DEPARTMENT OF HUMAN SERVICES

Legislative Report

2021 Biennial Report on Services for People with Disabilities

Disability Services Division

August 2021

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I. Executive summary

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

The COVID-19 pandemic slowed, but did not stop, DHS' work to simplify and build more choice, flexibility and person-centered practices in the disability service system. The pandemic is testing the system as never before and has revealed its strengths and vulnerabilities. At the same time, public attention on racial injustice in law enforcement and current social uprising has heightened our awareness of structural oppression. It has deepened, and made more urgent, DHS' resolve to become an anti-racist organization and to strive for equity in all we do.

Minnesota continues on a path to improve the quality of the lives of people with disabilities who use services, while increasing their choice about and control of those services. We are building a system that supports people living as valued members of the community and enjoying the benefits of community life.

Many of the trends we noted in previous reports continue, such as:

- Program growth
- Increased diversity among the people who use services
- More people with higher needs using services
- Increased preference for having choice and control
- Workforce pressures.

We note a couple of new trends, including increased use of consumer-directed options and customized living, as well as the development of new technologies.

Given the growing demand for home and community-based services, there is concern about managing the costs of these programs. The report describes some of the efforts to address these concerns, including recommendations from the Blue Ribbon Commission on Health and DHS

This report also describes the ways in which DHS has been responding to the COVID-19 pandemic. Through coordination and collaboration across state agencies, we:

- Waived certain program requirements, resulting in more flexible and accessible services
- Protected the rights of people with disabilities
- Supported service providers.

DHS is working to increase people's ability have options, make informed decisions and exercise control over their services. The report outlines these key initiatives and provides updates on several ongoing projects, including:

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

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

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 the commissioner 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

This report provides an overview of the 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 gives a status update on home and community-based waivers, home care services and other disability service programs.

In the second half of the biennium covered in the report, the COVID-19 pandemic began. This report also discusses how the disability service system is responding to the pandemic and what we have learn from it so far. We are still in the midst of the pandemic at the time of writing, so this will not be a full account. Rather, we provide a summary of our actions and learning so far.

Additionally, in May 2020, the killing of George Floyd by a Minneapolis police officer galvanized the nation's attention to racial injustice and white supremacy. Therefore, we also address our efforts to ensure equity in the services we provide.

Purpose of report

The purpose of the report is to inform the 2021 Minnesota Legislature and interested stakeholders on how DHS is using investments made by the people of Minnesota. These investments provide people with disabilities the opportunity to lead meaningful lives and fully participate in their communities. Minnesota, as a whole, benefits from the presence and contributions of people with disabilities.

Scope of services covered in this report

Most Minnesotans with disabilities do not use formal supports from the state. According to the Minnesota Compass, about 604,779 Minnesotans report having a disability (10.8% of the population). This includes people who report having serious difficulty in four basic areas of functioning: vision, hearing, ambulation and cognition, or people with difficulties that might affect their ability to live independently.

In 2019, about 113,000 people who have a disability or who are blind were enrolled in Medicaid. Thousands of others received state-funded services, such as information, referral and options counseling.

DHS manages programs that support people of all ages with a variety of disabilities. Disabilities include:

- 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 people be as independent as possible in the community. Services include home care and those that support people's community living, work and other goals.

For more information about home and community-based services programs and services, see the Overview of the home and community-based services system section.

IV. Quality of life

The Minnesota Department of Human Services (DHS) supports people with disabilities to live, work and enjoy life in ways that are most meaningful to them. DHS builds a culture and a system that promotes people's control over their own life and quality of life.

Tragically, part of Minnesota's history includes systemic maltreatment of people with disabilities. When combined with other forms of systemic oppression, people with disabilities who have multiple marginalized identities have experienced even greater disparities in socioeconomic outcomes.

For over a decade, Minnesota has been working to build a person-centered system to undo the systemic stripping of people's dignity and control over their lives. It will take a similar effort to undo other forms of oppression in our system. The quality of life of the people who use services and the equitable distribution of positive outcomes is the measure of our success in all of these efforts.

The acronym **CHOICE** explains the domains that contribute to quality of life:

- **Community membership** grounded in participation, contribution and valued community role
- **Health, wellness and safety** with an emphasis on communication, relationships and trust
- **Own place to live**, which is the choice to decide the place you live, the people with whom you live and/or who provides support in your home
- **Important long-term relationships** that are reciprocal and chosen
- **Control over supports**, including choice and control over services and funding
- **Employment earnings and stable income,** which could be jobs, self-employment and/or stable income from public and private sources.

Minnesota's disability service system is substantial and complex. It serves a diverse group of people of all ages and disability types across the lifespan. To make real change for the better in people's lives, change must be consistent across all aspects of the system. We advance our mission strategically and comprehensively, driving change in all we do.

Brief history[1]

At one time, a family with a member with certain disabilities essentially had two choices—to keep their loved one at home or to turn guardianship over to the state and place the person in an institution. In the 1950s, most people with disabilities who used long-term services and supports received them in an

[1] Much of this history has been adapted from the Council on Developmental Disabilities' "With an Eye to the Past" website. This is an excellent resource for deeper exploration of Minnesota's disability history.

institutional setting. With the advent of the disability movement and changes in state and federal policy, the service-delivery model transformed during the next several decades.

In the mid-1950s, the state began to develop and test new models, especially in the area of community programming. In 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, community-based services. Congress emphasized providing services in less costly, non-institutional service settings. Congress required the cost of the services provided under the waiver to be less, on an average per capita basis, than the total expenditures that would occur if people received the services in an institution.

Minnesota was one of the first states to build a waiver service system and rebalance our services. The last child with a disability living in a Minnesota state hospital (then called regional treatment centers) 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, rather than in an institutional setting. Medical Assistance, both through waivers and state plan services, covers HCBS. For more information, see the Overview of the HCBS system section.

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 includes measurable goals to increase the number of people with disabilities receiving services that best meet their needs in the most integrated setting. The court approved the Minnesota Olmstead Plan on September 29, 2015. Upon approval, Minnesota 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. This is not, however, the end of the plan. The Olmstead Implementation Office is amending the plan and has directed state agencies to set new goals and update their work plans.

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 the opportunity, both now and in the future, 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.

For more information, see the Minnesota's Olmstead Plan section.

HCBS Rule

In 2014, the federal Centers for Medicare & Medicaid Services (CMS) published regulations that made a number of changes, including changes to the definition of home and community-based settings for the Medicaid HCBS waivers. CMS granted states until March 2023 to bring their systems into compliance with the HCBS settings requirements. States are required to develop a transition plan for the HCBS waivers in order to comply with the rule. For information about Minnesota's plan, see the HCBS Rule statewide transition plan section.

The purpose of the rule is to maximize opportunities for people who use HCBS. It raises expectations around what is possible for older adults and people with disabilities and requires that all people:

- Have information and experiences with which they can 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.

The HCBS Rule might mean significant changes for some providers in how they deliver services and, for some people, in how they receive services. After almost 30 years of diverse and inconsistent policies across the country, the HCBS Rule sets the standard for the next generation of services. It raises hopes and expectations for changes in the lives of older adults and people with disabilities.

The work continues

Over the last decade, DHS and our partners have built the foundation of a person-centered system. We continue to learn and adjust these foundational tools. The following tools form the platform that allows us to ensure standards and drive improvement:

- **MnCHOICES**: An assessment and support-planning process for long-term services and supports
- **Disability Waiver Rate System:** A statewide methodology for establishing service rates based on individual service needs
- **Provider standards, outlined in Minnesota Statutes, Chapter 245D**: Disability service licensing standards to achieve quality outcomes for people and require consistent standards

- **Positive Supports Rule**: Guidance on the use of positive supports, while prohibiting practices that punish and cause pain
- **Disability Hub MN:** A free, statewide resource network that helps people with disabilities solve problems, navigate the system and plan for their future.

With these tools, we are positioned to make fundamental, system-level improvements to respond to feedback we consistently hear about disability services and programs. The Waiver Reimagine initiative responds to those concerns by:

- Making the waiver system easier for people to understand and use
- Empowering people with more control over their services
- Reducing disparities across waiver programs and people.

V. Trends and challenges in disability services

In this section, we provide information about two trends not previously reported: the substantial growth in demand for self-directed services and the growth in customized living. We also provide updated information about trends we have been tracking for many years.

Growing demand for consumer-directed options

Many of our home and community-based services (HCBS) have an element of self-direction. However, we specifically label some of our program and service options as "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) 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 do things such as:

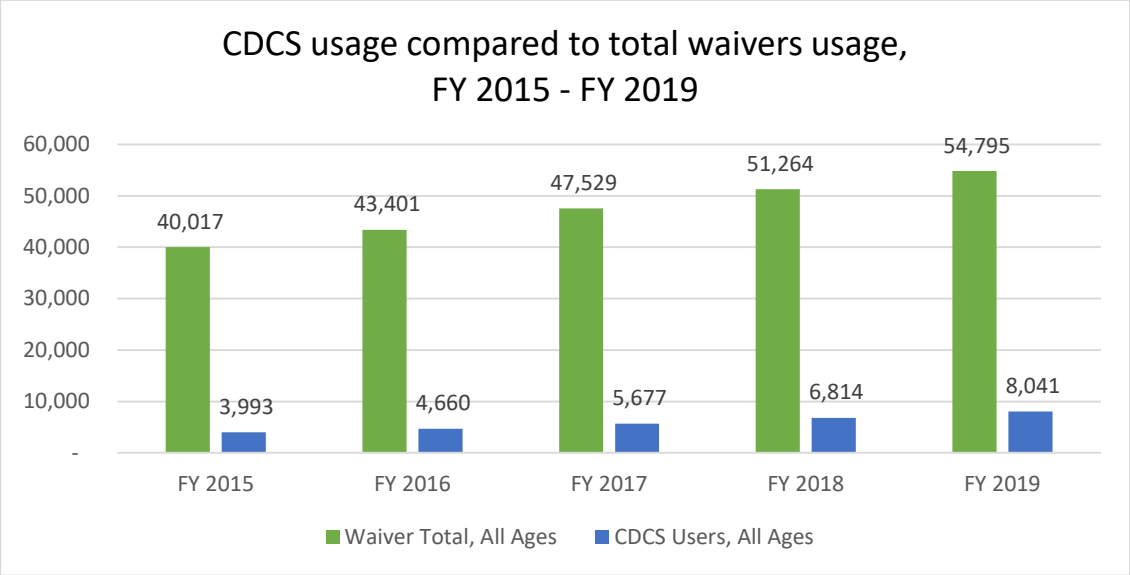
- Customize their services
- Hire and fire their staff
- Purchase goods and services.

Over the past five years (FY 2015–FY 2019), the number of people who use CDCS through the disability waivers increased from 10% to 15%. This outpaces the growth rate for the waivers, which was 8% during the same period, indicating there is rapid growth in people opting to direct their own services.

Figure 1: Total number of people on disability waivers who use CDCS, FY 2015-2019

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. Overall, over the past five years, the number of people on disability waivers has grown approximately 8% per year. The age group under 18 years old grew approximately 14% per year during the same time.

Age correlates significantly with CDCS use and with the growth in use. During this same period, the number of children using CDCS grew about 20% each year. Almost 70% of children on a disability waiver use CDCS, compared to 15% of all people on disability waivers.

Table 1: Percent of people on a disability waiver who use CDCS by age, FY 2015-2019

Higher use of CDCS among younger service users

Between the years 2015-2019, growth of CDCS use was the largest among people younger than age 18, with a 14% increase. CDCS is particularly popular with families of children with disabilities. Of those who used CDCS, in FY 2019, 68% were younger than age 18.

Percent of disability waiver participants using CDCS, by age, 2015-2019					
Age	**FY 2015**	**FY 2016**	**FY 2017**	**FY 2018**	**FY 2019**
0-17	54%	56%	61%	65%	68%
18-22	27%	30%	32%	33%	37%
23-64	4%	4%	4%	5%	5%
65+	2%	2%	2%	2%	2%
All ages	10%	11%	12%	13%	15%

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 five years, CDCS use has grown significantly for people who use the Developmental Disabilities (DD) and CAC Waivers, by about 10% each.

Table 2: Percent of people using disability waivers who use CDCS by age, FY 2015-2019

Highest use of CDCS is in CAC Waiver

Consistently over the last five years, the greatest use of CDCS was by people on the CAC Waiver. The average age of people using the CAC Waiver is far lower than that of other waivers.

Percent of CDCS use, by waiver type, FY 2015-2019					
Waiver program	**FY 2015**	**FY 2016**	**FY 2017**	**FY 2018**	**FY 2019**
CAC	43%	45%	46%	49%	53%
CADI	7%	8%	8%	8%	9%
DD	13%	14%	17%	20%	23%
BI	5%	6%	6%	6%	7%
All disability waivers	10%	11%	12%	13%	15%

Growth in use of customized living

Customized living is a waiver service that provides an individualized package of regularly scheduled, health-related and supportive services provided to a person age 18 years or older who resides in a qualified, registered housing-with-services establishment. Over the past five years, we have seen continued growth in the use of this service.

Table 3: Number of people using customized living compared to total waiver population, FY 2015-2020

Growth in use of customized living service

The percentage of people using customized living service grew by 1.8% over the last six years.

Number of people on waivers who use customized living, FY 2015-2019						
Category description	**FY 2015**	**FY 2016**	**FY 2017**	**FY 2018**	**FY 2019**	**FY 2020**
Customized living	3,339	3,584	4,022	4,603	5,238	5,942
Total disability waiver population	39,879	43,211	47,276	51,029	54,519	58,227
% of customized living use among disability waiver population	8.4%	8.3%	8.5%	9.0%	9.6%	10.2%

Spending is also increasing. The expenditures for customized living outpaces the growth in numbers of people using the service. From FY 2016-2020, the number of people using customized living increased by around 15% per year. During that same period, customized living expenditures grew by around 28% per year, while total disability waiver spending grew approximately 10% per year.

Table 4: Expenditures for customized living, FY 2016-2020

Growth in customized living service expenditures

The percentage of costs for customized living service grew by 5% over the last five years.

Category Description	2016	2017	2018	2019	2020
Customized Living Spending in the Disability Waivers	120,413,553	144,516,880	175,909,634	229,949,889	333,643,491
% Customized Living spending in Disability Waivers	6%	6%	7%	8%	11%

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 long-term supports and services (LTSS), including those who use HCBS, and see how demographics are changing across the state.

The trends we observed in the past few biennial reports continue:

- Program enrollment continues to grow
- More people with high-intensity needs are using services
- Populations served continue to become more racially diverse
- Overall numbers served are smaller in the very young and 65 years and older groups, but these two groups have the highest growth rate in program participation.

The growth in the number of very young people using services is significant because the characteristics and preferences of the very young show the direction the entire service system is moving.

Program growth

In FY 2020, DHS projects that waiver programs will grow by over 7.6% per year. On average, serving

people through HCBS is less costly than institutional care. Increasing the proportion of people served in their homes and communities contributes to the ongoing sustainability of the LTSS system.

Figure 2: Waiver enrollment

Past and projected waiver enrollment

Enrollment in waiver programs has steadily grown over the past six years. DHS projects they will continue to grow, though at a slower rate.

Table 5: Enrollment in disability waivers, FY 2016-2020

Historical disability waiver enrollment: November 2020 forecast		
Fiscal year	**Average monthly people served**	**% Change previous year**
2016	38,237	6.3%
2017	41,779	9.3%
2018	45,241	8.3%
2019	48,475	7.1%
2020	52,020	7.3%

Table 6: Projected enrollment in disability waivers, FY 2021-2025

Projected disability waiver enrollment: November 2020 forecast		
Fiscal year	**Average monthly people served**	**% Change previous year**
2021	56,378	8.4%
2022	58,006	2.9%
2023	59,453	2.5%
2024	61,394	3.3%
2025	63,178	2.9%

Increasingly diverse populations

The population of Minnesota is becoming more diverse in terms of race, culture and language. The makeup of the populations served with HCBS reflects this trend.

Fifty years ago, people of color (those who identify as a race other than white alone and/or those who are Hispanic or Latinx) made up less than 5% of the state's population. Today, people of color make up 20% of the total population[2] and, in 2019, 32% of Minnesota children younger than age five were children of color.[3] State demographers project that by 2035, people of color and Latinx population will make up 25% of the state's population.

Minnesota is also becoming a more culturally and linguistically diverse state. In 2017, about 8.2% of the population was foreign-born. In 2018, 11.7% of Minnesotans older than age four spoke a language other than English at home.

Consistent with these statewide trends, the group of people who use HCBS is also becoming more diverse. For the HCBS population, 12% of people older than age four (about 11,000 people) speak a language other than English at home.

Younger people coming into the disability service system are a more diverse group than older people who came into the system in the past. This shifts the overall makeup of HCBS programs, and the diversity will grow over time.

HCBS programs need to be responsive to the culture, language and individual preferences of the people we serve. As we see an increase in diversity in the people we serve, we must adapt our programs accordingly.

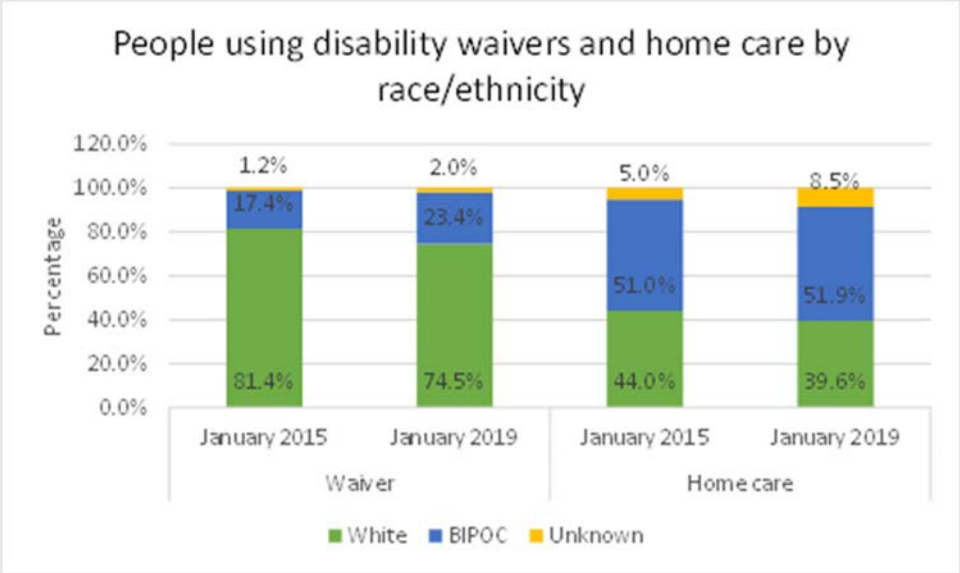
[2] Minnesota State Demographic Center

[3] Minnesota COMPASS, a project of Wilder Research

Figure 3: Population using waiver and home care services by race/ethnicity, January 2015-January 2020

HCBS population increasingly diverse

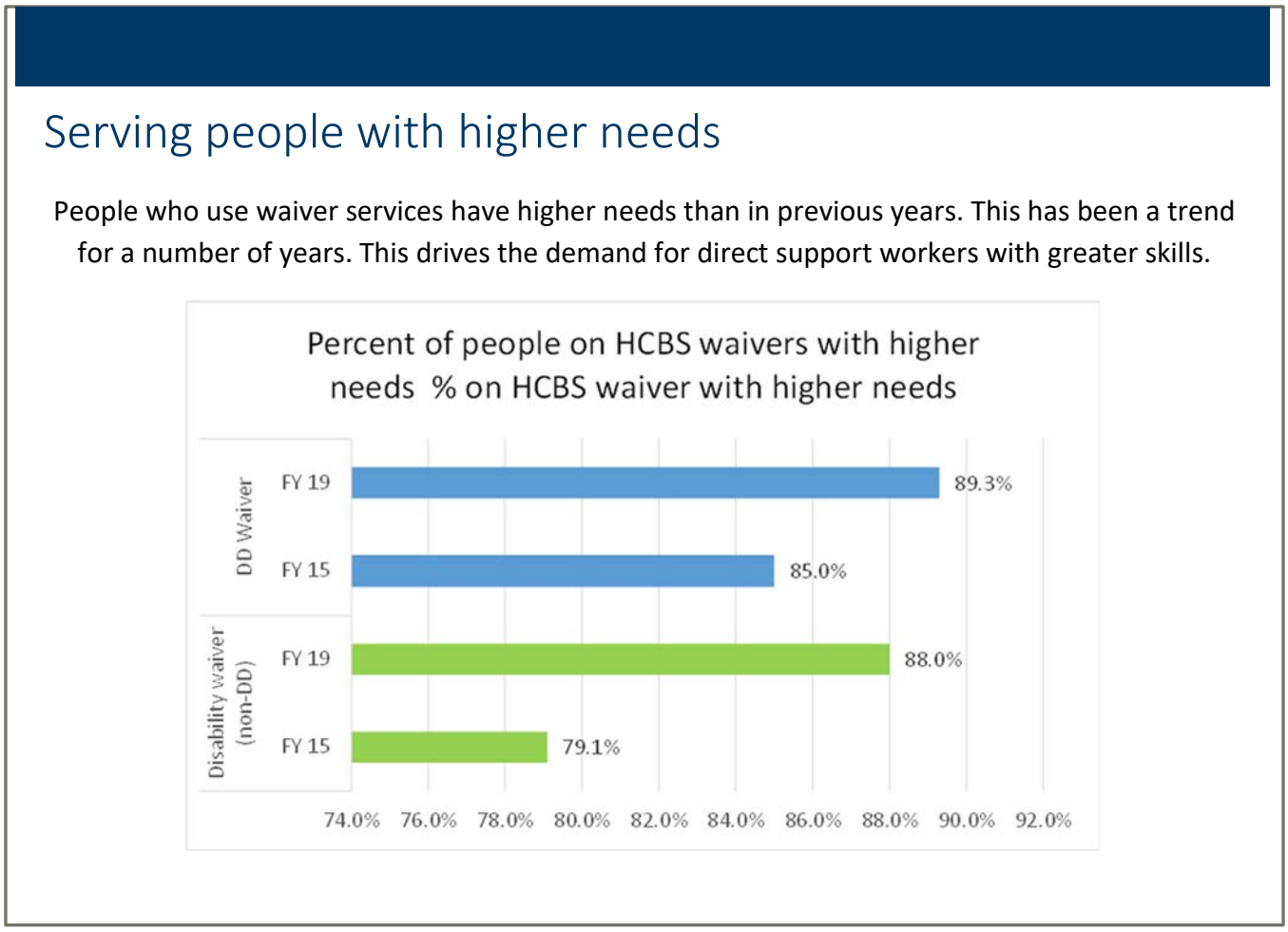
There is greater diversity among the people who use HCBS. White people continue to be the majority of people who use waiver services, though that percentage has dropped over the last four years. Black, Indigenous and people of color (BIPOC) were the majority of people using home care services, and that majority grew over the same period.



Higher needs

We continue to see 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.

Figure 4: Percent of people having higher needs using DD Waiver and other disability waivers, FY 2015 and FY 2019



For more information about HCBS use, see the Long-term services and supports (LTSS) dashboard.

Changing preferences and new service options

In addition to being a more diverse group, people new to the service system have different expectations and goals than those who came into the system years ago. Increasingly, people want to have more choices, more control over their services and more opportunity to be fully contributing members of their communities. The service system has to adapt to support people differently, while maintaining stable services for those who have been in the system for years.

This includes:

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

Over the last two years, DHS worked to simplify HCBS waiver services and create new service options, including the new integrated community supports service. These changes went into effect Jan. 1, 2021. For more information, see the Waiver Reimagine section.

Workforce trends

Without HCBS services, many people with disabilities would not be able to live in the community. The delivery of these services is dependent on having an available and robust workforce to support people. People with disabilities rely on direct support professionals to help them with daily activities due to physical, cognitive, developmental, behavioral and/or chronic health concerns.

Having an adequate workforce to support the disability services system continues to be a serious challenge. As the demand grows for services to support people with disabilities, so too has the pressure to build and maintain a qualified workforce. Before the onset of the COVID-19 pandemic in 2020, people were already having trouble finding workers to provide these services.

COVID-19 has amplified the direct support workforce strain that has been steadily growing over the past decade. Beyond typical barriers to increasing the workforce, the infection rate, quarantine requirements and fear of infection have taken people out of the direct support workforce. After the COVID-19 pandemic subsides, the workforce will still have to deal with the low wages and high demands of the job of supporting people with disabilities.

To better understand the workforce that supports people served by HCBS programs and begin to work on innovative solutions to the shortage, the Minnesota Legislature required the DHS to collect market-level information about the direct support workforce.

The HCBS Labor Market Survey marks a new phase of data collection for the direct support workforce in Minnesota. With this work, policymakers can track the health of the workforce year-to-year to understand the effects of further investment or policy changes.

The first Labor Market Survey (PDF), conducted in 2019, only included disability waiver service

providers. Therefore, the survey provided a narrow view of the entire direct support workforce in Minnesota. Beginning in 2021, reporting will expand to include all HCBS providers, except Housing Stabilization Service providers. This will provide a more complete understanding of the direct support workforce for all long-term supports and services.

Initial data collection indicates that direct support professionals in Minnesota have low wages and less access to affordable benefits. The data also show that this workforce is notably unstable due to high turnover. These findings have already informed policy conversations about wages and benefit access for direct support professionals. Minnesota's findings contribute to the dialogue about the direct support workforce crisis the nation is experiencing. In subsequent reports, we anticipate sharing specific workforce data and trends based on findings from our future data collection.

For more information, see the Addressing the workforce pressures section.

New technologies

The world of technology is expanding at an astounding rate. Seemingly every day, there are new products on the market that can help people with long-term support needs. In some cases, technology can reduce or replace the need for a person to provide support. For example:

- Many response and monitoring systems make it safer for people to live alone
- "Smart technology" can operate appliances, windows, doors, shades, lights and more, and people can operate these devices from on or off site
- Technology can prompt people to do tasks and monitor if certain tasks are completed
- Technology can make it easier for people to communicate.

On the business side, technology can make it easier for service providers to manage their operations, from providing service remotely to increasing documentation efficiency.

Technological advances are changing how we all live and increasing options for people with disabilities. The service system needs to keep up with these developments. For more information, see the Technology section.

Interagency work

Over the last several years, DHS has expanded and strengthened relationships with other state agency partners. In addition to collaboration that happens on an ad hoc basis, as mentioned in the COVID-19 section of this report, we are also establishing formal relationships and processes for collaboration.

Employment supports

The Pathways to Employment initiative (2005–2010) was a multi-year collaboration between DHS and the Departments of Education (MDE) and Employment and Economic Development (DEED) around increasing rates of people with disabilities in competitive employment. We adopted Minnesota's Employment First policy through that effort. The grant that supported that work ended in 2010, but the collaboration continues.

"E1MN" is the new name for the state partnership to advance Employment First outcomes for youth and adults with disabilities.

MDE, DEED and DHS lead E1MN:

- MDE – Career and Technical Education and Special Education
- DEED – Vocational Rehabilitation Services and State Services for the Blind
- DHS – Disability Services Division.

Employment supports for people with disabilities span multiple state agencies, which can be complicated for all involved. E1MN coordinates and brings things together for people so the system makes more sense. To start, we are focusing on:

- Aligning the process and experience for people on waivers. A memorandum of understanding, finalized in October 2020, captures our agreements and provides a roadmap for our work.
- Engaging youth and families at a young age in setting a positive trajectory for employment and independence.

Autism resources

The DHS Early Intensive Developmental and Behavioral Intervention (EIDBI) team works closely with MDE, DEED and the Department of Health (MDH), along with the Institute on Community Integration at the University of Minnesota. An interagency team meets monthly to coordinate and collaborate our work on autism services and supports. The team created a strategic plan guides their work. Examples of products from this collaboration are:

- MN Autism Resource Portal: A centralized access point for information on autism services and supports
- Pathway to autism spectrum disorder services (ASD) and supports resource map (PDF): A document that helps parents and caregivers navigate what options are available to their child in the years that follow an ASD diagnosis. The document also is available in Hmong (PDF), Oromo (PDF), Somali (PDF), Russian (PDF), Vietnamese (PDF), Karen (PDF) and Spanish (PDF).

Supporting families

Children age 18 and younger receive services across settings administered by various state agencies. To better coordinate those services and make the system congruent for those who use it, four state agencies collaborate to support those children and their families. They are:

- DHS/Disability Services Division (DSD)
- MDE
- MDH
- DEED/Vocational Rehabilitation Services (VRS).

Currently, we are working on the following interagency efforts:

- Employment capacity – building cohort family engagement (DSD,VRS, MDE)
- Person- and family-centered interagency work in schools (DSD, MDH, MDE, VRS)
- Charting the LifeCourse – interagency implementation (DSD, VRS, MDE, MDH)
- Communities of practice for supporting families (DSD, VRS, MDE, MDH)
- Coordination on distance learning during the COVID-19 pandemic (DSD, MDE, MDH)
- Connecting families through the family support organizations grant project (DSD, MDH).

VI. Managing costs

Enrollment in home and community-based services (HCBS) programs has steadily risen, and projections show this trend continuing for several years. To keep these programs sustainable so people will have access to them in the future, the Department of Human Services (DHS) is working to manage the cost of these programs. This means not simply keeping costs down, but also:

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

Blue Ribbon Commission

The 2019 Minnesota Legislature and Governor Tim Walz created the Blue Ribbon Commission on Health and Human Services to develop an action plan "to advise and assist the legislature and governor in transforming the health and human services system to build greater efficiencies, savings and better outcomes for Minnesotans."

In September 2020, the commission issued the Final Report of the Blue Ribbon Commission on Health and Human Services (PDF). The report included three recommendations:

1. The Governor's Health Subcabinet, or a subsequent commission or task force, should explore undeveloped and/or additional health equity and system transformation strategies
2. Any commission strategies selected for implementation should first 1) have design details developed with health equity in mind, and 2) have the health equity considerations identified by the commission reviewed and addressed.
3. State agencies should initiate a concerted effort to transform DHS and Minnesota Department of Health programs to address a real opportunity for better outcomes for residents and better use of funding.

While the strategies included in the report provide some relief, people should not interpret them as true reform. We must reimagine our programs from the ground up to get at root causes of systemic inequities and create pathways out of poverty. Our current systems often trap people in poverty and create unnecessary bureaucracy to get help, at high costs to people and systems with limited positive outcomes.

The report outlines 22 additional strategies, six of which are specific to long-term supports and services for people with disabilities.

Table 7: Blue Ribbon Commission recommendations

Strategy	Strategy Summary	Potential Scope of Savings in FY 2022-2023
Housing Opportunities for People with AIDS (HOPWA) Home and Community-Based Services Settings Rule Appropriation	This strategy combines two strategies that end appropriations for two grant programs that are no longer needed: • Disability Waiver Rate System Transition Grant • Clare Housing Settings Rule Appropriation.	Up to $1 million
Update absence factor in day services	This strategy changes rate formulas for day services under the disability waivers to reduce the absence and utilization factor to a level supported by data.	$1 million to $9,999,999
Change disability waiver family foster care rate methodology	This strategy changes the rate methodology for family foster care services to reflect the service setting and promotes life-sharing services under the disability waivers.	Greater than $10 million
Curb residential costs in disability waivers	This strategy combines multiple strategies to reduce use of high-cost services in the Medicaid disability waivers. Strategies include: • Development of a new initiative that would help people who indicate that they want to move. This process would facilitate the moving/service-planning process and then reduce statewide capacity available after people move • Implementation of a more robust process with more stringent guidelines for people not yet in corporate foster care or customized living services to ensure the level of care is appropriate for the person's needs • Changes to billing requirements for corporate foster care and/or unit	Greater than $10 million

	limitations in customized living services.	
Require Medicare enhanced home care benefit	This strategy would mandate that all Medicare health plans sold in Minnesota provide a set of non-medical services that could help older adults remain in their homes and communities.	This strategy was determined not to result in savings to the state budget in FY 2022-2023, but there are potential savings in future years.
Update value-based reimbursement (VBR) in nursing facilities	This strategy proposes a significant revision to VBR in nursing facilities to reflect appropriate rates over time and incentivize quality care, including: • Suspend the Critical Access Nursing Facility Program funding, as it has no value under VBR • Suspend the alternative payment system automatic property inflation adjustment • Eliminate a hold harmless clause, which states that facilities at least receive the rate they had for the year prior to the implementation of VBR • Add an assessment when a person stops receiving therapy services. This will result in a decrease in the person's daily payment rate because the assessment will reflect that the service is no longer needed, and no longer provided.	$1 million to $9,999,999

Cost reporting initiative

Beginning in 2021, DHS is collecting data to understand the cost of providing services to better understand these costs and align the payment structure accordingly.

The 2017 Minnesota Legislature authorized DHS to conduct annual cost reporting and gather information from providers of disability waiver rate system (DWRS) services. The Minnesota Legislature directed DHS to develop and implement a provider cost review for agencies that provide at least one service covered by DWRS (Minn. Stat. §256B.4914, subd. 10a).

Once implemented, providers will submit data on the cost of providing disability waiver services to DHS once every five years. DHS initially planned to implement the cost reporting requirement in 2020. However, to ease the burden on provider organizations as they respond to COVID-19, DHS delayed the scheduled launch of the DWRS cost reporting system until March 2021.

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. We will collect this data on an ongoing basis to inform policy makers of the cost drivers and allow DWRS to set rates that:

- Appropriately fund services
- Encourage provider viability
- Help ensure service access for people who use home and community-based services waivers.

VII. COVID-19

In the last year, spread of the novel coronavirus, COVID-19 changed our world. In March 2020, there was community spread of the virus in Minnesota. Governor Walz declared a peacetime emergency and shortly thereafter instituted an executive stay-at-home order to slow the spread and buy time to prepare for rising infections. Minnesotans were under orders to stay at home for more than seven weeks.

While this and other measures had some success, as soon as the restrictions were rolled back, the infection rate began rising at a faster pace. That pace slowly but steadily climbed each week until October 2020, when the infection rate began to surge. As of this writing, there is still a widespread, high infection rate across the state.

COVID-19 has dramatically affected every sector and aspect of public and private life throughout Minnesota. In this section of the report, the Department of Human Services (DHS) describes the most significant effects on the disability services sector, as we understand it at the time of this writing.

Impact

It will take months, if not years, after the COVID-19 pandemic has ended to understand the impact it has had on people with disabilities and the disability service system. However, we have already observed a few noteworthy effects while still in the midst of the outbreak.

Disparities

Epidemiology for COVID-19 shows that exposure risk is based heavily on a person's housing type (e.g., exposure to other people, shared bathroom/kitchen space, masking/social distancing practices). COVID-19 infection acuity risk is based on a person's individual physiology, medical history and underlying health conditions. Many people with disabilities live in congregate settings and/or rely on shift staff coming and going from their homes. Those people are at higher risk of contracting the virus. While having a disability does not automatically mean people have a higher risk of severe illness, many people with disabilities do have underlying health conditions that put them at higher risk of serious illness and death if they do contract the virus.

The disparities in health outcomes in Minnesota also affect people with disabilities and those who work in the disability service system. While we do not have epidemiology data specific to people with disabilities, we do know the demographics for the state as a whole:[4]

- Black, Latinx and Native Hawaiian/Pacific Islander Minnesotans are testing positive at nearly three times the rate of white Minnesotans

[4] Minnesota COVID-19 Response: Data by Race/Ethnicity

- Of those who test positive, Indigenous people have the highest hospitalization rates
- Black and Latinx people have the highest age-adjusted hospitalization rates
- Black, Latinx and Indigenous people have the highest age-adjusted rates for COVID-19 deaths.

Workforce shortage

The already small direct support workforce stretched dangerously thin during the pandemic. People who rely on that workforce to live their everyday lives do not have enough staff to meet their needs. This workforce shortage has caused significant stress and disruptions, and it put people's lives in danger.

Providers have struggled to keep their businesses open as the direct support workforce has become smaller. They have also faced challenges when the state required certain services to close or limit the number of people served.

Additional caregiving responsibilities

Families are experiencing tremendous stress as they provide support functions they did not previously provide. For example, children with disabilities are no longer receiving critical education and supports that they normally would have received in their school settings.

For some, this means a family member has had to give up or reduce their employment, adding financial stress for the entire family.

Executive orders

As of this writing, Governor Walz has issued more than 100 executive orders related to COVID-19. Several of these orders have significantly affected people with disabilities:

- **Stay-at-home and dial-back orders**. Like all Minnesotans, the requirements to stay at home and limit social interactions kept people with disabilities from school or work. People have not been able to access services, see family and friends or access the community in their usual ways. Service providers themselves have struggled with the disruption caused by these orders, such as needing to stay home with school-aged children, which makes them less available to provide needed services.
- **School closures**. School-age children with disabilities have had their routines disrupted and lost access to school-based support services.
- **Closed and restricted access to day services**. People who use day services have experienced interruptions to important routines, loss of social contacts and isolation from the community. As a result, many people experienced significant, detrimental mental and behavioral health effects.
- **Preserving access to human services programs during the COVID-19 peacetime emergency (PDF)**. Executive Order 20-12 granted DHS authority to temporarily waive or modify many of

statutory provisions and rules. As a result, DHS has made changes to increase people's access to services despite COVID-19-related restrictions.

Waived and changed requirements

Collaboration across DHS administrations resulted in over 70 waivers and changes under existing authorities. Many of these changes are specific to people with disabilities, including people with HIV. For example:

- Service changes:
  - Allowing telemedicine (phone and video visits)
  - Maintaining people's eligibility
  - Allowing remote delivery of waiver services
  - Lifting certain service limits
  - Allowing in-home education supports
- Administrative changes:
  - Modifying licensing requirements
  - Modified background study requirements
  - Waiving the need for signatures.

For a complete list, see the DHS waivers and modifications page.

Coordination and collaboration across state agencies

Normally, each state agency carries out its responsibilities fairly independently of other agencies. During a statewide emergency, though, the activities of state agencies must be closely coordinated if the state is to respond effectively. The purpose of the State Emergency Operations Center (SEOC) is to facilitate that coordination. DHS has redeployed several staff from the Disability Services Division and the Community Supports Administration to work in the SEOC, particularly on issues related to disabilities. For example, the SEOC established access to testing for people who live in congregate settings and the people who work there.

In March 2020, state agency leaders started planning within and across their organizations to slow and respond to the spread of COVID-19. Governor Walz assigned MDH to have the lead in coordinating the state's COVID-19 response. DHS continues to work closely with MDH, as well as the Department of Education (MDE).

Both MDH and DHS have licensing authority for facilities that serve people with disabilities. Both DHS and MDE provide services to school-aged children with disabilities. The three agencies have been working together to craft and implement guidance for disability service providers, drawing on the expertise from each agency. The agencies also have collaborated to make recommendations to the governor about adding and lessening restrictions on places where people with disabilities use services.

Protecting rights of people who use services

The rights of all Minnesotans have been limited, to varying degrees, during the COVID-19 pandemic to respond to the needs of the whole community. We must be vigilant to ensure the rights of people with disabilities are not additionally limited, simply because they have disabilities.

Now, as in the past, people with disabilities have suffered from having their rights violated. In particular, people who live or spend daytime hours in settings controlled by a service provider may experience rights restrictions, as the provider struggles to keep staff and people who receive services safe.

In April 2020, DHS formed the Preservation of Rights during COVID-19 Outbreak Advisory Group, with representatives from the DHS Disability Services, Legislative Relations and Licensing divisions; MDH; the Ombudsman for Mental Health and Developmental Disabilities; and several advocacy organizations. The group identifies instances of rights violations and potential violations.

In consultation with the group, DHS has created guidance for providers and people with disabilities about their rights. The guidance includes ideas and tools to balance the need for health and safety with people's need to maintain what brings them joy, comfort, control and gives them quality of life. It covers topics such as:

- Coming and going from home
- Going for visits and having visitors to their home
- Informed choice about using day services or going to work
- Mask use.

The DHS website includes guidance for providers and guidance for people who receive services.

Provider support

The entire disability services system depends on service providers. Service providers have experienced tremendous pressures during the COVID-19 pandemic. They have been keeping the people they serve safe and healthy while also supporting them in leading lives that have value and meaning. They have been keeping staff safe and healthy and maintaining a staffing pool to cover the need. At the same time, they have been flexible and responsive to changing conditions, such as evolving safety recommendations and state and local restrictions.

The following sections explain strategies DHS created to support providers.

Provider response team

From the onset of COVID-19 through Feb. 2, 2021, 51% of both home and community-based congregate residential service settings (1,941 facilities) and intermediate care facilities for persons with

developmental disabilities (69 facilities) reported at least one resident or staff member diagnosed with COVID-19. Residents accounted for 2,106 cases. Of these cases, 403 residents were hospitalized and 83 died.

In April 2020, DHS began working closely with MDH to respond to 245D residential providers and intermediate care facilities for persons with developmental disabilities (ICFs/DD) providers who have experienced a COVID-19 outbreak. Between mid-May and mid-October 2020, the provider response team:

- Provided 294 sites with information and resources
- Connected regional and policy staff to 36 providers in need of technical assistance.

When a congregate setting that provides home and community-based services to people with disabilities has a positive case of COVID-19, the provider contacts MDH. MDH's role is to:

- Collect reports of COVID-19 positive infections from labs and providers
- Provide initial infection prevention information and ongoing exposure risk assessments to providers
- Enroll staff in daily symptom monitoring via an online survey
- Monitor, prioritize and fulfill personal protective equipment (PPE) requests.

DHS' role is to provide technical assistance, including:

- Information developed by MDH in the COVID-19 toolkit for long-term care facilities (PDF)
- Instructions to report new COVID-19 cases via the clinical information form
- Instructions to request PPE by using the COVID-19 supply chain website
- Support regarding critical staffing, residents' rights, health or safety, licensing or other barriers the provider is encountering due to a COVID-19 outbreak
- Connecting providers with regional staff who can help establish local connections and coordinate ongoing support.

Emergency staffing pool

Even before the COVID-19 pandemic began, there was a direct support workforce shortage. When staff or residents become infected, staffing in congregate living facilities becomes a serious challenge. DHS, in collaboration with the State Emergency Operations Center, developed an emergency staffing pool for these situations.

The pool includes:

- Registered nurses
- Licensed practical nurses
- Direct care support workers

- Unlicensed direct care workers (e.g., nursing assistants, resident assistants, certified nursing assistants).

For more information, see the state's COVID-19 emergency staffing page.

Guidance and training

Throughout the pandemic, DHS has been providing guidance, tools and training to help people, families and providers balance quality of life with the increased health and safety demands. This includes:

- Guidance for providers:
  - Making contingency plans (PDF)
  - Meeting licensing requirements
  - Disability services during COVID-19 frequently asked questions (FAQ)
- "Know your rights" information for people with disabilities
- Trainings about:
  - Core principles of person-centered thinking (balancing and rebalancing important to and important for)
  - Positive support tips
  - Coping and resiliency for people
  - Coping, resiliency and trauma-informed supports
  - One-page descriptions for emergency situations
  - One-page descriptions for families and educators
  - Supporting informed choice
  - Balancing rights and safety
- Information to help providers, lead agencies and families take sensible actions related to positive supports and person-centered practices, including:
  - Know your rights during the COVID-19 pandemic
  - Disability services during COVID-19 frequently asked questions (FAQ)
  - Universal positive support strategies for creating a quality environment
  - Memorable celebrations during a pandemic: A tool to guide informed choice
  - Ideas for ways to keep busy (PDF).

DHS also contributed to guidance for providers on the Minnesota positive supports website.

Emergency payments for customized living

About 18,000 older adults and people with disabilities receive customized living services. Customized living includes both health-related and supportive services provided to people living in a customized living setting. People in these settings are at higher risk for COVID-19 due to their age, health and because they live in a group setting.

For a limited time, DHS authorized additional compensation for customized living providers when their setting had one or more confirmed cases of COVID-19 (resident or staff). Our goal was to ensure the health and safety of people who receive customized living services and help providers cover additional costs associated with COVID-19.

DHS provided a 50% rate add-on for customized living services for 45 days, beginning the date the provider setting had at least one COVID-19 exposure, as determined by the MDH. This rate add-on was available to providers who provided services both:

- To people who use the Elderly Waiver (EW), Community Alternative for Disability Inclusion (CADI) Waiver or Brain Injury (BI) Waiver
- In a setting that had at least one confirmed COVID-19 case among its residents or staff between March 13 and July 31, 2020.

The rate add-on helped providers stabilize staffing to meet the health and safety needs of people living in customized living settings. It covered:

- Additional personal protective equipment
- Additional staff members and staff time to perform public health practices, such as social distancing, quarantining and screening for health concerns
- Implementation of infection control measures, such as additional facility cleaning and disinfecting
- Additional staffing costs, such as paid sick leave, replacement or overtime pay for staff.

For more information, review DHS Bulletin #20-25-02: Customized living rate add-on payments for settings with confirmed cases of COVID-19 (PDF).

VIII. Addressing equity

Strategic plans

The Department of Human Services (DHS) is committed to advancing equity and becoming an anti-racist organization. Striving for equity appears in strategic plans at all levels of DHS.

The DHS strategic plan has "culture of equity" as one of three strategic areas of focus, along with "our stand" and "operational excellence." The agency has two equity goals:

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

The strategic plan for the Disability Services Division also includes equity as an area of strategy focus. Efforts identified in the plan include:

- Build the division'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.

Current equity projects

Multicultural outreach

The Disability Services Division wants to have providers and grantees who reflect the diversity of the people who use disability services. Since February 2019, the division has had a dedicated multicultural grants outreach and evaluation coordinator. This position is responsible, in part, for marketing the availability of grant funds throughout the state to racially and ethnically diverse communities. The coordinator also identifies and promotes opportunities for collaboration on grant proposals among disability and culturally oriented community organizations.

The coordinator advises the division on innovative approaches that encourage greater diversity of responders while maintaining all applicable requirements. The coordinator advises DHS and partners about the needs, barriers and gaps experienced in diverse communities and potential solutions to address those gaps.

Early Intensive Developmental and Behavioral Intervention (EIDBI) benefit

The EIDBI benefit is available through Minnesota Health Care Programs. The purpose of this benefit is to provide medically necessary, early intensive intervention for children younger than 21 years old with autism spectrum disorder and related conditions. The people who use the service come from diverse backgrounds. As of December 2020, 51% of people receiving EIDBI services who chose to disclose their

race identified as people of color, and 49% identified as white.

We designed the program with this diversity in mind. Legislation requires EIDBI service to reflect the person receiving services and their family's primary spoken language and culture. To increase access for people for whom English is not the preferred language, EIDBI has specific criteria in legislation that makes it easier for people who speak a language other than English to enroll as a provider.

However, there is a serious shortage of providers for this service. Although waiting lists to access services have decreased considerably, a recent provider survey indicated families are still waiting three to six months to begin services.

On March 2, 2015, then DHS Commissioner Emily Piper declared a provider shortage for all levels of EIDBI providers. This declaration allowed DHS to propose variances in staff requirements to increase provider capacity. With input from the EIDBI Advisory Group and other stakeholders, DHS approved variances to the provider qualifications to increase the number of providers, thus increasing access to services for more children.

Outreach efforts, including community meetings, trainings and provider news messages to bring awareness and education of EIDBI services, have increased the number of EIDBI providers in the state from 10 agencies just three years ago to more than 130 agencies today.

The provider shortage particularly affects rural areas. In an effort to make services more equitable, EIDBI offers services via telemedicine to help reach children and families who face geographic barriers when accessing services in their communities. EIDBI also allows border state providers to enroll, which extends access for children in parts of greater of Minnesota.

DHS has collaborated with a variety of partners to implement strategies across the state to increase awareness and address the workforce shortage. These strategies include:

- Increasing awareness of available jobs for those entering the job market through events, such as presentations and panel discussions at colleges and universities throughout Minnesota
- Connecting students in related majors, such as psychology, social work and education, with employers
- Working with the Legislature to decrease barriers for providers to become EIDBI-qualified
- Hosting community meetings around the state to raise awareness of EIDBI and recruit additional providers
- Providing funding and grants for people, including those from underserved communities, to receive training and be certified as mental health professionals.

Today, with a combination of legislative changes, provider qualification variances and targeted outreach and support, more than 1,500 children are receiving EIDBI services.

MnCHOICES: Increasing cultural responsiveness of the assessment

The first step for a person to access home and community-based services (HCBS) is an assessment conducted by a lead agency (county, tribal nation or managed care organization). MnCHOICES is the comprehensive assessment tool used to determine eligibility for HCBS for people of all ages, regardless of income and disability. To serve better people across Minnesota's racial and ethnic groups, the DHS MnCHOICES team is working to improve accessibility and cultural responsiveness of the assessment.

People need to know and understand their options so they can make a person-centered, informed choice about their services. This may depend on the assessor, in partnership with an interpreter, creating a safe space to talk about where a person wants to live and the services and resources available to them.

Through the work of this project:

- People will receive information in a language they understand about what the MnCHOICES assessment is and what they should expect
- Assessments will be conducted by assessors who have training in cultural responsiveness and how to use interpreter resources
- Assessments will be culturally comfortable and conducted in the person's own language.

Community First Services and Supports: Increasing equity in provider recruitment and development

Personal care assistance (PCA) services are some of the most diverse long-term services and supports in Minnesota, and they have become diverse over time. In FY 2019, the average monthly caseload was about 35,000 people. People who use PCA services speak a variety of languages, but the majority speaks English (64%), Hmong (8%) or Somali (10%) as their primary language. Additionally, 2.4% speak Karen, 2% speak Russian, nearly 2% speak Vietnamese and approximately 1% speak Spanish as their primary language.

Minnesota is in the process of transitioning PCA to a new program: Community First Services and Supports (CFSS). CFSS will give people a choice of models to use: the agency model or the budget model. To help people make this important decision, CFSS will include new consultation services.

Consultation services providers will provide people with the information they need to make decisions and help them develop their service delivery plan. It is vital that these providers have the cultural and linguistic background to communicate with the people they serve, both from an equity perspective and to comply with state statute.

As DHS designs and launches the new CFSS consultation services, we will:

- Recruit members of target communities when we seek new consultation services providers
- Provide training to become a consultation services provider, tailored to the learning needs of

members of target communities
- Support members of target communities in becoming consultation services providers by advising them on the resources needed to start a business in Minnesota
- Develop a plan for sustaining the efforts of this work after the initial period of design and launch.

For more information about CFSS, see the CFSS section of this report.

Using data to guide equity work

Research we have done across home and community-based services (HCBS) shows clear differences in enrollment patterns, service use and self-reported satisfaction by race/ethnicity. These differences suggest there are disparities among people of color and American Indians in accessing HCBS programs.

The HCBS waiver programs are much less diverse than state plan PCA services. In 2018, about 60% of people using PCA services were people of color or American Indians. In comparison, about 14% of people using the Developmental Disabilities Waiver and 27% of people using the other three disability waivers were people of color or American Indians. Understanding why these differences exist is key to understanding whether there are disparities that prevent some people from accessing the full benefits of HCBS.

The formal and informal HCBS assessment and support planning processes are the doorway to accessing services. Understanding how people of color and American Indians experience these processes will inform our policy and operational efforts to reduce potential disparities in HCBS programs. Identifying institutional biases and promising practices to address them will guide us in improving the assessment process for many communities and help ensure equitable access for all people with disabilities and older adults.

DHS is undertaking a multi-phase project to identify racial/ethnic disparities in waiver access, with a specific focus on the assessment process. In this project, we will examine institutional biases built into policies and practices and make recommendations to address them. In addition, we will work to identify and share practices that are successfully addressing disparities. DHS is currently working on phase one of the project.

Working with partners at the University of Minnesota and Purdue University, DHS' focus in the first phase is setting the stage for the next phases by:

- Analyzing service and assessment data
- Conducting an inventory of existing research to understand and measure racial/ethnic disparities in the assessment process for HCBS programs.

A key part of the analysis process is feedback from community stakeholders that are involved in various aspects of the assessment process. This includes a review of the findings by an advisory board

of community members. The advisory board includes members from affected communities who have a working knowledge of human services and their specific communities. This feedback will determine the approach for the project's second phase.

IX. Advancing choice and control

For several years, Minnesota has been building a more person-centered disability service system. 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.

The Department of Human Services (DHS) has a number of priority projects that advance our person-centered system by putting more choice and control in the hands of people who use services. People are their own best expert on what makes life comfortable, enjoyable and meaningful.

As human beings, we all need other people to help us through life. That interdependency sometimes means giving up some of our autonomy. For people with disabilities who rely on services and supports, there is a greater risk of losing control over decisions that greatly affect their quality of life. To support autonomy, we are pursuing many activities to ensure people have the opportunity to explore possibilities and express their dreams. We are reshaping the service system so people have more options, understand their options and can make informed choices for themselves.

In order for people to understand their options and make informed decisions, the disability service system must be easier to understand, and resource allocation must be more transparent. People need support in terms of reliable information, planning tools and trusted advisors.

The following sections describe our projects that promote choice and control.

Community First Services and Supports

DHS is preparing to transition from personal care assistance (PCA) services and the Consumer Support Grant (CSG) to the Community First Services and Supports (CFSS) program.

CFSS will be similar to PCA in many ways. There also are ways in which CFFS will differ from PCA. People eligible for PCA will also be eligible for CFSS, and CFSS will cover similar services covered by PCA.

People will have more choice and control over their services with CFSS. Like PCA, CFSS will allow people to have support in activities of daily living, instrumental activities of daily living and complex health-related needs. However, CFSS also will include:

- Expanded choice about how people receive their services, including who can provide their services
- Additional support for writing service delivery plans
- Support for people to acquire, maintain or enhance the skills necessary to accomplish activities of daily living, instrumental activities of daily living or health-related tasks
- The ability to purchase goods that either replace the need for human assistance or increase people's independence.

In CFSS, people will have a range of control over their services based on their choices. This includes two options. One is to be employers of their own support workers with assistance by a financial management services agency. The other is to receive services through agency providers that employ the support workers. People also will have the opportunity to blend these options.

CFSS will also include new consultation services. Consultation services providers will provide people with the information they need to understand their options, make decisions and help them develop their service delivery plan.

See the Addressing equity section for a discussion of our work to make CFSS culturally responsive.

DHS will provide more information about the transition from CSG to CFSS in the future.

Waiver Reimagine

The waiver system exists to support people to lead meaningful lives, based on what is important to them. As the need for waiver programs grows and the services evolve, DHS aims to address the challenges that people and families have told us about. We have heard common concerns about waiver programs, including:

- Waiver programs are too complex and difficult to understand
- There is a lack of information about the programs
- There is limited flexibility, control and choice over services.

People who rely on services and supports should have meaningful options that enable them to individualize their service plans to best meet their particular wants and needs. They should be able to make decisions about how to use available resources, based on their own circumstances and priorities.

For people to exercise choice and control, the service system must be easy to understand and flexible. The factors that go into establishing levels of service should be transparent. The system also needs to be equitable. Currently, access to services differs from one waiver another.

Waiver Reimagine is the name of ongoing work DHS is doing to simplify waiver services, reshape the waiver program structure and transition to an individual budgeting model for people who access disability waivers. With these changes, services and supports will align with a person's needs—not their diagnoses.

Through Waiver Reimagine, DHS will align the disability waiver system with self-direction, independent living and Employment First policies passed by the 2020 Minnesota Legislature. The goals of Waiver Reimagine are:

- Make the system easy to navigate
- Support greater choice and control
- Provide transparent, easy and accessible information about services, supports and budgets
- Empower people to choose who supports them
- Provide support according to need, based on a reliable assessment
- Support people with disabilities to self-direct their services and supports
- Provide consistent funding for services throughout Minnesota.

These goals will result in a more streamlined, simplified and person-centered service system for people with disabilities in Minnesota.

The 2019 Minnesota Legislature authorized DHS to make system-level improvements to Minnesota's disability waiver programs in a two-phase process.

Phase 1 included the following activities:

- Streamline and simplify the service menu across waivers
- Develop an online service-planning tool where people and families can learn about and plan for the services and supports people need.

The simplified menu became available in January 2021. It combines 12 previous services into six new options. People will receive these new services on a rolling basis, either as part of their annual reassessment or during a service change.

In November 2020, we launched the first stage of the online service-planning tool as part of the Disability Hub MN updates. Changes include more information about waiver services and supports and the Waiver Reimagine project. In 2021, DHS plans to enhance the online service-planning tool by adding service and support planning resources and developing a future version that can provide live, updated information about a person.

With the completion of the first phase, DHS is prepared now for the second phase.

Phase 2 includes the following activities:

- Develop an individual budget methodology based on a person's unique service and support

needs
- Simplify the waivers from four to two, including increased options for self-direction.

The second phase will implement individual budgets and reshape the four disability waiver programs into two. The 2019 Minnesota Legislature asked DHS to conduct further research, analysis and stakeholder engagement for implementing the second phase of Waiver Reimagine. DHS included these findings in the 2021 Waiver Reimagine legislative report.

Throughout 2020, we engaged with stakeholders, informing them of our past and future work, and incorporated feedback, questions and ideas as we planned phase 2 of Waiver Reimagine.

We engaged with stakeholders virtually from August through November 2020, placing a priority on connecting with people receiving services and families. Efforts included:

- Lead agency and provider training series on operationalizing the simplified service menu
- Monthly expert panel meetings on Waiver Reimagine, phase 2
- Videos, social media, website changes, marketing materials, direct mailing and toolkits.

The 2020 engagement was an extension of and informed by our 2018-2019 stakeholder engagement efforts.

For 2021 and beyond, DHS plans to begin a thoughtful transition to the new waiver structure and budgets. Our future work will include:

- Continuously seeking and incorporating feedback from stakeholders and new voices
- Developing a budget transition plan
- Submitting waiver plans for federal approval
- Creating and publishing a waiver transition plan that supports people as changes occur.

Disability Hub MN

People have more control over their lives and can choose for themselves when they understand their options and how to navigate the system. When people and their families come armed with knowledge and ideas to plan with case managers or receive services from providers, they retain more autonomy and ability to direct their own lives.

People get help to solve problems, navigate the system and plan for the future with the Disability Hub MN, a free statewide resource network. The Hub focuses on people's needs—helping them understand their options, connect to resources and find solutions. It helps people get the answers they need. The Hub also helps people think through additional options and make paths toward creating the lives they want.

At the end of 2020, the Hub launched its redesigned website. DHS designed the site specifically for people with disabilities, but it also includes a new portal for families and an expanded portal for

support professionals. The family portal helps families envision their children's best lives and make plans to get there. It provides information and tools to help families at any stage, whether facing an immediate need or looking years ahead. The professional portal includes toolkits where professionals can access resources, tools and trainings to build their capacity to use a person-centered approach and support people's choice and control.

Supporting families

People with disabilities have a right to understand their options, direct their own lives and live, work, learn and enjoy life in ways that are most meaningful to them. We recognize the critical role families play in people being able to exercise their rights. They want what is best for their family member. The actions families take during their loved one's childhood have a critical impact on the type of life that person will lead in adulthood.

DHS is strengthening our connection with families that have a child with a disability. We are striving to ensure the service system values the role families play and supports them in improving their love one's quality of life. Because of our current and ongoing efforts, we will support Minnesota families to maximize their capacity, strengths and unique abilities so they can best support their family member with a disability.

Because everyone's experience is valid, we continuously seek to listen and learn, and we improve our approach accordingly. We recognize, respect and value diversity in all its forms, including different understanding of what constitutes a family and the roles different family members play. We seek to understand and collaborate better within the culture of the people and families we serve.

DSD launched an initiative in 2019 to do a better job connecting with and supporting families. In the first phase of this work, we will:

- Build an authentic feedback loop with families
- Encourage natural family support structures
- Strengthen formal family support structures
- Reduce systemic barriers for families
- Build a DHS-DSD culture that values families.

Key activities in the current phase of this effort include:

- Working across agencies to promote use of Charting the LifeCourse, which are nationally used life-planning materials to help families plan for their children's best life
- Creating the Disability Hub MN family portal, which is a pathway for families with relevant materials and resources for the family experience
- Distributing Family-to-Family Connection Innovation grants, which provide funds to organizations to build and strengthen family-to-family connections. The goal of this effort is to address social isolation experienced by families by offering peer-to-peer opportunities so

families can learn from one another.

Technology

Technology can greatly improve services and the way people live. People with disabilities can use technology to increase their independence, expand their opportunities to participate in their communities and enhance their quality of life.

During the COVID-19 pandemic, people have greatly expanded their use of technology to stay connected and stay safe. People with disabilities are accessing assistive technology and remote support more as they struggle with the lack of available direct support staff or no longer being able to receive their services in person.

Aside from the pressures of the pandemic, we are also working to educate people on available technologies and to promote using technology in different ways, involving people with different perspectives. The following sections include information about our efforts.

Minnesota Technology First Advisory Taskforce

The 2019 Minnesota Legislature directed DHS to form the Minnesota Technology First Advisory Taskforce. The group makes recommendations to DHS for increasing the use of supportive technology by people with disabilities. The taskforce has 21 appointed members. They began meeting in October 2019, and they will provide a final report with recommendations to DHS by June 30, 2021.

Efforts to expand the use of technology

Disability waiver services cover the cost of assistive technology and remote support through certain services. People can purchase devices themselves with waiver funds. The assessment by a certified assistive technology professional, also a covered waiver service, explores how technology can be helpful and which device is best.

Upon the rollout of the Community First Services and Supports program, scheduled for later in 2021, state plan services will also cover assistive technology purchases.

There are gaps in waiver and state plan ability to cover internet expenses, but we are exploring options to address that challenge.

Expansion of remote service delivery

Currently, we are developing policy language that allows both remote and in-person delivery of a large number of waiver services. The federal Centers for Medicare & Medicaid Services approved a proposal to provide a variety of services remotely during the COVID-19 pandemic. We are advocating to keep these remote services as an option even after the public health emergency ends. This would ensure people can access services regardless of where they live by expanding provider capacity beyond their

geographic service location.

Trainings

DHS collaborated with ARRM, an association of residential services providers, to provide multiple trainings in 2019 and 2020 for lead agency staff and case managers statewide on supportive technology, assessment processes, how to acquire technology and available resources.

Technology for HOME

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

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

This program uses a team approach. It covers individual consultation that connects people to resources and follow-up services. It does not pay for the equipment. The team provides possible solutions and communicates with the person's county/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 assistive technology purchases.

Olmstead Plan interagency work technology group

Minnesota's Olmstead Plan asserts that people of all ages, all disabilities and in all settings should have access to assistive 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 assistive technology:

- 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
- Department of Human Services.

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 Olmstead Subcabinet tracks progress on the work to advance the use of technology to improve the quality of people's lives.

X. Updates on other work

In additional to the work already mentioned, the Department of Human Services (DHS) has been working on other projects, including:

- MnCHOICES
- Minnesota Olmstead Plan
- Addressing workforce pressures
- Housing
- Home and community-based services rule statewide transition plan
- Electronic visit verification
- Case management redesign.

MnCHOICES

MnCHOICES is a comprehensive, web-based assessment and support-planning tool used by certified assessors at lead agencies (counties, tribal nations or managed care organizations). The assessor uses the tool to guide the conversation about the person's goals, interests and preferences, as well as health, welfare, and safety concerns. It looks at a balance of what is important to each person with what is important for that person. The assessor records a person's responses to the questions during the assessment and determines their eligibility for services and supports.

A person of any age who has a disability or is in need of long-term services and supports can ask for a MnCHOICES assessment. The assessment identifies support needs, the services or programs to meet those needs (including public programs that might pay for services) and identifies how to get services. It helps a person make informed choices about which services they want to use.

The MnCHOICES application also incorporates other processes, including support planning, rate determination for services and a tool to gather feedback on the person's satisfaction with services. It uses an electronic, rules-based system that ensures consistency and equity while providing data to analyze impact, inform policy decisions and maintain federal approval of waiver funds.

DHS has implemented MnCHOICES over several years, replacing multiple assessment processes used for specific service programs. Counties and tribal nations were part of the first launch, and they have been working with DHS to manage their conversion from legacy assessment tools to MnCHOICES. The conversion from the legacy tools to MnCHOICES is still happening.

Through these early rollout years, we are learning with our partners about the MnCHOICES tool. DHS has worked with lead agencies to create efficiencies for assessors and people receiving assessments. The goal of this work is to shorten assessment times and reduce the number of face-to-face assessments while maintaining a person-centered process and informed choice and ensuring services adapt to a person's changing needs.

At the same time, DHS is in process of revising the MnCHOICES application. DHS secured FEI Systems to create a new platform. We anticipate the new system will roll out at the end of 2021.

The goals of the revision include:

- Greater support for person-centered assessments and practices
- Elimination of duplicate/repetitive questions
- Shortened assessment process
- Ease of use for assessors
- Reduction of issues that are causing rework
- Improvements to the intake process
- Increased access to data and information via reports.

The revision will respond to suggestions identified through multiple engagement efforts, beginning in 2016. An advisory group with representation from lead agencies has been integral in the design and development of the new iteration of the assessment.

In conjunction with the revised MnCHOICES application, DHS is conducting reliability and validity testing to ensure equitable results and outcomes for people regardless of where they live in the state.

Minnesota's Olmstead Plan

In 1999, the United States Supreme Court upheld that the unjustified segregation of people with disabilities violates Title II of the Americans with Disabilities Act (ADA).[5] The court held that the ADA's integration mandate requires public entities to provide community-based services to people with disabilities when:

- Such services are appropriate
- The people do not oppose community-based treatment
- The public entity can reasonably accommodate the community-based services, taking into account the resources available to the state and the needs of others who are receiving disability services from the public entity.

To comply with the integration mandate, public entities must reasonably modify their policies, procedures or practices to avoid discrimination.[6] States can meet the reasonable modifications standard by having a comprehensive, effectively working Olmstead plan for placing people with disabilities in less restrictive settings and a waiting list that moves at a reasonable pace, not controlled

[5] *Olmstead v. L.C.*, 527 U.S. 581 (1999).

[6] 28 C.F.R. §35.130(b)(7).

by efforts to keep state institutions fully populated.[7]

Minnesota's Olmstead Plan ensures Minnesotans with disabilities have opportunities for lives of integration and inclusion. We know that implementing a comprehensive, effectively working plan will keep the state accountable to complying with the *Olmstead* decision and the ADA.

Beyond that, however, Minnesota's Olmstead Plan fulfills an agreement made in the settlement of a class action lawsuit in U.S. District Court, in a case called *Jensen v. DHS.*[8] The *Jensen* case involved people with developmental disabilities who had been residents of a DHS facility. In 2011, that case was resolved in a settlement agreement that included a provision for an Olmstead plan. The settlement agreement states:

> (T)he State and the Department shall develop and implement a comprehensive Olmstead plan that uses measurable goals to increase the number of people with disabilities receiving services that best meet their individual needs in the "most Integrated Setting," and is consistent and in accord with the U.S. Supreme Court's decision in *Olmstead v. L.C.*, 527 U.S.582 (1999).

Former Governor Mark Dayton issued executive orders in 2013 and 2015 that formed the Olmstead Subcabinet and charged it with developing and implementing an Olmstead plan. On March 29, 2019, Governor Tim Walz issued Executive Order 19-13 (PDF) to continue the role of the Subcabinet. The Olmstead Subcabinet includes the following state agencies and entities:

- Department of Corrections
- Department of Education
- Department of Employment and Economic Development
- Department of Health
- Department of Human Rights
- Department of Public Safety
- Department of Human Services
- Department of Transportation
- Department of Veteran Affairs
- Metropolitan Council
- Minnesota Housing Finance Agency
- Office of the Ombudsman for Mental Health and Developmental Disabilities
- Governor's Council on Developmental Disabilities.

The vision that drives Minnesota's Olmstead Plan is one of people with disabilities living, learning, working and enjoying life in the most integrated setting. The Olmstead Subcabinet embraces the *Olmstead* decision as a key component of achieving a better Minnesota for all Minnesotans. It strives

[7] *Olmstead,* 527 U.S. at 603.

[8] *Jensen, et. al. v. Department of Human Services, et. al.,* Civil No. 09-cv-1775 (DWF/BRT).

to ensure Minnesotans with disabilities have the opportunity, both now and in the future, to live close to their families and friends, to live more independently, to engage in productive employment and to participate in community life. This includes:

- The opportunity and freedom for meaningful choice, self-determination and increased quality of life through opportunities for economic self-sufficiency and employment options, choices of living location and situation and having supports needed to allow for these choices
- Systemic change that supports self-determination through revised policies and practices across state government and the ongoing identification and development of opportunities beyond the choices available today
- Readily available information about rights and options, as well as risks and benefits of these options, and the ability to revisit choices over time.

After several previous drafts, the federal court approved Minnesota's Olmstead Plan on Sept. 29, 2015. On Oct. 24, 2020, the court ended oversight of the *Jensen v. DHS* settlement, including oversight of the plan.

Despite the end of court oversight, Minnesota continues to maintain and implement the plan, and the subcabinet continues in its leadership role. Most of the measurable goals set forth in the plan extended to 2020. In winter 2021, the subcabinet is meeting to approve updates to the plan, which include goals that extend, for the most part, for two more years.

Accomplishments

Over the course of the first five years of implementing the plan, Minnesota made several significant changes to the home and community-based services system. Some of the DHS' accomplishments under the plan include:

- Enacted Chapter 245D and the Positive Supports Rule
    - Eliminated the use of prohibited procedures
    - Dramatically reduced the reports of emergency use of manual restraints and use of mechanical restraints
    - Reduced the use of seclusion from 1,014 reports in fiscal year (FY) 2014 to 90 reports in FY 2020
- Established the External Program Review committee (comprised of clinicians) from which providers may request approval for the limited, emergency use of prohibited procedures, such as mechanical restraints. The committee also monitors reports of emergency use of manual restraint and provides guidance to service providers on how to work through the process of eliminating the need for restraints.
- Eliminated waiting lists and instituted reasonable pace standards for accessing services through the Developmental Disabilities Waiver
- Advanced person-centered practices, which includes:

    - Supporting several large, far-reaching, organizations across the state through multi-year efforts to become person-centered organizations
    - Delivering hundreds of hours of person-centered training, including training numerous person-centered planning and person-centered thinking trainers
    - Creating person-centered communities of practice across the state

- Developed the Innovation Grant program
- Strengthened the assessment and support planning system to support a person-centered approach (MnCHOICES)
- Created several services that support choice, control and participation in the community, including housing and employment services and Community First Services and Supports, which is not yet implemented
- Created the new Housing Stabilization Services benefit, available to anyone on Medicaid who qualifies
- Invested in the Disability Hub MN to put information and tools in the hands of people to support informed choice, including Housing Benefits 1010 (HB101) and other tools
- Created Direct Support Connect to connect people who self-direct services with direct support workers
- Promoted the use of technology to give people more independence and access to the community, including the Technology for Home service
- Collected data on outcomes for people.

Addressing workforce pressures

People who use services need a reliable, skilled workforce to deliver those services. For some, it is literally a matter of life and death. For all, it determines whether people's lives run predictably and whether they can fulfill their responsibilities and daily activities such as going to work, taking care of their family or doing the things that make their live fulfilling.

Cross-agency workgroup

In 2017, the Minnesota Olmstead Subcabinet directed DHS and the Minnesota Department of Employment and Economic Development to assemble a cross-agency workgroup that includes people with disabilities, providers, Service Employees International Union (SEIU) representation, family members, the Office of Higher Education and colleges and universities in the Minnesota state system. The subcabinet tasked the group to develop strategies and activities to recruit, train and retain direct support workers to meet Minnesota's direct service workforce needs. The group began meeting in April 2017 to develop a work plan.

In November 2018, the subcabinet incorporated that plan into the full Olmstead Plan. Implementation of the plan continues. The plan uses the following strategies:

- Increase worker wages and/or benefits
- Expand the worker pool to ensure people with disabilities have the workforce they need to live, learn, work and enjoy life in the most integrated setting
- Improve the workforce by enhancing training for direct care and support professionals
- Increase job satisfaction (including quality of the job)
- Raise public awareness by promoting direct care and support careers
- Promote service innovation
- Enhance data collection.

Competitive workforce factor

DHS is collecting data to understand how the wages for providing disability services compare with similar jobs in the workforce. In 2018, DHS conducted research on differences between direct support professional wages and wages paid to workers in similar occupations. This research compared all Bureau of Labor Statistics occupation codes that have the same education, experience and training requirements as direct support professionals in home and community-based services. The analysis found that the average direct support professional wage is 17.31% lower than the average wage for all occupations with the same classifications. This research suggests that competing industries may have modified compensation to align with inflation over time, whereas the direct care service industry has had slower growth in compensation.

The 2019 Minnesota Legislature created the competitive workforce factor to support direct care worker compensation for workers that provide disability waiver rate system (DWRS) framework services. This change adds 4.7% to all DWRS frameworks. The competitive workforce factor went into effect Jan. 1, 2020. It occurs on a rolling basis, as service agreements begin or renew (Laws of Minnesota 2019, 1st SS, chapter 9, article 5, section 59).

Additional efforts

The following are a few examples of other actions we have taken or are in the process of implementing to address workforce pressures:

- Published an employee recruitment and retention guidance document (PDF) to help employers establish best practices at their workplaces
- Partnered with the DHS Aging and Adult Services Division to gather data from the pre-admissions screening document on how many people are entering nursing homes because they cannot find in-home caregivers
- Partnered with many workgroup members to submit a report to the Olmstead Subcabinet (PDF) on options to maximize the purchasing power of direct care workers for benefits (Note: The report starts on page 29 of the document)
- Awarded Innovation Grants to support innovative strategies that help grow the capacity and strength of the direct care and support workforce

- Supported the Collaborative Safety initiative, which is an approach to move critical incident reviews away from a culture of blaming providers and toward a culture of accountability, learning and improvement
- Produced a webinar on attracting and recruiting workers, with inclusive strategies for connecting with qualified people who come from different backgrounds and identities
- Created a webpage to share workforce information with the public.

Housing

Finding and maintaining affordable, accessible housing has long been a challenge for people with disabilities. It is often a barrier to people living in the community, where and how they prefer. When there is a tight housing market, there is even less access to housing. This problem compounds when property owners are unwilling to rent to people with public assistance, limited rental history or other similar factors.

DHS continues to increase housing supports in Minnesota to address these barriers. During the last two years, three significant responses went into effect.

Community Living Infrastructure Grant

The Community Living Infrastructure Grant began in 2018. It is Minnesota's only funding in housing 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, which totaled $4.27 million in FY 20/21, allows grantees to work in one or more of these areas:

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

The 2017 Minnesota Legislature appropriated funding for these grants as part of the Minnesota Housing Support Act. In 2018, the state awarded grants totaling $2.97 million to 46 counties and three tribal nations. The funds went to a variety of initiatives aimed at helping people with disabilities get housing, move into the community or remain in their own homes. The state awarded additional funding through competitive grant processes the next year, for a total of $7.07 million over four years.

Minnesota Supplemental Aid (MSA) Housing Assistance

MSA Housing Assistance is a recurring payment for people whose housing costs exceed 40% of their gross income. In July 2020, the amount of assistance through this program roughly doubled. MSA Housing Assistance now gives an additional $392 per month to people on the program. Every year, this amount will be adjusted on July 1 to be half of Supplemental Security Income's Federal Benefit Rate

(FBR).

Housing Stabilization Services

In July 2020, the Housing Stabilization Services benefit became effective. These services allow providers to bill for housing search and other support services for a person moving from homelessness (or other housing instability) to more stable housing situations. This service is available through state plan Medicaid services, meaning people do not need to be on a waiver to access it. Minnesota is the first state in the nation to offer such a service through its basic Medicaid program. Housing Stabilization Services will replace the waiver service of housing access coordination by the end of 2021.

Home and community-based services (HCBS) settings rule statewide transition plan

In 2014, the federal Centers for Medicare & Medicaid Services (CMS) published regulations that include a change in the definition of home and community-based settings for the Medicaid HCBS waivers. These HCBS setting requirements apply to all settings where people receive HCBS. The requirements focus on the quality of people's experiences. They maximize opportunities for people to access the benefits of community living and to receive services in the most integrated setting appropriate to meet their needs.

CMS originally granted states until March 2022, to bring their systems into compliance with the new requirements. Because of delays due to the COVID-19 pandemic, CMS extended the deadline to March 2023.

To comply with the rule, CMS required states to develop a transition plan for the HCBS waivers. On Feb. 12, 2019, CMS gave its final approval to Minnesota's Home and Community-Based Services Rule Statewide Transition Plan (PDF) to bring settings into compliance with the federal HCBS regulations. The plan includes three main components:

- Systemic assessment and remediation
- Site-specific assessment, validation and remediation
- Identification of settings presumed to have institutional/isolating characteristics and plans for preparing submissions for CMS heightened scrutiny review.

Systemic assessment and remediation

DHS conducted a systemic assessment of all HCBS settings reviewing licensing requirements, service/setting policies and procedures and enrollment protocols. Our approach to remediating our current HCBS system consisted of aligning regulations to the rule, developing new services, modifying existing services and providing technical assistance.

Site-specific assessment, validation and remediation

DHS administered a provider attestation process using self-reported information by provider-owned/controlled settings, with a goal of 100% compliance. Ninety-nine percent of settings are compliant with HCBS settings requirements. DHS prioritizes the 1% of settings that remain non-compliant for revalidation through provider enrollment. As part of this process, DHS:

- Required all settings to submit supporting documentation as evidence of compliance
- Conducted desk audits for all 5,991 settings providing HCBS waiver services
- Directed providers to implement transition plans for all settings that were determined not to be compliant
- Re-reviewed supporting documentation and provided a significant amount of technical assistance
- Developed provider tools and resources, improved licensing policy templates and forms and developed provider expectation guidance to assist providers with their transition to compliance
- Conducted targeted outreach to providers on a monthly basis.

Settings presumed to have institutional/isolating characteristics

For settings presumed not to meet the HCBS standard due to institutional/isolating characteristics, DHS conducted site visits to gather evidence to overcome that presumption. Site visits included observations and interviews with administration, direct care staff and people receiving services. DHS wrote evidentiary packages for each setting considered compliant with the rule. Some settings needed to work through transition plans before DHS considered them compliant.

Several months ago, DHS submitted to CMS information about all settings located in the same building as an institution or on the grounds of/adjacent to a public institution, for heightened scrutiny review. We are awaiting feedback from CMS on these settings. This feedback will help DHS work with the providers to remediate any areas CMS identifies as non-compliant.

We also are working with settings that we determined to have isolating characteristics. By July 2021, DHS will submit to CMS information about settings that have not remediated themselves, for heightened scrutiny review.

Minnesota intends to stay on track with the timelines and milestones in Minnesota's Home and Community-Based Services Rule Statewide Transition Plan (PDF). However, if CMS does not have the capacity to align their heightened scrutiny review process with our timelines, we may have to alter our plans.

For more information about Minnesota's work, see the HCBS settings transition plan webpage.

Electronic visit verification (EVV)

The 21st Century Cures Act (PDF) mandates that states implement electronic visit verification (EVV) for

all Medicaid personal care services and home health services that require an in-home visit by a provider. According to federal requirements, the EVV system must collect and verify the following six data elements:

- Type of service performed
- Person who received the service
- Date of service
- Location of service delivery
- Person who provided the service
- When the service began and ended.

In addition, Minnesota Statute 256B.073 requires DHS to ensure the EVV system:

- Has minimal administrative and financial burden to providers
- Has minimal burden to people who receive services and is least disruptive to people receiving and maintaining allowed services
- Considers existing best practices and use of EVV
- Operates according to all state and federal laws.

There are two deadlines for states to implement their EVV systems. Originally, the first deadline for states was Jan. 1, 2020. CMS later amended this deadline so states could apply for a "good faith" one-year extension. Minnesota received approval for the extension (PDF). Table 8 shows the deadlines and each service that requires EVV. If we determine that additional services that are subject to EVV, we will communicate these changes via eList announcements and updates to our EVV webpage.

Table 8: Services subject to EVV and implementation deadlines

By Jan. 1, 2021: Personal care services	By Jan. 1, 2023: Home health services
Consumer directed community supports (CDCS) direct support	Home health aide
Consumer Support Grant (CSG) direct support	Skilled nurse visits
Crisis respite (in-home)	Extended in-home therapies
Extended personal care assistance (PCA)	In-home occupational therapy
Homemaker assistance with personal cares	In-home respiratory therapy
Independent community living support (in-person)	In-home physical therapy
Night supervision	In-home speech and language therapy

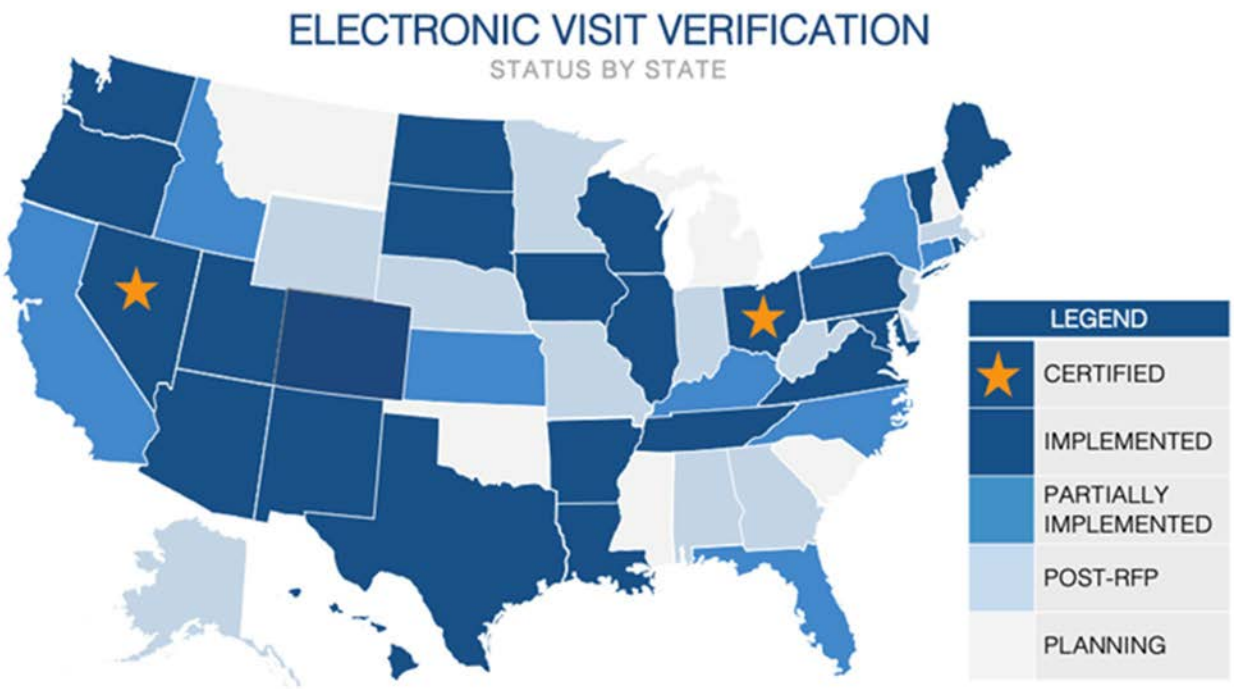
In-home family support	In-home occupational therapy
PCA	N/A
Personal support	N/A
Respite (in-home)	N/A
Individualized home supports (in-person)	N/A

We have not met the first deadline. As of Jan. 1, 2021, DHS is subject to incremental reductions that, over four years, come to 1% of the federal share of costs for personal care services. Specifically, there will be a 0.5% reduction beginning in 2021. It would take an act of Congress for the Centers for Medicare and Medicaid Services to delay the implementation timeline.

Table 9: Status of EVV implementation by state

EVV implementation status across all states

In January 2021, according to information available from the states, half the states have implemented their EVV systems. Minnesota was one of twelve states in the post-request for proposal (RFP) stage of the project.



DHS is using a contracted vendor to build our EVV system. At the time of writing, we have selected a vendor are negotiating a contract. We anticipate the EVV system will go live by the end of 2021 for personal care services. The EVV system will be in place for home health services by the Jan. 1, 2023 deadline.

Case management redesign

Case managers are responsible to develop support plans, monitor progress and ensure service quality. The 2013 Minnesota Legislature directed DHS to redesign Medical Assistance-funded case management to:

- Increase opportunities for choice of case management service provider
- Specify and standardize how services are delivered
- Improve quality and accountability
- Streamline funding arrangements.

In 2020, we continued working on the case management redesign initiative to develop a targeted case management (TCM) rate methodology and draft case management outcome measures for service quality and accountability. DHS, counties and tribal nations co-lead this effort. We have engaged stakeholders and communities in the process, both through DHS meetings with existing stakeholder groups and through intentional community engagement opportunities across the state.

For the 2021 legislative session, the team is developing a TCM rate methodology for contracted case management providers. Plans for 2023 include standardizing service delivery and developing a county TCM payment methodology. The original project timeline slated the work for the 2020 and 2021 legislative sessions, but budget constraints and COVID-19 priorities led us to adjust the schedule.

XI. 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, Minnesota combines:

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

Medical Assistance state plan

The federal government funds the Medicaid program jointly with each state and the District of Columbia. Minnesota's Medicaid program, Medical Assistance (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, seniors and/or people who are blind or have other disabilities.

The federal Medicaid program requires states to offer some benefits (such as inpatient hospital care) and allows states to offer others (such as personal care and home care nursing). Minnesota's MA program offers a comprehensive benefit set that includes both federally mandated and optional benefits. We call this benefit set the MA state plan.

The state must ensure anyone who qualifies for a state plan service receives the service. Minnesota's state plan covers the cost of receiving services in institutions, such as nursing facilities, hospitals and intermediate care facilities for persons with developmental disabilities (ICFs/DD). Typically, these are costly service options. State plan services also offer a continuum of medical care and support services provided in the person's home and community for people who 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

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 home back to their home. People with ongoing needs use these services for continuing, long-term care.

MA covers the following home care services and supports:

- Equipment and supplies, such as 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 (occupational, physical, respiratory and speech).

Personal care assistance (PCA) provides services to people who need help with day-to-day activities to allow them be more independent in their own home. It is one of the most used home care services. A PCA worker is an individual 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. A PCA worker is one type of direct support worker.

Table 10: Home care use by people with disabilities, by service, FY 2019

Home care service use by people with disabilities

Home care service utilization for people with disabilities, FY 2019	
Service	**Number of people using service**
PCA	44,025
Home care nursing	1,465
Skilled nursing visit	5,572
Home health aid	440
Home health therapies	960

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 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.

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

The federal government bases eligibility for waiver programs on certain levels of need (also called levels of care).

Waiver types

The four waivers specific to disability services in Minnesota are:

- **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 at 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 11: Disability waiver use by waiver type, FY 2019

Disability waiver program use

Waiver use by waiver type, FY 2019	
Waiver type	Number using
CADI	31,737
DD	21,126
BI	1,242
CAC	650

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 and 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.

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

Self-direction

Many of our home and community-based services (HCBS) have an element of self-direction. However, we specifically label some of our program and service options as "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 do things such as:

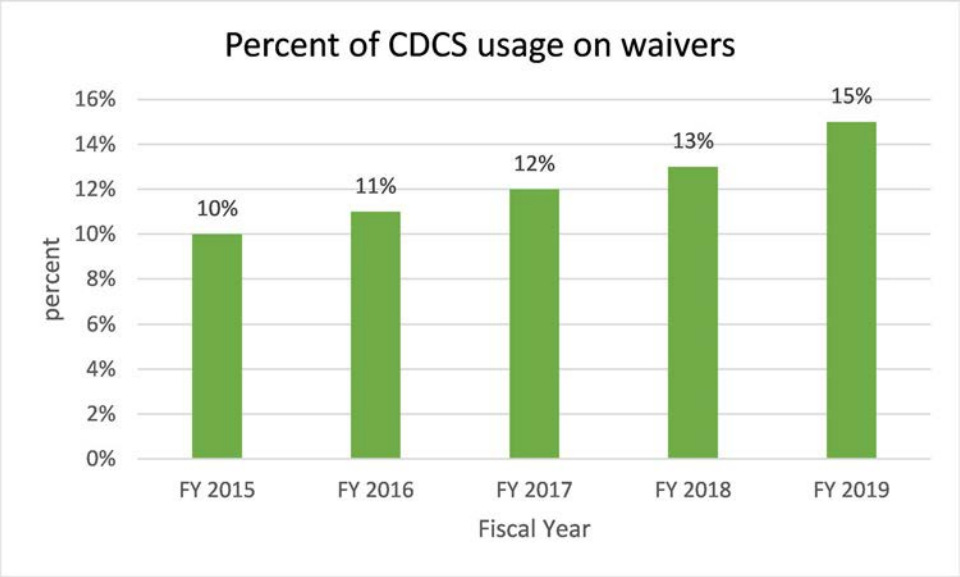
- Customize their services
- Hire and fire their staff
- Purchase goods and services.

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

Figure 5: Percent of disability waiver participants who use CDCS, FY 2015-2019

Increase in use of CDCS

Each year, more people opt to direct their own services. There was a 4% growth in CDCS use over the last five years. This is a particularly popular option for families of children with disabilities. Of those using CDCS in FY 2020, 68% were younger than age 18.



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 people, such as parents or spouses. CDCS is especially appealing to families with a child served through 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 increased 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 worker. By choosing this option, the person acts as the employer of their direct support workers.

In the future, a new program, Community First Services and Supports (CFSS), will replace PCA and the Consumer Support Grant. 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.

For more information about options for self-direction, see the Enhanced rates or budgets and training stipend for support workers webpage.

State and local funds

The Minnesota Legislature appropriates disability service funds for specific purposes. Depending on their resources, counties or 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. These grants cannot exceed $3,113.99 per calendar year for each eligible child. In FY 2017, 1,985 people used this program.

Consumer Support Grant

State grants like the Consumer Support Grant provide flexibility and freedom of choice to participants. The Consumer Support Grant is an alternative to traditional MA home care services. It 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.

Semi-independent living services (SILS)

SILS help adults with developmental disabilities live successfully in the community. The goal of SILS is to support people in a way that enables them to achieve personally desired outcomes and lead a self-directed life.

To be eligible for services, a person must be age 18 older and not at risk of placement in an intermediate care facility for persons with developmental disabilities. There is a 30% county match to state funds for SILS. In FY 2017, 1,434 people used SILS.

XII. Summary

Minnesota continues our journey toward a disability service system that supports people having meaningful choices, control over services and community life. We once had large, state-operated regional treatment centers. As they closed, Minnesotans with disabilities moved into communities across the state. However, living in the community may not be the same as being part of the community.

We believe that having meaningful choices in services and control over where and how to use those services, in combination with natural supports, are critical factors in living life the way one wants it. We also believe that being valued community members with the opportunity to participate in and enjoy the benefits of community life are essential to everyone's quality of life.

In all of our work, we use CHOICE outcomes for all people with disabilities as a guide:

- **C**ommunity membership
- **H**ealth, wellness and long-term supports
- **O**wn place to live
- **I**mportant long-term relationships
- **C**ontrol over supports
- **E**mployment earnings and stable income.

Informal supports and social networks are crucial. 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 create and implement policies that respect and bolster natural supports while providing needed services at the right time, according to people's preferences.

In the recent past, we have seen broad legislative and operational changes to the long-term services and support system, such as enacting 245D and the Positive Supports Rule; launching a comprehensive assessment process across the state (MnCHOICES); creating uniform provider standards and shifting provider enrollment from counties to the state; and creating a single rate-setting system.

DHS is in another period of significant change. We are making the waiver structure simpler, more equitable and more transparent; revising the MnCHOICES assessment tool; transitioning from personal care assistance services to Community First Services and Supports; providing more support to families; and focusing effort on advancing equity in all we do.

For people who use services and their families, providers and lead agencies (counties, tribal agencies and managed care organizations), 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 we serve, our partners and stakeholders to provide the 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 center of all we do.

XIII. Appendix: List of programs and services

Community First Services and Supports

DHS is developing Community First Services and Supports (CFSS), a new self-directed home and community-based program. We have not implemented it yet.

More information is available on the CFSS webpage.

Consumer directed community supports

Consumer directed community supports (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 Medicaid waivers, as well as additional services.

More information is available on the CDCS webpage.

Consumer Support Grant

The Consumer Support Grant (CSG) is a state-funded alternative to home health aide, personal care assistance 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.

Day training and habilitation

Day training and habilitation (DT&H) services include the supervision, training or assistance of a person to develop and maintain life skills, engage in productive and satisfying activities of their own choosing and participate in community life. In accordance with the person's individual service and habilitation plans, these services help people reach and maintain their highest level of independence, productivity and integration into the community.

More information is available on the DT&H webpage.

Early Intensive Developmental and Behavioral Intervention

The Early Intensive Developmental and Behavioral Intervention (EIDBI) benefit is a Minnesota Health Care Program. It provides medically necessary, early intensive intervention for people younger than age 21 with autism spectrum disorders 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

The Family Support Grant (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 providers

Financial management services (FMS) providers help people who directly employ service 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 waivers

Medicaid home and community-based services (HCBS) waivers give states the flexibility to develop and implement community alternatives for Medicaid-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

Intermediate care facilities for persons with developmental disabilities (ICFs/DD) are residential facilities licensed to provide services to people with developmental disabilities or a related condition. ICFs/DD are located in 62 counties in Minnesota and serve 4–64 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 community living.

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

Medical Assistance for Employed Persons with Disabilities

Medical Assistance for Employed Persons with Disabilities (MA-EPD) allows working people with disabilities to qualify for Medical Assistance under higher income and asset limits than regular Medical Assistance. 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 rehabilitation option

The Medical Assistance 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 Medical Assistance rehabilitation option webpage.

MnCHOICES

MnCHOICES is an assessment and planning tool used by counties and tribal nations. DHS expects to roll out a revised version of MnCHOICES late in 2021. 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.

Personal care assistance

Personal care assistance (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.

More information is available on the PCA webpage.

Relocation service coordination

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

More information is available on the RSC webpage.

Self-directed service options

DHS offers options that give people more control over the services and supports they receive. More information is available on the Enhanced rates or budgets and training stipends for support workers webpage.

Semi-independent living services

Semi-independent living services (SILS) include training and assistance to people in managing money, preparing meals, shopping, personal appearance, hygiene and other activities needed to maintain and improve the capacity of a person with a diagnosis of developmental disability 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.