DEPARTMENT OF HUMAN SERVICES **STATE OF MINNESOTA**

OFFICE MEMORANDUM

TO: Senior Staff **DATE: June 21, 1991**

FROM: Dennis Erickson.
Director Budget
Analysis Division

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SUBJECT: Primer on Developmental Disabilities (DD) Services

Attached is a copy of "Primer on Minnesota Programs and Services for Persons with Developmental Disabilities and Related Conditions", which has been prepared by the Budget Analysis Division. This is the result of a project which was begun-last year to examine the financing of DD programs and services so that the inter-relationships among funding sources would be clearer.

As this project developed it was necessary to expand the material to include more information about overall programs and relationships. As you know, DD programs are complex. This primer attempts to strike a balance between providing enough information to illustrate the range of programs and their inter-relationships and providing so much detail as to be incomprehensible to the average person.

Many people, both inside and outside DHS, contributed to this document Those persons and the affected division have had the opportunity to review and comment on the content of this report I hope that it is as helpful to you as it has been to me in understanding the full range of programs available in Minnesota.

I would like to acknowledge the work of James Zika and Dan Newman in preparing this document. If you have any comments about the Primer please feel free to contact Dan or Jim.

PREFACE

This primer describes the interrelationships among agencies, programs, and activities which serve individuals in Minnesota with developmental disabilities and related conditions (DD/RC).

Because of the complex nature of administration and service delivery in this field, research has taken a wide view covering a multiplicity of state, local, and federal agencies as well as private advocacy groups.

The primer provides a layman's overview to programs and related funding sources. It shows the scope of what is available and the cost of services provided. To do this, the key programs have been individually outlined division-by-division, with a cost summary for each. The primer is not intended to supply operational detail, which is available from the agency responsible for each program. Background which is helpful to understanding the DD system is provided in several appendices.

A "Synopsis of Program Interrelationships" is provided to highlight items and issues deserving special attention. It is essential to understand that an array of services is available to OD/RC clients ranging from minimal care to acute care and from generalized county social services to highly specialized state Regional Treatment Centers. County agencies control the flow of individuals in and out of the system, but costs often are shared with the state and federal governments. Individuals unable to enter one program may qualify for another. Decisions about placement may be based on which agency pays for a program as much as on its real cost. Because programs are interrelated, controlling costs or limiting the size of one program may result in unexpected shifts within the system.

A "Cost Comparison Across Developmental Disabilities Programs" has been developed to lay out costs on a per client per program basis; it is a tool for comparing overall costs.

James Zika, Budget Analysis Division
June 21, 1991

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6/16/91

PRIMER ON
PROGRAMS AND SERVICES FOR PERSONS WITH
DEVELOPMENTAL DISABILITIES AND RELATED CONDITIONS

I. INTRODUCTION

These materials have been assembled for the benefit of those not familiar with the full range of programs and services available. This is not original material, it has been compiled and condensed from a number of different sources, including bulletins, booklets, briefs, and training materials. What follows is a comprehensive but condensed overview of developmental disability programs and services.

The primary objective has been to edit the material available and shape it into a form which would be useful to those who do not deal with these programs on a daily basis. The focus here is general information, not operational detail.

II. DEFINITIONS

Developmental disabilities and related conditions [DD/RC] is defined by the federal Developmental Disabilities Assistance and BUI of Rights Act as:

"a severe, chronic disability of a person which -

- **is attributable to a mental or physical impairment or combination of mental and physical impairments;**
- **is manifested before the person attains age twenty-two;**
- **is likely to continue indefinitely;**
- **results in substantial functional limitations in three or more of the following areas of major life activity: self-care, receptive and expressive language, learning, mobility, self-directing, capacity for independent living, and economic self-sufficiency; and**
- **reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services which are of lifelong, or extended duration and are individually planned and coordinated.**

This definition of developmental disabilities Includes but is not limited to individuals with mental retardation, and the related conditions of brain injury, cerebral patty, epilepsy, and autism. It encompasses people In these groups with the most profound handicaps. Note, these individuals often have multiple handicaps. Those with the most severe retardation often have the greatest medical problems; many have behavioral problems. Some individuals have behavioral problems which warrant a dual diagnoses of developmental disability and mental illness.

NUMBERS OF PERSONS WITH DEVELOPMENTAL DISABILITIES

The number of persons with developmental disabilities is estimated to be between 1% and 2.4% of the general population, or between 43,000 and 103,000 [based on estimated 1990 state population of 4.3 million] people in Minnesota.

The Slate lacks clear, unduplicated data on exactly how many developmentally disabled people are served in all the different programs. Many departments do not routinely track DO/RC participation if their programs are not specifically intended for those individuals. The Departments of Health. Education and Jobs and Training collect a significant amount of data on DD/RC clients, but do not ordinarily generate comprehensive statistics on DD/RC clients. Statistics on elderly members of this group are equally unclear. Once an individual is classified as elderly and benefitting from programs for the aged, they may no longer be counted in statistics for DD/RC.

III. REVIEW OF PROGRAMS AMD SERVICES

A. PROGRAM RESPONSIBILITY

Responsibility for the programs which provided DD/RC services are spread out across many departments and divisions. Programs and services overlap and intertwine. For someone not intimately involved with these programs on a dairy basis, it is difficult to understand:

What is being provided?
How services are funded?
What the total cost is?
What needs may be unmet?
How changes in one program affect others?

Developmentally disabled people live in a variety of settings ranging from ordinary homes to acute care hospitals. The programs and services which are available are directly related to their particular living environment. The primary settings are:

- **Their own home or apartment**
- **Family foster home**
- **Board and lodging facility**
- **Nursing home**
- **Intermediate Care Facility/Mental Retardation [ICF/MR)**
- **Regional Treatment Center [RTC]**
  [Also an ICF/MR but run by the state]
- **Parents home**
- **Corporate foster care**
- **Group home**
- **Acute care hospital**

C. DEVELOPMENTAL DISABILITIES RESOURCES AND SERVICES

Persons with developmental disabilities and related conditions [DD/RC] receive services from a number of state departments. They can draw upon diverse resources; and have access to services specifically designed to meet their particular needs. Many may also qualify for more generalized assistance programs. The specific mix of services provided to an individual vary by program, but generally the service provided to DD/RC clients tend to fail into one of four types: Supported Living. Medical, Educational, Training/Vocational.

1. Supported Living Services

Monitoring	Family Counseling
Household Management	Home Maintenance
Special Diet	Meal Planning & Preparation
Shopping Services	Personal Grooming
Special Equipment	Special Clothing
Respite Care	Transportation
Baby Sitting	Chore Services
Family Support Services	Money Management & Budgeting

2. Medical Services

First Aid Training	Medical Evaluation
Medical Treatment	Medical Transportation
Home Health Care	Medical Equipment
Adaptive Aids	Medical Counseling
Skilled Nursing Care	Medicines
Medical Insurance Premiums	Acute Medical Care
Medical Insurance Deductibles	Self Medical Administration

3. Educational Services

Special Education	Educational Assistance
Special Training	Educational Counseling
Behavior Modification	Use of the Telephone
Personal Grooming Training	Personal Hygiene Training
Use of Emergency Services	Shopping Skills Training
Use of Public Services	Transportation Skills
Use of Public Transportation	Social Skills Training

4. Training and Vocational Services

Sheltered Workshops	Enclave Work
Long Term Shattered Workshop	Supported Employment
Semi-Sheltered Group	Competitive Employment
Job Coaching	Extended Employment
Work Component Activities	Work Activities
Vocational Assessment	Vocational Placement
Job Follow Along	Vocational Training
Day Training and Habilitation	Vocational Counseling

D. Basic Developmental Disabilities Program Funding

The total of all the dollars spent on every program or service which may benefit the Developmentally Disabled cannot be determined largely due to limitations in the various state financial and program reporting systems. However, the expenditures on the primary programs and services specifically designed to benefit DD/RC client have been calculated.

t. Total Cost of Primary DD/RC Programs FY90 $583,105,924

Federal	State	County
$212,303,933	$243,867,355	$126,934,636

2. Funding Sources

The programs and services provided to DD/RC clients are paid for in number of different way. Funding sources include:

a. Department of Human Services
- **Medical Assistance [MA]**
- **Supplemental Security Income [SSI]**
- **Social Security Disability Income [SSDI]**
- **Minnesota Supplemental Assistance [MSA]**
- **Title IV-E [Foster Care]**
- **General Assistance [GA]**
- **General Assistance Medical Care [GAMC]**
- **Aid to Famlles with Dependant Children [AFDC]**

b. State Department of Education
- **Special Education Funds**
- **State Education Grants**
- **General Revenue Aid**
- **Federal Special Education Funds**
- **Federal 94-142 Education Funds**

c. State Department of Health
- **Services for Children With Handicaps**
- **Early Childhood Services**
- **Nursing Homes and Acute Care Hospitals**

d. State Department of Jobs and Training
- **Project Head Start**
- **Independent Living Program**
- **Jobs and Training Partnership Act ((JTPA) Title II-A)**
- **Basic Vocational Rehabilitation Funds**
- **Title I Vocational Rehabilitation**
- **Title 6-E Federal Supported Employment**

e. County Agencies
- **Other County Funded Social Services (Minnesota Community Social Services Act [CSSA]. Title XX, and Local Levy)**
- **Local Educational Levy**

IV. SYNOPSIS OF PROGRAM INTERRELATIONSHIPS

A. RANGE

The programs which are available to persons with developmental disabilities and related conditions stretch across a spectrum from minimal to acute care, provided in surroundings ranging from an unrestricted home environment to highly restricted facility-based care. The scale of costs for these services generally follow a parallel continuum ranging from minimal expense services to expensive acute care, provided in settings ranging from low cost home-based programs to the more costly facility-based programs.

At the top of the scale are the State run Regional Treatment Centers [RTC] which provide the most expensive and the most restricted living environment; next are the Intermediate Care Facilities for Mental Retardation [ICF/MR] which provide similar services in a similar environment at slightly less cost; then come the Waivers* which permit individuals to receive 24-hour-a-day services in a community setting; followed by other programs such as Semi-Independent living Services (SILS). Family Subsidy Program, and others programs which provide the least expensive care in the least restrictive environment; ending with general community services for anyone eligible.

These programs do not provide an uninterrupted continuum of services. The spectrum is dominated by Medical Assistance [MA]. MA participation is based on the need for care to be provided in each 24-hour period. When an individual needs lest than a 24-hour plan of care, the continuum begins to break down Gaps begin to develop. The range of services provided changes in uneven steps. The necessity for care in every 24-hour period is the criteria used to determine level of need end, for those below it. MA may no longer pay for many of the services an individual needs.

SILS and Family Subsidy are designed to provide for those who require periodic on-going care, but not necessarily in every consecutive 24-hour period. SILS only pays for care need on a less than 24-hour-a-day basis for a period of not less than 90 consecutive days. Family Subsidy Program provides no more than $250 per month for special DD/RC related needs. The SILS and Family Subsidy Program are limited and have waiting lists. Many clients may not need the level of services provided to those receiving waivers, but may need more than SILS. Family Subsidy, or the generalized services available in the community.

Individuals unable to obtain access to programs which provide comprehensive services may utilize other available services. Like all citizens, DD/RC people are eligible for social service provided by the county. Individuals not In a DD/RC program may elect to draw on the other generalized programs to the extent that those services are available.

B. DRIVING FORCE

Present treatment philosophy is against Institutional treatment and custodial care in RTCs and similar facilities. The emphasis in care has shifted to the community with increased efforts to maintain individuals in home care or small family-like settings. The change in treatment direction has been reinforced by court actions which required the reduction of RTC patent populations, resulting in placement of mentally retarded residents in community-based facilities.

*** See Appendix III. Glossary page {xi}, and Home and Community Based Waivers page 12.**

C. MOVEMENT

This is not a system at rest. People come and go from the system for numerous reasons. They may be infants and children just entering the system, students making a transition to adult life, or older adults no longer able to live at home. As children become adults, they are no longer eligible for help from certain programs such as Family Subsidy, Special Education, or Services for Children with Handicaps. An individual's condition may change, requiring more or fewer services. Adults living at home with parents or relatives may suddenly need services because of the death or illness of a family member, or because or a change in their own medical condition or behavior.

The movement within the service system is not a free flow. There is downward pressure within the system to move individuals from restricted to less restricted settings and thus reduce the cost of care. There is also upward pressure from those not in the system seeking access to services. But there are clear limits to available services. Not everyone can get to the level of service they seek. The system begins to look like an hour glass with sand being pushed in from both ends.

The system is set up with numerous rules and regulations, caps and budgets which Inhibit the free flow of clients from one program to another. As clients move between programs the client mix of these programs change. Individuals with a greater level of need tend to require more services. Thus the changing mix of clients causes a change in the cost of programs because of the need to provide a more intense and wider range of services. As individuals with more severe disabilities move into less restricted settings, from HTCs to ICFs/MR, or from ICFs/MR to waivers, the intensity level for services in each setting increases. This pushes up the cost of care at each level and results in management problems, for RTCs, ICFs, and waivers. The overall cost of the system should decline if savings are realized from the movement of clients from more expensive programs to less expensive programs.

As individuals move out of RTCs into community ICFs/MR the people remaining tend to be those with the highest level of need. In addition, the RTCs' overhead remains relatively constant pushing up per diem rates, increasing RTC cost per client The result is fewer people treated at higher rates, with limited savings. The acuity level at ICFs/MR Increase as they receive difficult patients from RTCs and send less acute care clients to the community on waivers. ICFs/MR have set rates. Difficult clients require more care which generally translates into increased cost Some ICFs/MR may even seek to avoid expensive clients, keep less expensive clients, or return difficult clients to RTCs. A small loop develops in the system. Some clients come out of RTCs, a few return.

D. ACCESS

The county agencies and their decision-making vehicles drive the social services system. Counties control the flow of individuals into and out of programs and services. The mechanism for moving individuals from RTCs to also county driven. The counties with the most effective systems of dealing with transfers are key to controlling the costs of the program. Decisions about which clients may be eligible to receive which programs are made by an interdisciplinary team including the county case manager and county staff. This is not necessarily an effective mechanism to ensure that statewide needs are taken into consideration In the placement of clients. Individual county decisions do not necessarily add up to the best statewide allocation of scarce resources.

Waivers were intended to provide an alternative to ICF/MR, nursing home, and hospital care. Counties use waivers to move individuals out of ICFs/MR to the community. The costs of waivers (except for Alternative Community Service and Enhanced Waivers) ere controlled by requiring counties to meet a mandated average for all clients in the county receiving services through the particular waiver. To achieve this a county must balance expensive clients, i.e. residents being relocated from RTCs. and less expensive clients. The effort to achieve balance can slow the effort to empty the RTCs.

SILS has been available to get people off waivers when they no longer need that level of service, but It is limited, and counties may be reluctant to use It because they pay a greater share of SILS cost Although SILS is less expensive overall than the waiver, the program is limited and has a lengthy waiting list impeding downward movement out of waivers.

There are many DD/RC individuals living in the community who are not involved in any way with DHS managed programs for DD/RC. They may be receiving general services in their communities. Some of these people end up in one of the major programs, others do not As community services become available and known, DD/RC faces the same problem as other programs for community services have. How do we provide what people really need and not substitute paid help for volunteer help? If the state pays for those services which, in the absence of payment would have been done for free, then the number of clients and the cost in tax dollars will increase.

E. <u>ENTRY</u>

For an individual the key to entering most developmental disability programs is to be at-risk of ICF/MR placement if a case can be made that without specific services, an individual would be placed in residential care services, the system is open to them. The at-risk determination means that they are eligible for community-based services waivers, SILS, or Family Subsidy. If no community based services are available the option of ICF/MR placement may be exercised.

If waivers are limited, people will not be able to move out of ICFs/MR. Those at risk may be placed in RTCs or ICFs/MR. Either they will be provided community-based services or placed in facility-based care. If the system remains blocked or capped for a long period, advocates may use the courts, as they have in the past, to force counties and the state to provide services. If all services were capped, new people entering the system may place greater demand on general social services. Not providing services may not reduce costs for long. If the system becomes blocked it is possible that RTCs could experience up to a 20% increase in clients.

In the push to empty RTCs, DD/RC Individuals still living in the community may not be receiving adequate attention. These individuals are the least expensive to maintain in the community but their needs an easiest to overlook. In addition DHS is making a priority effort to relocate individuals in ICFs/MR to community based arrangements using SILS grants, although these Individuals require greater resources than the cost of providing services to DD/RC Individuals already in the community who do not need residential care.

F. CONSTRAINTS

The structure of payments for developments disabilities is a combination of incentives and disincentives Efforts to freeze services come up against regulations and timetables imposed on the department from other sources. The Welch consent decree requires a movement of individuate from RTCs to less restrictive environments. The OBRA review requires the transfer of individuals from inappropriate placements in nursing homes to other community-based living situations. The number of waiver slots for community-based services is controlled by the federal government. Alternatives are limited. The choices which can be made to control costs are restricted by regulation, mandates, and court orders to provide services.

For example, the reporting system does not make significant allowance for small personalized services. The system tends to favor large vendors [corporate providers] able to afford the overhead and other administrative costs required to deal with the state and federal paperwork requirements. The result is to discourage small creative personalized services in favor of larger more general services. Even families obtaining services are required to complete complex detailed forms. A reasonable question may be what is the effect of the reporting structure on the development of alternative services?

G. RESOURCES

The DO/RC service system is complex. It includes a large number of programs administered by several state and many local agencies. Some of the services are entitlement, such as the Medical Assistance (Medicaid) program. As with all entitlement-based programs, if a person meets the eligibility criteria they are entitled to the service regardless of whether enough money was budgeted. Most of the services focused on DD\RC clients are capped in one way or another, either through limits on the number of people who can receive the service or through budget limits.

An individual may receive services through more than one program at a time. Some of these programs, such as day training and habilitation, are received by almost all adult clients all the time. Others are limited to a small number of clients who fit a very particular niche. To the extent possible this document tries to describe the full cost of services by major programs. DHS is the biggest player on the DD/RC field, but many other agencies have a hand. The schools are responsible for providing educational and habilitation services to all children from birth to adulthood. The Department of Jobs and Training has the major role in providing employment training and rehabilitation services. The ripple effects of decisions in one agency affect programs of other agencies, and clients in those other programs.

One fundamental objective of the overall system is to manage a shift to the most cost-effective set of programs and services. On the surface this may appear to be a fairly simple task involving moving clients and shifting funding to go with them. But there are numerous issues which must be addressed. For example, cost effectiveness must take into account the long-term capital costs inherent in decisions about living arrangements. The realization of savings in one area for use in another is also complicated. For example, a primary problem with the effort to reduce the number of people in the RTCs is that overhead tends to remain fixed regardless of the patient population. As people leave, the cost per client remaining increases.

H. COST SHARING

Federal, state, and county governments, school districts, insurance companies, (families, consumers, and individuals all participate in paying for services to DD/RC clients. Who pays how much of what has a major impact on the design of programs, the eligibility criteria and the availability of services. As one would expect, everyone wants someone else to pay. The impact on particular budgets is usually a more immediate and Important consideration than the overall cost of services. For example, federal participation through MA is a major driving force behind the design of community alternatives.

The state statutory mandate to shift as many costs as possible to federal government to only as effective as the Incentives and regulations which promote that movement For example, a recent study Indicated that only 40% of the people eligible for federal Income assistance through SSI and SSDI received those funds. When it became apparent that the state was spending its own money instead, a major effort was undertaken to require counties to assist clients to apply for these programs. Fiscal Incentives were included, and there was a dramatic increase in the number of clients in certain programs who were enrolled. However, the focus of the effort was on easily-identifiable clients. It appears that the same problem persists outside of these programs, but the state has not yet developed an effective means of identifying other clients who may be eligible. The cost is the state's, but the control is in the counties.

PROGRAMS AND AGENCIES CONCERNED WITH DEVELOPMENTAL DISABILITIES AND RELATED CONDITIONS

Persons with developmental disabilities and related conditions can obtain a wide variety of specialized service, and individualized assistance from a large number of private and government organizations. Following is a list of key state organizations concerned with DD/RC programs:

A. DEPARTMENT OF HUMAN SERVICES
- **DEVELOPMENTAL DISABILITIES**
- **LONG TERM CARE MANAGEMENT**
- **HEALTH CARE MANAGEMENT**
- **MENTAL HEALTH**
- **RESIDENTIAL TREATMENT MANAGEMENT**
- **COMMUNITY SOCIAL SERVICES**
- **CHILDREN'S SERVICES**
- **AGING/ MINNESOTA BOARD OF AGING**
- **DEAF SERVICES**
- **LICENSING**
- **AUDITS**
- **ASSISTANCE PAYMENTS**
- **COMMISSIONERS ADVISORY TASK FORCE ON MENTAL RETARDATION AND RELATED CONDITIONS**

C. DEPARTMENT OF JOBS AND TRAINING
- **REHABILITATION SERVICES**
- **STATE SERVICES FOR THE BUND**
- **VOCATIONAL REHABILITATION**
- **PROJECT HEAD START**

D. DEPARTMENT OF EDUCATION
- **SPECIAL EDUCATION**
  - **Special Education Section**
  - **Secondary Vocational Educational Services**
- **INTERAGENCY OFFICE OF TRANSITION**
- **COMMISSIONERS ADVISORY TASK FORCE**
- **DIVISION OF INSTRUCTIONAL EFFECTIVENESS**
- **LOCAL EDUCATION AGENCIES [LEA]**

E. DEPARTMENT OF HEALTH
- **HEALTH RESOURCES [Nursing Homes and Acute Care Hospitals]**
- **HEALTH PROMOTION & EDUCATION**
- **MATERNAL AND CHILD HEALTH**
  - **Children with Handicaps**

F. STATE PLANNING AGENCY

- **GOVERNOR'S PLANNING COUNCIL ON DEVELOPMENTAL DISABILITIES**

H. OFFICE OF OMBUDSMAN FOR MENTAL HEALTH AND MENTAL RETARDATION

G. STATE COUNCIL ON DISABILITIES
- **GOVERNOR'S ADVISORY COUNCIL ON TECHNOLOGY FOR PEOPLE WITH DISABILITIES**

I. LEGAL ADVOCACY FOR THE DEVELOPMENTALLY DISABLED

VI. DEPARTMENT OF HUMAN SERVICES

The Department of Human Services [DHS] is the largest state agency with broad responsibility for a comprehensive array of programs and services for persons with development disabilities and related condition [DD/RC). These programs and service are provided by a number of divisions. Responsibility for programs and service run across department lines. For example the Developmental Disabilities Division has primary responsibility for DD/RC people, but they may reside in RTCs which are the responsibility of Residential Treatment Management, or ICFs/MR which are the responsibility of Long Term Care, or in a Adult Foster Care setting which is the responsibility of Community Social Services, and so on.

A. DIVISION FOR PERSONS WITH DEVELOPMENTAL DISABILITIES [DD]

DD plans, administers, and coordinates state policy and program for individuals with Developmental Disabilities and Related Conditions. DD has primary responsibility for development of alternatives to residential and Institutional care which gives it primary responsibility for DD waivers and related programs, and also with efforts to reduce occupancy of Regional Treatment Centers. DD administers residential and day programs needs determination, and overseas standards for Rule 40 aversive and depravation procedures.

DEVELOPMENTAL DISABILITIES PROGRAMS AND SERVICES

- **Case Management**
- **Waivered Services**
  - **Home and Community Based Waiver**
  - **Enhanced Waiver**
  - **Alternative Community Services Waiver**
  - **Commissioners Special Project**
- **Semi-independent Living Services [SILS]**
- **Family Subsidy**
- **Waiver Day Training and Habilitation [DTH]**
  (Detailed information on this program Is provided on page 25 with Non-waiver DTH.)

1. CASE MANAGEMENT

[MN Rule 90015-.0165 RULE 185)

Case management is the service for facilitating access to programs and services. Cast managers arrange and coordinate DD/RC services. They may also determine eligibility for special services, act as an advocate for an individual, and monitor the delivery of services. The DD division is responsible for case management service, however counties are the direct providers. Thus, case managers are regulated by the state, but work for the counties.

Between the state and the county case manager is a Regional Services Specialist [RSS]. The RSS represents the state at a regional level. An RSS is a DHS employee who provides technical case management assistance to counties, and also supervises individual case management services. In addition, the RSSs have the authority to approve or disapprove the use of Medical Assistance monies for both ICF/MR and home and community-based services.

a. **Case Management Client Count**

Approximately 325 case managers serve 5 to 98 clients averaging 55 cases.

Waiver 2,156 **Non-Waiver 16,267**

b. **Case Management Cost of Program FY90**

Total Cost Wavier	**$3,541,436**	**Per Day**	**$4.50**
Total Cost of Non-Waiver	**$15,985,790**	**Per Day**	**$2.69**

c. **Case Management Waiver Cost Breakdown FY90**

[MA Title XIX]

Federal	State/County
$1,870,586	$1,670,850
52.82%	47.18%

d. **Case Management Non-Waiver Cost Breakdown FY90**

Federal	State	County
$2,156,440	$3,243,554	$10,583,797
13.5%	20.3%	66.2%

2. **WAIVERS FOR INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES AND RELATED CONDITIONS [HCB-MR/RC]**

[Rule 41 MN, Rule 9526.1800-1930]

The Omnibus Budget Reconciliation Act of 1961 gave states the opportunity to obtain waivers from some federal Medical Assistance Title XIX reimbursement limitations. Through negotiated agreement with the Federal government the state has been granted a number of waivers approved by the Federal Hearth Care Financing Administration. Waivers permit states to receive exceptions to specific Medical Assistance requirements, while still providing federal MA financial assistance to the states for the care of individuals who would otherwise have to be institutionalized to qualify for MA financial support Waivers facilitated state development of home and community-based DD/RC services as an alternative to acute care hospital, nursing home, RTC's and ICFs/MR care.

Waivers are based on the premiss that many services needed by DD/RC clients could be provided for fewer dollars In a home or community-based setting. Before the waivers federal funds paid for residential services only, pushing many individuals into a residential care as their only option. Waivers provide an array of DD/RC service in less restrictive surroundings for less cost Waivers have proven to be flexible, providing a tool for DD to respond to urgent needs, such as the closure of facilities. Waivers are funded with a combination of federal (52.6%), and state and county money (47.2%).

a. **GENERAL TITLE XIX WAVIER SERVICES**

- **Adaptive aids**
- **Caw management**
- **Respite care**
- **In-home support services**
- **Habitation services**
- **Homemaker services**
- **Supported living services**

b. CURRENT DD/RC WAIVERS

- **Home and Community-based Services Waiver (HCB)**
- **Commissioners Special Projects Waivers (CPS)**
- **Enhanced Waiver**
- **Alternative Community Services Waiver (ACS)**

c. HOME AND COMMUNITY-BASED SERVICES WAIVER
MENTAL RETARDATION AND RELATED CONDITIONS [HCB-MR/RC]

The Home and Community-eased Wavier assists the state and counties to move individuals from ICFs/MR [intermediate care facilities], including RTCs [state regional treatment centers which are state run ICFs/MR] into community based services.

HCB-MR/RC provide a mechanism for a flexible response to emergencies and urgent needs within the service system such as the closure of a community based facility. It is also used to provide home and community-based services to those at risk of placement in ICF/MR's. This transfer of individuals from Regional Treatment Centers is part of the State's continuing compliance with the Welch vs. Gardenbrlng Negotiated Settlement.

1. HCB-MR/RC Client Count FY90 **2273**

2. HCB-MR/RC Overall Cost of Program

Payments are made under Medical Assistance Title XIX Room and board are not paid for by the waiver. Parents of clients under 18 may be required to pay a contribution fee for services received under the program for out-of-home placements. Parents may also be able for a parental contribution fee for in-home services if medical assistance eligibility was determined without consideration of parental Income. Counties must balance expensive and low cost clients to achieve the average per diem rate mandated by state for that fiscal year (The FY90 per diem rate was $71.50*). Expenditures in excess of the state-mandated rate are the responsibility of the county.

3. HCB-MR/RC Total Basic Program Cost FY90 **$55,948,357**

4. HCB-MR/RC Average Waiver Payment Per Recipient FY90

Per Day	Per Year
$67.44	$24,614

5. HCB-MR/RC Funding Source Breakdown FY 90

[MA Title XIX]

Federal	State/County
$29,551,922	$26,396,434
52.82%	47.18%

6. Related Programs Cost FY 90 ** **$32,817,276**
(Acute Care/Other MA Costs, and Board & Room/Clothing & Personal Allowance)

*** The FY90 per diem was increased by the Federal Health Care Financing Administration on March 13, 1990 from $68.46 to $71.50 [Informational Bulletins NOs. #89-610 & 90-57A]**

**** Detailed fiscal information on related costs is provide in section XXVI pages 44 through 50.**

d. COMMISSIONER'S SPECIAL PROJECTS [CPS]

[Rule 9825.1890 sub-part 6 allowing the commissioner to reallocate unused funds.]

The Commissioner's Special Projects is a subdivision of the Home and Community-Based Waiver intended as a temporary program to provide counties with additional finding for high cost clients. Originally CSP was designed to meet court requirements for the movement of clients into the community, it was funded with a redistribution of Waiver funds not used by other counties. The program was designed as a short term program. It is capped. Counties have been asked to phase out the program. The exceptions to this phase out are in those few counties which have court ordered funding levels for individual clients which include CSP funding, and CPS funding designated for State Operated Community Service [SOCS] Homes.

1. CSP Client Count

SOCS Residents..... 27

	COUNTIES	INDIVIDUALS
FY90	18	77
FY91 EST	12	39
FY92 EST	7	15

2. CSP Overall Cost of Program

To encourage counties to reduce their dependence on CSP the state is requiring that CSP be included in each county's average per client calculation whenever possible, which must be at the state mandated average. To achieve this level, counties must balance expensive clients whose costs are above the rate and lower-cost clients. Counties pay costs above the state-mandated rate.

3. CSP Total Basic Program Cost FY90 $5,431,726

4. CSP Average Waiver Payment Per Recipient FY90

Per Day	Per Year
$144.38	$52,670

5. CSP Funding Source Breakdown FY 90

[MA Title XIX]

Federal	State/County
$2,869,038	$2,562,688
52.82%	47.18%

6. CSP Related Programs Cost FY 90 $1,397,092

(Acute Care/Other MA Costs, and Board & Room/Owning & Personal Allowance)

e. ENHANCED WAIVERED SERVICES FUND MR/DD [RTC Enhanced Waiver Fund]

Enhanced Waivered Services are a now subdivision of the waiver program. The cost of maintaining DD/RC clients in the community differ greatly depending on the services they need. The first residents returned to the community from the RTCs were those with the fewest problems. Many of the individuals presently in RTCs might be able to function in a home and community-based setting; however, generally the cost of maintaining them would be substantially greater than the cost of maintaining those presently on waivers. Counties are reluctant to place these client because that would Increase their average cost above the state mandated average rate. To encourage the community placement of greater-needs clients the enhanced waiver costs are not counted into a county's average per-person rate. This program therefore increases the number of RTC residents able to return to the community, and enables the state to further reduce its RTC DD/RC population. NOTE: The services provided are the same as other waivers.

1. **Enhanced Waiver Client Count**

As of 12/90	**33**
Approved for Services within 120 days	**78**
Projected FY91	**100**

2. **Enhanced Waiver Program Cost**
   New Program: No FY 90 costs

3. **Enhanced Waiver Total Basic Program Cost FY90**
   New Program: No FY 90 costs

4. **Enhanced Waiver Average Payment Per Recipient Protected FY91**

Per Day Average	Average Per Year
$157	$57,305

Maximum Per Day	Maximum Per Year
$185.00	$67,525

Plus $5 per day per client to the county for unplanned changes.

5. **Enhanced Funding Source Breakdown FY 90**

[MA Title XIX] New Program FY91

Federal	State/County
52.82%	47.18%

6. **Enhanced Related Programs Cost FY 90**
   (Acute Care/Other MA Costs, and Board & Room/Clothing & Personal Allowance)

New Program No FY 90 costs
Projected Per Client Per Year $13,684

1. ALTERNATIVE COMMUNITY SERVICES WAIVER (ACS) [Nursing Home Wavier]

The Alternative Community Services Waiver facilitates the relocation of DD/RC individuals from nursing facilities to community-based services. Under the Omnibus Budget Reconciliation Act (OBRA) all DD/RC individuals living in federally funded nursing homes were evaluated by special screening teams to determine whether the care and treatment they were receiving was appropriate for their needs. Those people determined to be inappropriately placed must be removed from the nursing home and provided community-based services. The services are the same as the Home and Community Based Waiver and the Enhanced Waiver, but is administered and financed separately. NOTE: Case management services are treated as an administrative service not a waivered service, but most other services are the same as those provided under other waivers.

1. ACS Waiver Client Count

As of 12/90	**3**
Potential Clients	**245**

2. ASC Waiver Cost of Program

New Program: No FY 90 costs

3. ASC Total Basic Program Cost FY90

New Program: No FY 90 costs

4. ASC Average Waiver Payment Per Recipient: Projected FY91

Per Day Average	Per Year
$110	$40,150

5. ASC Funding Source Breakdown FY 90

[MA Title XIX] New Program: No FY90 cost

Federal	State/County
52.82%	47.18%

6. ASC Related Programs Cost FY 90
(Acute Care/Other MA Costs, and Board & Room/Clothing & Personal Allowance)

New Program: No FY 90 costs
Projected Per Client
Per Year Average **$14,547**

Other Related Funding Source For Individuals on Waivers

Waiver programs only pay for services not paid for by other programs. Waiver Clients may receive funds from other sources. Those on waivers may also qualify to receive:

- **Earned Income**
- **Unearned Income**
- **Private Insurance**
- **Other Medical Assistance**
- **Special Education**
- **Services to Handicapped Children**
- **County Funded Social Services**
- **Supplemental Security income**
- **Social Security Disability Insurance**
- **Minnesota Supplemental Assistance**
- **Aid to Families with Dependent Children**
- **Title IV-E Foster Care**

May qualify for but are unlikely to receive (unless not receiving funds from other sources):

- **General Assistance**
- **General Assistance Medical Care**
- **Vocational Rehabilitation Grants**

But may <u>not</u> receive: *

- **Semi-Independent Living Services**
- **Family Subsidy**
- **Other waivers**

***Forty clients have a court order to obtain funds from more than one program.**

g. SEMI-INDEPENDENT LIVING SERVICES [SILS]

[Statue 252.275 Rules 9525.0900 to 9525.1020]

Semi-Independent Living Services [SILS] is a state grant program which provides services for DD/RC adults who do not require 24-hour supervision, but cannot live on their own without periodic assistance. SILS enables DD/RC adults to continue living in their own homes, apartments, or rooming houses, if it can be demonstrated that without these services they would require RTC or ICF/MR placement, or would continue to receive home and community-based waiver services, SILS aims to reduce the utilization of Regional Treatment Centers [RTC], other Intermediate Care Facilities for Mental Retardation (ICF/MR], and waiver services. Grants may not go to Individuals living in ICFs/MR, or receiving waiver funds; although SILS will provide support services to prepare DD/RC adults in RTCs and ICFs/MR for independent living in the community.

1. SILS Client Count FY90

CLIENTS	**1250**
WAITING LIST	**510+**

2. SILS Cost of Program

SILS is a low-cost alternative to waiver services, and residential care. The high percent of county funding versus waivers is a disincentive for counties to use it but a lengthy waiting list exists. Under SILS 100 people a year are to be relocated into the community. Around half of SILS clients also require Minnesota Supplemental Assistance to pay board and room. The counties pay for the program and are reimbursed by the state up to the total limit of each counties projected cost based on the limited maximum allocation per client.

3. SILS Basic Program Cost FY90 $6,039,035

4. SILS Average Payment Per Recipient FY90

Per Day	Per Year
$13.24	**$4,831**

5. SILS Funding Sources Breakdown FY90

State	County
$4,270,800	**$1,768,235**
70.72%	**29.28%**

6. SILS Related Program Costs FY 90 $15,299,967
(Acute Care/Other MA Costs, and Board & Room/Clothing & Personal Allowance)

7. Other Related Funding Sources

Individual receiving SILS Grant may also qualify to receive:

- **Medical Assistance**
- **Minnesota Supplemental Assistance**
- **Supplemental Security Income**
- **Social Security Disability Income**
- **County Funded Social Services**
- **Vocational Rehabilitation Grants**

May have

- **Earned Income**
- **Unearned Income**

But may <u>not</u> receive [Unless under court order]

- **Waivered Services**
- **Family Subsidy**
- **General Assistance**

h. FAMILY SUBSIDY PROGRAM

[MN Statute 252.33 Rule 9649.0100-2700]

The Family Subsidy Program provides grant funds for families of DD/RC children, without an income or assets test. Children with DD/RC have greater than average daily living expenses, more than many families can afford. However, these costs are generally less than the cost of facility-based DD/RC care and services. By providing money to pay for some of these additional costs, it is possible to reduce the financial burden on a family. The family thus delays or avoids placement of a their child in a ICF/MR or RTC. The grants go to counties which then reimburse the families for the purchase of services, or other items needed to ensure that a DD/RC child can stay in or return to their natural or adoptive home. This enables many children to live at home with their families and develop in what is considered the least restrictive, most normal growth environment.

1. **Family Subsidy Client Count FYM** **418**

2. **Family Subsidy Program Cost FY90**

The Program provides a monthly cash grant, based on an individual budget, not to exceed $250 per child. The grant may only be used to provide community-based services which are not funded by any other program.

Maximum Per Month	Maximum Per Year
$250	$3,000

Average Per Month	Average Per Year
$225	$2,700

3. **Family Subsidy Total Cost FYM** **$1,126,700**

4. **Family Subsidy Average Payment Per Recipient**

Per Day	Per Year
$7.50	$2,700

5. **Family Subsidy Funding Source Break Down**

[45 counties participate in this 100% state-funded program]

6. **Family Subsidy Related Program Coats**

Special Education Costs Per Client Per Year	$8,647
Special Education Cost Total	$3,614,446

7. Other Related Funding Sources

The program only pays for services not paid for by other programs, such as medical costs not covered by medical assistance. Those receiving Family Subsidy may also qualify to receive:

- **Medical Assistance**
- **Minnesota Supplemental Assistance**
- **Supplemental Security Income**
- **Social Security Disability Income**
- **County Funded Social Services**
- **Vocational Rehabilitation Grants**
- **Special Education**
- **Services to Handicapped Children**
- **Vocational Training**

May have

- **Private Insurance**

- **Earned Income**
- **Unearned Income**

But may <u>not</u> receive (Except for those under court order.)

- **SILS**
- **Waiver Services**
- **General Assistance**

B. LONG TERM CARE MANAGEMENT DIVISION

Long Term Care Management is responsible for programs, policies and procedures (particularly issues related to reimbursement) for nursing homes, board and care facilities, ICFs/MR, and day training and habilitation centers; LTCM also administers preadmission screenings, and alternative care grants. Long Term Care Management coordinates its programs and services activities with other DHS divisions (including DD), and other state departments and agencies, and LTCM also has responsibility for a number of programs which benefit DD/RC people.

[NOTE: Children's Home Care Option, Community Alternative Care, Community Alternatives for Disabled Individuals, and Alternative Care Grants are not specifically designed to benefit DD/RC clients, but some DD/RC people are eligible for and receive services provided by these programs. Changes or limits in HCS waivers could Increase utilization of these programs by DD/RC client]

LONG TERM CARE MANAGEMENT PROGRAMS

- **ICF/MR Rate Regulation**
- **Special Needs Program**
- **Day Training and Habilitation**
- **Community Alternative Care Grants [CAC]**
- **Community Alternatives for Disabled Individuals [CADI]**
- **Alternative Care Grants [ACG] for home and community care services [MA]**
- **Preadmission Screening [PAS]**

1. INTERMEDIATE CARE FACILITIES FOR MENTAL RETARDATION (ICF/MR)

An ICF/MR is a group home which provides 24-hour supervision to DD/RC clients. This does not necessarily mean continuous uninterrupted service for every hour of the day. Individuals living in these facilities can not live independently for a period of more than 24-hours without some DD/RC service or services. These facilities are regulated under Rule 34. They are classified as either an "A" or "B". The classification is based on Health Department rules related to ease of egress. "A" facility is a lower rating with generally less difficult clients. "B" facilities are designed for clients requiring a significant level of assistance with restricted mobility. Long Term Care has responsibility for rate regulation of ICFs/MR.

a. ICF/MR Clients Count FY90 **4224**

b. ICF/MR Cost of Basic Program FY90 **$119,676,291**

c. ICF/MR Average Payment Per Recipient FY90

Per Day	Per Year
$77.62	$28,331

e. ICF/MR Sources of Funding

[MA Title XIX]

Federal	State/County
$63,213,017	$56,463,274
52.82%	47.18%

f. ICF/MR Other Related Government Costs **$42,076,176**
[Acute Medical Care and Clothing & Personal Needs Allowance]

g. ICF/MR Other Funding Sources
ICF/MR clients may also receive funding from a number of other sources including:

- **Earned Income**
- **Unearned Income**
- **Private Insurance**
- **Medical Assistance**
- **Special Education**
- **Minnesota Supplemental Assistance**
- **Supplemental Security income [SSI]**
- **Social Security Disability Insurance**
- **County Funded Social Services**

May qualify for but are unlikely to receive
(unless net receiving founds from other sources):

- **General Assistance**
- **General Assistance Medical Care**

But may not receive:

- **Semi-Independent Living Services**
- **Family Subsidy**
- **Waiver Services**

2. SPECIAL NEEDS PROGRAM

[Rule 9510.1080 1140]

The Special Needs Program is designed to provide special short-term supplemental assistance to individual DD/RC clients which is not provided by other sources or included in an ICF/MR's per diem rats. SNP generally pays for special behavior modification programs or special equipment These items or services are needed to enable an individual to remain in a community ICF/MR, or facilitate transfer from an RTC to a community ICF/MR. The program is limited to ICF/MR residents.

a. Special Needs Clients Count:

Average 75 per month 200 to 250 per year

b. Special Needs Cost of Program

The costs are an exception to the general rates or range of services paid by other programs. Usually clients receive assistance for a year or less, but not more than three years. The total annual cost of all MA costs for an individual receiving SNP cannot exceed the annual cost of maintaining that individual in an RTC.

c. Special Needs Total Cost FY90 $1,200,000

d. Distributed Average Payment Per ICF/MR Client

Per Year
$284

e. Special Needs Sources of Funding

[Medical Assistance]

Federal	State/County
52.82%	47.18%

f. Other Funding Sources

Special Needs clients may also receive funding from a number of other programs including:

- **Earned Income**
- **Unearned Income**
- **Private Insurance**
- **Medical Assistance**
- **Rehabilitation and Training**
- **Special Education**
- **Services to Handicapped Children**
- **Minnesota Supplemental Assistance**
- **Supplemental Security Income**
- **Social Security Disability Insurance**
- **County Funded Social Services**

3. DAY TRAINING AMD HABILITATION [DTH]

[Rule 9525.0015-9525.0615]

Day Training and Habilitation (previously know as adult Developmental Achievement Centers [DAC]) are the core program for providing DD/RC adults with day habilitation services. Vendors are licensed by the DHS and Long Term Care Management is responsible for establishing rate-setting procedures and reimbursement rates. Programs are generally run by counties, or on a non-profit basis under contract to county human services agencies. DTH provides services including supervision, training, assistance and supported employment, or other community-integrated activities designed and implemented in accordance with the Individual Service Plan which has been established for an individual by an the interdisciplinary team coordinated by their Case Manager. The DTH is intended to assist a DD/RC adult reach and maintain the highest possible level of independence, productivity, and integration into the community.

a. Day Training & Habilitation Clients Count

Non-Waiver FY90		**5,041**
	[ICF/MR 55% Other 45%]	
Waiver FY90		**1.137**

b. Day Training & Habilitation Cost of Program

There are around 115 DTH service vendors in the state. Individuals receiving these services may live in a variety of settings Including ICFs/MR, Group Homes, Nursing Homes, Foster Care, and family homes. DTH is one of the services paid for under the home and community-based waiver, and under non-waiver programs (ICF/MR and county clients). MA pays for the program when it is provided to ICR/MR and waiver clients. Counties pay for any other eligible adult recipients.

c. Day Training & Habilitation Total Cost FY90

Non-waiver	**$45,59,735**
Waiver	**$8,755,132**

d. Day Training & Habilitation Average Payment Per Recipient FY90

Non-Waiver		**Waiver**	
Per Month	**Per Year**	**Per Month**	**Per Year**
$756.46	**$9,078**	**$641.68**	**$7,700**

e. Day Training & Habilitation FY90

Non-Waiver Sources of Funding

[MA]	**[MA & Non-MA County Funds]**
Federal	**State/County**
$16,806,167	**$28,963,568**
36.7%	**63.3%**

Waiver Sources of Funding MA

Federal	**State/County**
$4,634,461	**$4,130,671**
52.8%	**47.2%**

4. COMMUNITY ALTERNATIVE CARE (CAC)

Community Alterative Care provides Medical Assistance eligibility for an individual's community-based services as an alternative to residential care in an acute care hospital. CAC provides services for the chronically ill or disabled person, under 66 years of age, living at home and at risk of placement in an acute care facility who choose community care. Eligibility is based solely on the client's income and assets. The services are intended to augment funding from other sources, not replace them. CAC provides medical care, and essential support services similar to other waivers. DD/RC clients may qualify for the program, but there is no current count of DD/RC clients.

a. CAC Client Count FY90 **77**

Ave. Per Month	**27**
Clients Waiting	**192**

[As of 12/90 71 clients funded 62 were children]

b. CAC Cost of Program

Cost of community-based services cannot exceed the cost of providing the same care in a hospital.

c. CAC Basic Program Cost FY90 **$4,075,293**

d. CAC Average Payment Per Recipient

Per Day	Per Year
$413.53	$150,937

a. CAC Sources of Funding

[MA Title XIX]

Federal	State/County
$2,152,570	$1,902,723
52.82%	47.18%

5. COMMUNITY ALTERNATIVES FOB DISABLED INDIVIDUALS [CADI]
[Rule 9505.3010-3140]

Community Alternatives for Disabled Individuals to a community-based services waiver. The program assists Medical Assistance- eligible disabled children and adults. Including those with developmental disabilities, but there is no current count of DD/RC clients. The program provides community-based services for those who would otherwise need a nursing home level of care. If a client chooses community-based services over facility-based care, only the clients income is counted in determining eligibility. The array of available services is essentially the same as other waiver programs.

a. CADI Clients Count FY90 **790**
[As of 12/90 537 clients funded 47 are children)

b. CADI Cost of Program

The cost of providing community services cannot exceed the average cost for the same services provided in a nursing home. Payments are based on an eleven category case mix system. Rates for children under 16 years of age are calculated at 115% of the base rate for each category.

c. CADI Total Program Cost FY90 **$1,689,379**

d. CADI Average Payment Per Recipient

Per Day	Per Year
$26.30	$9,599

e. CADI Sources of Funding

[MA Title XIX]

Federal	State /County
$892,330	$797,049
52.82%	47.18%

6. ALTERNATIVE CARE GRANTS [ACG]
[Rule 9505.2456-2390]

Alternative Care Grants (ACG) is essentially a home and community-based program for qualified elderly: part of it is a waiver part and part non-wavier. ACG is intended to foster the use of community-based care resources, and reduce admission into more expensive residential care settings. ACG works in conjunction with the Preadmission Screening [PAS] to assure appropriate admission into nursing homes. The program prevents or delays placement into Skilled Nursing Facilities. The grant is intend for the use of elderly citizens, but does not exclude elderly DD/RC individuals from service.

a. ACG Client Total Count FY90 **8.591**

Waiver	**2.315**
Non-Waiver	**6.276**

[As of 12/90 less than 5 were know to be DD/RC individuals]

b. ACG Cost Program

Public Health Nursing cost for skilled nursing services, equipment, and supply costs are limited to $100 per month unless prior approval is made for exceptions. Non-waiver portions of the program are 100% state funded. Home Care services are provide with a maximum payment per month based on a case mix system.

C. ACG Total Cost FY90 **$23,768,818**

Waiver	**$6,674,240**
Non-Waiver	**$17,094,577**

d. ACG Average Payment Per Recipient FY90

Per Day	**Per Year**
$7.58	**$2,767**

e. ACG Sources of Funding

MA WAIVER

Federal	**State/County**
$3,525,334	**$3,148,906**
52.82%	**47.18%**

NON-WAIVER

State	**County**
$15,231,268	**$1,854,762**
89,15%	**10.85%**

7. OTHER CAC, CADI, & ACG FUNDING SOURCE

CHCO, CAC, CADI, and ACG clients may also receive funding from a number of other sources including:

- **Earned Income**
- **Unearned Income**
- **Private Insurance**
- **Medical Assistance**
- **Special Education**
- **Minnesota Supplemental Assistance**
- **Supplemental Security Income [SSI]**
- **Social Security Disability Insurance**
- **County Funded Social Services**
- **Aid to Families with Dependent Children**

May quality for but are unlikely to receive:
(unless not receiving founds from other sources):

- **General Assistance**
- **General Assistance Medical Care**

But may not receive:

- **Semi-Independent Living Services**
- **Other Waiver Services**
- **Family Subsidy**

C. HEALTH CARE MANAGEMENT [HCM]

The division is responsible for managing Medical Assistance, General Assistance Medical Care, and Early Periodic Screening programs to ensure that eligible persons receive effective health care service in an appropriate, timely, and cost-effective manner. The division has just taken responsibility for the Children's Home Care Option which, like other HCM programs was not specifically designed for DD/RC client, but provides services for which they are eligible.

1. GENERAL ASSISTANCE MEDICAL CARE [GAMC]
[RULE 9050.1000-1040]

GAMC is a state program that provides assistance to medically needy persons who are not eligible for other health care programs. DD/RC people who do not receive assistance from other programs may qualify to receive assistance from GAMC.

2. EARLY AND PERIODIC SCREENING, DIAGNOSIS, AND TREATMENT PROGRAM [EPSDT] [RULE 9505.1500-1690]

EPSOT provides screening services to identify potentially handicapping conditions in children (under 21 years of age) eligible for MA, to provide diagnosis and treatment of conditions identified, and to encourage parents and their children to use health care services when necessary. The program is not specifically designed for DD/HC children but they are among the users of this program.

3. CHILDREN'S HOME CARE OPTION [CHCO]
[Minnesota Statute 256b.06, Rule 47]

Children's Home Care Option provides Medical Assistance-eligible disabled children, 18 years old or younger, living at home with resources to cover medical costs which could result in long-term care or hospital placement. CHCO covers children with a variety of medical conditions including DD/RC. CHCO seeks to provide medical care in the least expensive least restrictive environment CHCO provides medical care and essential support services similar to other waivers, but the MA services may not cost more than cost to MA for institutional care. [Responsibilities for the program was shifted to Health Care Management from Long Term Care Management in March.]

a. CHCO DO/RC Client Count FY90
Total DD/RC Clients Receiving Services 1435

(An additional 291 children are classified as recipients but used no services in FY90]

[83% of all CHCO Clients have been classified as DD/RC.)

[NOTE: The DD/RC determination methodology tor CHCO clients has been a matter of discussion, and an effort is now being made to ensure uniformity of standards used by DD and HCM.]

b. CHCO Cost of Program

CHCO is better known as the Tax Equity and Fiscal Responsibility Act of 1982 {TEFRA} under TITLE XIX Medical Assistance Program. The program is an entitlement in the seventeen states which have chosen to enact the program. CHCO aims to help families, regardless of income, keep children with special needs in their own home. CHCO only courts a child's income and assets in determining eligibility for Medical Assistance. TEFRA, unlike many other medical assistance programs, does not count parental income to establish eligibility.

[NOTE: This program assists many middle income parents to keep their children at home and defers placement in institutional health care.]

c. CHCO DD/RC Share of Basic Program FY90 **$7,160,211**

MA SERVICES ONLY FY90	**$3,041,094**
HOME SERVICES FY90	**$4,119,117**

d. CHCO DD/RC Average Payment Per Recipient FY90

MA SERVICES ONLY		HOME & MA SERVICES	
Per Day	Per Year	Per Day	Per Year
$5.80	$2,118	$20.54	$7,497

e. CHCO DD/RC Share of Funding Source Breakdown FY90
[MA Title XIX]

Federal	State/County
$3,782,023	$3,378,188
52.82%	47.18%

2. OTHER CHCO FUNDING SOURCE

CHCO clients may also receive funding from a number of other sources including:

- **Earned Income**
- **Unearned Income**
- **Private Insurance**
- **Medical Assistance**
- **Special Education**
- **Minnesota Supplemental Assistance**
- **Supplemental Security Income [SSI]**
- **Social Security Disability Insurance**
- **County Funded Social Services**
- **Aid to Families with Dependent Children**
- **Other Waiver Services**
- **Family Subsidy**

May qualify for but are unlikely to receive:
(unless not receiving founds from other sources):

- **General Assistance**
- **General Assistance Medical Care**

But May Not receive:

- **Semi-Independent Living Services**

D. RESIDENTIAL FACILITIES MANAGEMENT DIVISION

The division provides managerial direction and administrative functions tar the state Regional Treatment Centers and Nursing Homes. The division is responsible for the supervision and quality of medical care, and active treatment for all residents.

Regional Treatment Centers are the current incarnation of what began as the state hospital system. The RTCs are capable of providing comprehensive services. The facilities treat mental illness, mental retardation, and chemical dependency; they also provide acute and custodial care. Generally, RTCs are a resource center for individuals who cannot be effectively treated in existing community settings. RTCs have the means to provide for people with multiple disorders. The RTCs provide DD/RC clients the same 24-hour care and services as ICFs/MR. RTCs are basically state owned and operated ICFs/MR which can, on one campus provide DD/RC services as well as the services required under other state programs. In general RTC residents have access to all of the services available (at one site) which individuals in other ICFs/MR receive plus special services including acute psychiatric and medical services (which ICF/MR client draw from community-based and other sources).

a. RTC Client Count FY90 1394

b. RTC Cost of Program

The cost per resident has increased rapidly in recent years. The cost increase is a direct result of the mandated reduction in patient population. Despite a declining resident population overhead and related costs have remained high because of mandated and court-order increases in staffing ratios. RTCs overhead, services, and related costs between FY86 and FY90 have remained relatively steady [increasing 7.8%]. Moreover as the patient census decreases, the fixed cost are spread over a smaller base. The result is that cost on a per-patient basis has increased by 51 percent

c RTC Government Cost of Basic Program FY90 $107,841,437

d. RTC Government Cost of Basic Program Per Client FY90

Average Payment	Per Recipient
Per Day	Per Year
$221.85	$80,975

a. RTC Sources of Funding FY90

Federal	State/County
$55,464,258	$52,377,178
51.43%	48.57%

f. RTC Other Related Government Costs $2,609,429
[Acute Medical Care and Clothing & Personal Needs Allowance]

E. REGIONAL TREATMENT CENTER TRANSITION PROJECT

Regional Treatment Center Project has the responsibility for overseeing the development of the State Operated Community Services (SOCS) Homes being constructed throughout the state to provide housing for 108 of the current residents of Regional Treatment Centers. In addition, five Day Training and Habilitation programs are being established. The program will also include two plot Community Health Clinics to service the SOCS and community-based providers. Once the SOCS are operational, the funding will be provided by Medical Assistance.

F. MENTAL HEALTH DIVISION [MH]

The Mental Health Division is responsible for administering all programs related to mental health evaluating needs and regulating mental health services. Many Individuals with developmental disabilities also have behavioral problems. The exact number of DD/RC clients needing MH services is unknown. Minnesota does not generally track clients with dual diagnosis of mental illness and DD/RC. Individuals are tracked by primary diagnosis as either DD/RC or MH clients. It is possible for an Individual's primary diagnoses to shift between the two classifications. Some of the individuals currently remaining in RTCs are those with dual diagnoses, it is understood that currently most of those with dual diagnoses are probably being provided services through DD/RC programs. Some of the recent increase in the cost of ICF/MR services being provided to DD/RC clients transferred from RTCs is due to increased need for behavior related services.

Mental Health Sources of Funding

- **Medical Assistance**
- **General Assistance**
- **General Assistance Medical Care**
- **Minnesota Rules 12 & 14**
- **County Revenues**
- **Federal Mental Health Block Grant/ State Special Projects**
- **Title XX & IV-E**
- **Regional Treatment Centers**

G. AGING DIVISION/MINNESOTA BOARD OF AGING [MBA]

The Minnesota Board on Aging provides a range of services to older Minnesotans. The programs are aimed at aiding the elderly to live independently. The programs seek to prevent unnecessary institutionalization. Those served include some DD/RC people. The developmentally disabled are generally not tracked separately.

With the graying of America the scope of the problems related to elderly DD/RC may increase. How many DD/RC people may be directly or indirectly benefiting from these programs is unclear. It is believed that many DD/RC Individuals live with elderly parents. In some cases, both parent and child may be elderly. Cut-backs in DD/RC services could push some individuals Into these programs,

Minnesota Board of Aging Primary Programs

- **Area Planning**
- **Social Services**
- **Ombudsman**
- **Legal Services**

H. CHILDREN'S SERVICES DIVISION

Children's Services oversees programs serving children and their families. Children's works with county and private agencies to provide services. A number of the division's programs benefit DD/RC individual's Foster Care Programs

1. Adoption Programs

Part of the state adoption services is the subsidized adoption program which places children with special needs including those who are DD/RC. In FY88 there were 808 subsidized adoptions.

2. Child Foster Care

The placement of DD/RC clients into foster care settings is one of the major elements of the effort to reduce the number of individuals in residential care.

a. Child Foster Care DO/RC Clients Count FY90 **721**

b. Child Foster Care DD/RC Cost of Program FY90 **$2,978,245**

c. Child Foster Care Average Payment Per DD/RC Recipient FY90

Per Day	Per Year
$15.12	$5,518

d. Child Foster Care Estimated Sources of Funding FY90

[Social Security Title IV-4]

Federal	State	County
$576,846	$572,867	$2,828,532
14.5%	14.4%	71.1%

I. COMMUNITY SOCIAL SERVICES

Community Social Services is the division responsible for Adult Foster Care.

ADULT FOSTER CARE

[Rule 9555.5060-7000]

Adult Foster Care is an adult supportive living arrangement for adults who need some care or supervision in order to live in the community rather than a residential care environment. No more than four adults may live at any one location. This service is available to DD/RC people, and is a significant source of community-based housing for DD/RC clients.

Adult Foster Care is available to both waiver and non-waiver DD/RC clients. Following is a breakdown of the Adult Foster Care costs which are provided for DD/RC adults who are not receiving funds or services under a waiver. (Adult Foster Care cost for waiver client has been Included within financial data in the waiver section of this overview.)

a. Adult Foster Care DD/RC Non-waiver Clients Count FY90 **401**

b. Adult Foster Care DD/RC Non-waiver Cost of Program FYM **$845,740**

c. Adult Foster Care Average Payment Per DD/RC Non-waiver Recipient FY90

Per Day	Per Year
$5.87	$2,109

d. Adult Foster Care Estimated Sources of Funding

Federal	State	County
$122.63	$121,786	$601,321
14.5%	14.4%	71.1%

J. AUDIT DIVISION

The Audit Division has the responsibility for reviewing agendas and provides services to the Developmentally Disabled. It seeks to ensure that government funds are spent In compliance with state and federal regulations. The division attempts to verify financial information provided to the state. The division audits providers including nursing homes and ICFs/MR. This division thus enforces the financial rules and regulations which govern DD/RC programs and services.

K. DIVISION OF LICENSING

Licensing is responsible for the enforcement of state and federal laws, rules, and regulation in licensed programs. It approves and licenses services and procedures for persons with developmental disabilities:

- **ICF/MR**
- **Group Homes**
- **Waivered Services**
- **Vendor Services**
- **Day Care**
- **Regional Treatment Centers**
- **Day Training & Habilitation**
- **Residential Programs**
- **Foster Homes**

L. ASSISTANCE PAYMENTS DIVISION

The division provides the payment mechanism for a variety of programs and vendor services. The division is responsible for funds which DD/RC clients receive to pay for community living services, and acute medical care including:

- **Cash**
- **Assistance**
- **Food Stamps**
- **Aid to Families with Dependent Children**
- **Minnesota Supplemental Aid [MSA]**
- **General Assistance**

1. MINNESOTA SUPPLEMENTAL AID [MSA]

[Rule 9500.0650.0710]

MSA is Minnesota's program to fund programs and services not assisted by the federal government Minnesota Supplemental Aid [MSA, RULE 57] is a supplemental payment which meets the federal requirement that states supplement Supplemental Security Income [SSI] grants of those who had previously received Aid to the Blind. Aid to the Disabled, or Old Age Assistance. DHS supervises the program under rule 57. Counties determine if Individuals meet requirements and the amount of the MSA grant. The counties issue payment MSA is designed to provide assistance to those whose income and resources are Insufficient to meet the cost of their basic needs. To qualify, an individual must have income and resources below the state standards established by the Legislature and DHS. Many DD/RC people are among those to benefit from this program.

2. GENERAL ASSISTANCE [GA]

[Rule 9600.1200.1318]

GA is Minnesota's program which provides cash assistance to needy people who do not qualify for Aid to Families with Dependent Children, Supplemental Security Income, or MSA. Payment is based on minimum state wide standards, with provisions for counties to pay "excess" grants from its own funds. GA is a state program administered by counties with detailed specific eligibility criteria, needs determination, and benefits. Although not specifically designed for DD/RC people, they are among those who may qualify for benefits through this program.

M. Public Guardianship Office

This office has guardianship responsibilities for wards of the state including many DD/RC people. In response to a legislative mandate, an effort is being made to reduce the number of individuals who are under guardianship.

VII. STATE DEPARTMENT OF EDUCATION [SDE]

Individuals living at home benefiting from community-based programs and services are among those receiving educational services. Some individuals may not be participating in any other programs for DD/RC. The State Department of Education does not specifically track this information. Once DD/RC students complete education, the state must provide for transition services to facilitate the change from childhood to adult function in the community. The Department of Education has a number of divisions which administer programs which benefit DD/RC students including:

- **The Special Education Section**
- **Office of Transition**
- **Education Commissioner Advisory Task Force**

Approximately 8,000 individuals with some type of disability leave special education programs every year. This means that every year between 800 and 2,000 DD/RC children are added to the pool of citizens who may need adult DD/RC services.

A. THE SPECIAL EDUCATION SECTION DIVISION OF INSTRUCTIONAL EFFECTIVENESS

Minnesota law mandates that beginning from birth every local school district must serve all eligible disabled children. The Special Education Section is responsible for special education programs for children from birth through age 21 under the Education of All Children Act In SFY 1969 82,647 students received some form of special education. Approximately 12% of these students could be classified as mentally retarded. The exact total spent on DO/RC students is not dear. The Department generally does not compile comprehensive DD/RC statistics.

1. **Special Education DD/RC Client Count FY90** **13.706**

2. **Special Education Cost of Program**

Funding for these programs is through county, state and federal sources. Total expenditures from all sources have more than doubled in the period from FY80 to FY90. The level of state and federal (7%) funding decreased but the local share increased from 30% to 39% of the total.

3. **Special Education Total Funds for DD/RC students FY90** **$142,210,681**

4. **Special Education Average Payment Per DD/RC Student FY90**

Per Day	Per Year
$23.69	$8,547

5. **Special Education Funding Source Breakdown**

Federal	State	School Districts
$6,550,972	$67,345,607	$68,314,102

B. SECONDARY VOCATIONAL EDUCATION UNIT

The Secondary Vocational Education Unit administers vocational education programs which include handicapped students. Under this program, services are provided to students with one or more handicaps. Federal vocational funds are added to state allocations and distributed to local education agencies.

C. TRANSITION COMMITTEES

(Transition is understood to mean the change from secondary education to post secondary education or employment, and adult life in the community.)

The Transition Committees are concerned with preparing students with developmental disabilities and related conditions for life as adults. The Committees deal with issue related to the movement of students with disabilities from secondary to vocational training programs, supported employment, competitive employment or community programs. The Federal Supported Employment and Transitions Services Grants forced State attention on the need for interagency cooperation on transition services. The committees were developed in response to this need. The Committees have developed a comprehensive agreement to clarify agency roles and responsibilities. The Committees ensure that all state and local agencies work together to develop a comprehensive system of transition services. The Transition Committees seek to:

- **Identify current services, programs and funding,**
- **Facilitate development of multi-agency teams on student needs,**
- **Develop community transition plans,**
- **Recommend changes in transition services,**
- **Exchange agency information on transition programs and funding, and**
- **Prepare annual transition report.**

1. STATE TRANSITION INTERAGENCY COMMITTEE [STIC]

The State Transition Interagency Committee coordinates the actions of all those state agencies dealing with transition and related issues. It now consists of the Department of Education, Department of Human Services, Department of Jobs and Training, State Board of Vocational Education, State Community College System, State Planning Agency, Client Assistance Project Parent Advocacy Coalition, local agencies, parents and advocates. The Committee seeks to assist the disabled move smoothly from an educational setting to an adult life environment .The committee seeks to maximize the use of available resources through interagency cooperation, sharing of resources and information.

INTERAGENCY OFFICE OF TRANSITION SERVICES

The office is housed within the Department of Education and provides the administrative staff for the State Transition Interagency Committee.

2. COMMUNITY TRANSITION INTERAGENCY COMMITTEE

The Community Transition Interagency Committees are the local level equivalent of the State Transition Interagency Committee. Each committee is constituted to function at some local level, either city, county, or school district. These committees have members from education, special education, vocational education, community education, post secondary education, and training institutions; parents of handicapped youth, local business, industry, rehabilitation services, county social services, health agencies, and public and private providers, are also represented.

INSTITUTE ON COMMUNITY INTEGRATION - UNIVERSITY OF MINNESOTA

The Institute on Community Integration is part of the Center for Residential and Community Integration. The institute is located at tht University of Minnesota. Its one of a nationwide network of University Affiliated Programs. The institute has a contract with the SDE to provide administrative support for the Community Transition Interagency Committee. They support studies and provide background information on developmental disabilities and function as a resource center on DD/RC

VIII. DEPARTMENT OF JOBS AND TRAINING

The Department provides for training and placement in both competitive and sheltered work environments. It also provides employment within the community. DJT emphases vocational rehabilitation and training for those with the highest employment potential.

DIVISION OP REHABILITATION SERVICES [DRS]

Access to DRS programs is generally for DD/RC clients with significant potential for competitive employment placement The effect has been to shift many DD/RC individuals from DRS (lower cost) vocational service into DHS (higher cost) day training and rehabilitation services. The shift reduces DJT's budget but increases DHS's.

Services include:

- **Evaluation of rehabilitation potential**
- **Counseling guidance and referral**
- **Vocational training**
- **Assistance for families to adjust to client handicaps**
- **Interpreters for the deaf**
- **Technical aids and devices**
- **Recruitment and training services**
- **Employment listings**
- **Services to enhance employability**
- **Licenses and necessary equipment and supplies**
- **Vocational Rehabilitation**
- **Independent Living Program**
- **Supported Employment Grants**
- **State Service for the Blind and Visually Handicapped (SSB)**
- **Supported Employment**
- **Educational Training**
- **Extended Employment**

1. **Vocational Rehabilitation DD/RC Client Count PY90** **$8,687**

   BASIC 3,000 EXTENDED 3,347 SUPPORTED 2,340

2. **Vocational Rehabilitation Total Funds tar DD/RC FY90** **$16,330,502**

3. **Vocational Rehabilitation Average Payment Per DD/RC Client FY90**

	Per Day	Per Year
Basic Service	$4.63	$1,680
Extended Employment	$5.83	$2,057
Supported Employment	$5.12	$1,869

4. **Vocational Rehabilitation Funding Source Breakdown**

Federal	State	County
$3,964,376	$7,850,325	$4,515,801
24.27%	48.07%	27.68%

IX. MINNESOTA DEPARTMENT OF HEALTH [SDH]

The Department of Health runs a number of programs that benefit DD/RC clients directly, and several others which are aimed at reducing (through screening and early intervention) health problems which may result in developmental disabilities and related conditions. The department deals with issues of quality of care and services. SDH certifies ICF/MR and Nursing Homes. It is also responsible for reviewing the quality of care at residential facilities. The department also audits the provision of medical services in nursing home and hospitals [facilities which serve DD/RC clients]. SDH does not routinely generate DD/RC-specific data. Some information can be obtained based on primary diagnosis. There is no specific breakdown for DD/RC clients by program available at this time.

A. Health Care Resource
Residential and Acute Care Facilities
[Nursing Homes and Hospitals]

B. Community Health Services (CHS)
Community Nursing and Maternal Child Health
Home Health
Disease Prevention and Control
Emergency Medical Services
Health Education
Environmental Health

C. Maternal and Child Health Services
Special Supplemental Food Program for Women, Infants and Children (WIC)
Human Genetics Program
Child Health Screening, Health Promotion Unit
Services for Children with Handicaps (SCH)
Hearing and Vision Conservation
Family Planning
Home Health Care Services
Maternal and Child Health State Plan

D. Office of Health Facility Complaints

X. OFFICE OF OMBUDSMAN FOR MENTAL HEALTH AND RETARDATION

The Ombudsman's office was created to promote high quality standards of treatment, efficiency, and justice for those receiving care. The program was developed to ensure quality services for DD/RC and MH clients.

The Ombudsman Is empowered to:

- **Mediate or advocate on clients' behalf;**
- **Investigate the quality of services provided clients;**
- **Promote health, safety, and welfare of clients;**
- **Gather information and analyze actions of agencies, facilities, and programs;**
- **Examine agency's, facility's, and program's records on a client's behalf;**
- **Subpoena persons to appear, testify or produce documents for items under inquiry;**
- **Attend Department of Human Services or Special Review Board proceedings.**

The Minnesota State Planning Agency has a number of different responsibilities including overseeing special research grants, special projects, and initiatives which benefit DD/RC people. The Minnesota State Planning Agency under this authority is the agency designated under federal law to administer funding for the Governors Planning Council on Developmental Disabilities. The law requires that the designated state agency must be an agency of state government which does not provide or pay for services to DD/RC clients.

GOVERNOR'S PLANNING COUNCIL ON DEVELOPMENTAL DISABILITIES

The Governor's Planning Council on Developmental Disabilities is a planning and advocacy group with 27 members. The members include representatives from the principal stale agencies, local agencies, nongovernment agencies and concerned groups. The council supervises the development of a state plan detailing services needed by the developmentally disabled. The plan is a Joint endeavor of the Minnesota Governor's Planning Council on Developmental disabilities and the State Planning Agency. The Council then monitors and evaluates the implementation of the state DD/RC plan.

XII. STATE COUNCIL ON DISABILITIES

The council consists of 21 members appointed by the Governor to advise government on the needs of the disabled. It promotes coordination and improvement of services and provides referral services to individuals and families. The Council works with the Governor's Planning Council on Developmental Disabilities.

A. GOVERNOR'S ADVISORY COUNCIL ON TECHNOLOGY FOR PEOPLE WITH DISABILITIES

The Council is administered by the State Council on Disabilities and works with the Governor Planning Council on Developmental Disabilities. It functions as an advocate of policy reform and coordinates state activities and services on the use of technology for the disabled. The council received a grant from the Federal Government under the Technology-Related Assistance for Individuals with Disabilities Act

B. SYSTEM OF TECHNOLOGY TO ACHIEVE RESULTS (STAR)

A new program called System of Technology to Achieve Results (STAR) Is provide by the Council on Disabilities. STAR is focused on advocacy, education, information and referral. The program seeks to coordinate efforts among public and private agencies in order to provide individuals with disabilities assistive technology, products or pieces of equipment to improve, or maintain functional capabilities The program does not provide technology or devices, but only provides information about technology that can be purchased by disabled individuals. Funding to purchase these items must come from other sources. This process includes individuals on CAC, CADI, CHCO, and HCB-MR/RC, who can obtain information on equipment which can be obtained through MA.

XIII. LEGAL ADVOCACY FOR THE DEVELOPMENTALLY DISABLED

This is a project of the Legal Aid Society of Minneapolis. It is the agency designated as the Minnesota Protection and Advocacy Agency as required by the federal Developmental Disabilities Act of 1964. to function as the Legal Advocate for the developmentally disabled. The Legal Advocate aims to assure quality community-based services are available for people with developmental disabilities. The Legal Advocate is funded by the U.S. Department of Health and Human Services Administration on Developmental Disabilities, the United Way, foundation grants, and private contributions. The Legal Advocate protects and advocates for the rights of persons with developmental disabilities by:

- **Direct representation of people with disabilities,**
- **Legislative and administrative advocacy**
- **Consumer and professional education and training.**

XIV. ADVOCACY GROUPS

ADVOCACY PRIORITIES FOR THE 1990

The demands for service promoted by advocacy groups can be expected to change. (Based on the Booklet "NEW WAY OF THINKING", 1987, page 2 published by the Minnesota Governor's Planning Council on Developmental Disabilities) Among the demands for change In the 1990's that can be anticipated are a:

- **Shift from expanded capacity to improve quality of services;**
- **Shift from categorical expectations to individualized expectations;**
- **Shift from developmental planning to life-long functional planning;**
- **Shift from special facilities to an array of services provided as needed [more specialized service vendors];**
- **Shift from a system of preset services options to individualized support service;**
- **Shift from services payment based on facility budgets to payment based on vendor performance and individual needs;**
- **Shift from state and county payments to a vendor voucher system for service;.**
- **Shift to informed-choice driven system of services;**
- **Shift from separate services to holistic integrated system; and an**
- **Increased use of public schools to provide unique individualized learning opportunities.**

XV. COST COMPARISON ACROSS DEVELOPMENTAL DISABILITIES PROGRAMS
COMPOSITE COST OF SERVICE BY PROGRAMS

The primary sources for data used In the Primer and the cost comparison tables which follow are documents done for the Department of Human Services by the Minnesota Department of Administration Management Analysis Division:

- **"Minnesota Family Support and Medical Entitlement and Related Programs, Projections for the F.Y. 1992 -1993 Biennium November 1990 Forecasts'**

- **"Public Expenditures for Services to Persons With Developmental Disabilities in Minnesota", April 1991 [that reports working papers]**

- **"Summary of Estimated Expenditures by Service Categories to Persons with Mental Retardation or Related Conditions", and related footnotes.**

In addition, some data on specific programs or services was provided by individual departments from their fiscal reports.

The cost comparisons provided on the following pages are composite costs for specific programs. The purpose is to provide an understanding of the relative costs of major programs which benefit DD/RC people. The composite cost of services by program represents the total costs of services provided within the program setting distributed across the total of all individuals in that program. This is not the same as the average cost per recipient of a particular service, because not all individuals in the program actually receive each service. The total cost of services received is provided to show a relative comparison of costs for different programs.

The information provided in mis section is generally the same data which was used in all preceding sections. An effort has been made to maintain a consistent format and structure for all data presented. For the sake of continuity daily rates are the annual total per client divided by 365 days. This Primer is not seeking to develop new data, but to present material which is already available in a framework which will make it easier to understand DD/RC programs and services.

XVI. COST COMPARISON ACROSS DEVELOPMENTAL DISABILITIES PROGRAMS
COMPOSITE COST OF SERVICE TABLES

(Based on FY 1990 costs distributed across programs]

REGIONAL TREATMENT CENTERS [RTC]		PER CLIENT DAILY COST	PER CLIENT ANNUAL COST
BASIC PROGRAM GOVERNMENT COSTS FY90 *	**	$221.85	$80,975
OTHER GOVERNMENT COSTS			
ACUTE CARE/OTHER M.A. COSTS		$2.86	$1,044
CLOTHING & PERSONAL NEEDS ALLOWANCE		$2.27	$828
TOTAL GOVERNMENT COST PER CLIENT		$226.98	$82,847

CLIENTS	1394
TOTAL GOVERNMENT PROGRAM COSTS	$107,841,437
TOTAL OTHER GOVERNMENT COSTS	$2,609,429
ADDITIONAL PRIVATE INSURANCE	$3,352,000
STATE/COUNTY SHARE OF BASIC PROGRAM	$52,377,178
FEDERAL SHARE OF BASIC COST	$55,464,258

$107.75 **$39,330**

*** COMPARATIVE COSTS DO NOT INCLUDE PRIVATE INSURANCE PAYMENTS FOR SERVICES [BECAUSE. INSURANCE INFORMATION IS NOT AVAILABLE FOR MOST PROGRAMS).**

**** NOTE: DAILY COSTS FOR BASIC PROGRAM INCLUDING PRIVATE INSURANCE CONTRIBUTION WOULD EQUAL $228.75**

INTERMEDIATE CARE FACILITY/MENTAL RETARDATION [ICF/MR]	PER CLIENT DAILY COST	PER CLIENT ANNUAL COST
BASIC PROGRAM GOVERNMENT COSTS FY90	$77.62	$28,331
OTHER GOVERNMENT COSTS		
ACUTE CARE/OTHER M.A. COSTS	$6.82	$2,489
DAY TRAINING & HABILITATION DISTRIBUTED COST	$17.42	$6,360
SPECIAL NEEDS PROGRAM COSTS	$0.78	$284
CLOTHING & PERSONAL NEEDS ALLOWANCE	$2.27	$828
TOTAL GOVERNMENT COST PER CLIENT	$104.91	$38,293

CLIENTS	4224
BASIC PROGRAM GOVERNMENT COSTS	$119,676,291
OTHER GOVERNMENT COSTS	$42,078,182
STATE/COUNTY SHARE OF BASIC PROGRAM	$56,463,274
FEDERAL SHARE OF BASIC PROGRAM	$63,213,017

$36.62 **$13,367**

HOME AND COMMUNITY-BASED WAIVERS MR/RC
[HCB-MR/RC]

ADULT CLIENT COSTS		PER CLIENT DAILY COST	PER CLIENT ANNUAL COST
BASIC PROGRAM GOVERNMENT COSTS FY90		$67.44	$24,616
OTHER GOVERNMENT COSTS			
ACUTE CARE/OTHER M.A. COSTS		$10.37	$3,784
BOARD & ROOM/CLOTHING & PERSONAL NEEDS ALLOWANCE			
[AVERAGE COST PER MONTH $815]		$26.79	$9,780
TOTAL GOVERNMENT COST PER CLIENT		$104.60	$38,180
ADULT CLIENTS	1820		
BASIC PROGRAM GOVERNMENT COSTS	$44,758,686		
OTHER GOVERNMENT COSTS	$24,686,680		
STATE/COUNTY SHARE OF BASIC PROGRAM	$21,117,148	$31.82	$11,614
FEDERAL SHARE OF BASIC PROGRAM	$23,641,538		

HOME AND COMMUNITY-BASED WAIVERS MR/RC
[HCB-MR/RC)

CHILD CLIENT COSTS		PER CLIENT DAILY COST	PER CLIENT ANNUAL COST
BASIC PROGRAM GOVERNMENT COSTS FY90		$67.44	$24,616
OTHER GOVERNMENT COSTS			
ACUTE CARE/OTHER M.A. COSTS		$10.37	$3,784
SPECIAL EDUCATION AVE. PER STUDENT		$23.69	$8,647
BOARD & ROOM/CLOTHING & PERSONAL NEEDS ALLOWANCE			
FOSTER CARE		$15.12	$5,518
TOTAL GOVERNMENT COST PER CLIENT		$116.61	$42,564
CHILD CLIENTS	453		
BASIC PROGRAM GOVERNMENT COSTS	$11,189,671		
OTHER GOVERNMENT COSTS	$8,130,897		
STATE/COUNTY SHARE OF BASIC PROGRAM	$5,279,287	$31.82	$11,614
FEDERAL SHARE OF BASIC PROGRAM	$5,910,384		

TOTAL CLIENTS ADULT AND CHILD	2273	
BASIC PROGRAM COST ADULT & CHILD		$55,948,357
STATE &COUNTY SHARE OF BASIC PROGRAM ADULT & CHILD		$26,396,435
FEDERAL SHARE OF BASIC PROGRAM ADULT & CHILD		$29,551,992

COMMISSIONER'S SPECIAL PROJECT [CSP]
HOME AND COMMUNITY-BASED WAIVERS MR/RC
(CPS client count and expenditures are included in the overall HCB MR/RC waiver total program cost on page 45.)

[A subset of Horne and Community-Based Waviers MR/RC]		PER CLIENT DAILY COSTS	ANNUAL COST
BASIC PROGRAM GOVERNMENT COSTS FY91		$144.48	$52,733
OTHER GOVERNMENT COSTS			
ACUTE CARE/OTHER M.A. COSTS		$10.37	$3,784
[FY90 costs used for comparison] BOARD & ROOM/CLOTHING AND PERSONAL ALLOWANCE			
[AVERAGE COST PER MONTH $815]		$26.79	$9,780
TOTAL GOVERNMENT COST PER CLIENT		$181.64	$66,299
ESTIMATED AVERAGE NUMBER OF CLIENTS SERVED MONTHLY 103			
BASIC PROGRAM GOVERNMENT COSTS	$5,431,726		
OTHER GOVERNMENT COSTS	$1,397,092		
STATE/COUNTY SHARE OF BASIC PROGRAM	$2,562,688	$68.17	$24,880
	$2,869,037		

ENHANCED
HOME AND COMMUNITY-BASED WAIVERS MR/RC

[A subset of Home and Community-Bawd Waviers MR/RC]	PER CLIENT DAILY COSTS	ANNUAL COST
BASIC PROGRAM GOVERNMENT COSTS FY91	$157.00	$57,305
[BEGUN IN FY91 MAXIMUM PER DIEM $185]		
OTHER GOVERNMENT COSTS FY 90 BASE		
ACUTE CARE/OTHER M.A. COST *	$10.37	$3,784
[FY90 costs used for comparison]		
BOARD & ROOM/CLOTHING & PERSONAL ALLOWANCE &/OR SS (AVERAGE COST PER MONTH $815]	$26.79	$9,780
TOTAL GOVERNMENT COST PER CLIENT	$194.16	$70,869
CLIENTS AS OF 12/90 33		
APPROVED FOR SERVICE IN 120 DAY 78		
STATE/COUNTY SHARE OF BASIC COST	$74.07	$27.036

A new program for FY91. Costs are based on costs for first clients.

*** ACUTE CARE COST PROBABLY UNDERSTATED DUE TO GROUPS HIGHER NEED LEVEL**

ALTERNATIVE COMMUNITY SERVICES [ACS]
HOME AND COMMUNITY-BASED WAIVERS MR/RC

[A subset of Home and Community-Based Waviers MR/RC]		PER CLIENT DAILY COSTS	ANNUAL COST
BASIC PROGRAM GOVERNMENT COSTS BEGUN IN FY91		$110.00	$40,150
OTHER GOVERNMENT COSTS	FY90 BASE		
ACUTE CARE/OTHER M.A. COSTS [FY90 cost used for comparison]		$10.37	$3,784
CASE MANAGEMENT FY 90 AVERAGE COST [Paid as administrative expense tor ACS Waiver not as waiver services as in other waivers]		$2.69	$983
BOARD & ROOM/CLOTHING & PERSONAL ALLOWANCE (AVERAGE COST PER MONTH $815)		$26.79	$9,780
TOTAL GOVERNMENT COST PER CLIENT	*	$149.85	$54,697
NEW PROGRAM FY91			
POTENTIAL NUMBER OF CLIENTS 245			
TOTAL PROGRAM COST	N.A		
STATE/COUNTY SHARE OF BASIC COST		$51.90	$18,943

* Anew program for FY91 began in September 1990. Cost are based on estimates for first clients.

SEMI-INDEPENDENT LIVING SERVICES [SILS]		PER CLIENT DAILY COSTS	ANNUAL COST
BASIC PROGRAM GOVERNMENT COSTS	FY90	$13.42	$4,631
OTHER GOVERNMENT COSTS			
DAY TRAINING & HABILITATION		$25.78	$9,411
BOARD & ROOM/CLOTHING & PERSONAL NEEDS ALLOWANCE (DISTRIBUTED TOTAL SSI, SSDI, & MSA COSTS)		$9.94	$3,629
TOTAL GOVERNMENT COST PER CLIENT		S48.96	$17,871
CLIENTS	1250		
WAITING LIST	510		
BASIC PROGRAM GOVERNMENT COSTS	$6,039,035		
OTHER GOVERNMENT COSTS	$16,299,987		
STATE SHARE OF BASIC PROGRAM	$4,270,800	$9.49	$3,464
COUNTY SHARE	$1,768,235		

FAMILY SUBSIDY PROGRAM [FSP]			PER CLIENT DAILY COSTS	PER CLIENT ANNUAL COST
BASIC PROGRAM GOVERNMENT COSTS	FY90	*	$7.40	$2,700
OTHER GOVERNMENT COSTS				
SPECIAL EDUCATION AVE. PER STUDENT			$23.69	$8,467
BOARD & ROOM/CLOTHING & PERSONAL NEEDS ALLOWANCE			$0.00	$0.00
[In a non-subsidized family living environment				
TOTAL GOVERNMENT COST PER CLIENT			$31.19	$11,347
CLIENTS	418			
CLIENTS WAITING	192			
TOTAL COST OF BASIC PROGRAM	$1,128,700		100% STATE PROGRAM	

* MAXIMUM PER MONTH $250 / AVERAGE $225 PER MONTH

CHILDREN'S HOME CARE OPTIONS [CHCO {TEFRA}] MEDICAL SERVICES ONLY		PER CLIENT DAILY COSTS	PER CLIENT ANNUAL COST
BASIC PROGRAM GOVERNMENT COSTS FY90			
MEDICAL SERVICE ONLY		$5.80	$2,118
OTHER GOVERNMENT COSTS			
SPECIAL EDUCATION AVE. PER STUDENT		$23.69	$8,647
BOARD & ROOM/CLOTHING & PERSONAL NEEDS ALLOWANCE		$0.00	$0
[In a non-subsidized family living environment]			
TOTAL GOVERNMENT COST PER CLIENT		$29.49	$10,765
CLIENTS USING MEDICAL SERVICES ONLY	886		
COST OFMEDICIAL SERVICE ONLY	$1,876,548		
STATE/COUNTY SHARE OF MEDICAL COSTS	$885,355.35	$2.74	$999

CHILDREN'S HOME CARE OPTIONS [CHCO {TEFRA}] HOME AND MA SERVICES		PER CLIENT DAILY COSTS	PER CLIENT ANNUAL COST
BASIC PROGRAM GOVERNMENT COSTS FY90		$20.54	$7,497
HOME CARE SERVICES			
OTHER COSTS			
MEDICAL ASSISTANCE/ACUTE CARE COST		$5.80	$2,118
SPECIAL EDUCATION AVE. PER STUDENT		$23.69	$8,647
BOARD & ROOM/CLOTHINO & PERSONAL NEEDS ALLOWANCE		$0.00	$0
[In a non-subsidized family living environment]			
TOTAL GOVERNMENT COST PER CLIENT		$55.30	$20,183
CLIENTS USING BOTH HOME AND MEDICAL	549		
COST OF USING BOTH HOME AND MEDICAL	$5,283,663		
STATE/COUNTY SHARE HOME& MEDICAL	$2,492,832	$12.43	$4.536.36

TOTAL PROGRAM COST	$7,160,211		
STATE/COUNTY SHARE OF PROGRAM	$3,378,188	$6.45	$2,354
FEDERAL SHARE OF PROGRAM	$3,782,023		

THE ABOVE DATA ONLY REPRESENTS THE 63% OF CHCO CLIENTS WHO ARE DD/RC

OTHER PROGRAMS FOR WHICH DD/RC INDIVIDUALS MAY QUALIFY

COMMUNITY ALTERNATIVE CARE [CAC]		PER CLIENT DAILY COSTS	ANNUAL COST
BASIC PROGRAM GOVERNMENT COSTS FY90		$413.53	$150,937
OTHER GOVERNMENT COSTS			
MEDICAL ASSISTANCE/ACUTE CARE COSTS		$18.47	$6,743
SPECIAL EDUCATION AVE PER STUDENT *		$23.69	$6,647
BOARD & ROOM/CLOTHING & PERSONAL NEEDS ALLOWANCE		$0.00	$0
[Assuming non-subsidized family living]			
TOTAL GOVERNMENT COST PER CLIENT		$455.69	$166,327
MONTHLY AVERAGE 27 FY90 SERVED	77		
MAXIMUM WAIVER SLOTS	65		
CLIENTS WAITING 192			
BASIC PROGRAM COSTS	$4,075,293		
STATE/COUNTY SHARE OF BASIC PROGRAM	$1,922,723	$195.10	$71,212
FEDERAL SHARE OF BASIC PROGRAM	$2,152,570		

* Average over 80% children.

COMMUNITY ALTERNATIVE FOR DISABLED INDIVIDUAL [CADI]		PER CLIENT DAILY COST	ANNUAL COST
BASIC PROGRAM GOVERNMENT COSTS FY90		$26.30	$9,599
OTHER COSTS			
MEDICAL ASSISTANCE ACUTE CARE COSTS		$10.37	$3,764
[Assuming Minimum Ave. Waiver M.A. Costs]			
BOARD & ROOM/CLOTHING & PERSONAL NEEDS ALLOWANCE			
[In a non-subsidized family living environment]		$0.00	$0
TOTAL GOVERNMENT COST PER CLIENT		$36.67	$13,383
CLIENTS FOR YEAR	780		
CLIENTS AVERAGE PER MONTH	176		
MAXIMUM WAIVER SLOTS	450		
TOTAL PROGRAM COST FY90	$1,689,379		
STATE/COUNTY SHARE OF BASIC PROGRAM	$797,049	$12.41	$4,529
FEDERAL SHARE OF BASIC PROGRAM	$892,330		

* The CADI rate for FY91 has been reduced to $4,025 per client per year.
The data on the total number of DD/RC clients in program not available.

Appendices

ALTERNATIVE CARE GRANTS [ACG]		PER CLIENT DAILY COST	PER CLIENT ANNUAL COST
BASIC PROGRAM GOVERNMENT COSTS FY90		$7.58	$2,767
OTHER GOVERNMENT COSTS			
MEDICAL ASSISTANCE ACUTE CARE COSTS [Generally covered under Medicare]			
BOARD & ROOM/CLOTHING & PERSONAL NEEDS ALLOWANCE [Assuming non-subsidized family living]		$0.00	$0
TOTAL GOVERNMENT COST PER CLIENT		$7.58	$2,677
DD/RC 4 KNOWN			
CLIENTS FOR YEAR	8591		
TOTAL PROGRAM COST	$23,768,818		
STATE SHARE OF BASIC PROGRAM	$18,073,695	$5.76	$2,104
COUNTY SHARE OF BASIC PROGRAM	$2,169,789		
FEDERAL SHARE OF BASIC PROGRAM	$3,525,334		

APPENDIX I

SOCIAL SECURITY ACT AMENDMENTS

TITLE I

Grants to states for Old-Age Assistance, and Medical Assistance for the Aged (replaced by Supplemental Security Income)

TITLE II

Federal Old-Age, Survivors, and Disability Insurance Benefits (OASDI-commonly called "Social Security")

TITLE ID

Grants to states for Unemployment Compensation

TITLE IV

Grants to states for Unemployment Compensation; Grants to states for Aid and Services to Needy Families with Children; and for Child Welfare Services (includes Aid to Families with Dependent Children)

TITLE V

Maternal and Child Health and Crippled Children's Services

TITLE VI REPEALED

TITLE VII

Administration

TITLE VIII

Taxes with respect to employment (superseded)

TITLE IX

Miscellaneous provisions related to Employment Security

TITLE X

Grants to states for Aid to the Blind (Replaced by Supplemental Security Income Title XVI)

TITLE XI

General Provisions and Professional Standards Review

TITLE XII

Advances to State Unemployment Funds

TITLE XIII EXPIRED

TITLE XIV

Grants to States for Aid the Aged, Blind, or Disabled, or for such Aid and Medical Assistance for the Aged. Replaced by Supplemental Security Income - SSI

TITLE XV **REPEALED**

TITLE XVI

The Supplemental Security Income Program (SSI)

TITLE XVII

Grants for Planning Comprehensive Actions to combat Mental Retardation

TITLE XVIII

Health Insurance for Age and Disabled - "Medicare"

TITLE XIX

Grant to States for Services - "Medical Assistance"

TITLE XX

Block Grants to States for - "Social Services"

APPENDIX II

ACRONYMS AND ABBREVIATIONS

ACG	**Alternative Care Grants**
ACS	**Alternative Community Services Waiver**
AD	**Aging Division**
ADA	**American's with Disabilities Act**
AFDC	**Aid to Families with Dependent Children**
BAD	**Budget Analysis Division**
CAC	**Community Alternative Care**
CADI	**Community Alternative for Disabled Individuals**
CAP	**Client Assistance Project**
CM	**Case Manager**
CC	**Community College**
CD	**Chemical Dependency**
CFR	**Code of Federal Regulations**
CHP	**Children's Health Plan**
CHCO	**Children's Home Care Option**
CHS	**Community Health Service**
CNA	**Certified Nursing Assistant**
CTIC	**Community Transition Interagency Committee**
CS	**Children Services Division**
CSP	**Commissioner's Special Project**

CSS	**County Social Services or Community Social Services Division**
CSS A	**Community Social Services Act**
CTRS	**Certified Therapeutic Recreational Specialist**
CY	**Calendar Year**
DAC	**Developmental Achievement Centers**
DD	**Developmentally Disabled or Division for Persons with Developmental Disabilities and Related Conditions**
DD/RC	**Developmental Disabilities and Related Conditions**
DJT	**Department of Jobs and Training**
DRS	**Department of Rehabilitation Services**
DSD	**Deaf Services Division**
DTH	**Day Training and Habilitation**
ECS	**Early Childhood Screening**
EE	**Extended Employment**
EPSDT	**Extended Periodic Screening Program**
FFP	**Federal Financial Participation**
FSP	**Family Subsidy Program**
FY	**Fiscal Year**
GA	**General Assistance**
GAMC	**General Assistance Medical Care**
HCB	**Home and Community Based Waiver**
HCM	**Health Care Management Division**
HHS	**United States Health and Human Services Department**
ICP	**Individual Care Plan**

IEIC	**Interagency Early Intervention Committee**
ICF/MR	**Intermediate Care Facility for Mental Retardation**
IFSP	**Individual Family Service Plan**
ILS	**Independent Living Skills**
IOT	**Interagency Office of Transition**
ISP	**Individual Services Plan**
ITP	**Individual Treatment Plan**
JTPA	**Job Training Partnership Act**
LCP	**Licensed Consulting Psychologist**
LEA	**Local Education Agency**
LPN	**Licensed Practical Nurse**
LSW	**Licensed Social Worker**
LTMC	**Long Term Care Management Division**
MA	**Medical Assistance**
MBA	**Minnesota Board on Aging**
MDH	**Minnesota Department of Health**
MDLC	**Minnesota Disability Law Center**
MH	**Mental Health, or Mental Health Division**
MI	**Mental Illness**
MR	**Mental Retardation**
MR/RC	**Mental Retardation and Related Conditions**
MSA	**Minnesota Supplemental Aid**
MSSA	**Minnesota Social Service Association**
NF	**Nursing Facility**
OBRA	**Omnibus Budget Reconciliation Act**

OSERS	**Office of Special Education and Rehabilitation Services**
OT	**Occupational Therapy**
PACER	**Parent Advocacy Coalition for Education Rights**
PASARR	**Preadmission Screening and Annual Residential Review**
PCA	**Personal Care Assistant**
PDN	**Private Duty Nursing**
PT	**Physical Therapy**
OMB	**Qualified Medicare Beneficiary**
OMHP	**Qualified Mental Health Professional**
RN	**Registered Nurse**
RSS	**Regional Service Specialist**
RTC	**Regional Treatment Center**
RTM	**Residential Treatment Management Division**
SCH	**Services for Children With Handicaps**
SDE	**State Department of Education**
SE	**Special Education**
SFY	**State Fiscal Year**
SILS	**Semi-independent Living Services**
SNF	**Skilled Nursing Facility**
SOCS	**State Operated Community Services**
SPA	**State Planning Agency**
SS	**Social Services**

SSA	**Social Security Administration**
SSB	**State Services for the Blind**
SSDI	**Social Security Disability Insurance**
SSI	**Supplemental Security Income**
SUR	**Surveillance, Utilization Review**
SVE	**Secondary Vocational Education**
TEFRA	**Tax Equity and Fiscal Responsibility Act**
TI	**Technical Institutes**
VR	**Vocational Rehabilitation**
WEF	**Waiver Eligibility File**
WIC	**Women, Infant, and Children**

APPENDIX III

GLOSSARY*

ACUTE CARE HOSPITAL - A facility providing comprehensive medical services on a 24-hour a day basis for individual with acute medical or emotional disorders.

ADAPTIVE AIDS/ SPECIAL EQUIPMENT - Minor physical adaptations to the home, adaptation to vehicles, or adaptive equipment used to enable persons with disabilities to be maintained in the home.

ADULT FOSTER CARE - An adult supportive living arrangement for adults who need some care or supervision in order to live in the community rather than a residential care environment. No more than four adults may live at any one location. This service is available to DD/RC people and is a significant source of community-based housing for DD/RC clients.

AFDC (Aid to Families with Dependent Children) - a federal-state cash assistance program authorized by Title IV-A of the Social Security Act.

AFDC-EA [Emergency Assistance]
AFDC-UB [Unborn children]
AFDC-UP [Unemployed Parent]

AGING DIVISION/MINNESOTA BOARD ON AGING (MBA) - The Minnesota Board on Aging provides a range of services to older Minnesotans. The programs are aimed at aiding the elderly to live independently.

ALTERNATIVE CARE GRANTS (ACG) - A Home and Community Based Waiver Program for qualified elderly. ACG is intended to foster the use of community-based care resources and reduce admission into more expensive residential care setting. The program prevents or delay placement into Skilled Nursing Facilities.

ALTERNATIVE COMMUNITY SERVICES WAIVER (ACS) - A special waiver to facilitate the relocation of DD/RC individuals from nursing homes into community-based settings. This is required by federal statute for any DD/RC individual determined by a screening team to be inappropriately placed in a nursing home.

BENCHWORK - This supported employment model provides assembly work in a service agency that also functions as a business. It aims to provide long-term employment for 8 to 15 persons with severe disabilities. In a setting with long-term supervision and a 1:5 staff ratio.

BOARD AND LODGING FACILITY - A facility which has a lodging house and food service license from the local or State Health Department and which provides minimum supervision.

NOTE:** ***The definitions in this glossary are informational definitions condensed from operational and statutory definitions. For the comprensive legal definitions refer to the appropriate rule or statute for the program or service.

COMMUNITY ALTERNATIVE CARE (CAC) – CAC provides Medical Assistance community-based services for a chronically ill or disabled person, under 66 years of age, living at home and at risk of placement in acute care facility who chooses community care.

COMMUNITY ALTERNATIVES FOR DISABLED INDIVIDUALS (CADI) - CADI is a community-based services waiver. The program assists Medical Assistance-eligible disabled children and adults, including those with developmental disabilities, to live at home.

CARETAKER - An adult who cares for a dependent child. With few exceptions a child must reside with a caretaker to qualify for AFDC. The needs of the care taker are included in the assistance grant.

CASH TRANSFER- A general phrase often used to describe the process of providing AFDC, SSI, MSA, and GA cash from tax revenues to low-income persons.

CASE MANAGEMENT - Case Management is the service for facilitating access to social service programs and services.

CASE MANAGEMENT REGIONAL SERVICE SPECIALIST - The regional services specialist is a DHS employee who provides technical case management assistance to counties, and provides supervision of individual case management services. They represent the state at a regional level, functioning as an intermediary between the state and counties ensuring coordination of services, and consistency of standards between counties in their region. They also have responsibility and authority to approve or disapprove the use of Medical Assistance monies for both ICF/MR services and home and community-based services. This position exist because of the division of responsibility within the state between the state as supervisor and the county as provider of services.

CASE MANAGER - Case managers are the county workers who arrange and coordinate social services including DD/RC services. They may also determine eligibility for specialized services, act as an advocate for an individual, and monitor the delivery of services.

CLIENT ASSISTANCE PROJECT (CAP) - Assistance to disabled clients as provided by the Legal Aid Society of Minneapolis.

CODE OF FEDERAL REGULATION (CFR) - The regulations for Aid to Families with Dependent Children (AFDC) are in Title 45: those for Supplemental Security Income [SSI] are in Title 20, Medicaid (MA) are in Title 42 & 45; food stamps Title 7, etc.

CHILDREN'S HOME CARE OPTION (CHCO) - CHCO provides Medical Assistance-eligible disabled children, 18 years or younger, and living at home, with resources to cover medical costs which could result in long-term care or hospital placement CHCO is the Tax Equity and Fiscal Responsibility Act of 1982 {TEFRA} Entitlement under TITLE XIX Medical Assistance Program.

CHILD FOSTER CARE - A licensed substitute 24-hour care placement for a child for a planned period of time which provides experiences and conditions which provide a normal growth environment

CHORE SERVICES - Services such as routine housekeeping tasks, minor household repairs, shopping, lawn care, and snow shoveling.

COMMISSIONER'S SPECIAL PROJECT (CSP) - A subdivision of the Home and Community-Based Waiver intended as a temporary program to provide counties with additional funding for high-cost clients.

COMMUNITY BASED EMPLOYMENT - Old term now called supported employment. It is an extended employment subprogram. This program provides work and jobs in the community with job coaching and support provided by a facility. The work is done outside of a facility at minimum or subminimum wage. The program provides interaction with non-disabled workers. The program is provided by the Extended Employment Program and Day Training and Habilitation Services.

COMMUNITY RESIDENTIAL FACILITIES AND SERVICES - Community-based programs that provide 24-hour care, supervision, food, lodging, rehabilitation, training, education, habilitation, and treatment for four or more DD/RC clients.

COMMUNITY TRANSITION INTERAGENCY COMMITTEE - A committee with members from education, special education, vocational education, community education, post secondary education, and training institutions; parents of handicapped youth, local business, industry rehabilitation services, county social services, health agencies, and public and private providers are members.

Functions:

1. **Identifies current services, programs and funding;**
2. **Facilitates development of multi-agency teams on student needs;**
3. **Develops community transition plans;**
4. **Recommends changes in transition services;**
5. **Exchanges agency information on transition programs and funding;**
6. **Prepares annual transition report**

CONTRACT GROUP HOMES - Usually licensed as Intermediate Can Facilities for the Mentally Retarded [ICF/MR]. Residents have similar handicaps. Residents must have a plan of care with active treatment and 24-hour supervision. Preference is for family-sized homes. Most facilities house 6-15 residents.

CONVERSIONS - Conversion is the process of eliminating (decertification) existing beds in an RTC, or ICF/MR. The process is designed to reduce the total number of beds in residential facilities statewide. The process results in the closing, or reduction in size [bed capacity] of a facility.

A conversion requires a county to assure the state that an RTC or ICF/MR bed is decertified. To use an RTC conversion a county must use the conversion to directly place a person discharged from an RTC into waivered service, or place a person leaving an ICF/MR into waiver services and place an RTC resident into that ICF/MR bed, which ever method results in the clear decertification of a RTC bed. A conversion may also occur if an individual is transferred between two ICF/MRs to enable the first institution to decertify a bed or close.

CORPORATE FOSTER CARE - Non-individual licensed adult foster care under Rule 203. As contrasted with individually licensed (family) foster care. Provides a residence and care for not more than 4 adults.

COUNTY SOCIAL SERVICES (CSS) - County agencies that deliver services to persons with Developmental Disabilities and Related Conditions monitored by the Department of Human Services.

COUNTY OF FINANCIAL RESPONSIBILITY - The county which funds a recipient's assistance grants.

DAY TRAINING AND HABILITATION (DTH) - DTHs (previously know as Developmental Achievement Centers [DACs]) are the core program for providing DD/RC adults with habilitation services. DTHs provides services including supervision, training, assistance, and supported employment, or other community-integrated activities.

DEPARTMENT OF HUMAN SERVICES (DHS) - DHS is the state agency that supervises the administration of assistance programs.

DEVELOPMENTAL ACHIEVEMENT CENTERS (DAC) - The mewing of the term has changed now and is correctly used only when referring to a center providing services for children. The adult programs which were and are identified by this term are now known as Day Training and Habilitation Programs for MR/RC adults.

DEVELOPMENTAL DISABILITY AND RELATED CONDITIONS (DD/RC) - Abroader definition of disabilities than Mental Retardation. This category increases the number of individuals eligible for some services and programs. According to the federal Developmental Disabilities Assistance and Bill of Rights Act: "a severe, chronic disability of a person which is attributable to a mental or physical impairment or combination of mental and physical impairments; is manifested before the person attains age twenty-two; is likely to continue indefinitely; results in substantial functional limitations in three or more of the following areas of major life activity: self-care, receptive and expressive language, learning, mobility, self-directing, capacity for independent living, and economic self-sufficiency; and reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services which are of lifelong, or extended duration and are individually planned and coordinated"

DEVELOPMENTAL DISABILITIES STATE GRANTS PROGRAM - The grant program is a federally assisted state program, which provides care, treatment and other services. The program works with the Legal Aid Society of Minneapolis which functions as the Minnesota State Protection and Advocacy Agency.

DISABILITY - Disability, for the purpose of establishing eligibility for Supplemental Security Income, is defined as the inability to engage in any substantial gainful activity as the result of any medically determinable physical or mental impairment. The condition must be expected to last at least 12 months or result in death. (The state uses the same definition for Minnesota Supplemental Assistance.)

DIVERSIONS - Diversion is the process of providing an individual with waivered services who would otherwise be admitted to an RTC or ICF/MR. The goal of a diversion is to prevent admission or readmission of an individual to an RTC or ICF/MR. Slots are allocated by the state at the beginning of each fiscal year. (Also see conversions.)

DIVISION FOR PERSONS WITH DEVELOPMENTAL DISABILITIES (DD) - DD plans, administrates and coordinates state policy and programs for individuals with Developmental Disabilities and Related Conditions.

EARLY PERIODIC SCREENING AND TREATMENT EPSDT - A thorough medical, and dental examination available on a yearly basis to Medical Assistance eligible children under 21.

EARLY SPECIAL EDUCATION - The state legislature mandated in 1986 that local school districts provide special services for all children with disabilities beginning at birth. This includes DD/RC children. The program is coordinated by SDE and run by the local districts.

EARNED INCOME - Income received as the direct result of work activity including wages, salaries, tips and commissions.

EDUCATIONAL ASSISTANCE - Educational training unrelated to employment, including special education assistance to those with various disabilities with school adjustment problems.

ENCLAVE EMPLOYMENT - This supported employment model is a group of persons with disabilities who are placed, trained and supervised among persons without disabilities. Enclaves offer the possibility of continuous supervision and possibility of stable work in order to teach individuals with extreme learning difficulties.

ENHANCED WAIVERS - A new subdivision of the waiver program which provides additional funds for DD/RC individuals who require levels of services greater than those provided under the basic waiver program. This facilitates the movement of RTC residents into the community,

EXEMPT INCOME - Income from certain sources is automatically excluded from the income limit in determining program eligibility and or eligibility levels. Educational loans and food stamp allotments are examples of exempted income,

EXTENDED EMPLOYMENT PROGRAMS (EE) - Four subprograms that provide on-going community-based employment: [1] Supported Employment, [2] Long-Term Employment, [3] Work Activity, and [4] Work Component

FAMILY SUBSIDY PROGRAM - A state grant for families of DD/RC children, provided without an income or assets test

FOSTER CARE - A supported living arrangement for an adult or a child.

FEDERAL FINANCIAL PARTICIPATION (FFP) - Conditions which must be met by the state if the federal government is to provide a share of the funding.

FOOD STAMPS - Coupons used to purchase food, a program of the U.S. Agriculture Department

GENERAL ASSISTANCE (GA) - A state program that provides cash assistance to needy people who do not qualify for AFDC, SSI or MSA. Payment is based on minimum statewide standards, with provision for counties to pay "excess" grants from its own funds. It is governed under Rule 55, with detailed specific eligibility criteria, needs determination and benefits. GA is a state program administered by counties.

GENERAL ASSISTANCE MEDICAL CARE [GMAC] - A state program that provides assistance to needy persons who are not eligible for other health care programs.

GROUP HOME - Generic term for a variety of community-based living arrangements including adult foster care and board and lodging.

HANDICAPPED - The term refers to individuals who are mentally retarded, hearing impaired, deaf, speech-impaired, visually-handicapped, and seriously emotionally disturbed. Orthopedically impaired, or other health-impaired persons, or persons with specific learning disabilities who require special education and related services, and who, because of their handicapping condition, cannot succeed in the regular vocational education program also are considered handicapped.

HEALTH RELATED FACILITIES - Usually nursing homes and state facilities [Skilled Nursing Facilities (SNF) or State Regional Treatment Centers (RTC)]. They are restricted community environments, and generally serve more severely retarded individuals, or those with medical needs requiring frequent intervention.

HOME AND COMMUNITY BASED WAIVERS - These waivers make it possible for states to develop home and community-based services as an alternative to RTCs and ICFs/MR, and other forms of residential care.

HOME HEALTH AID - Services provided by an employee of a home health agency who is not licensed to provide nursing services, but who has been approved to preform (under the direction of a nurse) medically oriented tasks written in the health care plan.

HOMEMAKER SERVICES - The provision or teaching of home management to individuals and families by a trained homemaker when the individual regularly responsible for those activities is temporarily absent or unable to manage the home and care for himself/herself or others in the home.

INCOME - Any payment received from any source - whether in money, goods, or services, earned or unearned, either recurring, or on a one-time-only basis.

INCOME DISREGARD - A certain portion of earned and/or unearned income mat is automatically excluded from the income limit for the purpose of determining an applicant's eligibility and/or benefit level.

INDIVIDUAL SERVTCE PLAN (lSP). The detailed plan of services developed for each individual DD/RC client. It must be reviewed annually.

INDIVIDUAL SERVICE PLAN INCLUDES:

- Written review of diagnosis
- Written review of assessment report and recommendations
- Written summary of needs
- Statement of actions to obtain or develop services
- Long range goals and date to attain them

INTERMEDIATE CARE FACILITIES FOR MENTAL RETARDATION - An ICF/MR is a group home or RTC providing 24-hour supervision to DD/RC clients. These facilities are regulated under Rule 34.

JOB TRAINING PARTNERSHIP ACT (JTPA) - Services under this act are provided by the Job Training Office.

LONG TERM CARE MANAGEMENT DIVISION (LTCM) - The DHS division particularly responsible for issues related to reimbursement for nursing homes, board and care facilities, ICF/MR's, and DTH's.

LONG-TERM EMPLOYMENT - Paid work on the premises of a rehabilitation facility and training services on or off the premises which do not include work activity.

MEDICAL ASSISTANCE (MA) - MA-Title XIX of the Social Security Act: a federal-state program that provides assistance to persons who cannot afford the cost of necessary medical services.

MENTAL RETARDATION (MR) - A more restricted and specific definition of mental disabilities than the term Developmentally Disabled. Generally understood to refer to a child or adult with subaverage intellectual function with demonstrated deficitant adaptive behavior manifested before the age of 22.

MENTAL RETARDATION AND/OR RELATED CONDITIONS - A person diagnosed as having significantly subaverage intellectual functioning existing concurrently with demonstrated deficits in adaptive behavior before the person's 22nd birthday; under the age of five and demonstrates significantly subaverage intellectual functioning concurrently with sever deficits in adaptive behavior, but for whom it is advisable not to label; and/or, has a related condition (a severe chronic disability) before the person's 22nd birthday and which: is attributable to cerebral palsy, epilepsy, autism, or any other condition (exlcuding mental illness, chemical dependency, senility, and debilitating diseases such as multiple sclerosis) considered closely related to mental retardation; and is likely to continue indefinitely; and results in substantial functional limitations in three or more of the following areas of major life activity: self-care; understanding and use of language; learning; mobility; self-direction; or capacity for independent living. (Minnesota Rules 9525.0015; 9525.0185)

MINNESOTA SUPPLEMENTAL AID (MSA) - MSA is designed to provide assistance to those whose income and resources are insufficient to meet the cost of their basic needs. To qualify an individual must have income and resources below the state standards established by the Legislature and DHS.

MSA is a supplemental payment which meets the federal requirement that states supplement Supplemental Security Income [SSI] grants of those who had previously received Aid to the Blind, Aid to the Disabled, or Old Age Assistance.

MINNESOTA INTERAGENCY COOPERATIVE AGREEMENT - Coordinates the activities of eleven agencies and advocate groups to facilitated student transition from school to life as an adult with special needs. There are 80 local Community Transition Committees to promote transition, and track individuals when they enter the community.

MOBILE CREW - This supported employment model is a small group of persons with disabilities who work at various sites in the community. Mobile Crews are used in rural areas and towns without large industries.

MONEY MANAGEMENT SERVICE - Assistance to eligible individuals in the management of their income so that they are able to function within the limits of their economic resources.

NEED STANDARD - Government standard of income determined to be sufficient for basic individual maintenance needs.

PERSONAL CARE - Medically oriented tasks which are prescribed by a physician and supervised by a registered nurse and are part of a written plan of care. They include assistance with bathing, feeding, walking, or other activities of daily living designed to provide long-term maintenance or supportive care.

PERSONAL NEEDS ALLOWANCE - The amount of income clients may retain or receive for their day to day expenses.

PREADMISSION SCREENING AND ANNUAL RESIDENTIAL REVIEW (PASARR/DD) - Assessment and/or screening of persons who are either residents of, or applicants to, Medicaid-certified nursing facilities to determine whether nursing home treatment is appropriate for a DD/RC individual.

PRE-PETITION SCREENING - An investigation prior to a commitment hearing which includes a personal interview with the proposed patient or other knowledgeable persons about the proposed patient, which meets all requirements set forth in the law.

RELATIVE RESPONSIBILITY - State statutes specify responsibility for the support of public assistance recipients.

REGIONAL SERVICE SPECIALIST (RSS) - A DHS employee who provides technical case management assistance to counties. They are intermediaries between the state office and the county case workers ensuring coordination of services and consistency of standards between counties within their region. They have the responsibility and authority to approve or disapprove the use of Medical Assistance monies for both ICF/MRs services and community based services.

REGIONAL TREATMENT CENTER (RTQ - Regional Treatment Centers used to be called state hospitals. The RTC's are capable of providing comprehensive services; treating mental illness, mental retardation, and chemical dependency; and providing acute and custodial care. They are essentially state-run ICF/MRs.

RESPITE CARE - Short term care provide to individuals due to the temporary absence or need for relief of those persons normally providing the care. Respite care may be provided during the day or overnight in the individual's home or in out-of-home settings, for periods of one hour to several days.

RELATED CONDITIONS (RC) - Related Conditions includes but is not limited to brain injury, cerebral palsy, epilepsy, and autism. It encompasses people in these groups with the most profound handicaps.

RULE 1 - The DHS rule governing family foster care and group family foster care.

RULE 16 - The DHS rule governing administration of specified therapies to an RTC clients.

RULE 18 - The DHS rule governing Semi-Independent Living Services.

RULE 20 - The DHS rule governing Semi-Independent Living Grants.

RULE 27 - The DHS rule governing reimbursement for cost of care of Residents in state facilities.

RULE34 - The DHS rule governing program requirements for ICFs/MR and other residential programs for settings with more than 4 adults.

RULE 37 - The DHS rule governing grants-in-aid to residential facilities for adults with mental retardation and related condition.

RULE 40 - The DHS rule governing use of aversive and depravation procedures by licensed facilities for MR/RC conditions.

RULE 42 - The DHS rule governing licensure of Home & Community Based Services.

RULE 44 - The DHS rule governing the administration of AFDC.

RULE 46 - The DHS rule governing relocation of residents from long term care facilities.

RULE 47 - The DHS rule governing the administration of Medical Assistance.

RULE 49 - The DHS rule which determines per diem rates for the providers of nursing home services under Medical Assistance.

RULE 50 - The DHS rule governing rates for nursing home providers.

RULE 52 - The DHS rule determining the per-diem rate for providers of residential services for Developmentally Disabled under Medical Assistance.

RULE 53 - The DHS rule governing determination of payment rates for ICF/MRs.

RULE 55 - The DHS rule governing the administration of Minnesota General Assistance.

RULE 56 - The DHS rule governing state financial reimbursement for certain county welfare administrative costs.

RULE 57 - The DHS rule governing administration of Minnesota Supplemental Aid.

RULE 58 - The DHS rule governing General Assistance Medical Care.

RULE 61 - The DHS rule governing Early & Periodic Screening and Diagnosis.

RULE 65 - The DHS rule governing Preadmission Screening & Alternative Care Grants.

RULE 68 - The DHS rule governing MA and GAMC reimbursement.

RULE 71 - The DHS rule governing CADI.

RULE 75 - The proposed DHS rule governing county rate setting for DTH services (4 pilots).

RULE 185 - The DHS rule governing Case Management.

RULE 186 - The DHS rule governing Special Needs Rates Exceptions for ICF/MR residents.

RULE 187 - The DHS rule governing services to MR/RC persons.

RULE 201 - The DHS rule governing chore services.

RULE 202 - The DHS rule governing employability services.

RULE 203 - The DHS rule governing adult foster care services and licensure.

RULE 204 - The DHS rule governing child foster care.

RULE 206 -The DHS rule governing homemaker services.

RULE 211 - The DHS rule governing educational assistance.

RULE 216 - The DHS rule governing residential treatment management.

RULE 217 - The DHS rule governing social and recreational services.

RULE 218 - The DHS rule governing transportation services.

SEMI-INDEPENDENT LIVING SERVICES (SILS) - A state grant program which provides services for DD/RC adults who do not require 24-hour supervision, but cannot live on their own without periodic assistance. SILS enable DD/RC adults to continue living in their own home, apartment, or rooming house if it can be demonstrated that, without these services, they would require RTC or ICF/MR placement

SCREENING DD/RC - An evaluation of a client's needs for home and community-based services, or placement in a nursing home, or a family subsidy grant Screening is done by a special screening team according to statute.

SHELTERED EMPLOYMENT - Provides employment for an indefinite period of time. The environment is designed for the disabled who cannot meet the requirements of competitive employment. Wage is 25% of minimum.

SOCIAL SECURITY DISABILITY INSURANCE (SSDI) - **The program is regulated by the U.S. Department of Health and Human Services and administered by the Social Security Administration as pan of Social Security Program. The benefits of this program are paid to workers or eligible members of their family if illness or injury prevents them from working for more than one year. The program makes payment only in case of total disabilities. Some DD/RC family members may receive benefits on the employees work record of parents.**

SOCIAL SERVICES - **Counties deliver social services to individuals who need assistance other than financial aid. They are to help people achieve or maintain self-support and self-sufficiency and prevent abuse or neglect of children.**

SPECIAL NEEDS PROGRAM - **Special short-term supplemental assistance to individual DD/RC clients, which are not provided by other sources, or included in an ICF/MR's per-diem rate.**

SPEND DOWN - **A Medical Assistance term. Individuals with income in excess of the MA maximum can qualify for program benefits through the spend down provision.**

SOCIAL SECURITY ADMINISTRATION (SSA) - **SSA is located in the Department of Health and Human Service responsible for SSI, SSDI, and AFDC.**

SUPPLEMENTAL SECURITY INCOME (SSI) - **SSI (Title XVI of the Social Security Act) is a federal program which provides assistance to aged, blind and disabled people including some with developmental disabilities. The program is part of Title XVI of the Social Services Act. It replaces the Old Age Assistance, Aid to the Blind, and Aid to the Disabled.**

The program is regulated by the U.S. Department of Health and Human Services and is administered by the Social Security Administration. SSI recipients may also receive Medical Assistance and Minnesota Supplemental Assistance [MSA] payments. SSI clients receive a monthly cash payment. The amount is calculated by subtracting the individuals net available income from the income limit established by congress.

SUPPORTED EMPLOYMENT - **Paid work and service hours in a position removed from a rehabilitation facility. Supported employment provides work in a variety of integrated settings, particularly regular work designed for handicapped individuals for whom competitive employment is not available and individuals who need post-employment support to preform in a work environment (20 hours paid per week with not more than 8 other DD/RC clients a time). It includes ongoing public fund support for analysis and matching work to individual abilities, teaching social skills, transportation and ongoing support to employers.**

SUPPORTED LIVING - **Residential-based services for up to 4 minors or up to 6 adults with developmental disabilities who require daily intervention and a 24-hour plan of care.**

SURVEILLANCE AND UTILIZATION REVIEW (SUR) - **A program established by the Department of Human Services to control Medical Assistance program cost and prevent fraud or abuse.**