cost effective and often result in higher reported quality of life and increased satisfaction of people who receive services.

Shifting work due to COVID-19

Almost three years later, DHS continues to navigate the effects of the COVID-19 pandemic. Through new initiatives (e.g., emergency staffing pool), DHS is working to address disruptions to the system and ensure continued supports for people with disabilities. DHS also has shifted existing program operations to ensure the safety of both people receiving and providing services.

As reported in the 2021 biennial report, collaboration across DHS administrations resulted in more than 70 waivers and changes under existing authorities. On Oct. 13, 2022, the U.S. Department of Health and Human Services extended the federal public health emergency for an additional 90 days, which allows many COVID-19 waivers to remain in effect. This includes waivers that:

- Allow LTSS assessments and reassessments to be conducted remotely.
- Allow case management visits to be conducted remotely.
- Prevent eligibility in LTSS programs from being terminated.
- Allow adult day services to be provided remotely.
- Allow parents of minors and spouses to provide personal care assistance (PCA) services.
- Allow phone and video visits instead of in-person contact for child welfare, mental health and vulnerable adult/developmental disabilities targeted case management (TCM) services.
- Allow for waivers to Moving Home Minnesota (MHM) grant requirements, which include:
    - Verbal approval and consent when written signatures may not be obtainable.
    - Phone or video communication when an MHM transition coordinator or case manager cannot meet face to face with the person receiving MHM.
    - Extension requests to the 180 days of transition coordination period using the MHM Communication Form.

For more information about the COVID-19 waivers that remain in effect, refer to the Announcement about the extension of the federal COVID-19 public health emergency.

VI. Major system change projects

In this section, the Minnesota Department of Human Services (DHS) provides updates on its major system change projects that help support person-centered practices and advance equitable access and outcomes for people with disabilities. These projects include:

- MnCHOICES revision
- Electronic visit verification (EVV)
- Waiver Reimagine
- Community First Services and Supports (CFSS).

MnCHOICES revision

The MnCHOICES assessment and support plan application is a web-based tool that counties, tribal nations and managed care organizations (i.e., lead agencies) use to help people who request long-term services and supports (LTSS).

By participating in the comprehensive MnCHOICES assessment, people can connect to resources, services and supports. For example, the MnCHOICES assessment can:

- Help the person identify services and supports that match their preferences, goals and support needs.
- Support the person to select their preferred set of services and support.
- Create a support plan to help the person live their best life with support.
- Help the person transition from a hospital, nursing facility or other institutional setting to the community.
- Help the person access Medical Assistance (MA), home and community-based services (HCBS), personal care assistance (PCA) and other LTSS.
- Provide information about how to access other support options if the person does not qualify for publicly funded programs.

DHS is in the process of revising the MnCHOICES application to increase the efficiency of use, decrease duplicative questions, increase person-centered language and incorporate all lead agencies. The application is moving from a custom-built Minnesota IT Services (MNIT) platform to a vendor-hosted software as a service browser platform. This move will reduce the operation and maintenance efforts required by MNIT and will increase reliability and access to the application for lead agency users.

MnCHOICES implementation is scheduled for March 31, 2023. Lead agencies will have access to the system on April 3, 2023. This launch schedule allows DHS time to expand training for lead agency end users and build a solid operational and maintenance plan for after launch.

The revised application will include built-in guides to help users right when they need it. It also incorporates the full assessment, eligibility determination, rate setting and support planning process to improve the person's experience with accessing and coordinating services. DHS will continue to enhance and improve the application after the initial launch to ensure continuous quality improvement. After launch, the application will be known simply as MnCHOICES.

DHS also is working on equity initiatives to increase certified assessors' skills and cultural competence in supporting diverse populations unique needs. DHS is developing multilingual guides for people and families, as well as working with a vendor to improve the cultural and linguistic materials to support people's understanding of and participation in the MnCHOICES assessment and support planning process.

EVV

EVV is a federally mandated effort to ensure people receive quality in-home services. EVV aims to reduce fraud, waste and abuse by requiring personal care providers to verify the following information electronically:

- Who received the service
- What service was provided
- Date of service
- Location of service delivery
- Who provided the service
- When the service begins and ends.

DHS is implementing EVV in four phases to minimize the impact to people, direct support workers and providers. The phased approach allows for staggered launches of different services between June 2022 and the end of 2023, and provides space for improvements as needed.

In June 2022, DHS awarded more than $975,000 in provider grants to ease the financial burden of providers using third-party EVV systems. DHS increased the base grant amounts for providers who were owned by Black, Indigenous and/or people of color and for providers who were serving people in greater Minnesota.

DHS continues to develop EVV best practices to make the verification process as accessible and user-friendly as possible for Minnesota's diverse personal care workforce. Providers can verify their visits by downloading an application on their own personal device, free of charge. The mobile application is available in the five most commonly spoken languages in the state, and it allows a person with limited language proficiency to complete the verification process with ease.

Waiver Reimagine

DHS is working to improve and increase access to Minnesota's disability waiver system through an ongoing initiative called Waiver Reimagine. Specifically, Waiver Reimagine aims to:

- Make it easier for people and families to describe the services they want.
- Provide information about services and budgets to give people more choice and control.
- Provide equitable access to services and funding.
- Increase choice and control of self-directed services.
- Simplify and modernize the services available to people.

DHS first developed its disability waivers to focus on diagnoses and criteria for institutional care. As the

system transformed over the decades, disability waivers grew increasingly complex and burdensome for people trying to navigate services. Waiver funds managed by counties and tribal nations further increased variations and inconsistencies within and between lead agencies.

During the 2021 First Special Session, the Minnesota Legislature authorized DHS to implement the second phase of the Waiver Reimagine project, which focuses on providing people more service options and choice and control. The second phase of Waiver Reimagine will:

- Incorporate a waiver reconfiguration that reshapes the four current disability waivers based on a person's diagnosis to a new two-waiver structure based on where a person lives.
- Increase access to and options for self-directed services.

Individualized budgets

Waiver Reimagine also will include the implementation of individualized budgets. Currently, each county and tribal nation has a different budget, within which they manage all waiver costs. A person's waiver funding is subjective and determined by processes that differ within and across counties and tribal nations.

Individualized budgets will provide people with disabilities budgets based on their support needs, not on the amount of funding available in county or tribal nation in which they live. Each person will access funds using the same statewide, equitable and transparent budget methodology. Instead of managing administrative processes and spending, counties and tribal nations can focus on helping the person build their services and supports.

Due to the important connections between the MnCHOICES assessment and the Waiver Reimagine individual budget methodology, DHS will delay Waiver Reimagine to align with the MnCHOICES extended implementation timeline. After the launch of the MnCHOICES revision in 2023, DHS will need 30 months to finalize individual budget preparations before implementation. The current MnCHOICES timeline sets this date in January 2026. Any delay of the MnCHOICES launch (beyond June 2023) will result in further delay for Waiver Reimagine.

Stakeholder concerns

DHS is aware of concerns about large, systemic program changes from a variety of groups. These groups including the Legislature, people who receive services and their families, lead agencies and service providers. These groups have ongoing "change fatigue" following many large-scale changes to the Disability Waiver Rate System and MnCHOICES, as well as the launch of Community First Services and Supports (CFSS). Other factors (e.g., ongoing workforce shortage, COVID-19 pandemic) have led multiple community partners to question the system's ability to prepare fully for another impactful change by 2024.

DHS is confident the delay in Waiver Reimagine phase two implementation will allow for the alignment of budgets to the MnCHOICES revision and more time to prepare people and the related systems for this change. DHS also will continue to collect feedback from affected groups, which will help DHS use best practices for a smooth transition. The Waiver Reimagine Advisory Committee provides a formal touchpoint to solicit stakeholder feedback on the project.

CFSS

The CFSS program promotes person-centered practices by offering flexible personal care options to meet the unique needs of people with disabilities. CFSS will replace personal care assistance (PCA) services while still covering the same health-related tasks and daily activities services.

CFSS will have two service delivery models: the agency model and the budget model. In both models, people who receive services will:

- Direct their care.
- Be involved in choosing their worker, including the person's spouse, the parent of a minor or another person who uses CFSS services.
- Create their service delivery plan with help from their consultation services provider as desired.
- Have the option to buy goods and services that increase independence or reduce reliance on in-person staff.
- Have the option to buy a personal emergency response system (PERS).

CFSS also includes a new service called "consultation services." This service will support people to understand options and have informed choice and control about their services. To date, DHS has contracted with 22 consultation services providers, six of which are owned or managed by Black, Indigenous and/or people of color. These six providers received grants to share valuable feedback with DHS on how content and materials can better meet the needs of the communities they represent.

To implement CFSS, DHS must amend five different waiver and state plan authorities to ensure all people currently eligible for PCA services are also eligible for CFSS. DHS initially submitted the amendments to the Centers for Medicare & Medicaid Services (CMS) in March 2022 and currently is working with CMS to gain approval.

VII. Partnerships

In this section, the Minnesota Department of Human Services (DHS) describes two significant partnerships:

- Money Follows the Person Tribal Initiative (MFP-TI)
- E1MN partnership.

MFP-TI

In 2013, the Centers for Medicare & Medicaid Services (CMS) selected Minnesota to be one of five states to participate in the Money Follows the Person Tribal Initiative (MFP-TI). The initiative focuses on transitioning tribal members from institutionalized settings back into their communities and building sustainable long-term services and supports (LTSS) service capacity within tribal nations.

Minnesota's MFP-TI has invested in a range of tribal projects that funded:

- Tribal planning staff who oversee local tribal initiative projects.
- Benefits advocates who provide ongoing outreach to tribal members to help identify and engage with people who are eligible for Medical Assistance (MA).
- Mental health workers, public health nurses and outreach staff to fill gaps in services.
- Consultants to provide technical assistance about the MA program, billing and claims and provider enrollment issues.

The four participating MFP-TI tribal nations in Minnesota are strengthening their capacity to provide LTSS in areas such as non-emergency medical transportation, case management services to vulnerable adults, adult foster care, personal care assistance (PCA) services and the full range of services provided under the state's waiver programs. Many are considering the feasibility of assuming the role of lead agency for their tribal members.

E1MN partnership

In 2021, Minnesota launched its E1MN state agency partnership to advance Employment First outcomes for youth and adults with disabilities. E1MN builds on work done under Minnesota's Pathways to Employment Initiative (2005-2010), Olmstead Plan and Employment First policy. E1MN brings together DHS, the Department of Employment and Economic Development and the Department of Education to create a more seamless and timely employment supports system. Through E1MN, agencies have:

- Established shared commitments to create joint tools and communications across programs, establishing transparency and one voice across the state in support of Employment First.
- Developed a person-centered Engage, Plan, Find, Keep Framework (PDF) to illustrate how supports across programs work together to support people at any phase of their employment path.
- Created a Disability Hub Work Toolkit to support professionals to work across employment services administered by state agencies, including policy, role clarification, resources and on-demand E1MN trainings.

- Hosted three regional collaboration meetings for lead agencies, Vocational Rehabilitation Services offices and employment services providers in five regions across the state, attended by hundreds of professionals.
- Created a common transition framework to help build an equitable approach to quality transition programming for young adults.
- Built a Disability Hub Youth in Transition Toolkit to support professionals to implement the framework and embed person-centered practices.
- Worked with lead agencies to identify lead agency employment liaisons to support regional collaboration. More than 50 of these liaisons received free access to the eLearning course "Supporting a Vision for Employment" that DHS piloted for wider adoption.

VIII. Managing costs

Enrollment in home and community-based services (HCBS) is expected to continue to rise for several years to come. To meet this growing demand and ensure people have access to the services they need and prefer in the future, the Minnesota Department of Human Services (DHS) is working to manage the cost of these programs. This effort requires DHS to:

- Keep the rates properly aligned with the cost of providing the service.
- Adequately compensate the people who do the work to ensure a competent workforce.

In addition to the cost reporting initiative described in this section, new federal funding opportunities are helping DHS create a stronger, more resilient home and community-based services (HCBS) system for both providers and people receiving services.

Disability Waiver Rate System (DWRS) cost reporting

The DHS' Disability Services Division (DSD) is collecting data to understand the cost of providing services and align the payment structure accordingly. Since 2021, this work has expanded beyond its original scope to include more services to meet the growing and diverse needs of people served.

In 2017, the Minnesota Legislature directed DHS to develop and implement a cost review for provider organizations that deliver at least one service covered by the DWRS.[7] This requirement is called "DWRS cost reporting." All DWRS provider organizations are required to report in a five-year reporting cycle and must submit a completed cost report by the deadline established by DHS. Failure to complete the cost report may result in DHS stopping payment for services.

DHS will use the data gathered from DWRS cost reporting to make evidence-based recommendations to the Legislature about the payment rates for disability waiver services. DHS collects this data on an ongoing basis to inform policy makers of the cost drivers and allow the DWRS to set rates that:

- Appropriately fund services.
- Encourage provider viability.
- Ensure service access for people who receive services through the HCBS disability waivers.

Initial findings

DHS received 467 completed cost reports in 2021, which was the initial reporting year. Overall, the providers who reported represented a variation of sizes, services and locations. Some notable trends in the findings include:

- 75% of provider organizations were for-profit entities.
- Worker wages were lower than what DHS used to build the rate.

[7] This requirement is included in Minn. Stat. §256B.4914, subd. 10a.

- Spending on administrative costs were 5-10% higher than what DHS included in the rate.
- Administrative costs were much higher and direct support costs were much lower than anticipated.

For more information on the findings, refer to the DWRS and Cost Reporting Legislative Report (PDF).

Enhanced federal Medical Assistance (MA) percentage

Section 9817 of the American Rescue Plan Act (ARPA) provides states a one-year 10% increase in the federal MA percentage (FMAP) for certain HCBS funded through MA.

The enhanced FMAP applies to allowable expenditures for services provided between April 1, 2021, and March 31, 2022. States must use state funds equivalent to the increased FMAP to implement or supplement the implementation of activities that enhance, expand and strengthen HCBS under the MA program. The deadline to spend these funds is March 31, 2025.

The Minnesota Legislature authorized approximately $685 million in spending to implement a range of activities that enhance, expand and strengthen HCBS. The Centers for Medicare & Medicaid Services (CMS) provided provisional approval of the spending plan in January 2022, which included plans to:

- Increase provider rates to enhance, expand and strengthen access to HCBS.
- Expand services available under HCBS.
- Support people who receive HCBS to live in their own homes.
- Plan and implement reforms to expand, enhance and strengthen the Medicaid HCBS service system.
- Support and strengthen the infrastructure for HCBS in Minnesota.

Table 1 includes details about the authorized activities.

Table 1: Spending plan for implementation related to disability services

Activity	Total dollar amount
Inflationary increase for service rates under the Disability Waiver Rate System (DWRS)	$223.626 million
Rate increase for personal care assistance (PCA) services	$150.480 million
Rate increase for home health services	$19.709 million
Adult foster care residential crisis stabilization	$57,000
Expansion of telehealth services	$21.012 million
Implementation of Community First Services and Supports (CFSS)	$31.042 million
Enhanced rates in PCA/CFSS and temporary paid parents and spouses	$2.541 million
Implementation of integrated community supports (ICS)	$5.034 million
Support for people to move from provider-controlled settings	$16.354 million
Technology for people receiving HCBS	$4.462 million
Centers for independent living HCBS access grant	$2.476 million
Moving to independence — phase out use of subminimum wage	$15.746 million
Waiver Reimagine	$3.069 million

Activity	Total dollar amount
Online service planning tool investment	$5 million
Parenting with a disability pilot project	$1.102 million
Report on safety net services	$277,000
PCA services in acute care hospitals	$182,000
Continuity of care for students with behavioral health and disability support needs	$48,000
Supporting the capacity of providers serving rural and underserved communities	$24.724 million
HCBS workforce grants	$11.672 million
Grants for culturally and linguistically appropriate services (CLAS) standards	$6.518 million
Process-mapping for lead agencies	$2.898 million
Quality improvement grants for customized living	$1.754 million
Inclusive child care access for children with disabilities	$745,000
Self-advocacy grants for people with developmental disabilities	$682,000
Minnesota inclusion initiative Grant	$412,000
Parent-to-parent program for families with children with disabilities	$344,000

Coronavirus relief funds

In August 2020, the Minnesota Legislature appropriated money from the federal coronavirus relief fund to DHS for COVID-19-related retention grants for HCBS providers and public health grants. DHS distributed more than $15.3 million in retention grants to:

- Help providers with the costs of business interruptions caused by COVID-19.
- Help ensure access to services during or following the pandemic.

Eligible disability services providers used the funds to improve social distancing practices. The funds helped them 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.

Refer to the Disability Services Provider COVID-19-Related Public Health Grants Legislative Report (PDF) for more details on 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 DHS.

IX. Key initiatives and accomplishments

In this section, the Minnesota Department of Human Services (DHS) describes its key initiatives and related accomplishments to:

- Build and increase access to disability services.
- Focus on equity.
- Sustain choice and control.

Building and increasing access to disability services

The disability services system in Minnesota is complex and always changing to meet the growing needs of people served. No one person is expected to understand the entire scope of services offered through waiver services and grant programs, let alone eligibility criteria, assessment requirements, application processes and so on.

DHS is working to help people with disabilities and their families navigate the many available resources and services by:

- Facilitating peer-to-peer support among families with disabilities.
- Expanding the scope of educational materials provided on Disability Hub MN.
- Promoting the use of assistive technologies.
- Creating multilingual resources for non-English speakers.

Supporting families

DHS recognizes the critical role families play in people's ability to exercise their rights and understand their choices. The actions families take during a person's childhood have a critical impact on the type of life that person will lead in adulthood.

DHS aims to support families to maximize their capacity, strengths and unique abilities so they can best support their family member with a disability. DHS recognizes, respects and values diversity in all its forms, including different understandings of what constitutes a family and the roles different family members play.

In 2021 and 2022, DHS helped to support families of people with disabilities through the following activities:

- Worked with state agencies, local agencies and a new community leadership group to promote use of Charting the LifeCourse, which is a nationally used framework that can help people and their families develop a plan for a good life, identify how to find or develop supports and have more meaningful conversations.
- Sponsored 24 organization staff, 39 parents and 10 community leaders in Charting the LifeCourse Ambassador certification and coaching to build Minnesota's community capacity to help families champion their plan for a good life.
- Created Minnesota family videos on the Disability Hub MN family portal to increase peer-to-

peer support.

Additionally, 3,900 families received support provided through the DHS-managed Connecting Families Grants program between 2021 and 2022. Six family support organizations worked with families to facilitate direct one-on-one navigation support, family networking groups, community events, webinars and podcasts.

In 2022, DHS increased funding for the Connecting Families Grant Project to:

- Reduce isolation by connecting families to one another through statewide support groups.
- Help with system navigation and connect families to needed resources for their loved ones.
- Increase the use of culturally responsive materials by instructors who teach Charting the LifeCourse lessons to meet the needs of families from diverse backgrounds.

Disability Hub MN

People with disabilities have more control over their lives when they understand their options and how to navigate the system. Disability Hub MN (i.e., The Hub) is a free statewide resource network that makes it easier for people with disabilities and their families to understand their options, get to solutions and engage in possibilities. The Hub achieves these goals through a network of experts, tools and partnerships that bridge systems and focus on helping people create their best life.

The Hub has roughly 40 statewide staff who provide phone, online chat, email and in-person support. In 2021, the Hub managed 68,169 contacts. The Hub projects the contacts in 2022 will surpass that number.

Between 2021 and 2022, the Hub's online content expanded to incorporate a greater focus on choice and control. A few highlights include:

- Created a Video series on supported decision making to help people understand alternatives to guardianship and retain choice and control over their own life.
- Built a new online guide, Deciding if a waiver is right for you, to help people navigate the complicated pathway to services.
- Added an additional planning path to My Vault, Planning for work, that includes activities from Charting the LifeCourse to help people plan and advocate for meaningful work.
- Created a Video series that highlight stories of young adults who found meaningful employment, in partnership with E1MN.
- Expanded professional toolkits to build common practices across the system.
- Launched the new Youth in Transition Toolkit.
- Expanded the Work Toolkit with trainings for professional roles.
- Built additional Benefits planning trainings to help professionals incorporate benefits planning into their work.

Self-direction

Advancing self-direction and self-determination is a priority for DHS. Self-direction prioritizes choice,

control and flexibility and enables people to decide how, when and from whom they receive services and supports. In addition to providing consumer directed community supports (CDCS), DHS oversees other initiatives that advance greater self-direction and self-determination by:

- Educating people receiving services about how to direct their own planning meetings (i.e., person-centered planning).
- Promoting informed choice through systematic review of policies.

Several of DHS' key initiatives demonstrate this work, including Waiver Reimagine, Community First Services and Supports (CFSS) and other organized efforts.

Assistive technology (AT)

Technology can greatly improve access to services and the way people live. It can help increase independence, expand opportunities to participate in communities and enhance quality of life. People with disabilities are accessing AT and remote support more as they struggle with the lack of available direct support staff or are no longer able to receive their services in person.

The following sections describe how DHS is addressing these challenges by increasing access to AT throughout the system.

Minnesota Technology First Advisory Taskforce

In 2019, the Minnesota Legislature directed the Technology First Advisory Task Force to recommend strategies to DHS that will increase the use of support technology for 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 activities.
- Increase quality of life.

Technology First means raising the expectation that all people with disabilities have a right to access, consider and use support technology to increase independence. The Minnesota Olmstead decision reinforces this expectation by specifically addressing the use of technology to support independence.

The taskforce consisted of 21 appointed members who met quarterly from October 2019 through June 2021, with some additional smaller group meetings as needed. The Technology First Advisory Task Force recommended the following actions to increase the use of support technology in the services and programs DHS administers for people with disabilities:

- Ensure Minnesota commits to becoming a Technology First state.
- Eliminate the $3,909 annual cap on the specialized equipment and supplies (SES) waiver service.
- Create separate billing codes for service providers to enable better tracking of spending related to support technology.
- Increase funding limits for fee-for-service (FFS) items through Medical Assistance (MA).

- 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).
- Allow AT 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.).
- Increase the number of AT practitioners in the state, especially those who will serve people in greater Minnesota.
- Mandate and provide training on support technology for support planners
- Develop, provide and expand training for people with disabilities, their families and their caregivers on support technology and related resources.
- Expand the MnCHOICES assessment and support planning process to include more consideration around potential uses of support technology and the impact of any technology the person is already using.

Olmstead Plan interagency technology work group

Per Minnesota's Olmstead Plan, people of all ages, with all disabilities and in all settings should have access to AT and other technologies that will improve their quality of life and support them, especially in integrated settings. The plan identifies four state agencies with responsibilities related to AT:

- Department of Administration, System of Technology to Achieve Results (STAR) program
- Department of Employment and Economic Development, State Services for the Blind
- Department of Education
- DHS.

To implement the plan, the STAR program created a cross-agency workgroup to develop a common process for identifying people's technology needs and the resources to meet them. The cross-agency workgroup developed the Minnesota Guide to AT website in 2018. The workgroup began meeting again throughout 2021 and 2022 to make updates and improvements to the website.

The Olmstead Subcabinet continues to track progress on this work to advance the use of technology to improve the quality of people's lives.

Technology grants

DHS administers the Technology for HOME grant for people who are eligible for home and community-based services and either:

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

This service uses a team approach and covers individual consultation that connects people to resources and follow-up services. The team provides possible solutions and communicates with the person's county and/or tribal nation to develop a plan.

People who receive waiver services can access this service through their waiver. Grant funds are available for people who are not on waiver programs or who need to fill in funding gaps when waiver

dollars do not cover the full assessment and AT purchases.

In 2022, DHS also received American Rescue Plan Act (ARPA) funds that enabled DHS to provide 12 Minnesota organizations a total of $4 million from FY 2022-2024. These grants will provide technology assistance to older adults and people with disabilities who do not have access to technology resources necessary to use remote service delivery and telehealth services.

Expanding remote service delivery

DHS began work to expand remote support service provision in August 2019 (pre-pandemic) to allow opportunities for increased independence and to help with the staffing shortages. In addition, remote services also increase people's access to services they need by expanding provider capacity beyond their geographic location.

During the COVID-19 pandemic, the Center for Medicare & Medicaid Services (CMS) approved a proposal to provide a variety of remote services during the COVID-19 pandemic. As a result, DHS continued its efforts throughout the public health emergency.

In winter 2021, DHS received CMS approval for a permanent remote support option for 24 waiver services. On Jan. 1, 2022, DHS began a rolling implementation of the new remote policy and service provision. DHS continues efforts to expand the remote support option to include adult day services and CDCS.

Trainings

Between 2021 and 2022, DHS facilitated 40 total training opportunities that covered a wide array of AT topics.

DHS collaborated with ARRM, an association of residential services providers, to provide 21 trainings throughout 2021 and 2022 for lead agency staff, case managers and service providers statewide on supportive technology, assessment processes, how to acquire technology and available resources. ARRM's Innovation Grant through DHS made this collaboration possible.

Additionally, DHS continued its collaboration with the Minnesota Network and Education for Assistive Technology (MN-NEAT) group to provide eight webinars throughout 2021 and 2022 related to the use of AT. These webinars were well-attended by lead agencies, providers, people with disabilities and their support teams. They covered adaptive recreation, technology and transition services, technology for healthy aging and other topics.

Monthly communications

Throughout 2022, DHS sent monthly communications about accessing support technology to increase people's independence and decrease the current system's over-reliance on staff. Some topic examples include:

- How to talk to people about technology during support plan development
- How to ensure access to AT
- How to remove language as a barrier to AT
- Ideas for lead agencies to help people access AT

- Tips for preventing AT abandonment.

Spotlighting equity

DHS strives to incorporate the principle of equity in all it does. While this guiding principle is part of all DHS-managed programs and initiatives, DHS specifically designed the following efforts to address equity issues and promote equitable access to positive outcomes for all people.

Train the Trainer program

In spring 2022, DHS contracted with a diversity, equity and inclusion (DEI) instructor to conduct and develop a training for internal staff and partners. The purpose of the training was to improve staff ability to apply cultural competency, anti-racism and anti-oppression principles in their work. The DEI training objectives include:

- Model the ability to suspend judgment and be curious about other people's perspectives and backgrounds.
- Use questions to help reflect about one's own beliefs and behaviors.
- Recognize and assess one's interactions with others to become more aware of personal bias.
- Demonstrate useful skills to maintain self-control when biases are triggered.
- Identify opportunities to cultivate meaningful growth for oneself and relationships with others.

The program works to identify DEI advocates and help them build their capacity to become DEI champions and trainers within DHS. The Train the Trainer program supplements and supports, rather than replaces, DHS' overarching DEI training vision and practices.

HCBS evaluation of the assessment process for racial and ethnic disparities (HEARD)

DHS research on HCBS shows clear differences in enrollment patterns, service use and self-reported satisfaction by race and ethnicity. These differences highlight disparities among Black, Indigenous and people of color accessing HCBS programs.

HCBS waiver program enrollment is much less diverse than in state plan personal care assistance (PCA) services. In 2021, about 62% of people using PCA services were Black, Indigenous and/or people of color. In comparison, about 19% of people using the Developmental Disabilities (DD) Waiver and 32% of people using the other three disability waivers were Black, Indigenous and/or people of color. To advance equitable access across the waiver system, DHS must acknowledge and address these disparities.

The formal and informal HCBS assessment and support planning processes are the start of accessing services. DHS must:

- Understand how Black, Indigenous and people of color experience these processes to inform DHS policy and operational efforts to reduce potential disparities in HCBS programs.
- Identify institutional biases and strategize about ways to address them to improve the assessment process for many communities and help ensure equitable access for all people with disabilities and older adults.

DHS is working on a multi-phase project to identify racial and ethnic disparities in waiver access, with a specific focus on the assessment process. Through the HCBS evaluation of assessment processes for racial and ethnic disparities (HEARD), DHS will examine institutional biases built into policies and practices and make recommendations to address them. DHS also will work to identify and share practices that successfully address these disparities.

Phase one

Phase one of the HEARD project is complete. It included a literature review of HCBS programs, analysis of service and assessment data and collection of feedback from selected community partners who served as the project's community advisory board (CAB). The CAB are community members from affected communities who have a working knowledge of human services and their specific communities.

Key insights from phase one include:

- People from diverse groups use services and receive assessments.
- People of different ages within racial/ethnic groups use services.
- There are differences among people who receive assessments:
    - Most people assessed to need developmental disabilities level of care identify as white.
    - Most people assessed to need nursing facility level of care identify as Black, Indigenous or people of color.
    - Program enrollment after screening varies by race/ethnicity.
    - Stigma about services, historical mistrust of government and lack of access to culturally appropriate services affect certain communities.

Phase two

DHS recently launched phase two of the HEARD project. In this phase, DHS will collaborate with communities and people requesting HCBS to understand their experiences with assessments. DHS also will collaborate with tribal nations and counties to review the assessment processes through an equity lens.

Early Intensive Developmental and Behavioral Intervention (EIDBI)

The EIDBI benefit provides medically necessary, early intensive intervention for people with autism spectrum disorder (ASD) and related conditions. EIDBI also:

- Educates, trains and supports parents and families.
- Promotes people's independence and participation in family, school and community life.
- Improves long-term outcomes and quality of life for people and their families.

Most children (52%) receiving EIDBI services identify as Black, Indigenous or people of color, and many EIDBI provider agencies are small, minority-owned businesses working to support members of their own community. To meet the needs of these groups, the EIDBI benefit:

- Requires providers to address the person's and family's primary spoken language and culture, values, goals and preferences through the services they provide.

- Incentivizes providers who speak a second language by offering higher reimbursements.
- Requires providers who have contact with people who receive services and their families to take a Cultural Responsiveness Training developed and provided by DHS.

DHS also continues to develop EIDBI resources in languages other than English to help increase equitable access to these services.

Disability Services Innovation Grants

DHS launched its Innovation Grants program in 2016 to support innovative strategies that improve outcomes for people with disabilities. DHS has been intentional about building equity into each step of the grant process, from developing the request for proposals (RFP) to providing technical assistance support for grantees.

The Innovation Grants program now also funds individualized grants. These funds allow people with disabilities to apply for awards up to $2,000 to meet individualized goals consistent with the innovation grant criteria.

The most recent RFP included equity as a specific service area. It allowed applicants to apply for funds to access "equitable, culturally and linguistically responsive services" that met their unique needs.

Examples of programs funded through Innovation Grants include:

- The Autism Society of Minnesota and Somali Parents Autism Network are using funds to launch a pilot project to reach Somali parents with children or young adults with autism through culturally sensitive education and advocacy.
- The Korean Service Center is addressing the social isolation of Korean seniors due to language barriers, COVID-19 and unfamiliarity with technology by increasing use of Korean language mobile video conference apps, providing live support and reducing barriers to accessing community resources.

Sustaining choice and control

Housing

DHS supports people with disabilities to live, work and play in communities of their choice. Unfortunately, finding and maintaining affordable, accessible housing has long been a challenge for people with disabilities. When there is a tight housing market, there is even less access to housing. This problem becomes worse when property owners are unwilling to rent to people with public assistance, limited rental history or other similar factors.

The following sections describe DHS' efforts related to housing for people with disabilities.

Housing Stabilization Services (HSS)

HSS is a new Medical Assistance (MA) benefit designed to help people with disabilities or disabling conditions and older adults find and keep housing. HSS is for people who are experiencing homelessness, at risk of homelessness, at risk of institutionalization or currently living in an institution.

The purpose of HSS is to:

- Support a person's transition into housing.
- Increase long-term stability in housing in the community.
- Avoid future periods of homelessness or institutionalization.

HSS offers the following services and person-centered supports:

- **Housing transition services:** A housing transition services provider helps a person plan for, find and move into housing. Assistance includes helping the person think about preferred housing, helping with the application process, developing a budget and understanding a lease.
- **Housing sustaining services:** A housing sustaining services provider helps a person keep their housing after they have moved in through education about tenant-landlord rights and responsibilities, lease compliance and more.
- **Housing consultation:** A housing consultant helps a person who does not have MA case management develop a person-centered plan that addresses their needs, wants and goals for living in the community.

Since the program's launch in 2020, DHS has reviewed 37,486 applications and forms for more than 18,000 people. At the time of writing this report, there are currently 10,743 people using HSS.

Community Living Infrastructure (CLI) Grant

Housing is a critical component of the human services continuum, but counties and tribal nations have not received consistent funding to build the system infrastructure necessary to support housing in their human services work.

The Community Living Infrastructure (CLI) Grant program is intended to fill this gap and help local governments establish this needed infrastructure. The grant supports the housing-related needs of people with disabilities and others who face significant barriers in transitioning into community living, including people who have experienced homelessness.

Grant funding totaled $4.27 million in fiscal year 2020-2021. It allowed grantees to work in one or more of the following areas:

- Outreach
- Housing resource specialists
- Administration and monitoring of the Minnesota Housing Support program by counties and tribal nations.

In fiscal year 2022 alone, grantees served nearly 6,000 households through outreach, housing resource specialist services and expansion of the Housing Support program.

Housing Access Services (HAS)

Housing Access Services (HAS) is a grant program that supports people with disabilities to live with dignity, choice and control by providing help to access housing. Through the program, grantees collaborate with community partners and housing voucher programs to support people to access the housing of their choice.

The program provides specific services to:

- Find suitable and affordable housing.
- Accompany people as they look for housing.
- Fill out applications for housing and rental agreements.
- Meet with landlords.
- Help prepare applications for housing-related resources.
- Help develop household budgets.
- Obtain furniture and other household items.
- Help with problems that may arise with housing.

Arc Minnesota and United Care Services are the two current grantees of HAS funding. Through their work, the program has helped 3,008 Minnesotans with disabilities work toward their housing goals.

Employment

DHS is committed to ensuring all people with disabilities have a wide range of employment opportunities within the general workforce.

The Employment First policy guides state agencies to plan, make decisions, implement and evaluate services and supports for people with disabilities to make employment the first and expected option considered.

The Employment First policy provides state agencies with:

- Clear statewide plan to support transformational change
- Long-range goal for working-age youth and adults with disabilities to participate in the workforce at levels similar to their peers who do not have disabilities
- Guiding principles to increase expectations of the public and businesses about using the abilities and capacities of all people with disabilities to work in the right job, with the right level of support
- Policy framework that guides present and future decisions related to people with disabilities who receive public services
- Guidance to provide clarity on how state agencies will apply this policy
- Instruction to develop and implement plans that ensure new and existing employment-related policies, services and supports for people with disabilities include Employment First principles and informed choice.

The Employment First policy helps DHS guide its programs and ensure all people with disabilities who want to work have every opportunity to do so. To further this goal, the Minnesota Legislature recently instructed DHS to administer a task force on eliminating subminimum wages and the Provider Reinvention Grant program. The following sections describe these efforts in detail.

Task force on eliminating subminimum wages

There is a growing national movement away from paying people with disabilities less than minimum wages, and Minnesota currently has one of the highest rates of subminimum wage use in the country.

In response, the 2021 Minnesota Legislature passed a law to create the task force on eliminating subminimum wages. The task force will not make recommendations on whether Minnesota should stop allowing subminimum wages. Rather, it will work to ensure a smooth transition if the state no longer allows subminimum wages.

DHS is supporting the task force through public engagement, education, research and development of recommendations for a report due to the Legislature by Feb. 15, 2023.

Provider Reinvention Grant program

The Provider Reinvention Grant program provides funding through March 31, 2024, to promote independence and increase opportunities for people with disabilities to earn competitive wages. As part of the Provider Reinvention Grant program, DHS:

- Awarded a contract to the University of Minnesota Institute on Community Integration to serve as the technical assistance firm for the Provider Reinvention Grant program and carry out the Minnesota Transformation Initiative (MTI). Through the MTI, the Institute on Community Integration will:
    - Assist nearly two dozen service providers as they expand their customized, integrated employment services, in collaboration with the University of Massachusetts – Boston, the Arc Minnesota, Strengths at Work LLC and Quillo.
    - Engage with families of people who work in subminimum wage jobs, provide peer mentoring strategies for job seekers with disabilities and for organizations, host statewide trainings for service providers and develop provider toolkit resources.
- Awarded contracts through Transition to Competitive Wages Grants to eight HCBS waiver employment service providers who hold a 14c certificate from the U.S. Department of Labor allowing them to pay subminimum wages. These funds will help providers develop and implement a business model to phase out their use of subminimum wages by April 1, 2024. As of January 2020, more than 1,000 Minnesotans with disabilities were being paid subminimum wages through these providers.
- Awarded Employment Provider Transition (EPT) grants to 14 waiver employment service providers who will expand their infrastructure and capacity to support people in reaching employment goals. These projects are backed by $6 million in grant funding and will have a statewide impact in 47 counties.

For more information, refer to the grants tab on the DHS Employment First website.

X. Overview of the home and community-based services (HCBS) system

To deliver long-term services and supports that build on a person's informal supports, the Minnesota Department of Human Services (DHS) combines:

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

MA state plan

The federal government funds the Medicaid program jointly with each state and the District of Columbia. Minnesota's Medicaid program, MA, is a publicly funded insurance program for people who have low income and people who are "medically needy." It provides health-related coverage for children, older adults and/or people who are blind or have other disabilities.

The federal Medicaid program requires states to offer some benefits (e.g., inpatient hospital care) and allows states to offer others (e.g., personal care and home care nursing). State must ensure anyone who qualifies for a state plan service receives that service.

Minnesota's MA program offers a comprehensive benefit set that includes both federally mandated and optional benefits. This benefit set is called the MA state plan. The MA state plan covers the cost of receiving services in institutions, such as nursing facilities, hospitals and intermediate care facilities for persons with developmental disabilities. Typically, these service options are costly. The MA state plan also offers a continuum of medical care and support services provided in people's home and community if they have nursing facility or hospital level of care needs.

As a whole, services that support people in the community are less costly than comparable support provided in an institutional setting.

Home care services, including personal care assistance (PCA)

Home care services are optional Minnesota state plan benefits that many people with disabilities use. They represent a substantial part of the disability services system.

Home care services provide medical and health-related services and assistance with day-to-day activities to people in their homes. When life takes people away from home, they can get their services outside the home as well.

Some people use home care services for short-term care when moving from a hospital or nursing facility back to their home. Other people with ongoing needs use these services for continuing, long-term care.

MA covers the following home care services and supports:

- Equipment and supplies (e.g., wheelchairs and diabetic supplies)
- Home care nursing
- Home health aide

- Personal care assistance (PCA)
- Skilled nursing visits, either face to face or via tele-home care technology
- Therapies (i.e., occupational, physical, respiratory and speech).

PCA provides services to people who need help with day-to-day activities to allow them to be more independent in their own home. It is one of the most used home care services. A PCA worker is a type of direct support worker trained to help people with basic daily routines. A PCA worker may be able to help a person who has a physical, emotional or mental disability, a chronic illness or an injury.

Table 2: Home care use by people with disabilities, by service, FY 2021

Service	Number of people using service
PCA	31,573
Home care nursing	1,175
Skilled nursing visit	15,459
Home health aid	1,049
Home health therapies	4,114

People who need long-term services and supports beyond what the MA state plan covers may be able to access services through HCBS waivers.

HCBS waivers

One of the ways Minnesota provides services outside of an institution is through HCBS waiver programs. Waivers are “home and community-based” because they provide services in the community to people who otherwise would be eligible to receive institutional care. They provide people with an alternative to living in an institution. HCBS waivers offer various services in a person’s home and in the community at an average cost that is less than or equal to the cost of serving the person in an institution.

The federal government gives DHS permission to offer waiver programs through agreements between the state and the federal government. DHS manages the waivers under the authority of Minnesota statute and administers them in partnership with public health and social services through counties, tribal nations and health care plans.

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

Services authorized under all HCBS waiver federal plans must:

- Be necessary to ensure a person’s health, safety and welfare.
- Have a reasonable cost.
- Have no other funding source.

- Help a person avoid institutionalization.
- Be an appropriate alternative to institutionalization.
- Help a person function with greater independence in the community.
- Meet the unique needs and preferences of the person.

The federal government bases eligibility for waiver programs on certain levels of need (i.e., levels of care). Each waiver type has a specific level of care.

Waiver types

Minnesota has four disability waivers:

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

Table 3: Disability waiver use by waiver type, FY 2021

Waiver type	Number using
CADI	37,282
DD	22,990
BI	1,140
CAC	733

Moving Home Minnesota (MHM)

In addition to waiver services, DHS manages various programs supporting people who wish to move from institutionalized settings and transition to HCBS.

The MHM program, known federally as Money Follows the Person (MFP), is a federal demonstration project that supports people's transition from institutions to their own home in the community. Since the inception of the program in 2013, MHM has helped transition more than 1,000 people to a home of their choice in the community.

Through the MHM program, DHS accrues rebalancing funds by an enhanced federal match for all HCBS provided to a person during their transition from the institution and through their first year back in the community. DHS uses these rebalancing funds to implement projects within DHS that focus on:

- Equity
- Housing
- Service quality
- Self-advocacy and person-centered thinking
- Administration and systems improvement.

Each project must be approved by the Centers for Medicare & Medicaid Services (CMS) and meet one of the four MFP goals:

- Increase the use of HCBS and reduce the use of institutional care.
- Identify and eliminate barriers to people using HCBS in a setting of their choice through systems change.
- Strengthen the state Medicaid program's ability to serve people choosing to transition out of institutions.
- Put procedures in place for HCBS quality assurance and improvement.

To date, MHM has invested nearly $11 million in rebalancing funds to support 31 projects across DHS, including Community Living Infrastructure (CLI) Grants, Collaborative Safety and HCBS evaluation of assessment processes for racial and ethnic disparities (HEARD). Ten of the 31 projects focus on equity, which include:

- Cultural responsiveness, equity-based provider development for Community First Services and Supports (CFSS)
- Cultural responsiveness equity-based provider development for MnCHOICES
- Development of diverse, person-centered planning facilitators.

Self-direction

Many HCBS programs and services have an element of self-direction. However, some service options are specifically labeled "self-directed" because their primary function is to allow people to design and manage their own services (which includes hiring, firing and supervising their staff).

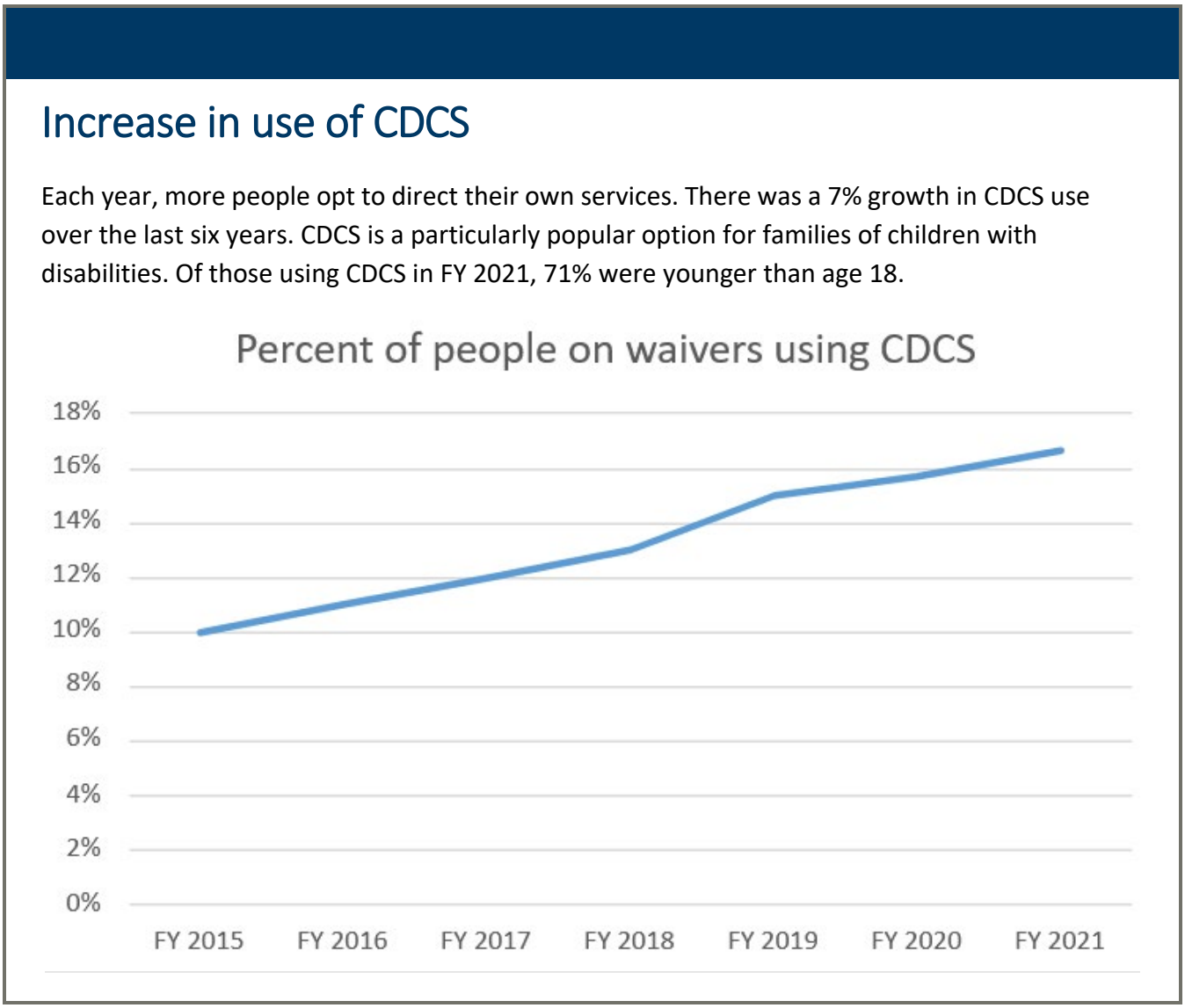
Consumer directed community supports (CDCS)

CDCS is a unique service option available through the HCBS waivers. This option gives people greater control, flexibility and responsibility to manage and direct their services and supports. An increasing number of people choose CDCS so they can:

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

People who use CDCS are willing to assume greater responsibility for the implementation of their plan because of this increased flexibility.

Figure 6: Percent of disability waiver participants who use CDCS, FY 2015-2021



CDCS may include services, supports and items currently available through the waivers, such as assistance with personal care or environmental modifications for accessibility. The additional flexibility built into the service expands a person's choice to purchase support from others, such as parents or spouses. CDCS is especially appealing to families with a child using the Community Alternative Care (CAC) Waiver.

People who participate in CDCS have a yearly budget. They can decide how much to pay the people they hire to provide their services. In addition, they may purchase other allowable services and goods to support their ability to live and participate in the community.

DHS determines individual CDCS budget limits. Legislation passed in 2014 and amended in a subsequent session allows a 20% budget increase, if necessary, for people who use CDCS and meet specific criteria. This budget exception is only available to people who use CDCS, have graduated high school and need additional funds to increase their employment options or time spent working.

PCA Choice

PCA Choice is an option for people using PCA services. It allows them more control to choose, hire, train and supervise their PCA workers. By choosing this option, the person acts as the employer of their workers.

In the future, Community First Services and Supports (CFSS) will replace PCA. CFSS is similar to PCA in many ways, but it can offer people more control, flexibility, responsibility and choice in how they use their services. Once implemented, CFSS will be available under the MA state plan and waiver programs. People may be able to meet their needs through CFSS alone instead of waiting for access to a waiver for one particular service.

State and local funds

The Minnesota Legislature appropriates disability service funds for specific purposes. Depending on their resources, counties and tribal nations also may fund long-term services and supports for people when state and/or federal funds are not immediately available to serve a person.

Minnesota primarily uses state funds for innovative programs that serve a small number of people where federal financial participation funding is not available. The following sections include examples of such programs.

Family Support Grant

The Family Support Grant is a state-funded program that:

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

The Family Support Grant program provides cash grants to eligible families with children who have certified disabilities. These grants offset high expenses directly related to a child's disability. They cannot exceed $3,113.99 per calendar year for each eligible child. In FY 2017, 1,985 people used this program.

Consumer Support Grant

The Consumer Support Grant provides flexibility and freedom of choice to people who receive it. It is an alternative to traditional MA home care services that allows for greater freedom of choice in service selection and service delivery. With the Consumer Support Grant, people only use the state share of what otherwise would have been provided through home care. People can use the Consumer Support Grant to purchase a variety of goods, supports and services beyond what is available through MA. The state bases the grant amount on the person's home care assessment and rating, available program funding and state budget caps. In FY 2019, an average of 2,693 people per month used this program. The average size of the monthly grant was $973.

In the future, Community First Services and Supports (CFSS) will replace PCA.

XI. Summary

Minnesota continues on its journey toward a disability service system that supports all people to have meaningful choices, control over services and an integrated community life.

While Minnesota once only offered services for people with disabilities in institutionalized settings, people and their families now have access to a wide array of self-directed, community-based options. However, living in the community may not be the same as being part of the community.

The Minnesota Department of Human Services (DHS) strives to ensure people with disabilities and their families have access to meaningful resources to make informed decisions about how to live their best lives. Most people with disabilities live independently in their communities without publicly funded services. Some people need additional support to live and work as independently as possible. DHS is committed to creating and implementing policies that respect and strengthen natural supports while providing needed services at the right time, according to people's preferences.

As reflected throughout this report, Minnesota's disability service system is in another period of significant change. DHS is working to:

- Make the waiver structure simpler, more equitable and more transparent.
- Revise the MnCHOICES assessment tool.
- Transition from personal care assistance (PCA) services to Community First Services and Supports (CFSS).
- Provide more support to families.
- Focus efforts on advancing equity in all it sets out to do.

For people who use services, their families, providers and lead agencies, the comprehensive nature and pace of these changes may be confusing and difficult to implement. To support the transition, DHS is working with the people it serves and community partners to provide meaningful information, technical assistance and resources.

As implementation continues, DHS will work to expand awareness of systems change and provide support for making these transitions. Ultimately, the result of the many reforms will be a more person-centered and integrated system that puts quality of life for people with disabilities at the forefront.

XII. Appendix: List of programs and services

Community First Services and Supports (CFSS)

CFSS is a new self-directed home and community-based program that offers flexible options to meet the unique needs of people. Once launched, it will replace personal care assistance (PCA) services and the Consumer Support Grant (CSG).

More information is available on the CFSS webpage.

Consumer directed community supports (CDCS)

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

More information is available on the CDCS webpage.

Consumer Support Grant (CSG)

CSG is a state-funded alternative to home health aide, PCA and/or skilled nursing visits. Through cash grants, this program provides people with greater flexibility and freedom of choice in service selection, payment rates, service delivery specifications and employment of service providers.

More information is available on the CSG webpage.

Early Intensive Developmental and Behavioral Intervention (EIDBI)

The EIDBI benefit is a Minnesota Health Care Program. It provides medically necessary, early intensive intervention for people younger than age 21 with autism spectrum disorder and related conditions. EIDBI services educate, train and support parents and families and promote people's independence and participation in family, school and community life. The services also improve long-term outcomes and the quality of life for people and their families.

More information is available on the EIDBI benefit webpage.

Employment First

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

More information is available on the Employment First webpage.

Family Support Grant (FSG)

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

More information is available on the FSG webpage.

Financial management services (FMS) providers

FMS providers help people who directly employ their support workers. Visit the FMS provider information webpage for a list of approved and enrolled FMS providers, including contact information and fee schedules.

HIV services

DHS uses federal and state dollars to provide eligible Minnesotans living with HIV access to medical treatment and care. Minnesota HIV services, commonly referred to as Program HH services, provide people who meet program eligibility guidelines access to dental services, HIV medications, insurance benefits, mental health services and nutrition services.

In addition to Program HH, DHS also administers case management and a variety of support services through federal and state dollars. More information is available on the HIV programs and services webpage.

Home and community-based services (HCBS) waivers

HCBS waivers give states the flexibility to develop and implement community alternatives for MA-eligible people with disabilities and chronic health care needs who would otherwise receive services in a hospital, nursing facility or intermediate care facility for persons with developmental disabilities.

More information is available on the HCBS waivers webpage.

Home care services

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

More information is available on the Home care services webpage.

Intermediate care facilities for persons with developmental disabilities (ICFs/DD)

ICFs/DD are residential facilities licensed to provide services to people with developmental disabilities or related conditions. ICFs/DD are located in 62 counties in Minnesota and serve 4 to 64 people.

More information is available on the ICFs/DD webpage.

Long-term care consultation

Long-term care consultation provides information, assessment and support planning to help people with disabilities remain in or move to the community.

More information is available on the Long-term care consultation for people webpage.

Medical Assistance for Employed Persons with Disabilities (MA-EPD)

MA-EPD allows working people with disabilities to qualify for MA under higher income and asset limits

than regular MA. The goal of the program is to encourage people with disabilities to work and enjoy the benefits of employment.

More information is available on the MA-EPD webpage.

Medical Assistance (MA) rehabilitation option

The MA rehabilitation option consists of two types of mental health services to enhance existing mental health services in Minnesota through expanded support and intervention services in the community.

More information is available on the MA rehabilitation option webpage.

MnCHOICES

MnCHOICES is an assessment and support planning tool used by counties and tribal nations. DHS expects to roll out a revised version of MnCHOICES in 2023. Managed care organizations will be part of the rollout, along with the other lead agencies. A MnCHOICES assessment uses a person-centered planning approach to help people make decisions about their long-term services and supports.

More information is available on the MnCHOICES assessment and support plan webpage.

Moving Home Minnesota (MHM)

MHM is a federal demonstration project with the goal of creating opportunities for Minnesotans to move from institutions to their own home in the community. MHM promotes the development and implementation of transition plans that reflect the preferences of people receiving services and the opportunity to receive services in the most integrated setting.

More information is available on the MHM webpage.

Personal care assistance (PCA)

PCA services help a person with day-to-day activities in their home and community. PCA workers help people with activities of daily living, health-related procedures and tasks, observation and redirection of behaviors and instrumental activities of daily living for adults. PCA services are available to eligible people enrolled in a Minnesota Health Care Program. DHS is replacing PCA services with Community First Services and Supports (CFSS).

More information is available on the PCA webpage.

Relocation service coordination targeted case management (RSC-TCM)

RSC-TCM is a type of case management to help people currently residing in eligible institutions who want to move into the community. RSC-TCM helps people plan and arrange for the services and supports they need to live in the community.

More information is available on the RSC-TCM webpage.

Self-directed service options

DHS offers options that give people more control over the services and supports they receive, including:

- PCA Choice
- CDCS
- CSG.

Semi-independent living services (SILS)

SILS includes training and assistance to manage money, prepare meals, shop, manage personal appearance, maintain hygiene and perform other activities needed to maintain and improve the capacity of people with developmental disabilities to live in the community. A goal of SILS is to support people in ways that will enable them to achieve personally desired outcomes and lead self-directed lives.

More information is available on the SILS webpage.