DEPARTMENT OF HUMAN SERVICES

Legislative Report

Minnesota Home and Community-Based Services Access and Navigation

Fiscal Analysis and Results Management Division

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I. Executive summary

In response to the requirements in Minnesota Statutes 2024, Chapter 27, Article 46, Section 44, the Minnesota Department of Human Services (DHS) issued a request for proposals to conduct a study to improve state residents' experiences in accessing and navigating the home and community-based services (HCBS) system. DHS contracted with Human Services Research Institute (HSRI) to synthesize the findings from prior DHS-funded reports that examined barriers and facilitators to accessing HCBS. The project aim was to identify priority areas among the recommendations included in these reports for improving access, with an emphasis on equity and historically marginalized populations. A central requirement for the project was engaging community members in participatory analysis of the reports and co-developing recommendations for policy priorities.

Methodology

HSRI reviewed nine DHS-funded reports (2010–2024) and conducted community-based participatory analysis to identify recurring barriers and priority recommendations. Plain language summaries of the reports were used during community engagement activities to confirm if the findings were still valid, identify report gaps, select priorities and assess any potential unintended consequences of the report recommendations.

Community engagement included three meetings with a seven-member Advisory Group reflecting diverse HCBS experiences, including people representing rural areas, communities of color, immigrants and refugees and individuals with disabilities. To expand cultural and linguistic representation, the project team also held five Community Conversations, two in English with American Sign Language (ASL) and Communication Access Realtime Translation (CART) interpretation, and one each in Spanish, Somali and Hmong. The project incorporated an equity lens across all analyses.

Summary of Reports

Nearly all reports referenced the experiences of older adults and people with disabilities, most commonly those with developmental disabilities. About half examined differences by race, ethnicity or primary language, while few addressed the experiences of tribal members, LGBTQIA+ individuals or others underrepresented in state studies. Most reports included some equity analysis, though only two focused on it primarily.

Reported system strengths included positive outcomes for people using services, a broad range of program options and examples of effective case management and accessible information. However, barriers to accessing HCBS were more frequent and consistent. These barriers fell into four recurring themes: communication gaps, provider and workforce shortages, limited awareness and choice and complex, burdensome systems. Barriers were often greater for rural residents and historically marginalized groups.

Across the nine reports, 81 recommendations were identified, 39 of which were assessed as having equity implications. Thematic analysis grouped the recommendations into five categories: Communications and Feedback; Culture; Providers, Workforce, and Training; Expanding Needed Services and Waiver and Service Flexibility. No conflicting recommendations were found.

Participatory Analysis

Because the included reports spanned over a decade, the participatory analysis focused on whether their findings still reflected current experiences. Community participants confirmed that most barriers remained relevant and offered updated examples and context. In reviewing summaries of the 81 recommendations, participants prioritized recommendations around Providers; Workforce, and Training; Expansion of Needed Services and Greater Flexibility. They emphasized improving direct support worker pay, navigation support, workforce diversity and access to clear information and provider choice. Anticipated system changes, such as Waiver Reimagine, and persistent gaps underscored the need for manageable case manager caseloads and stronger system understanding. No recommendations were identified as having potential negative equity impacts. While the short project timeline limited recruitment, engagement still yielded valuable insights and highlighted the need for future strategies that reach a broader cross-section of Minnesotans.

Recommendations to the Legislature and DHS

Given limited state resources and the many factors that affect how Minnesotans access and navigate HCBS, community input can help guide DHS and legislative priorities. The participatory analysis, which included Advisory Group meetings and Community Conversations, as well as understanding of Minnesota's HCBS system and national best practices, identified the following priorities:

- **Invest in the direct support workforce**: invest in pay, training and support for individual support staff and providers.
- **Enhance system flexibility and provide navigation support:** help people apply for, make informed choices about and manage supports.
- **Enhance cultural competence and communication:** ensure DHS staff, case managers and providers can engage all communities effectively and with cultural humility.
- **Strengthen case management capacity:** maintain manageable caseloads and ensure sufficient training for person-centered service connections.

Participants noted that rural communities face added barriers and recommended directing resources toward these same priority areas. They also emphasized the need for plain language materials and culturally competent navigation assistance.

Additional recommendations include creating a consistent DHS-wide engagement framework to strengthen partnerships with community groups and ensuring outreach to underrepresented populations, particularly tribal and LGBTQIA+ communities. Legislative and departmental actions should align with the state's Olmstead Plan and closely monitor the effects of Waiver Reimagine on equitable access to HCBS.

II. Plain Language Summary

The project looked at how people in Minnesota learn about Home and Community Based Services (HCBS). The team learned about people's experiences of applying for and using those services. There were nine reports funded by the Department of Human Services that the team reviewed. The team wanted to understand what is working well and where people have challenges.

Some system **strengths** talked about in the nine reports:

- supportive case managers
- clear information when it is available
- a variety of service options

Some system **challenges** talked about in the nine reports:

- communication gaps
- workforce shortages
- limited awareness of choices
- a system that can feel confusing and difficult to navigate

A focus of the project was talking with community members about these reports to see what is still true today and how the system could work better. Some of the people the team talked to included people with disabilities. The team also talked with people who:

- lived in different parts of the state, like rural areas
- were from different cultures
- spoke different languages

The people participating in these conversations prioritized changes that would help to **make services better**. The changes include:

- improving the direct support workforce
- increasing navigation support
- improving communication
- strengthening cultural understanding
- supporting case management

The community mentioned the need for simple information and navigation support. There is also an ongoing need for support in more languages and attention to rural communities. These recommendations can make it easier for Minnesotans to find and use services.

III. Legislation

Minnesota Session Laws - 2024, Regular Session, chapter 127, article 46, section 44

DISABILITY SERVICES PERSON-CENTERED ENGAGEMENT AND NAVIGATION STUDY.

(a) The commissioner of human services must issue a request for proposals for the design and administration of a study of a person's experience in accessing and navigating medical assistance state plan and home and community-based waiver services and state funded disability services to improve people's experiences in accessing and navigating the system.

(b) The person-centered disability services engagement and navigation study must engage with people and families who use services, lead agencies, and providers to assess:

(1) access to the full range of disability services programs in metropolitan, suburban, and rural counties with a focus on non-English-speaking communities and by various populations, including but not limited to Black people, Indigenous people, people of color, and communities with vision, hearing, physical, neurocognitive, or intellectual developmental disabilities;

(2) how people and families experience and navigate the system, including their customer service experiences and barriers to person centered and culturally responsive navigation support and resources; and

(3) opportunities to improve state, lead agency, and provider capacity to improve the experiences of people accessing and navigating the system.

(c) To be eligible to respond to the request for proposals, an entity must demonstrate that it has engaged successfully with people who use disability services and their families.

(d) The commissioner must report the results of the study and provide specific recommendations and administrative strategy or policy modifications to improve system accessibility, efficiency, and person-centered systemic design to the chairs and ranking minority members of the legislative committees with jurisdiction over health and human services finance and policy by January 15, 2026.

IV. Introduction

This report summarizes the Minnesota Home and Community-Based Services (HCBS) Access and Navigation project and is submitted to the Minnesota Legislature pursuant to Minnesota Statutes 2024, Chapter 27, Article 46, Section 44. It details the project purpose, methodology, participatory analysis process, primary findings and recommended policy priorities for legislative consideration to improve peoples' experience accessing and navigating the Minnesota HCBS system. The report was drafted in collaboration with the Human Services Research Institute (HSRI) project team, with oversight and review provided by DHS staff.

A. Background and Purpose

DHS and the Minnesota Legislature have a long history of investing in equitable access to high-quality, person-centered and effective HCBS. As part of that commitment, in 2024 the Minnesota Legislature directed DHS to conduct a study to improve people's experiences in accessing and navigating Medical Assistance-funded HCBS for older adults and people with disabilities. HSRI was selected as the contractor to conduct the study through a competitive bidding process.

The project goal was to identify priorities for program and policy reforms that would be effective in improving HCBS system navigation experience. The project scope focused on what could be learned from existing state-funded reports. Specifically, DHS aimed to leverage its investment in previous research to distill the most important and impactful findings with the least risk of unintended consequences, using a participatory analysis approach.

Community engagement to support participatory analysis was expected to include those likely to be impacted by any system reforms, including those state residents seeking to navigate the HCBS system and access services. A central focus was determining the impact of any changes, both positive and negative, on diverse and historically underserved populations.

B. Methodology

Project Plan and Project Questions

Following a kick-off meeting with DHS staff to clarify scope and priorities, the project team drafted and submitted a work plan detailing the approach for reviewing and summarizing previous DHS-funded reports and engaging the community in participatory analysis. The methodology for these activities is described in the following section.

The central project questions, which were vetted with community members, are below.

Based on a review of reports completed to date:

- What are common strengths that facilitate access to HCBS?

- What are common barriers or challenges to accessing HCBS?
- What recommendations have already been made to improve access and system navigation?
- What key equity themes appear in the identified HCBS system strengths, barriers and recommendations?
- What perspectives are missing from these studies?
- Which recommendations should be prioritized to improve HCBS access?

Environmental Scan and Summary

DHS staff identified and shared nine reports on HCBS access and utilization that had been completed previously under contract with the Department (see Appendix A on page 24 for the list of reports and their focus and scope). To identify relevant research and evaluation reports for inclusion in the project, DHS coordinated outreach across all divisions within the Aging and Disability Services Administration (ADSA). Each division within ADSA identified past or ongoing studies that aligned with the project focus on how people access and navigate HCBS. This process created the broadest possible pool of documents before narrowing the set to review and synthesize for this study.

Responses from ADSA included numerous reports, internal analyses, program-specific evaluations and materials from related initiatives. DHS staff reviewed each submission for relevance to HCBS access and navigation, alignment with the legislative requirements in the statute and recency of the work. Reports that were outdated, program-specific with limited connection to navigation pathways or unrelated to HCBS access were excluded.

Following this review, DHS identified eight reports, along with materials from the Waiver Reimagine initiative, that offered the most relevant, timely and useful insight for this project. The process ensured a comprehensive review of existing DHS research while focusing attention on the reports most aligned with the goals of the Access and Navigation Study.

To organize findings across studies, the project team developed an Excel-based matrix for documenting key data elements from each report, to support summarizing and sharing the findings during community engagement. These elements, listed in Exhibit 1 and detailed in Appendix B, were chosen to support summary analysis, equity scoring and future replication of the review process. The review template was designed to be adaptable for future internal or external environmental scans, as appropriate.

Exhibit 1. Report Summary Data Elements

- Demographics of included populations: disability type, location, age, race/ethnicity, tribal affiliation, language/immigration status, and gender identity or sexual orientation
- HCBS Programs included
- Data sources used
- Identified system strengths and access facilitators
- Identified barriers to access
- Equity analysis results (if applicable)
- Degree of equity analysis conducted

- Individual report recommendations, by type (e.g., workforce, data, program management)

Because equitable access and experience were central to this project, the team established equity-scoring criteria to rate how thoroughly each report addressed equity and how its recommendations might affect equitable access to HCBS. Equity scoring definitions used in the environmental scan are provided in Appendix C and include measures for (1) Equity Analysis Score, (2) Recommendation Impact on Equitable HCBS Access, (3) Unintended Consequence Risk and (4) Unintended Consequence Adverse Impact on Equity.

A research analyst with policy-research experience conducted the initial review and populated the matrix. A senior staff member independently verified entries and reconciled any differences in scoring. Results were discussed across the project team and shared with DHS staff for feedback and context.

The completed matrix was designed to support three complementary analyses.

1. **Descriptive:** Descriptive statistics were calculated from the forced choice coding for some fields, such as populations, programs and recommendation type (e.g., workforce, data collection, program management).
2. **Thematic:** Grouping of findings and recommendations into domains (policy, eligibility criteria, funding, etc.) for qualitative analysis.
3. **Equity:** Aggregate scoring to assess how each report addressed equity in their findings and the anticipated impact of the recommendations on improving equitable HCBS access.

The results of these three analyses are in Section V.

The matrix also informed a plain language summary that was shared during community engagement sessions to support participatory analysis.

Community Engagement to Support Participatory Analysis

The project team used community engagement to conduct participatory analysis of the reports selected for review. Engagement goals included:

1) Validating and contextualizing scan findings,
2) Identifying report gaps (especially related to equity),
3) Prioritizing report recommendations and
4) Collaboratively assessing the feasibility, potential unintended risks and consequences that would adversely impact HCBS access, particularly for historically marginalized communities.

All community engagement efforts were virtual and often led by experienced HSRI staff with lived HCBS experience.

Types of Engagement:

- **Advisory Group:** The project team partnered with DHS to recruit and convene a seven-member Advisory Group of people with a range of perspectives and experience with navigating the HCBS system. Recruitment efforts focused on people from often underrepresented or historically marginalized groups,

such as rural residents and underrepresented racial and ethnic groups. Members included a parent in a rural community, a Somali community advocate, self-advocates from a range of disability groups, and a leader in the independent living community who also brought expertise in English as a second language. The Advisory Group met three times and provided additional asynchronous input. Members were eligible to receive a stipend for each meeting they attended; not all elected to do so.

- **Community Conversations:** Report findings and recommendations were shared via five Community Conversations for community member feedback. Two sessions were conducted in English, with American Sign Language (ASL) and Communication Access Realtime Translation (CART) interpretation. There was one session each conducted in Spanish, Somali and Hmong. The project team developed outreach materials in all four languages and worked with DHS, Advisory Group members, and other community networks to disseminate materials. Overall, 36 individuals attended a Community Conversation. Attendees were eligible to participate in a gift card raffle as an incentive.

Phases of Engagement:

- **Phase 1: Project Introduction** – Virtual meeting with the Advisory Group to review the project scope and questions.
- **Phase 2: Feedback on the Environmental Scan** – Advisory Group meeting and Community Conversations to present the scan findings and receive feedback.
- **Phase 3: Feedback on Recommendations** – Final Advisory Group meeting to review results of the participatory analysis, discuss recommendations, and provide input on dissemination strategies.

Findings from participatory analysis are detailed in Section V.

Following submission of this legislative report, the HSRI project team will continue collaborating with DHS to develop and deliver presentations summarizing the project and recommendations.

Limitations

While the project team used a structured and inclusive approach to reviewing existing reports and engaging community members, several limitations should be noted:

- **Scope of available reports:** The environmental scan was limited to nine DHS-funded studies that addressed equity and/or access to HCBS services. Reports produced outside DHS or prior to the time frame of this scan were not included, which may limit the comprehensiveness of the findings.
- **Variability in report methodologies:** The reports reviewed differed in data sources, populations studied and analytical depth, which may affect comparability across findings and equity scoring.
- **Subjectivity in coding and interpretation:** Although all coding and ratings were reviewed and reconciled by multiple staff, some interpretation of qualitative data and equity scoring relied on professional judgment.
- **Community engagement sample size:** Participation in Advisory Group meetings and Community Conversations, while diverse, represented a relatively small number of individuals. The views expressed may not reflect all perspectives within Minnesota's HCBS community, particularly for populations less connected to DHS communication networks.

- **Virtual engagement constraints:** All engagement sessions were conducted virtually, which may have limited participation among individuals with limited internet access, technology familiarity or comfort with online formats.
- **Equity analysis limitations:** Not all reviewed reports included explicit analyses of equity or disaggregated data by demographic characteristics, which constrained the ability to assess disparities across all populations.
- **Timeline constraints:** The short timeline for this report limited capacity for relationship building to ensure comprehensive recommendations.

Despite these limitations, the mixed-method approach, inclusion of people with lived experience and iterative validation with DHS staff strengthen the credibility and relevance of the findings.

V. Findings

This section summarizes the findings from the two major project tasks: (1) the environmental scan of nine DHS-funded reports and (2) community engagement to support participatory analysis. Collectively, these findings informed the recommendations in Section VII.

A. Environmental Scan Summary

Summary of Reports Reviewed

The nine DHS-funded reports (listed in Appendix A) were published between 2010 and 2024 and all reports had a statewide scope. All reports covered a wide range of HCBS programs, except for the "Minnesota Elderly Waiver Spenddown Study," which focused solely on the Elderly Waiver program.

Of the nine reports reviewed:

- Two had a **primary focus on equity**.
- One had a **major focus on equity**.
- Five had a **moderate focus on equity**.
- One **did not address equity**.

Exhibit 2 summarizes the populations discussed in the reports reviewed and in how many of the reports each population was referenced. Older adults' experiences were referenced in nearly all reports. A range of disability groups, with developmental disability being the most common, were often included in the report scope. About half of the reports examined experience by race/ethnicity and/or among people who do not use English as their first language. Few or no reports specifically addressed or described the experiences of tribal members or examined experience by gender identity or sexual orientation.

Exhibit 2. Summary of Populations Discussed in Reports

Population	Number of Reports
Older Adults	8
Developmental disability	7
Black or African American	5
American Indian and Alaska Native	5
Asian	5
Ethnicity – Hispanic	5
Low English proficiency	5
Children	5
Behavioral health disability	5
Brain Injury	5
Physical	5
Rural	5
Somali	4

Population	Number of Reports
Hmong	4
Native Hawaiian and Other Pacific Islander	4
Working-aged adults	3
Autism	3
Complex medical needs	3
Deaf/hard of hearing	3
Visual impairments	3
Chronic health conditions	2
Tribal	2
Gender identity	0
Sexual orientation	0

Report Themes

Using the environmental scan data, team members conducted a qualitative analysis to identify common or primary themes across the reports. Not all themes were found in all reports and some reports, particularly those reporting 2010 and 2012 summary data from the Minnesota Participant Experience Survey, were older and may not fully reflect the current experience of HCBS participants.

HCBS System Strengths

Three primary themes emerged regarding system strengths:

1. Positive participant experiences and outcomes.
Several reports, including the 2017 Legislative Report, Own Your Future study and HCBS Racial and Ethnic Disparities (HEARD) Phase II report, noted examples of positive experiences with the HCBS system in Minnesota, such as flexibility, ability to have goals and needs met, a committed community provider base, a wide service array and choice and control through self-direction. Minnesota Participant Experience Survey results from 2010 and 2012 found overall generally positive experiences and outcomes for participants in several HCBS programs, including the Brain Injury, Community Alternative Care, Community Access for Disability Inclusion and Developmental Disabilities waivers. Some examples of positive experiences were the ability to participate in community events, to get together with the people who are important to them. Respondents also reported they were able to make changes to their services. Most survey respondents said services had helped increase their independence and improved their lives overall. Other reports identified existing state programs and policies that have been successful in helping people get supports that could be further leveraged, such as the Paid Family Medical Leave Act, the Area Agencies on Aging and Senior Health Options.

2. The central role of case management.
Case managers play a central role in helping people access HCBS and navigate the HCBS system. Some reports, including the 2017 Legislative Report and the Participant Experience Survey results, found case management strengths included the ability to make service changes with case manager support and positive experiences with case manager accessibility. The HEARD project found that good and timely communication and relationships with case managers, especially those matched by culture and/or language, lead to more positive experiences. In

a Waiver Reimagine report, participants said that having a knowledgeable and effective case manager made navigating the system less frustrating.

3. Availability of accessible information and community resources.

Some reports, such as Own Your Future and the Elderly Waiver study, identified accessible information about HCBS and the HCBS system as a strength. The use of plain language materials and interpretation were named as strengths, although their inconsistent availability was also noted as a weakness in some reports. A few reports, including the 2017 Legislative report, highlighted the availability and value of existing resources for receiving information and learning about long-term care options, especially Aging Pathways (formerly Senior LinkAge), Options Counseling, and Disability Hub. Community-based organizations, lead agencies, and other county and state venues were also noted, as was the role and information needs of family and informal caregivers in decision-making.

Barriers to Accessing HCBS

Overall, the reports described a number of barriers to accessing HCBS. Many of these are long-standing, such as workforce shortages, and not unique to Minnesota. Broadly these reported barriers fell into four themes: (1) communication gaps, (2) provider and workforce limitations, (3) limited awareness and options to support choices and (4) complicated systems that were burdensome and hard to navigate.

1. Communication gaps.

While information resources were sometimes found to be a strength, several reports also noted communication gaps. These included language or cultural barriers to receiving information, such as a lack of applications in different languages, lack of interpreters, limited plain language information or limited access to technological devices and internet. Providers' lack of information about programs and processes was noted as another gap. As a result of these gaps, people may rely on word-of-mouth to learn about and navigate HCBS options. Both the HEARD Phase II and Stakeholder Feedback on Racial and Ethnic Differences reports found cultural factors, such as historical mistrust, stigma and fear, as well as a lack of cultural awareness, can additionally impact how information is received and used. Finally, the Stakeholder Feedback report also noted a lack of data to support examining disparities by race and geography; these data could inform targeted communication and reform efforts.

2. Provider and workforce concerns.

Workforce and provider network insufficiency emerged as a theme in many of the reports. This included a lack of direct care staff and limited capacity for specific provider types, such as transportation, employment supports and mental health, along with insufficient rural and culturally competent providers. The impact of the HCBS workforce shortage on HCBS access was noted as especially acute in the 2017 Legislative report and several others, given demand, low reimbursement rates, burnout and turnover. Funding disparities between rural and urban areas and across counties were noted in a few reports, as was lack of insurance coverage outside of existing public programs and asset and income eligibility thresholds. The Elderly Waiver Spenddown Study noted low reimbursement rates limited assisted living facility availability for waiver participants. The Waiver Reimagine materials also cited reimbursement rates as a barrier to attracting and retaining support staff, especially in rural communities.

3. Limited awareness and constrained choice.

Along with limitations in available providers and workers, some reports found limited awareness of choices people have in receiving services. This included what choices they could make and what services were available. The Own Your Future report found a strong need for navigation assistance and a clearer description of supports to help people understand the long-term services and supports (LTSS) system and their options. Some Minnesota Participant Experience Survey respondents in 2010 and 2012 reported they did not know they could change providers or that changes they requested were not made. The HEARD Phase II report and others found fragmented information, long response times and inconsistency across counties contribute to peoples' challenges in knowing what to ask for. According to the Stakeholder Feedback report on racial and ethnic differences in HCBS, this lack of awareness is more extreme in Black, Indigenous, and other People of Color (BIPOC) and rural communities, who may receive less education on what services are available and how to use them.

4. System complexity.

Finally, the Own Your Future, HEARD Phase II and other reports found the HCBS systems in Minnesota are too complicated and that this complexity makes both system navigation and administration challenging. They described too much paperwork and a lack of service flexibility under current program structures. In the Waiver Reimagine report, people expressed frustration about bureaucracy and limitations on where they could purchase services and goods, along with a lack of transparency in the MnCHOICES assessment process. Some reports, including the HEARD Phase II and Waiver Reimagine reports, noted that the county-based system for administering HCBS contributes to complexity and inconsistent HCBS access and use experiences for those needing services, including delays. Additionally, current siloed systems were not designed to support the whole person and create communication barriers.

Collectively, these findings underscore both the strengths of Minnesota's existing HCBS infrastructure and the structural and operational barriers that must be addressed to improve equitable access.

Report Recommendations

During the environmental scan, 81 distinct recommendations were pulled out from the reports. These can be found in Appendix D. The team identified that 39 of these 81 recommendations were directly related to equity or had equity implications.

Using the equity scoring framework (see Appendix C), the team estimated impact of these 39 recommendations on equitable HCBS access and experience ranged from *slight* to *substantial*:

- 2 recommendations rated **substantial impact**
- 18 recommendations rated **major impact**
- 16 recommendations rated **moderate impact**
- 3 recommendations rated **slight impact**

Most often, equity-related recommendations referenced racial/ethnic groups, while a range of disability groups as well as rural communities were specifically referenced in a moderate number of recommendations. Few or no

recommendations were identified as specifically benefiting children, different gender identities or the LGBTQIA+ community. HSRI did not identify any conflicting recommendations or ones that might have unintended consequences.

Accountable entities. DHS was identified as an accountable entity for most recommendations. Some could additionally require potential legislative changes and/or involve case management or lead agency reforms. Some recommendations had potential federal implications.

Recommendation categories. The project team grouped the recommendations into categories, as shown in Exhibit 3. The highest number of recommendations fell into the communication and outreach category. More than 10 recommendations also fell into the following categories: program modification/consolidation, workforce and data collection. Few or no recommendations were related to revised eligibility or technical assistance.

Exhibit 3. Summary of Recommendation Type

Recommendation Type	Number of Recommendations
Communication and outreach	27
Program modification/consolidation	16
Workforce	15
Data collection	11
Program management	9
Training	8
New program(s)	7
Funding	4
Revised eligibility	1
Technical assistance	0

Summary themes for participatory analysis. The project team analyzed the recommendations language to identify themes. Based on this analysis, plain language summaries of the recommendations for improving experiences with access and navigation were grouped into five categories: Communications and Feedback; Culture; Providers, Workforce and Training; Expanding Needed Services; and Enhanced Waiver and Service Flexibility. These summaries were intended to facilitate the participatory analysis process and identify priority focus areas, as some of the specific recommendation language was no longer relevant or already in the process of implementation. Below are the recommendation summaries shared during community engagement; the full text of the 81 distinct report recommendations is in Appendix D.

Communications and Feedback

- Use alternative ways to collect feedback (phone, mail, online, face to face)
- Use the internet, public campaigns, radio, word of mouth, health providers to share information
- Increase awareness of services available and assessment processes
- Communicate in plain language and in different languages
- Provide stronger navigation support

Culture

- Build better connections and relationships with marginalized groups, e.g., BIPOC
- Support people from diverse groups to lead system changes
- Include diverse communities in evaluating the system
- Seek out diverse providers and staff
- Provide better training for culturally sensitive care and cultural humility for staff
- Reduce stigma around services, specifically mental health and long-term care services

Providers, Workforce, and Training

- Leverage or build upon previous workforce research
- Address burnout and strategies for recruitment and retention
- Improve direct support professional pay
- Connect staff with people who need services
- Train interpreters to better understand services and systems
- Provide more and better training for people that work with individuals receiving services (case managers, service providers, direct service providers) for topics like self-direction, choices and knowing what services are available
- Seek out staff who speak the language of people receiving services
- Bring providers into rural communities

Expanding Needed Services

- Provide technological, telephonic and remote supports
- Increase reimbursement rates for transportation

- Pilot new transportation programs
- Connect people to housing and in-home supports to help them stay at home
- Support people to find and keep meaningful employment

Enhanced Waiver and Service Flexibility

- Provide greater access to services
- Support people to choose self-direction and manage their self-directed plans
- Simplify the waivers
- Combine services and allow flexibility
- Provide people with more information about, and choice of, providers
- Provide individual budgets to enable people to choose services
- Expand services in the Medicaid state plan
- Reduce paperwork for HCBS recipients and for providers

Collectively, these recommendations illustrate consistent priorities across reports: the need for clearer communication, stronger cultural and workforce capacity, expanded service options, and more flexible program structures to support equitable and person-centered access to HCBS.

B. Participatory Analysis Results

Engagement Approach

The participatory approaches used in the context of both the Advisory Group and Community Conversations included facilitated discussion, formal polling through a Mentimeter online platform as well as comments collected through chat. The project team triangulated all data sources to identify community priorities.

System Strengths and Weaknesses

A central goal of the participatory analysis process was to assess whether the findings of DHS-funded research related to equity and access over the past 10 years were still valid and resonated with community members' observations and experiences. Across the various engagement sessions, participants confirmed the continued relevance of the report findings, particularly barriers and provided additional examples and nuance. For example, while the availability of translated materials was acknowledged, these were noted as insufficient absent navigation support. Advisory Group members also highlighted the importance of physically accessible spaces and challenges to getting into buildings. Participants commented specifically about the limited attention paid to marginalized groups such as LGBTQIA+ community members and people with limited English proficiency in the reports and in the system currently.

In prioritizing HCBS system elements found in the reports to be working well, participants most valued good outcomes for people, with case manager support as secondarily important. In examining the themes within the reports about what makes it challenging to get services, the theme identified as most important was a lack of

money for services and lack of workers. Community Conversation participants noted this theme as particularly impactful for rural communities.

Recommendation Efficacy and Priorities

Both Advisory Group members and Community Conversation participants provided input on whether the recommendations from previous reports would be effective in addressing HCBS access and which individual recommendations or recommendation areas should be prioritized.

Recommendations were presented across the following areas (see Recommendations):

- Communication and Feedback
- Culture
- Providers, Workforce and Training
- Expansions of Needed Services
- More Flexibility

Throughout the virtual sessions participants provided feedback through conversation, chat and polls about which of the specific recommendation topics in each area they regarded as important. These results are shown in Exhibit 4. Some of these priorities are new or additional recommendations identified in community engagement.

Exhibit 4. Important Recommendation Topics from Community Engagement

Recommendation Area	Important Recommendation Topics
Communication and Feedback	• Provide more direct support for people to understand and use the HCBS system. • Communicate in plain language, without acronyms and in different languages.
Culture	• Build better connections and relationships with groups that have often been left out. • Provide better training on understanding and working with different cultures. • Find providers and workers who represent a wide range of people and cultures and speak languages of people they support. • Find ways that people from different cultures can give meaningful feedback on how the system is working for them.
Providers, Workforce, and Training	• Improve direct support worker pay and develop a career path that professionalizes the role. • Connect staff with people who need services. • Enhance case management support, including training and decreased caseloads. • Increase support available for people with high medical needs.
Expansion of Needed Services	• Use technology, phone and other virtual ways to support people. • Connect people to housing and in-home supports to help them stay at home. • Support people to find and keep meaningful jobs. • Increase transportation support.
More Flexibility	• Support people to choose self-direction and manage their self-directed plans. • Give people more information about, and choice of providers. • Make the waivers simpler and more flexible so people can navigate them.

Community Conversation participants who attended the sessions hosted in English viewed recommendations around Providers, Workforce and Training as especially important and felt similarly about the Expansion of Needed Services and need for More Flexibility as important focus areas for reforms. Feedback from attendees of the Spanish, Somali, and Hmong sessions aligned with these priorities but was gathered through more open dialogue and commentary.

Unintended Consequences

As part of the project's focus on increasing equitable access and experiences, community engagement sought to determine if any of the recommendations would potentially decrease access for specific populations. None of the recommendations reviewed were identified as likely to have negative equity impacts.

However, while not a focus of this project, the Waiver Reimagine initiative consistently came up as something community members anticipate will have impact on access to services and informed the recommendations in

Section VII. In particular, community members expressed concern about waiver service changes or reductions. Additionally, during one Community Conversation, participants noted that new training requirements for support workers could produce the unintended consequence of raising hiring costs.

Overall, the participatory process confirmed that while many prior findings remain relevant, addressing workforce and service expansion challenges remains essential to improving equitable access to HCBS in Minnesota.

VI. Plain Language Overview of Recommendations

These are the main areas where people told us improvements are needed:

- **Improve the direct support workforce**
  Increase pay and offer more training. Support hiring and keeping workers. Improve the ability to support rural communities and different cultural groups.
- **Increase navigation support**
  Provide clearer information about how to apply for services. Offer navigation help in more languages and formats so people can understand their choices.
- **Improve communication and cultural understanding**
  Make information available in plain language and in multiple languages. Provide training so staff and providers can understand and respect different cultures.
- **Strengthen case management**
  Keep caseloads at a level that is easier to manage. Support case managers so they can help people connect to person-centered services.
- **Build stronger partnerships with communities**
  Develop a standard way to connect with people in the community across DHS. Strengthen relationships with community groups, including tribal and LGBTQIA+ communities.
- **Monitor the impact of system changes**
  Coordinate across DHS so any changes line up with the state's Olmstead Plan. Track how Waiver Reimagine affects people's experience with Home and Community Based Services.

VII. Report Recommendations

This report contains two sets of recommendations for the Minnesota Legislature and DHS to consider. These recommendations were informed by community engagement including meetings with the Advisory Group, Community Conversations as well as an understanding of Minnesota's HCBS system and national best practices.

A. Implementation Priorities from Previous Recommendations

Given limited state resources and the multiple factors that can impact individuals' experiences accessing HCBS in Minnesota and navigating the HCBS system, community input can help guide DHS and legislative priorities. The results of the participatory analysis process suggest the recommendation areas below should be prioritized.

- **Invest in the direct support workforce**: pay, training and support for individual support staff and providers.
- **Enhance system flexibility and provide navigation support:** help people apply for, make informed choices about and manage supports.
- **Enhance cultural competency and accessible communication**: workforce (DHS, case managers and others) that can communicate with all groups reciprocally and with cultural humility.
- **Manage case management capacity**: sufficient time and knowledge for case managers to effectively connect people with person-centered services.

A recurring theme from both the reports and community engagement was limited resources in rural communities. An additional recommendation is to **target resources across the four identified priority areas above to rural communities**. Another key consideration raised by community members is the need for **accessible and plain language materials** coupled with **culturally competent navigation supports**.

B. Additional Recommendations

These additional recommendations arise from this project.

- Consider **developing a DHS-wide engagement strategy and framework that reflects best practices and that can be employed consistently** across Department initiatives, including those conducted externally by contractors and research partners. Maintain a comprehensive list of existing community groups with whom DHS has relationships and continue to cultivate those connections to nurture trust and reciprocity for obtaining input and conducting co-analysis. Include guidance to leverage existing convenings of interested parties and avenues of communication, where appropriate, to minimize burden and maximize participation.
- Conduct **additional or focused engagement with groups whose experience was not widely reflected** in the reports selected for this project—in particular, tribes and the LGBTQIA+ community.

- **Coordinate any departmental and legislative priorities with the goals and strategies in the state's Olmstead plan**, which is being updated through a collaborative process with people with lived experience of the state's HCBS system.
- **Consider planned changes related to the Waiver Reimagine initiative** when developing new legislation or policy and monitor the impact of the revised HCBS waiver structure on experience accessing and navigating HCBS.

C. Implementation Considerations

DHS' contract with HSRI required an assessment of how recommended changes could be implemented and what supports may be needed at different levels of the system. The points below summarize the levels of action affected by the priority recommendations, the supports needed, and whether new legislative or federal authority might be required. Exhibit 5 summarizes the recommendations and related implementation elements.

Levels of Action

- **Local level:** Lead agencies, counties, tribes, case management entities and community organizations will carry out many of the changes related to navigation support, cultural responsiveness and communication.
- **State level:** DHS will lead work related to policy guidance, provider support, engagement frameworks, and monitoring the effects of system changes, including Waiver Reimagine.
- **Federal level:** Some actions, such as rate changes or modifications to certain HCBS authorities, may require federal approval.

Supports Needed for Local Organizations and Providers

- Clear and consistent guidance from DHS about service options and navigation pathways.
- Training resources on cultural humility, communication and person-centered practices.
- Data tools that help identify disparities and service gaps.
- Targeted funding to support rural and culturally diverse providers, as well as workforce initiatives.

Authority Considerations

- Workforce investments would likely require legislative appropriations.
- Certain service expansions or modifications likely require state law authority and waiver amendments or state plan changes.
- Many actions related to communication, engagement, and navigation assistance can occur under existing state authority.

Exhibit 5. Summary of Recommendations and Implementation Elements

Recommendation Priority	Level of Action (Local / State / Federal)	Key Implementing Entities	Populations Most Likely to Benefit	Supports Needed	Authority Considerations
Improve direct support workforce	State and Federal	DHS, Legislature, Providers	Rural communities, culturally diverse communities, people with disabilities	Training, rate structures, recruitment supports	Likely requires state funding and authority and federal approval for rate changes
Increase navigation support	Local and State	Lead agencies, DHS, Community organizations	People with limited English proficiency, older adults, caregivers	Navigation tools, multilingual materials, technical assistance	Mostly within existing authority, but may require legislative funding
Improve cultural competence and communication	Local and State	Providers, case management entities, DHS	BIPOC communities, immigrants and refugees, LGBTQIA+ communities	Training, translation, plain language materials	Within current authority, but may require legislative funding and authority
Strengthen case management	Local and State	Lead agencies, DHS, Counties	All populations relying on case management	Training, workforce supports, potentially funding	Requires legislative funding and authority
Build consistent engagement framework	State	DHS divisions, Community partners	Underrepresented communities statewide	Engagement tools, partnership structures	Within current authority
Monitor system changes (Waiver Reimagine)	State and Federal	DHS, Centers for Medicare & Medicaid Services	All HCBS participants	Data infrastructure, evaluation resources	May require coordination with federal partners and legislative funding

Appendix A: DHS Reports Reviewed

- **HCBS Racial and Ethnic Disparities (HEARD) Phase II Final Report (2024)**
  - Focus: Somali, Latinx, Hmong and U.S.-born Black Minnesotans navigating initial assessments
  - Scope: Barriers/facilitators to HCBS access and how people first encounter services
- **Own Your Future LTSS Funding and Services Initiative (2023)**
  - Focus: Funding/access innovations; "must haves" for early long-term services and supports (LTSS) defined by key groups
  - Scope: Forward-thinking models to address barriers before formal eligibility
- **Elderly Waiver (EW) Spenddown Study (2021)**
  - Focus: Survey of EW participants' experiences toward eligibility
  - Scope: Trajectories toward EW eligibility, decision points, system barriers
- **Stakeholder Feedback on Racial and Ethnic Differences in HCBS (2021)**
  - Focus: Community Advisory Board input on structural access barriers
  - Scope: Minnesota-specific feedback on racial/ethnic disparities in HCBS access
- **2017 LTSS Legislative Report**
  - Focus: Interviews with a range of constituents
  - Scope: Regional disparities, referral patterns or bottlenecks affecting access, including maps and cross-tabulations that show navigation hurdles by geography or population.
- **HCBS Critical Access Study (2015)**
  - Focus: Access across disability and age groups, including geographic gaps
  - Scope: Foundational data on unmet needs and LTSS availability statewide
- **2012 Participant Experience Survey**
  - Focus: Participant perceptions of HCBS service quality and support
  - Scope: Post-access experience, including insight on barriers
- **2010 Participant Experience Survey**
  - Focus: Participant perceptions of HCBS service quality and support
  - Scope: Post-access experience, including insight on barriers
- **Waiver Reimagine (Phase I and II Materials)**
  - Focus: Qualitative and quantitative data considered in proposed HCBS waiver restructuring
  - Scope: Systemic design barriers or lessons learned around program comprehension and usability:
    - Participant transitions across waivers
    - Provider and case manager feedback
    - Cultural/linguistic accessibility challenges

Appendix B: Environmental Scan Data Elements

The project team used the following data elements to guide the environmental scan and review of prior DHS-funded reports.

Study Information

- Study title
- Report date
- Data sources
- Location

Populations Reviewed

- Black or African American
- American Indian and Alaska Native
- Asian
- Native Hawaiian and Other Pacific Islander
- Hispanic or Latino/a/e
- Somali
- Hmong
- People with low English proficiency
- Children
- Older adults
- Working-aged adults
- People with developmental disabilities
- People with behavioral health disabilities
- People with brain injury
- People with autism
- People with chronic health conditions
- People with physical disabilities
- People with complex medical needs
- Deaf or hard of hearing
- Blind or visually impaired
- Rural populations
- Tribal communities
- LGBTQIA+ populations (sexual orientation)
- Gender identity

HCBS Program(s)

- State Plan HCBS

- All Medicaid 1915(c) waivers
- Brain Injury (BI) Waiver
- Community Alternative Care (CAC) Waiver
- Community Access for Disability Inclusion (CADI) Waiver
- Developmental Disabilities (DD) Waiver
- Elderly Waiver (EW)

Strengths/Facilitators

- Policy
- Eligibility criteria
- Information and assistance
- Service providers
- Administrative structure
- Cultural
- Funding

Barriers

- Policy
- Eligibility criteria
- Information and assistance
- Service providers
- Administrative structure
- Cultural
- Funding

Equity Analysis Score

- Primary focus
- Major focus
- Tangential
- Not Addressed

Report Recommendations

- Recommendation language

Recommendations Type

- New program
- Program modification/consolidation
- Revised eligibility
- Communication and outreach
- Funding

- Technical assistance
- Data collection
- Workforce
- Training

Accountable entities

- Lead agency
- DHS
- Legislature
- Case Management agency
- Other State Agency
- Federal
- Other

Equity-related recommendation

- Yes
- No

Equity populations

- Black or African American
- American Indian and Alaska Native
- Asian
- Native Hawaiian and Other Pacific Islander
- Ethnicity – Hispanic
- Somali
- Hmong
- Low English proficiency
- Children
- Older adults
- Working-aged adults
- Developmental disability
- Behavioral health disability
- Brain Injury
- Autism
- Chronic health conditions
- Physical disability
- Complex medical needs
- Deaf/hard of hearing
- Visual impairments
- Rural

- Tribal
- Sexual orientation
- Gender identity
- Other

Recommendation impact on equity

- Substantial
- Major
- Moderate
- Slight

Unintended consequence risk

- Substantial
- Major
- Moderate
- Slight
- None

Populations at risk *(see Equity Populations)*

Adverse impact on equity

- Substantial
- Major
- Moderate
- Slight

Conflicting recommendations *(open text field)*

Appendix C: Equity Scoring Criteria

Element	Category	Definition
Equity Analysis Score	Primary focus	Looking at disparities and equity is the stated purpose of the study.
	Major focus	There are multiple components to the study, with at least one component focusing on equity and disparities.
	Moderate focus	Equity is not a stated goal or research question, but analyses or recommendations address experiences of at least one historically marginalized population and/or are study add-ons.
	Tangential	Data collected/included from at least one historically marginalized population, but no separate analyses of historically marginalized populations.
	Not addressed	Does not explicitly include any historically marginalized population.
Recommendation impact on equitable HCBS access*	Substantial	This recommendation will substantially impact access to HCBS for one or more populations.
	Major	This recommendation will majorly impact access to HCBS for one or more populations.
	Moderate	This recommendation will moderately impact access to HCBS for one or more populations.
	Slight	This recommendation will slightly impact access to HCBS for one or more populations.
Unintended consequence risk*	Substantial	This recommendation has a substantial unintended consequence risk for one or more populations.
	Major	This recommendation has a major unintended consequence risk for one or more populations.
	Moderate	This recommendation has a moderate unintended consequence risk for one or more populations.
	Slight	This recommendation has a slight unintended consequence risk for one or more populations.
	None	This recommendation has no unintended consequence risks for one or more populations.
Unintended consequence adverse impact on equity*	Substantial	This recommendation will substantially impair access to HCBS for one or more populations.
	Major	This recommendation will majorly impair access to HCBS for one or more populations.
	Moderate	This recommendation will moderately impair access to HCBS for one or more populations.
	Slight	This recommendation will slightly impair access to HCBS for one or more populations.

* *If the report described the degree of impact or unintended consequences, the project team used the report rating. If not described, reviewers used their judgement to code these fields.*

Appendix D: Recommendations from Reviewed Reports

Report Recommendations
Recommendations assessed to have potential equity implications are in *italics*.
HCBS Racial and Ethnic Disparities (HEARD) Phase II Final Report (2024)
• Increase materials for learning about HCBS
• *Increase training (including cultural competency training) for lead agency staff*
• Standardize terminology and assessment documents
• *Increase availability of non-English documents*
• *Include more plain language assessment documents*
• Promote early engagement of lead agencies in policy and process changes related to the initial assessment
• Extend the 20-day mandate
• *Increase access to and visibility of in-person assessment options*
• *Engage community-based organizations (CBOs) in helping community members learn about HCBS*
• Introduce lead agency caseload management
• *Expand the HCBS provider workforce*
• Improve community members' understanding of the initial assessment process
• *Provide follow-up materials to community members after critical steps of the assessment process*
• Re-evaluate outdated HCBS eligibility thresholds
Own Your Future LTSS Funding and Services Initiative (2023)
• *A state initiated and collaborative care navigation and support service for all older adults. Three approaches should be employed: an older adult specific online portal, an enhanced telephonic approach and in person support. It's also recommended to include a home modification benefit and to consider adding a respite support benefit and a transportation benefit. It's recommended to specifically evaluate the LTSS Education needs of rural, tribal, BIPOC and other historically underserved populations*
• *A Medicare Companion Product: A new insurance product concept that coordinates and funds care needs emerging in retirement. The program would coordinate care across the acute and LTSS care needs through collaborative Medicare and LTSS supporting products. There are two approaches, a voluntary Market Option or an Obligatory Option.*
• *A Catastrophic-Lite State Based Program: An obligatory state insurance program that would provide funds to help pay for long-lasting, long-term care expenses for five years after a two-year elimination period.*
Elderly Waiver (EW) Spenddown Study (2021)
• Utilize the contacts with the Minnesota DHS system that frequently occurred before Medical Assistance (MA) or Elderly Waiver (EW) eligibility to identify those who would benefit from early supports
• *Conduct robust research on costs and outcomes of these programs to discern their impacts on delays in facility-based housing and care and/or spend down to MA or EW eligibility*
• Build on the existing Essential Community Supports and Alternative Care programs - Expand funding to include more people - Expand services to better align to the early supports needed to remain at home

• Expand existing MA programs that provide supports before people reach nursing facility level of care
• *Further study of the efficacy and gaps in existing supports and programs for family and informal caregivers*
• Evaluation of the feasibility of expanding existing programs to individuals prior to Medical Assistance (MA) eligibility to provide early supports.
• Increase access and availability of Options Counseling to points before people have made decisions about how they want to receive LTSS.
• Educate healthcare professionals about referring people for Options Counseling as LTSS or other support needs become evident.
Broader upstream outreach and access to information where people typically get their information (online, friends, work, places of worship, health providers) *- Public campaign* *- Targeted campaigns*
• Review information given at time of contact (when calls are received regarding how to pay in the future) - Opportunity to identify stage in planning and flag for further outreach - Include information on professionals with Medicaid-planning experience (elder law attorneys, medical social workers, state case workers and options counselors) - Include information on Enhanced Community Supports, Alternative Care
• Survey providers one to two years post implementation of new licensure in August 2021 - Assess impacts of new licensure requirements on EW policies and practices - Assess use of EW in facilities with new licenses
Stakeholder Feedback on Racial and Ethnic Differences in HCBS (2021)
• *Need to increase awareness of existing HCBS services (particularly in BIPOC communities by promoting services in schools, in hospitals, via community radio and TV)*
• *Reduce state bureaucracy and paperwork required*
• *Combat stigma for receipt of services, especially those for mental health and long-term residential care needs (through training of culturally specific service providers who then educate and advocate on behalf of those services and programs within their communities)*
• *Identify barriers for HCBS to specific cultural communities and those in rural communities and work with them on how to address those*
• *Build meaningful partnership with BIPOC community*
• *Have more diverse HCBS providers*
• *Train existing providers on culturally sensitive care and cultural humility; this includes training for case managers specifically as well as system-wide training*
• *Better support community providers who serve BIPOC communities*
• *Address high rates of staff turnover in HCBS and overall lack of staff, especially in rural areas*
• Address case manager and care coordinator burn out
• Lead agencies need more independence to meet HCBS users' needs
• *Greater integration of efforts related to equity across DHS*
• *Make the HCBS system more age-integrated*
• *Undertake future initiatives to understand experiences of different racial/ethnic and cultural groups*
• *Adapt greater use and coverage of technology services, including remote delivery of services*
• *Have people from specific racial/ethnic groups at the helm of change*
2017 LTSS Legislative Report

• *Address workforce and provider shortages: Develop strategies for employment of people with disabilities as part of the solution*
• *Address workforce and provider shortages: Increase flexibility to retain older workers*
• Address workforce and provider shortages: Identify practices that will help employers better match people to the work
• Address workforce and provider shortages: Use Innovation and Live Well at Home grant funding to solicit and test ideas along with promising practices for hiring and retaining staff
• Address workforce and provider shortages: Explore strategies from the 2016 Workforce Summit including further rate and pay changes that increase income for direct support workers
• Address workforce and provider shortages: Continue roll-out of the Direct Support Registry to make it easier to connect people who need direct support with direct support workers
• Address barriers to accessing services: Continue engaging stakeholders in identifying and developing solutions to barriers
• Address the shortage of affordable housing, especially housing with support services: Promote and further develop services that help people find and maintain housing
• Address the shortage of affordable housing, especially housing with support services: Continue to work across agencies to make affordable, accessible housing options available
• Address transportation difficulties: Continue working across agencies and regions to develop innovative options with a regional or cross-county approach to transportation issues
• Address transportation difficulties: Explore and address rate and reimbursement policies to support cost effective transportation options
• Address transportation difficulties: Support Innovation and Live Well at Home grant funding for pilot programs to try new approaches in transportation services
• Continue working to support people to make meaningful choices about the services and supports they receive
• *Include people from different cultures in developing and evaluating our service delivery system to ensure their unique needs are met and services are provided in a culturally sensitive manner.*
HCBS Critical Access Study (2015)
• *Consider tracking the following indicators:* *-HCBS utilization rates by county* *-HCBS utilization rates by sub-population, e.g. individuals with Alzheimer's or related conditions* *-Availability of service provider combinations in key geographic areas* *-Active provider caseloads* *-Number of active providers in distinct geographic areas for key services*
2012 Participant Experience Survey (PES)
• *Conduct a sampling of CAC Waiver recipients and non-English speaking waiver recipients. Additional attention regarding scheduling interviews for non-English speaking recipient to ensure contacts are culturally sensitive*
• To consult with the Case Management Reform Group regarding choice of case management.
• To consult with the recently convened State Quality Council to obtain their recommendations to address remediation activities
2010 Participant Experience Survey
• Consider alternative PES survey options such as phone, mail or online survey in addition to bi-annual PES face to face interviewing of persons receiving community-based services.

• *Conduct a larger sampling of TBI Waiver recipients, individuals receiving services under the self-directed service option and non-English speaking recipients.*
• Prior to community-based relocation of persons in institutions as part of Money Follows the Person (MFP), offer a pre and post Minnesota PES to persons relocating from Nursing Facilities, IMDs and ICF/D).
• Immediately seek to enhance educational information directed at recipients as well as online training curriculum for providers that addresses choice options as well as enhanced discovery efforts leading to targeted remediation efforts
Waiver Reimagine (Phase I and II Materials): 1. Waiver Reimagine - Phase 1 Service Streamline and Phase 2 Recommendations for Reshaping Waivers and Individualized Budgets (January 2021) **2. Waiver Reimagine Applied Review** (January 2023) **3. Waiver Transition Report** (October 19, 2018) **4. Waiver Reimagine Final Report** (December 2019)**5. Stakeholder Focused Discussions** (June 4, 2018)
• *Combine the four disability waivers into a two-waiver structure that reflects support needs based on the type of living setting in which the person resides*
• *Allocate resources using an individualized budget; the budget methodology links a person's needs to a range of service plan costs; align budget methodology for self-direction with traditional services*
• Provide general information for case managers, lead agency staff and everyone about what people can expect with Waiver Reimagine and how it will change things; also develop an advisory committee and learning committee
• Develop simple tools and explanations for all parts of Waiver Reimagine
• Streamline and simplify as much as possible (use Waiver Reimagine as an opportunity to simplify throughout, look for redundancies in policies and areas where we can create a more unified process)
• Develop clear cohesive policy and guidance for authorizing services/exceptions
• *Focus on equity in the development of self-direction policy*
• Address most critical concerns (of case managers), including by revising FAQs
• Plan for temporary implementation needs/costs
• Expand the number of supports and services available under state plan. A number of them, such as home making or chore services, do not require the level of planning and monitoring provided in the waiver
• *Create greater flexibility within traditional waivers that allows for waiver recipients and providers to be more creative about providing supports*
• Collapse multiple service types into one that can be used flexibly to meet needs and address some of the worker shortage
• *Provide training to interpreters to better understand the waiver services and system*
• *Create plain language materials for waiver recipients and their families, county staff, providers, and for other agencies that interact with families*
• Seek out state, county, and provider partners to continue to address the workforce shortage, looking towards a state-level approach that can benefit individuals, families and providers across the system