Strategies for Maximizing Federal Funding for Centers for Independent Living

A Report to the Minnesota Legislature

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Minnesota Department of Human Services
Disability Services Division

January 28, 2004

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COST TO PREPARE REPORT

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A. Executive Summary

The 2003 Minnesota Legislature required a study on how to maximize federal financial participation for Centers for Independent Living. The authorizing legislative provision reads as follows:

> *The commissioner of human services, in consultation with the commissioner of economic security, the Centers for Independent Living, and consumer representatives, shall study the financing of the Centers for Independent Living authorized under Minnesota Statutes, section 268A.11, and make recommendations on options to maximize federal financial participation.*
>
> *Study components shall include:*
> *(1) the demographics of individuals served by the Centers for Independent Living;*
> *(2) the range of services the Centers for Independent Living provide to these individuals;*
> *(3) other publicly funded services received by individuals supported by the Centers; and*
> *(4) strategies for maximizing federal financial participation for eligible activities carried out by Centers for Independent Living.*
>
> *The commissioner shall report with fiscal and programmatic recommendations to the chairs of the appropriate House of Representatives and senate finance and policy committees by January 15, 2004.*

2003 Laws of Minnesota, 1st Special Session, Chapter 14, Article 13C, Section 2, subd. 9(e)

This report summarizes the efforts that were made to examine the current funding arrangements for Minnesota's Centers for Independent Living and explore options for additional federal financial participation. It contains recommendations for consideration by the Legislature on options that will enable the Centers for Independent Living to meet the needs of the consumers they serve and also potentially maximize federal financial participation for the Centers. Study group members included the executive directors of the eight Minnesota Centers for Independent Living (Centers), as well as representatives from the Department of Human Services and the Department of Employment and

Economic Development. The study group met approximately six times between September and December 2003. Each meeting was 2-3 hours in duration.

Centers for Independent Living

Minnesota has eight Centers for Independent Living. They are located in St. Paul, Rochester, Mankato, Marshall, Hibbing, East Grand Forks, St. Cloud, and Fargo (serving far western Minnesota). The United State Congress authorized states to establish centers in 1978 and appropriated some federal funds for that purpose. Each Center operates as an independent, non-profit entity. The Centers receive oversight and support from the Department of Employment & Economic Development.

Each Center is required by federal law to provide four core services to people with various disabilities. The four core services are information and assistance, independent living skills training, peer counseling, and advocacy. Additionally, individual Centers may provide other services that address the specific needs of consumers in their regions. The Centers' Board of Directors determines the type and scope of additional services provided by the Center.

This study revealed that the Centers receive funding from a diverse array of sources including federal, state, and private entities. We also learned that in some situations a Center's desire for organizational autonomy results in a business decision to forego potential sources of revenue. Additionally, several barriers that may affect their ability to provide reimbursable services were identified. Barriers include: other agencies' lack of knowledge about the Centers' available services, difficulties in obtaining proper referrals for services, and difficulties in obtaining timely reimbursement for services.

Key Recommendations

We suggest that the Legislature consider the proposal brought forth by the Department of Employment and Economic Development to maximize federal matching dollars for the Centers. This has the advantage of allowing the Centers to receive

additional federal funding to provide their four core services without additional reporting requirements. It is also recommended that the Centers review potential sources of funding available to them and assess how the additional funding can complement the services they are currently providing to consumers and those that are needed by people with disabilities in the regions they serve. Since the individual funding streams that maximize federal financial participation often come with specific provider requirements and accountability standards, the Centers will need to determine what organizational adjustments would be necessary to provide services and receive reimbursement in accordance with specific state and/or federal requirements.

We also recommend that the Centers look more closely at another major funding stream that includes federal financial participation - Medical Assistance. There are two main types of MA reimbursement that might be options for the Centers. The first is "fee for service" funding that is available to the Centers when they provide specific services to individual recipients. This would be the most feasible for individual Centers to access. Each Center should continue to assess whether they have the ability to address the unmet needs of MA enrollees in their service areas using a fee for service mechanism. The other MA funding option is an administrative option that might be a feasible mechanism but would require consensus by and coordination of all of the Centers. MA administrative funding could be considered to support some of the activities that the Centers engage in to assist MA recipients access MA services. The Centers for Independent Living need to collectively agree to work in a consistent, coordinated manner across the state in order to potentially receive administrative MA funding for activities associated with assisting Medical Assistance enrollees accessing services. They would then need to enter into an interagency agreement with the state Medicaid agency to carry out specific functions, collect certain data, and report on a consistent schedule.

B. Introduction

In 2003, the Minnesota Legislature mandated the Commissioner of the Department of Human Services, in consultation with the Commissioner of the Department of Employment and Economic Development, to conduct a study on how to maximize federal financial participation for Centers for Independent Living. This report summarizes the results of that study.

In an initial meeting with the state legislator who sponsored the study legislation, she expressed her desire to include Centers for Independent Living in a broader vision of serving people with disabilities. She wanted to use this opportunity to strengthen access to an array of services for people with disabilities. She emphasized that they did not favor a "one-size-fits-all" type of Center; she understood that each Center serves a unique community with particular needs.

An historical overview of Centers for Independent Living

Beginning in the 1970s, leaders in the disability community initiated what came to be known as the Independent Living (IL) movement. The IL movement was built upon the accomplishments and strategies of other social movements such as the civil rights movements of the 1960s and the consumer rights movement of the 1970s. The IL movement advocated for an end to the "medical model," which regarded people with disabilities as patients who required medical interventions in order to "improve." Leaders of the IL movement emphasized that disability is a normal human condition. The barriers that a person with a disability confronts on a daily basis are not created by the disability itself, but rather by society's prejudices and stereotypes regarding disability.

The IL movement was guided by the principle of self-determination; that people with disabilities have the inherent right to determine the course of their own lives. People with disabilities can and should make their own decisions regarding education,

employment, and every other facet of daily life. Furthermore, people with disabilities, not medical professionals, should control the support services they receive. These concepts of self-advocacy and consumer control were a radical departure from the more traditional medical model of disability.

The establishment of the first Center for Independent Living can be traced back to the activism of Ed Roberts, one of the pioneers of the Independent Living movement. In the 1960s, Roberts and fellow students with disabilities at the University of California-Berkeley had organized themselves into a group known as the Rolling Quads. Their primary goal was to persuade the University administration to provide better supportive services to students with disabilities so that they could live independently while attending classes. The efforts of the Rolling Quads led to the establishment of the first disability student center at an institution of higher learning. After that initial success, Roberts recognized the need for an off-campus organization that would assist people with disabilities in acquiring the skills and knowledge needed to live independently. Like the student center, people with disabilities would staff it because the IL movement promoted peer education as the best way to learn these new skills. In 1972, Roberts and his associates received a small amount of funding to establish the Center for Independent Living, the first of its kind in the country.

In 1978, Congress passed Title VII to the Rehabilitation Act of 1973, which established a funding formula to establish Centers for Independent Living in every state and territory. Disability advocates succeeded in their efforts to secure federal funding for IL services. Today, there are 410 Centers for Independent Living throughout the United States and its territories. Minnesota has established eight regional Centers in the state.

Centers for Independent Living & Federal Law

The Rehabilitation Services Administration (a division of the U.S. Department of Education) provides federal oversight of Centers for Independent Living. Federal law defines a Center for Independent Living as:

> a consumer-controlled, community-based, cross-disability, nonresidential private nonprofit agency that:
> (A) is designed and operated within a local community by individuals with disabilities; and
> (B) provides an array of Independent Living services.[1]

Federal law requires all Centers for Independent Living to provide four core services to people with disabilities Centers. The core services are:

1. **information and referral services:**
2. **independent living skills training:** instruction to develop independent living skills in areas such as personal care, coping, financial management, social skills, and household management;
3. **peer counseling:** counseling, teaching, information sharing, and similar kinds of contact provided to consumers by other people with disabilities; and
4. **individual and systems advocacy:** assistance and/or representation in obtaining access to benefits, services, and programs to which a consumer may be entitled, as well as efforts to implement local and State policy changes to make facilities, services, and opportunities available and accessible to individuals with disabilities.[2]

In addition, Centers for Independent Living have the discretion to provide a wide array of other services that can include, but are not limited to:

(A) Assistive Devices/Equipment Services – Provision of specialized devices and equipment such as TDDs, wheelchairs and lifts, or the provision of assistance to obtain these devices and equipment from other sources.

(B) Children's Services – The provision of specific IL services designed to serve individuals with significant disabilities under the age of six.

(C) Communication Services – Services directed to enable consumers to better communicate such as: interpreter services, training in communication equipment use, Braille instruction, and reading services.

(D) Counseling and Related Services – These include information sharing, psychological services of a non-psychiatric, non-therapeutic nature, parent-to-parent services, and related services.

[1] 29 USC § 796(a)(1).
[2] 29 USC § 705(17).

(E) Family Services – Services provided to the family members of an individual with a significant disability when necessary for improving the individual's ability to live and function more independently, or ability to engage or continue in employment.

(F) Housing, Home Modifications, and Shelter Services – These services are related to securing housing or shelter, adaptive housing services (including appropriate accommodations to and modifications of any space used to serve, or occupied by individuals with significant disabilities).

(G) Mental Restoration Services – Psychiatric restoration services including maintenance on psychotropic medication, psychological services, and treatment management for substance abuse.

(H) Mobility Training Services - A variety of services involving assisting consumers to get around their homes and communities.

(I) Personal Assistance Services – These include, but are not limited to, assistance with personal bodily functions; communicative, household, mobility, work, emotional, cognitive, personal, and financial affairs; community participation; parenting; leisure; and other related needs.

(J) Physical Restoration Services – Restoration services including medical services, health maintenance, eyeglasses, and visual services.

(K) Preventative Services – Services intended to prevent additional disabilities, or to prevent an increase in the severity of an existing disability.

(L) Prostheses and Other Appliances – Provision of, or assistance in obtaining through other sources, an adaptive device or appliance to substitute for one or more parts of the human body.

(M) Recreational Services – Provision or identification of opportunities for the involvement of consumers in meaningful leisure time activities. These may include such things as participation in community affairs and other recreation activities that may be competitive, active, or quiet.

(N) Rehabilitation Technology Services – Provision of, or assistance to obtain through other sources, adaptive modifications which address the barriers confronted by individuals with significant disabilities with respect to education, rehabilitation, employment, transportation, IL and/or recreation.

(O) Therapeutic Treatment – Services provided by registered occupational, physical, recreational, hearing, language, or speech therapists.

(P) Transportation Services – Provision of, or arrangements for, transportation.

(Q) Youth Services – Specific IL services designed and provided to individuals with significant disabilities, ages 6-17, and may include training to develop skills specifically designed for youth to promote self-awareness and esteem,

develop advocacy and personal power skills, and the exploration of career options.

(R) Vocational Services – Any services designed to achieve paid employment.

(S) Other Services – Any IL services not listed above in A-S.

To receive federal dollars for Centers for Independent Living, states are required to have a Statewide Independent Living Council.[3] States are also required to select an agency that will be responsible for administering and distributing Title VII funds to the Centers for Independent Living (known as the Designated State Unit). The Council and the Designated State Unit are responsible for developing the State Plan, a document that sets forth the scope of the Independent Living Services that will be provided throughout the state.[4] In Minnesota, the Governor appoints Council members. The Council must include at least one director from one of the state's Centers for Independent Living and nonvoting representatives from the designated state unit and other state agencies that serve people with disabilities. A majority of the Council voting members must be people with disabilities who are not affiliated with a state agency or a Center for Independent Living.

Centers for Independent Living in Minnesota

Minnesota has established eight Centers for Independent Living located throughout the state. See Appendix A for a listing of the Centers for Independent Living, their location, and the regions they serve. According to the 2003 Legislative Information Packet assembled by the Minnesota Association of Centers for Independent Living (MACIL), Centers for Independent Living provided direct services to 3,537 consumers in the federal fiscal year ending September 30, 2002. For further information on the

[3] 29 USC § 796d.
[4] 29 USC § 796d(e).

demographics of individuals served by Minnesota Centers for Independent Living, see Appendix B.

Federal and state law requires that a Center's board of directors must be composed of a majority of people with disabilities.[5] Minnesota law also mandates that the Department of Employment and Economic Development (formerly the Department of Economic Security) oversee the distribution of federal funds to each Center for Independent Living.[6] DEED is also responsible for ensuring that the Centers adhere to all applicable federal regulations.

Services Provided By Centers for Independent Living

Besides the four core services that every Center for Independent Living is required to provide, each Minnesota Center provides an array of additional services that are determined by each Center's Board of Directors. For example, some Centers operate ramp-building projects that build ramps for consumers' homes to make them accessible. Other Centers provide personal assistance services or conduct public awareness campaigns. Each Center tailors its activities to serve the specific needs of the local population.

Funding Streams for Centers for Independent Living

In addition to federal Title VII dollars, Minnesota Centers for Independent Living receive funding from several other sources, both public and private. Every Center receives a portion of a state general fund appropriation for Independent Living services. In State Fiscal Year 2003, the Minnesota Legislature allocated $1.87 million to the Centers for Independent Living.[7] Some Centers are reimbursed under Minnesota's Medical Assistance program for services such as personal assistance services or mental

[5] MINN. STAT. § 268A.01 subd. 8.
[6] MINN. STAT. § 268A.11 subd. 2.

health services. Appendix D provides a more detailed listing of MA-reimbursable services that Centers provided and the amounts they received as reimbursement. Centers also receive funding under various grants from local and federal agencies. For example, the Metropolitan Center for Independent Living receives funding from the Great Lakes ADA Center to provide technical assistance and training on the Americans with Disabilities Act for employers, consumers, etc. Some Centers also receive funding from the U.S. Department of Veterans Affairs to provide services to people with disabilities who are also veterans. Other agencies that contract with Centers for Independent Living include the Centers for Medicare and Medicaid Services, county social services agencies, and the Metropolitan Council.

Some Centers also receive fee-for-service funding under contracts from local vocational rehabilitation services offices. Centers are reimbursed for providing services to consumers that prepare them for employment. Between 2002 and 2003, Centers for Independent Living received a total of $66,531 under contracts with Rehabilitation Services/Vocational Rehabilitation offices. See Appendix E for a more complete breakdown of these reimbursed services.

In 2003, the Governor's proposed budget eliminated all state funding for Centers for Independent Living. This proposal prompted discussions about funding for the Centers and the Legislature ultimately authorized this study. The Legislature also restored Center funding to seventy percent of its previous level.

Medical Assistance: Background

Medical Assistance is Minnesota's Medicaid program. Medicaid is a jointly funded federal-state program that provides health care to the elderly, people with low income, and people with disabilities. Enacted in 1965, Medicaid now serves over forty

[7] Minnesota Session Laws 2003, 1st Special Session, Chapter 128, Article 10, Section 2, subd. 8.

million individuals across the United States. In Minnesota, Medical Assistance served approximately 400,000 individuals each month in state fiscal year 2002.

To be eligible for Minnesota's Medical Assistance program, a person must fall into one of the following categories:

- Be under the age of 21
- Be age 65 or over
- Be the parent or caretaker of a dependent child
- Be a pregnant woman
- Be certified as blind or disabled by the Social Security Administration or the State Medical Review Team

In addition, the person must be a Minnesota resident and must meet the relevant asset and income limits. Asset and income limits vary depending on the category of eligibility.

Medical Assistance pays for a wide range of services. Some of the most commonly billed services include:

- Clinic and physician' services for preventive care, including routine physicals
- Immunizations
- Ambulance
- Emergency room services when used for emergency care
- Inpatient and outpatient hospital care
- Lab, X-ray
- Family planning
- Pregnancy related services
- Nurse midwife
- Medical equipment and supplies
- Hearing aids
- Physical, occupational, speech, respiratory and rehabilitative therapy
- Transportation services
- Mental health services
- Alcohol and drug treatment
- Prosthetics
- Nursing facilities
- Home health services
- Hospice care
- Private-duty nursing
- Personal care services

- Group homes for people who are mentally retarded
- Other health insurance premiums that are considered cost-effective
- Prescription drugs

Some Medical Assistance enrollees may be required to pay a co-payment for some services such as prescription drugs, eyeglasses, and nonpreventive physician visits. Enrollees in the Medical Assistance for Employed Persons with Disabilities (MA-EPD) category must also pay a monthly premium that is scaled to the enrollee's earned income.

As noted earlier, the state and federal government jointly fund Medical Assistance. The formula for calculating the federal government's cost share, otherwise known as federal financial participation (FFP), is based on a state's per capita income and it is recalculated on an annual basis. For federal fiscal year 2002, the federal Medicaid share for Minnesota was fifty percent. Total Medicaid expenditures for Minnesota in state fiscal year 2002 was $4.1 billion.[8] Fiscal Year 2002 Medicaid expenditures for the elderly/disabled population were $3.1 billion.[9]

Federal Medicaid rules allow states to receive federal dollars for both Medicaid service and administrative activities. Medicaid administrative activities include:

- Outreach to individuals who may be eligible for Medicaid
- Coordinating and monitoring Medicaid health services
- Assisting potential enrollees with the Medicaid application process

Most Medicaid administrative activities are reimbursed at a rate of fifty percent. Enhanced matching rates are available for certain administrative activities such as the design and installation of Medicaid claims processing systems. See Appendix I for more information on Medicaid administrative activities.

[8] See Minnesota Department of Human Services Website at http://www.dhs.state.mn.us/HealthCare/asstprog/mmap.htm.
[9] Id.

C. Consumer Input

Pursuant to the authorizing legislation, the study group sought consumer input for this study. Two methods were employed to gather consumer input. First, Department of Human Services staff sent a mass e-mail to consumers who are involved in the Department's various advisory committees. The e-mail asked consumers to offer their comments on any or all of the four topic areas listed in the authorizing legislation. Second, the individual Boards of Directors (on the average, 77% of Board members are people with disabilities) were also asked to submit their comments on the topics identified in the legislation. Their responses are listed in Appendix J.

D. Findings

Pursuant to the Legislature's statutory mandate for this study, representatives from the Department of Human Services, the Department of Employment and Economic Development, and the eight Centers for Independent Living met on several occasions throughout the summer and fall of 2003. Below are the major findings of the group:

Centers for Independent Living: Services and Philosophy

- Although all Centers serves individuals with a variety of disabilities, each Center serves a distinct community of people with disabilities that varies from region to region. Some Centers serve a higher percentage of people with mental illness while others serve predominantly people with physical or cognitive disabilities. Each Center tailors its services to meet the unique needs of the local population.
- The Centers for Independent Living have a strong ethos of organizational autonomy which influences Center decisions to not pursue additional funding streams. Some Centers have declined funds that they perceived as having intrusive data tracking and reporting requirements attached to them. Several potential funding sources carry similar requirements that Centers may also deem a distraction from their priorities.

- Some Centers provide a broader array of services (beyond the four core services) than other Centers. For example, some Centers provide personal assistance and home modification services to their consumers.
- Centers for Independent Living report a general perception that counties, Workforce Centers, and some of their other partners do not have a good understanding of services available at the Centers. This lack of information results in consumers not being aware of the services they could receive from the Centers.

Centers for Independent Living: Utilization of Funds

- Many of the services that Centers provide, including core services, qualify for reimbursement under other funding streams, including Medical Assistance, Veterans Affairs, and Rehabilitation Services/Vocational Rehabilitation.
- Federal law does not prohibit Centers for Independent from billing third parties for services rendered to consumers.
- Centers for Independent Living as a group have a good understanding of the process for enrolling as MA providers and bill for services. Five of the eight Centers were MA providers in FY 2002. See Appendix F for charts illustrating the funding each Center received in FY 2002.
- Some of the Centers for Independent expressed frustrations about efforts to obtain funding to provide services to their consumers. They stated that county staff would sometimes send consumers to the Centers without making proper referrals because they know that Centers operate under a "no rejection" policy. The Centers also stated that in some instances where the Centers do have contracts in place with counties, it can take an inordinate amount of time to receive reimbursement for services.

- The study group identified Medical Assistance services that Centers for Independent Living may already be providing and for which they could receive reimbursement, including:
    1. Relocation service coordination. Congress is considering the addition of a fifth core service to Title VII of the Rehabilitation Act. The proposed fifth core service would require Centers to assist people that would like to move from institutional to community settings. Minnesota provides Medicaid reimbursement for relocation service coordination, which typically flows to county agencies. In 2003, the Minnesota Legislature passed language allowing third-party entities to provide relocation coordination services if the counties are unable to support an individual's efforts to relocate to the community in a timely fashion.
    2. Case management services options. Targeted case management funds may be available to Centers for services provided to specific populations such as people with mental illness and vulnerable adults. While counties are the preferred provider of targeted case management services, counties do have the discretion to designate third-party entities as service providers.
    3. Consumer Direction: Centers for Independent Living provide services based on a model of consumer choice and direction. The Department of Human Services is also integrating consumer direction into the array of waivered services that is available to eligible persons at risk of institutional care. Under consumer direction, consumers are able to direct funding to the specific services and supports they need to maintain their well-being and independence in the community. Under a service option consumers could choose to direct dollars to services provided by Centers for Independent Living.
- Rehabilitation Services counselors typically refer clients to the Centers for Independent Living. Federal legislation mandates Rehabilitation Services and the

Centers to make referrals between their organizations. In State Fiscal Years 2002 and 2003, the Centers billed Rehabilitation Services for $66,000 in services provided. The Centers report that this service could be maximized further for the clients they serve if the referral protocols used by rehabilitation counselors were modified. Rehabilitation counselors frequently make informal referrals to the Centers. As a result of present practices, Centers provide services to these referral consumers without receiving fee-for-service dollars from Rehabilitation Services.

- The Department of Employment and Economic Development has determined that the most effective strategy to maximize federal financial participation for Minnesota's Centers for Independent Living is to match the state Independent Living funds with federal Vocational Rehabilitation dollars.
- We were unable to determine the amount of funding individual Centers received from Veterans Affairs.
- In State Fiscal Year 2003, 770 individuals received Medical Assistance reimbursable services from Centers for Independent Living, totaling $6,405,131.
- The Centers for Independent Living estimated that approximately 70-80% of the consumers they serve may be eligible for Medical Assistance.
- We could not determine the number of people served by Centers for Independent Living who are eligible solely for other federal Title VII dollars and no other service dollars.

E. Recommendations

Below are the study group's recommendations regarding increasing federal financial participation for Centers for Independent Living:

- The Minnesota Legislature shall review and consider DEED's proposal (contained in Appendix G) to maximize federal financial participation for the Centers for

Independent Living by using state Independent Living general fund dollars to obtain additional Vocational Rehabilitation dollars.

- The Centers for Independent Living, in conjunction with their respective Boards of Directors, shall review their current sources of funding. The Centers and their Boards will examine other potential sources of funding that are available to them and determine which funds to pursue, based on the needs of each Center's consumer base.
- The Centers for Independent Living shall conduct an internal assessment to determine whether it is appropriate for the Centers to pursue funding related to Medicaid administrative activities. The Department of Human Services would require all eight Centers for Independent Living to collectively agree to engage in qualifying Medicaid administrative activities. If their assessment finds that Centers should pursue such funding, the Department of Human Services will assist the Centers in identifying activities that may be eligible to receive federal financial participation. The Centers must also agree to comply with all Medicaid data-tracking and documentation requirements pertaining to the provision of administrative activities.
- The Department of Human Services has identified a number of strategies to increase the Centers' awareness of DHS resources and services that could be utilized by their consumers. Centers have access to the Department's array of provider information, including provider bulletins, the provider manual and website, etc. See Appendix H for a summary of Department information resources that are available to the Centers.

F. Appendices

Appendix A: Minnesota Centers for Independent Living

Center for Independent Living of Northeastern Minnesota
Kim Haxton, Executive Director
Mesabi Hall, Suite 25
Hibbing, MN 55746
Serving Aitkin, Carlton, Cook, Itasca, Koochiching, Lake, Pine, and St. Louis Counties
http://accessnorth.net/

Freedom Resource Center for Independent Living
Nate Aalgaard, Executive Director
2701 9th Avenue SW
Fargo, ND 58103
Serving Clay, Becker, Wilkin, Otter Tail, Grant, Pope, Traverse, and Stevens Counties (Minnesota) and Cass, Stutsman, Barnes, LaMoure, Ransom, Richland, Dickey, Sargent, Logan, and McIntosh Counties (North Dakota).
http://www.macil.org/freedom/index.html

Independent Lifestyles
Cara Ruff, Executive Director
519 2nd Street North
Saint Cloud, MN 56303
Serving Stearns, Benton, Sherburne, Meeker, Mille Lacs, Morrison, Kandiyohi, Wright and Isanti Counties
http://Independentlifestyles.org/

Options Center for Independent Living
Randy Sorenson, Executive Director
318 Third Street NW
East Grand Forks, MN 56721
Serving Polk, Norman, Mahnomen, Red Lake, Pennington, Kittson, Marshall, and Roseau Counties
http://www.macil.org/options/index.html

Metropolitan Center for Independent Living
David Hancox, Executive Director
1600 University Ave. W. Suite 16
St. Paul, MN 55104-3825
Serving the seven-county metropolitan area
http://www.mcil-mn.org/

Southeastern Minnesota Center for Independent Living
Vicki Dalle-Molle, Executive Director
2720 N. Broadway
Rochester, MN 55906
Serving Olmsted, Goodhue, Winona, Rice, Mower, Freeborn, Steele, Houston, Fillmore, Wabasha, and Dodge Counties
http://www.semcil.org/

Southern Minnesota Independent Living Enterprises and Services
Alan Augustin, Executive Director
709 South Front Street
Mankato, MN 56001-3804
Serving Blue Earth, Brown, Nicollet, LeSueur, Sibley, Waseca, Watonwan, Faribault and Martin Counties
http://smilescil.org/

Southwestern Center for Independent Living
Steven Thovson, Executive Director
109 South 5th Street, Suite 700
Marshall, MN 56258
Serving Lyon, Lincoln, Pipestone, Rock, Redwood, Murray, Nobles, Cottonwood, and Jackson Counties
http://www.swcil.com/services.htm

Appendix B: Demographics of Consumers served by Center for Independent Living (Source: Minnesota Association of Centers for Independent Living)

DEMOGRAPHICS SUMMARY OF CONSUMERS RECEIVING DIRECT SERVICES*

A Comparison Between: 10/01/01-09/30/02 & 10/01//97-09/30/98

	2002	1998
CONSUMERS Served (direct service) *	3,537	1,891
ETHNICITY		
American Indian/Alaskan Native	88	42
Asian	61	-----**
Black/African American	94	66
Hispanic/Latino	65	43
Native American/Other Pacific Islander	5	-----**
White	3,224	1,702
Asian/Pacific Islander	0	38**
Total	**3,537**	**1,891**
DISABILITY		
Cognitive	1,152	676
Mental/Emotional	607	250
Physical	981	566
Hearing	142	76
Vision	90	60
Multiple Disability	523	263
Other	42	---
Total	**3,537**	**1,891**
GENDER		
Female	1,742	980
Male	1,795	911
Total	**3,537**	**1,891**
AGE		
< 6	29	20
6 – 17	779	367
18 – 22	677	434
23 – 54	1,663	803
55 & Over	360	267
Unknown	29	-------
Total	**3,537**	**1,891**

* This table does not include the thousands of consumers who received information and referral services from Centers for Independent Living. In the same period for 2002, Centers provided information and referral services to 11,667 consumers. For more information on the array of direct services that Centers provide, see the list of services beginning on page 9.

** Ethnicity not separated in 1998

Appendix C: State Appropriation Amounts to Centers for Independent Living For State Fiscal Year

(Source: Minnesota Department of Employment and Economic Development)

Name of Center	Amount Received in SFY 2004	Amount Received in SFY 2003	Amount Received in SFY 2002
Southern Minnesota Independent Living Enterprises	S135,366	$153,069	$156,318
Northeastern Minnesota Center for Independent Living	$169,380	$201,176	$204,426
Options	$230,296	$287,334	$290,584
Independent Lifestyles	$169,379	$201,176	$204,425
Metro Center for Independent Living	$291,067	$373,284	$376,535
Southeastern Minnesota Center for Independent Living	$223,818	$278,171	$281,422
Southwestern Minnesota Center for Minnesota	$223,819	$278,173	$281,423
Freedom Resource Center	$98,989	$101,617	$104,837

Appendix D: Reimbursable Medical Assistance Services Provided by Centers for Independent Living (Source: Minnesota Department of Human Services)

	SFY 2003	SFY 2002
Center for Independent Living of Northeastern MN		
Modifications/Adaptations:	$29,150	$26,331
Home Health Supplies/Equipment:	$8,265	$803
Alternative Care Program Supplies and Equipment:	$2,870	$1,150
Independent Living Services Counseling:	$10,911	$1,935
Case Management:	$916	
Total	**$52,113**	**$30,220**
Freedom Resource Center		
Independent Living Services Counseling:	$2,348	$4,210
Total	**$2,348**	**$4,210**
Independent Lifestyles		
Modifications/Adaptations:	$198	No claims
Independent Living Services Counseling:	$14,222	
Total	**$14,420**	**$ 0**
Metropolitan Center for Independent Living		
Modifications/Adaptations:	$48,737	$27,789
Home Health Supplies/Equipment:	$3,140	$4,326
Alternative Care Program Supplies and Equipment:	0	$4,966
Relocation Service Coordination:	$43,372	$2,738
Supervision of Personal Care Attendants:	$619	$25
Extended Personal Care:	$8,997	$9,634
Personal Care Attendant Services:	$1,639,157	$1,244,712
Total	**$1,744,022**	**$1,294,190**
Options	No claims	No claims
Total	**$ 0**	**$ 0**
Southern Minnesota Independent Living Enterprises		
Modifications/Adaptations:	$4,653	$916
Home Health Supplies/Equipment:	0	$539
In-Home Family Support:	$17,744	$31,026
Independent Living Services Counseling:	$247,207	$153,654
Adult Support & Living Services:	$103,391	$96,977
Total	**$372,996**	**$283,112**
Southwestern Minnesota Center for Independent Living		
Modifications/Adaptations:	$3,440	No claims
Total	**$3,440**	**$ 0**
Southeastern Minnesota Center for Independent Living		
Personal Support:	$11,418	$10,525
Supervision of Personal Care Attendants:	$43,200	$44,940
Modifications/Adaptations:	$24,456	0
Out-Of-Home Respite Care (1 Day):	$911	$1,516
Out-Of-Home Respite Care (30-Minute Rate):	$13,952	$0
Companion Services:	$1323	$0
Alternative Care Program Personal Care:	$100,867	$67,589
Alternative Care Program RN Supervision:	$3,523	$1,788

Homemaker Service:	$183,979	$84,606
Specialist Services:	$280	$306
In-Home Respite Care:	$55,968	$61,160
Traumatic Brain Injury Waiver Independent Living	$1,672	$2,400
Extended Personal Care:	$66,319	$59,491
Independent Living Services Counseling:	$17,327	$9,517
Shared Personal Care, 1-To-2 Ratio:	$25,508	$15,373
Shared Personal Care, 1-To-3 Ratio:	$11,705	$4,190
Personal Care Services:	$3,654,579	$3,343,185
Total	**$4,215,792**	**$ 3,706,586**
SEMCIL United Home HealthCare Choices*		
Homemaker Service:	$119,667	$74,010
In-Home Respite Care:	$0	$7,655
RN Services:	$11,075	$9,092
Skilled Nurse Visit:	$212,802	$137,288
Extended Home Aide:	$32,868	$48,104
Home Health Aide Visits:	$84,260	$110,508
Alternative Care Program RN:	$3,550	$8,847
Physical Therapy Visits:	$1,253	$405
Alternative Care Program Home Health Aide:	$8,687	$34,394
Alternative Care Program LPN:	0	$1,121
Regular LPN Service:	0	$14,178
Occupational Therapy Visits:	0	$118
Total	**$474,157**	**$445,720**

* SEMCIL United Home HealthCare Choices is a separate Medicare-certified agency that shares office space and some administrative staff with the Southeastern Minnesota Center for Independent Living.

Appendix E: Rehabilitation Services/Vocational Rehabilitation Fee-for-Service Reimbursement Amounts to Centers for Independent Living

(Source: Minnesota Department of Employment and Economic Development)

Name of Center	Amount Received in SFY 2003	Amount Received in SFY 2002
Southern Minnesota Independent Living Enterprises	$9,617	$6,710
Northeastern Minnesota Center for Independent Living	$4,857	$536
Options	$36	--
Independent Lifestyles	$14,760	$21,804
Metro Center for Independent Living	$60	$918
Southeastern Minnesota Center for Independent Living	--	$500
Southwestern Minnesota Center for Minnesota	$2,980	$2,798
Freedom Resource Center	--	--

Appendix F: FY 2002 Budgets of Minnesota Centers for Independent Living

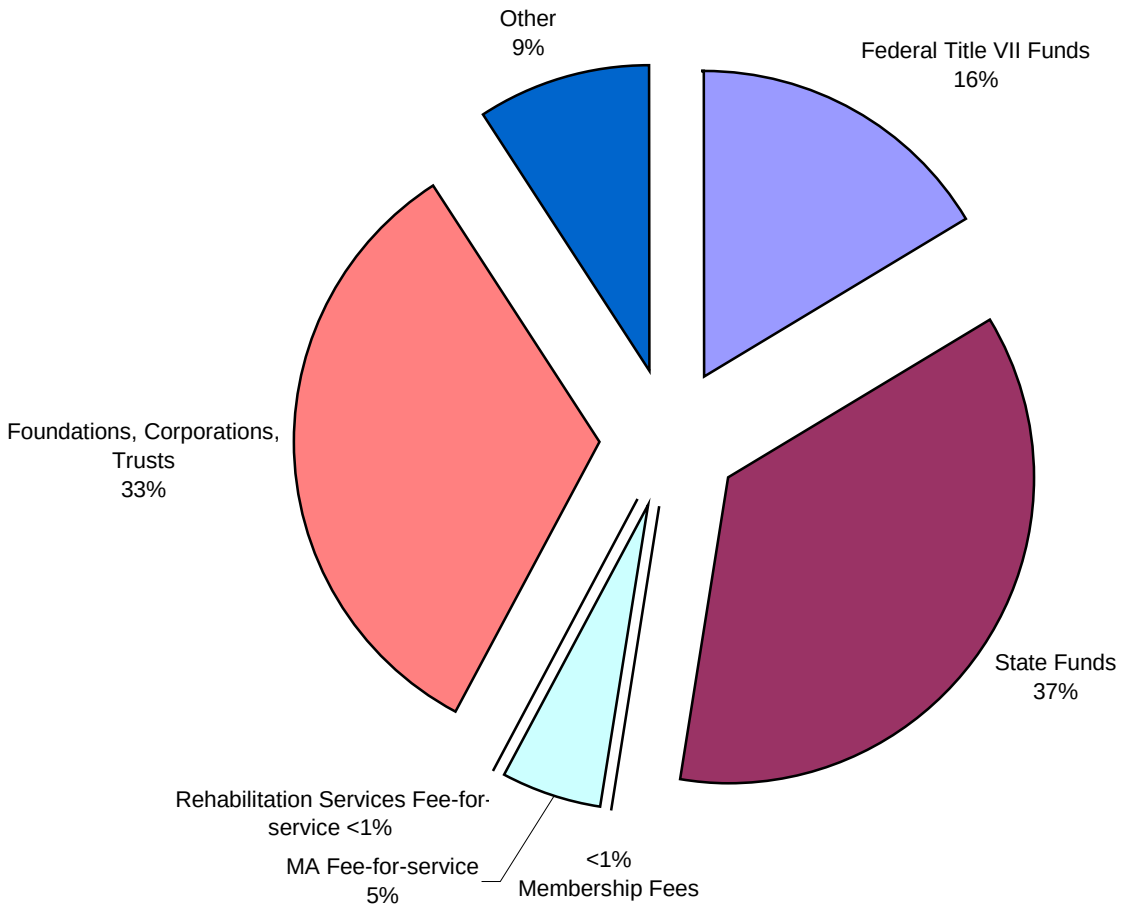
(Sources: Minnesota Department of Human Services, Minnesota Department of Employment and Economic Development, and Respective Center for Independent Living Annual Reports

Center for Independent Living of Northeastern Minnesota: SFY 2002 Funding (Total=$568,580)

 # Consumers Receiving Direct Services: 725 (Source: Center Annual Report)

 # Consumers Receiving Information & Referral Services: 2,332

Serving Aitkin, Carlton, Cook, Itasca, Koochiching, Lake, Pine, and St. Louis Counties

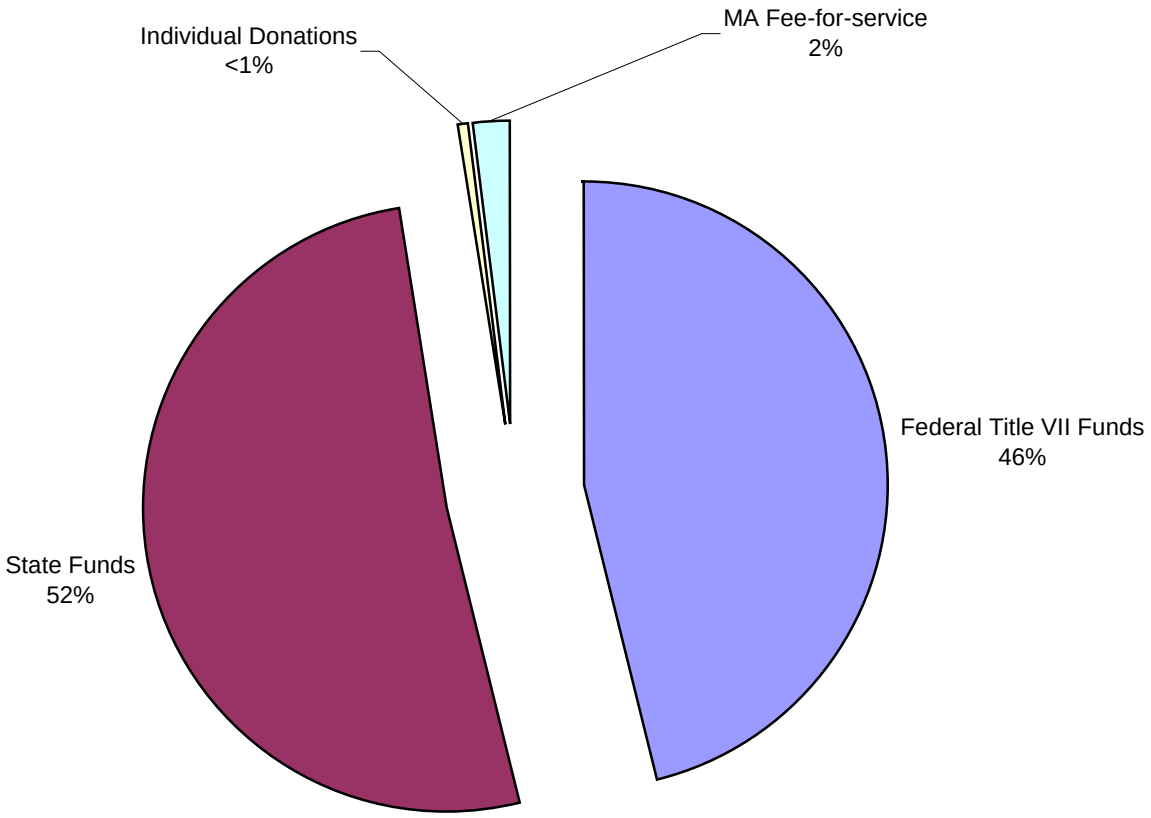


Freedom Resource Center: SFY 2002 Funding (Total=$203,511)

 # Consumers Receiving Direct Services: 106 (Source: Center Annual Report)

 # Consumers Receiving Information & Referral Services: 872 (Source: Center Annual Report)

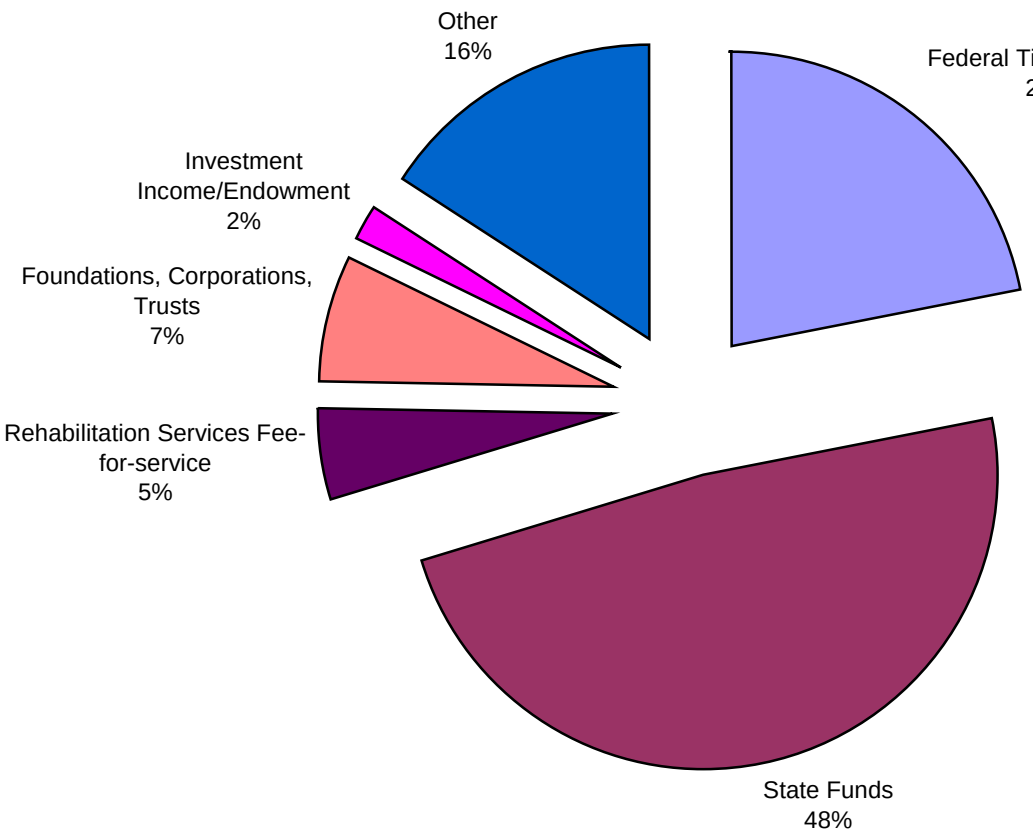
Serving Clay, Becker, Wilkin, Otter Tail, Grant, Pope, Traverse, and Stevens Counties



Independent Lifestyles: SFY 2002 Funding (Total=$416,395)

 # Consumers Receiving Direct Services: 645 (Source: Center Annual Report)

 # Consumers Receiving Information & Referral Services: 252 (Source: Center Annual Report)



Counties Served:

Stearns, Benton, Sherburne, Meeker, Mille Lacs, Morrison, Kandiyohi, Wright and Isanti

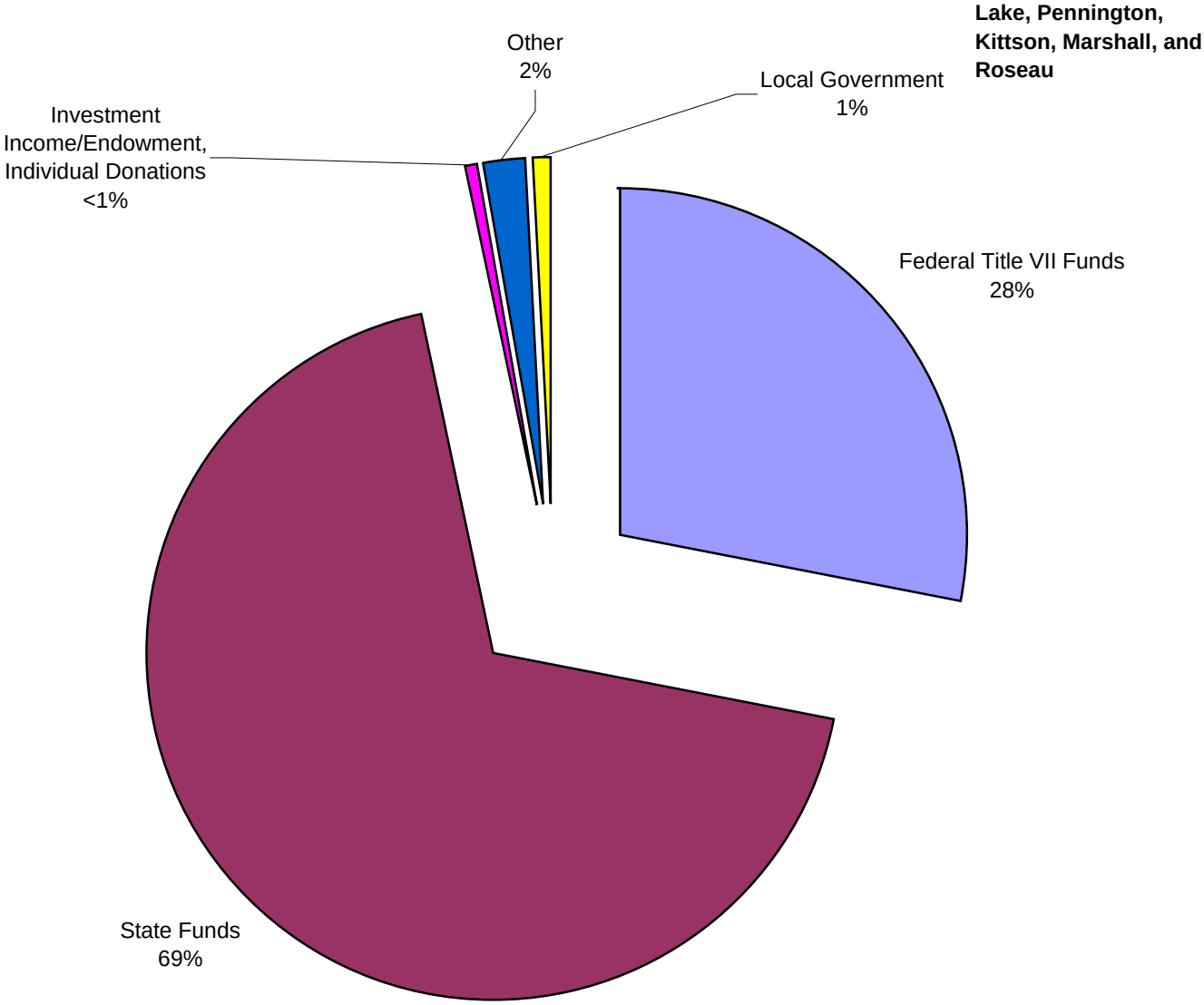
Options: SFY 2002 Funding (Total=$423,250)

 # Consumers Receiving Direct Services: 251 (Source: Center Annual Report)

 # Consumers Receiving Information & Referral Services: 1,523 (Source: Center Annual Report)

Counties Served:

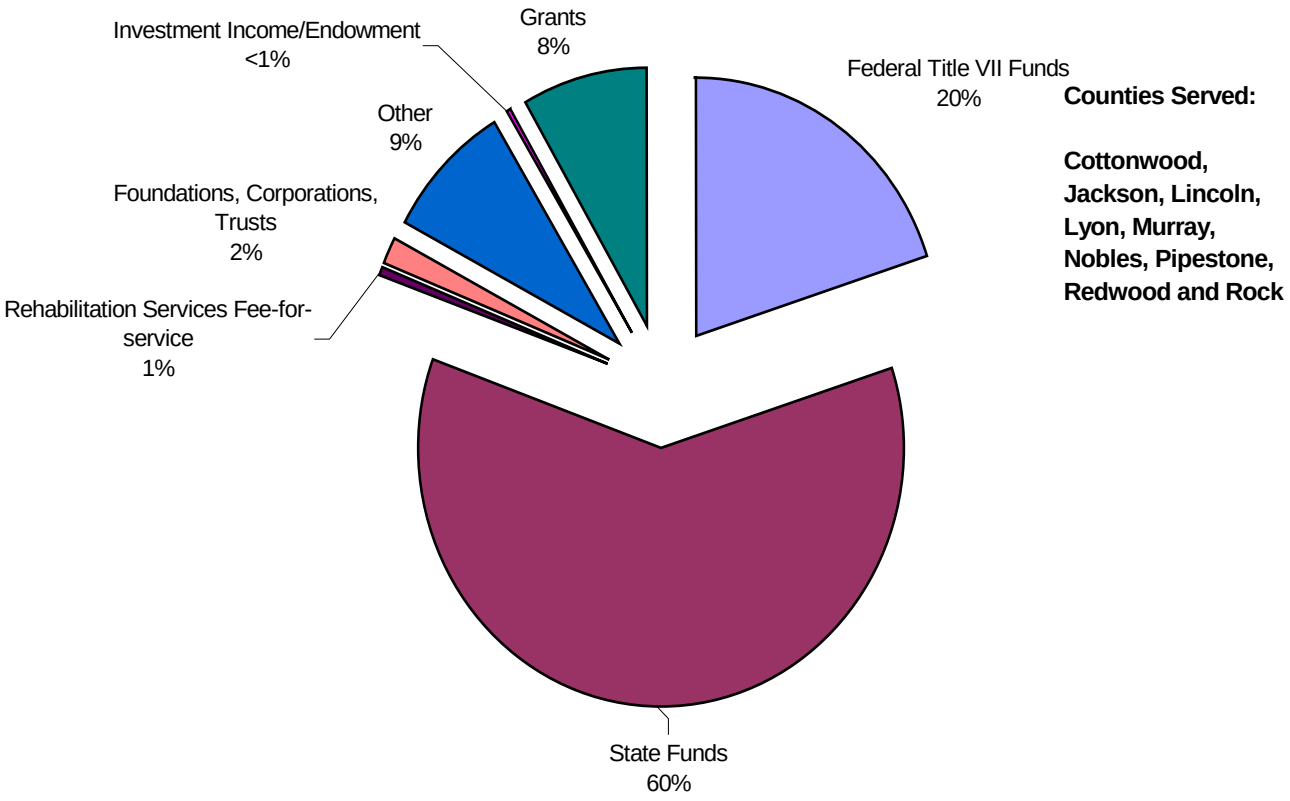
Polk, Norman, Mahnomen, Red Lake, Pennington, Kittson, Marshall, and Roseau



Southwestern Minnesota Center for Independent Living: SFY 2002 Funding (Total=$466,189)

 # Consumers Receiving Direct Services: 507 (Source: Center Annual Report)

 # Consumers Receiving Information & Referral Services: 1,224 (Source: Center Annual Report)



Counties Served:

Cottonwood, Jackson, Lincoln, Lyon, Murray, Nobles, Pipestone, Redwood and Rock

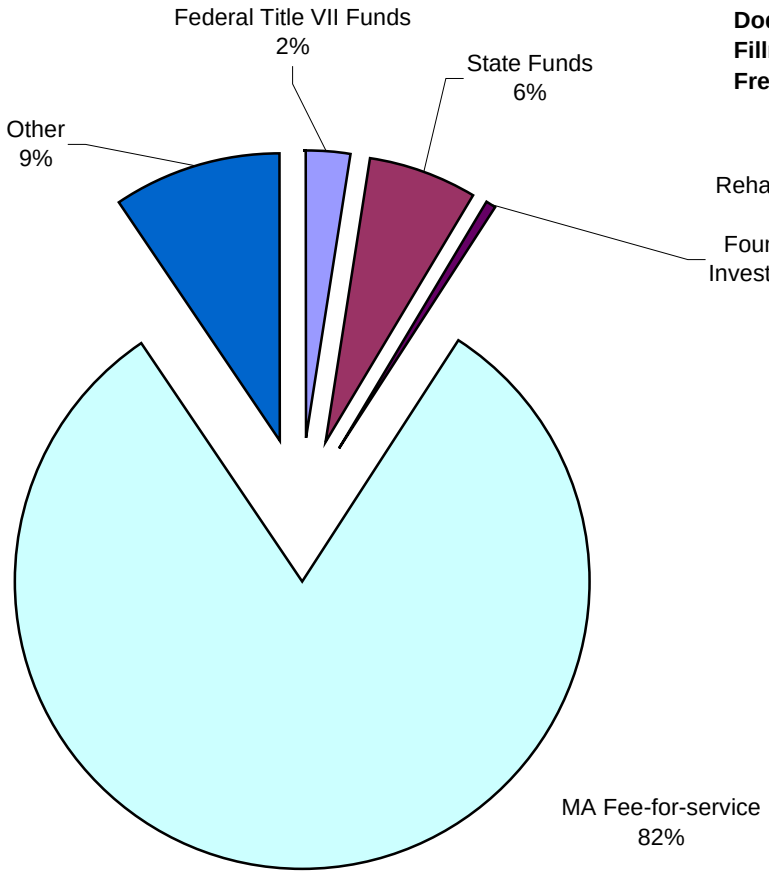
Southeastern Minnesota Center for Independent Living: SFY 2002 Funding (Total=4,553,743)

 # Consumers Receiving Direct Services: 361 (Source: Center Annual Report)

 # Consumers Receiving Information & Referral Services: 374 (Source: Center Annual Report)

Counties Served:

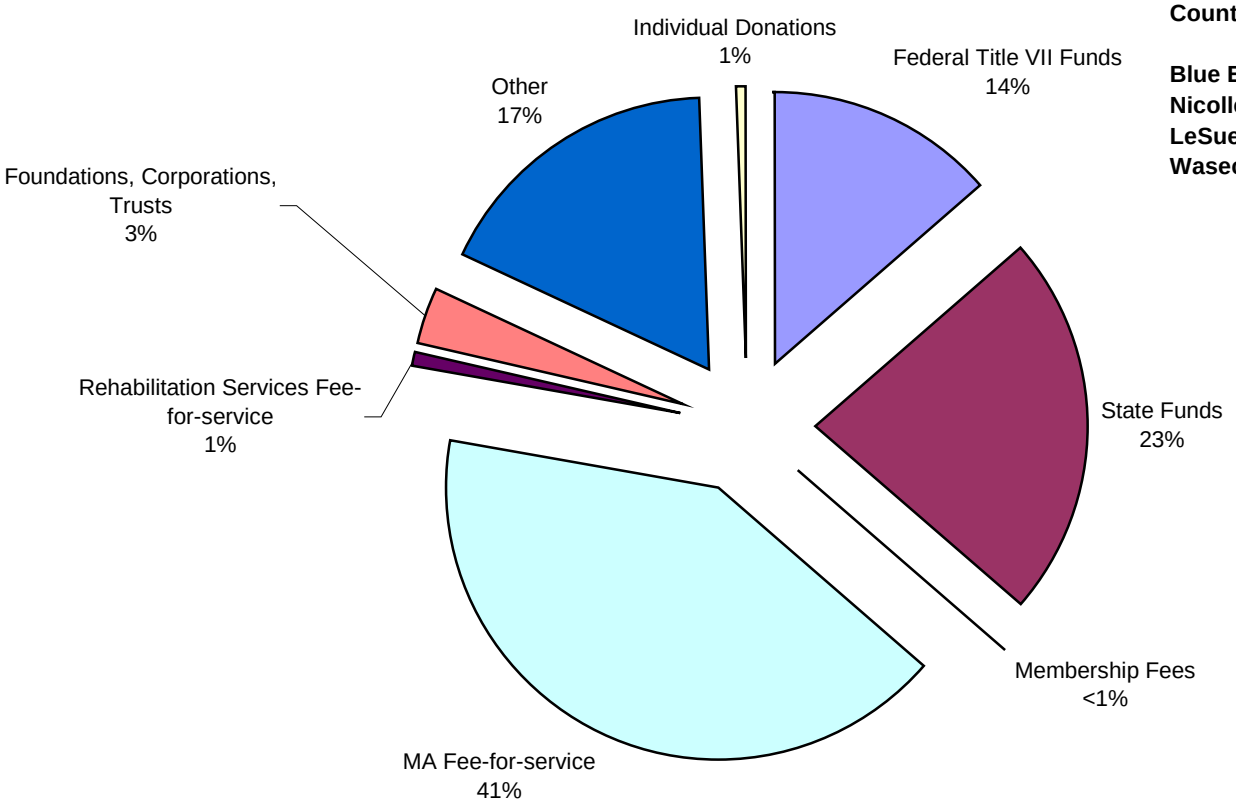
Olmsted, Wabasha, Goodhue, Rice, Steele, Dodge, Winona, Houston, Fillmore, Mower, Freeborn



Southern Minnesota Independent Living Enterprises: SFY 2002 Funding (Total=$686,745)

 # Consumers Receiving Direct Services: 304 (Source: Center Annual Report)

 # Consumers Receiving Information & Referral Services: 436 (Source: Center Annual Report)



Counties Served:

Blue Earth, Brown, Nicollet, Watonwan, LeSueur, Martin, Sibley, Waseca and Faribault

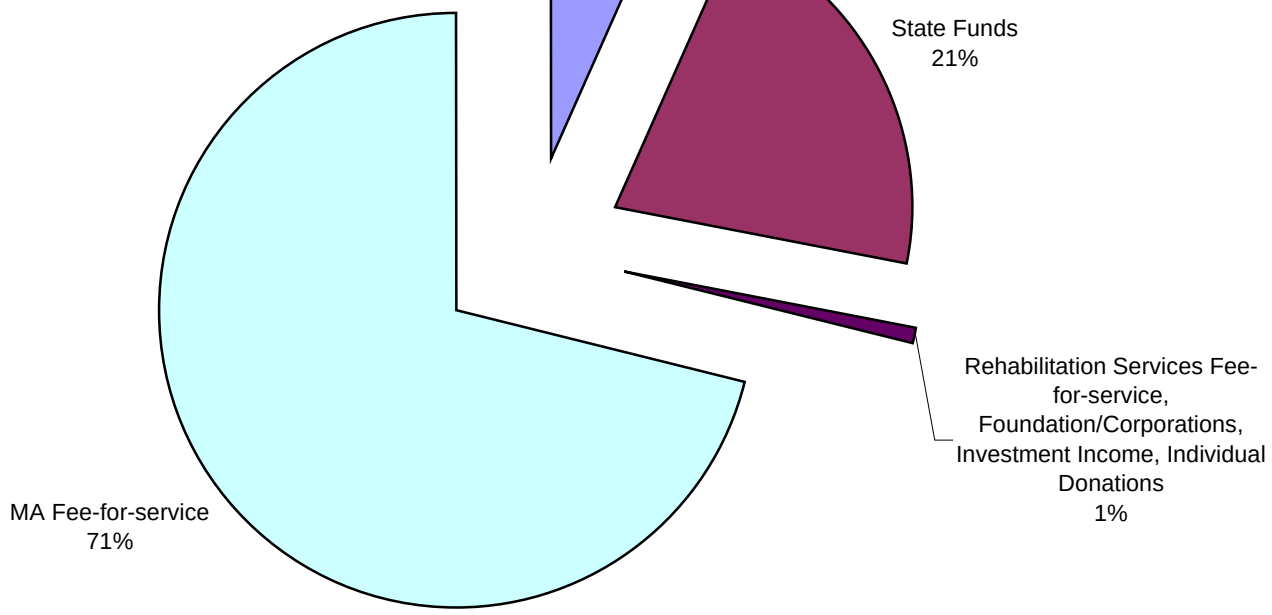
Metropolitan Center for Independent Living: SFY 2002 Funding (Total=$1,764,003)

 # Consumers Receiving Direct Services: 638 (Source: Center Annual Report)

 # Consumers Receiving Information & Referral Services: 4,654 (Source: Center Annual Report)

Counties Served:

Anoka, Carver, Dakota, Hennepin, Ramsey, Scott, and Washington



Appendix G: DEED Proposal

(as of November 25, 2003)

MEMORANDUM OF UNDERSTANDING
Between
The MN Centers for Independent Living and
The MN Department of Employment and Economic Development/Rehabilitation Services

The Minnesota Department of Employment and Economic Development, Rehabilitation Services Branch (DEED) recognizes the critical role that Centers' for Independent Living (Centers/CILs) provision of Independent Living (IL) core and other services play in assisting people with significant disabilities to attain employment goals, to retain employment, and to advance in employment. This Memorandum of Understanding outlines the strategies necessary to permit both the Vocational Rehabilitation (VR) and CIL programs to obtain more federal resources to serve Minnesotans with disabilities so that they can work and live independently in their communities, while significantly reducing VR's and the CILs' dependency on additional state appropriations. This expanded capacity will reduce the high unemployment rate of Minnesotans with disabilities while increasing an available pool of workers to meet the needs of the business community.

A. **[Omitted at DEED's Request]**

B. In consideration for the fiscal year 2004 grant, the Centers agree to the following for state fiscal year 2005 and beyond.

1. DEED shall acquire legislative authorization to transfer $1,325,000 from the Independent Living Program's general fund appropriation to the Vocational Rehabilitation Program.

2. Each year Vocational Rehabilitation shall immediately restore the $1,325,000 to the Centers for Independent Living from its Social Security Administration (SSA) program income and/or VR Title I funds, in contracts issued by DEED using the same distribution proportions established in State Fiscal year 2004, as required by the State Plan for Independent Living.

3. The transferred IL funds shall be used to match federal VR dollars as they become available, and each year the resulting additional federal match dollars will be split 50/50 between the VR and Centers programs, increasing the capacity of both programs. The Centers' fifty percent of these Title I dollars shall be considered federal funds, and shall be distributed equally between the eight Centers in contracts issued by DEED, as required by the State Plan for Independent Living.

4. The maximum amount of VR match that shall be shared with the Centers is $2,438,000, which is 50% of the amount that $1,325,000 will earn. It is mutually understood and recognized that it may take four or five years, and possibly longer, before the maximum amount of match is fully realized. These funds are not to be included in the State Plan for Independent Living's funding cap formula.

5. Because of year-end VR Title I federal reallocation opportunities, the amount of match received may vary from year to year until the entire $1,325,000 is usable for match at the beginning of a fiscal year. Therefore, the amount of the IL match contracts at the beginning of each federal year shall be comprised of 50% of the match funds brought into MN using the transferred IL funds, and 50% of any federal reallocation funds received at the end of the previous federal fiscal year.

6. The Centers shall share data to ensure that the transfer of funds and the subsequent contracts meet all legal requirements. This will include a determination of those consumers simultaneously receiving Center and VR services. VR shall agree to require that each consumer's Employment Plan includes an objective to explore the need for CIL services to assist in the achievement of the Employment Plan. The Centers agree to provide to DEED/RS on a quarterly basis the following data:

    a. The names and two additional identifiers; e.g., addresses and date of birth; of all consumers for which the Centers have open CSRs, excluding those consumers under the age of sixteen and over the age of sixty five. Centers should also exclude any consumers for whom the law has expressly prohibited the Centers from disclosing the consumer's identity.

    b. A report on the number of hours of any IL services provided by the Centers to each consumer included in B.6.a. above, excluding the hours that have been paid for by Vocational Rehabilitation under an Operating Agreement, or any other funding such as Medical Assistance.

    c. The annual average hourly rate of service for each Center. The rate to be paid to each Center shall be determined by averaging each Center's average hourly rate of service so that all Centers are reimbursed at the same rate.

    d. To ensure the confidentiality of the Centers' consumer data, DEED shall provide the written assurances required under 34 CFR 364.56 (D).

Appendix H: Minnesota Health Care Program Providers Resource Sheet

Minnesota Health Care Program (MHCP) Provider Enrollment

This page provides current and potential MHCP providers with information on: requirements for enrolling as a MHCP provider; the process of enrolling; eligible providers; applications and agreements needed to enroll as a MHCP provider.
http://www.dhs.state.mn.us/Provider/enrollment/default.htm#apps

Minnesota Health Care Program (MHCP) Provider Manual

The provider manual will define: the types of services covered by the waivers and MA, provider standards for the services, payment rates for services, billing and more. Chapter 26 of the MHCP Provider Manual gives information specific to the HCBW programs
http://www.dhs.state.mn.us/Provider/manual/chapter26.htm

Billing

Billing claim form tutorial is available to assist providers.
http://www.dhs.state.mn.us/Provider/training/tools/instruct-cms.htm

There is also information on how to read your remittance advice and receive HIPAA provider updates.
http://www.dhs.state.mn.us/Provider/types/18.htm

Provider Call Centers Available

The Provider Call Center will assist providers with questions about a variety of services such as: long term care, home care, waivered services, chemical dependency services, transportation or mental health. They can also assist with enrollment questions. To contact the Provider Call Center call: (651) 282-5545 or 1-800-366-5411, TTY: (651) 215-0086 or 1-800-366-8930

- Select OPTION 1 for long term care, room & board charges, dental, transportation or mental health.
- Select OPTION 2 for pharmacy, medical supply and hearing aid dispensing.
- Select OPTION 3 for rehab therapy, hospice, lab, physician, hospital or IEP services.
- Select OPTION 4 for home care, waivered services, chemical dependency services, chiropractic services, eyeglasses, contacts or eye exams.
- Select OPTION 5 for provider enrollment.
- Select OPTION 6 for MN-ITS Registration.

- Select OPTION 7 to verify current eligibility for the past 12 months, for the automated eligibility verification system.

Recipient Help Desk

For questions about benefits, coverage, spenddowns, recipients can call (651) 296-7675 or 1-800-657-3739

Appendix I: Medicaid Administrative Activities

The State Medicaid Agency is able, under federal law, to provide for methods of administering the Medicaid program that are found by CMS to be "necessary for the proper and efficient operation of the state plan." The purpose of this document is to clarify for CIL directors which administrative costs are generally eligible for Federal Financial Participation (FFP).[*]

Activities eligible to receive Medicaid (MA) administrative reimbursement

MA outreach and eligibility determination

- informing eligible or potential eligible individuals about Medicaid services that are available
- how to access the services
- how to become eligible for MA
- explaining MA eligibility rules
- providing MA application forms
- referring individuals to the appropriate person so they can apply for MA
- assisting with filling out the application
- training outreach staff on how to assist individuals to access MA services

Referral, coordination, and monitoring of Medicaid covered services

- arranging, referring, and coordinating, medical/dental/mental health services for individuals
- gathering information required prior to being able to refer an individual to MA covered services
- participating in meetings to coordinate or review an individuals need for MA services
- providing follow-up contact to an individual regarding their MA services
- arranging transportation for an individual to services covered by MA
- arranging for or providing translation services needed to facilitate access to MA services
- monitoring and evaluating Medicaid provider service delivery
- tracking requests for MA services

MA planning, policy development and interagency coordination

- working with other agencies and/or providers to improve the coordination and delivery of MA services
- working with other agencies to improve collaboration around early identification of individuals with medical/dental/mental problems
- developing strategies to provide individuals better access to MA providers
- developing strategies to increase the capacity of MA service providers to provide services
- evaluating the need for and developing strategies to make improvements to the delivery of services to specific geographic areas or specific populations
- identifying gaps or duplication of medical/dental/mental services and developing strategies to make improvements

[*] See 42 CFR § 433.15.

Appendix J: Consumer Input

Comments from Center Boards of Directors

- There was unanimous agreement that there should be a continued pursuit to identify other potential (federal) funding sources to assist in the general operation of CILs. Of specific note was support for pursing case management (i.e. fee-for-service) activities that relate to nursing home relocation efforts.

- Any new funding sources pursued must be consistent with the mission of the Independent Living philosophy.

- A stated desire to "see a statewide network of CILs achieve a minimum base of $500,000 per CIL in core state/federal funding, as contained in the State Plan for Independent Living. These are the only dollars that available to serve people with disabilities without slotting/fitting each individual into a particular…category."

- Licensure standards and requirements must be considered when considering other potential funding sources.

- It would be helpful to receive input, at consistent and regular intervals, from DHS to assure continued awareness of existing and new resources that might be available to CILs.

Comments from Consumers

Consumer #1

- Under area 2, the range of services - This needs to include input from the consumer and recognition of the role of the consumer in making decisions about the services.

Consumer #2

- I am a 34-year-old white female with muscular dystrophy. I use a power wheelchair. I am employed full-time at the University of Minnesota. My annual income is $50,000+. I live with my partner in Roseville.

- I rely on MCIL [Metropolitan Center for Independent Living] for PCA [Personal Care Attendant] recruitment, training, and staffing.

- I also use MCIL for information and referral regarding accessibility issues.