



# Stakeholder Focused Discussions

Minnesota Waiver Reimagine Project  
Study 1, Task 3





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# Executive Summary

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The Minnesota Department of Human Services, Disability Services Division (DSD) is committed to improving the Home and Community Based (HCBS) waiver program to provide people more choice and control over the services they receive. As part of this effort, DSD commissioned two studies as part of their Waiver Reimagine initiative. HSRI was awarded a contract to study HCBS waived services in Minnesota and contracted with state and national partners to conduct this research.

Study 1 will determine potential options for reconfiguring four Medicaid Home and Community Based Services (HCBS) waivers associated with people with disabilities. Study 2 will determine a unified individual budgeting model for the proposed reconfiguration—one that meets the needs of individuals who are self-directing and those who are not.

This paper presents the findings from a series of in-person, online focus groups, and in-person interviews conducted with waiver recipients, family caregivers, services, providers, advocates, contracted case managers, and lead agency personnel. These focus groups were conducted as part of study one, identified as task three within the study. This task included conducting 14 focus group across Minnesota and collecting qualitative feedback and input from 265 Minnesotans with disabilities, family members, caregivers, providers, and lead agencies. There were a number of common issues identified across focus groups and individuals that include:

1. There are a number of barriers to accessing information about waived programs and services. Minnesotans with disabilities have both basic and complex needs. Many individuals and their families use HCBS waived services to provide essential supports to meet health and safety needs and to provide supports to enable people to live in their communities through the provision of supports such as in-home supports, residential supports, and employment supports. Minnesota's HCBS waived services are complex, and learning about available supports and services is a challenge for individuals, their families, and their caregivers. Many people learn about services through word of mouth and networking. They report that they do not hear about supports and services through the various systems that touch their lives. People also reported that they have to know what to ask for – they need to know the right words to get the services they need.
2. Current services, HCBS and others, are siloed and create a number of barriers for individuals and families to receive the supports they need and for which they are eligible. The silos that exist across systems are barriers to effective supports. Education, social services, and health care do not communicate with each other. Even within counties – case management and financial workers do not seem to communicate. Supports and services were held up or took too long to get approval because people were not communicating with each other.
3. Individuals and families value flexible supports and services to meet their support needs. Some HCBS waived programs offer more flexibility than others. Waiver recipient and families of waiver recipients value flexibility and wish there was greater latitude in allowing people to be creative without reducing services

elsewhere or assuming people were trying to take advantage of the system. People expressed frustration over bureaucracy and the limitations on where they can purchase goods and services. They recognized that services come from taxpayer money and they needed to be good stewards of it, but also felt the need for more balance. Needing to use Medical Assistance (MA) billable providers was frustrating when they could get it done faster and better by someone else (e.g., home and vehicle mods). Some decisions by counties appeared to be made based on short-term budget decisions when other decisions may have had better long-term financial outcomes as well as greater benefit for the person/people with disability (PWD) and family (e.g., Hoyer lift vs. ceiling lift system).

4. Access and availability of waived services is not consistent across counties, with individuals in rural counties experiencing a greater disadvantage. Rural counties are at a particular disadvantage; often they do not even have supports available and people need to cross county lines to get them. Because they are not residents of the other county, they are not a priority. Rural counties do not have the same resources to pay for things. If services are technically available, the staff shortage is so severe that it is likely people will not be able to use them. Transportation, lack of recreation opportunities, and parent support are also needs in rural areas.
5. Common national, state, and system-level barriers impact waived service delivery, and include direct support workforce shortages, lack of transportation, affordable housing, and service providers. Many of the barriers to people having more choice and control are related to larger societal issues, namely, the workforce crisis, lack of affordable housing, and limited transportation options.

## Key Themes

The research team at the University of Minnesota's Institute on Community Integration identified a number of themes that represent both strengths and challenges within Minnesota's current HCBS waiver structure.

### *Strengths:*

- The Consumer-Directed Community Supports (CDCS) option was identified as a positive program that allows people choice and control. However, the budgets on CDCS do not allow people with greater support needs to live in individualized settings, nor does this support option provide enough supports for people with high needs.
- Participants identified a number of supports that worked well, including Day Training and Habilitation (DT&H) programs, respite, home making and chore services, nursing and medication assistance, and Independent Living Services.
- The ability to have access to therapies such as occupational or speech and language therapy is important and was identified as an area that was working well.

### *Challenges:*

- The workforce crisis is having a significant impact on people with disabilities and their families, leaving people without supports for extended periods or living in more restrictive settings than necessary.
- Reimbursement rates are insufficient to allow providers to pay a wage that attracts and retains support staff and to reach waiver recipients in rural areas of the state.
- The complexity of the system causes confusion and frustration for waiver recipients, and an administrative burden for providers and lead agencies.
- Lack of information and transparency paired with inconsistency between and within counties is frustrating for waiver recipients, providers, and case managers.
- The failure of other systems, such as housing and transportation, limits choice, control, and opportunity for people with disabilities to live and work in communities of their choice.
- The MnCHOICES assessment process has made assessing need and planning supports more confusing and time-consuming. It does not capture the needs of people with behavioral challenges or people with intermittently increased needs well.
- The lack of culturally competent providers and trained interpreters poses additional burden in navigating the system and receiving supports.
- The full spectrum of supports, such as DT&H programs or adult foster care settings, should be maintained to meet the needs of people with higher support needs.



# FINDINGS

What follows primarily is a description of the Medicaid waiver authorities that might

## How do people learn about supports and services?

Stakeholder comments about how they learn about supports and services can be broken down into five categories:

1. Word of mouth/parent networks;
2. Advocacy organizations;
3. The education system;
4. Case managers; and
5. Using the internet for research.

**Word of mouth/parent network.** Receiving information from others was the most common response in all stakeholder groups. Parents provide information to other parents by sharing resources, experiences, and recommendations. It should be noted that across groups, methods of sharing information change based on the county. Participants from rural communities were more likely to indicate receiving information via word of mouth or parent network, as opposed to learning about supports through their county/social worker.

**Advocacy Organizations.** Stakeholders, particularly parents, reported that advocacy organizations such as The Arc, PACER, and Autism Society of Minnesota (AUSM) were important sources of information. Metro area respondents were more likely to report that one of these organizations was an important source of information, as compared to rural or even suburban counties.

**Education system.** Another commonly mentioned source of information was through the education system. Overall, most respondents reported that they found out about waiver programs and other available supports during the transition process. Some parents expressed a desire for the schools to have more information about social services to provide families earlier than the transition stage.

**Research/internet.** Many participants reported that they learned about supports and services was through doing research on the internet. People reported spending time looking for appropriate services and trying to understand the support system. People who reported using the internet as an important source of information wished that the Disability Hub website was populated with more, and more user-friendly information.

“There is a lack of good easy to read and obtain information about what a waiver is, how do you get it, what is SMRT, what is MA, why does an individual have to have MA, what is TEFRA, and other questions surrounding just getting a waiver.”

**Case managers/County Social Workers.** Although case managers were often mentioned as being barriers to obtaining information, a number of participants in the waiver recipient and provider groups mentioned case managers as an important source of information. Knowledgeable case managers who communicated well and explained how the system worked were highly regarded. There was significant variability on the quality of information provided on waived services from county to county.

## What supports and services are working?

Many stakeholders voiced their appreciation and gratitude for waiver services and credited them for improving the quality of their lives and for keeping them in their homes and in the community. A number of individuals and families used the Consumer-Directed Community Supports option for their waived services. Recipients of traditional waivers identified specific supports and services that worked well for them. For some people, case management was working well, particularly for those who still had county case managers, as opposed to contracted case management. A knowledgeable and effective case manager made navigating the system less frustrating.

“Receiving care within my home and receiving some of the supplies and specialty items that I need is working well. The county coming to my home for visits also works well as it is one less appointment that I have to get out of the house for...It is also beneficial to have my health reviewed regularly as it does change from time to time with my disability.”

**Consumer-Directed Community Supports.** When asked what works in their current services, many participants identified the CDCS waiver option. Parents and caregivers value the freedom and the flexibility CDCS offers. Having CDCS meant being able to provide supports specific to an individual’s needs such as devices to keep people safe, adaptive recreational activities, sensory items, additional PCA and therapies, and the flexibility to hire their own staff at a higher wage. The ability to pay a family member, including parents, was one of the most frequently mentioned supports that people felt were working. Parents who had to quit work to care for their child called this ability “lifesaving”. Adult waiver recipients appreciated the control that CDCS gave them over their lives to choose the services they felt they needed most.

**Specific supports.** Participants who used traditional waivers or had family members that used traditional waivers identified a number of supports that were working well for them. Identified services included DT&H programs, home-making and chore services, nursing and medication assistance, and Independent Living Services.

## What are the challenges to getting needed supports and services?

The commonly cited challenges to receiving supports and services may not be tied solely to specific waiver policy, practice, or procedure. Challenges stem from other system-level barriers (e.g., transportation and affordable housing). The shortage of direct-support staff and the increase in counties transferring people’s cases to contracted case managers

were frequently identified as challenges that were barriers to people getting the supports and services they needed.

**Workforce shortage.** A shortage of quality direct support workers to provide supports was identified as the primary barrier to effective services. Despite eligibility, participants across all of the groups noted that having a waiver and services approved did not mean that someone would necessarily receive those supports and services due to the lack of qualified people to work as Direct-Support Providers (DSPs) or Personal Care Assistants (PCAs) or in some other support role. Some participants had been waiting months for

“Services that are really important to keeping someone living in their own home such as PCA, homemaking, personal supports, companion are often very difficult to impossible for providers to staff which then leads to individuals who could have stayed on their own with supports needing to move into a more segregated setting.”

authorized services due to the lack of support staff. One participant called the list of services available under the waivers a “wish list” as opposed as to what is a reality for most waiver recipients.

Participants from rural regions of the state were frustrated with the ability of Twin City area PCA agency providers to select any county in the state as their service area, when in reality, they do not provide services in that area. This leads to confusion among waiver recipients and delays in getting services started while they wait for the metro area provider to find staff. This rarely works, as Twin Cities providers do not have the knowledge and networks to recruit in rural areas of the state.

In general, participants noted that the wages for support staff were too low to recruit and retain quality, qualified staff. Competition with other sectors of the economy for workers meant that potential support staff could easily make more money in jobs that were less demanding. The workforce shortage is compounded in rural areas that lack provider agencies, or, in areas that compete with border states with higher wages for the limited numbers of available workers.

Participants articulated a number of key services that are more deeply affected by the workforce shortage including: respite care, home-making and chore services, providers to work with people who have behavioral challenges, residential beds for children, lack of meaningful day activities, and lack of corporate foster care placements for people with high needs. Both provider and lead agency participants reported that some providers have stopped, or plan to stop, providing particular services, such as Independent Living Services due to low reimbursement rates and the complexities of paperwork, billing, and other aspects of the system.

When support staff are found, further challenges were noted regarding poor training, dependability, and quality. Challenges regarding cultural competence were noted. In addition, it was noted that there is a lack of providers to support individuals from diverse cultural groups and a lack of cultural competence training for immigrant DSPs to be able to provide culturally competent supports to individuals from other cultures, including those from the dominant culture (e.g., cooking preferred meals, etc.).

**Contracted Case Management.** Contracted case management faces some similar challenges related to the workforce shortage. Participants noted that contracted case managers have a high turnover rate. Participants report this leads to lost paperwork, delays in getting services authorized, and the need to constantly educate a new case manager about their disability and support needs. Both providers and people who use the waiver report that contracted case managers appear to have little or ineffective training and do not appear to understand many of the waiver requirements or standards. This, paired with the lack of communication from contracted case managers, is a major source of frustration for waiver recipients, their families, and providers. Contracted case managers also expressed challenges, in that they did not receive adequate training or information to effectively do their jobs, nor did they have access to the same systems (i.e. SSIS) as county case managers, hindering their ability to support people.

“Outsourcing of social workers has to stop. When they quit and changed us from the social worker through the county who was my rock. She had no problem supporting me for the consumer support plan, the outsources social worker doesn’t help. She said it’s not my job. The cost is passed on to the parent. And people are scared of them because if they complain, then they may lose funding.”

**Transportation.** Regardless of location, lack of a robust, accessible, and timely transportation infrastructure limits the ability of individuals with disabilities to access and participate in community life. The lack of transportation in rural communities limits the ability of people with disabilities to obtain and maintain employment and to receive needed supports and services. Some areas of the state have no accessible transportation available. Others use a dial-a-ride system. Participants reported that experienced significant wait times to be picked up from their location or that the transportation has limited service boundaries. Lack of transportation also limits the ability of people to conduct simple activities of daily living such as grocery shopping or visiting a friend. The Twin Cities metro area, while having more transportation options, still has transportation challenges for people who live out of the central core or who rely primarily on accessible transportation, which limit the ability of people with disabilities to exercise choice and control in their lives. People in outer ring suburbs, for example, do not have access to Metro Mobility, or they are on “stand-by,” meaning they can never be assured of having a ride when ordered, if at all.

**Housing.** The affordable housing crisis disproportionately affects individuals with disabilities and their families. One case manager cited that the moratorium on corporate foster care lead to a shortage of placements that left some of their clients homeless. Individuals with disabilities noted that the shortage of affordable housing meant that they had moved from their communities to some other location in the state to live with friends or to find an affordable unit. The need for accessible housing compounds the challenges of finding housing in their communities.

Families who rented worried about eviction because of the time it took for the counties to reimburse for repairs caused by their family member’s behavioral challenges. One homeowner with disabilities worried about the inability to get assistance with

modifications and basic chore services such as snow shoveling and their ability to stay in her home. She pointed out that it is more cost effective for her to remain in her home with supports than to have to move to an assisted living facility.

## Waiver Recipient Challenges

**Lack of communication and information.** Challenges in obtaining information begin before people are even on a waiver. Simple, understandable information about the myriad services offered by the state to support people with disabilities is difficult to find and understand, unless one knows where to look. Both people with disabilities and family members of people with disabilities wish that medical professionals had more information about possible supports that could be shared when a diagnosis is first made. Parents of children with disabilities thought that it would be helpful for school personnel to have information about available supports and services to share with families.

When an individual has to contact their host county for an assessment, participants reported a lack of knowledge or unwillingness to share information between case managers and assessors, which resulted in confusion about the system, and a lack of full knowledge about the options that might be available to them. Multiple participants felt as if they had to know the “code words” to get supports or know what to ask for. Participants felt there was a lack of transparency or clear explanations of why decisions were made when people were denied services, for budget amounts, and if authorizations were denied. People did not understand the decisions and did not feel like full information was forthcoming or timely.

**Inconsistencies within and across counties.** Waiver recipients and parents of waiver recipients all expressed frustration with inconsistencies across and within counties. It was unclear why authorizations were approved in one county and not in another. Individuals who had moved from one county to another were particularly puzzled and frustrated at the variability of choices and services. There should be clear and consistent guidelines to the counties about what is and is not allowed under the waivers. In addition, processes related to waiver administration should be consistent across counties. For example, the level of detail people need to provide for CDCS support plans was noted.

**MnCHOICES.** People identified a number of concerns with the MN Choices assessment. People identified the inability of the assessment to accurately assess support needs based on behavior or for conditions that flared intermittently as a serious shortcoming. Others noted that assessors did not seem very knowledgeable about their particular disability.

**Lack of flexibility in traditional waivers.** Individuals who used traditional waivers expressed frustration at how they had to piece together services to have their needs met, and they were often penalized for trying to be creative by being more cost efficient. One example was a parent whose daughter lived in an apartment with overnight supports. He wanted to have a local college student live with his daughter for room and board to allow money to shift to increase staffing during the day. This was not approved by the county case manager.

“Lack of concern for safety in the home/basic concerns – for example, parents who have to stay up all night with a child with ASD don’t get the same support as a parent with a child with significant health needs that requires monitoring all night.”

**CDCS.** People were relatively happy with the CDCS option, but challenges include the amount of time it takes to approve budget and service authorizations. Some parents expressed frustration that their budgets were pro-rated for the months their service authorization was closed because the county had taken so long complete their work. Others experienced significant delays in their county reimbursing expenses that ran over their waiver year, meaning they were never reimbursed. Others noted that by being required to use MA-approved vendors, they ended up spending more money for lower quality goods and services. Several pointed out that some items could be purchased through other vendors, such as Target, for much less.

**Interactions with multiple systems.** People with disabilities and their families manage interactions with professionals from multiple and siloed systems within county, state, medical, and educational structures. Many felt these systems had little to no communication with each other, creating additional complexity and burden in managing supports. People mentioned interactions with professionals including waiver case managers, mental health case managers, financial workers, medical professionals, school personnel, and housing agency staff. Because there is not an efficient or effective method of these systems to communicate, people report having to repeat their stories repeatedly.

## Provider Waiver Challenges

Providers include agencies that provide supports and services for individuals who use a waiver. Providers participating in these focus groups included family foster care providers, vocational and day services providers, fiscal support entities, and residential supports providers.

**Administrative burden.** One of the primary challenges for providers under the current waiver system are barriers related to the system itself that causes excessive administrative burden. Providers find the system to be needlessly complex, citing the Rate Management System (RMS), billing, and paperwork are particularly difficult elements. The perception is that complexity has been increasing over time. One provider noted the resources needed to hire administrative staff and purchase software to address the administrative burden could be used for DSPs. Providers noted that the differences across the disability waivers made managing them more challenging.

**Working with counties.** The counties add to the systemic challenges and administrative burden faced by providers. Providers site the length of time it takes to get service authorizations and the inconsistencies across counties in administering the waiver as challenges. The perceived lack of knowledge or inconsistent instructions among case managers makes it more difficult for providers to get authorizations for allowable services (e.g., 15-minute day program units), but it also, as noted by several providers, effectively limits the choices for waiver recipients because they are not given full information about what is possible. One specific example given was rural counties do not always tell people that CDCS is an option – one that might alleviate some of the staffing shortage if people could hire friends and family to provide supports.

**Reimbursement/rate setting process.** Challenges ranged from difficulties in getting additional funds authorized if a waiver recipient's needs increased, to insufficient rates to cover operating expenses, meaning providers have stopped or plan to stop providing certain services (e.g., ILS). Other providers noted that reimbursement is insufficient to provide individualized services, which comes into conflict with waiver recipients' expectations stemming from person-centered planning. One provider noted that current rates based on historical rates do not account for the current context in which providers operate.

**Lack of providers and support services.** Some services are not offered by providers, particularly in rural counties due to low reimbursement rates. Some providers also felt that the full array of services should be available and that the current rules limit people's choices, particularly if a person has greater needs and requires more support. Others thought the number of rules limited the ability to be creative and design individualized services. Specific services such as placements, respite services (stemming in part from onerous paperwork requirements), adult foster care, and waiting lists at DT&H programs as challenges.

“Billing, RMS, Remittance data, etc. all needlessly complicated which takes scarce resources from DSP wages and support for the people we serve and directs large sums of money into admin functions and software designed to address a grossly faulty billing system. 15-minute units--really? Multiple lines of billing for all the varied waivers and services--its a train wreck.”

## Lead Agency Waiver Challenges

Lead agency staff (which includes contracted case managers for the purposes of this summary) identified a number of challenges to administering the waiver and for waiver recipients.

**Unrealistic timelines and administrative burdens.** Lead agency staff report that increasing growth in the waivers has been challenging to manage. Lead agencies reported having to hire additional case managers and increasing caseload sizes as a result. The complexity of the paperwork and coordinating the development of the support plan with the results of the MnCHOICES assessment make meeting timelines a challenge. One of the primary complaints of lead agency staff was that the administrative burden of managing all of the timelines results in difficulty finding time to work with waiver recipients to find creative solutions to meet support needs. Case managers talked of having to prioritize caseload needs because the workload was too heavy. Crises demand attention, leaving people not in immediate need of crisis services waiting long period for their service change needs to be addressed.

“Different services across the waivers; Different eligibility; different rates; it’s confusing. The needs for people are generally the same - home living, employment, transportation, medical. Eligibility is deficit based so you have to say all that’s wrong with you to qualify. No navigation services. Once eligible there is an entitlement for all services offered so it creates over-dependencies, unbalanced expenditures, and a trend towards segregation which is not truly needs based.”

**System complexity and redundancy.** A general lack of clarity and insufficient level of detail in waiver amendments creates difficulties for lead agencies in making decisions. Case managers reported that coordinating assessments across counties was a challenge. Assessment delays have real implications: services may not be started promptly if someone moves, or service authorizations close if an assessment is late, meaning services are not provided until authorizations are reopened. For waiver recipients 65 and older, trying to coordinate services with the managed care organizations adds an additional layer of bureaucracy.

**Having multiple waivers.** Lead agency staff reported that managing 4 aggregate budgets (one for each of the disability waivers) was burdensome. Inconsistent rates for similar services across the 4 waivers was frustrating. Although service arrays have come more in alignment, the differences are still

preventing some people from receiving the most appropriate supports and services. For example, people with challenging behavior and complex health needs may have health supports better supported on a CAC waiver, while their behavioral support needs might better supported on the DD waiver. Different waivers also made it difficult to support people with CADI or DD waivers, for example, in a common living situation due to the different services.

**Consumer-Directed Community Supports.** In general, lead agency staff found CDCS a positive experience for waiver recipients. However, they noted that counties interpreted allowable expenses differently causing conflicts with waiver recipients who either change counties or hear about allowable expenses from people in other counties. CDCS may limit the range of supports people can use due to the budget allocation associated with this option. The CDCS budget notification process itself is a challenge due to the timing with entering the assessment and the download of data from DHS once every 30 days. A late assessment can mean that a waiver recipient has to wait that much longer to have a support plan developed and services authorized. Some case managers also noted that CDCS is not the best option for everyone, and some people may be better supported under a traditional waiver.



“...Another issue is the CDCS budgets only download from the state every 30 days. If a MNCHOICES Reassessment is delayed for some reason or cannot be completely entered before the month end cut-off date, we do not have an actual budget to share with the family on DD waiver CDCS. This cause confusion for planning their child's services. It also causes the CDCS Support Planner and FSE provider to redo budgets and plans multiple times. It would help if budgets could be downloaded from the state every 7 days.

**MnCHOICES.** Lead agency staff identified a number of challenges with the MnCHOICES assessment and process that made providing supports and services efficiently a challenge. Participants in these focus groups reported that MnCHOICES has eliminated the practice of including the waiver recipient and their support team in the assesment, leading to a disconnect between case managers and assessors, a lack of transparency in the process for waiver recipients and their families, and the lack of team approach. These deficits were identified as a challenge to ensuring appropriate assessments were done to meet needs. The process was identified as stressful for recipients and not was not felt to be person-centered.

Other identified challenges presented by the MnCHOICES assessment was that it does not work well for all populations (e.g., DD). Lead agency staff also noted that it does not do enough to identify informal supports and that it gives people the impression that waivers are entitlements. People may end up qualified for a waiver when state plans supports could meet their needs.

## What are the most important supports and services?

Waiver recipients or family caregivers were asked to identify their three most important supports to them (See Appendix C for table). It should be noted that people who use the CDCS option comprised a large number of the participants; therefore, the responses reflect this. The most frequently identified support was the CDCS option, followed by PCA. ILS services were also frequently mentioned as important supports. Adult rehabilitative mental health services (ARMHS) services were identified as critical by several participants, highlighting the fact that many of the supports people rely on (PCA and ARMHS, for example) are provided under the state plan. Other frequently identified supports include homemaker, In-home Family Support, DT&H, personal supports, and respite.

# How can people best be supported to choose and get the services they care about the most?

## Waiver recipients

**Streamline and simplify eligibility and renewal process.** Participants suggested that one waiver be established for everyone based upon the individuals needs as determined by their person-centered planning assessment. Many individuals met eligibility for multiple services but may only receive services under the particular waiver they were assigned. Reducing the redundancy of renewal process is important to individuals. Individuals also desired the ability to develop 2-year budgets and approvals, particularly for people whose disability is stable. Replacement of Medical Assistance renewal paperwork with an online system to information needed for authorization and related documentation was also suggested.

**Address the workforce crisis.** Stakeholders voiced concern about the difficulty of finding trained staff at low wage. Recommendations include: increase reimbursement rates to allow better pay; offer benefits and pension fund available for staff to combat turnover and promote dedication to clients and job; require mandatory training for how to care for the individual's unique support needs; work to develop career ladders so that people can have a career.

**Provide useful information and resources.** Participants reported difficulties obtaining information and resources when accessing services and support. People with disabilities and their families need to have: access to information, education and resources. Families need education and training about available supports and services, including waivers in plain language. Participants suggested DSD Disability Hub website and the DSD Autism website be populated with more, and more useful information, and that the availability of these websites be promoted. A multi-model approach to communicating, especially with families who are not familiar with the system, is recommended.

**Improve county staff training and competency.** Many individuals felt case managers and assessors lack knowledge when it comes to interacting with the populations that they serve. There was an overall sense that decision-makers need to get to know the people the policy is created for and not disregard their input. Some recommendations included: assessors need to spend more time with people with disabilities and families as part of their training to have a deeper understanding of people's daily challenges; assessors should have better training about rare diseases; and case managers need to be better qualified to answer questions about all waivers.

**More person-centered support.** Respondents report that maintaining independence, having control, flexibility, customized support, more individually-driven services, and opportunities to personalize services are important aspects and contributor to people receiving the best support possible.

*“De-institutionalize the system. Plans need to reflect a meaningful life. Needs less process and institutional control. A system which reflects real life not an institutional one.”*

As part of person and family-centered support, participants would like a more responsive system that adapts quickly if their condition or living situation changes temporarily, particularly for people who have conditions that may be intermittent. The budgets should be less rigid and require less paperwork for adaptations (particularly within budget categories). This would also relieve some of the county burden of excessive paperwork whenever a change is needed.

As part of increasing person-centered support, participants suggested allowing funding for customized services including: approval for a doctor-prescribed medication or nutritional supplements; adequate funding to continue to live in parental home (if parents move out); funding for recreation or gym memberships; future planning; service animals; modifications to home and vehicles for safety purposes; and purchase of equipment from the vendor of one's choice within reason (rather than requiring MA approved lenders).

**More opportunities to provide feedback.** Some of the participants stated a need for more opportunities to provide feedback, including forums or listening sessions to provide information and to hear from waiver recipients.

**More support for specialized and other services in the rural areas.** Participants report a lack of providers in rural areas that provide specialized behavior and intervention services. Another common theme that emerged was the transportation gap. Some of the providers reported that the current rate does not cover the cost of transportation for staff to travel to provide services leaving many individuals in rural areas without services.

## Providers

**Combine waivers and simplify service choices.** This would provide consistency across the waivers. Simplify the service authorization process that allows providers to bill within a budget for the services a person wants with less red tape. This could be accomplished by combining services. For example, combine prevocational and day services (currently DT&H) into one service that includes employment skill development, community integration services, self-care and other services currently provided under DT&H. Provide information about waivers and services in plain language to make it easier for recipients and families to make informed choices and to provide consistency across and within counties. However, providers also noted that the needs of individuals with greater support needs should be considered and that the full range of choices should be available.

**Reimbursement rates need to reflect the cost of services.** Transportation rates need to allow staff to travel to rural areas to provide supports. Rates also need to be adjusted to make it economically feasible for providers to work in rural areas. Supporting community integration may require 1:1 staffing, and the service should be paid as such. Often, it takes more to support a person with high medical needs or high health and safety risks in the community.

**Improve county staff training and competency.** Providers reported that many case managers are not well trained, for example, better case manager training on the waivers, Rule 245A and Rule 245D.

## Lead Agencies

**One waiver with clearly defined guidelines.** Lead agency participants suggested combining the four disability waivers into one that focused on identified needs, in order to provide uniformity. Other suggestions include a hybrid of "regular waiver services" and the CDCS program in which a basic budget would cover health and safety needs, a separate and additional amount/budget for "other" needs. The health and safety needs would be required, but individuals/families would be able use the "other" budget to meet other needs and goals, flexibly. Paired with this would be the need to develop a system that was more transparent about how budgets and services are determined. Finally, consider combining services under a few headings. For example, there could be personal support service that covered homemaking, chore services, personal support, ILS, SLS in home, respite, and companion supports. Individuals could then customize this support to meet their individual needs. This would also have the benefit of spreading staff between services, would increase their wages, and fill some of the gaps for services that are hard to hire for due to limited authorizations in time. Include establishing guardianship, future planning, and representative payee as waived funded services.

“It is very confusing for families to have a CSP from the assessor, A CSSP from the CM, and possibly a CSP/CDCS plan and a CSSP-A from a provider.”

**Address MnCHOICES and planning process.** Having the county of residence complete the assessment causes many difficulties, and does nothing to simplify the process. People felt that DSD should eliminate the need for annual assessments for people’s health and other needs when they are stable, and eliminate the need for a MnCHOICES reassessment whenever there is a short stay at an IRTS or hospital. The new LTSS tool is confusing for waiver recipients. Condense the CSP and CSSP into one document and use simpler language.

**Address the workforce crisis.** Reimbursement rates need to be higher in order to provide higher wages to direct support staff. Providers need more support and training from DHS. They are struggling with all of the changes and the workforce crisis, while still maintaining operations on very low rates.

**Maintain a strong "safety net" system.** Counties are having very difficult time in finding appropriate residential placements due to the moratorium on corporate foster care. Individuals have diverse and complicated needs, and many providers are not willing or able to serve them. Individuals need stability and providers who will not terminate their services, at least not as easily. Often, people with disabilities may have to move away from their families because they need to go where the supports are. Develop a mechanism for people to try out independent living situations without losing their placement in foster care.

## Findings from culturally diverse groups

In effort to ensure that voices and experience from diverse communities were included in this process, targeted outreach and engagement activities captured some of unique experiences individuals and families from diverse communities' experiences when accessing waived services.

### How do people learn about supports and services?

Informal networks and parent groups are primary ways of learning about waiver supports and services with some groups, particularly in the Somali community. However, for other groups, such as in the Hmong community, talking about disability is not done, and, therefore, an important source of learning about information through networking among other members of the community is lost. These families rely on professionals in education and health care to share information with them about available supports and services provided through counties. Often, people do not learn about services until there is a crisis and the reach out to an advocate that speaks their language at organizations such as The Arc or PACER.

### What supports and services are working?

Focus group participants appreciated having access to waiver services and the role they play in their lives. Most of the participants from culturally diverse groups represented in these focus groups used the CDCS service option. The responses about what is working reflect this. Parents and advocates from Hmong, Somali and Latino communities also participated.

**Consumer Directed Community Supports.** Almost all of the culturally diverse focus group participants utilize the CDCS option and like the flexibility it provides. Participants appreciated the ability to hire staff directly. It gave them more control over the qualifications of the person they hired and allowed them to pay somewhat more than traditional services. Parent caregivers of adults and children with disabilities cited the importance of the paid parent option. Many of their children have complex medical needs or behavioral challenges, which has made it necessary for one parent to give up work outside of the home. Paying caregivers for providing support enables caregivers to both care for their family member and to keep their household afloat. Many of the participants expressed their preference for hiring someone who understands their culture and language.

**Access to services.** The ability to have access to therapies such as occupational or speech and language therapy is an important piece of what is working within these waivers. The ability to have respite, day program services, and to be able to purchase needed items were also identified as benefits of the waivers.

## What are the challenges to getting needed supports and services?

Participants from culturally and linguistically different groups report similar experiences in terms of system barriers. These include case managers with limited knowledge, assessments that do not capture the needs of their family member, processes for approval and reimbursement that take too long and hinder access to needed supports, and what are perceived as arbitrary decisions across and within counties about what is approved and why. Some from the non-dominant culture perceived that they were steered away from or not offered certain services, such as CDCS, despite asking.

**Lack of trained interpreters.** Parents for whom English is not their primary language face additional challenges due to the lack of trained interpreters, lack of culturally competent providers and county staff, and the need to learn and understand how to navigate a new and complex system in order to obtain needed supports for their family member. Because people are unfamiliar with the system, they may not know how to ask for the supports their family member may need. Interpreters are trained not to explain concepts and only provide direct translations. This can be problematic, as many concepts and terms do not translate directly into other languages, leading to misunderstandings between assessors or case managers and waiver recipients or their families.

“When families meet with county, they don’t always know what to ask, how to describe the challenges and what they could ask for example if they need to purchase something to help their child’s sensory needs – if they need help paying for modifying their home to make it safe for someone with physical or challenging behavior needs.”

**Cultural beliefs.** Parent and advocate participants from the culturally diverse groups reported that cultural beliefs about disability might lead to stigma. Because of this, people from different cultural backgrounds may not seek out supports and do not always understand how the system works. They do not know how to present information in a way that helps them get the supports and services their families need. Some implied they put trust in professionals with the expectation that professionals know best and, therefore, they will not challenge decisions made by these professionals. However, they will not continue to utilize a service if they do not see it working. Therefore, many opt out of using formal supports and services. If they do use supports, they often do not know how to make full use of them to support their family member.

## How can people best be supported to choose and get the services they care about the most?

**Trained competent case managers and assessors.** Many stakeholders expressed dissatisfaction with the eligibility process, the complexity of navigating the system, and the unwillingness of the system to approve services their children need. Parents often attributed being denied services to lack of visible symptoms or also to lack of understanding about what families go through on daily basis. Several respondents reported the importance of experienced helpful case managers who fight for your needs,

who are resourceful, and knowledgeable. Respondents recommend case managers and assessors listen to the parents, understand, and spend more time with families before rendering a decision.

### **Provide training about CDCS, eligibility, services, budget and**

**compliance.** Another common theme was respondents feeling frustrated with what services are covered and not covered under the CDCS option. There were misunderstandings on how to manage approved CDCS budgets and not knowing where to find services. Respondents indicated they felt ignored, dismissed, and frustrated. Several respondents noted the importance of creating culturally specific groups who are charged to work with and empower parents. Respondents noted the importance of culturally competent fiscal agents. Some of the participants shared having the experiences of spending significant amounts of money on fiscal agents that were not helpful.

**Design family-centered services.** Families interact with the system on multiple levels— through school, the community, and health care system. There is a need to improve communication about waiver services across these systems. Taking the burden off families to figure out these systems, and providing incentives for systems to work with each other effectively would be ideal.

**Train health care providers.** Provide training and outreach to doctors and dentists about how to work with children and adults with disabilities, in particular with ASD. Though this is not specifically a waiver issue, it came up within the focus groups as a need.

**Train Interpreters.** Interpreters need training about assessment terminology. When interpreters do not fully understand or translate the needed information, the applicants for services may not get the information needed to apply for services they need.



# BACKGROUND AND APPROACH

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## Background

The University of Minnesota's Research and Training Center on Community Living (RTC/CL) worked with the Minnesota Department of Human Services' Disability Services Division (DSD), and Human Services Research Institute (HSRI) to conduct focused discussions as part of a study designed to provide the state of Minnesota with recommendations on the four waivers that provide supports to people with disabilities. This project, Waiver Reimagine, has the goal to simplify administration of the waiver programs and to increase the choice and control people who use waivers have over their supports and services. The purpose of the focused discussions was to learn from stakeholders, including waiver recipients, family members, providers, lead agencies, and others about their experiences with HCBS waivers. Specifically, groups of interest included individuals served by Minnesota's four HCBS disability waivers, family members, lead agencies, providers, and individuals from culturally and linguistically diverse backgrounds.

## Methods

**Design.** This portion of study 1 collected both qualitative and quantitative data from a diverse group of stakeholders through 15 focus groups and 6 individual interviews. This project was reviewed and approved by the Institutional Review Boards (IRB) at the University of Minnesota and the Department of Human Services. See appendix C for the explanation of the project given to participants.

**Quantitative Data.** Participants provided basic demographic information via a paper survey in the in-person focus groups and interviews. Project staff entered these data into a web-based Qualtrics survey. A Qualtrics survey was used to collect this same information from online focus group participants. The data were then downloaded into an SPSS file and descriptive analyses were conducted.

**Qualitative Data.** Qualitative data were collected via in-person and online focus groups and face-to-face interviews. Participants were asked the following questions:

- 1) How do you or your family member (or people you support for providers/lead agencies) find out about what services are available?
- 2) What supports and services work well for you or your family member (or the people you support)?
- 3) Are there challenges to finding the supports you or your family member need (or for the people you support)?
- 4) What are the most important supports for you or for your family member (or for the people you support)?



- 5) How can people best be supported to choose and get the services they care about the most?

RTC/CL staff took notes at all of the in-person focus groups and interviews. Data were then compiled for each of the groups/interviews by question. The main idea(s) for each response was identified and coded. Codes were then grouped into themes for each question. The coding was done separately for each of the stakeholder groups: waiver recipients; members of culturally diverse communities; lead agencies; and providers. Each set of themes and their components were reviewed by the team to ensure consistency in coding and to reach agreement on overall themes.

**Sample.** The sample was comprised of key stakeholder groups including recipients of one of the four disability waivers, family members of waiver recipients, providers of services, advocates, contracted case managers, and lead agency staff. An attempt was made to include people from rural areas of the state and from diverse cultural communities.

**Recruitment.** Recruitment for focus group members included contacting providers, provider networks and trade groups, the Association of Minnesota Counties, Centers for Independent Living, and advocacy groups. Target communications to local providers, advocates, families, and county staff were also conducted in the areas where the focus groups were physically held. Other means of recruitment included the use of social media and through the DHS Virtual Insight panel. DHS/DSD also cross-promoted focus group events on their community and provider listservs.

Focus groups were held in Owatonna, Bemidji, and eight locations in the Twin Cities metropolitan area, including St Paul’s Rondo neighborhood, north and south Minneapolis, Apple Valley, Bloomington, Richfield, and Fridley. In addition, two informal groups were held: one in the St. Cloud area and one with a Somali group of parents with children diagnosed with autism spectrum disorder in Columbia Heights. Six 1:1 interviews were conducted with individuals with disabilities unable to attend an in-person focus group. An advocate for the Latino community participated in an in-person interview. Three online groups were conducted; one for waiver recipients, one for providers, and one for lead agency staff and contracted case managers.

Table 1, found in Appendix A, provides an overview of county and stakeholder representation. In total, at least one person participated from 66 counties; waiver recipients were from 14 different counties; providers worked in 50 different counties and 1 tribal nation; and, lead agencies represented 42 different counties. Four providers indicate that they “covered the whole state” or more than “50 counties,” though these responses are not included in the table.

**Procedures.** The following procedures were used to collect data from various stakeholders across Minnesota.

**In-person focus groups.** 67 participants attended in person focus groups or in-person interviews that were conducted as part of accommodations for people with disabilities unable to attend an in-person meeting. Table 2 found in Appendix B provides participant demographics characteristics. Complete demographic information for the 20 parents and 1 provider who participated in the Somali group was not collected. Eighteen females and three males participated in this group. One parent's child is on the Community Alternative Care (CAC) waiver, 10 are on the DD waiver, and 2 are on the Community Access for Disability Inclusion (CADI) waiver. The remaining parents did not indicate that their child received one of the waivers.

Most of the participants in the face-to-face focus groups and interviews were family members of waiver recipients. Waiver recipients participated in 1:1 interviews. Most of the participants reported that they supported someone on the DD waiver. All but one of the waiver recipients reported using the CADI waiver. One waiver recipient reported using the BI waiver. Nearly 2/3 of participants reported using or supporting someone who used the Consumer Directed Community Supports (CDCS) option. Fiscal support entities sent recruitment materials to the families they support which may account for the disproportionate representation of CDCS users in these groups. Most participants were 46 and older, female and spoke English as their primary language, and identified as white. Participants were fairly equally split among urban, suburban, and rural regions. When asked to identify their primary disability, or that of their family member, the overwhelming majority selected intellectual or developmental disabilities, followed by mental health diagnoses, physical disabilities, and brain injury.

**Online focus groups.** 38 people participated in the online waiver recipient group. Eighty-two people participated in the lead agency focus group, and 52 with the provider group. A number of people completed demographic information but chose to not go on to participate in the online focus group for both providers and lead agency staff. Therefore, demographic information is not included for the online focus groups since it is not possible to associate those who participated with their demographic information.

**Stakeholder listening sessions.** During an HSRI site visit in April, the research team collected data from two stakeholder listening sessions; one for parents and self-advocates, and the other for licensed waiver providers. Individual-level demographic data was not collected during these sessions. Feedback and input from these participants are incorporated into the findings.

**Analysis.** The focus group data were analyzed using systematic coding in which the data was coded based on the meaning unit or main idea. The main ideas were compiled into more general categories or themes. RTC staff completed this process for each of the focus group questions. A second staff person reviewed the coding the consistency.



## Discussion and Recommendations

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The workforce crisis is one of the most significant challenges facing people with disabilities and family caregivers. As many noted, having authorized supports and services, regardless of how flexible, is meaningless without having support staff to provide the support. The complexity of the system means that navigating the system is confusing and people do not understand the range of supports and services available to them. Case managers are also burdened with excessive paperwork leaving them little time to respond to the needs of people and families they support.

Participants who use the Consumer-directed Community Supports option were over-represented in the people who participated in these groups. However, it was identified by all of the stakeholder groups as a service that, for the most part, working well.

It is unclear if simplifying the waivers will solve some of the fundamental challenges with having choice and control to live the life of one's choosing. Making the administration of the waiver simpler, guidelines clearer, and decisions more transparent would improve the ability of the counties to manage the waivers and for providers to focus on providing supports rather than paperwork, and would reduce frustration for people who use the waiver.

### Recommendations

- Expand the number of supports and services available under state plan. A number of them, such as home making or chore services, do not require the level of planning and monitoring provided in the waiver.
- Create greater flexibility within traditional waivers that allows for waiver recipients and providers to be more creative about providing supports.
- Collapse multiple service types into one that can be used flexibly to meet needs and address some of the worker shortage.
- Provide training to interpreters to better understand the waiver services and system.
- Create plain language materials for waiver recipients and their families, county staff, providers, and for other agencies that interact with families.
- Seek out state, county, and provider partners to continue to address the workforce shortage, looking towards a state-level approach that can benefit individuals, families, and providers across the system.

### Limitations

The short time frame to plan, recruit for, and conduct the focus groups was a limit, particularly for reaching individuals from culturally and linguistically diverse communities was a major limitation. Having more time to work with cultural liaisons to spread the word through their community would likely have increased participation in various communities.

The second limitation came from the decision to reimburse for mileage rather than arrange for transportation via using taxis. Many of the participants with disabilities do not drive and/or own a car; they relied on either using Metro Mobility or arranging for someone to give them a ride. This was not a workable solution for people in rural areas or in outer ring suburbs. In order to address this limitation, arrangements were made to meet with individuals in a location that was convenient for them in order for them to offer in-put.

The third limitation stems from collecting the demographic data for online focus participants in Qualtrics and then sending them to the focus group platform upon completion of the survey. Many participants in the provider and lead agency group chose not to participate in the on-line focus group after completing the demographic information form. Because the surveys were anonymous, there was no way to link the demographic data to the focus group participant. For the waiver recipients, it appears that people were able to get a link for the online focus group directly bypassing the demographic information collected in Qualtrics. It is unclear how this happened, unless people shared the focus group URL within their networks.

This report represents a moment in time data collection from a small group of stakeholders in Minnesota, and cannot fully represent the range of experiences or opinions of individuals with disabilities, their families, providers, and lead agencies.

# Appendices

## Appendix A: Table 1

Table 1: Counties Represented by Participants of Face-to-Face and Online Focus Groups			
County*	Recipients	Providers	Lead Agencies
Aitkin		X	
Anoka	X	X	X
Becker		X	
Beltrami	X	X	
Benton	X	X	
Blue Earth	X	X	X
Brown		X	
Carlton		X	
Carver		X	X
Cass		X	
Chippewa		X	
Chisago			X
Clay		X	X
Clearwater		X	X
Crow Wing		X	X
Dakota	X	X	X
Fillmore		X	
Freeborn		X	X
Goodhue			X
Grant			X
Hennepin	X	X	X
Houston		X	
Hubbard		X	
Itasca		X	X
Kandiyohi		X	X
Koochiching		X	
Lake		X	
Lake of the Woods		X	X
Le Sueur			X
Lincoln			X
Lyon		X	X
Mahnomen		X	
McLeod		X	X
Meeker			X

Morrison		X	X
Mower		X	X
Murray			X
Nicollet	X	X	X
Olmsted	X	X	X
Otter Tail		X	X
Pine	X		
Pipestone		X	X
Polk		X	
Pope			X
Ramsey	X	X	X
Red Lake		X	
Redwood			X
Rice			X
Rock			X
Scott	X	X	X
Sherburne		X	X
Sibley			X
St. Louis	X	X	X
Stearns		X	X
Steele		X	
Todd		X	
Wabasha		X	
Wadena		X	
Waseca		X	
Washington	X	X	X
Watsonwan		X	
White Earth Nation		X	
Wilkin			X
Winona		X	X
Wright	X	X	X
Yellow Medicine			X

\*Only counties with at least one participant are included

## Appendix B: Table 2

<b>Table 2: Demographics Participants of Face-to-Face Focus Groups (N=67)</b>	
<b>Primary Role (N=66)</b>	<b>%</b>
Waiver recipient	22.7
Family member	56.1
Provider	13.6
Other	7.6
<b>Waiver Used/ Supported (N=67)</b>	<b>%</b>
BI	11.9
CAC	9.0
CADI	43.3
DD	64.2
<b>Uses/ Supports CDCS (N=59)</b>	<b>64.4</b>
<b>Age (N=64)</b>	
18-30	14.1
31-45	26.6
46-65	51.6
66 and older	7.8
<b>Gender (N=65)</b>	
Female	76.9
Male	23.1
Other	0.0
<b>Primary Language Spoken (N=67)</b>	
English	77.6
Spanish	0.0
Hmong	3.0
Somali	17.9
Other language	1.5
<b>Race/ethnicity (N=63)</b>	
White/European-American	65.1
Black/African-American	25.4
American Indian	1.6
Asian	6.3
Latino/a	0.0
More than one	0.0
Other	1.6
Rather not say	0.0
<b>Geographic Region (N=64)</b>	
Urban	37.5
Suburban	39.1

Rural	23.4
<b>Primary Disability/ Disabilities Supported (N=56)</b>	
BI	7.1
IDD	58.9
MH	16.1
PD	10.7
Other	7.1



## Appendix C: Table 3

Table 3: Top three supports identified by waiver recipients or their families.	
Service	Number Identifying
<b>Home Care Services</b>	
Home care nursing	1
Home health aide	0
PCA	21
Skilled Nursing	0
<b>Waiver Services</b>	0
Adult Day Services	4
Behavior Programming	8
Case Management	15
Chore Services	2
CDCS	26
Consumer training and education	2
Crisis Respite	0
Customized Living	1
DT&H	8
Emergency Assistance	0
Extended HHA	1
Extended PCA	6
Extended Private Duty Nursing	0
Extended Supplies and Equipment	4
Extended Therapies	4
Extended transportation	4
Family counseling & training	1
Foster care	3
Home delivered meals	1
Homemaker services	8
Housing access coordination	0
ILS	13
In-home family support	9
Live in caregiver	2
Modifications	3
Night supervision	2

Personal emergency response system	1
Personal Support/companion	8
PPHP home care services	0
Prevocational services	0
Residential Care services	0
Respite care services	8
Supported employment services	5
Supported livings services	3
Transitional services	2
Other options under CDCS - supplies, parent training, etc.	2

## Appendix D: Information sheet for participants



### What it Means to Participate in the Waiver Reimagine Discussion Groups

#### Why are we having these groups?

We are meeting today to talk about Minnesota's waivers that provide supports and services to people with disabilities. The Minnesota Department of Human Services (DHS) wants to learn from you what you think DHS could do to create a simpler system that supports choice and independent living options. We are having groups with different people – county staff, providers, families, and, people who use waivers for supports. These groups are intended to assist DHS in improving waived services in the future.

#### What does it mean for me?

If you decide to take part in the focus group, you will be asked to answer a series of questions over the next two and one-half hours about your experiences with the waiver. We are also asking for some basic information about you. We will be asking you to write down some information and to answer questions in a group. We will have people to assist you with reading and writing if needed. You have the choice not to answer any question we ask. We are taking notes. Nothing you say will be associated with your name. What you choose to share in the focus group will not affect your services in any way.

#### How are you protecting my privacy?

There is little or no risk to participating in this study. We will keep private any information we collect about you for this study on a secure server or in a locked office. We will only use your name or other information we collect about you for the purposes of conducting these groups. Your name will not be connected to any comments you make or share during the group. Your name will not appear on any records or reports in this study. When the study is completed, we will destroy any private information we have about you.

Participation in the focus group is voluntary. You are free to leave at any time. Group members can decide not to answer any question they do not want to share in a public setting. Please do not share any information that you hear from other participants outside of this group.

We are interested in learning about your experiences with the waiver, but encourage you not to share too many personal details, such as, detailed health or

financial information. Group leaders will be available before the group starts and after the group to discuss things group members would like to share privately.

**Do I get paid to participate?**

There is no cost to you for participating in this study. You will receive a \$50.00 VISA gift card for your participation in this project. We will also provide reimbursement for mileage from your home address to the location of the group. Reimbursement for childcare is available for those who need it. The mileage, and childcare reimbursement will also be loaded onto the card after the group session. Childcare will be reimbursed at the rate of \$10.00 per hour per child (for up to three children) for four hours.

**Can I choose not to participate?**

Your decision to participate in the group is voluntary. Your decision not to participate or to withdraw will not affect your services in any way.

**If you have any questions, please contact:**

Lynda Anderson at [LLA@umn.edu](mailto:LLA@umn.edu) or 612-626-7220  
Anab Gulaid at [gula0021@umn.edu](mailto:gula0021@umn.edu) or 612-624-0730  
Kelly Nye-Lengerman at [knye@umn.edu](mailto:knye@umn.edu) or 612-568-7293

**More information about the Waiver Reimagine Project can be found here:**

<https://mn.gov/dhs/partners-and-providers/news-initiatives-reports-workgroups/long-term-services-and-supports/waiver-reimagine/>