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**MINNESOTA  
DEPARTMENT  
OF  
HUMAN  
SERVICES**

**DISABILITY  
SERVICES  
DIVISION**

***Creating  
Service Options  
and Choice  
In  
Homes and  
Communities***

**HOME AND COMMUNITY  
BASED SERVICES  
FOR  
PERSONS WITH  
MENTAL RETARDATION  
AND  
RELATED CONDITIONS**

***A Report to the Minnesota Legislature***

January, 2004

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**HOME AND COMMUNITY-BASED SERVICES  
FOR  
PERSONS WITH MENTAL RETARDATION AND RELATED CONDITIONS**

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## **EXECUTIVE SUMMARY**

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Over the last two decades, the Minnesota Department of Human Services (DHS) has worked to replace institutional care with community-based service options. To help achieve this goal, the Department implemented the Home and Community-Based Services Waiver for Persons with Mental Retardation or Related Conditions (MR/RC Waiver) in 1984. The MR/RC Waiver provides supports necessary for persons to be integrated and included in their communities. The service options available allow flexibility and choice for people to be supported in a manner that best meets their preferences and needs.

Until 1999, approximately 600 allocations were awarded annually which was less than the annual increase in the number of people applying for MR/RC waived services. In 2001, advocate effort and legislative action opened an unprecedented window of opportunity that allowed access to the waiver for over 5,000 new people, increasing the total number of waiver participants to over 14,000. For the current biennium, legislation does not allow new diversion allocations that would add resources to a county's budget, but conversion allocations are available as a result of decertifying a bed in an Intermediate Care Facility for Persons with Mental Retardation (ICF/MR). Counties may serve additional people through the MR/RC waiver as their budget allows. As of August 1, 2003, approximately 14, 814 people were receiving services through the MR/RC waiver.

### **Management of the MR/RC Waiver**

DHS has taken actions to improve access to waiver and other services, to assist counties in managing their waiver resources, and to meet budget needs of the state. These actions include:

- ▶ Providing information to consumers, advocates, and counties about other services that may be accessed by consumers while waiting for funding through the MR/RC Waiver. These services include: case management, Family and Consumer Support Grants, assistive technology through Medical Assistance, crisis services, day training and habilitation services, and home care services including personal care assistance.
- ▶ Revising the state's administrative requirements on counties to allow more flexibility in managing the allocated budget.
- ▶ Revising the waiver budget methodology in order to control the growth in expenditures in future years.
- ▶ Creation of an on-line Disability Services Division (DSD) manual to provide up-to-date information to counties on policies and procedures they need to know to administer programs.
- ▶ Continuing improvements of the online waiver management system for counties to use in planning and managing waiver resources, and ongoing intensive training and technical assistance from Regional Resource Specialists.

## **Intended Outcomes for the Department in Managing the MR/RC Waiver**

Program goals for FY 2004 and 2005 will be to continue improvements in managing the program to achieve the following: a stable budgeting process, increased consumer options, improved service quality, increased program integrity, and management improvements to make administration of the program less burdensome.

- **Implement the revised Consumer Directed Community Supports (CDCS) service.**  
CDCS allows consumers and/or their legal representatives to have control over their budgets and arrange for services that are designed to build and maintain informal networks of community support. When DHS receives approval of the waiver plan amendment the service will be available across the state. A transition plan and tools will be developed and implemented for the current MR/RC recipients. An implementation plan and tools for people newly accessing the service will also be developed and implemented.
- **Stabilize county MR/RC budget situation.**  
A new budget methodology was introduced for the MR/RC waiver program in January 2003. Because of legal actions taken by providers, advocates, and consumers in federal court, DHS was limited in its ability to issue training materials or participate in discussions on the rebasing methodology, and counties were unclear about their ability to make necessary changes for much of the calendar year. With the lifting of a temporary restraining order, DHS will proceed to provide technical assistance and additional information to counties. DHS will also undertake a review of the budget methodology currently in place and will consider changes that address issues of equity, predictability, and cost management.
- **Development of a Common Service Menu**  
The goal of this initiative is to give people across the various waiver programs equal access to a menu of services. Research and preparation to request federal approval of waiver plan amendments for a common menu of services across waiver programs will continue.
- **Increased County and Consumer Information**  
Counties and consumers need easy access to reliable information to make informed decisions about services. Information on programs and services for persons with disabilities is available through the DHS Internet site at [www.dhs.state.mn.us](http://www.dhs.state.mn.us). Quarterly videoconferences will be provided to county staff. The manual for Disability Services Division programs is available on the Internet at <http://countylink.dhs.state.mn.us>.
- **Program Integrity**  
DHS will implement new program integrity efforts centered on: a) county administrative and program practices; b) service verification systems for services provided in private homes; and c) upgraded management and reporting systems.

## LEGISLATION

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### Minnesota Statutes 2003

#### Chapter 256B.0916 Expansion of home and community-based services; management and allocation responsibilities.

**Subd. 7. Annual report by commissioner.** Beginning November 1, 2001, and each November 1 thereafter, the commissioner shall issue an annual report on county and state use of available resources for the home and community-based waiver for persons with mental retardation or related conditions. For each county or county partnership, the report shall include:

- (1) the amount of funds allocated but not used;
- (2) the county specific allowed reserve amount approved and used;
- (3) the number, ages, and living situations of individuals screened and waiting for services;
- (2) the urgency of need for services to begin within one, two, or more than two years for each individual;
- (5) the services needed;
- (6) the number of additional persons served by approval of increased capacity within existing allocations;
- (7) results of action by the commissioner to streamline administrative requirements and improve county resource management; and
- (8) additional action that would decrease the number of those eligible and waiting for waived services.

The commissioner shall specify intended outcomes for the program and the degree to which these specified outcomes are attained.





## INTRODUCTION

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Before 1981, options to support persons with mental retardation or related conditions and their families were limited. Medicaid funding was only available to pay for services in Intermediate Care Facilities for the Mentally Retarded (ICFs/MR), which includes state Regional Treatment Centers (RTCs) and community group homes. In order to support persons to remain in their family homes or other individualized community settings, changes were needed in the way states could use money from Medicaid to pay for services.

In 1981, the federal government passed the Omnibus Budget Reconciliation Act, which created the Title XIX Home and Community-Based Services Program. This act allowed the Department of Health and Human Services to waive traditional Medicaid requirements, which allowed states to provide home and community-based waiver services as an alternative to institutional care. In 1984, Minnesota implemented the Home and Community-Based Services Waiver for Persons with Mental Retardation or Related Conditions, also referred to as the MR/RC Waiver.

The goal of the MR/RC Waiver is to provide necessary services and supports so that the person can continue to live in their community. These services should be meaningful to the person receiving the services, respectful of the beliefs and customs of that person, assure health and safety, and increase levels of independence. MR/RC Waiver services are based on individual needs and enable a person to become involved in and to develop relationships in the community.

To be eligible for the MR/RC Waiver, a person must choose the MR/RC Waiver and meet all of the following criteria:

- Eligible for Medical Assistance (MA) based on disability diagnosis;
- Have a diagnosis of *mental retardation* or a *related condition*;
- Reside in an ICF/MR and continue to require an ICF/MR level of care **or** the screening team determines the person would be placed in an ICF/MR **if** home and community based services were not provided;
- Require daily interventions, daily service needs and a *24 - hour plan of care* that is specified in the plan of care; and
- Has made an informed choice of waiver services instead of ICF/MR services.

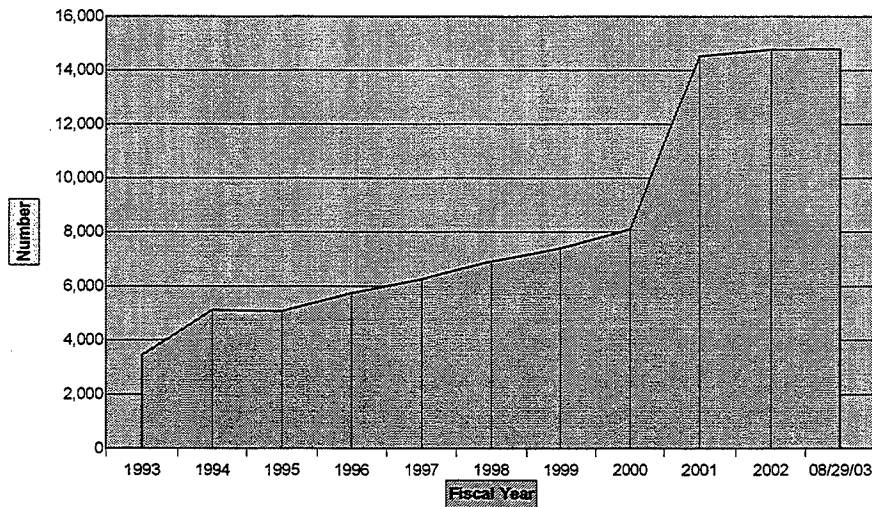
The services available through the MR/RC Waiver include:

Adult Day Care	Extended Personal Care Attendants
Assistive Technology	Homemaker Services
Caregiver Living Expenses	Housing Access Coordination
Caregiver Training and Education	In-Home Family Support
Case Management	Personal Support
Chore Services	Respite Care
Consumer Training and Education	Specialist Services
Consumer-Directed Community Support	Supported Employment Services
Crisis Respite	Supported Living Services
Day Training and Habilitation	24-Hour Emergency Assistance
Environmental Modifications	Transportation

A description of these services can be found in Attachment A.

The number of persons receiving waived services continues to grow. The chart below illustrates the growth in recipients since 1993. When the waiver began in 1984, there were fewer than 300 persons receiving MR/RC waiver services.

**Number of Persons Receiving MR/RC Waiver Services**

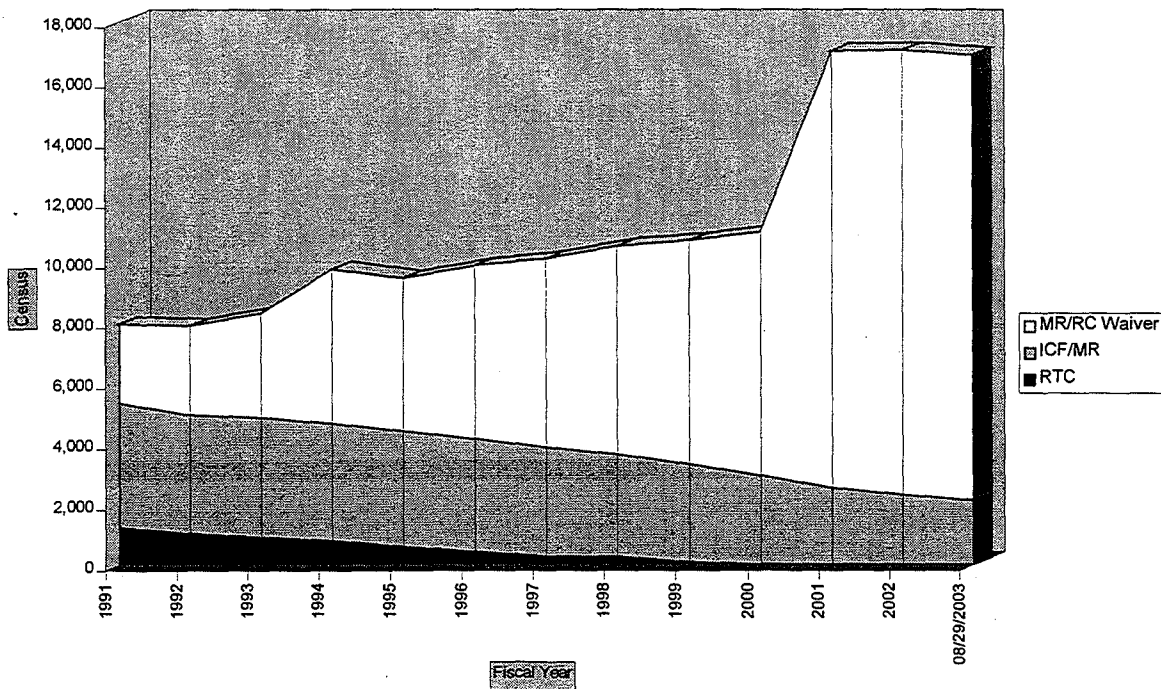


	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	08/29/03
MR/RC Waiver	3,453	5,121	5,065	5,732	6,256	6,907	7,405	8,094	14,512	14,765	14,771

For several years, the Department of Human Services (DHS) annually awarded 600 allocations to persons waiting for services to ensure that people have the choice to live in their communities. But even with these allocations, the number of people who were still waiting for waived services continued to grow. In response to this growth in the waiting list, the 1999 Legislature increased the appropriation for the MR/RC Waiver to serve an additional 100 persons each year. Counties could also request the ability to create new slots if they could afford to do so within their existing budget.

The 1999 legislative action also created budgetary changes that directed DHS to increase slots if spending did not reach the forecasted appropriation in each fiscal year. As a result of counties not spending to the appropriated level, DHS provided county agencies instructions about accessing waived services slots during an open enrollment period (March 23, 2001 to June 30, 2001). By June 30, 2001, the end of the fiscal year, 5,537 additional people were enrolled in the MR/RC waiver. During FY 2002, county agencies continued to work on developing and implementing service plans for that influx of waiver recipients. Because of the large number of people initially accessing the waiver at the end of FY 2001, there were a limited number of diversion allocations created in FY2002. There were conversion allocations created in FY 2002 when ICFs/MR downsized or closed. There were 300 diversion allocations created in January 2003. There are no plans and no legislative funding to create new funded diversion allocations for FY 2004 and FY 2005.

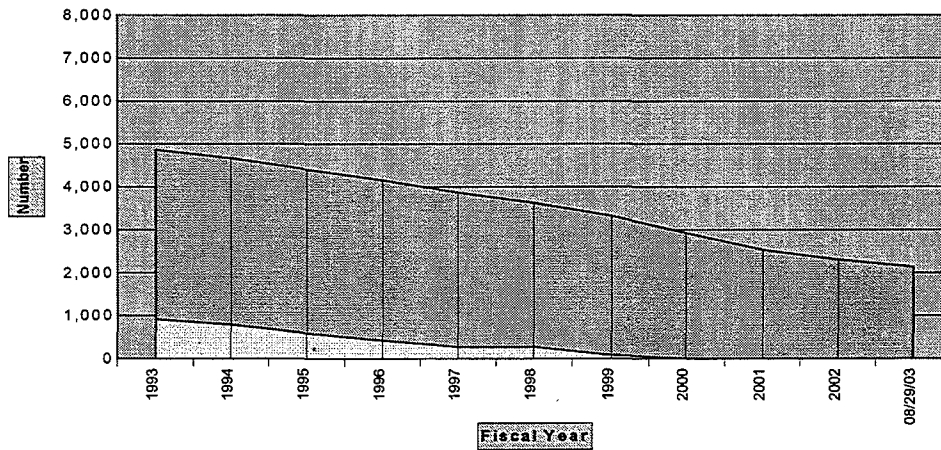
DD Population Census by Setting  
1991-2003



Data Source: "Medical Assistance Program: Recipient and Cost Projections" and  
DSD 09/26/03

Along with the growth of people on the MR/RC Waiver, the number of persons in institutions and community ICFs/MR continues to fall. In 1990, there were 1320 persons with developmental disabilities in RTCs; today there are no persons with developmental disabilities living in regional treatment center-based ICFs/MR. In 1990, there were 4224 persons living in ICFs/MR; today there are 2126 persons living in ICFs/MR.

**Number of Persons with Developmental Disabilities Residing in ICFs/MR or RTCs**



	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	08/29/03
ICF/MR	3,954	3,879	3,821	3,742	3,591	3,362	3,248	2,926	2,526	2,299	2,126
DD RTC	902	781	582	412	271	265	71	0	0	0	0

Data Source: "Medical Assistance Program: Recipient and Cost Projections" and DSD 09/26/03

This annual report contains specific information on the status of the waived services program, the progress toward the program improvement goals of the past year, and the goals for the current year.

## **MANAGEMENT AND AUTHORIZATION OF THE MR/RC WAIVER**

As legislatively appropriated, DHS allocates new resources to counties in order to serve persons waiting for services. There is no appropriation for any funded diversion allocations for FY 2004 and FY 2005. County agencies, based on state policy goals and their own information about who has urgent need for services, determine who will be offered a waiver slot. The state policy goals (from statute and rule) that guide these decisions include:

- ▶ Supporting children and families so that children with disabilities have a stable, nurturing environment within their community
- ▶ Increasing non-institutional alternatives
- ▶ Supporting the needs of persons in living arrangements that are unstable due to the age or incapacity of the primary caregiver
- ▶ Building the capacity of local communities to support persons with disabilities and their families.

The management of the MR/RC Waiver occurs through county agencies. When a person requests to receive services funded by the waiver, county staff meet with the individual and their family or legal representative, if any. Together, the team develops a person- or family-centered plan that identifies the supports necessary to assure health, safety, and welfare, and to increase independence and self-sufficiency at home and in the community.

A county case manager works with the person and with family members or the legal representative, if any, to develop a comprehensive support plan. With the case manager's assistance, the person selects service providers and contracts are established as needed. County agencies "authorize" the waived services through the Medicaid Management Information System (MMIS). Service providers file claims with and are paid through MMIS. Within the county's annual waiver budget, the county has the flexibility to authorize the resources that are necessary to provide supports in the community for the person and to ensure the person's health and safety. This provides for optimal management of the waiver resources. In addition, the county can direct their MR/RC waiver resources based on the changing support needs of recipients and families.

The following table illustrates how the MR/RC Waiver program grew in recipients and funding each fiscal year, through fiscal year 2002. The "allowable funding" is the total amount available statewide based on the actual number of persons receiving approved MR/RC Waiver services. "Paid funding" is the total dollar amount of waived services paid for through the MMIS. When waiver recipients also receive home care services, the paid funding includes the cost of both waiver and home care services. Because of the change in waiver budget year from a fiscal year to a calendar year, there is insufficient data to make a useful comparison between calendar years.

### Comparison of Allowable and Paid Funding

	Number of People Served	Allowable Funding	Paid Funding	Annual Paid Funding per Person	Difference Between Allowable and Paid	% Difference Between Allowable and Paid
<b>FY 1996</b>	5,697	\$233,365,711	\$216,864,442	\$38,066	\$16,501,269	7.07%
<b>FY 1997</b>	6,158	\$273,765,766	\$253,721,077	\$41,209	\$20,044,689	7.32%
<b>FY 1998</b>	6,824	\$310,711,133	\$310,227,624	\$45,461	\$483,509	0.16%
<b>FY 1999</b>	7,316	\$349,962,811	\$355,672,175	\$48,616	(\$5,709,364)	(1.63%)
<b>FY 2000</b>	8,234	\$434,447,258	\$410,388,138	\$49,841	\$24,059,120	5.54%
<b>FY 2001</b>	14,610	\$587,412,929	\$510,428,187	\$34,937	\$76,984,742	13.11%
<b>FY 2002</b>	15,293	\$882,390,220	\$716,411,526	\$46,846	\$165,978,694	18.81%

Data Sources: MMIS Service Agreements; MMIS Paid Claims, 9/26/03

Because of the large number of persons entering the waiver in the last three months of fiscal year 2001, there was a large difference between allowable and paid funding. This is because of the length of time it generally takes to establish and implement an individual service plan, such as the time it takes to determine what services the person wants and to locate and contract with service providers. The difference between the allowable funding and paid funding tends to decrease over the course of time.

As the chart demonstrates, the percentage differences between the allowable and paid funding had generally been decreasing in the last fiscal years due to efforts by the counties and DHS to better track and manage resources. There are larger percentage differences in FY 2001 and FY 2002 than in previous years due to enrolling over 5,500 people in the waiver in three months. FY 2003 is not included in the above chart because of the changes in the waiver budget methodology in January 2003, which included a change from a fiscal year allocation to a calendar year budget. Because of those changes, it is not possible to do a fair comparison between previous fiscal year expenditures and expenditures for half a calendar year.

## **LEGISLATIVE AND WAIVER PLAN BUDGET CHANGES**

2002 and 2003 saw a number of actions taken by the legislature that amended statutes governing the MR/RC waiver in Minnesota. Many of these changes related to managing the growth in state budget expenditures projected to occur in this program. Other changes were made in a desire to address the balance between equity for consumers and flexibility to individually tailor services to meet local and individual needs.

As indicated in the paragraph above, managing the growth of expenditures in the MR/RC program has been a critical issue for the legislature and the state agency. The MR/RC program is the largest waiver program administered in Minnesota. Current projections place biennial expenditures for the MR/RC waiver at approximately \$1.7 billion (combined state and federal funds) during the 2006-2007 biennium.

The above projections would have been greater except for two key decisions. In late 2002, DHS took administrative action steps to manage the rate at which costs could continue to grow for waiver recipients. This was done by establishing a new budget base for each county using spending levels plus 7.9% for existing recipients on the waiver at the end of calendar year 2002. With the new budget base in place, counties could enroll new recipients as slots became available. The state does provide additional funds to the county waiver budget as new slots are allocated. The additional funding is provided on the basis of recipient profile, with higher levels of need receiving more funding.

The second decision was one taken by the legislature during the passage of the 2004-2005 biennial budget. The legislature eliminated diversion slots for each year of the biennium and also took a 1% reduction to the entire budget. The state adjusted county budgets for these on July 1, 2003.

The county agency budget allocation allows county agencies to plan and meet recipients' service needs while maintaining a limit on the statewide growth of spending in this program. The county budget base was determined by the following factors: 1) paid claims for recipients enrolled in the program during SFY 2002 and during the first two quarters of SFY 2003; 2) a 3% cost of living adjustment appropriated by the legislature beginning July 1, 2003; 3) annualization of costs for all waiver recipients; 4) a 1% increase across all recipients to cover costs associated with increased service needs of some recipients; 5) adjustments for other costs on a case by case basis, mostly relating to issues such as changes in county of financial responsibility or health and safety needs.

There were a series of emails sent to county administrators and staff in late 2002 and early 2003 that provided information on the rebasing. On February 14, 2003, an email was sent that contained the document titled "Managing a County's Budget for MR/RC Waiver Services" which included the following list of changes due to the rebasing:

- Counties will change fiscal management of this program from the Fiscal Year to a Calendar Year,

- Counties will have a budget that is not contingent on the number of persons being served at any one point in time,
- Counties will receive additional funding for new recipients entering the waiver as a diversion or authorized conversion,
- Counties will develop plans that communicate how the county will meet the needs of their constituents. The first plan must describe how the county will manage services to continue to meet the needs of people already on the program and the second must address how the county will prioritize and assist those waiting for waived services,
- Counties will continue to authorize waiver and State plan home care services, but will become fiscally responsible for services paid that exceed the budget provided,
- Counties should continue to access the waiver management tracking system provided by DHS to monitor authorizations and payments and to simulate the impact of local decisions upon the county's budget,
- Counties must continue to ensure that a recipient's health and safety needs are met,
- Counties must assure that people who are currently receiving MR/RC waiver services shall not be terminated from the waiver for the sole purpose of the county's management of their budget allocation.

In January 2003, counties received a MR/RC budget amount for calendar year 2003. Changes were made to the online waiver management tracking system so counties have access to their budget amounts. DHS continues to review the status of spending and commitments made by counties to fund services. As a result of those reviews, four adjustments have been made to county budgets to cover costs that were not billed and paid at points in time. These include the following elements:

- Adjust counties' 2003 budget upward to account for late claims in SFY 2002 in excess of two-tenths of a percent (all counties were adjusted an additional two-tenths in the January 2003 allocation provided). This adjustment occurred on June 18, 2003.
- Adjust counties' budget upward to account for actual expenditures accrued in the 1<sup>st</sup> quarter, SFY 2003 (July 1 through September 30<sup>th</sup>) for service plan changes and costs during this time. This adjustment also occurred on June 18<sup>th</sup>, 2003. The effect of the adjustments made on June 18<sup>th</sup> totaled approximately \$24 million in additional waiver dollars for counties statewide.
- Adjust counties' 2003 budget upward to account for actual expenditures accrued in the 2<sup>nd</sup> quarter of SFY 2003 (October 1 through December 31) for service plan changes and costs during this time. This adjustment also accounted for the annualization of the 1<sup>st</sup> quarter service recipients who started services or changed services. This adjustment occurred at the end of August 2003.
- Adjust counties' 2003 budget upward to account for actual expenditures accrued in the 3<sup>rd</sup> quarter SFY 2003 (January through March 31) of SFY 2003 for service plan changes made in the previous quarter and accounting for the annualization of costs for recipients starting services in the 2<sup>nd</sup> quarter. This adjustment occurred in October 2003.



The department adjusted county base budgets upward by approximately \$39 million in order to insure that the budget base was established correctly and to insure that service levels authorized by the county would have sufficient funding to continue. In the meantime, the federal lawsuit filed in opposition to these changes continues in federal court. There have been two Temporary Restraining Orders issued. The first Temporary Restraining Order was put in place on March 17, 2003, and was lifted on August 29, 2003. The second Temporary Restraining Order was put in place on September 16, 2003 and was lifted on January 8, 2004.

The changes in budget methodology and resulting lawsuit have caused difficulty in managing the MR/RC waiver program. The state and counties have administered services under new budget limits combined with court imposed restrictions. Budget adjustments made by DHS have alleviated much of the initial pressure, but a continued sense of concern exists regarding future budget pressures.

## **CHANGE IN NEEDS PLANS**

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The federally approved MR/RC waiver plan requires counties and partnerships to develop and submit to DHS, a Change in Needs Plan, which is a plan to address changes in recipients' needs, including anticipated, unexpected, and emergency needs, within their budget allocation.

The county change in needs plan must:

- include information on how the county will continue to serve individuals who experience changes in service needs;
- provide assurance that health and safety needs of all MR/RC waiver recipients are met;
- be submitted to the Department by April 1, 2003 (no Department approval needed); and
- be made available to the public upon request.

County agencies may elect to establish a reasonable reserve amount to address these recipient needs. The reserve amount must be based on the county agency's experience, recipient utilization history, and anticipated recipient needs. The reserve amount allows the county to hold back some of their budget amount from being allocated, so there is some amount of money available for circumstances that come up during the budget year that need waiver funding. If a county establishes a reserve fund within the Change in Needs Plan, the following information must be part of the Plan:

- how funds will address anticipated, unexpected and emergency needs; and
- how the county established resource amounts based on documented past experience and projected needs for the coming year.

There are many situations or circumstances that would warrant the use of the reserve amount. A few examples of circumstances where the reserve account may be used include:

- preventing an admission to more restrictive setting such as a regional treatment center;
- an increase in a recipient's need for support services;
- protecting a recipient's health and safety; and
- injury, illness, or death of a primary caregiver.

## **RESERVE ACCOUNTS**

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With the change in budget methodology, the reserve accounts have taken on new significance for counties. The amount of the reserve accounts average approximately 3 to 5 percent of the counties' waiver budgets. As of December, 2003, 72 counties or partnerships had submitted reserve account plans, specifying whether they intended to reserve an amount of the county budget or not. DHS expects to receive more county plans, including reserve account plans, within the next few months. The following chart shows the counties that have submitted a reserve account plan and the planned reserve percentages of the counties' MR/RC budgets.

County Reserve Accounts – as of December 2003

COUNTY	RESERVE	RESERVE AMOUNT REQUESTED
Aitkin	Y	5%
Anoka	Y	up to 5%
Becker		TBD
Beltrami	Y	5%
Benton		TBD
Big Stone		
Blue Earth	Y	5%
Brown	Y	5%
Carlton	Y	5%
Carver		
Cass	Y	3%
Chippewa		TBD
Chisago	Y	3% - \$300,000
Clay	Y	up to 5%
Clearwater		
Cook	Y	3%
Cottonwood	Y	up to 5%
Crow Wing	Y	5% or \$346,974
Dakota	Y	up to 5%
Dodge	Y	5%
Douglas	Y	5%
Faribault/Martin	Y	3%
Fillmore	Y	Approx. 5%
Freeborn	Y	5%
Goodhue	Y	5%
Grant		
Hennepin	Y	up to 5%
Houston	Y	3%
Hubbard	Y	up to 5%
Isanti	N	
Itasca	Y	3% or \$251,729
Jackson	Y	requested
Kanabec	N	
Kandiyohi	Y	5%
Kittson	N	
Koochiching	Y	3%
LacQuiParle	N	TBD
Lake	Y	5%
Lake of the Woods		
LeSueur	Y	\$231,913.05
LLM	Y	2.50%

McLeod	Y	
Mahnomen	N	
Marshall	N	
Meeker	Y	
Mille Lacs	N	TBD
Morrison	Y	5%
Mower	Y	
Nicollet	Y	up to 5%
Nobles	Y	up to 5%
Norman	Y	1 - 5%
Olmsted	N	
Otter Tail	N	
Pennington	Y	
Pine	N	TBD
Pipestone		
Polk	N	
Pope		5%
Ramsey	Y	3.50%
Red Lake	N	
Redwood		
Renville	Y	up to 5%
Rice	Y	up to 5%
Rock	Y	5%
Roseau	Y	5%
St. Louis	Y	up to 5%
Scott	Y	up to 5%
Sherburne	Y	5%
Sibley	N	TBD
Stearns		
Steele	Y	5%
Stevens	N	TBD
Swift	Y	2%
Todd	Y	5%
Traverse	N	
Wabasha	N	3%
Wadena	N	
Waseca	Y	up to 5%
Washington		
Watsonwan	Y	up to 5%
Wilkin	N	
Winona	N	
Wright	Y	up to 4%
Yellow Medicine	N	

## **PERSONS WAITING FOR SERVICES**

As of October 27, 2003, using the "Urgency of Need for MR/RC Waivered Services" report, a total of 3167 people are on the program waiting list. Of these, 2240 indicated a desire to receive MR/RC waiver services within the next 12 months. It is expected that additional people will seek the MR/RC waiver. Although 14,771 people are now included in the waiver, there is a total of 26,076 people with developmental disabilities participating in state programs, and each year additional people may consider the waiver an appropriate alternative. DHS will not be able to reduce the waiting list substantially since there are no new resources allocated to this waiver program from the Minnesota Legislature for the next two years.

The following chart represents the number of people with mental retardation or related conditions who are currently waiting for MR/RC waiver services and potentially other services. These individuals have been screened and have chosen to receive services funded by the MR/RC Waiver – at some time in the future. On this chart, people may have indicated a choice of many different services, and it includes data on those people who have not yet indicated a "waiver need index". The numbers on this chart are different from the waiting list numbers discussed above because the people represented in the chart below have indicated they would choose MR/RC waiver services and/or other services. The chart below is broken down by age group and current living arrangement.

**Number of Persons Waiting for MR/RC Waivered Services and Other Services  
Based on Current Living Arrangements and Age Groups**

<b>Current Living Arrangement</b>	<b>Ages 0-12</b>	<b>Ages 13-17</b>	<b>Ages 18-22</b>	<b>Ages 23-39</b>	<b>Ages 40-59</b>	<b>Ages 60+</b>	<b>Total</b>
<b>Board and Lodge</b>	0	0	1	3	4	4	12
<b>Family Home</b>	1499	601	446	284	97	10	2,936
<b>Foster Care, Family</b>	41	26	25	27	14	14	147
<b>Foster Care, Live-In</b>	2	2	3	8	6	1	22
<b>Foster Care, Shift Staff</b>	7	19	49	93	141	40	349
<b>ICF/MR</b>	262	10	15	61	71	23	442
<b>Nursing Facility</b>	0	0	0	1	1	1	3
<b>Other</b>	23	18	21	26	13	4	105
<b>Own Home, &lt; 24 hour support</b>	0	0	8	33	26	4	72
<b>Own Home, with 24 hour support</b>	0	0	1	1	4	2	8
<b>METO</b>	0	0	5	3	1	0	9
<b>TOTALS</b>	1,834	676	574	540	378	103	4,105

Data Source: MMIS DD Screening Documents, 9/26/03

Because of the length of time people may wait for the MR/RC Waiver, individuals and their families often request waived services in anticipation of future needs, sometimes more than three years before services are needed. While waiting for waiver services, a number of other service options may be available. For example, all persons with mental retardation or related conditions receive case management. In addition, many persons receive services through the Family or Consumer Support Grant, day training and habilitation programs, home care (including personal care assistants), and other Medical Assistance services, such as assistive technology. A summary of other possible services can be found in Attachment B (Matrix of Services for Community Supports for Minnesotans with Disabilities Division). County agencies may also use their own funds to provide supportive services to individuals and families in need. Respite needs can be met through a variety of these sources.

Those counties that are not able to serve all persons who are eligible for and requesting MR/RC waiver services must develop a plan that describes how the county will manage and prioritize the waiting list. Counties have been by statute to have policies in this area for a number of years.

The language in the MR/RC Waiver amendment stipulates the following information must be included in the county's waiting list plan:

- The county's policies and procedures to manage the waiting list; and
- The county's prioritization plans for clients on the waiting list.

The prioritization plans for a county's waiting list must focus on:

- Addressing the needs of clients in unstable living situations due to the age or incapacity of the primary caregiver;
- Providing services to avoid out-of-home placement of children;
- Ensuring clients are informed of their choice of living arrangements, which include institutional and home-based choices; and
- The need to serve persons affected by ICF/MR closures.

DHS has recommended certain procedures to be included in a county's waiting list plan. These include a description of county efforts to ensure other resources are being utilized (such as MA State plan services) while a person is waiting for the waiver, all alternative funding sources have been explored, and the person's natural support networks have been fully utilized. The written plans must be submitted to and approved by DHS, and made available to the public upon request.

Counties are encouraged to better utilize the Waiver Need Index on the screening document as a tool to clarify the "urgency of need" for persons on the waiting list. The county's plans for addressing their waiting list need only be submitted to the Department initially for approval and thereafter only when a revision is made to the plan.

## **URGENCY OF NEED FOR SERVICES**

On April 1, 1999, DHS initiated a change in collecting data to better determine how soon persons requesting waived services would actually need or want those services. This data is collected during the completion of the Developmental Disability (DD) Screening Document. The DD Screening Document serves as documentation of eligibility and establishes the authorization of Medical Assistance payments for ICFs/MR, waiver, and nursing facilities. The document also serves as a summary of the Individual Service Plan (ISP).

Since the change in data collection, DHS has been receiving information on the urgency of a person's need for waived services. This data is compiled after the case manager meets with the individual and/or their legal representative to determine current and future needs. It does not reflect the perceived wait for waived services or the anticipation of future waiver allocations. The following table includes statewide information. It includes data on those people who have not had a screening document entered into MMIS since 1999 when DHS began collecting this data (the "unspecified" column). Data about the urgency of need by age group can be found in Attachment D; county specific information can be found in Attachment E.

### **Urgency of Need for Waivered Services**

<b>Individuals Choosing Waiver with Screening</b>		<b>Requesting Waiver Within 12 Months</b>		<b>Requesting Waiver Within 13 to 36 Months</b>		<b>Requesting Waiver Beyond 36 Months</b>		<b>Unspecified</b>
<b>Living Arrangement</b>	<b>Number</b>	<b>Number</b>	<b>Percent</b>	<b>Number</b>	<b>Percent</b>	<b>Number</b>	<b>Percent</b>	<b>Number</b>
<b>Board &amp; Lodge</b>	10	5	50.0%	1	10.0%	1	10.0%	3
<b>Family Home</b>	1,660	898	54.1%	274	16.5%	172	10.3%	316
<b>Foster Care, Family</b>	85	36	42.3%	11	12.9%	9	10.5%	29
<b>Foster Care, Live-In</b>	6	3	50.0%	0	0%	0	0%	3
<b>Foster Care, Shift Staff</b>	10	2	20.0%	2	20.0%	0	0%	6
<b>ICF/MR</b>	400	143	35.7%	114	28.5%	114	28.5%	29
<b>Nursing Facility</b>	3	0	0%	0	0%	0	0%	3
<b>Other</b>	74	30	40.5%	5	6.7%	3	4.0%	36
<b>Own Home &lt; 24 hr sup</b>	37	16	43.2%	6	16.2%	3	8.1%	12
<b>Own Home w/ 24 hr sup</b>	4	0	0%	0	0%	0	0%	4
<b>METO</b>	7	5	71.4%	1	14.2%	0	0%	1
<b>TOTALS</b>	2,296	1,138	49.5%	414	18.0%	302	13.1%	442

Data Source: MMIS DD Screening Documents, 9/26/03

## **WHAT SERVICES PEOPLE ARE WAITING FOR**

The MR/RC Waiver offers up to twenty-two service options to people on the waiver. Over the years, the types of services have been expanded to provide flexibility and increased choice. While the MR/RC Waiver provides service design flexibility, the persons waiting for services typically select case management and habilitation services which includes in-home family support, supported living services, respite care, and vocational services. In general, these services may be viewed as more traditional while some of the newer services are less familiar to the individuals requesting services. The following table outlines the services requested on a statewide basis for those waiting for MR/RC waiver funding at some time in the future.

**Services Requested by Persons Waiting for MR/RC Waiver Funding**

<b>Service Requested</b>	<b>Number of People Waiting for a Specific Service</b>	<b>Percent of People Waiting for a Specific Service</b>
Adult Day Care	19	0.4
Alternate Day Services	19	0.4
Assistive Technology	1444	33.6
Caregiver Training & Education	1285	29.9
Consumer-Directed Services	1508	35.1
Consumer Training & Education	444	10.3
Crisis-Respite	694	16.1
Day Training & Habilitation	1201	27.9
Environmental Modifications	1707	39.7
Homemaker	518	12.0
Housing Access	49	1.1
In-Home Family Support	2227	51.8
Live-In Personal Caregiver	50	1.2
Personal Support	997	23.2
Respite Care	2108	49.0
Specialist Services	1389	32.3
Supported Employment	113	2.6
Supported Living Services (SLS)	1356	31.5
Transportation, Chore, Extended PCA	850	19.8
24-Hour Emergency Assistance	152	3.5

Data Source: MMIS DD Screening Documents, 11/17/03

## **SERVICE OPTIMIZATION WITHIN EXISTING ALLOCATIONS**

In July 1998, DHS received federal approval to serve additional persons on the waiver without using additional funding. When county agencies or partnerships did not fully use their allowable waiver resources, and if in consultation with DHS it appeared their budget was able to assure services, then they could create service optimization "slots" and use the available funds to serve people who have been waiting for waived services.

The 2002 Legislature amended the statute that provides direction on managing the MR/RC waiver. As one of the state budget control measures, statutory amendments were passed that removed the language about service optimization opportunities. As a result, no more new service optimization allocations will be created. With the change to the new budget methodology in January 2003, counties are given an annual budget for MR/RC waiver services, and may add any number of people to the waiver - within their budget resources. The health and safety needs of each waiver recipient must be met within that annual budget.



## **REVIEW OF OUTCOMES FOR FISCAL YEAR 2003**

DHS continued to identify and take administrative actions to assist counties and persons receiving waiver funding to better access waived services and manage their allowable resources. The following is a summary of the goals and outcomes for FY 2003:

### **Goal 1: Full implementation of Individual Service Plans for all waiver recipients**

#### **Background**

In the fourth quarter of FY2001, over 5,500 people entered the MR/RC waiver because of the open enrollment time and the tremendous efforts made by county staff for outreach and enrollment. The number of individuals served by the waiver grew by over 43 percent from the previous year.

Open enrollment in the MR/RC waiver has changed the program administration landscape and counties have needed time to make the necessary adjustments. Counties now have larger caseloads to manage. The emphasis has now shifted from outreach and enrollment to needs assessment and service coordination. The community continues to need time to develop responses in a flexible manner to the demands of this new waiver consumer population.

Under the federal MR/RC waiver plan, people must be able to access at least one habilitative service within the first 90 days. In January 2002, a random sample of the new service agreements for people who entered the MR/RC waiver during the open enrollment period showed that four percent of the people did not yet have access to a habilitative service. In April 2002, data showed that less than 2% of that group still did not have access to a residential habilitative service, and there were no service/billing claims for another 8% of them. DHS will monitor system data to identify persons who may not have access to waiver services.

#### **Intended Outcome 2003**

- Each MR/RC waiver recipient will have access to necessary services listed in their Individual Service Plan (ISP).

#### **DHS Actions**

- ▶ DHS provided technical assistance to counties in FY2002 and FY2003, and the majority of the people on the MR/RC waiver that had not been receiving residential habilitation services now have access to and are receiving those services. Those few people that were on the MR/RC waiver that had not been receiving waiver services by their choice were removed from the waiver, and returned to the potential waiver recipient list; their service needs can be met in other ways or by other funding sources.
- ▶ DHS will continue to monitor appropriate waiver use, and the provision of services necessary to maintain eligibility for the MR/RC waiver.

## **Goal 2: Improved Quality Assurance and Enhancement Activities**

### **Background**

In the University of Minnesota Waiver Evaluation, stakeholders discussed the need for improved quality assurance and quality enhancement activities for the MR/RC waiver. With the creation of a new Division of Community Quality Initiatives, DHS intends to develop methods of evaluating waiver services that integrate health and safety monitoring, quality of life assessment, and quality improvement assistance. One aspect of these evaluation methods is to share public information regarding service quality, outcomes, and issues so that individuals and families can make informed decisions about service options and providers of services.

### **Intended Outcomes 2003**

- This fiscal year DSD will begin putting information on a web site for consumers to access regarding services and program information.
- A waiver manual will be available online.
- A waiver email box will be created so that counties, providers, or consumers can submit a question and receive a written response from DHS within a reasonable amount of time.

### **DHS Actions**

- ▶ DHS provided information and technical assistance to counties on consumer direction, and alternatives to institutional placements.
- ▶ A web site with better and easier to find information on the waiver programs has been created for counties.
- ▶ An online waiver manual has been created for counties that includes the applicable policies and procedures for the MR/RC waiver, as well as the Community Alternative Care (CAC), Community Alternatives for Disabled Individuals (CADI), and Traumatic Brain Injury (TBI) waiver programs.
- ▶ A MR/RC waiver e-mail box was created for persons to ask questions about the waiver, and to request emergency slot allocations. It can be reached by sending an e-mail to [dhs.mrrc-waiver@state.mn.us](mailto:dhs.mrrc-waiver@state.mn.us). This e-mail box is checked daily, and responses are sent out within 5 working days.
- ▶ A home care and waiver policy email box was created for persons to ask questions about the variety of waivers and other programs administered by DSD. It can be reached by sending an email to [dhs.h-c.policy@state.mn.us](mailto:dhs.h-c.policy@state.mn.us). This e-mail box is checked daily, and responses are sent out within 5 working days.
- ▶ The responses developed for the questions submitted to these e-mail boxes are used to answer similar questions submitted, and to enhance the information included in the online waiver manual.

### **Goal 3: Improved Management of the MR/RC Waiver with Information Systems**

#### **Background**

The MR/RC waiver has become the largest waiver program in Minnesota. It also is the primary service program to support people with developmental disabilities who are in need of the level of care provided by an institution. Given the complexity of the program, the state's dependence upon the program to meet needs, and the share of the state budget which is required to meet the needs of consumers using the program, it is essential that management information available to the state and counties be timely and useful.

One of the means for addressing this management need is to continue to improve the computer-based tracking program that counties use to effectively manage their MR/RC Waiver resources. Updated software developed by the state for use is providing on-line and timely information to counties about their expenditures and use of waived services. Additionally, this software contains "simulation" capacity to allow counties to review and consider the impact of proposed decisions.

Equally important for efficient and effective management of the MR/RC program is clear and accessible information about the policies and procedures pertaining to the program. For years DHS depended upon a system of state generated bulletins as means to communicate policy and procedures. As changes and complexities were introduced, it was harder to track and maintain current knowledge of the system. DHS decided to use the advantages of technology to provide the means to keep stakeholders current about policies and procedures relating to the MR/RC waiver and other services.

#### **Intended Outcomes 2003**

- Installation of Version 3.0 will begin within the current fiscal year.
- Training for the individual budget tracking system will be provided to counties during the year.
- Revisions and additions to Version 3.0 will be created as counties become more familiar with the program and the data available through it.
- An on-line policy and procedure manual will be available for county use.

#### **DHS Actions**

- ▶ DHS staff created an instruction manual within the online waiver management system.
- ▶ The online waiver management system (version 3.0) was implemented
- ▶ Paper "Waivered Service Advisory" forms became obsolete.
- ▶ DHS staff provided training on the new system to at least two people from each county, at training sessions offered throughout the state.
- ▶ With this information available online, counties have worked diligently to monitor and manage their resources to decrease the difference between allowable and paid claims.
- ▶ With the implementation of the new budget methodology in January 2003, an updated version of the online waiver management system was developed and implemented; it is referred to as WMS Version 3.1.

- ▶ Revisions and additions to the online waiver management system continue to be created to enhance it, and to improve the system being developed for other waivers.
- ▶ Coordination with DHS efforts to implement HIPAA is ongoing. Programming staff has researched various security and privacy issues with the hardware and software being used.
- ▶ Firewalls have been created to help ensure privacy of the data transmitted over the Internet.
- ▶ On-line policies and procedures, including access to all mandated forms, is now available for county use. This will be expanded to the public website.

#### **Goal 4: Increased Consumer Information**

##### **Background**

Consumers and their families need easy access to reliable information to make informed decisions about their services. This will be accomplished through consumer information sessions and the Internet.

##### **Intended Outcomes 2003**

- Information on programs and services for persons with disabilities will be made available through the DHS Internet site.
- Training sessions will be held on the HCBS waivers available in Minnesota, and on the efforts being made to revise those waivers to make more services available to waiver recipients.
- DHS will seek vendors to respond to general public inquiries for Information, Referral, and Assistance.

##### **DHS Actions**

- ▶ Regionally based staff provided training and information upon request on the HCBS waivers. Staff also attended many meetings of county staff, providers, consumers and family members to provide information and gather input on consumer-directed community supports.
- ▶ The DHS Internet site has information available on programs and services for persons with disabilities. Information will be added to the site and updated as it changes or more information is available there.
- ▶ DHS has developed contracts with vendors and is currently beginning implementation of a toll-free disability telephone line which will provide information, referral, and assistance to callers.
- ▶ DHS is currently in the process of developing a module that will be part of the MNHELP.INFO site, which will allow internet searches for information about assistance available to people with disabilities.

## **Goal 5: Expand Consumer Directed Service Options**

### **Background**

The MR/RC waiver has had optional county participation in Consumer Directed Community Services (CDCS). This service is one of over 20 services from which a waiver recipient may choose. This options allows recipients to manage and design services within a given budget. It also allows the recipients to use the budget provided in ways that are non traditional, so long as the services or goods purchased are used to meet the needs of individual consumers.

During the past two years DHS has worked with a number of stakeholders to address issues that have arisen as this option has become more widely available and used. Issues that have arisen include: 1) the need to address individual budget setting to assure more equity among counties; 2) the need to expand the option statewide; 3) the need to provide clarification about appropriate and inappropriate purchases; 4) interest in allowing payment to legally responsible family members in certain situations; 5) an interest in having sufficient accountability in place to insure a long term federal, state, and public acceptance of consumers directing services and managing public funds to meet needs.

### **Intended Outcome for 2003**

Successfully negotiate amendments with the federal government to address the above issues.

### **DHS Actions**

DHS submitted its initial plan to the federal government. A series of exchanges occurred, with updates to the amendment resulting. DHS expects approval of an amendment by March of 2004.

## **ADDITIONAL ACTIONS TO IMPROVE CONSUMER SERVICES**

### **Evaluation of the MR/RC Waiver**

In November 2000 the University of Minnesota released its *Independent Evaluation of the Quality of Services and System Performance of Minnesota's Medicaid Home and Community Based Services for Persons with Mental Retardation and Related Conditions*. A particular value of the report is its provision of consumer-generated and consumer-focused information. The report was made available in both an executive summary and a brief summary in order to promote widespread availability. As a result of that evaluation, DHS has included information on the agency website. DHS continues to implement recommendations from the report, and to consider those recommendations in all policy discussions. For example, the regional resource specialists are providing additional information and technical assistance to counties, and the online manual has been created for counties. The ongoing response to the report is evident in the program goals for FY2003 and FY2004.

### **Increasing Information for Consumers**

Efforts have been made to increase the information available to persons with developmental disabilities to provide more flexible service options. The following actions have been initiated:

- DHS continues to develop its Internet website to provide information on the Department and the variety of programs and services available through Medical Assistance and other sources.
- Person-Centered Planning training and support to counties and persons with disabilities have been and will continue to be provided formally and informally.
- Consumer-Directed Services packets, containing written information and videotapes on person-centered planning, were collated and distributed to hundreds of interested parties around the state.
- The Consumer-Directed Services grassroots initiative provided opportunities for local capacity building through community efforts focused on providing service information to unserved and underserved persons.
- DHS is collaborating with other agencies to provide information via the Internet. This includes:
  - [www.QualityMall.org](http://www.QualityMall.org) - *Person-Centered Services Supporting People with Developmental Disabilities* maintained by the University of Minnesota Research and Training Center on Community Living
  - [www.TheArcLink.org](http://www.TheArcLink.org) - a national project to provide information and resources about home and community-based services developed cooperatively by The Arc of the United States and state agencies. The Minnesota site is now functional

### **Assistive Technology**

A significant number of people waiting for waived services have indicated a need for assistive technology. Certain types of equipment, such as augmentative devices and alternative communication systems, are available through Medical Assistance State Plan services. DHS has provided written information in collaboration with the System of Technology to Achieve Results (STAR) program directly to persons on the waiting list who indicated the need for these services.

## **OUTCOMES FOR FISCAL YEAR 2004**

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Fiscal Year 2003 saw continued change in the MR/RC waived services program. To continue increasing both the accessibility and quality of the program, DHS has set the following program goals for FY 2004.

### **Goal 1: Implement the waiver plan amendment for the revised Consumer Directed Community Supports service.**

DHS is committed to provide more flexible and person-centered services. In part, this activity can occur through providing Consumer-Directed Community Support (CDCS) services as an optional MR/RC Waiver service. As stated earlier in this report, DHS expects to receive approval from the federal government for changes to CDCS in March of 2004.

When DHS receives approval of this waiver plan amendment, there will be significant work needed to implement that revised language for the MR/RC waiver because of the number of people already receiving that service under the current version. A transition plan and tools must be developed and implemented for those current recipients to come into compliance with the revisions, in addition to the implementation plan for people newly accessing the service.

### **Intended Outcome 2004**

The CDCS amendment will be implemented across the state for current and new recipients of that service.

## **Goal 2: Stabilize county MR/RC budget situation.**

DHS is committed to working with counties to stabilize the budget setting process for the MR/RC waiver. To that end, DHS is putting into place a number of tools so that counties have accurate and timely information about their budgets. In addition, DHS will be publishing a Request for Proposal aimed at changes to the budget methodology beginning 2006. The target of such changes would include: budget predictability and equity, use of needs based assessment in establishing budgets, and budget planning for future demands and changes in demographics.

### **Intended Outcome 2004**

Information and technical assistance on the MR/RC waiver budget methodology will be provided to all counties during the year.

Revisions and additions to the Waiver Management System will be created as counties become more familiar with the program and the data available through it.

Information will be created in the online waiver policy manual under development to help counties administer the MR/RC waiver under this budget methodology.

A Request for Proposals will be developed and a contract implemented during 2004 to look at possible changes to the budget methodology in 2006.

## **Goal 3: Increased Similarity Among Services Available to Persons Receiving Waiver Services.**

One of the Department's initiatives in the past few years was the development of a Common Service Menu for the home and community based waiver programs. The goal of this initiative is that people receiving waiver services will be able to choose from a common menu of services, regardless of their age, disability, or waiver program.

### **Intended Outcome 2004**

Continue research and preparation for requesting federal approval of waiver plan amendments for a common menu of services across waiver programs.

## **Goal 4: Strengthen Fiscal and Program Integrity.**

DSD will strengthen the support given to counties, and will expand DHS oversight of county practices as a means to strengthen fiscal and program integrity for the MR/RC waiver. County staff need easy access to reliable information to provide assistance to people inquiring about support services. Consumers and their families and friends need easy access to reliable information to make informed decisions about their services.



## **Intended Outcome 2004**

DHS will expand oversight of counties through the development of program review protocols and a review team. This team will review and report on county's administrative practices and compliance with laws and regulations pertaining to the waiver programs. Information will be used to provide training and technical assistance, correct problems, and to inform the public about the practices of counties in Minnesota.

Information on programs and services for persons with disabilities is available through the DHS Internet site at [www.dhs.state.mn.us](http://www.dhs.state.mn.us).

The DHS-DSD (Disability Services Division) Training Committee will provide videoconferences for county staff on a quarterly basis, beginning in October 2003. More than one session of each videoconference will be offered to enable more people to attend; a videotape will also be made available as requested. These videoconferences will include a variety of information, instructions, technical assistance, and updates on programs; topics will be based on the current issues and changes.

An online manual for the programs administered by DSD continues to be developed and enhanced. Policies and procedures relating to the MR/RC waiver, as well as other programs, are included in this manual which is accessible through the Internet. It is located on the County Link website at <http://countylink.dhs.state.mn.us>. The manual will be available to the general public in the future, once systems issues are resolved around access to that site.

On-line training modules will be developed and made available during calendar year 2004. Other training and tools will be developed and provided on topics of interest and concern, such as the county guide on consumer directed supports and the consumer handbook on consumer directed supports.



# **Attachments**



# **Attachment A**

## **MR/RC Waiver Service Descriptions**

## **MR/RC WAIVER SERVICE DESCRIPTIONS**

**Adult Day Care:** Adult day care programs provide integrated supervision, care, assistance, training, and activities that are age appropriate to help a person to be as involved in the community as possible and have meaningful social experiences with non-disabled peers. Meals and transportation are covered by this service. Specialized therapies and adaptive equipment may also be provided. It is intended to help the person maintain skills, and to prevent or delay the use of institutional services. A person can choose adult day care services instead of DT&H services when it has been decided that DT&H services are no longer appropriate to meet the person's needs.

**Assistive Technology:** Assistive technology refers to devices, equipment, or a combination of these which improve a person's ability to perform activities of daily living, control or access the environment, or communicate. This service may include evaluation for an assistive device, equipment rental during a trial period, obtaining and customizing devices, as well as training and technical assistance to the person, caregivers, and staff to teach the person how to best use the device or equipment. This service will also cover the cost of maintenance and repair of devices, and rental of equipment while a device is being repaired.

**Caregiver Living Expenses:** This service provides payment for the rent and food that may be reasonably attributed to a live-in personal caregiver. The live-in personal caregiver also provides one of the following waived services: residential habilitative services; personal support services; extended personal care attendant services; or consumer-directed community supports.

**Caregiver Training and Education:** This service provides training for a person who is a primary caregiver, such as a parent, on a variety of topics such as developmental disabilities, community integration, parent skills, family dynamics, stress management, intervention, and mental health. The training is provided by individuals, agencies, and educational facilities. The service allows for the cost of enrollment fees, materials, mileage, hotel and meal expenses to be paid so that a parent or primary caregiver can attend the training sessions.

**Case Management:** This service is available to all persons with mental retardation or a related condition. The purpose of this service is to help locate, coordinate and monitor social and daily living activities, medical, and other services needed to meet the specific needs of a person and his or her family.

**Chore:** This services supports or assists a person or his/her primary caregiver to keep their home clean and safe. Examples include, washing floors, windows and walls; basic home maintenance; or moving heavy items of furniture to provide safe entry and exit. Chore services are provided when the person who is regularly responsible for these activities is temporarily absent or is unable to manage the home and care for themselves or others in the home.

**Consumer Training and Education:** This service provides training and education to a person to strengthen their self-advocacy skills, to learn how to better exercise their civil rights, and/or to acquire skills that strengthen their ability to exercise control and responsibility over the services and supports they receive. The training is provided by individuals, agencies, and educational facilities. The service allows for the cost of enrollment fees, materials, mileage, hotel and meal expenses to be paid.

**Consumer-Directed Community Supports:** Consumer-directed community supports are services which provide support, care and assistance to a person, prevent the person's institutionalization and allow the person to live an inclusive community life. Consumer-directed community supports are designed to build, strengthen or maintain informal networks of community support for the person. Consumer-directed community support services are available when local agencies have memorandums of understanding with DHS to demonstrate the feasibility and effectiveness of consumer-directed community supports.

**Crisis Respite:** Crisis-respite services are specialized services that provide short-term care and intervention to a person. Crisis-respite services give needed relief and support to the caregiver and protect the person or others living with them. Crisis-respite services include activities: assessment; development of a provider intervention plan; consultation and training to the providers and/or caregivers; development and implementation of a transition plan if out of home crisis-respite was provided; ongoing technical assistance to the caregiver or provider; and recommendations for revisions to the Individual Service Plan (ISP).

**Day Training and Habilitation:** Day training and habilitation (DT&H) provides training, supervision, and assistance to help a person develop and maintain vocational and daily life skills and become more involved in the community. These services are coordinated with residential services.

**Environmental Modifications:** Environmental modifications are equipment and physical adaptations to a person's home and/or vehicle necessary to help the person have greater independence. This service includes only modifications to the home or vehicle that are of direct and specific benefit to the person due to his or her disability.

**Extended Personal Care Attendant:** This service provides a continuation of personal care assistant services when the need for service exceeds the scope and duration of the service available through the state plan service option.

**Homemaker Services:** General household activities are provided through this service by a trained homemaker when the person who is regularly responsible for these activities is temporarily absent or is unable to manage the home and care for themselves or others in the home.

**Housing Access Coordination:** The purpose of the service is to help a person make choices about where to live, the type of home the person wishes to have, and who will be a roommate(s), if any. This service helps the person to identify affordable, accessible housing and assures that housing needs are provided for separately from other service needs. It may also include assistance in identifying options and making choices, planning for on-going maintenance and/or repair of the home, and identification of financial resources such as eligibility for housing subsidies and other benefits.

**In-Home Family Support:** This service provides training and support to a person and his or her family, including extended family, in the family home and in the community. It is designed to increase the family's ability to care for and support the person in the family home.

**Personal Support:** This service helps a person increase independence, productivity, and involvement in the community. Personal support services provide more flexible and less formal, or less intensive support than supportive living services. It includes supervision and assistance to help a person find and use community services and to participate in community activities. This service may be provided in a person's home or in the community.

**Respite Care:** This service provides short-term care to a person when the family member(s) or primary caregiver cannot be there or needs a rest from his or her responsibilities. Respite care may be provided in the person's home or in a different home or residential setting which has been approved by the county. Respite care may include day and overnight services.

**Specialist Services:** Specialist services include services that are not available through regular Medical Assistance (MA). These are specific services to meet the unique needs of the person which provide assessment, program development, training and supervision of staff and caregivers, monitoring of how programs are provided, and evaluation of service outcomes to assure that staff and caregivers are able to meet the needs of the person.

**Supported Employment Services:** This service is available to a person who lived in an ICF/MR any time before receiving waived services. Supported employment services provide on-going training and support to the person while he or she is a paid employee at an existing business or industry in the community. This provides the opportunity to work with people who do not have disabilities and who are not paid caregivers or service providers.

**Supportive Living Services (SLS):** The purpose of this service is to teach specific skills to a person who requires daily intervention. Daily intervention means providing on-going supervision, training or assistance to help the person reach his or her individual goals in the following areas: self-care, sensory/motor development, interpersonal skills, communication, reduction and/or elimination of challenging behaviors, community living, mobility, health care, leisure and recreation, money management and household chores.



**24-Hour Emergency Assistance:** This service provides on-call counseling and problem solving and/or immediate response for assistance at the person's home due to a health or personal emergency. Electronic personal emergency response systems may be provided. 24-hour emergency assistance is available to people who live in their own home or with their primary caregiver and do not receive 24-hour supervision.

**Transportation:** This service provides transportation that allows an individual with a disability to gain access to community services, resources, and activities. This service is offered in accordance with the needs and preferences identified in the person's plan of care.



# **Attachment B**

## **Matrix of Services for the Disability Services Division**

**This report describes other services that are available for persons with disabilities**

## CONTINUING CARE MATRIX OF SERVICES TO PEOPLE WITH DISABILITIES

FY 2002 SERVICE COSTS



<u>Page</u>	<u>Services</u>
1	Case Management
2	Personal Care Assistance & Private Duty Nursing
3	Home Health Aide, Therapies, & Skilled Nurse Visits
4	Community Alternatives for Disabled Individuals (CADI) Waiver
5	Traumatic Brain Injury (TBI) Waiver
6	Mental Retardation or Related Conditions (MR/RC Waiver)
7	Community Alternative Care (CAC) Waiver
8	Intermediate Care Facilities for Persons with Mental Retardation (ICFs/MR)
9	Day Training & Habilitation (DT&H)
10	Family Support Grant & Consumer Support Grant
11	Semi Independent Living Services & Public Guardianship

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## CASE MANAGEMENT AND SCREENING

All costs are for State Fiscal Year 2002 unless otherwise noted.

The MA costs are based on MMIS Paid Claims for SFY02 as of 1/04/2003

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Types of Services	Benefit Level	Eligibility Criteria	Funding Source
Administrative functions include: intake, eligibility determination, screening, service authorization, review of eligibility, and conciliations and appeals. Service functions include: completion and analysis of assessment data, individual service plan development, identifying service options, identifying providers, assisting in accessing services, coordination of services, 180 days of transition/relocation assistance, and evaluation and monitoring of services.	State mandated service for persons who meet specific eligibility criteria and state optional service based on county CSSA plans	1) Seeks services from the county social service or public health agency; and 2) Determined by county to have met eligibility criteria and in need of one of the medical or social service programs.	County funding sources; CSSA state grant to counties; FFP when a waived service or when targeted case management; federal reimbursement when part of state Medicaid plan.

Case Management Reimbursement	Total for SFY02	Average per Recipient
*CAC Waiver	\$461,512	\$3,663
*CADI Waiver	\$7,660,753	\$1,302
Relocation Service Coordination	\$216,042	\$423
Developmental Disabilities (total)	\$46,445,691	
DD-County Contribution	\$6,266,291	N/A
DD-CSSA	\$1,010,541	N/A
DD-CWTCM	\$1,379,570	N/A
DD-Family Preservation	\$1,272,612	N/A
*DD-MR/RC Waiver	\$24,091,623	\$1,617
DD-Other	\$1,079,741	N/A
DD-SSTS	\$7,417,205	N/A
DD-Title XX	\$1,600,272	N/A
**VA/DD-TCM	\$2,327,836	\$1,194
*TBI Waiver	\$1,361,707	\$2,270
Other Case Management	\$20,145,784	
<b>Total Case Management Reimbursement</b>	<b>\$76,291,489</b>	

\*These Case Management reimbursements are included in the totals given elsewhere for each of the waivers.

\*\*This program had started in Jan '02, so only 6 month of data is reported.

Screening Reimbursement	Total for SFY02	Number of Screenings	Average per Recipient
DD Screening	\$2,957,797	7,717	\$383
DD PASARR	\$39,405	110	\$358
Long Term Care Consultation (LTCC)	\$471,731	1,199	\$393
LTCC for CAC	\$2,942	3	\$981
LTCC for CADI	\$226,916	518	\$438
LTCC for TBI	\$11,808	19	\$621
<b>Total Screening Reimbursement:</b>	<b>\$3,710,599</b>		

## HOME CARE PERSONAL CARE ASSISTANT, PRIVATE DUTY NURSING

The MA costs are based on MMIS Paid Claims for SFY02 as of 1/04/2003

Types of Services	Benefit Level	Eligibility Criteria	Funding Source	Total Costs and Recipients
<b>Assessments for Personal Care Assistant Services</b> Assessment by County Public Health Nurse for PCA services and service updates		As below	Regular MA 50% Federal 50% State	<b>Amounts Paid</b> Non Waiver: \$1,042,309.87 Waiver: \$148,125.33 Total: \$1,190,435.20 <b>Unduplicated Recipients</b> Non Waiver: 4,353 Waiver: 601 Total: 4,951 Avg./recip. \$240.44
<b>Personal Care Assistant Services (PCA)</b> Persons providing assistance and support to persons with disabilities, elders, and others with special health care needs living independently in the community. Services provided include: Assistance with activities of daily living Assistance with instrumental activities of daily living Assistance with health related functions Redirection and intervention for behavior including observation and monitoring	Generally, maximum services limit is 14.5 hours per day of PCA service (some exceptions allow service to be provided above this amount).	1) Medically necessary 2) Authorized by a licensed physician 3) Documented in a written service plan 4) Provided at recipient's place of residence or other location (not hospital, NF, ICF, or health care facility) 5) Recipient must be in stable medical condition. 6) Recipient must be able to "direct own care" or reside with responsible party	Regular MA 50% Federal 50% State	Non Waiver: \$90,909,475.78 Waiver: \$40,822,964.54 Total: \$131,732,440.32 <b>Unduplicated Recipients</b> Non Waiver: 4,586 Waiver: 2,981 Total: 7,308 Avg./recip. \$18,025.79
<b>Private Duty Nursing</b> Private Duty Nursing Services for continuous care nursing needs.	Generally, maximum services limit is 9.5 hours. For persons who require hospital level of Private Duty Nursing, the limit is 16 hours per day (some exceptions allow service to be provided above this amount).	Same as above.	Regular MA 50% Federal 50% State	<b>Amounts Paid</b> Non Waiver: \$15,313,685.83 Waiver: \$11,303,276.24 Total: \$26,616,962.07 <b>Unduplicated Recipients</b> Non-Waiver: 208 Waiver: 223 Total: 421 Avg./recip. \$63,223.19

## HOME CARE HOME HEALTH AGENCY SERVICES

The MA costs are based on MMIS Paid Claims for SFY02 as of 01/04/2003

Page 3

Types of Services	Benefit Level	Eligibility Criteria	Funding Source	Total Costs and Recipients
<b>Home Health Aide Services</b> Intermittent home health aide visits provided by a certified home health aide.	Maximum is one visit per day.	1) Medically necessary 2) Ordered by a licensed physician 3) Documented in a written service plan 4) Provided at recipient's place of residence (not hospital or LTC facility)	Regular MA 50% Federal 50% State	<b>Amounts Paid</b> Non Waiver: \$2,145,691.87 Waiver: \$10,739,767.41 Total: \$12,885,459.28 <b>Unduplicated Recipients</b> Non Waiver: 1,347 Waiver: 3,512 Total: 4,747 Avg./recip. \$2,714.44
<b>Therapies</b> Occupational Therapy Physical Therapy Respiratory Therapy Speech Therapy  All services provided by a licensed therapist at the recipient's place of residence.	Maximum is one visit per discipline per day except Respiratory Therapy for which visits per day are not limited	Same as above	Regular MA 50% Federal 50% State	<b>Amounts Paid</b> Non Waiver: \$1,654,761.84 Waiver: \$481,725.25 Total: \$2,136,487.09 <b>Unduplicated Recipients</b> Non Waiver: 1,045 Waiver: 158 Total: 1,195 Avg./recip. \$1,787.86
<b>Skilled Nurse Visits</b> Intermittent skilled nurse visits provided by a licensed nurse.	Maximum is two visits per day.	Same as above, except that skilled nurse visits are provided up to 90 days in an ICF/MR to prevent admission to a hospital or nursing facility.	Regular MA 50% Federal 50% State	<b>Amounts Paid</b> Non Waiver: \$5,953,391.67 Waiver: \$6,716,307.87 Total: \$12,669,699.54 <b>Unduplicated Recipients</b> Non Waiver: 8,024 Waiver: 5,616 Total: 13,238 Avg./recip. \$957.07

### Total for all MA Home Care

Funding Source	Amounts Paid
Regular MA	
50% Federal	Non Waiver: \$117,019,316.92
50% State	Waiver: \$70,211,566.64
	Total: \$187,230,883.56
	<b>Unduplicated Recipients</b>
	Non Waiver: 13,143
	Waiver: 8,873
	Total: 20,928
	Avg./recip. \$8,946.43

## COMMUNITY ALTERNATIVES FOR DISABLED INDIVIDUALS WAIVER

All costs are for State Fiscal Year 2002 unless otherwise noted.  
The MA costs are based on MMIS Paid Claims for SFY02 as of 1/04/2003.

Types of Services	Benefit Level	Eligibility Criteria	Funding Source	Costs
Waiver allows use of Medicaid funds for home and community-based services as an alternative to persons under age 65 who require nursing home level of care. Services include: Adult Day Care Assisted Living Case Management Extended Home Health Aide, Nursing Extended Home Health Therapies Extended Personal Care Assistance Extended Supplies and Equipment Family Counseling and Training Foster Care Home Delivered Meals Homemaker Independent Living Skills Modifications to home, car & equipment Prevocational Services Residential Care Respite Care Supported Employment Transportation	Based on the MA funding that an individual would receive in a nursing facility.  State plan services are used before extended services.	1) Under 65 years old 2) Certified disabled 3) Require Nursing Facility level of care 4) Applicant must choose home & community based service 5) Meet income and asset eligibility requirements for MA 6) Average statewide MA costs are less than the average statewide institutional cost 7) Health & safety is ensured by plan of care	MA Waiver 50% Federal 50% State	MA Waiver Costs: \$43,510,534.36  MA Home Care Costs: \$25,273,821.43  Total Waiver + Home Care: \$68,784,355.79  Number of Service Days: 1,572,670  Unduplicated Recipients: 6,134  Average Service Days/Recipient: 256  Average Yearly Cost/Recipient: \$11,213.62  Average Daily Cost/Recipient: \$43.74  Other MA Costs (Total): \$59,223,252.83  Other MA Costs (Average Daily/Recipient): \$37.66

### Cost Calculations:

#### Long Term Care Services (Waiver Plus Home Care):

The number of service days for the fiscal year is taken from the approved service agreements for this waiver.

The average number of service days per recipient during the fiscal year is the total number of service days divided by the unduplicated recipients.

The average yearly cost per recipient is the total waiver and home care divided by the number of unduplicated recipients.

The average daily cost per recipient is the average yearly cost per recipient divided by the average number of service days per recipient.

#### Other MA Costs (MA costs not included elsewhere):

The average daily cost per recipient for acute care is the total yearly cost for acute care divided by the number of unduplicated recipients, divided by the average number of days/recipient.



## TRAUMATIC BRAIN INJURY WAIVER

All costs are for State Fiscal Year 2002 unless otherwise noted.  
The MA costs are based on MMIS Paid Claims for SFY02 as of 1/04/2003.

Types of Services	Benefit Level	Eligibility Criteria	Funding Source	Costs
Waiver allows use of Medicaid funds for home and community-based services for persons under age 65 with brain injury who are experiencing significant cognitive and behavioral deficits and who require the level of care in either a specialized nursing facility (TBI-NF Waiver level) or a neurobehavioral hospital (TBI-NB Waiver level). Services include: Adult Day Care Behavior Programming by Professional Case Management Chore Services Companion Services Extended Cognitive Rehabilitation Therapy Extended Home Health Nursing Extended Home Health Therapies Extended Mental Health Testing Extended Personal Care Assistant Extended Supplies and Equipment Family Counseling and Training Foster Care Home Delivered Meals Homemaker Services Independent Living Skills and Independent Living Therapies Modifications and Adaptations Night Supervision Prevocational Services Residential Care Respite Care Structured Day Program Supported Employment Transportation	Based on the MA funding that an individual would receive in a specialized nursing facility or a neurobehavioral hospital.  State plan services are used before extended services.	1) A diagnosis of traumatic or acquire brain injury that is not degenerative or congenital 2) Experiencing significant/severe behavioral and cognitive problems related to the injury 3) At Level IV or above on the Rancho Los Amigos Levels of Cognitive Functioning 4) Under age 65 5) Certified disabled 6) Are on MA 7) Service needs cannot be met by MA state plan service 8) There is no other funding source 9) Requires level of care provided in a specialized nursing facility or neurobehavioral hospital. 10) Average statewide MA costs are less than the average statewide institutional cost 11) Choice of Community Care 12) Health & safety is ensured by plan of care	MA Waiver 50% Federal 50% State	MA Waiver Costs: \$25,124,010.81  MA Home Care Costs: \$2,177,770.93  Total Waiver + Home Care: \$27,301,781.74  Number of Service Days: 180,832  Unduplicated Recipients: 615  Average Service Days/Recipient: 294  Average Yearly Cost/Recipient: \$44,393.14  Average Daily Cost/Recipient: \$150.98  Other MA Costs (Total): \$5,565,154.90  Other MA Costs (Average Daily/Recipient): \$30.78

**Cost Calculations:**

**Long Term Care Services (Waiver Plus Home Care):**

The number of service days for the fiscal year is taken from the approved service agreements for this waiver.  
 The average number of service days per recipient during the fiscal year is the total number of service days divided by the unduplicated recipients.  
 The average yearly cost per recipient is the total of waiver and home care divided by the number of unduplicated recipients.  
 The average daily cost per recipient is the average yearly cost per recipient divided by the average number of service days per recipient.

**Other MA Costs (MA costs not included elsewhere):**

The average daily cost per recipient for acute care is the total yearly cost for acute care divided by the number of unduplicated recipients, divided by the average number of days/recipient.

## MENTAL RETARDATION AND RELATED CONDITIONS WAIVER

All costs are for State Fiscal Year 2002 unless otherwise noted.  
The MA costs are based on MMIS Paid Claims for SFY02 as of 1/04/2003.

Types of Services	Benefit Level	Eligibility Criteria	Funding Source												
Waiver allows use of Medicaid funds for home and community-based services as an alternative to ICF/MR care. Services include: 24-Hour Emergency Assistance Adult Day Care Assistive Technology Caregiver Training and Education Case Management Chore Consumer Training and Education Consumer-Directed Community Supports Crisis Services Extended Personal Care Assistant Extended Transportation Homemaker Housing Access Coordination In-Home Family Support Live-in Personal Caregiver Expenses Modifications Personal Support Respite Care Specialist Services Supported Employment Supported Living Services Training & Habilitation	State allocates "slots" to counties. Each county maintains a unique allowable average based on the need characteristics of the people they serve. Their authorized service costs can vary in accordance with procedures and criteria for resource allocation. Supports are purchased from a menu of possible waived services. Persons also receive acute care under private insurance, Medicare, Medicaid and/or a combination of all three. State plan services are used before extended services.	1) Has mental retardation or a related condition; 2) Requires a 24-hour plan of care or is a resident of an ICF/MR or is at risk of such placement if waived services were not available; 3) Meets income and asset eligibility requirements for MA, including deeming waivers for families with disabled children; and 4) Has made an informed choice requesting waived services instead of ICF/MR services.	MA Waiver 50% Federal 50% State												
			<b>Costs</b>												
			<b>MR/RC Waiver</b>												
			MA Waiver Costs: <table style="width: 100%; border: none;"> <tr> <td style="text-align: right;">Total</td> <td style="text-align: right;">\$692,302,216</td> </tr> <tr> <td style="text-align: right;">Unduplicated Recipients:</td> <td style="text-align: right;">15,162</td> </tr> </table>	Total	\$692,302,216	Unduplicated Recipients:	15,162								
Total	\$692,302,216														
Unduplicated Recipients:	15,162														
			MA Home Care Costs: <table style="width: 100%; border: none;"> <tr> <td style="text-align: right;">Total</td> <td style="text-align: right;">\$22,261,081</td> </tr> <tr> <td style="text-align: right;">Unduplicated Recipients:</td> <td style="text-align: right;">1,560</td> </tr> </table>	Total	\$22,261,081	Unduplicated Recipients:	1,560								
Total	\$22,261,081														
Unduplicated Recipients:	1,560														
			Crisis Services <table style="width: 100%; border: none;"> <tr> <td style="text-align: right;">Total</td> <td style="text-align: right;">\$8,209,962</td> </tr> <tr> <td style="text-align: right;">Unduplicated Recipients:</td> <td style="text-align: right;">860</td> </tr> </table>	Total	\$8,209,962	Unduplicated Recipients:	860								
Total	\$8,209,962														
Unduplicated Recipients:	860														
			<table style="width: 100%; border: none;"> <tr> <td style="text-align: right;"><b>Waiver + Home Care + Crisis :</b></td> <td style="text-align: right;"><b>\$722,773,259</b></td> </tr> <tr> <td style="text-align: right;">Unduplicated Recipients:</td> <td style="text-align: right;">15,210</td> </tr> <tr> <td style="text-align: right;">Waiver Service Days:</td> <td style="text-align: right;">5,297,705</td> </tr> <tr> <td style="text-align: right;">Average Days Per Year:</td> <td style="text-align: right;">348</td> </tr> <tr> <td style="text-align: right;">Average Yearly Cost:</td> <td style="text-align: right;">\$47,520</td> </tr> <tr> <td style="text-align: right;">Waiver Daily Average:</td> <td style="text-align: right;">\$136.43</td> </tr> </table>	<b>Waiver + Home Care + Crisis :</b>	<b>\$722,773,259</b>	Unduplicated Recipients:	15,210	Waiver Service Days:	5,297,705	Average Days Per Year:	348	Average Yearly Cost:	\$47,520	Waiver Daily Average:	\$136.43
<b>Waiver + Home Care + Crisis :</b>	<b>\$722,773,259</b>														
Unduplicated Recipients:	15,210														
Waiver Service Days:	5,297,705														
Average Days Per Year:	348														
Average Yearly Cost:	\$47,520														
Waiver Daily Average:	\$136.43														

<b>Other MA Costs</b>	
(Includes Basic Care)	
Total	\$87,454,629
Unduplicated Recipients:	15,210
Average Yearly Costs	\$5,750
Average Daily Costs	\$16.51

Note: The average costs for this fiscal year are affected by the MR/RC Open enrollment that occurred during the last three months of the year. Many of the people who entered the waiver at that time selected lower cost services, and many did not have time to submit claims for their services before the end of the fiscal year. These averages may be higher when more data on claims becomes available.

### Cost Calculations:

#### Long Term Care Services (Waiver Plus Home Care):

The number of service days for the fiscal year is taken from the approved service agreements for this waiver.

The average number of service days per recipient during the fiscal year is the total number of service days divided by the unduplicated recipients.

The average yearly cost per recipient is the total of waiver and home care divided by the number of unduplicated recipients.

The average daily cost per recipient is the average yearly cost per recipient divided by the average number of service days per recipient.

#### Other MA Costs (MA costs not included elsewhere):

The average daily cost per recipient for acute care is the total yearly cost for acute care divided by the number of unduplicated recipients, divided by the average number of days/recipient.

## COMMUNITY ALTERNATIVE CARE WAIVER

All costs are for State Fiscal Year 2002 unless otherwise noted.

The MA costs are based on MMIS Paid Claims for SFY02 as of 1/04/2003.

Types of Services	Benefit Level	Eligibility Criteria	Funding Source	Costs
Waiver allows use of Medicaid funds for home and community-based services as an alternative to persons under age 65 who require an acute care (hospital) level of care. Services include: Case Management Extended Home Health Aide, Nursing Extended Home Health Therapies Extended Nutritional Therapy Extended Personal Care Assistance Extended Prescribed Medications Extended Supplies and Equipment Family Counseling and Training Foster Care Homemaker Services Modifications to home and vehicle Respite Care Transportation	Individual's diagnoses are obtained from the physician. The diagnosis codes are then analyzed by a computer program that assigns a diagnostic related group (DRG) and funding amount. State plan services are used before extended services.	1) Under 65 years old 2) Certified disabled 3) Meet income and asset eligibility requirements for MA 4) Require Hospital level of care 5) Applicant must choose home & community based services 6) Average statewide MA costs are less than the average statewide institutional cost 7) Health & safety is ensured by plan of care	MA Waiver 50% Federal 50% State	MA Waiver Costs: \$6,307,576.01  MA Home Care Costs: \$9,582,224.01  Total Waiver + Home Care: \$15,889,800.02  Number of Service Days: 40,287  Unduplicated Recipients: 129  Average Service Days/Recipient: 312  Average Yearly Cost/Recipient: \$123,176.74  Average Daily Cost/Recipient: \$394.42  Other MA Costs (Total): \$4,051,907.72  Other MA Costs (Average Daily/Recipient): \$100.58

### Cost Calculations:

#### Long Term Care Services (Waiver Plus Home Care):

The number of service days for the fiscal year is taken from the approved service agreements for this waiver.

The average number of service days per recipient during the fiscal year is the total number of service days divided by the unduplicated recipients.

The average yearly cost per recipient is the total of waiver and home care divided by the number of unduplicated recipients.

The average daily cost per recipient is the average yearly cost per recipient divided by the average number of service days per recipient.

#### Other MA Costs (MA costs not included elsewhere):

The average daily cost per recipient for acute care is the total yearly cost for acute care divided by the number of unduplicated recipients, divided by the average number of days/recipient.

## INTERMEDIATE CARE FACILITIES FOR THE MENTALLY RETARDED

All costs are for State Fiscal Year 2002 unless otherwise noted.  
The MA costs are based on MMIS Paid Claims for SFY02 as of 1/04/2003

Types of Services	Benefit Level	Eligibility Criteria	Funding Source	Costs
Medicaid program to serve persons with MR/RC who require the level of care provided by an ICF/MR and who choose such services. Services are a pre-designed package, and include: Room and Board Training and Habilitation Transportation Related medical services may be covered as part of rate.	State contracts for services and sets rates for each ICF/MR facility. State sets rate for DT&H services based on county recommendation. Persons may pay through private insurance, Medicare, Medicaid and/or a combination of all three.	Federal entitlement program for persons who: 1) Have mental retardation or a related condition; 2) Require a 24-hour plan of care; 3) Meet income and asset eligibility requirements for MA; and 4) Have made an informed choice requesting ICF/MR services. 5) Require Active Treatment	Regular MA 50% Federal 50% State  Some private and county pay	MA ICF/MR Cost: \$164,723,658.72  MA DT&H: \$36,398,630.42  MA Crisis and Special Needs: \$3,115,803.34  Total ICF/MR+ Crisis + DT&H: \$204,238,092.48  Number of Days: 906,394  Unduplicated Recipients: 2,865  Average Days/Recipient: 316  Average Yearly Cost: \$71,287.29  Average Daily Cost: \$225.33  Other MA Costs (Total): \$21,559,582.76  Other MA Costs (Average Daily/Recipient): \$23.79

Case management services are not included in the cost of services for persons in ICF's/MR

**Cost Calculations:**

The number of service days for the fiscal year is calculated from the dates of service on the paid claims for ICF/MR services.  
 The average number of service days per recipient during the fiscal year is the total number of service days divided by the unduplicated recipients.  
 The average yearly cost per recipient is the total of ICF/MR plus DT&H costs divided by the number of unduplicated recipients.  
 The average daily cost per recipient is the average yearly cost per recipient divided by the average number of service days per recipient.  
**Other MA (MA costs not included elsewhere):**  
 The average daily cost per recipient for acute care is the total yearly cost for acute care divided by the number of unduplicated recipients, divided by the average number of days/recipient.

## DAY TRAINING AND HABILITATION

All costs are for State Fiscal Year 2002 unless otherwise noted.  
The MA costs are based on MMIS Paid Claims for SFY02 as of 1/04/2003

Types of Services	Benefit Level	Eligibility Criteria	Funding Source	Costs
<b>MR/RC WAIVER</b> DT&H is an MR/RC Waiver Option. The costs reported in this section are for those persons who chose the DT&H option. The costs in this section are included in the total waiver costs reported in the section that describes the MR/RC Waiver.	As described in the section on the MR/RC Waiver.	As described in the section on the MR/RC Waiver	MA Waiver 50% Federal 50% State	Unduplicated # of recips: 7,901 Total MA Expenditures: \$110,805,445 Average Cost/Person: \$14,024.23
<b>DT&amp;H services provided to residents of ICF's/MR</b> DT&H services provided as part of the pre-designed package provided to ICF/MR residents. The costs in this section are included in the total ICF/MR costs given in the section that describes ICF/MR services.	As described in the section on ICF's/MR	As described in the section on ICF's/MR	Regular MA 50% Federal 50% State	Unduplicated # of recips: 2,322 Total MA Expenditures: \$36,398,630.42 Average Cost/Person: \$15,675.55
<b>NON-MA</b> For persons not in community ICF's/MR or waived services. Services include: work related training and assistance, supported employment and community integration for adults with mental retardation or related conditions.	State mandated service based on person's diagnostic eligibility.	1) Seeks services from the county social service agency; 2) Determined by county to have mental retardation or a related condition; and 3) Not eligible for MA services.	County funding sources, CSSA state grant to counties, and other sources. <b>County Funding:</b> <b>CSSA:</b> <b>Other:</b>	Number of recipients estimated as 2,676 \$6,460,508.80 \$699,860.00 \$11,067,919.00 \$18,228,287.80 Average Cost/Person: \$6,968.00

Cost information from SEAGR reports

Estimated Totals	
Recipients:	12,899
Costs:	\$165,432,363.22
Average Cost/Person	\$12,825.21

## FAMILY SUPPORT GRANT

Note: Costs for Family Support Grant are reported for Calendar Year 2002.

Types of Services	Benefit Level	Eligibility Criteria	Funding Source	Avg./Annual Cost/Person
State cash assistance program for maintaining the child with MR/RC in their family home. Funds are for those expenses which are incurred as a result of the disability, not for costs which would normally occur even if the child did not have the disability. Approved categories include: medications, education, day care, respite, special clothing, special diet, special equipment, transportation, other.	\$3,000 per year limit	<ol style="list-style-type: none"> <li>1) Under the age of 22;</li> <li>2) Live with biological or adoptive parent;</li> <li>3) Have mental retardation or a related condition;</li> <li>4) Be at risk of institutionalization as determined by a screening team; and</li> <li>5) Family income less than \$75,122</li> </ol>	<p>100% state funding.</p> <p>Some counties provide similar support programs with 100% county funding.</p>	<p><b>Calendar Year 2002</b></p> <p>\$2,734</p> <p>Participants in CY02: 1,493</p> <p>State Budget for CY02: \$4,082,000</p>

Note: 7 Counties did not report the number of participants.

## CONSUMER SUPPORT GRANT

All costs are for State Fiscal Year 2002 unless otherwise noted.

Types of Services	Benefit Level	Eligibility Criteria	Funding Source	Avg./Annual Cost/Person
The Consumer Support Grant (CSG) Program is a state-funded alternative to Medicaid reimbursed home care, specifically the Home Care services of Home Health Aide (HHA), Personal Care Attendant (PCA) and Private Duty Nursing (PDN). Eligible participants receive monthly cash grants to replace fee-for-service Home Care payments and, with the county assistance, manage and pay for a variety of Home and Community Based Services.	Grant calculated as state share of assessed value of PCA, HHA, and PDN services.	<p>Participants:</p> <ol style="list-style-type: none"> <li>1) Are Medicaid recipients</li> <li>2) Have a long term functional limitation requiring ongoing supports to live in the community.</li> <li>3) Live in a natural home setting</li> <li>4) Are able to direct and purchase their own supports or have an authorized representative to act on their behalf</li> <li>5) Are eligible to receive home care services from a Medical Assistance Home Care program</li> </ol>	100% state funding.	<p>Total Paid: 2,836,849.13</p> <p>Est. Number of Service Days: 53,078</p> <p>Total Participants: 183</p> <p>Average Days/Recip: 290</p> <p>Average Yearly Cost/Recip: \$15,501.91</p> <p>Average Daily Cost/Recip: \$53.45</p>

## SEMI-INDEPENDENT LIVING SERVICES

Note: SILS costs are reported for Calendar Year 2002

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Types of Services	Benefit Level	Eligibility Criteria	Funding Source	Avg./Annual Cost/Person
<p>Services provided to adults with MR/RC in their home and community to maintain or increase their ability to live in the community. Services include instruction or assistance in the following areas: meal planning and preparation, shopping, money management, apartment/home maintenance, self-administration of medications, telephone use, generic resources, accessing public transportation, and socialization skills.</p>	<p>County receives allocation and determines how to distribute it over the eligible clients.</p>	<ol style="list-style-type: none"> <li>1) 18 years old or older;</li> <li>2) Have mental retardation or a related condition;</li> <li>3) Not at risk of institutionalization; and</li> <li>4) Require systematic instruction or assistance in order to manage activities of daily living.</li> </ol>	<p>70% State 30% County Counties use county funds to fulfill the matching requirements. Some counties provide county dollars above county matching requirements and some also fund 100% of costs for some persons not served through state supported allocations.</p>	<p><b>Calendar Year 2002</b> \$4,970 (includes both state and county dollars) Participants: 1,512 State Budget in CY02: \$7,515,000</p>

Note: Seven counties did not report the number of participants.

## PUBLIC GUARDIANSHIP/CONSERVATORSHIP

Types of Services	Benefit Level	Eligibility Criteria	Funding Source	Activity
<p>Services Provided: To support and protect adults with mental retardation from violation of their human and civil rights by assuring that they receive the full range of needed social, financial, residential, and habilitative services to which they are lawfully entitled. Guardianship services include: planning, protection of rights, consent determination, and monitoring and evaluation of services.</p>	<p>State mandated service based on person's eligibility.</p>	<ol style="list-style-type: none"> <li>1) 18 years of age or older;</li> <li>2) Diagnosis of mental retardation (persons with related conditions are not subject to public guardianship);</li> <li>3) Appropriate alternatives to guardianship or conservatorship do not exist which are less restrictive of the person's civil rights and liberties; and</li> <li>4) There is no private person willing to act as a guardian or conservator.</li> </ol>	<p>County agencies fund their guardianship responsibilities.</p>	<p>Minimum contact requirement for guardians is two annual visits.  There were approximately 3,565 people receiving guardianship or conservatorship in FY02.</p>





# **Attachment C**

## **Waiting List Summary by Living Arrangement and Age for MR/RC Waiver**

**This report lists persons on the waiting list by where they are living and their county of financial responsibility. The report also shows the number of persons in a county that are eligible for the waiver ("Potential") in addition to the number of persons who have actually chosen the waiver and are waiting for services.**







**WAITING LIST SUMMARY BY LIVING ARRANGEMENT AND AGE FOR MR/RC WAIVER WHO CHOSE WAIVER  
AS OF SEPTEMBER 26, 2003**

**STATE WIDE**

County of Financial Responsibility	Living Arrangement	Age 0-12		Age 13-17		Age 18-22		Age 23-39		Age 40-59		Age 60+		Total	
		Potential	Chose Waiver	Potential	Chose Waiver	Potential	Chose Waiver	Potential	Chose Waiver	Potential	Chose Waiver	Potential	Chose Waiver	Potential	Chose Waiver
014 - CLAY	FAMILY HOME	26	12	11	8	7	5	7	5					51	30
	FOSTER CARE - FAMILY	1	1	2	1					1				4	2
	FOSTER CARE - LIVE IN									1	1			1	1
	FOSTER CARE - SHIFT	1	1					1	1	3	3			5	5
	ICF/MR COMMUNITY	9				1				4		1		15	
	OTHER					1	1							1	1
	<b>TOTAL</b>	<b>37</b>	<b>14</b>	<b>13</b>	<b>9</b>	<b>9</b>	<b>6</b>	<b>8</b>	<b>6</b>	<b>9</b>	<b>4</b>	<b>1</b>		<b>77</b>	<b>39</b>
015 - CLEARWATER	FAMILY HOME	1												1	
	ICF/MR COMMUNITY	12										2		14	
	OTHER	1	1											1	1
	<b>TOTAL</b>	<b>14</b>	<b>1</b>									<b>2</b>		<b>16</b>	<b>1</b>
016 - COOK	FAMILY HOME	2	2											2	2
	FOSTER CARE - FAMILY									1	1			1	1
	FOSTER CARE - SHIFT					1	1							1	1
	<b>TOTAL</b>	<b>2</b>	<b>2</b>			<b>1</b>	<b>1</b>			<b>1</b>	<b>1</b>			<b>4</b>	<b>4</b>
017 - COTTONWOOD	FAMILY HOME	4	4	2	2	3	2	1		3	1			13	9
	FOSTER CARE - SHIFT	1	1					1	1					2	2
	ICF/MR COMMUNITY	9	1	1	1			2		1		2	1	15	3
	OTHER							1						1	
	<b>TOTAL</b>	<b>14</b>	<b>6</b>	<b>3</b>	<b>3</b>	<b>3</b>	<b>2</b>	<b>5</b>	<b>1</b>	<b>4</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>31</b>	<b>14</b>
018 - CROW WING	BOARD & LODGE							1	1					1	1
	FAMILY HOME	18	12	6	6	3	2	3	2	1	1			31	23
	FOSTER CARE - FAMILY	1	1											1	1
	FOSTER CARE - SHIFT					1	1			1	1			2	2
	ICF/MR COMMUNITY	3	1											3	1
	OTHER			1		1	1							2	1
	OWN HOME < 24 HR SUP							1	1					1	1
	RTC							1						1	
<b>TOTAL</b>	<b>22</b>	<b>14</b>	<b>7</b>	<b>6</b>	<b>5</b>	<b>4</b>	<b>6</b>	<b>4</b>	<b>2</b>	<b>2</b>			<b>42</b>	<b>30</b>	



**WAITING LIST SUMMARY BY LIVING ARRANGEMENT AND AGE FOR MR/RC WAIVER WHO CHOSE WAIVER  
AS OF SEPTEMBER 26, 2003**

**STATE WIDE**

County of Financial Responsibility	Living Arrangement	Age 0-12		Age 13-17		Age 18-22		Age 23-39		Age 40-59		Age 60+		Total	
		Potential	Chose Waiver	Potential	Chose Waiver	Potential	Chose Waiver	Potential	Chose Waiver	Potential	Chose Waiver	Potential	Chose Waiver	Potential	Chose Waiver
024 - FREEBORN	FAMILY HOME	1		5	2	2	1	4	4	1	1			13	8
	FOSTER CARE - FAMILY			1	1									1	1
	FOSTER CARE - SHIFT									2	2			2	2
	ICF/MR COMMUNITY	17						3		5		5		30	
	OTHER			1	1									1	1
	OWN HOME W/24 HR									1	1			1	1
	<b>TOTAL</b>		<b>18</b>		<b>7</b>	<b>4</b>	<b>2</b>	<b>1</b>	<b>7</b>	<b>4</b>	<b>9</b>	<b>4</b>	<b>5</b>		<b>48</b>
025 - GOODHUE	FAMILY HOME	9	6	1	1	3	2	2	1					15	10
	FOSTER CARE - FAMILY			1	1			1						2	1
	FOSTER CARE - SHIFT					1	1							1	1
	ICF/MR COMMUNITY	13		3	1	2		1		6		1		26	1
	OTHER							1						1	
	OWN HOME < 24 HR SUP RTC					1	1			1				1	1
	<b>TOTAL</b>		<b>22</b>	<b>6</b>	<b>5</b>	<b>3</b>	<b>7</b>	<b>4</b>	<b>6</b>	<b>1</b>	<b>6</b>		<b>1</b>		<b>47</b>
026 - GRANT	BOARD & LODGE							1						1	
	FAMILY HOME	2												2	
	FOSTER CARE - FAMILY											1	1	1	1
	ICF/MR COMMUNITY	1												1	
<b>TOTAL</b>		<b>3</b>						<b>1</b>				<b>1</b>	<b>1</b>	<b>5</b>	<b>1</b>
027 - HENNEPIN	BOARD & LODGE							1		2	1			3	1
	FAMILY HOME	613	430	177	145	135	115	101	68	47	28	1	1	1,074	787
	FOSTER CARE - FAMILY	13	11	7	6	11	11	10	4	5	2			46	34
	FOSTER CARE - LIVE IN			1		2	2	1	1	2	1			6	4
	FOSTER CARE - SHIFT	2	2	7	7	17	16	35	34	38	37	14	14	113	110
	ICF/MR COMMUNITY	301	89	6	1	16	6	71	30	93	28	26	5	513	159
	NURSING FACILITY							1	1	1				2	1
	OTHER	9	5	7	6	5	2	9	4	10	3			40	20
	OWN HOME < 24 HR SUP RTC					1	1	9	8	14	13	1		25	22
	OWN HOME W/24 HR							2	1			1	1	3	2
	<b>TOTAL</b>					<b>2</b>	<b>2</b>			<b>5</b>				<b>7</b>	<b>2</b>























**WAITING LIST SUMMARY BY LIVING ARRANGEMENT AND AGE FOR MR/RC WAIVER WHO CHOSE WAIVER  
AS OF SEPTEMBER 26, 2003**

**STATE WIDE**

County of Financial Responsibility	Living Arrangement	Age 0-12		Age 13-17		Age 18-22		Age 23-39		Age 40-59		Age 60+		Total	
		Potential	Chose Waiver	Potential	Chose Waiver	Potential	Chose Waiver	Potential	Chose Waiver	Potential	Chose Waiver	Potential	Chose Waiver	Potential	Chose Waiver
069 - ST. LOUIS	BOARD & LODGE					1	1			3	1	2	2	6	4
	FAMILY HOME	71	39	40	26	21	14	15	13	5	4			152	96
	FOSTER CARE - FAMILY	3	3	4	4			1	1	1	1	2	2	11	11
	FOSTER CARE - LIVE IN			1	1			1	1			1		3	2
	FOSTER CARE - SHIFT			1	1	4	4	5	4	12	11	1	1	23	21
	ICF/MR COMMUNITY	69	12					2	1	15	5	9		95	18
	NURSING FACILITY									1	1			1	1
	OTHER							7	4	2		2	2	11	6
	OWN HOME < 24 HR SUP RTC					1	1	3	3	1	1			5	5
<b>TOTAL</b>	<b>143</b>	<b>54</b>	<b>46</b>	<b>32</b>	<b>27</b>	<b>20</b>	<b>34</b>	<b>27</b>	<b>41</b>	<b>24</b>	<b>17</b>	<b>7</b>	<b>308</b>	<b>164</b>	
070 - SCOTT	BOARD & LODGE											1		1	
	FAMILY HOME	83	83	24	22	11	10	12	11	1	1			131	127
	FOSTER CARE - FAMILY	1	1					2	1					3	2
	FOSTER CARE - SHIFT							1	1					1	1
	ICF/MR COMMUNITY	22	7			1		8	5	4		11	2	46	14
	OTHER	3	2					3	2					6	4
	OWN HOME < 24 HR SUP									1	1			1	1
<b>TOTAL</b>	<b>109</b>	<b>93</b>	<b>24</b>	<b>22</b>	<b>12</b>	<b>10</b>	<b>26</b>	<b>20</b>	<b>6</b>	<b>2</b>	<b>12</b>	<b>2</b>	<b>189</b>	<b>149</b>	
071 - SHERBURNE	FAMILY HOME	43	21	5	4	7	6	1	1					56	32
	FOSTER CARE - LIVE IN									1	1			1	1
	FOSTER CARE - SHIFT	1										1	1	2	1
	ICF/MR COMMUNITY	5	2					3		10		2	1	20	3
	RTC					2	1							2	1
<b>TOTAL</b>	<b>49</b>	<b>23</b>	<b>5</b>	<b>4</b>	<b>9</b>	<b>7</b>	<b>4</b>	<b>1</b>	<b>11</b>	<b>1</b>	<b>3</b>	<b>2</b>	<b>81</b>	<b>38</b>	
072 - SIBLEY	FAMILY HOME	6	3	2		1		1						10	3
	FOSTER CARE - FAMILY									1	1			1	1
	ICF/MR COMMUNITY	12						1		2				15	
	RTC									1	1			1	1
<b>TOTAL</b>	<b>18</b>	<b>3</b>	<b>2</b>		<b>1</b>		<b>2</b>		<b>4</b>	<b>2</b>			<b>27</b>	<b>5</b>	

**WAITING LIST SUMMARY BY LIVING ARRANGEMENT AND AGE FOR MR/RC WAIVER WHO CHOSE WAIVER  
AS OF SEPTEMBER 26, 2003**

**STATE WIDE**

County of Financial Responsibility	Living Arrangement	Age 0-12		Age 13-17		Age 18-22		Age 23-39		Age 40-59		Age 60+		Total	
		Potential	Chose Waiver	Potential	Chose Waiver	Potential	Chose Waiver	Potential	Chose Waiver	Potential	Chose Waiver	Potential	Chose Waiver	Potential	Chose Waiver
073 - STEARNS	BOARD & LODGE											1	1	1	1
	FAMILY HOME	38	13	15	6	11	6	8	8	1	1	2	1	75	35
	FOSTER CARE - FAMILY	1						4	2	2	1	3	1	10	4
	FOSTER CARE - LIVE IN							1						1	
	FOSTER CARE - SHIFT	1	1	2	1	1	1	2	1	4	4			10	8
	ICF/MR COMMUNITY	18	2					2		9	3	1		30	5
	OTHER	1		1	1			1		2	1			5	2
	OWN HOME < 24 HR SUP OWN HOME W/24 HR							1			1	1		1	1
<b>TOTAL</b>	<b>59</b>	<b>16</b>	<b>18</b>	<b>8</b>	<b>12</b>	<b>7</b>	<b>19</b>	<b>11</b>	<b>19</b>	<b>11</b>	<b>7</b>	<b>3</b>	<b>134</b>	<b>56</b>	
074 - STEELE	FAMILY HOME	11	3	11		5	2							27	5
	FOSTER CARE - FAMILY					1								1	
	FOSTER CARE - SHIFT					1	1			3	3			4	4
	ICF/MR COMMUNITY	6				1		2	1	8		3		20	1
	OTHER									1				1	
<b>TOTAL</b>	<b>17</b>	<b>3</b>	<b>11</b>		<b>8</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>12</b>	<b>3</b>	<b>3</b>		<b>53</b>	<b>10</b>	
075 - STEVENS	FAMILY HOME	1		4	3					6				11	3
	FOSTER CARE - FAMILY											1		1	
	ICF/MR COMMUNITY	3										3	1	6	1
	OTHER									1	1			1	1
<b>TOTAL</b>	<b>4</b>		<b>4</b>	<b>3</b>					<b>7</b>	<b>1</b>	<b>4</b>	<b>1</b>	<b>19</b>	<b>5</b>	
076 - SWIFT	FAMILY HOME	6	3	4	4	1	1	2						13	8
	ICF/MR COMMUNITY	7	1											7	1
	<b>TOTAL</b>	<b>13</b>	<b>4</b>	<b>4</b>	<b>4</b>	<b>1</b>	<b>1</b>	<b>2</b>						<b>20</b>	<b>9</b>
077 - TODD	FAMILY HOME	3		2	2	2	2			2	1			9	5
	ICF/MR COMMUNITY	7												7	
	OTHER							1						1	
	OWN HOME < 24 HR SUP					1								1	
	<b>TOTAL</b>	<b>10</b>		<b>2</b>	<b>2</b>	<b>3</b>	<b>2</b>	<b>1</b>		<b>2</b>	<b>1</b>			<b>18</b>	<b>5</b>



**WAITING LIST SUMMARY BY LIVING ARRANGEMENT AND AGE FOR MR/RC WAIVER WHO CHOSE WAIVER  
AS OF SEPTEMBER 26, 2003**

**STATE WIDE**

County of Financial Responsibility	Living Arrangement	Age 0-12		Age 13-17		Age 18-22		Age 23-39		Age 40-59		Age 60+		Total	
		Potential	Chose Waiver	Potential	Chose Waiver	Potential	Chose Waiver	Potential	Chose Waiver	Potential	Chose Waiver	Potential	Chose Waiver	Potential	Chose Waiver
083 - WATONWAN	FAMILY HOME	2	1			2	2							4	3
	ICF/MR COMMUNITY	7				1		1		2		1		12	
	<b>TOTAL</b>	<b>9</b>	<b>1</b>			<b>3</b>	<b>2</b>	<b>1</b>		<b>2</b>		<b>1</b>		<b>16</b>	<b>3</b>
084 - WILKIN	FAMILY HOME									1				1	
	ICF/MR COMMUNITY	4												4	
	OWN HOME < 24 HR SUP									1	1			1	1
<b>TOTAL</b>	<b>4</b>								<b>2</b>	<b>1</b>			<b>6</b>	<b>1</b>	
085 - WINONA	FAMILY HOME	15	10	2	2	3	3	1	1					21	16
	FOSTER CARE - FAMILY	1	1	1										2	1
	FOSTER CARE - SHIFT					1	1							1	1
	ICF/MR COMMUNITY	2	1	1				4	1	2		3	1	12	3
	OTHER			1	1					2	1			3	2
	OWN HOME < 24 HR SUP							1				1	1	2	1
<b>TOTAL</b>	<b>18</b>	<b>12</b>	<b>5</b>	<b>3</b>	<b>4</b>	<b>4</b>	<b>6</b>	<b>2</b>	<b>4</b>	<b>1</b>	<b>4</b>	<b>2</b>	<b>41</b>	<b>24</b>	
086 - WRIGHT	FAMILY HOME	64	19	13	11	9	5	2	1	2	1			90	37
	FOSTER CARE - FAMILY	1	1	1	1									2	2
	FOSTER CARE - SHIFT							1	1					1	1
	ICF/MR COMMUNITY	7	2					4		1	1	1		13	3
	OTHER			1	1							1	1	2	2
	<b>TOTAL</b>	<b>72</b>	<b>22</b>	<b>15</b>	<b>13</b>	<b>9</b>	<b>5</b>	<b>7</b>	<b>2</b>	<b>3</b>	<b>2</b>	<b>2</b>	<b>1</b>	<b>108</b>	<b>45</b>
087 - YELLOW MEDICINE	FAMILY HOME			4	1					2	1			6	2
	FOSTER CARE - SHIFT					1	1			2	2			3	3
	ICF/MR COMMUNITY	4								1		3		8	
<b>TOTAL</b>	<b>4</b>		<b>4</b>	<b>1</b>	<b>1</b>	<b>1</b>			<b>5</b>	<b>3</b>	<b>3</b>		<b>17</b>	<b>5</b>	
<b>TOTAL</b>	BOARD & LODGE					1	1	5	3	8	4	8	4	22	12
	FAMILY HOME	2,798	1,498	919	601	604	446	430	284	182	97	14	10	4,947	2,936
	FOSTER CARE - FAMILY	67	41	38	26	35	25	50	27	25	14	27	14	242	147
	FOSTER CARE - LIVE IN	2	2	4	2	3	3	10	8	10	6	3	1	32	22
	FOSTER CARE - SHIFT	10	7	21	19	51	49	99	93	146	141	42	40	369	349
	ICF/MR COMMUNITY	1,267	262	37	10	57	15	236	61	365	71	180	23	2,142	442





# **Attachment D**

## **Urgency of Need for MR/RC Waivered Services by Age and Living Arrangement**

**This report shows the age of the persons on the waiting list, where they are living, and how urgently they need waiver services. Collecting data about urgency of need began on April 1, 1999. Persons who are included in the "Unspecified" column are those who have not received a screening since that date.**

**URGENCY OF NEED FOR MR/RC WVR SERVICES BY AGE AND LIVING ARRANGEMENT  
AS OF JANUARY 02, 2004**

**STATE WIDE**

**Age 0-12**

County of Financial Responsibility	Living Arrangement	Waiver Need Index = '001' (Waiting for Wvr 0-12 Months)		Waiver Need Index = '002' (Waiting for Wvr 13-36 Months)		Waiver Need Index = '003' (Waiting for Wvr 37+ Months)		Waiver Need Index Unspecified		Total
		#	%	#	%	#	%	#	%	#
<b>TOTAL</b>	<b>FAMILY HOME</b>	1,058	67.7%	187	11.9%	127	8.1%	190	12.1%	<b>1,562</b>
	<b>FOSTER CARE - FAMILY</b>	21	53.8%	4	10.2%	3	7.6%	11	28.2%	<b>39</b>
	<b>FOSTER CARE - LIVE IN</b>	1	50.0%					1	50.0%	<b>2</b>
	<b>FOSTER CARE - SHIFT</b>	4	50.0%					4	50.0%	<b>8</b>
	<b>ICF/MR COMMUNITY</b>	2	100.0%							<b>2</b>
	<b>OTHER</b>	11	57.8%	1	5.2%			7	36.8%	<b>19</b>
	<b>TOTAL</b>	<b>1,097</b>	<b>67.2%</b>	<b>192</b>	<b>11.7%</b>	<b>130</b>	<b>7.9%</b>	<b>213</b>	<b>13.0%</b>	<b>1,632</b>



**URGENCY OF NEED FOR MR/RC WVR SERVICES BY AGE AND LIVING ARRANGEMENT  
AS OF JANUARY 02, 2004**

**STATE WIDE**

**Age 13-17**

County of Financial Responsibility	Living Arrangement	Waiver Need Index = '001' (Waiting for Wvr 0-12 Months)		Waiver Need Index = '002' (Waiting for Wvr 13-36 Months)		Waiver Need Index = '003' (Waiting for Wvr 37+ Months)		Waiver Need Index Unspecified		Total
		#	%	#	%	#	%	#	%	#
<b>TOTAL</b>	<b>FAMILY HOME</b>	364	58.3%	87	13.9%	55	8.8%	118	18.9%	<b>624</b>
	<b>FOSTER CARE - FAMILY</b>	15	57.6%	4	15.3%	1	3.8%	6	23.0%	<b>26</b>
	<b>FOSTER CARE - LIVE IN</b>	1	50.0%					1	50.0%	<b>2</b>
	<b>FOSTER CARE - SHIFT</b>	6	31.5%	1	5.2%			12	63.1%	<b>19</b>
	<b>ICF/MR COMMUNITY</b>	6	66.6%	3	33.3%					<b>9</b>
	<b>OTHER</b>	14	77.7%	1	5.5%			3	16.6%	<b>18</b>
	<b>TOTAL</b>	<b>406</b>	<b>58.1%</b>	<b>96</b>	<b>13.7%</b>	<b>56</b>	<b>8.0%</b>	<b>140</b>	<b>20.0%</b>	<b>698</b>

**URGENCY OF NEED FOR MR/RC WVR SERVICES BY AGE AND LIVING ARRANGEMENT  
AS OF JANUARY 02, 2004**

**STATE WIDE**

**Age 18-22**

County of Financial Responsibility	Living Arrangement	Waiver Need Index = '001' (Waiting for Wvr 0-12 Months)		Waiver Need Index = '002' (Waiting for Wvr 13-36 Months)		Waiver Need Index = '003' (Waiting for Wvr 37+ Months)		Waiver Need Index Unspecified		Total
		#	%	#	%	#	%	#	%	#
<b>TOTAL</b>	<b>BOARD &amp; LODGE</b>							1	100.0%	<b>1</b>
	<b>FAMILY HOME</b>	317	66.8%	62	13.0%	26	5.4%	69	14.5%	<b>474</b>
	<b>FOSTER CARE - FAMILY</b>	15	51.7%	5	17.2%	2	6.9%	7	24.1%	<b>29</b>
	<b>FOSTER CARE - LIVE IN</b>	2	40.0%					3	60.0%	<b>5</b>
	<b>FOSTER CARE - SHIFT</b>	15	28.3%					38	71.7%	<b>53</b>
	<b>ICF/MR COMMUNITY</b>	12	75.0%	2	12.5%	2	12.5%			<b>16</b>
	<b>OTHER</b>	7	30.4%	4	17.3%	2	8.7%	10	43.4%	<b>23</b>
	<b>OWN HOME &lt; 24 HR SUP</b>	6	75.0%					2	25.0%	<b>8</b>
	<b>OWN HOME W/24 HR SUP</b>	1	100.0%							<b>1</b>
	<b>RTC</b>	4	100.0%							<b>4</b>
	<b>TOTAL</b>	<b>379</b>	<b>61.7%</b>	<b>73</b>	<b>11.8%</b>	<b>32</b>	<b>5.2%</b>	<b>130</b>	<b>21.1%</b>	<b>614</b>

**URGENCY OF NEED FOR MR/RC WVR SERVICES BY AGE AND LIVING ARRANGEMENT  
AS OF JANUARY 02, 2004**

**STATE WIDE**

**Age 23-39**

County of Financial Responsibility	Living Arrangement	Waiver Need Index = '001' (Waiting for Wvr 0-12 Months)		Waiver Need Index = '002' (Waiting for Wvr 13-36 Months)		Waiver Need Index = '003' (Waiting for Wvr 37+ Months)		Waiver Need Index Unspecified		Total
		#	%	#	%	#	%	#	%	#
<b>TOTAL</b>	<b>BOARD &amp; LODGE</b>	1	33.3%					2	66.6%	<b>3</b>
	<b>FAMILY HOME</b>	120	42.5%	49	17.3%	26	9.2%	87	30.8%	<b>282</b>
	<b>FOSTER CARE - FAMILY</b>	9	31.0%	4	13.7%	2	6.9%	14	48.2%	<b>29</b>
	<b>FOSTER CARE - LIVE IN</b>	4	50.0%			1	12.5%	3	37.5%	<b>8</b>
	<b>FOSTER CARE - SHIFT</b>	19	18.1%	2	1.9%	1	0.9%	83	79.0%	<b>105</b>
	<b>ICF/MR COMMUNITY</b>	43	34.1%	33	26.1%	37	29.3%	13	10.3%	<b>126</b>
	<b>NURSING FACILITY</b>							1	100.0%	<b>1</b>
	<b>OTHER</b>	14	46.8%	1	3.3%	3	10.0%	12	40.0%	<b>30</b>
	<b>OWN HOME &lt; 24 HR SUP</b>	12	35.2%	5	14.7%			17	50.0%	<b>34</b>
	<b>RTC</b>	3	75.0%					1	25.0%	<b>4</b>
	<b>TOTAL</b>	<b>225</b>	<b>36.1%</b>	<b>94</b>	<b>15.1%</b>	<b>70</b>	<b>11.2%</b>	<b>233</b>	<b>37.4%</b>	<b>622</b>

**URGENCY OF NEED FOR MR/RC WVR SERVICES BY AGE AND LIVING ARRANGEMENT  
AS OF JANUARY 02, 2004**

**STATE WIDE**

**Age 40-59**

County of Financial Responsibility	Living Arrangement	Waiver Need Index = '001' (Waiting for Wvr 0-12 Months)		Waiver Need Index = '002' (Waiting for Wvr 13-36 Months)		Waiver Need Index = '003' (Waiting for Wvr 37+ Months)		Waiver Need Index Unspecified		Total
		#	%	#	%	#	%	#	%	#
<b>TOTAL</b>	<b>BOARD &amp; LODGE</b>	2	50.0%			1	25.0%	1	25.0%	<b>4</b>
	<b>FAMILY HOME</b>	34	35.4%	15	15.6%	13	13.5%	34	35.4%	<b>96</b>
	<b>FOSTER CARE - FAMILY</b>	4	25.0%			3	18.7%	9	56.2%	<b>16</b>
	<b>FOSTER CARE - LIVE IN</b>	5	62.5%					3	37.5%	<b>8</b>
	<b>FOSTER CARE - SHIFT</b>	40	24.5%					123	75.4%	<b>163</b>
	<b>ICF/MR COMMUNITY</b>	78	35.2%	53	23.9%	75	33.9%	15	6.7%	<b>221</b>
	<b>NURSING FACILITY</b>							1	100.0%	<b>1</b>
	<b>OTHER</b>	9	47.3%	2	10.5%			8	42.1%	<b>19</b>
	<b>OWN HOME &lt; 24 HR SUP</b>	15	53.5%	4	14.2%	3	10.7%	6	21.4%	<b>28</b>
	<b>OWN HOME W/24 HR SUP</b>	2	40.0%					3	60.0%	<b>5</b>
	<b>RTC</b>			1	100.0%					<b>1</b>
	<b>TOTAL</b>	<b>189</b>	<b>33.6%</b>	<b>75</b>	<b>13.3%</b>	<b>95</b>	<b>16.9%</b>	<b>203</b>	<b>36.1%</b>	<b>562</b>

**URGENCY OF NEED FOR MR/RC WVR SERVICES BY AGE AND LIVING ARRANGEMENT  
AS OF JANUARY 02, 2004**

**STATE WIDE**

**Age 60+**

County of Financial Responsibility	Living Arrangement	Waiver Need Index = '001' (Waiting for Wvr 0-12 Months)		Waiver Need Index = '002' (Waiting for Wvr 13-36 Months)		Waiver Need Index = '003' (Waiting for Wvr 37+ Months)		Waiver Need Index Unspecified		Total
		#	%	#	%	#	%	#	%	#
<b>TOTAL</b>	<b>BOARD &amp; LODGE</b>	3	75.0%					1	25.0%	4
	<b>FAMILY HOME</b>	5	38.4%					8	61.5%	13
	<b>FOSTER CARE - FAMILY</b>	6	46.1%			1	7.6%	6	46.1%	13
	<b>FOSTER CARE - LIVE IN</b>	1	50.0%					1	50.0%	2
	<b>FOSTER CARE - SHIFT</b>	9	16.6%			1	1.8%	44	81.4%	54
	<b>ICF/MR COMMUNITY</b>	25	45.4%	14	25.4%	11	20.0%	5	9.0%	55
	<b>NURSING FACILITY</b>							1	100.0%	1
	<b>OTHER</b>	1	16.6%					5	83.3%	6
	<b>OWN HOME &lt; 24 HR SUP</b>	2	40.0%					3	60.0%	5
	<b>OWN HOME W/24 HR SUP</b>							2	100.0%	2
	<b>TOTAL</b>	52	33.5%	14	9.0%	13	8.3%	76	49.0%	155

**URGENCY OF NEED FOR MR/RC WVR SERVICES BY AGE AND LIVING ARRANGEMENT  
AS OF JANUARY 02, 2004**

**STATE WIDE**

**All Ages**

County of Financial Responsibility	Living Arrangement	Waiver Need Index = '001' (Waiting for Wvr 0-12 Months)		Waiver Need Index = '002' (Waiting for Wvr 13-36 Months)		Waiver Need Index = '003' (Waiting for Wvr 37+ Months)		Waiver Need Index Unspecified		Total
		#	%	#	%	#	%	#	%	#
<b>TOTAL</b>	<b>BOARD &amp; LODGE</b>	6	50.0%			1	8.3%	5	41.6%	<b>12</b>
	<b>FAMILY HOME</b>	1,898	62.2%	400	13.1%	247	8.1%	506	16.5%	<b>3,051</b>
	<b>FOSTER CARE - FAMILY</b>	70	46.0%	17	11.1%	12	7.8%	53	34.8%	<b>152</b>
	<b>FOSTER CARE - LIVE IN</b>	14	51.8%			1	3.7%	12	44.4%	<b>27</b>
	<b>FOSTER CARE - SHIFT</b>	93	23.1%	3	0.7%	2	0.5%	304	75.6%	<b>402</b>
	<b>ICF/MR COMMUNITY</b>	166	38.6%	105	24.4%	125	29.1%	33	7.6%	<b>429</b>
	<b>NURSING FACILITY</b>							3	100.0%	<b>3</b>
	<b>OTHER</b>	56	48.7%	9	7.8%	5	4.3%	45	39.1%	<b>115</b>
	<b>OWN HOME &lt; 24 HR SUP</b>	35	46.6%	9	12.0%	3	4.0%	28	37.3%	<b>75</b>
	<b>OWN HOME W/24 HR SUP</b>	3	37.5%					5	62.5%	<b>8</b>
	<b>RTC</b>	7	77.7%	1	11.1%			1	11.1%	<b>9</b>
	<b>TOTAL</b>	<b>2,348</b>	<b>54.8%</b>	<b>544</b>	<b>12.7%</b>	<b>396</b>	<b>9.2%</b>	<b>995</b>	<b>23.2%</b>	<b>4,283</b>

# **Attachment E**

## **Urgency of Need For MR/RC Waiver Services**

**This report shows the number of persons waiting for waived services in each county of responsibility and how urgent their need is. Collecting data about urgency of need began on April 1, 1999. Persons who are included in the "Unspecified" column are those who have not received a screening since that date.**

**URGENCY OF NEED FOR MR/RC WAIVERED SERVICES**  
**AS OF SEPTEMBER 26, 2003**

**STATE WIDE**

County of Financial Responsibility	Waiver Need Index = '001' (Waiting for Wvr 0-12 Months)		Waiver Need Index = '002' (Waiting for Wvr 13-36 Months)		Waiver Need Index = '003' (Waiting for Wvr 37+ Months)		Waiver Need Index Unspecified		Total
	#	%	#	%	#	%	#	%	#
001 - AITKIN	8	57.1%	2	14.2%	1	7.1%	3	21.4%	14
002 - ANOKA	139	57.9%	35	14.5%	20	8.3%	46	19.1%	240
003 - BECKER							16	100.0%	16
004 - BELTRAMI	7	36.8%	2	10.5%	2	10.5%	8	42.1%	19
005 - BENTON	18	62.0%	8	27.5%	1	3.4%	2	6.9%	29
006 - BIG STONE	2	66.6%					1	33.3%	3
007 - BLUE EARTH	18	66.6%	2	7.4%	1	3.7%	6	22.2%	27
008 - BROWN	4	44.4%			1	11.1%	4	44.4%	9
009 - CARLTON	4	26.6%	1	6.6%	1	6.6%	9	60.0%	15
010 - CARVER	24	51.0%	7	14.8%	1	2.1%	15	31.9%	47
011 - CASS	7	43.7%	5	31.2%			4	25.0%	16
012 - CHIPPEWA	2	28.5%	1	14.2%	1	14.2%	3	42.8%	7
013 - CHISAGO	5	15.1%	1	3.0%	7	21.2%	20	60.6%	33
014 - CLAY	15	38.4%	6	15.3%	6	15.3%	12	30.7%	39
015 - CLEARWATER	1	100.0%							1
016 - COOK	1	25.0%					3	75.0%	4
017 - COTTONWOOD	9	64.2%	2	14.2%	1	7.1%	2	14.2%	14
018 - CROW WING	22	73.3%			2	6.6%	6	20.0%	30
019 - DAKOTA	246	74.1%	38	11.4%	14	4.2%	34	10.2%	332
020 - DODGE					3	50.0%	3	50.0%	6



**URGENCY OF NEED FOR MR/RC WAIVERED SERVICES  
AS OF SEPTEMBER 26, 2003**

**STATE WIDE**

County of Financial Responsibility	Waiver Need Index = '001' (Waiting for Wvr 0-12 Months)		Waiver Need Index = '002' (Waiting for Wvr 13-36 Months)		Waiver Need Index = '003' (Waiting for Wvr 37+ Months)		Waiver Need Index Unspecified		Total
	#	%	#	%	#	%	#	%	#
021 - DOUGLAS	8	80.0%					2	20.0%	10
022 - FARIBAULT	3	23.0%			9	69.2%	1	7.6%	13
023 - FILLMORE	1	16.6%					5	83.3%	6
024 - FREEBORN	4	30.7%					9	69.2%	13
025 - GOODHUE	7	50.0%			1	7.1%	6	42.8%	14
026 - GRANT							1	100.0%	1
027 - HENNEPIN	700	61.3%	166	14.5%	88	7.7%	188	16.4%	1,142
028 - HOUSTON	5	41.6%	2	16.6%			5	41.6%	12
029 - HUBBARD	4	80.0%					1	20.0%	5
030 - ISANTI	3	30.0%	1	10.0%	1	10.0%	5	50.0%	10
031 - ITASCA	17	58.6%	6	20.6%			6	20.6%	29
032 - JACKSON	4	50.0%	1	12.5%			3	37.5%	8
033 - KANABEC	2	66.6%					1	33.3%	3
034 - KANDIYOHI							1	100.0%	1
035 - KITTSOON							1	100.0%	1
036 - KOOCHICHING	4	44.4%					5	55.5%	9
037 - LAC QUI PARLE	4	80.0%					1	20.0%	5
038 - LAKE	8	72.7%					3	27.2%	11
039 - LAKE OF THE WOODS	1	50.0%	1	50.0%					2
040 - LE SUEUR	16	66.6%	2	8.3%			6	25.0%	24

**URGENCY OF NEED FOR MR/RC WAIVERED SERVICES  
AS OF SEPTEMBER 26, 2003**

**STATE WIDE**

County of Financial Responsibility	Waiver Need Index = '001' (Waiting for Wvr 0-12 Months)		Waiver Need Index = '002' (Waiting for Wvr 13-36 Months)		Waiver Need Index = '003' (Waiting for Wvr 37+ Months)		Waiver Need Index Unspecified		Total
	#	%	#	%	#	%	#	%	#
041 - LINCOLN	1	100.0%							1
042 - LYON	9	75.0%			1	8.3%	2	16.6%	12
043 - MC LEOD	3	12.5%	2	8.3%	14	58.3%	5	20.8%	24
044 - MAHNOMEN	4	66.6%					2	33.3%	6
045 - MARSHALL	5	45.4%					6	54.5%	11
046 - MARTIN	4	25.0%	4	25.0%	6	37.5%	2	12.5%	16
047 - MEEKER	13	59.0%	1	4.5%	4	18.1%	4	18.1%	22
048 - MILLE LACS	7	70.0%					3	30.0%	10
049 - MORRISON	8	57.1%	3	21.4%			3	21.4%	14
050 - MOWER	6	28.5%	1	4.7%	4	19.0%	10	47.6%	21
051 - MURRAY			1	50.0%	1	50.0%			2
052 - NICOLLET	2	50.0%					2	50.0%	4
053 - NOBLES	4	30.7%	5	38.4%	1	7.6%	3	23.0%	13
054 - NORMAN	2	22.2%					7	77.7%	9
055 - OLMSTED	51	26.4%	46	23.8%	36	18.6%	60	31.0%	193
056 - OTTER TAIL	12	54.5%	1	4.5%	3	13.6%	6	27.2%	22
057 - PENNINGTON	7	63.6%	1	9.0%			3	27.2%	11
058 - PINE	3	50.0%					3	50.0%	6
059 - PIPESTONE	1	100.0%							1
060 - POLK	23	63.8%					13	36.1%	36

**URGENCY OF NEED FOR MR/RC WAIVERED SERVICES  
AS OF SEPTEMBER 26, 2003**

**STATE WIDE**

County of Financial Responsibility	Waiver Need Index = '001' (Waiting for Wvr 0-12 Months)		Waiver Need Index = '002' (Waiting for Wvr 13-36 Months)		Waiver Need Index = '003' (Waiting for Wvr 37+ Months)		Waiver Need Index Unspecified		Total
	#	%	#	%	#	%	#	%	#
061 - POPE	2	25.0%	1	12.5%			5	62.5%	8
062 - RAMSEY	241	57.2%	36	8.5%	38	9.0%	106	25.1%	421
063 - RED LAKE	3	100.0%							3
064 - REDWOOD	7	63.6%	2	18.1%			2	18.1%	11
065 - RENVILLE	3	42.8%	2	28.5%			2	28.5%	7
066 - RICE	28	56.0%	1	2.0%	3	6.0%	18	36.0%	50
067 - ROCK	5	55.5%					4	44.4%	9
068 - ROSEAU	5	27.7%	1	5.5%			12	66.6%	18
069 - ST. LOUIS	80	48.7%	21	12.8%	2	1.2%	61	37.2%	164
070 - SCOTT	107	71.8%	24	16.1%	10	6.7%	8	5.3%	149
071 - SHERBURNE	29	76.3%	3	7.8%	5	13.1%	1	2.6%	38
072 - SIBLEY	2	40.0%	1	20.0%			2	40.0%	5
073 - STEARNS	31	55.3%	11	19.6%	4	7.1%	10	17.8%	56
074 - STEELE	1	10.0%	1	10.0%	1	10.0%	7	70.0%	10
075 - STEVENS	2	40.0%					3	60.0%	5
076 - SWIFT	7	77.7%			1	11.1%	1	11.1%	9
077 - TODD	3	60.0%	1	20.0%			1	20.0%	5
078 - TRAVERSE	2	100.0%							2
079 - WABASHA	7	77.7%					2	22.2%	9
080 - WADENA			1	33.3%	2	66.6%			3

**URGENCY OF NEED FOR MR/RC WAIVERED SERVICES  
AS OF SEPTEMBER 26, 2003**

**STATE WIDE**

County of Financial Responsibility	Waiver Need Index = '001' (Waiting for Wvr 0-12 Months)		Waiver Need Index = '002' (Waiting for Wvr 13-36 Months)		Waiver Need Index = '003' (Waiting for Wvr 37+ Months)		Waiver Need Index Unspecified		Total
	#	%	#	%	#	%	#	%	#
081 - WASECA	9	37.5%	9	37.5%	6	25.0%			24
082 - WASHINGTON	139	37.8%	69	18.8%	66	17.9%	93	25.3%	367
083 - WATONWAN	3	100.0%							3
084 - WILKIN	1	100.0%							1
085 - WINONA	18	75.0%	1	4.1%			5	20.8%	24
086 - WRIGHT	16	35.5%	8	17.7%	10	22.2%	11	24.4%	45
087 - YELLOW MEDICINE	1	20.0%	1	20.0%			3	60.0%	5
<b>TOTAL</b>	<b>2,240</b>	<b>54.5%</b>	<b>548</b>	<b>13.3%</b>	<b>379</b>	<b>9.2%</b>	<b>938</b>	<b>22.8%</b>	<b>4,105</b>