# Programs for Persons with Disabilities

Fact Sheets



# Minnesota Home and Community Based Waiver

# What are Home and Community Based Waivers?

Waivers offer service options that allow people to live in the community instead of going into, or staying in an institutional setting.

Home and Community Based Waivers cover two types of services:

- Services necessary to avoid institutionalization that are not offered in Minnesota's state plan, and
- Services that are extensions of Minnesota's state plan services.

Extended services allow more than the state plan in terms of type, amount, duration and scope of services and are only available to people eligible for a waiver. A waiver car only pay for medical or health related services- not room and board.

# What are the Waivers, How Many People, How Many Dollars?

Mental Retardation or Related Conditions (MR/RC): Provides services for individuals with mental retardation or related conditions who need the same level of care as provided in an intermediate care facility for persons with mental retardation. FYOO analysis (Data source MMIS paid claims as of 12/22/00):

Number of persons served: 8, 086

Waiver costs: \$410,665,794 Home care costs: \$ 5,525,347 Acute care costs: \$ 41,589,863 Total: \$457,781,004

Community Alternatives for Disabled Individuals (CADI): Provides services for individuals with disabilities who need the level of care provided in a nursing home. FYOO analysis (Data source MMIS paid claims as of 12/22/00):

Number of persons served: 3,791

Waiver costs: \$23,373,768 Home care costs: \$18,279,044 Acute care costs: \$34,389,182

Total: \$76,041,994



Community Alternatives for Chronically III Individuals (CAC): Provides services for individuals with chronic illness who need the level of care provided in a hospital (it has primarily served children). FYOO analysis (Data source MMIS paid claims as of 12/22/00):

Number of persons served: 118

Waiver costs: \$5,214,097

Home care costs: \$8,235,334

Acute care costs: \$5,922,800

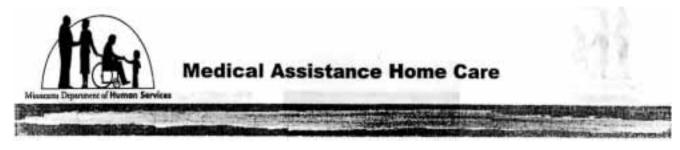
Total: \$19,372,231

**Traumatic Brain Injury Waiver (TBI):** Provides services for individuals with brain injury who need the level of care provided in a nursing home or neurobehavioral hospital. FYOO analysis (Data source MMIS paid claims as of 12/22/00):

Number of persons served: 443

Waiver costs: \$13,706,399
Home care costs: \$1,452,115
Acute care costs: \$3,229,461
Total: \$18,387,975

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#### What is Medical Assistance Home Care?

Home care provides medical and health related services to eligible individuals in their residence. It is designed to:

- Provide short-term care for people recovering from major illness or making a transition from a hospital or nursing facility back to their home, and
- Provide continuing care to people with ongoing needs for assistance.

#### What Types of Services are Available?

MA reimbursable Home Care (HC) services are any of the following services when they are delivered in a place of residence to a person whose illness, disability, or physical condition creates a need for the service:

- Skilled nursing services; Private duty nursing; Home health aide;
- Personal care assistant; Physical therapy; Speech therapy;
- Respiratory therapy; Occupational therapy; Medical supplies and equipment.

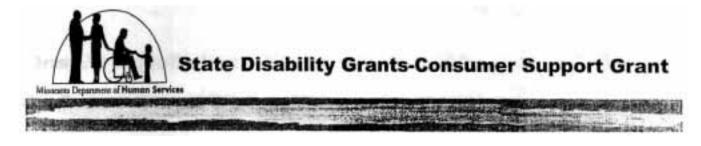
Home care services can be provided by professionals and non-professionals, such as:

- Skilled nursing services provided by a licensed nurse.
- Home health care aide services provided by a certified home health aide.
- Private duty nursing services provided by a licensed nurse for continuous care nursing needs.
- Personal care assistant services under the supervision of a qualified professional and provided by a non-licensed personal care assistant.
- Physical, occupational, respiratory and speech therapies provided by therapists licensed in each specialty.

#### **How Many People, How Many Dollars?**

The average monthly caseload for personal care services and private duty nursing during FYOO was 5,543 individuals. During the same fiscal year, MN provided private duty nursing to 519 persons at a total cost of \$22,038,596 and provided personal care attendant services to 7,112 individuals at a total cost of \$115,921,917.

Home Health Care Agency services include home health aide services, skilled nursing services, and therapies provided in the home. During FYOO, the average monthly caseload for these services was 5,125 individuals. During FYOO, 4,677 individuals received home health services at a total cost of \$11,777828.13,686 individuals received skilled nursing services at a cost of \$10,340,159.1,199 individuals received home therapies. at a cost of .\$1,974,598



## What is the Consumer Support Grant?

The purpose of the Consumer Support Grant (CSG) Program is to prevent or delay out-of home placement of persons with disabilities and chronic illness by providing grant funds to pay for the supports necessary to insure safe, independent living.

For consumers and families, the CSG is an alternative to existing programs and services, such as the Developmental Disability Family Support Grant, Personal Care Attendant services (PCA), Home Health aide (HHA) services, and Private Duty Nursing (PDN) services

#### The program is designed to:

- Increase access to services difficult to find due to the statewide labor shortage;
- Provide consumers more control, flexibility, and responsibility over needed supports;
- Promote local program management and decision making;
- Encourage the use of informal and community supports;
- Foster consumer independence;
- Provide access to culturally appropriate care.

# **How Does it Work?**

The grant is used to pay for those supports over and above the costs of caring for a person without a disability or chronic illness. Examples of supports that can be purchased with the grant include assistance with daily living, modifications to the home or car, assistive technology, respite care, and medical supports.

Supports can be purchased from friends; neighbors, relatives or anyone the consumer chooses to provide the services they need to maintain safe, independent living. To ensure health and safety, purchase of Private Duty Nursing services are subject to particular criteria administered by the state in conjunction with the county. The grant makes it possible for consumers to live independently, at home by providing the means to purchase the supports they require.

# **How Many People, How Many Dollars?**

As of December 2000, there are 133 Minnesotans using the Consumer Support Grant. 15 counties are participating and several more are planning to participate.

In December of 2000, the state expended \$192,420.00 for 130 CSG consumers. This results in an average monthly usage of \$1480.15 per consumer.



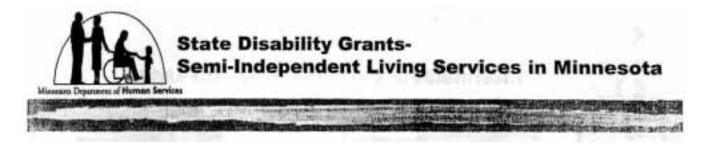
### What is the MN Family Support Grant?

The Family Support Grant Program provides state funded grants to families of children under age 22 with mental retardation or related condition. A family with more than one child with mental retardation or a related condition may apply for a grant for each eligible child. The goal of the program is to prevent or delay the out-of-home placement of children and promote family health and social well-being by enabling access to family centered services. Grant funds to families are used to offset some of the higher-than-average expenses that are directly related to a child's disability that are not covered by insurance or other funding sources.

Reimbursable items include: respite care, modifications to home/vehicle to increase accessibility or safety, adaptive clothing, special equipment, computer purchase (for the educational or communication needs of the child), day care, transportation, educational expenses, special diet needs, medical, and medication expenses.

#### **How Many People, How Many Dollars?**

- During calendar year 2000 there were approximately 2,000 families receiving grants with 76 counties participating. The statewide average grant amount is \$190.00 per month. The maximum grant amount is \$3,000.00 per year.
- The total state allocation for Calendar Year 2001 for the Family Support Grant is \$4,099,000.00, with a legislated set aside per year of \$20,000.00 for one-time grants to reduce the loan <u>principal</u> for modifications for families moving from the Family Support Grant program to the MR/RC waiver.



#### What are Semi-Independent Living Services?

Semi-independent living services (SILS) provide services to adults age 18 and over who have mental retardation or a related condition, but who are not at risk of placement in an ICF/MR. The services provided to adults with MR/RC in their home and community assist them to maintain or increase their skills and become fully included in their communities.

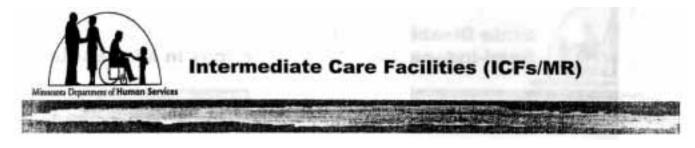
These services include instruction or assistance in the following areas: meal planning and preparation, shopping, money management, apartment/home maintenance, first aid, response to emergencies, self administration of medications, use of generic resources, telephone use, accessing public transportation, and socialization skills.

## Who is Eligible?

A person must be 18 years of age, have mental retardation or a related condition, not be at risk of institutionalization, and require systematic instruction or assistance in order to manage activities of daily living.

#### **How Many People, How Many Dollars, How Much Support?**

- I The 1998 survey data revealed that a total of 1,484 persons with MR/RC age 18 and over were receiving SILS as of July 1,1998. Eligible persons age 18 and over on county waiting lists for SILS totaled 894.
- I SILS recipients receive, on the average, \$4,893 worth of SILS supports per year.
- On average, SILS recipients receive 212.75 hours of service per year or 17.72 hours per month. That survey revealed that SILS providers were paid an average of \$21.25 per hour. Since that time, two legislatively authorized COLAs have increased the reimbursement rate by 8 percent. This increase would bring the average contract rate to \$23.00 per hour.



## What is an Intermediate Care Facility?

Intermediate Care Facilities are community-based institutions for persons with mental retardation and related conditions (MR/RC). ICFs/MR grew out of the transition of persons from the state hospital system beginning in the 1960s. As of September of 2000, there were no persons with mental retardation or related conditions residing in state hospitals. ICFs/MR are considered to be Long-Term Care institutions by federal and state definition, even though they are often small in size, and are much more community oriented than were the larger institutions.

#### **How Many Facilities, How Many People?**

In Minnesota, there are approximately 270 facilities in operation ranging from a size of 4 to 64 beds. Most facilities are 15 beds or less. Facilities are located in 69 of Minnesota's 87 counties. There are approximately 40 private providers or corporate owners, and 17 facilities operated by the Department of Human Services.

During state fiscal year 2000, facilities provided services to an average of 2,926 individuals monthly. Of these, about 2,600 were long-term residents, and another 300 individuals used ICF beds for short-term stays. At the end of November 2000, there were under 2,700 individuals living in ICFs/MR.

#### **How Many Beds?**

Historically, approximately 200 ICF/MR beds are decertified annually due to facility downsizings or closures. As of October 1, 2000 there were 2,827 ICF/MR beds certified in Minnesota, not including the special use beds at the Minnesota Extended Treatment Option program in Cambridge, MN. In keeping with state policy and national trends validated by the Olmstead Decision at the federal level, most clients who leave ICFs/MR move to smaller community homes where they are served under the MR/RC community-based waiver program.

#### **How Much Money?**

The cost of care at facilities ranges from approximately \$100/day to over \$300/day. In fiscal year 2000, the state spent \$150,602,891 on ICF/MR services through Medical Assistance funding, \$77,545,428 of this the Federal share.



# **Day Training and Habilitation**

#### What are Day Training and Habilitation Services?

Day Training and Habilitation services for persons with mental retardation or other related conditions are intended to maximize independence and participation in the community, enhance inclusiveness in the workplace, assist persons to become more independent as wage earners, and empower persons so they may benefit from and contribute fully to their communities.

#### What Types of Services are Provided?

- I Training and support necessary to obtain community-based employment
- I Opportunities to participate in employment related training
- I Opportunities to participate in community activities

Employment and Training Services include: competitive employment (employment which is maintained through natural supports at the work place, occasional follow along) or supported employment (full/part time employment in integrated community settings with the support of a job coach) or part-time work/center based work often consisting of sub-contract assembly tasks

#### Who is eligible?

Counties are mandated to arrange for the provision of this service to persons 18 years or older with mental retardation/related condition (MR/RC) when need for and choice of this service is identified in the persons' individual service plan.

## **How Many Sites, How Many People, How Much Money?**

Currently, there are 248 DT&H sites in the state of MN serving 10,778 persons in 63 counties. The highest concentration of DT&H sites is in the metro area with a number of counties in Greater Minnesota with only one DT&H site in the county.

The Day Training and Habilitation costs across all funding streams for calendar year 1999 was approximately \$ 125,000,000.00 or about \$11,500.00 per recipient.