2012 Long-Term Services and Supports County Gaps Analysis Survey Disability Services

Statewide Summary Report
Department of Human Services
Continuing Care Administration
August 2013

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Executive Summary

This report provides a statewide summary of the 2012 Gaps Analysis county survey results for services for people with disabilities. While completed in the summer of 2013, the survey asks counties for information that was up-to-date as of December 31, 2012. These results will provide an overview of statewide trends in home and community-based service needs, capacity and development. Individual county profiles are also available on the Gaps Analysis section of the DHS public website.

Background

Beginning in 2001 and every two years afterward the Minnesota Department of Human Services (DHS) has gathered information about the current capacity and gaps in services and housing needs to support older persons in Minnesota. All counties in Minnesota were requested to respond to a survey of local capacity to meet long-term care needs of current residents, including any significant "gaps" in services or supports.

In 2012 the Legislature amended Minnesota Statute 144A.351 to expand the scope of this report to include children and adults with disabilities and/or mental illnesses. DHS welcomed this opportunity to build on the successful Gaps Analysis Surveys on services for older adults to look across populations and systems to gauge the availability of services. Efforts to conduct a combined Gaps Analysis Survey for older adults and people with disabilities in 2007 had limited success. The results indicated a need for more training and financial support to incorporate disabilities into the existing survey process. In light of available resources, the Gaps Analysis returned to a solely aging-centered survey in 2009.

2012 Long-Term Services and Supports Gaps Analysis

For this second attempt to conduct an expanded Gaps Analysis survey, DHS developed a separate survey to focus on services for each of the four populations. The surveys focusing on services for older adults and people with disabilities primarily asked about the availability of long-term services and supports. The surveys focusing on services for children and youth with mental health conditions and adults living with mental illnesses primarily asked about the availability of mental health treatment services. The Department recognizes that people will come to the system and may utilize any combination of services. This Gaps Analysis process will help us evaluate how to consolidate or analyze findings in the future to enhance the ability of Minnesotans to access the right service at the right time.

A bulletin was issued in March 2013 requesting counties to complete the Gaps Analysis survey based on data for calendar year 2012. As of June 2013, 78 county agencies[1] participated in the survey, covering 84 counties (97% response rate). Currently, six counties are represented within multi-county agencies: Lincoln, Lyon, Murray, Pipestone, Redwood and Rock are all part of Southwest Health and Human Services, and Faribault and Martin counties collaborate as one entity called Faribault/Martin. Responses from these multi-county agencies are counted as a single reply. Within this report, the term *county* will refer to responses from both individual counties and multi-county agencies.

Results

The results presented in this report are based on respondents' perceived capacity in their county. Counties were asked to report on their county's capacity to meet the long-term services and supports needs of individuals with disabilities in their community through home and community-based services, housing options, employment, and consumer directed community supports. Counties were also asked to report on any changes in home and community-based service capacity in the previous two years.

Unless otherwise noted, any percentages provided in parentheses throughout this report indicate the percentage of responding counties that reported the finding under discussion.

[1] The following county agencies submitted a single survey because they operate as combined human service agencies: Human Services of Faribault and Martin Counties and Southwest Health and Human Services (Lincoln, Lyon Murray, Pipestone, Redwood, and Rock counties).

Home and Community-Based Services for Persons with Disabilities

Counties were asked to report on any recent changes in home and community-based service capacity as well as current service capacity in their county. Counties also reported on local capacity to provide culturally competent services, issues or barriers related to home and community-based service capacity along with their county's priorities for service development.

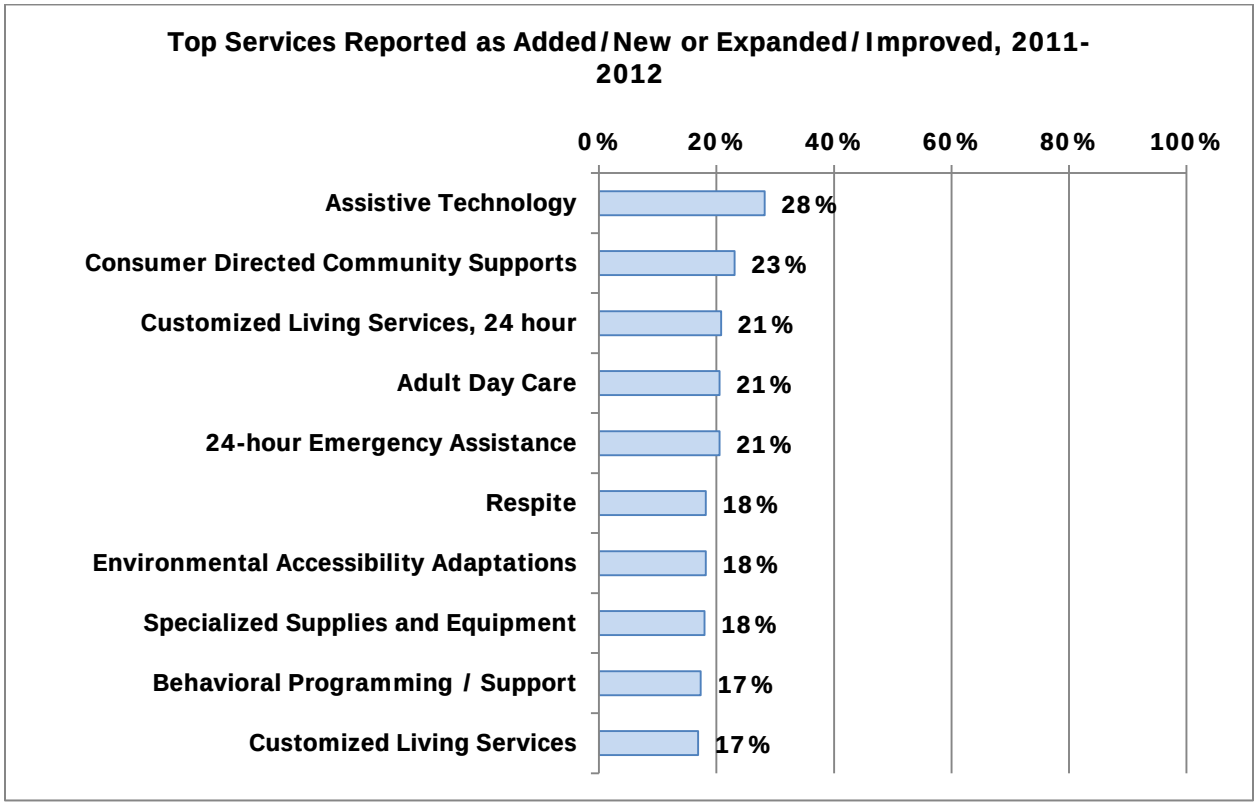
Changes in Service Capacity

Counties were asked to report on any changes in capacity since January 2011 across 42 services that support people with disabilities in the community[2]. For each service, counties could indicate whether the service is Added / New, Expanded / Improved, Decreased / Eliminated, or if there was No Change in the service. Table 1 in Appendix A provides a summary of county results for all services.

Counties have experienced a combination of increases and decreases in their local service capacity since 2011 (Figure 1 features the top ten). Over 83% of counties reported an increase in at least one service area. The services most commonly reported as either added/new or expanded/improved were, in descending order: assistive technology, consumer-directed community supports, 24-hour customized living, adult day care, and 24-hour emergency assistance.

[2] Explanations of individual services can be found in the Minnesota Department of Human Services Community-Based Services Manual Glossary of Terms and Acronyms.

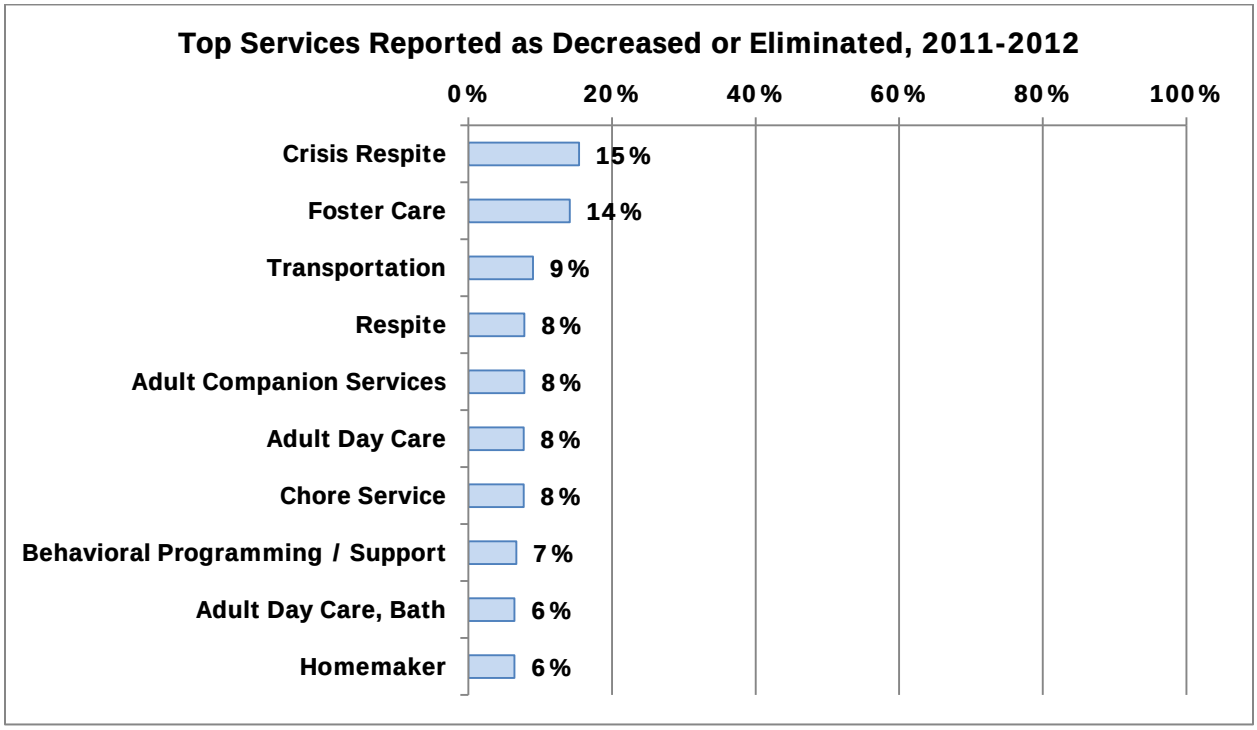
Figure 1: Top Ten Services Reported as Added/New or Expanded/Improved



Decrease in services

Fifty-five percent (55%) of counties reported a decrease across two or more services between 2011 and the end of 2012. As shown in Figure 2, the most common decreases observed in services were, in descending order: crisis respite, foster care, transportation, respite, and adult companion services. Table 1 in Appendix A summarizes county reports of changes in service capacity between 2011 and 2012 for all services.

Figure 2: Top Ten Services Reported as Decreased / Eliminated



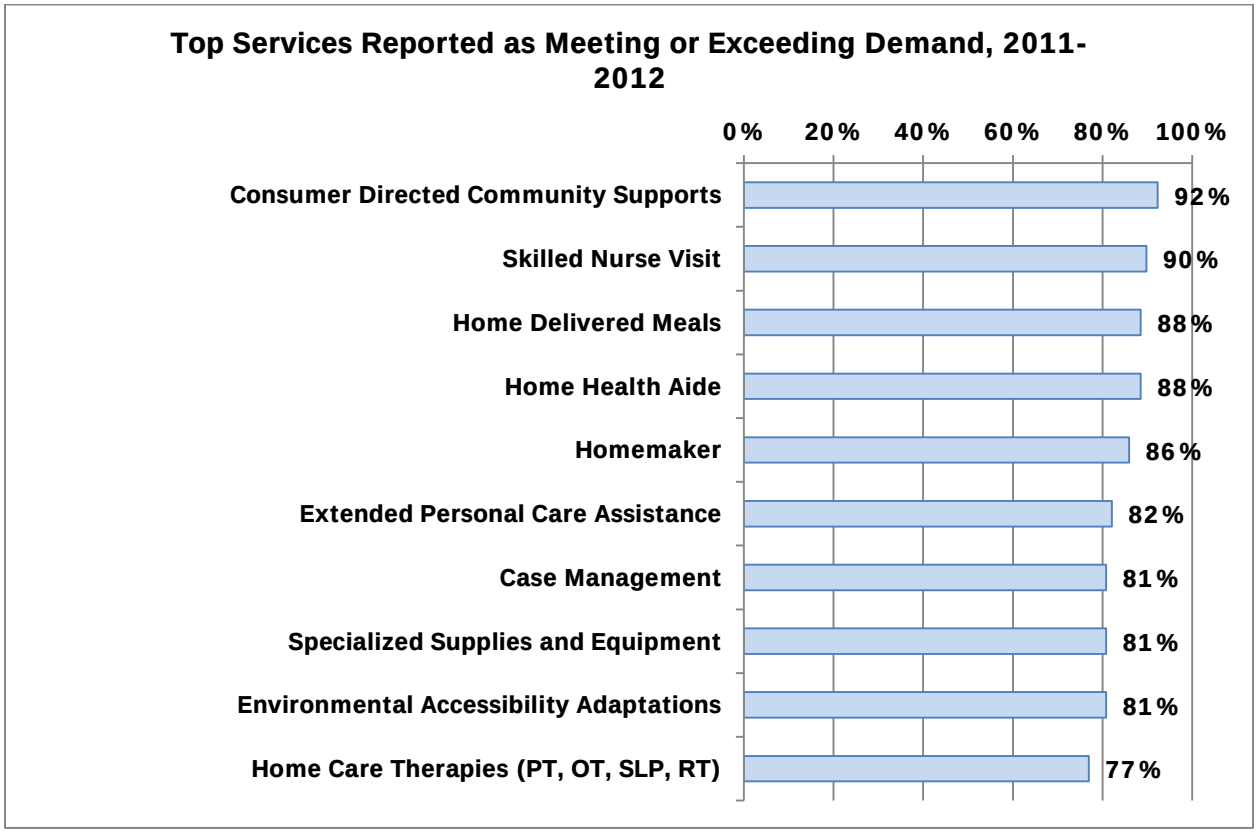
Current Service Capacity

As featured above regarding the change in service capacity, counties were given a list of 42 services that support people with disabilities in the community and were asked to determine if the service currently is not available, available but limited, meets demand or exceeds demand.

As shown in Figure 3 below, there are nine services where at least 80% of counties reported sufficient capacity for the service.[3]

[3] Sufficient capacity includes any county that reported a service "meets demand" or "exceeds demand."

Figure 3: Top 10 Home and Community Based Services Meeting Capacity



Multiple counties reported an excess in some service areas. Most commonly, it was reported by four percent of counties that 24-hour customized living services currently exceed demand. Other services most commonly reported by counties as exceeding demand were, in descending order: day training and habilitation, home health aide, foster care, personal support, assistive technology, crisis respite, respite, and structured day program.

Gaps in service capacity

Figure 4 below summarizes the top ten services where counties reported insufficient capacity to meet the needs of people with disabilities in their area. These rankings were calculated by combining the number of counties who reported a service was "unavailable" with those that reported the service as "available but limited." Many of these services are ones that also support informal caregivers: crisis respite, respite, and adult day care.

Figure 4: Top Ten Services Reported as Gaps

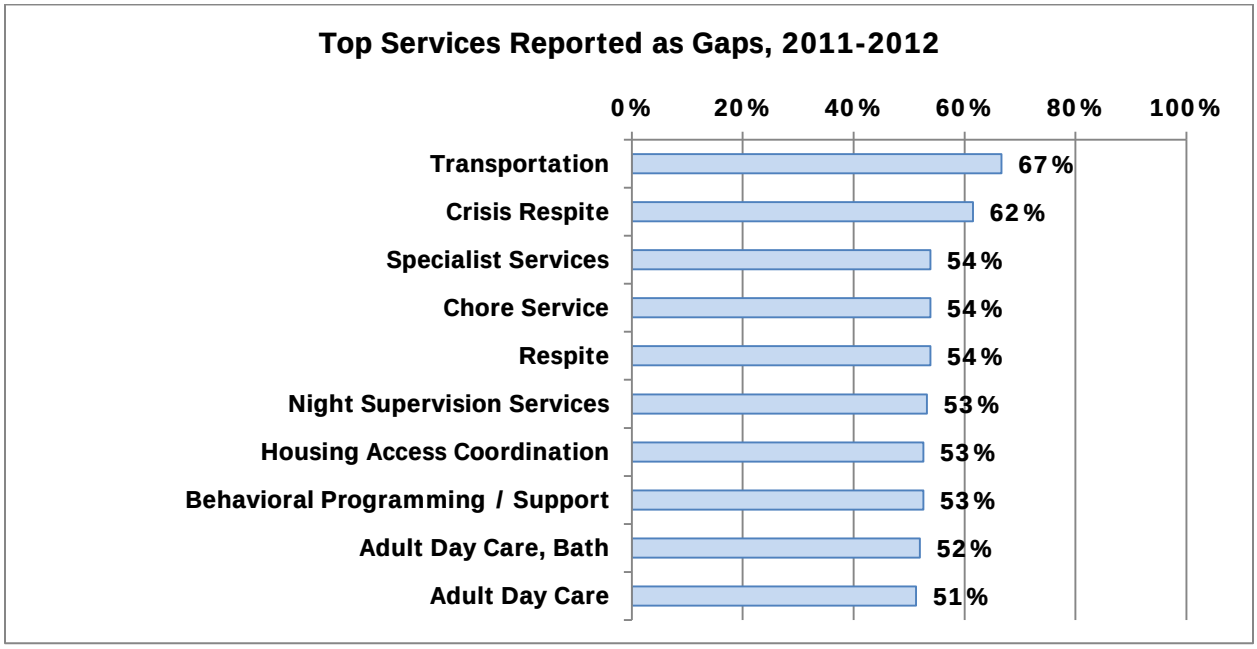
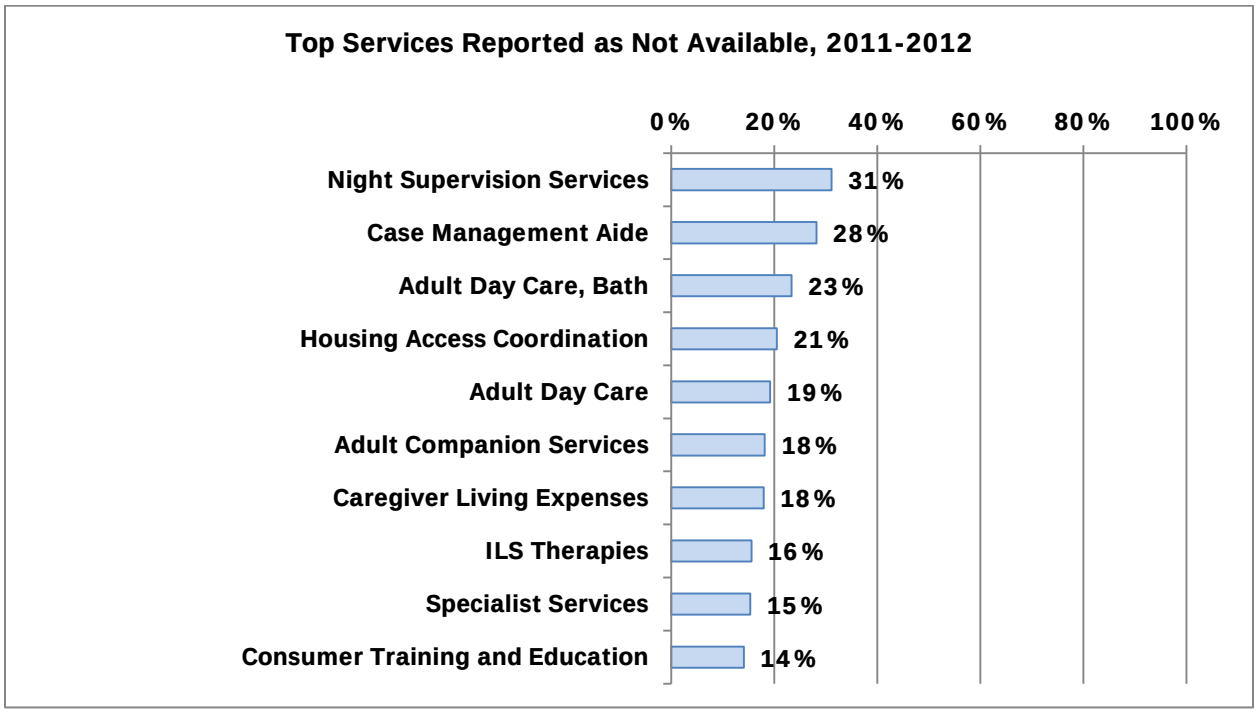


Figure 5 shows the top services that were reported as not at all available by counties. Table 2 in Appendix A provides a complete summary of county reports of capacity for each service. Appendix B of this report includes a summary of the barriers reported by counties to developing these services.

Figure 5: Top Services Counties Report as Not Available



Age Groups Impacted By Low Capacity of Service

Counties answering that a service was available but limited or not available were asked to report the populations impacted by the lack of capacity of this service. The answer choices were age 65 and older, under age 65 and on a waiver, and under age 65 and not on a waiver. Counties were permitted to select more than one population for each service.

Of the 78 responses, only two indicated that none of the three listed populations were impacted by the availability of a service. Table 3 indicates the percentage of counties reporting which age groups were impacted by the availability of each service. Since a county could select any number of age groups, the percentages can also exceed 100%.

Figure 6: Services with Low Availability Most Impacting Adults Age 65 and Older

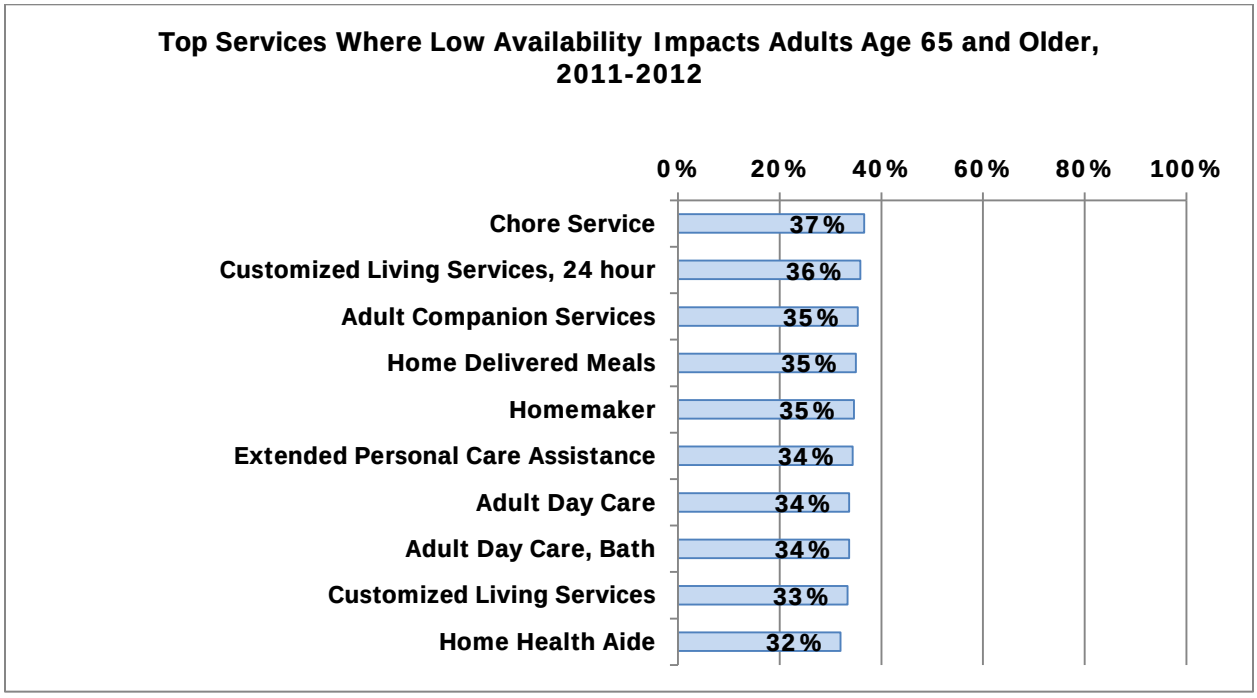


Figure 7: Services with Low Availability Most Impacting Persons Under Age 65 and on a Waiver

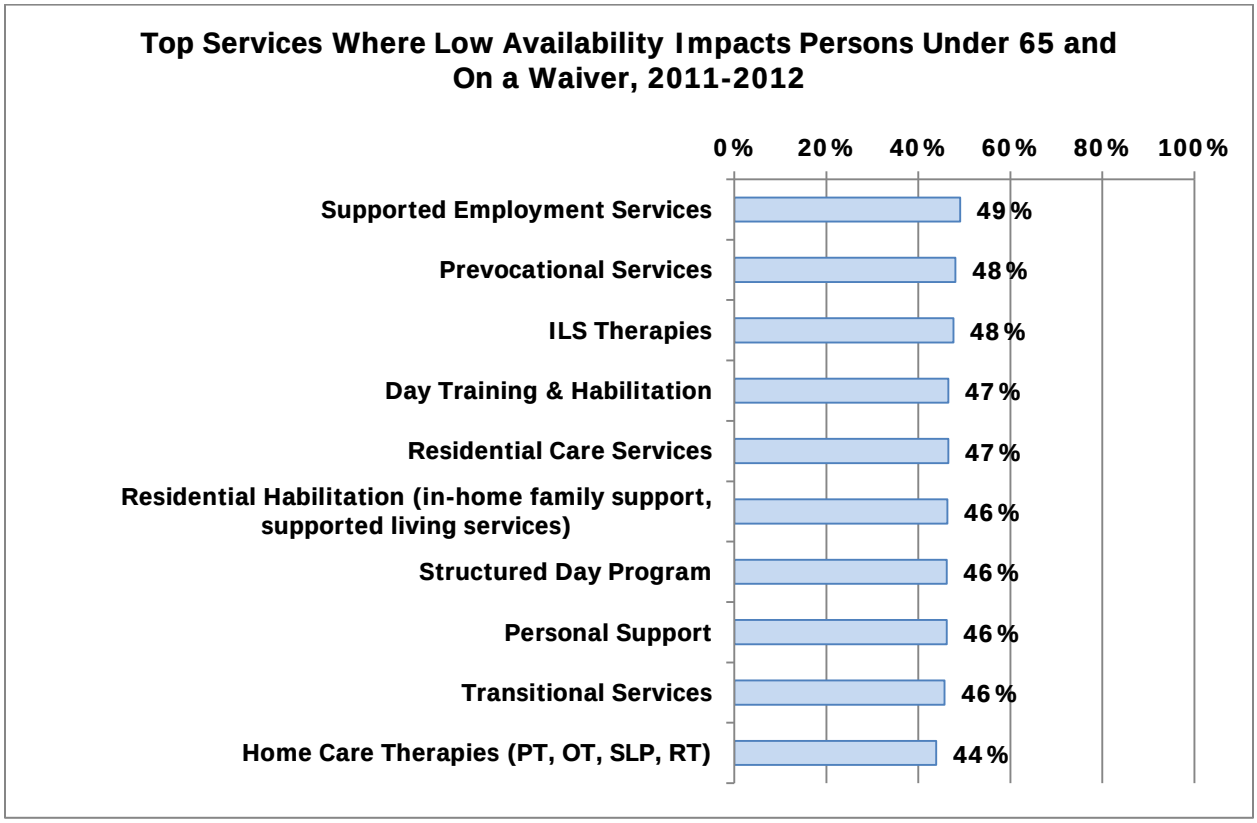
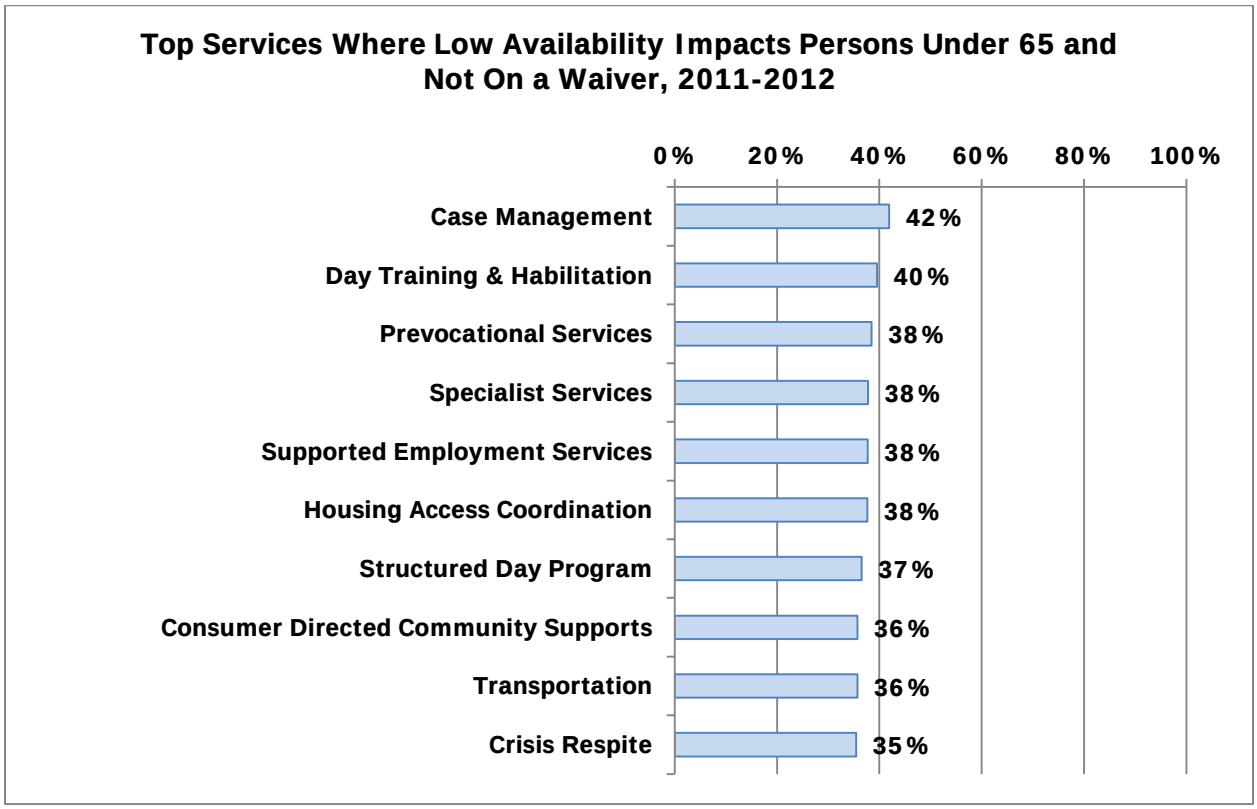


Figure 8: Services with Low Availability Most Impacting Persons Under Age 65 and NOT on a Waiver



Cultural Competence

As Minnesota's cultural demographics continue to diversify, it is important to assess the capacity of the State's long term services and supports system to provide services to people with disabilities from diverse cultural communities. The 2013 Gaps Analysis survey asked additional questions regarding each county's assessment of their provider network's preparation for working with specific cultural communities.

As summarized in Figure 9 below, only a small percentage of counties believe that their providers are "very prepared" to deliver care that is culturally competent to racial and ethnic minority communities (1%), new American, immigrant and refugee communities (14%) and gay, lesbian, bisexual and transgender communities (12%). Nearly one in seven (14%) counties report their provider network is "not at all prepared" to deliver care that is culturally competent to new American, immigrant and refugee communities, and 12% report the same for gay, lesbian, bisexual, and transgender communities.

Figure 9: Cultural Competency

Cultural communities	*not at all prepared*	*somewhat prepared*	*very prepared*
Racial/ethnic minority	18%	81%	1%
New American / immigrant / refugee	5%	81%	14%
Gay, lesbian, bisexual and transgender	15%	81%	4%
Other cultural community	7%	80%	12%

Counties were also given an opportunity to provide an explanation of the rating they gave for each community. Many counties reported that there is low diversity in their area and therefore have not had a reason to become prepared to serve that community. The counties that have experience working in this area discussed their collaborations with other counties, tribal agencies and community-based culturally specific providers to provide culturally competent care. Some counties have experienced recent demographic shifts in their population which has led them to address new cultural diversity needs. The most common barrier noted by counties, particularly outside of the Twin Cities metropolitan area, is the lack of qualified interpreters and bilingual workforce.

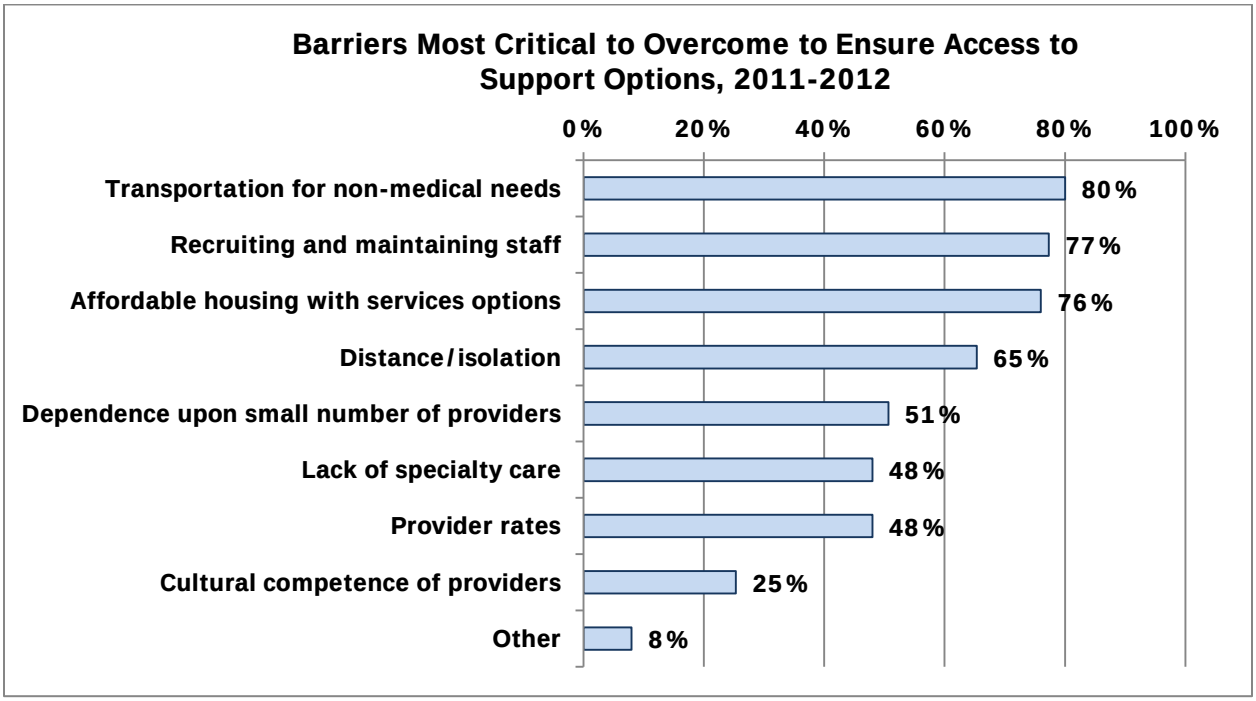
In response to the question of preparedness to work with people with disabilities who also are members of the gay, lesbian, bisexual, transgender communities many counties report limited demand for services specific to this population. Some responders specifically made assurances that services are provided to all people regardless of sexual preference. Some counties report extensive training on this particular need and feel their providers are adequately prepared to address the needs of diverse populations.

Despite limited experience most counties reported optimism that when a need emerges they and providers will seek out the assistance and additional resources they need to meet those needs. These results indicate that additional supports are needed in order to help prepare the disability services network to provide culturally competent services to these various communities.

Issues and Barriers Related to Home and Community-Based Services Capacity

Counties were asked to discuss any issues or barriers they believe are currently most critical to overcome in their county in order to ensure people with disabilities have home and community-based support options. Counties reported a wide variety of issues and barriers, particularly transportation for non-medical needs, recruiting and maintaining staff, affordable housing with service options, and distance/isolation.

Figure 10: Barriers Most Critical to Overcome to Ensure Support Options



Highest Priority for Home and Community-Based Service Development 2013-2015

Counties were asked about their highest priority for home and community-based services development for the next few years. The most common priority was developing a greater spectrum of options for housing as well as appropriate services to best support individuals where they want to live. The next most common priority was to maintain or increase quality county staff and providers to serve people in their area. Many counties were focused on the need to see how multiple initiatives will be implemented over the next two years: MnCHOICES, disability waiver rates, provider enrollment, provider standards, 245D licensure, First Contact, adult protection initiative, and elimination of county contracts with home and community-based service waiver providers.

Multiple counties cited expanding transportation for both medical and non-medical needs as their highest priority. Supported employment was another high priority for a number of counties. Top priorities mentioned by other counties included: promoting Consumer Directed Community Supports, improving quality monitoring and assurance, and growing service capacity.

Overall Home and Community-Based Services System Improvements

Counties were asked to rate their county's improvement across a number of factors that support local home and community-based services systems based on the Continuing Care Vision, Values, and Goals. Counties were given a one-to-five scale where one

equals “no improvement” and five equals “significant improvement.” The average county rating for each area is summarized in Figure 11 below. Further detail on the results of this section can be found in Table 4 in Appendix A. On average, counties rated themselves at the mid-point or higher across all items. Counties that indicated low or no improvement had the opportunity to provide open-ended responses to explain their rating. For some counties they determined they were already performing at a high level in a particular category and therefore did not have a large margin for improvement. For others they found lack of resources and other constraints inhibited them from making improvements that they wanted to pursue.

Figure 11: Average Rating of Home and Community Based Services System Improvements

Home and Community Based Services System Improvement	Average
Accountability	3.2
Choice and Independence for people with disabilities	3.2
Stewardship of human services resources	3.2
Self-determination and personal responsibility by people with disabilities	3.2
Partnerships and collaboration with clear roles, responsibilities and accountability for ourselves and others	3.1
Diversity because our differences make us strong	3.0
Integrity by Continuing Care Administration at the Minnesota Department of Human Services	2.8

Housing

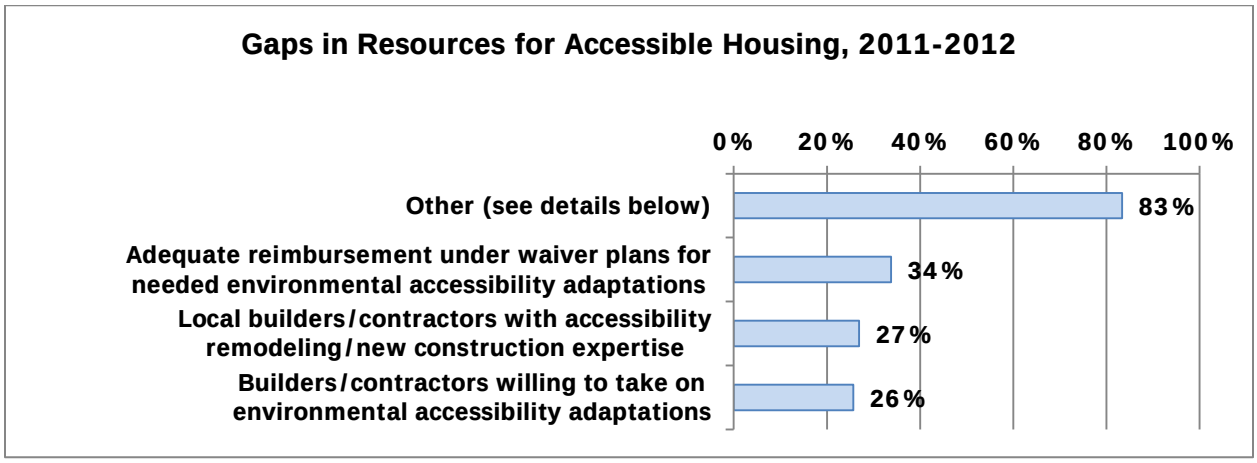
Counties were asked to report on the availability of affordable and accessible housing along with resources for providing accessible housing to persons with disabilities in their community. They also reported on any major barriers to ensuring an appropriate supply of housing, as well as their local priorities for housing development.

Resources for Accessible Housing

Counties rated the availability of a variety of resources which either support or promote accessible housing for persons with disabilities. Figure 12 below shows the percentage of counties reporting a gap for each resource type.[4] Counties reported *other* as the greatest gap (83%), with counties listing *waiver slots* and *waiver funding* as the most prominent items. Over one-third (34%) reported *adequate reimbursement under waiver plans for needed environmental accessibility adaptations,* with over one-fourth reporting *local builders/contractors with accessibility remodeling/new construction expertise* (27%) and *builders and contractors are willing and able to take on environmental accessibility adaptations* (26%) as gaps. Overall the largest gaps are in subsidized housing options. Table 5 in Appendix A provides a complete summary of county responses in this area.

[4] A gap was determined if the county reported that the resource was “not available” or “available but limited.”

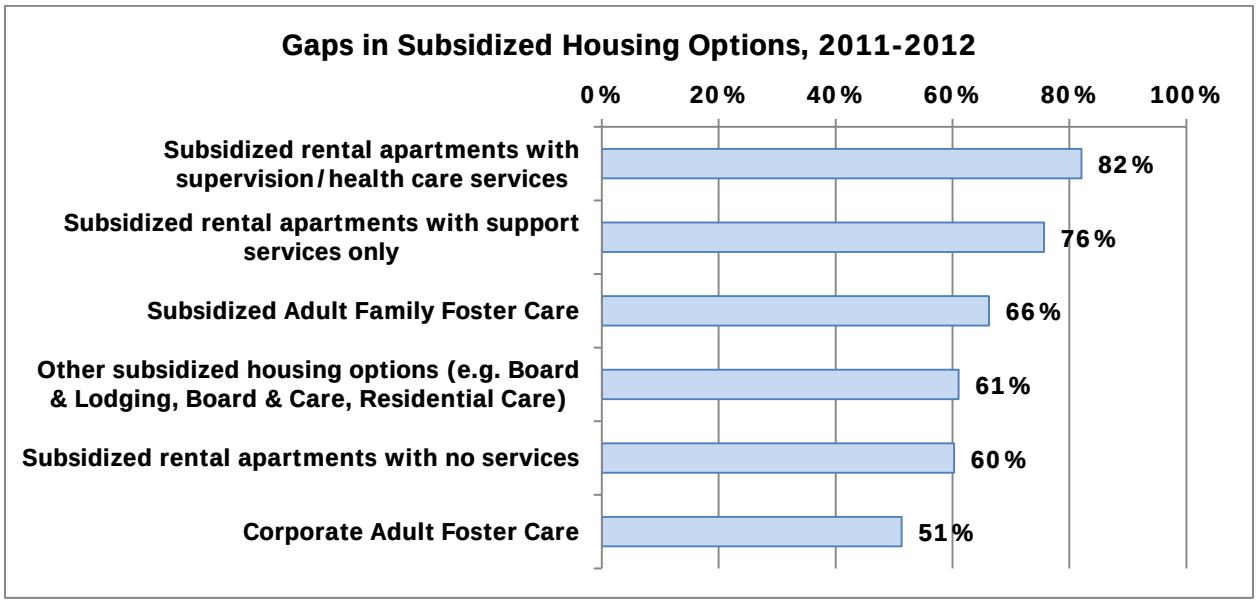
Figure 12: Gaps in Resources for Accessible Housing



Housing Options

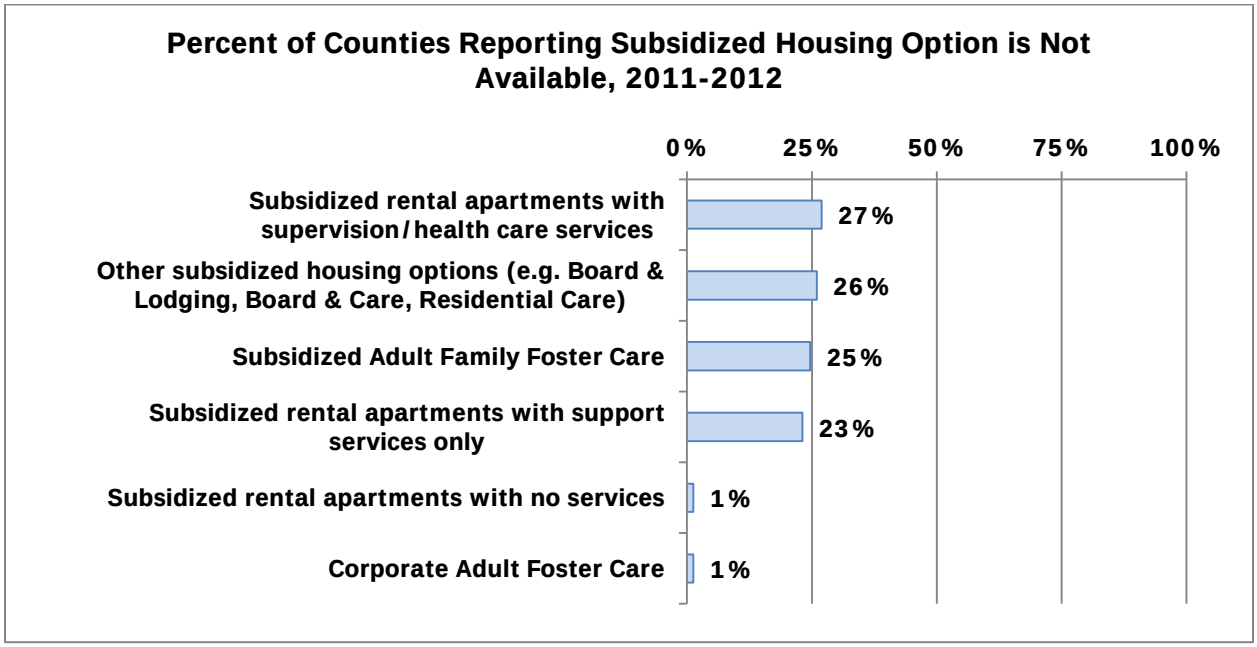
Counties were also asked to report on general capacity across a number of types of subsidized housing options. Figure 13: Gaps in subsidized housing options below summarizes the percentages of counties reporting a gap[5] for each housing type. The highest gap was reported in the area of *subsidized rental apartments with supervision/health care services* (82%). As summarized in Figure 12, some housing types were unavailable in many counties. Table 6 in Appendix A provides a complete summary of county responses in this area.

Figure 13: Gaps in Subsidized Housing Options



[5] A gap was determined if the county reported that the housing type was "not available" or "available but limited."

Figure 14: Percentage of Counties Reporting Housing Type is "Not Available"



Relocation to the Community: Strategy and Barriers

Counties were asked if there was a systematic strategy in place for relocating persons from congregate settings and/or provider-controlled housing into their community. They were also asked if there were any persons receiving disability services in their jurisdiction who could make such relocations if they had adequate supports available. Counties stated that a lack of resources to develop new housing and service options was a challenge. Counties report resistance to moving from participants and their family members. Families in particular have concerns with risks and vulnerabilities to the person with disabilities outside of provider-controlled housing.

Figure 15: Individuals capable of moving to their own home

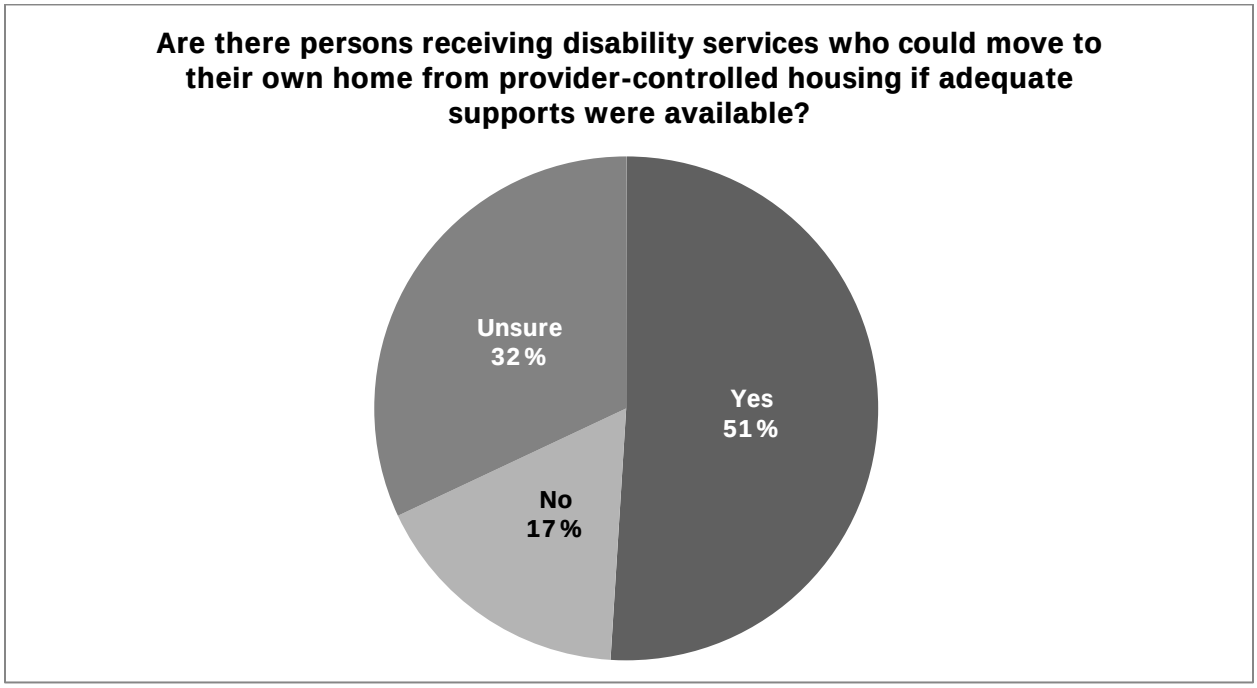


Figure 16: Availability of Strategy to Allow People to Move to Their Own Home

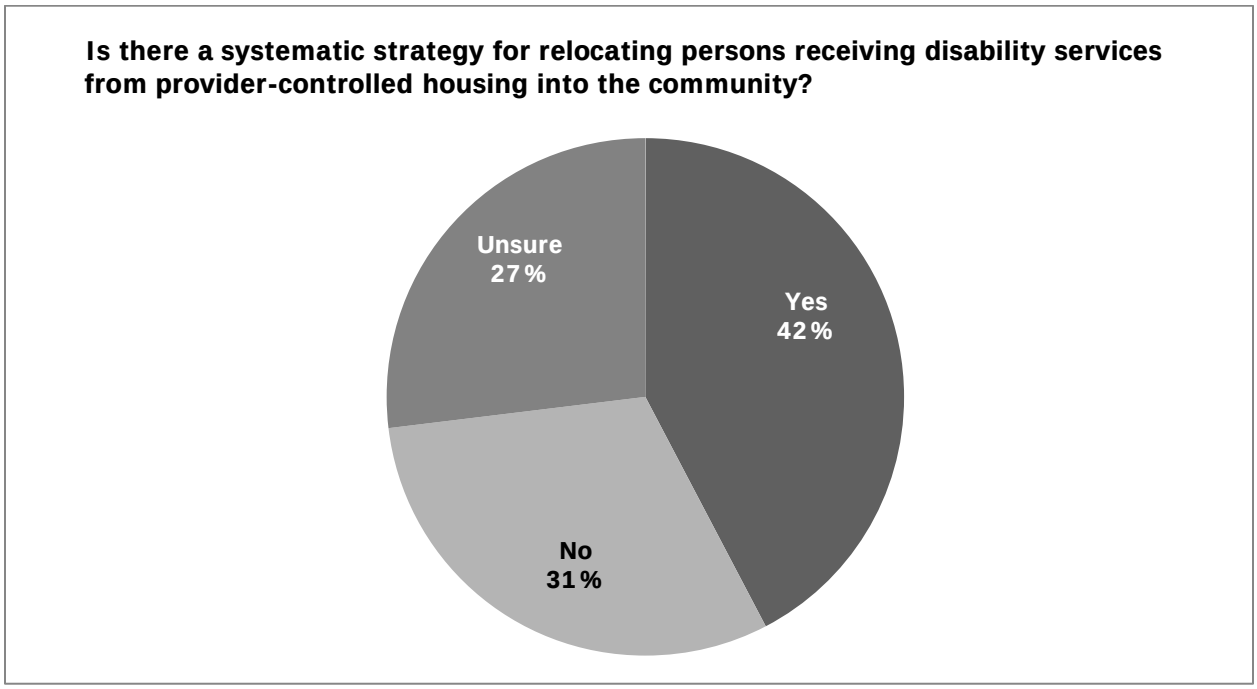
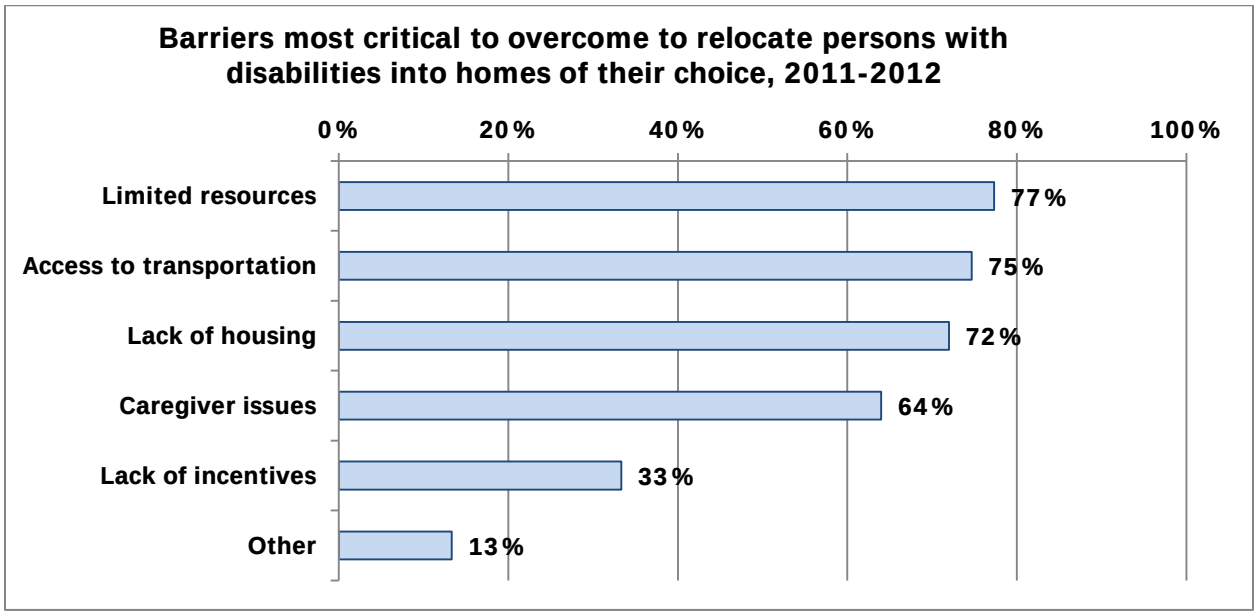


Figure 17: Barriers Most Critical to Relocating Persons with Disabilities into Homes of Their Choice



Over half of counties reported that there are persons in their county who could move to the community if supports were available. Another 31% of counties indicated they did not know if they had persons who fit this description. Meanwhile 42% of counties reported that they have a systematic strategy in place for relocating people from provider-controlled housing to a home of their own. About 75% of counties reported barriers to relocation to the community, in descending order: limited resources, access to transportation, and lack of housing.

Issues and Barriers for Employment Options

Counties were asked if there was a systematic strategy to increase competitive employment and earnings for persons receiving disability services in their jurisdiction. Counties were split evenly in their response. Some counties indicated that they do not have a systematic strategy in place, in part due to resource and job opportunity constraints. Counties with a systematic strategy provided additional information about how they approach employment.

Example of county strategies for expanding competitive employment opportunities and increasing earnings for people receiving disability services include:

- An Employment and Day Services initiative, centered on customized employment to get real jobs in the community for fair wages. It is integrated with a residential services initiative.

- Collecting data from contracted vocational providers on level of integration, wages, and hours worked. Setting specific goals to increase the percentage of individuals with disabilities in individual employment receiving employment

services. Hosting meetings, trainings, and other events to promote employment opportunities for individuals with disabilities.

- Increasing services for supported employment and prevocational services, supporting more individuals seeking employment opportunities.

- Partnerships with neighboring counties to share resources, and with providers to engage them in decisions and to encourage them to develop services. Work with area occupational development centers, as well as sheltered workshops to provide opportunities.

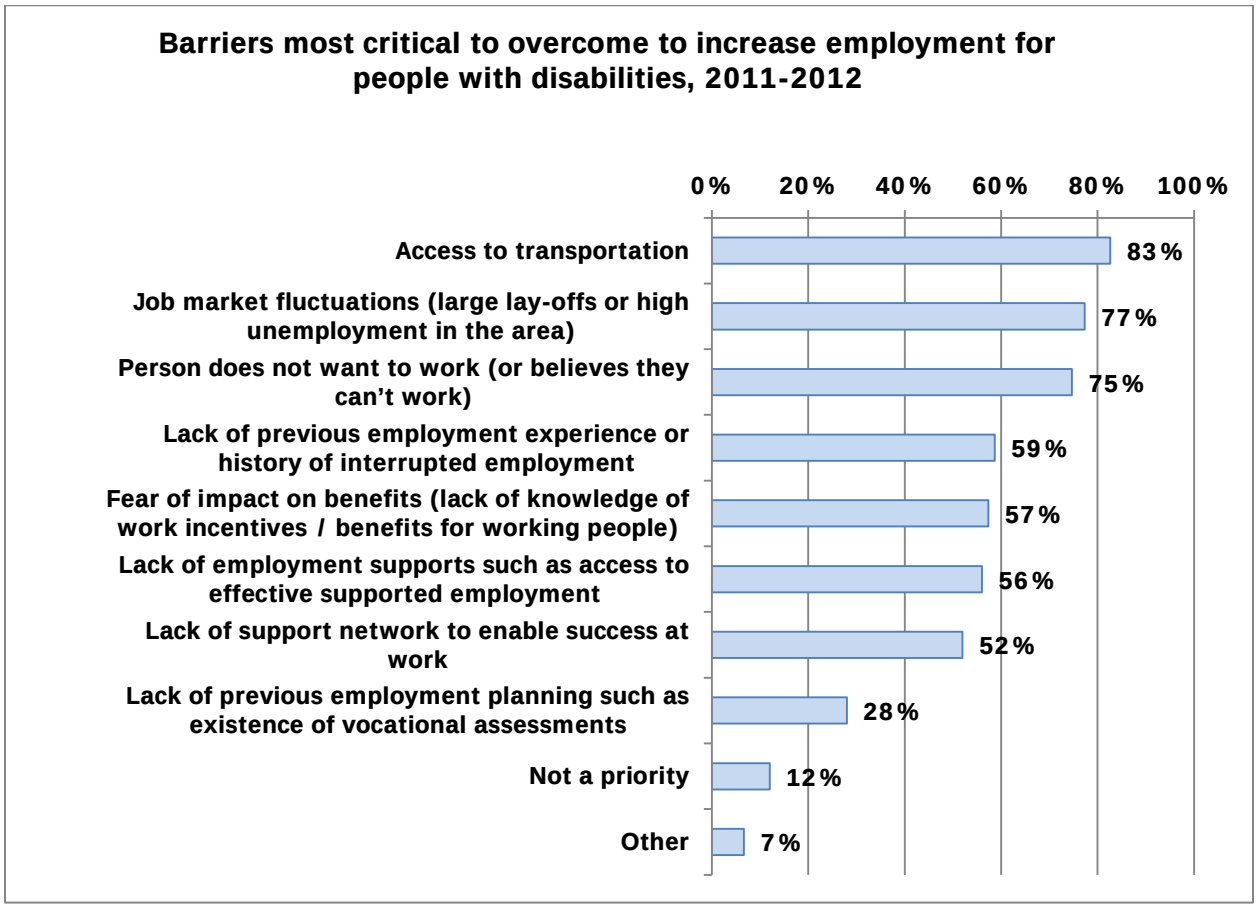
- Work with providers, case managers, and participants to create a person-centered plan.

- Transition programs connecting with vocational providers to allow students to develop skills and work expectations to carry over successfully to programs for adults.

- Using Medical Assistance for Employed Persons with Disabilities (MA-EPD) widely as part of benefit planning discussions, as well as Disability Benefits 101, Disability Linkage Line, and Minnesota Work Incentives Connection.

- Employment First workgroup with the initial work focused on the developmentally disabled population and working with schools, families, clients, and providers to move individuals from day training and habilitation services to competitive employment. The second major effort will expand to individuals served by the Community Alternatives for Disabled Individuals (CADI) and Brain Injury (BI) waivers.

Figure 18: Barriers Most Critical to Overcome to Increase Employment for People with Disabilities



Issues and Barriers for Transitioning Persons to Consumer-Directed Community Supports

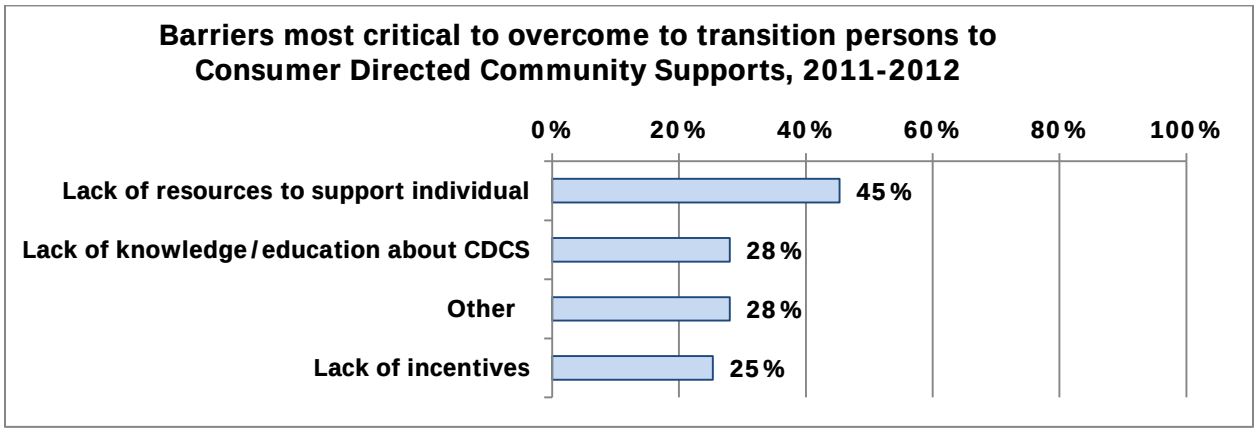
Counties were asked if there was a systematic strategy to transition persons receiving disability services to consumer directed community supports in their jurisdiction. Most counties reported having a systematic strategy in place. Case managers review this service option when completing assessments or reassessments and information is provided upon consumer request. Some counties report discussing this option with clients as part of problem solving efforts as a potential solution to better meet the needs of a person with disabilities. Some counties expressed that consumer directed community supports is a way of promoting person-centered services and independence.

One county mentioned using consumer directed community supports when a provider cannot be found to meet the person's needs and family and friends are available to meet those needs. Another county pointed out the need for additional counseling to address concerns with the budget and other fears around this option to demonstrate how it can actually better address their needs. One responder suggested additional flexible care coordinators would help make consumer directed community supports less

intimidating for families. Another suggestion was for more support planners that can provide culturally and linguistically specific services to address challenges from language barriers. Some counties hold informational sessions for people with disabilities and their families to learn more about consumer directed community supports.

Counties listed barriers to transitioning persons to Consumer Directed Community Supports. Some counties requested an organization specifically to train and support individuals on Consumer Directed Community Supports, in addition to a lack of skilled planners available to develop the initial plan. Finally, participants and/or family members are apprehensive about the development of the plan and the responsibilities of administering it, including the time commitment involved especially for people with complex needs.

Figure 19: Barriers Most Critical to Overcome to Transition Persons to Consumer Directed Community Supports



Capacity to Incorporate Disability Benefits 101 and Overall Referral

Counties were asked if they possess the capacity to incorporate the use of Disability Benefits 101 (DB101.org) into their services. The majority of respondents were either unsure or found the agency did not have the capacity to incorporate Disability Benefits 101. Many of those who were unsure were open to exploring how it could be incorporated. Of the counties that responded affirmatively there was a request to continue DHS-provided interactive video or webinar training on how best to use this resource. A few counties mentioned a concern with the technology capability required of individuals to use Disability Benefits 101.

Counties were also asked whether people who are receiving disability services are accessing or referred to Disability Benefits 101. The majority of counties that responded indicated that people who are receiving disability services are also receiving referral to or access to Disability Benefits 101. Counties reported that case managers provide access, referral, and assistance to this website routinely with participants and families. Sometimes a referral is made after a reference to Work Incentive Connection

or Disability Linkage Line. One county mentioned that they have held trainings for case managers on Disability Benefits 101 as well as Work Incentives Connection and Social Security Administration. Some respondents were unsure whether their county utilized this tool. Others indicated that people are not receiving referrals to this resource.

Focus on the CHOICE Domains of a Meaningful Life

Counties were asked how their jurisdiction striving to improve on the following priorities of the Continuing Care Administration, and Disability Services Division focus on the CHOICE domains, such as Community membership; Health, wellness and safety; Own place to live; Important long-term relationships; Control over supports; and Employment earnings and stable income.

Community Membership

Responses to this domain included the following:

- Work with families and providers to promote and encourage participation in community activities.
- Work with providers for seniors to ensure a strong continuum of care.
- Work with providers to develop customized living / housing with supports to offer a less restrictive environment for adults with a disability.
- Expectation to put this into community support plans or similar functions with coaching to workers and vendors to do it effectively and to integrate it to allow for adequate funding to support it.
- Ensure services are provided in integrated settings whenever possible.
- One county mentioned that it is helpful if the person is on a Special Needs BasicCare (SNBC) plan that has a gym membership included.
- Working to develop partnerships, community collaboration, and to promote existing opportunities.
- Share information through interagency connections.
- Working on relocation and transitional services to move people into more inclusive housing in the community. Informing and encouraging client choice.
- Provide information at assessment as well as reviews throughout the year. Education to providers to offer opportunities to engage clients in the community with civic activities and faith communities.
- Case managers advocate for clients and continually work to assist participants to become involved in their communities.

Health, Wellness, and Safety

Responses to this domain included the following:

- Wellness for Every Body program has worked with residential and day providers serving the developmentally disabled population, being considered for expansion to other populations.
- Interest in increasing health care monitoring in the home through technology.
- Promote these through individual plans.

- Special Needs BasicCare (SNBC) to address health needs, counties promote health and safety through risk assessment plans, expectation that waiver providers address this category within their risk management plans (RMPs).
- Working with public health to develop educational classes for teenagers and adults with disabilities.
- Consider an essential part of programming both in the residence and the community.
- Discussions with case managers and service providers.
- Pay strong attention to risk management plans to ensure needs are being addressed.
- Training to smaller providers on safety and culture of the care environment and reporting procedures for suspected maltreatment of vulnerable adults.
- Working with University of Minnesota for Partnerships in Wellness project for people with intellectual and developmental disabilities and their families.
- Have found a strong connection between employment and health outcomes.
- Creating walkable communities; eliminating physical barriers to get out in the community.
- Case managers encourage yearly medical appointments for physicals and other preventative exams and tests.
- Promote the persons participation in gathering information and making decisions regarding their health, safety and personal issues so that decisions are not made for them, but with them.

Own Place to Live

Responses to this domain included the following:

- Counties report working with providers to establish support services for people with disabilities who want to live independently.
- Others are interested in developing services to allow participants to choose to live in less restrictive settings whenever possible.
- Some counties have a specific housing initiative to support this effort.
- Using Person-Centered Thinking and encouraging people with disabilities to consider their own place to live with services when possible.
- Others recommend having an ongoing discussion regarding choice in living arrangements, including educating both participants and family members.
- There is a challenge in finding affordable housing options that meets the needs of participants.

Important Long-Term Relationships

Responses to this domain included the following:

- Counties report encouraging and supporting the development and maintenance of long-term relationships.
- One county mentioned exploring options for technology to keep people connected through internet-based services, using the PC's for People program to provide affordable computers and technology support.

- Efforts to build relationships into program plans, not left to happen ad hoc; providers are encouraged to assist people in maintaining relationships with people with and without disabilities.
- Include family, friends, and neighbors whenever possible into service planning.
- Multiple counties encourage an informal support network / natural support system.

Control over Supports

Responses to this domain included the following:

- Educate people to be aware of the services, funding, and supports in place for and available to them. Encourage participation in development of support services.
- Multiple counties cited using Person Centered Thinking training for persons receiving supports as well as providers and caregivers to empower them to be more actively, functionally integrated into the decision-making process and therefore exercise greater control in their lives.
- Actively working to embrace power-with rather than power-over methods of planning.
- Promote consumer directed services and develop good relationships.
- Ensuring participants have choices about what services they receive and where.

Employment Earnings and Stable Income

Responses to this domain included the following:

- Counties report collaborating with employment providers and local supportive employment services to work with businesses in their area to hire people with disabilities.
- Request for ongoing DB101 classes, utilize DB101 to help people understand employment income and benefits.
- Some counties report initiatives to actively work to promote employment as the first outcome for people with disabilities.
- One county reported their strategy to improve in this area: restructuring care plans and providing training to case managers on employment programs and incentives.
- Expectation of contracted vocational providers to support the goal of having all individuals with the capacity to work to be competitively employed in the community and earn a competitive wage.
- Some reports of transportation and other resources being a barrier to successfully finding employment for people.
- Local transition programs and college programs are available to focus on independent living skills, community integration, and vocation.
- Develop relationships with vocational rehabilitation and vocational providers.
- Multiple counties reported providing assistance to help people find employment suitable to their skills and then to manage their earned income.

Overall Status of Home and Community-Based Long-term Services and Supports

Accomplishments, Achievements and Best Practices

Responses included the following:

- Work closely with public health to enhance services; more one county found benefit of having public health nurses and social workers work closely together in teams.
- Work with other counties regionally, including in alliances or other cooperative structures, on disability waivers.
- Serve people in the community in their own homes whenever possible.
- Ongoing case management over a long period of time with participants.
- Retaining providers with long term experience in a county.
- Increasing consumer directed community support participants.
- Implemented a format for establishing a risk plan for recipients who are declining recommended services, planning for risks to allow people to stay in their homes.
- Dramatically increased amount and variety of supportive housing.
- Developed new vendors. Trained county and provider staff in person-centered thinking.
- More customized approaches in services, especially residential and employment.
- Expanding case management.
- Working with schools to cultivate referrals to better serve individuals with expanded services. Managing waiver allocations well.
- Many clients currently employed and earning over $250 per month.
- Held a very successful autism resource fair to share information and raise awareness.
- Strong quality assurance practice.
- Meeting the needs of participants through creativity and flexibility.
- Team approach to managing waivers and case planning.
- Strong collaboration and communication with stakeholders.
- Addressing institutional racism within the service delivery system through training, outreach, development of decision frameworks, culturally competent staff.
- One county reported making employment a top priority and have seen progress in the number of individuals who are employed as well as using services to support employment.
- Increasing availability for services. Using a fiscal agent rather than purchasing respite services through private individuals as a quality assurance/safety initiative.

Priorities, Issues and Challenges

Responses included the following:

- Work with the Disability Linkage Line to avoid duplications in service.
- Uncertainty of available resource dollars to accommodate alternative housing strategies.

- Lack of foster care options for youth with sexual offending history and/or severe behavioral concerns.
- Strategic plan needed to promote greater use of independent/semi-independent living with development of services to support this strategy.
- Large increase in individuals with aggressive behaviors; difficult to find providers willing to serve them.
- General concern about lack of funding and low reimbursement rates.
- Lack of specialty care.
- Improve how people transition through services and to better integrate paid services with informal supports.
- Multiple counties mentioned the uncertainty surrounding impacts of MnCHOICES, new provider standards, provider capacity, changes in contracting, system modernization, licensing changes, and disability waiver rate setting.
- Transportation in general for both medical and non-medical needs was cited several times. Waiting lists for waivers.
- Food sources noted as a growing concern.
- Time required for assessments, plans, and paperwork versus case management or serving additional participants.
- Supported employment.
- Staff to serve participants in their own homes.
- Cultural competency and language support for new populations to counties.
- Local crisis services for persons with extremely challenging behaviors.
- Quality transition service coordination with local schools and rehabilitation services.
- Staff turnover at the county and provider levels.
- Several mentions of corporate foster care moratorium.

Conclusion

Results from the 2012 Gaps Analysis survey indicate that counties have generally maintained their capacity for home and community based services between 2011 and 2012. Counties also report that providers in their communities are somewhat prepared to provide culturally competent services to Minnesota's diverse population of people with disabilities. The most common priority was developing a greater spectrum of options for housing with appropriate services to best support individuals where they want to live. Other counties are focusing on maintaining their current networks and preventing the loss of services and providers. Based on the findings from the 2012 Gaps Analysis a number of recommendations should be considered by the state, counties, and other stakeholders.

Leverage existing models to address gaps in service availability and workforce.

Many of the gaps reported by counties are influenced by limited workforce availability and large geographic distances in rural areas of the state. In these areas it is challenging for providers to achieve enough economies of scale in service provision to sustain services. Strategies to address these barriers could include building on existing housing and service provider capacity to add critically needed services and extend the geographic reach of services. The consumer directed model can also be used to allow consumers to hire their own staff in light of workforce shortages. In addition, existing providers should be encouraged to maximize their use of volunteers to deliver services, where appropriate, in order to reduce costs and increase reach.

Housing

Increasingly people with disabilities are choosing to live in a home of their own. Counties should continue to utilize Housing Access Services and Transitional Services when available to facilitate moves and figure out logistics. Affordable housing and services to support people in their own home are both critical to meet this need.

Employment

One of the major barriers to employment for people with disabilities is a fear of the impact of earnings on their disability benefits. Additional training on the Disability Benefits 101 website to case managers and participants would allow individuals to mitigate their fears by seeing concrete examples of how employment earnings and benefits interact.

Cultural Competency

Survey results indicate that the home and community-based services network in many communities are not generally prepared to provide culturally competent care to many

communities. In addition to the need for culturally competent care planning on behalf of individuals and development of culturally competent services, it is important to identify and address any system-wide barriers that exist for developing and accessing culturally competent services.

Consumer Directed Community Supports

Consumer Directed Community Supports offers flexibility and responsibility to people with disabilities in directing their services and supports. In areas of greater Minnesota where traditional community-based services are scarce or remain unavailable, consumer-directed services serve to keep people out of institutions. People who live in those areas of the state not served by provider agencies are able to hire and manage their own direct support workers.

Barriers to use of consumer directed community supports are the amount of resources available through this program versus a traditional waiver as well as a lack of knowledge about it. Additional education and training may be necessary to counties and participants to better understand this service option.

Appendix A: Tables of Survey Results

Table 1: County reports of changes in service capacity, 2011-2012 (n=78)

Services	Added/ New	Expanded/ Improved	No Change	Decreased/ Eliminated
A. Coordination and Management Services				
Case Management	6%	9%	83%	1%
Case Management Aide	0%	5%	95%	0%
Housing Access Coordination	1%	10%	87%	1%
Specialist Services	1%	5%	91%	3%
B. Caregiver Support				
Caregiver Living Expenses	0%	4%	95%	1%
Caregiver Training and Education	1%	5%	92%	1%
Crisis Respite	0%	5%	79%	15%
Family Training and Counseling	1%	6%	90%	3%
Respite	4%	14%	74%	8%
C. Day Services				
Adult Day Care	6%	14%	72%	8%
Adult Day Care, Bath	4%	9%	81%	6%
Consumer Training and Education	0%	3%	97%	0%
Day Training and Habilitation	0%	15%	82%	3%
Prevocational Services	1%	8%	87%	4%
Structured Day Program	0%	6%	88%	5%
Supported Employment Services	1%	13%	81%	5%
D. Home/Residence Services				
24-hour Emergency Assistance	8%	13%	79%	0%
Adult Companion Services	3%	13%	77%	8%
Chore Service	0%	10%	82%	8%
Customized Living Services	3%	14%	83%	0%
Customized Living Services, 24 hour	6%	14%	79%	0%
Extended Personal Care Assistance	3%	1%	92%	4%
Home Delivered Meals	0%	10%	88%	1%
Homemaker	0%	8%	86%	6%
Night Supervision Services	0%	4%	91%	5%
Personal Support	0%	4%	96%	0%
Residential Care Services	3%	4%	89%	4%
Residential Habilitation (in-home family support, supported living services)	3%	6%	86%	5%
E. Accommodations (as opposed to services)				
Assistive Technology	4%	24%	71%	1%
Environmental Accessibility Adaptations	3%	16%	82%	0%
Specialized Supplies and Equipment	1%	17%	78%	4%
Transitional Services	5%	12%	78%	5%
F. Home Care Services and Supports				

Services	Added/ New	Expanded/ Improved	No Change	Decreased/ Eliminated
Home Health Aide (HHA)	1%	12%	85%	3%
Private Duty Nursing (PDN)	1%	10%	82%	6%
Skilled Nurse Visit (SNV)	0%	12%	86%	3%
Home Care Therapies (PT, OT, SLP, RT)	0%	8%	88%	4%
G. Other Services				
Behavioral Programming / Support	3%	15%	76%	7%
Consumer Directed Community Supports	1%	22%	76%	1%
Foster Care	4%	6%	76%	14%
ILS Therapies	3%	5%	87%	5%
Independent Living Skills (ILS) Training	0%	8%	90%	3%
Transportation	1%	10%	79%	9%

Table 2: County reports of current service capacity, 2011-2012 (n=78)

Services	Exceeds Demand	Meets Demand	Available but Limited	Not Available
A. Coordination and Management Services				
Case Management	0%	81%	19%	0%
Case Management Aide	0%	54%	18%	28%
Housing Access Coordination	0%	47%	32%	21%
Specialist Services	0%	46%	38%	15%
B. Caregiver Support				
Caregiver Living Expenses	0%	69%	13%	18%
Caregiver Training and Education	0%	76%	21%	4%
Crisis Respite	1%	37%	56%	5%
Family Training and Counseling	0%	67%	27%	6%
Respite	1%	45%	53%	1%
C. Day Services				
Adult Day Care	0%	49%	32%	19%
Adult Day Care, Bath	0%	48%	29%	23%
Consumer Training and Education	0%	68%	18%	14%
Day Training and Habilitation	3%	71%	23%	4%
Prevocational Services	0%	67%	29%	4%
Structured Day Program	1%	64%	23%	12%
Supported Employment Services	0%	53%	46%	1%
D. Home/Residence Services				
24-hour Emergency Assistance	1%	60%	26%	13%
Adult Companion Services	0%	51%	31%	18%
Chore Service	0%	46%	46%	8%
Customized Living Services	1%	75%	18%	5%
Customized Living Services, 24 hour	4%	71%	19%	5%
Extended Personal Care Assistance	1%	81%	17%	1%
Home Delivered Meals	1%	87%	12%	0%
Homemaker	1%	85%	14%	0%
Night Supervision Services	0%	47%	22%	31%
Personal Support	1%	71%	17%	10%
Residential Care Services	0%	71%	17%	12%
Residential Habilitation (in-home family support, supported living services)	1%	67%	28%	4%
E. Accommodations (as opposed to services)				
Assistive Technology	1%	66%	31%	1%
Environmental Accessibility Adaptations	1%	79%	19%	0%
Specialized Supplies and Equipment	0%	81%	19%	0%
Transitional Services	1%	76%	19%	4%
F. Home Care Services and Supports				
Home Health Aide (HHA)	3%	86%	12%	0%
Private Duty Nursing (PDN)	0%	72%	27%	1%

Services	Exceeds Demand	Meets Demand	Available but Limited	Not Available
Skilled Nurse Visit (SNV)	0%	90%	10%	0%
Home Care Therapies (PT, OT, SLP, RT)	0%	77%	21%	3%
G. Other Services				
Behavioral Programming / Support	1%	46%	47%	5%
Consumer Directed Community Supports	1%	91%	8%	0%
Foster Care	3%	49%	49%	0%
ILS Therapies	0%	71%	13%	16%
Independent Living Skills (ILS) Training	0%	76%	22%	3%
Transportation	0%	33%	65%	1%

Table 3: Age groups impacted by service availability, 2011-2012

Services	Age 65 and Older	Under Age 65, on a Waiver	Under Age 65, NOT on a Waiver
A. Coordination and Management Services			
Case Management	8%	15%	17%
Case Management Aide	31%	36%	32%
Housing Access Coordination	29%	45%	45%
Specialist Services	29%	49%	47%
B. Caregiver Support			
Caregiver Living Expenses	23%	26%	26%
Caregiver Training and Education	21%	23%	22%
Crisis Respite	29%	62%	50%
Family Training and Counseling	24%	32%	28%
Respite	35%	53%	47%
C. Day Services			
Adult Day Care	42%	44%	40%
Adult Day Care, Bath	42%	45%	38%
Consumer Training and Education	22%	28%	27%
Day Training and Habilitation	8%	26%	22%
Prevocational Services	9%	32%	26%
Structured Day Program	12%	31%	24%
Supported Employment Services	9%	33%	26%
D. Home/Residence Services			
24-hour Emergency Assistance	24%	37%	28%
Adult Companion Services	37%	40%	28%
Chore Service	47%	49%	33%
Customized Living Services	17%	22%	12%
Customized Living Services, 24 hour	18%	21%	12%
Extended Personal Care Assistance	14%	17%	10%
Home Delivered Meals	9%	10%	6%
Homemaker	12%	14%	8%
Night Supervision Services	36%	49%	32%
Personal Support	13%	23%	14%
Residential Care Services	15%	26%	14%
Residential Habilitation (in-home family support, supported living services)	17%	32%	21%
E. Accommodations (as opposed to services)			
Assistive Technology	22%	29%	23%
Environmental Accessibility Adaptations	12%	18%	15%
Specialized Supplies and Equipment	13%	19%	15%
Transitional Services	10%	21%	14%
F. Home Care Services and Supports			
Home Health Aide (HHA)	10%	12%	10%
Private Duty Nursing (PDN)	17%	26%	17%

Services	Age 65 and Older	Under Age 65, on a Waiver	Under Age 65, NOT on a Waiver
Skilled Nurse Visit (SNV)	6%	9%	6%
Home Care Therapies (PT, OT, SLP, RT)	14%	23%	15%
G. Other Services			
Behavioral Programming / Support	28%	51%	41%
Consumer Directed Community Supports	5%	6%	6%
Foster Care	27%	45%	37%
ILS Therapies	12%	26%	17%
Independent Living Skills (ILS) Training	18%	23%	18%
Transportation	51%	64%	64%

Table 4: Overall Home and Community-Based Services System Improvements, n=78

System Improvements	Average	1	2	3	4	5
Choice and Independence for people with disabilities	3.2	5%	3%	61%	26%	5%
Stewardship of human services resources	3.2	3%	5%	64%	22%	6%
Self-determination and personal responsibility by people with disabilities	3.2	4%	5%	66%	19%	5%
Integrity by Continuing Care Administration at the Minnesota Department of Human Services	2.8	8%	14%	68%	6%	4%
Diversity because of differences make us strong	3.0	3%	13%	70%	10%	4%
Partnerships and collaboration with clear roles, responsibilities and accountability for ourselves and others	3.1	5%	5%	64%	20%	5%
Accountability	3.2	3%	4%	69%	17%	8%

Level of improvement a county's home and community-based services system has achieved. The scale was as follows: 1= No improvement, 2=Very little improvement, 3=Some improvement, 4=Medium amount of improvement, and 5= Significant improvement. A score of 1 or 2 may indicate that the element already meets the needs of the population.

Table 5: Resources for accessible housing, n=78

	Exceeds Demand	Meets Demand	Available but Limited	Not Available
Local builders/contractors with accessibility remodeling/new construction expertise	0%	73%	26%	1%
Builders/contractors willing to take on environmental accessibility adaptations	0%	74%	26%	0%
Adequate reimbursement under waiver plans for needed environmental accessibility adaptations	0%	66%	32%	1%
Other (see narrative)	0%	17%	17%	67%

Table 6: Capacity of subsidized housing options, n=78

	Exceeds Demand	Meets Demand	Available but Limited	Not Available
Subsidized rental apartments with no services	4%	36%	59%	1%
Subsidized rental apartments with support services only	1%	23%	53%	23%
Subsidized rental apartments with supervision/health care services	1%	17%	55%	27%
Subsidized Adult Family Foster Care	0%	34%	42%	25%
Corporate Adult Foster Care	3%	46%	50%	1%
Other subsidized housing options (e.g. Board and Lodging, Board and Care, Residential Care)	1%	38%	35%	26%

Appendix B: Respondents' Descriptions of Limitations for Top 10 Service Gaps[6]

Transportation

Lack of accessible transportation. Funding limitations impede number of individuals that can access service. Public mass transit on very limited routes, public individual transit is too limited and/or too expensive. Limited providers in rural areas, many rely on program-based transportation to get to work. Transportation systems are costly and funding to develop these systems is scarce. One county reported that most of their transportation is provided by volunteer organizations which rely on older adults who may be less able to transport individuals with disabilities or behavioral health challenges. Scope, frequency, and on-demand transportation is limited. One county pointed out that health plans always require 24-hour notice and therefore emergencies are uncovered. Especially listed as a concern in rural and semi-rural counties. Transportation service is not always available to travel outside of a city or county, and hours are during traditional business hours only. Multiple counties mentioned "no load" miles as an issue that makes it difficult for counties that have long distances to travel to many services. Non-medical transportation is extremely limited. Transportation for participants at hospital discharge is challenging when a hospital is over sixty miles from their home. Division of Rehabilitation Services does not recognize the use of public transit as a viable option for work purposes and will not fund a consumer for work services to work if the client is dependent upon public transit. One county mentioned liability as a concern. Transportation can be difficult to coordinate between providers when attempting to promote resource sharing.

Crisis Respite

Report of crisis services for persons with intellectual or developmental disabilities in the seven-county metro area having a significantly increasing length of stay in homes. Average number of children waiting each day for a crisis bed was 10.4 and adults 11.3 in the first three months of 2013. Some counties report having very limited formal services, instead relying on more restrictive settings. Very difficult to find an opening for high-behavior clients in the past two years. In a crisis quick placement is what is needed, and instead paperwork for consideration of the placement and lack of availability makes it very difficult to find crisis respite. Counties also report difficulty in moving people out of crisis respite due to high needs and lack of providers who will serve them. Some counties note that it is difficult to find a provider who will keep a bed available for crisis respite due to financial considerations of keeping that bed vacant, preference for having an ongoing permanent placement. Others note that crisis respite is available for some populations but not others. Crisis response services similar to a mental health model need to be developed for the developmentally disabled population,

[6] These descriptions summarize the open-ended responses for the top ten limitations

as specified in the Minnesota Olmstead Plan. Limited vendors that are able, or willing, to provide crisis respite for individuals with significant medical needs and/or challenging behaviors. The lack of crisis respite beds has caused dramatic increase of hospitalizations for clients. Several counties believe the foster care licensing moratorium has negatively impacted the development available options in their area.

Specialist Services

Lack of local providers, especially in rural areas, due to insufficient volume for providers. Some counties report a lack of demand for these services. Current services take several days to weeks to coordinate. Yet other counties note challenges in getting access dependent on availability and waiting lists.

Chore Service

Multiple counties report limited numbers of providers. Difficulty in finding providers willing to accept the liability of chore services, heavy and intermittent nature of some chores (lawn mowing, shoveling), and low reimbursement rate. One county noted chore service is provided but providers are not willing to clean up animal waste, human urine and feces, work in odor and poor hygiene homes. Some counties report using volunteers in the community for assistance rather than a chore service provider. Reimbursement rate is not set up in a way to pay community vendors at the rate they are charging. An example given by the county is that a snow removal company may charge $30 to plow a driveway and it takes 15 minutes, however this exceeds the maximum rate through chore services.

Respite

Similar to crisis respite, rural counties report a sporadic need for this service, therefore there is little interest from providers in developing and maintaining this service. Providers need to be licensed to provide this service which may be a deterrent for some potential providers. One county reported that corporate adult foster care providers prefer to utilize their available beds for long-term placements rather than respite. Family foster care could be a good option, but in some areas there are very limited numbers of family adult foster care providers. In-home respite options are very limited to non-existent; there is some demand for this service but contracted providers do not maintain a staffing capacity to support occasional respite services. Funding for this service was noted as a limitation. Out of home respite for CAC waiver recipients especially was noted as very difficult to find due to highly complex and serious consumer needs and required provider qualifications. Suggestion to not require respite to be licensed. One county reported that families often locate their own resources for unlicensed respite.

Night Supervision Services

Multiple counties reported that this service is not available in their area. Others noted that the service is not viable due to low interest or small population. One county

suggested working with Licensing to allow non-traditional opportunities to provide this service. One county noted that night supervision is only available in apartment/congregate settings due to efficiencies. A few counties mentioned insufficient waiver funds, low reimbursement rates that impact service providers. One county mentioned the need for more education/training to better understand how to use this service successfully.

Housing Access Coordination

Counties reported a limited number of providers, while noting that case managers often assist with this transition. Limited funding for this service, including rental assistance and grants were also cited as a concern. Some counties mentioned a high demand for this service where other counties find limited interest. Recommendation from some counties to promote the availability of this service. A shortage of affordable housing in counties is also listed as a limitation.

Behavioral Programming / Support

Behavioral specialists come to counties as needed, but the provider is not always located within the county. Limited number of providers or lack of local providers was a concern cited by multiple counties. Local providers may provide some support but often need someone with more training and experience. Participants with long-term and persistent behavioral therapy needs may not receive services as often as needed due to funding limitations. Counties report paying for “drive” time which limits service hours when providers are located at a distance from the participant(s). Provider capacity needs to be strengthened to serve individuals with challenging behaviors in the community.

Adult Day Care, Bath

Multiple counties reported that there are a limited number of providers or no providers within a county. In some counties the low number of referrals is not able to financially support the program; low demand was mentioned especially in rural areas. Transportation and distance to adult day care sites are also a limiting factor. Other factors include difficulty for providers in billing health plans for this service, or limit of two units per day. One county cited that the adult day care provider does not have the proper facilities in the building to offer bath services.

Adult Day Care

Similar to Adult Day Care, Bath (above), multiple counties reported that there are a limited number of providers or no providers within a county. In some counties the low number of referrals is not able to financially support the program; low demand was mentioned especially in rural areas. Transportation and distance to adult day care sites are also a limiting factor. Providers have reported to counties that lack of waiver funding for transportation is a problem in sustaining these programs. One county reported that

the provider in their area only provides four hours of service per day due to the amount of reimbursement allowed under the daily rate. Some new programs or sites scheduled to open this summer. Some counties are meeting needs through services available in neighboring counties. One county reported providers primarily serve older adults, but do not specialize in serving younger persons on the disability waivers therefore services are limited for this part of the population.

Acknowledgements

The Disability Services Division (DSD) of the Minnesota Department of Human Services would like to thank the county staff who contributed to the completion of their county's 2012 Gaps Analysis survey submission.