

MINNESOTA
DEPARTMENT
OF
HUMAN
SERVICES

DISABILITY
SERVICES
DIVISION

*Creating
Service Options
and Choice
In
Homes and
Communities*

**Resource Availability and
Utilization of the Mental
Retardation and Related
Conditions Waiver, the
Community Alternative Care
Waiver, the Community
Alternatives for Disabled
Individuals Waiver and the
Traumatic Brain Injury Waiver**

*A Report to the Minnesota Legislature
May 2006*

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Resource Availability and Utilization of the Mental Retardation and Related Conditions Waiver, the Community Alternative Care Waiver, the Community Alternatives for Disabled Individuals Waiver and the Traumatic Brain Injury Waiver

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Executive Summary

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 following home and community based waiver programs:

Mental Retardation and Related Conditions (MR/RC);
Community Alternative Care (CAC);
Community Alternatives for Disabled Individuals (CADI); and
Traumatic Brain Injury (TBI).

These home and community based waivers provide services necessary for people with disabilities to participate and be involved in their communities.

From 2001 through 2005, Minnesota experienced a surge in demand for home and community based services. The surge was attributed to a number of factors, including closure of community ICFs/MR, statewide initiatives to reduce nursing home populations, re-design services for people with mental illness, and efforts to provide service recipients with increased options for meeting their needs. The increased utilization took place concurrently with an economic downturn, prompting the Department of Human Services and the Legislature to seek ways to effectively manage growth of the home and community-based waiver programs.

In January of 2003, the Minnesota Department of Human Services adopted a new method for allocating MR/RC waiver funds to counties. The new method aligned with actual spending and adjusted projected growth and service changes. It required counties to manage expenditures within a calendar year budget. A waiver amendment did give counties greater flexibility for managing MR/RC waiver expenditures.

The 2003 Minnesota Legislature limited caseload expansion in both the CADI and TBI-Nursing Facility (NF) Level of Care waiver programs by placing a fiscal limit on growth in TBI-NF and an enrollment limit in CADI. Prior to this time, counties enrolled participant once program eligibility was determined for either of these waiver programs. Consumers, advocates, and families expressed concern that the limits, combined with county inexperience in managing waiting lists for these programs, would result in long waiting lists for CADI and TBI waiver services. Because of this, the Legislature required DHS to report to the legislature and provide information on people waiting for CADI and TBI waiver services.

Department of Human Services data as of December 1, 2005 indicates that a total of 3,140 people were screened and waiting for MR/RC waiver services. Of these, 1,981 indicated a desire to receive MR/RC waiver services within the next 12 months. Since the Legislature appropriated funding for only 50 new diversions for each year of the fiscal year 2006-2007 biennium, only a fraction of the 1,981 who want services within the next year will be able to receive those services.

The picture is much brighter for those waiting for CAC, CADI or TBI waiver services. Only four people were identified as waiting for CAC waiver services, and reasons for waiting stemmed from difficulty finding qualified providers or a need for accessible housing. A total of 468 people were waiting for CADI waiver services, and 85 people were identified as waiting for TBI waiver services. For fiscal year 2006, DHS distributed to counties 1,290 allocations that can be used interchangeably for CADI or TBI waiver recipients in need of nursing facility level of care who live in nursing facilities, or who can be diverted from placement in a nursing facility through the use of waiver services. In addition, allocations are available on demand to people needing hospital level of care, either through the CAC waiver or through the TBI-NB waiver.

The Department of Human Services has identified a number of goals for the MR/RC, CAC, CADI, and TBI Waiver programs for the coming year. These goals are as follows:

1. Expand utilization of Consumer Directed Community Supports and reengineer individual budget setting across all waivers;
2. Re-engineer the state-to-county MR/RC budget allocation process;
3. Strengthen technology applications for waiver program management;
4. Strengthen quality management;
5. Expand housing options; and
6. Increase employment options.

Legislation

This report was prepared for the legislature of the State of Minnesota in accordance with *Minnesota Statutes, section 256B.0916, subd. 7* and *Minnesota Statutes 256B.49, subd. 21*. The legislation requires the Commissioner of the Department of Human Services to issue a report on county and state use of available resources for the following Home and Community Based Services waiver programs:

- Mental Retardation/Related Conditions (MR/RC)
- Community Alternative Care (CAC)
- Community Alternatives for Disabled Individuals (CADI) ; and
- Traumatic Brain Injury (TBI).

Minnesota Statutes section 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; (4) 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 waiver services.

Minnesota Statutes section 256.49, Subd. 21. Report. The commissioner shall expand on the annual report required under section 256B.0916, subdivision 7, to include information on the county of residence and financial responsibility, age, and major diagnoses for persons eligible for the home and community-based waivers authorized under subdivision 11 who are: (1) receiving those services; (2) screened and waiting for waiver services; and (3) residing in nursing facilities and are under age 65.

Introduction

Before 1985, options to support people with mental retardation or a related condition or other significant disabilities who would otherwise need care provided in an Intermediate Care Facility for the Mentally Retarded (ICF/MR), nursing facility or hospital were limited. Medicaid funding was only available to pay for services in institutional settings. In order to support people 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 in turn allowed states to provide home and community-based waiver services as an alternative to institutional care. Soon after, the Minnesota Department of Human Services began designing programs to serve various populations primarily being served in nursing facilities, hospitals or Intermediate Care Facilities for Persons with Mental Retardation or Related Conditions (ICFs/MR). The four waiver programs addressed in this report were implemented in the following order:

- Mental Retardation and Related Conditions (MR/RC), (July 1, 1984)
- Community Alternative Care (CAC), April 1, 1985
- Community Alternatives for Disabled Individuals (CADI), October 1, 1987
- Traumatic Brain Injury (TBI), April 1, 1992.

The goal of these home and community-based waiver programs is to provide necessary services and supports so that a person can continue to live and thrive in the community. These services should be meaningful to the person receiving the services, respectful of the beliefs and customs of that person, assure the person's health, safety and welfare, and increase levels of independence. Waiver services are based on individual needs and enable a person to become involved in and to develop and maintain relationships in the community. In 1999, a Supreme Court decision (Olmstead) affirmed the right of individuals who were eligible for Medicaid services to receive those services in the least restrictive setting.

From 2001 through 2005, Minnesota experienced a surge in demand for home and community-based services. The surge was attributed to a number of factors:

- Downsizing and closure of community ICFs/MR;

- Statewide initiatives to reduce nursing home populations;
- Initiatives to re-design services for the state's mental health population; and
- Efforts to more accurately match services and funding with service participants and provide them with more options to meet their needs.

These initiatives took place concurrently with an economic downturn, prompting a general increase in demand for publicly funded health services. As a result, the Department of Human Services and the Legislature sought to more effectively manage the growth of the programs. This report will describe the methods used to manage the MR/RC, CAC, CADI, and TBI waivers as well as discuss usage of the MR/RC Waiver in Calendar Year 2005, and of the CAC, CADI, and TBI Waivers in Fiscal Year 2005.

Overview of Waiver Program Responsibilities

Each of the waiver programs was written to meet federal guidelines and carries with it responsibilities for management.

The Disability Services Division of the Department of Human Services is responsible to:

- Design and develop services in order to obtain federal financial participation in the waiver programs;
- Manage administration of the waiver programs for statewide consistency and compliance with federal standards;
- Develop policy that expresses program and department goals;
- Respond to the State Legislature for development of waiver programs and services;
- Provide policy and technical assistance resource to counties;
- Monitor program activity to assure integrity of services and standards;
- Provide annual reports to the Centers for Medicare and Medicaid Services (CMS);
- Assist CMS in audits of waiver programs prior to the five-year program renewal cycle;
- Renew waiver programs as required by CMS.

County agencies, acting as agents of the state Medicaid agency (DHS), are responsible for the following:

- Provision of case management/service coordination to persons receiving services including assessment and service plan development;
- Assistance to help people access, coordinate, and evaluate available services;
- Determination of financial and program eligibility for services (each program

includes eligibility requirements specific to the type of disability, funding parameters and limits, separate county and/or state policies, and service menus);

- Entering of screening document and service authorization into the Medicaid Management Information System (MMIS);
- Authorization and monitoring services that reasonably assure health and safety;
- Contracting for and management of waiver services;
- Managing expenditures for the MR/RC waiver and authorizing CAC, CADI, and TBI waivers on an aggregate basis within the allowable budgets;
- Signing provider agreements to assure that all providers meet State standards for licensing or certification relevant to their area of service;
- Systematically monitoring provider performance; and
- Working in partnership with DHS and other organizations to provide information, services, and assistance to people with disabilities.

Services authorized under all waiver program plans must help a person avoid institutionalization and/or function with greater independence in the community and meet authorization guidelines set by the federally approved state waiver plans. Each home and community-based waiver program asks certain questions about services:

- Are the services necessary to assure the health, welfare, and safety of the person?
- Are the services selected as an alternative to institutionalization?
- Is the service covered by any other funding source?
- Have all options been assessed and does this option meet the individual desires, needs, and preferences of the person?
- Is the cost of the service considered reasonable and customary?

A table showing the services available in each waiver is found in Attachment A. Information on the eligibility requirements for each waiver as well as service definitions and descriptions of covered and non-covered services is found in the on-line Disability Services Program Manual at <http://www.dhs.state.mn.us/dspm>.

Resource Utilization in the Mental Retardation/Related Conditions Waiver

Methodology for Managing Growth

In response to this growth in the waiting list, the 1999 Minnesota 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 waiver budget.

The 1999 legislative action also created budgetary changes in 2001 that allowed the Department to increase slots if spending did not reach the forecasted appropriation in each fiscal year. As a result of counties not spending to the appropriation level, the Department provided county agencies instructions about accessing waiver services slots during a period called "open enrollment," which took place from March 23, 2001 to June 30, 2001. Growth of the MR/RC waiver remained steady until 2003. The table below illustrates the estimated number of recipients who received the MR/RC waiver each year for the years 2001 through 2005.

**Estimated Unduplicated Annual MR/RC Waiver Recipients from Fiscal Years
2001 to 2005**

Year	2001	2002	2003	2004	2005
Number	14031	15264	15363	15090	15007

To control spending increases brought about by the growth of the program, in January of 2003, the Department adopted a new method for allocating MR/RC waiver funds to county agencies. The state "rebased" county budgets to better reflect actual spending and projected growth and service changes, gave the counties these budgets to manage on a calendar rather than fiscal year, and through a waiver amendment, gave counties greater flexibility in managing the funds within their budgets. Counties would retain allowable resources and could meet changing needs of current recipients within their allowable budget. Counties also became responsible to repay any amount spent by the county in excess of the allowable budget. Rebased contributed to a decrease in the number of MR/RC waiver recipients. Counties became more cautious about adding new recipients except those who were a high priority for receiving waiver services or to serve individuals whose ICFs/MR were closing or downsizing. These individuals were served through the use of "conversion" allocations.

The 2005 Legislature increased the appropriation for the MR/RC Waiver to create 50 new emergency allocations for each year of the 2006-2007 biennium (*Laws of Minnesota 2005, First Special Session, chapter 4, article 9, sec.2*). The allocations were created to support individuals whose health and safety needs result in an imminent risk of an institutional placement at any time during the fiscal year and are awarded through an application process. Counties requesting an emergency allocation are asked to provide their Disability Services Division Regional Resource Specialist (RRS) with the potential recipient's name, circumstance that qualified for consideration and eligibility

determination, and present evidence that the county's Change in Needs plan has been followed. In addition, counties must document that no other funding source for the needed service is available. RRSs review the application, determine whether the request meets the criteria outlined, and if so, recommend to MR/RC waiver policy staff that the request be approved. Requests that do not meet criteria are denied.

Management of MR/RC Waiver Resources

The management of the MR/RC Waiver occurs through collaboration between the Department of Human Services and county agencies. As legislatively appropriated, the Department allocates new resources to counties in order to serve persons waiting for services. County agencies, using state policy goals and their own written procedures and criteria, determine who will receive waiver services. The state policy goals 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; and
- Building the capacity of local communities to support persons with disabilities and their families.

When a person requests to receive services funded by the waiver, county staff meets 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 help the individual attain his or her highest level of independence and self-sufficiency at home and in the community.

A case manager works with the person and with the 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 waiver 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 that reasonably ensure the person's health and safety. This provides for optimal management of the waiver resources. In addition, the county can direct its MR/RC Waiver resources based on the changing support needs of recipients

and families.

Below is a table that displays the authorized, allowable, and paid dollars on a statewide basis. "Authorized" is the total authorized dollars from the service agreements of the MR/RC Waiver recipients for calendar year 2003 and 2004. "Allowable" is the calendar years 2003 and 2004 allowable expenditures, based on the counties' available MR/RC Waiver resources. "Paid" is the total dollars paid out in claims submitted to MMIS for calendar years 2003 and 2004. (Because providers have up to 365 days from the date of service to bill, 2004 is the last year for which claims data is complete.)

CALENDAR YEAR COSTS AND DAILY AVERAGES

Year	Total Number of People Served	Waiver Days	Authorized Allowable Paid	\$ Diff Allowable Paid	% Diff Allow - Paid	\$ Diff Authorized Paid	% Diff Auth - Paid
2003	15,311	5,368,857	\$932,097,324 \$836,216,418 \$823,138,849	13,077,569	1.56	\$108,958,475	11.6
2004	15,085	5,325,961	\$937,491,496 \$859,606,033 \$841,274,780	18,331,252	2.13	\$96,216,716	10.26
2005*	14,852	5,262,021	\$965,836,002 \$901,927,973 \$872,132,811	\$29,785,163	3.30	\$93,693,191	.9

Source: MMIS Data as of 04/01/06

*2005 data not final, as billing may occur up to one year from date of service

Change In Needs Plans

The federally approved MR/RC Waiver plan requires counties and partnerships to develop and submit to the Department a Change in Needs Plan, that describes how the county will address changes in recipient needs (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;
- Have been submitted to DHS by April 1, 2003 (no Department approval needed); and
- Be made available to the public upon request.

All counties or county collaboratives have submitted a Change in Needs Plan to the Department indicating their policies and procedures to address changes in recipients' needs.

Reserve Accounts

County agencies may elect to establish a reasonable reserve amount to address recipient changes in need. 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. Unspent reserves are not added to a county's budget for the subsequent year. 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.
- 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:

- To prevent an admission to more restrictive setting;
- To provide additional services to meet a recipient's increased need;
- To protect a recipient's health and safety; or
- To provide or increase services in the event of a primary caregiver is injured, becomes ill, or dies.

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. Attachment B shows the counties that have submitted a reserve account plan and the planned reserve percentages of the counties' MR/RC budgets.

People Waiting for MR/RC Waiver Services

The following table 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. This table includes data on people who have not yet indicated a "waiver need index". The table below is broken down by age group and current living arrangement.

NUMBER OF PERSONS WAITING FOR MR/RC WAIVER SERVICES AND OTHER SERVICES BASED ON CURRENT LIVING ARRANGEMENTS AND AGE GROUPS

Current Living Arrangement	Ages 0-12	Ages 13-17	Ages 18-22	Ages 23-39	Ages 40-59	Ages 60+	Total
Board and Lodge	0	0	0	3	1	4	8
Family Home	1406	620	522	335	90	7	2982
Foster Care, Family	34	21	29	32	13	5	134
Foster Care, Live-In	0	0	3	9	4	2	18
Foster Care, Shift Staff	4	6	31	84	99	26	251
ICF/MR	0	5	19	78	171	35	308
Nursing Facility	0	0	0	0	0	2	2
Other	21	24	22	37	17	8	129
Own Home, < 24 hour support	0	1	4	33	28	6	72
Own Home, 24 hour support	0	0	0	1	1	3	5
METO	0	0	2	3	0	0	4
TOTALS	1,465	677	632	615	424	100	3913

Data Source: MMIS DD Screening Documents, 3/01/06

Individuals and their families often request waiver services in anticipation of future needs. While waiting for waiver services, a number of other service options may be available. For example, all persons with mental retardation or related conditions are eligible to receive case management. In addition, many persons receive services through the Family or Consumer Support Grants, Day Training and Habilitation programs, home care (including personal care) and other Medical Assistance services, such as physical or occupational therapy or durable medical equipment. A summary of other possible services can be found in Attachment C (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. 1999 legislative changes to Minnesota Statutes 256B.0916 required that counties or partnerships of counties develop a plan to describe how the waiting list of all persons who are eligible for and requesting MR/RC Waiver services will be prioritized and managed. Counties or partnerships were required to submit the plan to the Department by March 1, 2001 for approval. Plans were reviewed by the Department, approved, and made available to the public upon request. Counties or partnerships must resubmit plans to the Department if changes are made to the plan.

The Department provided factors as guidance for counties to consider when determining assignment of slots to people waiting for services. These factors include:

- Can the necessary supports and services identified in the service plan be accommodated by the county waiver budget?
- Can the county assure the health, safety, and welfare of the consumer into the future?
- Can the county and consumer access providers who meet standards and competency requirements stated in the service plan?
- Does the county anticipate having a surplus at the end of the budget year?
- What budget reserves will be needed to meet anticipated or unanticipated changes in current recipient needs within the budget year?
- In assessing the adequacy of the county's budget reserves, the county should consider its historical spending data and trends; the demographics of its current waiver population; and recent changes in the law or other service programs that could increase demand for waiver services among current recipients.
- How likely will turnover in the program impact the budget of the county?

The legislation stipulates that the following information must be included in the county's waiting list plan:

- County's policies and procedures to manage the waiting list.

- County's prioritization plan for clients on the waiting list.

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

- Addressing the needs of persons 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 persons are informed of their choice of living arrangements, which include institutional and home-based choices.
- The need to serve persons affected by ICF/MR closures.

The Department has recommended that certain procedures 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. Attachment D provides a summary by county, living arrangement and age of those waiting for MR/RC waiver services.

Urgency for Services

As of March 1, 2006, a total of 3,913 people were on the program waiting list for the MR/RC Waiver. A Waiver Need Index is identified on the screening document as a tool to clarify the "urgency of need" for persons on the waiting list. Of the 3,913 people waiting as of March 1, 2006, 2,148 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.

Each year, additional people may consider the waiver an appropriate alternative. The Department was not able to reduce the waiting list during calendar years 2003 through 2005 due to growth being limited by the Minnesota Legislature.

The following table includes statewide information. Data found in the "unspecified" column reflects that no level of urgency was entered on the screening document. Data about the urgency of need can be found on statewide totals for each age group within living arrangement can be found in Attachment E; Attachment F contains information on urgency of need by County of Financial Responsibility.

URGENCY OF NEED FOR WAIVER SERVICES

Individuals Choosing Waiver with Screening		Requesting Waiver Within 12 Months		Requesting Waiver Within 13 to 36 Months		Requesting Waiver Beyond 36 Months		Not Specified
Living Arrangement	#	#	%	#	%	#	%	#
Board and Lodge	8	5	62.5	0	0%	0	0%	3
Family Home	2982	1822	61.1	405	13.5	262	8.7	493
Foster Care, Family	134	77	57.4	9	6.7	5	3.7	43
Foster Care, Live-In	18	3	16.6	1	5.5	2	11.1	12
Foster Care, Shift Staff	251	29	11.5	4	1.5	1	.40	217
ICF/MR	308	113	36.6	71	23.0	99	32.1	25
Nursing Facility	2	1	50	0	0	0	0	1
Other	129	65	50.3	8	6.2	3	2.3	53
Own Home, < 24 hour support	72	30	41.6	6	8.3	2	2.7	34
Own Home, 24 hour support	5	0	0	0	0	0	0	5
METO	4	3	75	0	0	0	0	1

Data Source: MMIS DD Screening Documents, 3/01/06

MR/RC Waiver Services for Which People Are Waiting

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, persons waiting for services typically select case management and habilitation services which include in-home family support, supported living services, respite care, and vocational services. People have also identified environmental modifications, assistive technology and consumer-directed service as desired services. The following table outlines the services requested on a statewide basis for those waiting for MR/RC Waiver funding.

SERVICES REQUESTED BY PERSONS WAITING FOR MR/RC WAIVER FUNDING

Service Requested	Number of People Waiting for a Specific Service	Percent of People Waiting for a Specific Service
Adult day care	8	0.3
Alternate day services	10	0.3
Assistive technology	1034	33.0
Caregiver training & education	953	30.4
Consumer directed services	1226	39.1
Consumer training & education	279	8.9
Crisis-respite	490	15.6
Day training & habilitation	862	27.5
Environmental modifications	1118	35.6
Homemaker	398	12.7
Housing access	24	0.8
In-home family support	1774	56.5
Live-in personal caregiver	22	0.7
Personal support	784	25.0
Respite care	1652	52.6
Specialist services	997	31.8
Supported employment	80	2.5
Supported living services (sls)	756	24.1
Transportation, chore, extended pca	600	19.1
24-hour emergency assistance	116	3.7

Data Source: MMIS DD Screening Documents, 12./01/05

Resource Utilization in the CAC, CADI, and TBI Waivers

Methodology for Managing Growth

A number of factors influence growth of the CAC, CADI, and TBI waivers. From the time the CAC, CADI, and TBI waivers were first implemented until April of 2004, growth of the programs as well as costs were managed using individual cost caps called "case mix limits." As a result, persons with significant disabilities were often unable to access waiver services because the funds available to serve them within their case mix limit were inadequate to authorize the level of services needed. In order to address this problem, the 2001 Minnesota Legislature required the Department of Human Services to change from the use of individual cost caps to an aggregate funding management methodology that would assure enhanced access to waiver services for people with the greatest need for services and supports.

Growth of the CAC, CADI, and TBI waivers is also influenced by the state budget forecast. All waiver programs must undergo federal review and re-approval on a five-year cycle. Previously, program growth in the CAC, CADI, and TBI waiver programs was determined at the time of re-approval using forecast data. If the forecast fell short of actual demand for services during the approval period, the Department had two options, both of which have been implemented in the past. The first option was that new participant enrollment into the programs was temporarily limited. The second option was to request additional participant growth from the Health Care Financing Agency, now the Centers for Medicare and Medicaid. As long as the State could show that the programs remained cost effective in relation to institutional care, approval was granted.

In order to address expenditures for the CADI and TBI waiver programs that were outpacing state budget resources, the 2003 Minnesota Legislature placed a fiscal limit on growth in the TBI waiver and an enrollment limit in the CADI waiver. To comply with the 2003 Minnesota legislation and insure equitable statewide access, the Department of Human Services determined the county percentages of state enrollment in the waivers. Percentages were applied to allocate available openings to individual counties. The allocations are distributed to counties on a six-month basis, with each county receiving approximately half of its new diversion allocations in July and the remainder in late December or early January. This gives the Department the ability to periodically evaluate the overall impact and equitability of the measures and make appropriate adjustments.

The Department prioritized access to the waivers to be consistent with priorities set by the Minnesota Legislature. Those priorities include persons:

- Relocating from nursing facilities for CADI and TBIW-NF or long-term care hospitals for TBIW-NB and CAC;
- Relocating from various institutions; and,
- At imminent risk of admission to nursing facilities, regional treatment centers, long-term care hospitals, IMDs, Rule 36 licensed facilities and other institutions.

In order to accommodate the priorities, the Department reserved a certain number of allocations to ensure that people wishing to leave nursing homes and hospitals could do so. Since the first distribution of allocations to counties, the Department has increased the number of reserve allocations in proportion to allocations available to people living in communities in order to be able to continue to meet this goal. The table below illustrates the number of available allocations, the number reserved for priorities and the number distributed to counties.

Available Allocations for State Fiscal Years 2004 and 2005

Allocations	7/1/04	12/1/04	Total for SFY05	7/1/05	1/1/06	Total for SFY06
Distributed to counties	402	366	768	462	234	896
Reserved for priorities	243	279	522	394	200	594
TOTALS	645	645	1290	856	434	1290

Data Source: Disability Services Division program management

Management of CAC, CADI, and TBI Waiver Resources

As is true for the MR/RC Waiver, management of the CAC, CADI, and TBI waivers occurs through collaboration between the Department of Human Services and county agencies. County agencies are responsible for managing their CAC, CADI, and TBI waiver budgets in the aggregate on a fiscal year basis and may not authorize services in excess of their combined total waiver budget. Counties must take into account the legislative priorities described in the preceding section. Counties may not reduce services assessed as needed to assure the participant's health, safety and welfare.

Current Recipients of CAC, CADI, and TBI

Number of Current Recipients

The CAC, CADI, and TBI waivers have grown steadily since their inception. As of November 1, 2005, there were 201 people with service authorizations for the CAC Waiver, and 8,132 with service authorizations for the CADI Waiver. The TBI Waiver includes two levels of care: neurobehavioral hospital and nursing facility. There are a total of 1063 people with service authorizations for the TBI nursing facility level of care waiver or the TBI neurobehavioral hospital level of care waiver.

Age of Current Recipients

The age of current recipients of the CAC, CADI, and TBI waivers is shown in the table below.

Age by Waiver Type

Waiver Type	Age					Total
	0-17	18-21	22-40	41-64	65+*	
CAC	130	19	24	27	1	201
CADI	797	313	1400	5449	173	8132
TBI	45	42	364	592	20	1063
Total	972	374	1788	6068	194	9396

Source: MMIS Data as of November 1, 2005

*Recipients of the CAC, CADI and TBI waivers must be under the age of 65 at the time of waiver enrollment. Recipients who turn 65 may choose to continue receiving the services of these waivers rather than transfer to the Elderly Waiver.

Tables showing age of current recipients of the CAC, CADI, and TBI waivers by County of Financial Responsibility are found in Attachment G, H, and I.

Diagnosis of Current Recipients

In order to receive CAC, CADI, or TBI waiver services, recipients must meet all eligibility criteria for the particular waiver through which he or she receives services,

which includes being certified disabled by the Social Security Administration or by the State Medical Review Team. Attachment K shows the number of CAC, CADI, and TBI waiver recipients in each category of the 2004 International Classification of Diseases Clinical Modification (ICD-9-CM).

People Waiting for the CAC, CADI, or TBI Waivers

Following the 2004 legislative session, the Legislature mandated the preparation of the CAC, CADI, and TBI waiting list report by the Department of Human Services. To collect the information needed to generate reports on statewide waiting lists, the Disability Services Division made minimal changes to the Long Term Care Screening Document (LTC SD). The changes applied only to the LTC screening documents of people under the age of 65, and required county staff to complete certain fields on the LTC SD that had previously been optional. Counties were notified that the changes would be implemented in December 2004, and that only those documents that had the now required fields completed would be approved.

In November of 2005, the Disability Services Division began generating reports on statewide waiting lists for CAC, CADI, and TBI services. Initial reports indicated that only 360 people had LTC screening documents that met the criteria used to identify people who were waiting for services. Counties that were contacted to question the low numbers reported that eligible potential recipients are often not screened for a CAC, CADI, or TBI waiver until the recipients has chosen a provider agency and the provider is ready to initiate services. The screening to open the person to the waiver and service agreement authorizing the services that will be provided are often completed just prior to when the person begins receiving services. The Disability Services Division became concerned that the data available from LTC SDs underrepresented the number of people who were waiting for services, and determined that a waiting list survey would be needed to collect accurate data.

In early December 2005, county supervisors were sent an electronic survey. The survey consisted of a series of questions regarding the people for whom the county was financially responsible who were waiting and screened for the CAC waiver, CADI waiver, or TBI waiver. A copy of the December 2005 Waiting List Survey is found in Attachment J.

Counties were asked to complete the survey by December 15, 2005. Not all counties completed the survey by the deadline. Many counties failed to answer all the questions, particularly those that asked for information about the types of places in which people

on the waiting list were living, and counties in which people on the waiting list resided, if different than the county of financial responsibility. However, the data that were gathered on numbers of people waiting for waiver services and screened for waiver services, reasons for waiting, and the ages, and diagnoses of those waiting was relatively complete.

CAC Survey Results

CAC allocations are available on demand to any county that needs one. No one who is eligible for CAC waiver services has to wait to receive an allocation. Questions about those waiting for CAC were included in the survey to identify whether there were any people waiting for CAC services as well as to identify the possible reasons that people were waiting. Two counties, Blue Earth County and Otter Tail County, each reported having two individuals who were waiting for the CAC waiver. Of the four that were identified as waiting, two had been screened. Two of the individuals were identified as having physical disabilities, one had a disease of the respiratory system, and the fourth had an endocrine/metabolic disorder. One individual was in the age category of 0 to 17, and three were in the age category of 41 to 64. "Seeking accessible accommodations" and "seeking provider resources/services" were the reasons given for why people were waiting for CAC waiver services.

A table showing the County of Financial Responsibility (CFR) of people waiting for CAC, as well as diagnosis and age, is found in Attachment L.

CADI Survey Results

Counties were also asked to provide information on people for whom they were financially responsible who are waiting for CADI waiver services. The survey results are divided into information collected about people waiting for CADI diversions and people waiting for CADI conversions. A CADI conversion results when a person eligible for CADI enrolls in a CADI waiver immediately upon discharge from a nursing facility and the person was a resident of the NF and receiving Medical Assistance for the NF services for at least 30 days prior to accessing the waiver. A diversion results when the person eligible for the waiver does not meet the criteria for conversion.

CADI Diversions

People are opened to CADI on a diversion through the use of two types of allocations. The first way is through the use of a new funded diversion that was allocated to the

county at the time of the semi-annual allocation. When new diversions are put into use, a resource amount that is based on a formula goes into the county's aggregate waiver funds for management of the CAC, CADI, and TBI waivers. The county authorizes services against this amount, using its allowable budget to pay for those services. If the resource amount contributed to the budget is greater than the cost of the person's services, the difference remains in the county's budget, and the county can use the difference to fund either in part or in full the services of others receiving CADI. The second way people access a CADI diversion is through the use of a "reuse" allocation.

These are allocations that were carried over into the county's available allocations at the time aggregate management was implemented, or allocations that have "turned over" when a CADI recipient's services end for a variety of reasons. CADI recipients may lose their eligibility for Medical Assistance or for the CADI waiver, return to a nursing facility, voluntarily terminate services, or die. When this happens, the allocation remains available for the county to use for someone else, and the funding remains in the county's aggregate waiver budget. No new funds are added when people are opened to CADI using reuse allocations. If the county wants to use the reuse allocation, it must provide services for the new person using the funds available within the aggregate budget. If a county has authorized close to its budget amount, it may not be able to use its reuse allocations because doing so will lead to being overauthorized.

In addition to asking about the numbers of people waiting for CADI diversions, the survey asked counties whether people were waiting because of a "lack of waiver resources other than slots." This response option was used to try to determine whether people were waiting for CADI waiver services because counties thought their waiver budgets were insufficient to fund the necessary services.

Thirty counties reported that individuals were waiting for CADI diversions. Across the state, a total of 359 people are waiting for a CADI diversion, 135 of whom have been screened. Fourteen counties reported that people were seeking provider resources, 13 reported that waits were due to people seeking housing resources, 12 reported a lack of waiver slots, 8 reported a lack of waiver resources other than slots, and 6 reported waits due to a need for accessible accommodations.

Of the 359 people waiting for a CADI diversion, 109 were identified as having a primary diagnosis of physical disability. There were 69 with a mental health disability, 57 with a diagnosis of developmental disability, 8 with a diagnosis of brain injury, and 3 with a diagnosis of "other cognitive disability."

Seventy-one of those waiting were aged 0 to 17. There were 20 people waiting in the

age grouping of 18 to 21, 41 in the age grouping of 22 to 40, and 114 in the age grouping of 41 to 64.

Tables showing the CFRs of people waiting for CADI diversions, as well as diagnosis and age, are found in Attachments M, N, and O.

CADI Conversions

In order to access a CADI conversion, in addition to meeting all other CADI eligibility criteria, a person must be under the age of 65 and enroll in the CADI waiver immediately upon discharge from a nursing facility where he or she had been a resident for at least 30 days prior to waiver enrollment, and had been receiving Medical Assistance for those nursing facility services. As of November 1, 2005, there were 1,547 people under the age of 65 residing in nursing facilities who were receiving Medical Assistance who had had a stay of more than 90 consecutive days.

CADI conversions are accessed by counties through the web-based CAC, CADI, and TBI Waiver Management System (CCT WMS). A county that wants to open an individual to the CADI waiver uses CCT WMS to enter the potential recipient to the CADI waiver. This action results in reducing the statewide number of available CADI conversions by one. To date, CADI conversions have been available when requested by the county.

Even though CADI conversions have been available to any county that needs one, twenty-two counties reported that individuals were waiting for CADI conversions. A total of 635 people under the age of 65 currently residing in nursing facilities were identified as waiting for CADI conversions. All of these individuals were identified as having been screened for the CADI waiver. Not all counties responded to the question asking the main reasons people were waiting. Nineteen counties that "seeking provider resources" was a reason people waited, 14 reported "seeking housing resources," 11 reported that people were awaiting accessible accommodations, and 3 reported that a lack of waiver resources was a reason.

Even though people who enter the CADI waiver on a conversion bring funding into the county's waiver budget, in some instances, the county may not have adequate funds in the aggregate to cover the difference in cost between the resource amount that will be contributed to the budget when the person enters the waiver, and the actual cost of the person's services. This may result in the person needing to wait until the county builds up the difference between its allowable budget and what is currently authorized. This may occur through attrition, or through individuals whose services end up costing less

than the resource amounts contributed to the budget.

Mental health disabilities comprised the largest diagnostic category of people waiting for CADI conversions. Counties reported 369 people with mental health disabilities waiting for CADI. The next largest category was that of physical disability, with 189 waiting for CADI conversions. Only one person with a developmental disability and four people with brain-injury related diagnoses were waiting for CADI conversions. There were 72 people waiting for CADI conversions who were listed as having "other cognitive disabilities."

Not all counties reported the age grouping of those identified as waiting for a CADI conversion. Of the 635 people waiting for a CADI conversion, 562 were in the 41 to 64 year old age group. The age groups of the remaining 73 were not reported.

Tables showing the CFRs of people waiting for CADI conversions, as well as diagnosis and age are found in Attachments P, Q, and R.

TBI Survey Results

The TBI waiver has two types. The first is the TBI-Nursing Facility Waiver. A person eligible for this waiver must be:

- Eligible for Medical Assistance;
- Certified disabled by the Social Security Administration or by the State Medical Review Team;
- Under the age of 65 at the time of opening to the waiver;
- In need of nursing facility level of care;
- Diagnosed with an acquired or traumatic brain injury that is not congenital, or have documented brain impairment from an event, disease, or condition that is not congenital;
- Able to function at a level that allows participation in rehabilitation; and
- Be in need of a service that is only available through the TBI waiver or require a higher level of service than is available through other waivers due to cognitive and behavioral impairment.

The second level of the TBI waiver is the TBI-Neurobehavioral Hospital Waiver. To be eligible for this waiver, a person must meet all the above criteria except that instead of needing nursing facility level of care, the person must need Neurobehavioral Hospital Level of Care. This requires that the person need the types of treatment normally provided in a hospital specializing in neurorehabilitation. The person does not need to

reside in either of Minnesota's two neurobehavioral hospitals, which are Bethesda Hospital in St. Paul and the Minnesota Neurorehabilitation Hospital in Brainerd, to receive a TBI-NB waiver allocation.

TBI Diversions

A total of 17 people from 5 counties were identified as waiting for a TBI -NF diversion. Of these, only three were identified as having been screened for the TBI waiver. Five counties cited "seeking provider resources" as the reason people waited for a TBI waiver, two cited "seeking housing resources," two cited "lack of waiver slots," and one reported that people were waiting for accessible accommodations.

One county that identified having 11 people awaiting a TBI-NF diversion did not report the diagnoses of those waiting. All of the remaining six people had a primary diagnosis of acquired or traumatic brain injury.

The county that reported having 11 people waiting for a TBI-NF diversion also did not report on the ages of those waiting. Of the remaining six people who were waiting, none fell between the ages of 0 and 17, two were between the ages of 18 and 21, three were between the age of 22 and 40, and one was between 41 and 64.

A table showing the CFRs of people waiting for TBI-NF diversions, as well as information diagnosis and age is found in Attachment S.

TBI Conversions

County staff access TBI-NF conversions from the same way as they access CADI conversions. TBI-NB conversions are accessed on demand in the same manner that CAC conversions are accessed. As mentioned previously, conversions have always been available for counties that needed to open individuals to either the TBI-NF or TBI-NB waiver. Nevertheless, seven counties reported that a total of 68 people were waiting for the TBI waiver. None of the 68 who were waiting resided in a neurobehavioral hospital. Of the 68, 63 had been screened. Eight counties reported that people waiting were seeking provider resources, 5 reported that people were seeking housing resources, 4 reported that people were seeking accessible accommodations, and 2 reported that people were waiting because of a lack of waiver slots. However, since TBI conversions are available on demand, it is likely that respondents confused the response option "lack of waiver slots" with "lack of waiver resources other than slots."

Counties were asked to provide information on the primary diagnoses of those waiting

for TBI-NF conversions. None of the 68 who were waiting had a diagnosis of degenerative disease resulting in brain injury. All 68 had a primary diagnosis of acquired or traumatic brain injury.

By far the largest age category of those waiting for TBI-NF conversions was the 41-64 year old group, with 62 waiting. There were 5 in the 22 to 40 year old category, only one between the ages of 18 and 21, and none in the 0 to 18 year old category.

A table showing the CFRs of people waiting for TBI conversions, as well as diagnosis and age, is found in Attachment T.

Review of 2005 Waiver Program Goals and Outcomes

The Department has continued to identify and take administrative actions to assist counties and persons receiving waiver funding through the MR/RC, CAC, CADI, and TBI waivers to better access waiver services and manage their allowable resources. A review of the 2005 goals for these waivers and DHS actions taken to achieve those goals follows.

Goal 1: Implement the waiver plan amendment for the revised Consumer Directed Community Supports (CDCS) service.

Background

The Department is committed to providing more flexible and person-centered services. In part, this activity can occur through providing CDCS services as an optional waiver 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 (Minnesota Statutes, Section 256B.0916).

Several years ago, families of consumers on the MR/RC waiver expressed frustration with the wide variations that existed in each county agency and between case managers in how budgets were determined for people wanting to use the CDCS service. Some of the concerns expressed by consumers, families of consumers, counties and advocates included:

- Inequitable treatment of consumers.
- Questionable use of public funding by some consumers.
- Inexperienced county management.

- General need for a statewide system that was applied equitably to all.
- Need to make the service available across all the waivers.

At the same time, consumers and families of consumers on the CAC, CADI, and TBI waivers began asking why CDCS was not available as an option in those waivers as it was in the MR/RC waiver. As a result of these concerns, the Legislative Auditor was asked by the legislature to review the management of waiver programs and the rules applying to CDCS. The Legislative Audit report recommended changes to CDCS that are consistent with those currently being implemented.

The Department submitted a waiver plan amendment to the Centers for Medicare and Medicaid Services (CMS) to make some revisions to this service to provide clarification of what it is intended to be used for, and to make it available across the state and across all home and community based waivers. CMS approved the amendment to the waiver plans March 2004. The amendment was implemented on October 1, 2004 in the thirty-seven counties that already offered CDCS. It was implemented across the state by April 1, 2005. As of December 2005, a total of 2,153 people on the MR/RC waiver were using CDCS. There were 96 CADI waiver recipients, 21 CAC waiver recipients, and 6 TBI waiver recipients also using this service.

DHS Actions

- Memos announcing CMS approval of the waiver plan amendment were sent to counties and other stakeholders.
- DHS provided video-conference training on CDCS implementation to counties. Video tapes of the video-conferences were made available to counties.
- A Web page was created for counties and consumers on the DHS website for easy access to CDCS information. New information is added to the Web site as they develop.
- A CDCS e-mail box was created as a communication tool between DHS, counties and stakeholders. Questions and comments about CDCS can be sent to dhs.cdcs@state.mn.us. This e-mail box is checked daily.
- DHS held meetings with counties, consumers and families to answer CDCS related questions. DHS continues to hold meetings with stakeholders as requested.
- A county manual and consumer handbook were developed as tools to guide counties and consumers on CDCS.
- A partnership was established with the Aging and Adult Services Division on CDCS and the Robert Wood Johnson Foundation Cash and Counseling Grant.

Goal 2: Stabilize county MR/RC budget situation.

Background

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, the Department 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 calendar year 2003. With the lifting of a temporary restraining order and the settling of both federal lawsuits in calendar year 2004, the Department proceeded to provide technical assistance and additional information such as guidelines given to counties for consideration when adding people to the MR/RC Waiver program. The Department undertook a review of the budget methodology currently in place and is in the process of finalizing changes that will address issues of equity, predictability, and cost management.

DHS Actions

- The Regional Resource Specialists (RRSs) continue to provide technical assistance and training to county agencies.
- CDCS budget information was added to the Waiver Management System (WMS) for counties to view a person's CDCS budget.
- The online Disability Services Program Manual (DSPM) is updated regularly as a reference tool to help county workers administer the MR/RC Waiver.
- A contract to design a state to county resource allocation methodology was awarded to Johnston, Villegas-Grubbs and Associates LLC.
<http://budgetallocation.com>
- Johnston, Villegas, Grubbs and Associates LLC offered statewide informational sessions to county agencies, provider agencies, and consumers and families on their recommendations for the county resource allocation methodology.
- On-line training modules have been developed and are available to county agencies (via the on-line learning system).
- DHS established 2005 budgets by adding an amount equivalent to 1% of the budget to address increased needs of current recipients, a cost of living adjustment of 2.2589% in October 2005, and amounts to cover the full annual costs of the number of conversion slots added to the waiver.
- DHS received federal approval to use the same budget methodology in calendar year 2006 and on giving the system greater stability and predictability.
- DHS updated the county management software package for efficient county administration of the waiver.

Goal 3: Increase similarity among services available to persons receiving waiver services.

Background

One of the Department's initiatives in the past few years was the development of a Common Service Menu across all home and community based waiver programs. The goal of this initiative is to create one menu of services across CAC, CADI, MR/RC, and TBI waivers, allow access to all services regardless of waiver type, and streamline and simplify current services with similar functions. The end result will be increased ease of administration by counties, providers, and DHS. Waiver participants will find it easier to choose from services to meet their assessed needs.

DHS Actions

- Created a draft Common Service Menu structure by creating one service to replace current services with the same functions.
- In the process of analyzing the impact of streamlining services, identifying issues, and developing options for resolving issues.
- Conducting meetings with stakeholders and circulating draft Common Service Menu for input.

Goal 4: Strengthen Fiscal and Program Integrity

Background

DHS will strengthen the support given to counties, and will expand the Department oversight of county practices as a means to strengthen fiscal and program integrity for the CAC, CADI, MR/RC, and TBI waivers. Counties 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 provide assistance to people inquiring about information to make informed decisions about their services.

DHS Actions

- Formed a team to review counties' administrative practices and compliance with laws and regulations governing administration of the MR/RC, CAC, CADI, and TBI waiver programs. Reviews of three county agencies were conducted. DHS

is in the process of contracting with a private agency to continue the review process using a streamlined protocol.

- Conducted quarterly videoconferences for county staff that addressed a variety of waiver program topics.
- Updated and expanded web-based Disability Services Program Manual.
- Updated the Consumer Directed Resource Materials tool kit containing a variety of resource materials and person centered planning information and distributed tool kit to counties and providers to assist consumers in directing and managing their own supports.
- Provided training opportunities through classroom settings, interactive videoconferences, and web-based modules, including a module on county administration of home and community based services as well as other topics related to disability services. TrainLink on the CountyLink website was created to provide information on current and upcoming training opportunities and registrations for future trainings offered by DHS for county staff. For the period November 1, 2004 through October 30, 2005, a total of 944 people registered and finished a variety of trainings offered through TrainLink.
- Provided 216 hours of face to face training, delivered to 1647 participants between March of 2005 through February 2006.
- Developed a training module to interface with its on-line manual to provide procedures based on waiver provisions, statutes, and rules that counties must follow before reducing an individual's waiver budget; advise counties that they may not capitate service levels solely based on tools or procedures they may have in place; and set guidelines for counties to consider when adding new people to the waiver to assure health, safety, and welfare of current recipients.

Additional Actions to Improve Consumer Services

Increase Information for Consumers

Efforts have been made to increase the information available to persons with all types of 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. www.dhs.state.mn.us.
- On-line Flexible Case Management training was made available to counties and persons with disabilities through the DHS TrainLink. <http://pathlore.dhs.state.mn.us/stc/dsd/psciis.dll?mainmenu=dsd>

- A list of Flexible Case Managers was distributed to county agencies and placed on the CDCS web site. In the future, Flexible Case Managers can register with MinnesotaHelp.Info to make their information available to the public.
<http://www.dhs.state.mn.us/cdcs>
<http://pathlore.dhs.state.mn.us/stc/dsd/psciis.dll?mainmenu=dsd>
- 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 materials are available on-line:
http://www.dhs.state.mn.us/main/groups/disabilities/documents/pub/DHS_id_017635.hcsp.
- DHS is collaborating with other agencies to provide information via the Internet. This includes:
 - 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 - 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.
 - www.CollegeofDirectSupport.com/mn - The College of Direct Support is an online training center where people with disabilities and anyone who supports them can take classes on how to provide the best care.

Increase Access to Assistive Technology

A significant number of people waiting for waiver services have indicated a need for assistive technology. Certain types of equipment, such as augmentative devices and alternative communication systems, are available through MA State Plan services. The Department 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.

2006 Goals for the MR/RC, CAC, CADI, and TBI Waivers

Program goals calendar year 2006 include the following:

Goal 1: Expand utilization of Consumer Directed Community Supports (CDCS) across the state.

CDCS allows consumers and/or their legal representatives more flexibility and responsibility for directing their services and supports.

The first phase of the CDCS service was implemented October 2004 across all home and community-based waiver programs in the thirty-seven counties that currently authorized to provide CDCS under the MR/RC Waiver. Implementation across the remaining 50 counties occurred in April 2005.

Intended Outcome

The number of people on the MR/RC, CAC, CADI, and TBI waivers using CDCS will increase from the 2,276 using that option as of December 2005.

Goal 2: Re-engineer state to county MR/RC budget process

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 has entered into a contract with Johnston, Villegas-Grubbs and Associates LLC to operationalize recommendations for a budget methodology beginning 2007. 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. An advisory group, which contains representatives from county agencies, advocacy organizations, and other agencies has been formed and has begun meeting.

Intended Outcome

- Implementation of the results from the recommendations brought forth by Johnston, Villegas-Grubbs and Associates LLC in 2005.
- Expansion of the reporting capacity of the 3.1 Waiver Management Tracking System for efficient county utilization.

Goal 3: Strengthen Technology Applications for Program Management

DSD will strengthen the fiscal and program integrity support given to counties. Counties 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

DSD will expand technology applications to support counties to strengthen fiscal and program integrity for the MR/RC, CAC, CADI, and TBI Waivers. DHS will continue to improve its information and referral system to assist people with disabilities and other stakeholders to find and evaluate options for services.

Goal 4: Strengthen Quality Management

DHS will strengthen quality management to increase the state’s capacity to monitor, report and improve county and provider performance in administering and delivering MR/RC, CAC, CADI, and TBI Waiver services; develop a reporting structure that will routinely provide information about key indicators for DSD and county managers; and improve statewide process used to access and distribute home and community based waiver resources.

Intended Outcome

DHS will recommend, invest in, and look for opportunities to enhance quality management.

Goal 5: Expand Housing Options for People with Disabilities

DHS will form a Residential Service Innovations workgroup, consisting of members from a variety of advocacy, provider, state, county, and educational agencies, to identify innovative approaches for the delivery of residential supports and services. Options for community living will be increased, particularly for people under the age of 65 who currently live in nursing facilities or at risk of having to move to a nursing facility.

Intended Outcome

The Residential Service Innovations workgroup will identify up to six innovative approaches for the delivery of residential supports and services, inform and educate interested groups about alternate residential models, and recommend actions that eliminate barriers and provide incentives to developing new models and approaches.

Goal 6: Increase Employment Options

DHS will build partnerships that help Minnesotans with disabilities become and remain employed as valued staff within organizations.

Intended Outcome

The number of Minnesotans with disabilities who are employed and the types of jobs and places they work will increase.

Goal 7: To improve the management of waiver services across program areas.

DHS will provide counties with a model contract template, introduce alternative contracting processes and provide a model to be used in rate setting for waiver services.

Intended Outcome

The process by which counties engage in negotiating and funding waiver services will be more consistent across counties. A standardized approach to contracting will provide a consistent framework for counties and vendors. Improvements to rate setting models will illuminate deliverables that are being purchased.

Goal 8: To develop an individual budget setting model for Consumer Directed Community Supports (CDCS) that spans the various waiver programs.

DHS will procure a contractor to develop an individual budget setting protocol for CDCS.

Intended Outcome

The contractor will meet with numerous stakeholders and analyze data contained in MMIS in order to recommend one model for establishing individually designed consumer directed support budgets.

Services Available through MR/RC, CAC, CADI, and TBI Waivers

Service	Waiver Type			
	MRRC	CAC	CADI	TBI
Adult Companion				X
Adult Day Care/ Adult Day Care Bath	X		X	X
Assisted Living			X	X
Assisted Living Plus			X	X
Assistive Technology	X			
Behavior Programming				X
Caregiver Training and Education	X			
Case Management	X	X	X	X
Case Management Aide		X	X	X
Chore Service	X			X
Cognitive Rehabilitation Therapy				X
Consumer Directed Community Supports	X	X	X	X
Consumer Education and Training	X			
Crisis Respite	X			
Day Training and Habilitation	X			
Environmental Modifications	X			
Extended Home Care Services		X	X	X
Family Counseling and Training		X		X
Family Training, Education and Counseling			X	
Foster Care		X	X	X
Habilitation (in-home family support or supported living service)	X			
Home Delivered Meals			X	X
Home Health Aide, extended				X
Homemaker	X	X	X	X
Housing Access Coordination	X			
Independent Living Skills (ILS)			X	X
ILS Therapies				X
Live-in Personal Caregiver Expense	X			
Mental Health				X
Mental Health Psychological Testing				X
Modifications and Adaptations		X	X	X

Night Supervision Services				X
Nutritional Therapy		X		
Personal Care Service, Extended	X	X	X	X
Personal Support	X			
Prescription Drugs		X		
Prevocational Services			X	X
Residential Care Services			X	X
Respite	X	X	X	X
Specialist Services	X			
Specialized Supplies and Equipment		X		
Specialized Equipment and Supplies			X	X
Structured Day Program				X
Supported Employment Service	X		X	X
Transportation	X	X	X	X
Transitional Services	X	X	X	

COUNTIES WITH A MR/RC RESERVE ACCOUNT PLAN

County	Reserve	Amount
Aitkin	Y	5%
Anoka	Y	up to 5%
Becker	Y	TBD
Beltrami	Y	5%
Benton	N	TBD
Big Stone	Y	10 – 15%
Blue Earth	Y	5%
Brown	Y	5%
Carlton	Y	5%
Carver	Y	5%
Cass	Y	3%
Chippewa	N	TBD
Chisago	Y	3% - \$300,000
Clay	Y	up to 5%
Clearwater	N	
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	Y	1-5%
LacQuiParle	N	TBD
Lake	Y	5%
Lake of the Woods	N	
LeSueur	Y	\$231,913.05
Lincoln, Lyon, Murray	Y	2.50%
McLeod	Y	up to 5%
Mahnomen	N	
Marshall	Y	1-5%
Meeker	Y	up to 5%
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	Y	up to 5%

Pennington	N	
Pine	Y	up to 5%
Pipestone	Y	5%
Polk	N	
Pope	Y	5%
Ramsey	Y	3.50%
Red Lake	N	
Redwood	Y	up to 5%
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	Y	
Steele	Y	5%
Stevens	N	TBD
Swift	Y	2%
Todd	Y	5%
Traverse	N	
Wabasha	Y	3%
Wadena	N	
Waseca	Y	up to 5%
Washington	Y	5%
Watonwan	Y	up to 5%
Wilkin	N	
Winona	N	

Wright	Y	up to 4%
Yellow Medicine	N	

Continuing Care Matrix of Services to People with Disabilities

CONTINUING CARE MATRIX OF SERVICES TO PEOPLE WITH DISABILITIES

FY 2005 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

CASE MANAGEMENT AND SCREENING

All costs are for State Fiscal Year 2005 unless otherwise noted.

The MA costs are based on MMIS Paid Claims for SFY05 as of 02/01/2006.

*CSSA ended 12/31/2003. CSSA is replaced with Childrens and Community Services Act: See Minnesota Statute 256M.01.

Types of Services	Benefit Level	Eligibility Criteria	Funding Source
Case management is assisting an individual gain access to needed medical, social, educational and other services. Case managers perform two major functions: administrative and service activities. The administrative functions are intake, eligibility determination, screening, service authorization, review of eligibility, and conciliations and appeals. Service case management includes plan development, assisting in accessing services, coordination of services, evaluating and monitoring services and annual review of the plan.	State mandated services for persons who meet specific eligibility criteria and state optional service based on county CSSA plans.*	Eligibility varies by program; criteria are defined in the state Medicaid plan, the state's waiver amendments, and state statute. The county determines consumer eligibility based on those sources.	1) County funding sources 2) State funding 2) CCSA* state grant to counties 3) FFP for waiver service or targeted case management 4) Federal reimbursement when provided as part of state Medicaid plan

Case Management Reimbursement	Total for SFY05	Average per Recipient
**CAC Waiver	\$550,104	\$2,292
**CADI Waiver	\$13,964,302	\$1,412
Relocation Service Coordination	\$910,129	\$576
Developmental Disabilities (total)	\$57,776,295	
DD-County Contribution	\$5,964,391	N/A
DD-CCSA*	\$1,289,059	N/A
DD-CWTCM	\$2,267,476	N/A
DD-Family Preservation	\$0	N/A
*DD-MR/RC Waiver	\$24,985,030	\$1,688
DD-Other	\$453,721	N/A
DD-SSTS	\$12,802,807	N/A
DD-Title XX	\$1,027,058	N/A
VA/DD-TCM	\$8,986,753	\$1,848
**TBI Waiver	\$2,617,964	\$2,022
Other Case Management	\$20,414,471	
Total Case Management Reimbursement	\$96,233,265	

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

Screening Reimbursement	Total for SFY05	Number of Screenings	Average per Recipient
DD Screening	\$3,253,812	9,917	\$328
DD PASARR	\$26,122	59	\$443
Long Term Care Consultation (LTCC)	\$1,821,857	3,454	\$527
LTCC for CAC	\$30,252	35	\$864
LTCC for CADI	\$1,348,843	2,362	\$571
LTCC for TBI	\$158,765	233	\$681
Total Screening Reimbursement:	\$6,639,650		

HOME CARE PERSONAL CARE ASSISTANT, PRIVATE DUTY NURSING

The MA costs are based on MMIS Paid Claims for SFY05 as of 02/01/2006.

Types of Services	Benefit Level	Eligibility Criteria	Funding Source	Total Costs and Recipients
Assessments for Personal Care Assistant Services Assessment by County Public Health Nurse for PCA services: Initial assessment Assessment updates Annual reassessment 45-day temporary increase of service	Two face to face assessments per year Prior authorization required for more than two face to face assessments per year	As below	Regular MA 50% Federal 50% State	Amounts Paid Non Waiver: \$2,636,500 Waiver: \$308,305 Total: \$2,944,805 Unduplicated Recipients Non Waiver: 8,614 Waiver: 1,130 Total: 9,744 Avg./recip. \$302.22
Personal Care Assistant Services (PCA) Persons providing assistance and support to persons with disabilities, elders, and others with special health care needs to live 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	The determination of the amount of service available to a person is based on the PCA assessment and the PCA Decision Tree (DHS-4201)	1) Medically necessary 2) Physician Statement of Need 3) Documented in a written service plan 4) Provided at recipient's place of residence or hours may be used outside the home when normal life activities take them outside the home. (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 have a responsible party who provides support	Regular MA 50% Federal 50% State	Amounts Paid Non Waiver: \$172,320,267 Waiver: \$71,527,761 Total: \$243,848,028 Unduplicated Recipients Non Waiver: 9,675 Waiver: 3,842 Total: 13,517 Avg./recip. \$18,040.10
Private Duty Nursing Private Duty Nursing Services for continuous care nursing needs. PDN is the provision of professional nursing services to a person in or outside their home when normal life activities take the person outside the home, including school, with such services based on an assessment of the medical/health care needs of the person. This includes ongoing professional nursing observation, monitoring, intervention and evaluation providing the continuity, intensity and length of time required maintaining or restoring optimal health.	Nurse of the approved PDN provider completes an assessment to determine need, using the MA PDN Assessment (DHS-4071A) form. The assessment identifies the need of the person, determines whether regular PDN or complex PDN, will be required to meet	1) Medically necessary 2) Requires physician order 3) MA eligible 4) Service requires prior authorization from DHS 5) Agency must have a class A license	Regular MA 50% Federal 50% State	Amounts Paid Non Waiver: \$21,718,752 Waiver: \$25,191,769 Total: \$46,910,522 Unduplicated Recipients Non-Waiver: 322 Waiver: 317 Total: 639 Avg./recip. \$ 73,412.40

**HOME CARE
HOME HEALTH AGENCY SERVICES**

The MA costs are based on MMIS Paid Claims for SFY05 as of 02/01/2006.

Types of Services	Benefit Level	Eligibility Criteria	Funding Source	Total Costs and Recipients
<p>Home Health Aide Services Intermittent home health aide visits provided by a certified home health aide. Medically oriented tasks to maintain health or to facilitate treatment of an illness or injury provided in a person's place of residence</p>	<p>Maximum is one visit per day. Registered nurse of the Medicare certified home health agency completes an assessment to determine need for service. An assessment identifies needs of person; determines outcome for visit; is documented; and includes a</p>	<p>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) 5) MA eligible 6) Provided by a Medicare-certified agency Requires prior authorization</p>	<p>Regular MA 50% Federal 50% State</p>	<p>Amounts Paid Non Waiver: \$7,858,355 Waiver: \$5,332,266 Total: \$13,190,621 Unduplicated Recipients Non Waiver: 3,051 Waiver: 1,249 Total: 4,300 Avg./recip. \$3,067.59</p>
<p>Therapies Occupational Therapy Physical Therapy Respiratory Therapy Speech Therapy All services provided by a licensed therapist at the recipient's place of residence.</p>	<p>Maximum is one visit per discipline per day except Respiratory Therapy for which visits per day are not limited</p>	<p>Same as above</p>	<p>Regular MA 50% Federal 50% State</p>	<p>Amounts Paid Non Waiver: \$1,028,793 Waiver: \$849,426 Total: \$1,878,219 Unduplicated Recipients Non Waiver: 762 Waiver: 629 Total: 1,391 Avg./recip. \$1,350.27</p>
<p>Skilled Nurse Visits Intermittent skilled nurse visits provided by a licensed nurse. Skilled nursing visits include any of the following: • Observation, assessment and evaluation of the physical and/or mental status of the person • Completion of a procedure requiring substantial and specialized nursing skill such as administration of intravenous therapy, intra-muscular injections and sterile procedures • Consumer teaching and education/training requiring the skills of a professional nurse</p>	<p>Maximum is two visits per day. Skilled nurse visits are provided up to 90 days in an ICF/MR to prevent admission to a hospital or nursing facility</p>	<p>Same as above Requires prior authorization after first nine visits</p>	<p>Regular MA 50% Federal 50% State</p>	<p>Amounts Paid Non Waiver: \$11,262,836 Waiver: \$6,941,999 Total: \$18,204,836 Unduplicated Recipients Non Waiver: 11,515 Waiver: 3,714 Total: 15,229 Avg./recip. \$1,195.41</p>

Total for all MA Home Care

Regular MA	Amounts Paid
50% Federal	Non Waiver: \$216,825,503
50% State	Waiver: \$110,151,527
	Total: \$326,977,030
	Unduplicated Recipients
	Non Waiver: 21,607
	Waiver: 6,998
	Total: 28,607
	Avg./recip. \$11,429.97

COMMUNITY ALTERNATIVES FOR DISABLED INDIVIDUALS WAIVER

All costs are for State Fiscal Year 2004 unless otherwise noted.
The MA costs are based on MMIS Paid Claims for SFY05 as of 02/01/2006.

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 Assisted Living Plus Case Management Consumer Directed Community Supports Extended Home Care Services Family Training, Education and Counseling Foster Care Home Delivered Meals Homemaker Independent Living Skills Modifications and Adaptations Prevocational Services Residential Care Services Respite Care Specialized Equipment and Supplies Supported Employment Transportation Transitional Services	Supports are purchased from a menu of possible waiver 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) Under age 65 years 2) Certified disabled by Social Security or SMRT 3) Be eligible for Medical Assistance (MA) 4) Require nursing facility level of care 5) Have had a Preadmission Screening (PAS) 5) Applicant must choose community care 6) Have an individual care plan that assures health and safety	MA Waiver 50% Federal 50% State	MA Waiver Costs: \$124,376,849 MA Home Care Costs: \$48,656,621 Total Waiver + Home Care: \$173,033,470 Number of Service Days: 2,923,302 Unduplicated Recipients: 10,111 Average Service Days/Recipient: 289 Average Yearly Cost/Recipient: \$17,113 Average Daily Cost/Recipient: \$59 Other MA Costs (Total): \$125,216,770 Other MA Costs (Average Daily/Recipient): \$42.83

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 2005 unless otherwise noted.
The MA costs are based on MMIS Paid Claims for SFY05 as of 02/01/2006.

Types of Services	Benefit Level	Eligibility Criteria	Funding Source	Costs
<p>Waiver allows use of Medicaid funds for home and community-based services for persons under age 65 years who have cognitive and behavioral deficits and who require the level of care in either a specialized nursing facility (TBI-NF Waiver) or a neurobehavioral hospital (TBI-NB Waiver).</p> <p>Services include:</p> <ul style="list-style-type: none"> Adult Day Care and Adult Day Care Bath Assisted Living and Assisted Living Plus Behavioral Programming Care Management and Case Aide Chore Services Companion Services Consumer Directed Community Supports Extended Cognitive Rehabilitation Therapy Extended Home Health Nursing and Aide DELETE Extended Home Health Care Extended Mental Health Extended Personal Care Services Extended Supplies and Equipment DELETE 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 Supplies/Equipment not covered by MA Supported Employment Transportation (nonmedical) 	<p>Supports are purchased from a menu of possible waiver 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.</p>	<p>Participants in the TBI Waiver will</p> <ol style="list-style-type: none"> 1. Have a documented diagnosis of traumatic or acquired brain injury that is not degenerative or congenital. 2. Be experiencing significant or severe behavior and cognitive deficits that are related to the brain injury 3. Live in a nursing home or hospital or be assessed through a county screening process to need the level of services provided in a specialized nursing facility level or neurobehavioral hospital 4. Make an informed choice requesting TBI waiver services instead of nursing home or hospital services 5. Be eligible for Medical Assistance (MA) based only on his or her income and assets, even though the applicant may live with parents or a spouse 6. Need a 24-hour plan of care and an individual service plan assuring health and safety 	<p>MA Waiver 50% Federal</p>	<p>MA Waiver Costs: \$61,321,334</p> <p>MA Home Care Costs: \$7,703,922</p> <p>Total Waiver + Home Care: \$69,025,256</p> <p>Number of Service Days: 407,923</p> <p>Unduplicated Recipients: 1,307</p> <p>Average Service Days/Recipient: 312</p> <p>Average Yearly Cost/Recipient: \$52,812</p> <p>Average Daily Cost/Recipient: \$169.21</p> <p>Other MA Costs (Total): \$16,010,971</p> <p>Other MA Costs (Average Daily/Recipient): \$39.25</p>

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 2005 unless otherwise noted.
The MA costs are based on MMIS Paid Claims for SFY05 as of 02/01/2006.

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: Adult Day Care Caregiver Training and Education Case Management Consumer Training and Education Consumer Directed Community Supports Crisis Respite Extended Transportation Homemaker Housing Access Coordination In-Home Family Support Live-in Personal Caregiver Expenses Environmental Modifications Personal Support Respite Care Specialist Services Supported Employment Supported Living Services Day Training & Habilitation Transportation Chore Service 24 Hour Emergency Assistance	Supports are purchased from a menu of possible waiver 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 daily interventions, daily plan of care 3) Is in need of the level of care provided in an ICF/MR 4) Meets income and asset eligibility deeming waivers for families with disabled children and 5) Has made an informed choice instead of ICF/MR services 6) Assessed need for supports and services over and above MA state plan	MA Waiver 50% Federal 50% State <hr/> <div style="text-align: center;">Costs</div> <div style="text-align: center;">MR/RC Waiver</div> MA Waiver Costs: <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"></td> <td style="text-align: right;">Total</td> <td style="text-align: right;">\$836,481,808</td> </tr> <tr> <td>Unduplicated Recipients:</td> <td style="text-align: right;">-----</td> <td style="text-align: right;">14,884</td> </tr> </table> MA Home Care Costs: <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"></td> <td style="text-align: right;">Total</td> <td style="text-align: right;">\$17,837,725</td> </tr> <tr> <td>Unduplicated Recipients:</td> <td style="text-align: right;">-----</td> <td style="text-align: right;">968</td> </tr> </table> Crisis Services <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"></td> <td style="text-align: right;">Total</td> <td style="text-align: right;">\$4,552,916</td> </tr> <tr> <td>Unduplicated Recipients:</td> <td style="text-align: right;">-----</td> <td style="text-align: right;">680</td> </tr> </table> <hr/> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Waiver + Home Care + Crisis :</td> <td style="text-align: right;">\$858,872,450</td> </tr> <tr> <td>Unduplicated Recipients:</td> <td style="text-align: right;">14,963</td> </tr> <tr> <td>Waiver Service Days:</td> <td style="text-align: right;">5,296,554</td> </tr> <tr> <td>Average Days Per Year:</td> <td style="text-align: right;">354</td> </tr> <tr> <td>Average Yearly Cost:</td> <td style="text-align: right;">\$57,400</td> </tr> <tr> <td>Waiver Daily Average:</td> <td style="text-align: right;">\$162.16</td> </tr> </table> <hr/> <div style="text-align: right;"> Other MA Costs (Includes Basic Care) <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"></td> <td style="text-align: right;">Total</td> <td style="text-align: right;">\$104,548,510</td> </tr> <tr> <td>Unduplicated Recipients:</td> <td style="text-align: right;">-----</td> <td style="text-align: right;">14,317</td> </tr> <tr> <td>Average Yearly Costs</td> <td style="text-align: right;">-----</td> <td style="text-align: right;">\$7,302</td> </tr> <tr> <td>Average Daily Costs</td> <td style="text-align: right;">-----</td> <td style="text-align: right;">\$20.63</td> </tr> </table> </div>		Total	\$836,481,808	Unduplicated Recipients:	-----	14,884		Total	\$17,837,725	Unduplicated Recipients:	-----	968		Total	\$4,552,916	Unduplicated Recipients:	-----	680	Waiver + Home Care + Crisis :	\$858,872,450	Unduplicated Recipients:	14,963	Waiver Service Days:	5,296,554	Average Days Per Year:	354	Average Yearly Cost:	\$57,400	Waiver Daily Average:	\$162.16		Total	\$104,548,510	Unduplicated Recipients:	-----	14,317	Average Yearly Costs	-----	\$7,302	Average Daily Costs	-----	\$20.63
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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 2005 unless otherwise noted.

The MA costs are based on MMIS Paid Claims for SFY05 as of 02/01/2006.

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 years who require an acute care (hospital) level of care. Services include: Case Management Case Management Aide Consumer Directed Community Supports Extended Home Health Aide Extended Therapies Extended Private Duty Nursing Extended Personal Care Assistance Prescription Drugs Supplies and Equipment Nutritional Therapy Family Counseling and Training Foster Care Homemaker Modifications and Adaptations Respite Transportation	Supports are purchased from a menu of possible waiver 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 waiver services.	1) Eligible for Medical Assistance 2) Certified Disabled 3) Under the age of 65 years at the time of opening to the waiver 4) Require Hospital level of care 5) Certified by the primary care physician to meet the level of care provided in a hospital 6) Has an assessed need for supports and services available through MA state plan	MA Waiver 50% Federal 50% State	MA Waiver Costs: \$7,857,357 MA Home Care Costs: \$23,248,277 Total Waiver + Home Care: \$31,105,634 Number of Service Days: 71,975 Unduplicated Recipients: 245 Average Service Days/Recipient: 294 Average Yearly Cost/Recipient: \$126,962 Average Daily Cost/Recipient: \$432 Other MA Costs (Total): \$9,181,409 Other MA Costs (Average Daily/Recipient): \$128

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 PERSONS WITH MENTAL RETARDATION

All costs are for State Fiscal Year 2005 unless otherwise noted.

The MA costs are based on MMIS Paid Claims for SFY05 as of 02/01/2006.

Types of Services	Benefit Level	Eligibility Criteria	Funding Source	Costs
<p>Medicaid program to serve persons with MR/RC who require the level of care provided by an ICF/MR and who choose such services.</p> <p>Services are a pre-designed package, and include:</p> <ul style="list-style-type: none"> Room and board training Services during the day or DT&H or Retirement active treatment Transportation <p>Related medical services may be covered as part of rate.</p>	<p>State contracts for services and sets rates for each ICF/MR facility. State sets rate for DT&H services based on county recommendation. State sets rates for services during the day option. Persons may pay through private insurance, Medicare, Medicaid and/or a combination of all three.</p>	<p>Federal entitlement program for persons who:</p> <ol style="list-style-type: none"> 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) Request ICF/MR services 5) Require active treatment 	<p>Regular MA</p> <ul style="list-style-type: none"> 50% Federal 50% State <p>Private pay</p>	<p>MA ICF/MR Cost: \$141,184,742</p> <p>MA DT&H: \$31,944,451</p> <p>MA Special Needs: \$491,034</p> <p>Total ICF/MR+ SDD + DT&H: \$173,620,227</p> <p>Number of Days: 738,476</p> <p>Unduplicated Recipients: 2,237</p> <p>Average Days/Recipient: 330</p> <p>Average Yearly Cost: \$77,612.98</p> <p>Average Daily Cost: \$235.11</p> <p>Other MA Costs (Total): \$21,016,558</p> <p>Other MA Costs (Average Daily/Recipient): \$28.46</p>

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 and services during the day 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 2005 unless otherwise noted.

The MA costs are based on MMIS Paid Claims for SFY05 as of 02/01/2006.

*CSSA ended 12/31/2003.

Types of Services	Benefit Level	Eligibility Criteria	Funding Source	Costs
MR/RC Waiver 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: 8,589 Total MA Expenditures: \$132,214,269 Average Cost/Person: \$15,393
DT&H services provided to residents of ICF's/MR 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: 1,827 Total MA Expenditures: \$31,944,451 Average Cost/Person: \$17,484.65
NON-MA For persons who do not have an MA funding stream through MR/RC Waiver or Medical Assistance ICF/MR.	For people who do not have MA funding stream counties are to provide DT&H services to the degree that it is: Identified as a needed service in the ISP of the person and something the county can afford to provide given the funding available.	1) Seeks services from the county social service agency 2) Are age 18 years or older and have a diagnosis of mental retardation or a related 3) Receive a screening for HCBS services or reside in an ICF/MR 4) Have their health and safety in the community addressed in their plan of care 5) Make an informed choice to receive DT&H as part of their Individual Service Plan (ISP)	County funding sources and other sources.* County Funding: from SEAGR report	No. of recipients estimated 1,808 \$19,508,246 Average Cost/Person: \$10,790 Estimated Totals Recipients: 12,524 Costs: \$166,381,554 Average Cost/Person \$13,285

**Cost information from SEAGR and client summary reports

FAMILY SUPPORT GRANT

Note: Costs for Family Support Grant are reported for Calendar Year 2005.

Types of Services	Benefit Level	Eligibility Criteria	Funding Source	Average Annual Cost Per Person Calendar Year 2005
State cash assistance program for maintaining the child with disabilities in their family home. Funds are for those expenses which are incurred as a result of the disability, not for costs which would occur 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	1) Under the age of 21 years 2) Live with biological or adoptive parent 3) Have a certified disability 4) Be at risk of institutionalization 5) Family income less than \$82,657	100% state funding. Some counties provide similar support program with 100% county funding.	\$2,483 Participants in CY05: 1,651 State Budget for CY05: \$4,099,000

Note: 7 Counties choose not to participate.

CONSUMER SUPPORT GRANT

All costs are for State Fiscal Year 2005 unless otherwise noted.

Types of Services	Benefit Level	Eligibility Criteria	Funding Source	Average Annual Cost Per 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 determined by state formula based on assessed individual home care rating.	Participants: 1) Are Medicaid recipients 2) Have a long term functional limitation requiring ongoing supports to live in 3) Live in a natural home setting 4) Are able to direct and purchase their own supports or have an authorized representative to act on their behalf 5) Are eligible to receive PCA, HHA, and or PDN home care services	100% state funding.	Total Paid: \$9,293,880 Est. Number of Service Days: 262,070 Total Participants: 718 Average Days/Recip: 365 Average Yearly Cost/Recip: \$12,944 Average Daily Cost/Recip: \$35.46

SEMI-INDEPENDENT LIVING SERVICES

Note: SILS costs are reported for Calendar Year 2005

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Types of Services	Benefit Level	Eligibility Criteria	Funding Source	Average Annual Cost Per Person Calendar Year 2005
<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"> 1) 18 years old or older 2) Have mental retardation or a related condition 3) Not at risk of institutionalization and 4) Require systematic instruction or assistance in order to manage activities of daily living 	<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>\$4,920 (includes both state and county dollars) Participants: 1,594 State Budget in CY05: \$7,842,000</p>

PUBLIC GUARDIANSHIP

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"> 1) 18 years of age or older 2) Diagnosis of mental retardation (persons with related conditions are not subject to public guardianship) 3) Appropriate alternatives to guardianship do not exist which are less restrictive of the person's civil rights and liberties and 4) There is no private person willing to act as a guardian 	<p>County agencies fund their guardianship responsibilities.</p>	<p>Minimum contact requirement for guardians is two annual visits. There were approximately 3,176 people receiving guardianship in FY05.</p>

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

**WAITING LIST SUMMARY BY LIVING ARRANGEMENT AND AGE FOR MR/RC WAIVER WHO CHOSE WAIVER
AS OF DECEMBER 01, 2005**

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
019 - DAKOTA	FAMILY HOME	301	197	92	66	60	38	24	15	6	4	1	1	484	321
	FOSTER CARE - FAMILY	1	1					1		1				3	1
	FOSTER CARE - SHIFT							2	2	5	5			7	7
	ICF/MR COMMUNITY			3		2		19	1	43	7	12		79	8
	OTHER	3		3	1			4	2			2		12	3
	OWN HOME < 24 HR SUP RTC							3	3			1		3	3
	TOTAL		305	198	98	67	62	38	53	23	55	16	16	1	589
020 - DODGE	FAMILY HOME	3		1		4	3	1	1					9	4
	FOSTER CARE - FAMILY	1	1											1	1
	ICF/MR COMMUNITY							1	1	3	2	1		5	3
	OWN HOME < 24 HR SUP					1	1	1	1					2	2
	TOTAL	4	1	1		5	4	3	3	3	2	1		17	10
021 - DOUGLAS	FAMILY HOME	2	1	4	2			2	2	2	1			10	6
	FOSTER CARE - SHIFT			2	2			2	2					4	4
	ICF/MR COMMUNITY							1		4		1		6	
	NURSING FACILITY									1				1	
	TOTAL	2	1	6	4			5	4	7	1	1		21	10
022 - FARIBAULT	FAMILY HOME	11	3	2	2	2	1			1	1			16	7
	FOSTER CARE - FAMILY					1	1							1	1
	ICF/MR COMMUNITY					2	1	1		15	3	2	1	20	5
	TOTAL	11	3	2	2	5	3	1		16	4	2	1	37	13
023 - FILLMORE	FAMILY HOME	2		4	2	1		1		1				9	2
	FOSTER CARE - FAMILY											1		1	
	ICF/MR COMMUNITY									8	1	4		12	1
	OTHER											1		1	
	OWN HOME W/24 HR											1	1	1	1
TOTAL	2		4	2	1		1		1	9	1	7	1	24	4

**WAITING LIST SUMMARY BY LIVING ARRANGEMENT AND AGE FOR MR/RC WAIVER WHO CHOSE WAIVER
AS OF DECEMBER 01, 2005**

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								
024 - FREEBORN	FAMILY HOME			4	1	3	1	4	4	3	3			14	9
	FOSTER CARE - FAMILY			1	1									1	1
	FOSTER CARE - SHIFT									4	4			4	4
	ICF/MR COMMUNITY							3		17		6		26	
	OTHER			1	1			1						2	1
	OWN HOME < 24 HR SUP			1	1									1	1
	TOTAL				7	4	3	1	8	4	24	7	6	48	16
025 - GOODHUE	FAMILY HOME	14	7	5	3	1	1	5	1					25	12
	FOSTER CARE - FAMILY					1	1	1						2	1
	FOSTER CARE - SHIFT							1	1			1	1	2	2
	ICF/MR COMMUNITY			1				5		11		5		22	
	OTHER	1						1				1		3	
	OWN HOME < 24 HR SUP					1	1	2	1	1	1			4	3
	TOTAL	15	7	6	3	3	3	3	15	3	12	1	7	58	18
026 - GRANT	BOARD & LODGE							1						1	
	FAMILY HOME	1		1	1	1								3	1
	TOTAL	1		1	1	1		1						4	1
027 - HENNEPIN	BOARD & LODGE									2				2	
	FAMILY HOME	530	382	177	149	135	121	120	84	62	33	1	1	1,025	770
	FOSTER CARE - FAMILY	11	9	6	6	12	12	10	7	9	3			48	37
	FOSTER CARE - LIVE IN			1						2	2			3	2
	FOSTER CARE - SHIFT	3	3	3	2	8	8	29	27	33	31	11	11	87	82
	ICF/MR COMMUNITY	1		6	1	18	5	124	39	280	69	69	13	498	127
	NURSING FACILITY									1				1	
	OTHER	9	5	10	8	7	5	20	11	9	4			55	33
	OWN HOME < 24 HR SUP							6	3	13	12	3	2	22	17
	OWN HOME W/24 HR							2	1	1	1	1	1	4	3
	RTC							1	1	4		1		6	1
	TOTAL	554	399	203	166	180	151	312	173	416	155	86	28	1,751	1,072

**WAITING LIST SUMMARY BY LIVING ARRANGEMENT AND AGE FOR MR/RC WAIVER WHO CHOSE WAIVER
AS OF DECEMBER 01, 2005**

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												
057 - PENNINGTON	FAMILY HOME	2	1			4	3	2	1					8	5
	FOSTER CARE - FAMILY					1	1					1		2	1
	FOSTER CARE - SHIFT							1	1					1	1
	ICF/MR COMMUNITY							1		3				4	
	OWN HOME < 24 HR SUP RTC							2	2	1	1			3	3
	TOTAL	2	1			5	4	6	4	5	1		1	19	10
058 - PINE	FAMILY HOME	2	1	1				1	1					4	2
	ICF/MR COMMUNITY									5		2		7	
	OTHER			1	1			1				1	1	3	2
	TOTAL	2	1	2	1			2	1	5		3	1	14	4
059 - PIPESTONE	FAMILY HOME	2		2				1						5	
	ICF/MR COMMUNITY							2		5		6		13	
	OTHER							1						1	
	TOTAL	2		2				4		5		6		19	
060 - POLK	FAMILY HOME	13	12	10	10	3	1	2	1	1	1			29	25
	FOSTER CARE - FAMILY	1	1	1	1	1	1							3	3
	ICF/MR COMMUNITY									9		4		13	
	NURSING FACILITY											1		1	
	OTHER	3		2				4	2					9	2
	OWN HOME < 24 HR SUP RTC					1		1		1	1	1	1	2	2
	TOTAL	17	13	13	11	5	2	7	3	11	2	6	1	59	32
061 - POPE	FAMILY HOME			1	1	1								2	1
	ICF/MR COMMUNITY									2	2	1	1	3	3
	OTHER							1						1	
	OWN HOME < 24 HR SUP							1						1	
	TOTAL			1	1	1		2		2	2	1	1	7	4

**WAITING LIST SUMMARY BY LIVING ARRANGEMENT AND AGE FOR MR/RC WAIVER WHO CHOSE WAIVER
AS OF DECEMBER 01, 2005**

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								
062 - RAMSEY	BOARD & LODGE											1		1	
	FAMILY HOME	307	69	127	28	90	46	83	52	34	16	3	2	644	213
	FOSTER CARE - FAMILY	18	8	9	4	5	3	7	5	3	2	3	1	45	23
	FOSTER CARE - LIVE IN					1		5	2	5	1	1		12	3
	FOSTER CARE - SHIFT	2	2			1	1	1	1					4	4
	ICF/MR COMMUNITY NURSING FACILITY	2		10	2	22	5	80	16	159	31	30	5	303	59
	OTHER	14	4	6		8	1	15	7	4				47	12
	OWN HOME < 24 HR SUP			1				4	2	2				7	2
	OWN HOME W/24 HR RTC					1	1	3		2		1		7	1
	TOTAL	343	83	153	34	129	57	198	85	209	50	40	9	1,072	318
063 - RED LAKE	FOSTER CARE - FAMILY							1						1	
	ICF/MR COMMUNITY									4		2		6	
	OTHER					1								1	
	TOTAL					1		1		4		2		8	
064 - REDWOOD	FAMILY HOME	2	2	3	2	6	6	1		2				14	10
	FOSTER CARE - LIVE IN					1	1	1						2	1
	ICF/MR COMMUNITY							2		6		3	1	11	1
	OTHER					1	1	1						2	1
	OWN HOME < 24 HR SUP										1	1		1	1
	RTC									1				1	
TOTAL	2	2	3	2	8	8	5		9		4	2	31	14	
065 - RENVILLE	FAMILY HOME	7		2		3	3	4	1					16	4
	FOSTER CARE - FAMILY			1										1	
	FOSTER CARE - SHIFT			1	1					1	1	1	1	3	3
	ICF/MR COMMUNITY					1		2		2		6		11	
	RTC					1								1	
TOTAL	7		4	1	5	3	6	1	3	1	7	1	32	7	

**WAITING LIST SUMMARY BY LIVING ARRANGEMENT AND AGE FOR MR/RC WAIVER WHO CHOSE WAIVER
AS OF DECEMBER 01, 2005**

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										
066 - RICE	FAMILY HOME	24	22	9	7	2	2	5	5	2	2			42	38
	FOSTER CARE - FAMILY					1	1			2	1			3	2
	FOSTER CARE - SHIFT							3	3	8	8	3	3	14	14
	ICF/MR COMMUNITY					1		3		8	1	1		13	1
	OTHER	2												2	
	OWN HOME W/24 HR RTC					1	1			1				1	1
	TOTAL		26	22	9	7	5	4	11	8	21	12	4	3	76
067 - ROCK	FAMILY HOME	1		1		1				1		2		3	
	ICF/MR COMMUNITY													3	
	OTHER			1										1	
	TOTAL	1		2		1				1		2		7	
068 - ROSEAU	FAMILY HOME	4	3			1		2						7	3
	FOSTER CARE - FAMILY									1	1			1	1
	FOSTER CARE - SHIFT							1	1					1	1
	ICF/MR COMMUNITY					1				1	1			2	1
	OWN HOME < 24 HR SUP							1	1					1	1
	TOTAL	4	3			2		4	2	2	2			12	7
069 - ST. LOUIS	BOARD & LODGE											3	2	3	2
	FAMILY HOME	61	38	23	14	20	11	14	10	4	3			122	76
	FOSTER CARE - FAMILY	4	4	2	2							2	2	8	8
	FOSTER CARE - LIVE IN					1	1	1	1			1		3	2
	FOSTER CARE - SHIFT	1	1			3	3	4	3	4	3	2	2	14	12
	ICF/MR COMMUNITY							6		27	3	18	1	51	4
	NURSING FACILITY									1	1			1	1
	OTHER	2		1		2		8	3	3		2	2	18	5
	OWN HOME < 24 HR SUP							2	1			1	1	3	2
	RTC									1				1	
TOTAL	68	43	26	16	26	15	35	18	40	10	29	10	224	112	

**WAITING LIST SUMMARY BY LIVING ARRANGEMENT AND AGE FOR MR/RC WAIVER WHO CHOSE WAIVER
AS OF DECEMBER 01, 2005**

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												
074 - STEELE	BOARD & LODGE									1				1	
	FAMILY HOME	9		14	2	5	1							28	3
	FOSTER CARE - FAMILY					1								1	
	ICF/MR COMMUNITY							2		14	1	4		20	1
	OTHER									1				1	
	TOTAL	9		14	2	6	1	2		16	1	4		51	4
075 - STEVENS	FAMILY HOME	1		2				1	1	6				10	1
	FOSTER CARE - FAMILY											1		1	
	ICF/MR COMMUNITY									3		2		5	
	TOTAL	1		2				1	1	9		3		16	1
076 - SWIFT	FAMILY HOME	7	1	3	2			1						11	3
	FOSTER CARE - FAMILY			1	1									1	1
	ICF/MR COMMUNITY									6	1			6	1
	TOTAL	7	1	4	3			1		6	1			18	5
077 - TODD	FAMILY HOME	3		5	3	4	3	1	1	1	1			14	8
	ICF/MR COMMUNITY							1		5				6	
	OTHER			1	1									1	1
	TOTAL	3		6	4	4	3	2	1	6	1			21	9
078 - TRAVERSE	FOSTER CARE - SHIFT									1	1	1	1	2	2
	ICF/MR COMMUNITY									2		1		3	
	TOTAL									3	1	2	1	5	2
079 - WABASHA	FAMILY HOME	1	1	1				1	1					3	2
	FOSTER CARE - SHIFT											1	1	1	1
	ICF/MR COMMUNITY							1		2	1	2		5	1
	OTHER	1												1	
	OWN HOME < 24 HR SUP							1						1	
	TOTAL	2	1	1				3	1	2	1	3	1	11	4

**WAITING LIST SUMMARY BY LIVING ARRANGEMENT AND AGE FOR MR/RC WAIVER WHO CHOSE WAIVER
AS OF DECEMBER 01, 2005**

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
084 - WILKIN	FAMILY HOME			1	1			1		1				3	1
	ICF/MR COMMUNITY									2				2	
	TOTAL			1	1			1		3				5	1
085 - WINONA	FAMILY HOME	18	12	1	1	2	1	2	2					23	16
	FOSTER CARE - FAMILY	1	1											1	1
	ICF/MR COMMUNITY							1		5	1	3		9	1
	OTHER	1				2	1			1				4	1
	OWN HOME < 24 HR SUP							1		1	1			2	1
TOTAL	20	13	1	1	4	2	4	2	7	2	3		39	20	
086 - WRIGHT	FAMILY HOME	54	17	7	5	8	4	1	1	2	1			72	28
	FOSTER CARE - FAMILY	1	1			1	1							2	2
	ICF/MR COMMUNITY							5		6	2	2		13	2
	OTHER											1	1	1	1
TOTAL	55	18	7	5	9	5	6	1	8	3	3	1	88	33	
087 - YELLOW MEDICINE	FAMILY HOME	2	1	3	2	2	2			1	1			8	6
	ICF/MR COMMUNITY					1		1		4		1		7	
	TOTAL	2	1	3	2	3	2	1		5	1	1		15	6
TOTAL	BOARD & LODGE							4	3	5	1	8	4	17	8
	FAMILY HOME	2,463	1,433	905	564	630	457	462	315	191	101	17	9	4,668	2,879
	FOSTER CARE - FAMILY	53	35	33	21	34	30	49	29	30	15	22	8	221	138
	FOSTER CARE - LIVE IN			2		3	2	10	5	11	6	5	2	31	15
	FOSTER CARE - SHIFT	8	8	9	8	26	26	85	79	98	92	42	39	268	252
	ICF/MR COMMUNITY	4		27	4	73	17	394	77	1,030	175	352	36	1,880	309
	NURSING FACILITY									3	1	2	1	5	2
	OTHER	59	24	44	20	43	23	88	36	30	11	13	6	277	120
	OWN HOME < 24 HR SUP			2	1	8	6	49	30	30	24	8	6	97	67
	OWN HOME W/24 HR					1		5	3	3	2	3	3	12	8
	RTC					5	2	9	3	10	1	4		28	6
TOTAL	2,587	1,500	1,022	618	823	563	1,155	580	1,441	429	476	114	7,504	3,804	

Urgency of Need for MR/RC Waiver Services by Age and Living Arrangement

**URGENCY OF NEED FOR MR/RC WVR SERVICES BY AGE AND LIVING ARRANGEMENT
AS OF MARCH 01, 2006**

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
		#	%	#	%	#	%	#	%	#
TOTAL	FAMILY HOME	956	67.9%	193	13.7%	136	9.6%	121	8.6%	1,406
	FOSTER CARE - FAMILY	26	76.4%	1	2.9%	1	2.9%	6	17.6%	34
	FOSTER CARE - SHIFT	1	25.0%					3	75.0%	4
	OTHER	13	61.9%					8	38.1%	21
	TOTAL	996	67.9%	194	13.2%	137	9.3%	138	9.4%	1,465

**URGENCY OF NEED FOR MR/RC WVR SERVICES BY AGE AND LIVING ARRANGEMENT
AS OF MARCH 01, 2006**

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
		#	%	#	%	#	%	#	%	#
TOTAL	FAMILY HOME	328	62.8%	69	13.2%	31	5.9%	94	18.0%	522
	FOSTER CARE - FAMILY	15	51.7%	3	10.3%	2	6.9%	9	31.0%	29
	FOSTER CARE - LIVE IN	1	33.3%	1	33.3%			1	33.3%	3
	FOSTER CARE - SHIFT	7	22.5%	2	6.4%			22	70.9%	31
	ICF/MR COMMUNITY	14	73.6%	2	10.5%	1	5.2%	2	10.5%	19
	OTHER	12	54.5%	4	18.1%	1	4.5%	5	22.7%	22
	OWN HOME < 24 HR SUP	3	75.0%					1	25.0%	4
	RTC	2	100.0%							2
	TOTAL	382	60.4%	81	12.8%	35	5.5%	134	21.2%	632

URGENCY OF NEED FOR MR/RC WVR SERVICES BY AGE AND LIVING ARRANGEMENT
AS OF MARCH 01, 2006

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
		#	%	#	%	#	%	#	%	#
TOTAL	BOARD & LODGE	1	33.3%					2	66.6%	3
	FAMILY HOME	150	44.7%	53	15.8%	20	5.9%	112	33.4%	335
	FOSTER CARE - FAMILY	14	43.7%	4	12.5%			14	43.7%	32
	FOSTER CARE - LIVE IN	2	22.2%			1	11.1%	6	66.6%	9
	FOSTER CARE - SHIFT	7	8.2%	1	1.1%	1	1.1%	76	89.4%	85
	ICF/MR COMMUNITY	25	32.0%	20	25.6%	24	30.7%	9	11.5%	78
	OTHER	15	40.5%	1	2.7%	1	2.7%	20	54.0%	37
	OWN HOME < 24 HR SUP	14	42.4%	1	3.0%	1	3.0%	17	51.5%	33
	OWN HOME W/24 HR SUP							1	100.0%	1
	RTC	1	50.0%					1	50.0%	2
	TOTAL	229	37.2%	80	13.0%	48	7.8%	258	41.9%	615

**URGENCY OF NEED FOR MR/RC WVR SERVICES BY AGE AND LIVING ARRANGEMENT
AS OF MARCH 01, 2006**

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
		#	%	#	%	#	%	#	%	#
TOTAL	BOARD & LODGE	1	100.0%							1
	FAMILY HOME	28	31.1%	13	14.4%	13	14.4%	36	40.0%	90
	FOSTER CARE - FAMILY	5	38.4%			2	15.3%	6	46.1%	13
	FOSTER CARE - LIVE IN							4	100.0%	4
	FOSTER CARE - SHIFT	9	9.0%	1	1.0%			89	89.9%	99
	ICF/MR COMMUNITY	56	32.7%	40	23.3%	64	37.4%	11	6.4%	171
	OTHER	10	58.8%	2	11.7%	1	5.8%	4	23.5%	17
	OWN HOME < 24 HR SUP	9	32.1%	5	17.8%			14	50.0%	28
	OWN HOME W/24 HR SUP							1	100.0%	1
	TOTAL	118	27.8%	61	14.3%	80	18.8%	165	38.9%	424

**URGENCY OF NEED FOR MR/RC WVR SERVICES BY AGE AND LIVING ARRANGEMENT
AS OF MARCH 01, 2006**

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
		#	%	#	%	#	%	#	%	#
TOTAL	BOARD & LODGE	3	75.0%					1	25.0%	4
	FAMILY HOME	1	11.1%	2	22.2%			6	66.6%	9
	FOSTER CARE - FAMILY	3	60.0%					2	40.0%	5
	FOSTER CARE - LIVE IN					1	50.0%	1	50.0%	2
	FOSTER CARE - SHIFT	4	15.3%					22	84.6%	26
	ICF/MR COMMUNITY	13	37.1%	9	25.7%	10	28.5%	3	8.5%	35
	NURSING FACILITY	1	50.0%					1	50.0%	2
	OTHER							8	100.0%	8
	OWN HOME < 24 HR SUP	4	66.6%					2	33.3%	6
	OWN HOME W/24 HR SUP							3	100.0%	3
	TOTAL	29	29.0%	11	11.0%	11	11.0%	49	49.0%	100

**URGENCY OF NEED FOR MR/RC WVR SERVICES BY AGE AND LIVING ARRANGEMENT
AS OF MARCH 01, 2006**

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
		#	%	#	%	#	%	#	%	#
TOTAL	BOARD & LODGE	5	62.5%					3	37.5%	8
	FAMILY HOME	1,822	61.1%	405	13.5%	262	8.7%	493	16.5%	2,982
	FOSTER CARE - FAMILY	77	57.4%	9	6.7%	5	3.7%	43	32.0%	134
	FOSTER CARE - LIVE IN	3	16.6%	1	5.5%	2	11.1%	12	66.6%	18
	FOSTER CARE - SHIFT	29	11.5%	4	1.5%	1	0.4%	217	86.4%	251
	ICF/MR COMMUNITY	113	36.6%	71	23.0%	99	32.1%	25	8.1%	308
	NURSING FACILITY	1	50.0%					1	50.0%	2
	OTHER	65	50.3%	8	6.2%	3	2.3%	53	41.0%	129
	OWN HOME < 24 HR SUP	30	41.6%	6	8.3%	2	2.7%	34	47.2%	72
	OWN HOME W/24 HR SUP							5	100.0%	5
	RTC	3	75.0%					1	25.0%	4
	TOTAL	2,148	54.8%	504	12.8%	374	9.5%	887	22.6%	3,913

Urgency of Need for MR/RC Waiver Services by CFR

**URGENCY OF NEED FOR MR/RC WAIVERED SERVICES
AS OF MARCH 01, 2006**

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	2	20.0%	3	30.0%			5	50.0%	10
002 - ANOKA	151	61.3%	43	17.4%	11	4.4%	41	16.6%	246
003 - BECKER	1	11.1%					8	88.8%	9
004 - BELTRAMI	5	50.0%	1	10.0%	2	20.0%	2	20.0%	10
005 - BENTON	6	35.2%	7	41.1%	4	23.5%			17
007 - BLUE EARTH	20	60.6%	1	3.0%	1	3.0%	11	33.3%	33
008 - BROWN	1	33.3%	1	33.3%	1	33.3%			3
009 - CARLTON	6	42.8%			1	7.1%	7	50.0%	14
010 - CARVER	27	67.5%	4	10.0%	3	7.5%	6	15.0%	40
011 - CASS	5	62.5%	1	12.5%			2	25.0%	8
012 - CHIPPEWA	1	33.3%					2	66.6%	3
013 - CHISAGO	3	17.6%	7	41.1%	1	5.8%	6	35.2%	17
014 - CLAY	7	29.1%	4	16.6%	3	12.5%	10	41.6%	24
015 - CLEARWATER	1	50.0%					1	50.0%	2
016 - COOK	2	66.6%					1	33.3%	3
017 - COTTONWOOD	8	72.7%	1	9.0%	1	9.0%	1	9.0%	11
018 - CROW WING	32	71.1%	2	4.4%	2	4.4%	9	20.0%	45
019 - DAKOTA	274	74.4%	35	9.5%	13	3.5%	46	12.5%	368
020 - DODGE	2	25.0%			3	37.5%	3	37.5%	8
021 - DOUGLAS	3	33.3%	1	11.1%			5	55.5%	9

**URGENCY OF NEED FOR MR/RC WAIVERED SERVICES
AS OF MARCH 01, 2006**

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
	#	%	#	%	#	%	#	%	#
022 - FARIBAULT	1	6.6%	3	20.0%	10	66.6%	1	6.6%	15
023 - FILLMORE	2	28.5%					5	71.4%	7
024 - FREEBORN	6	37.5%			1	6.2%	9	56.2%	16
025 - GOODHUE	8	30.7%					18	69.2%	26
026 - GRANT							4	100.0%	4
027 - HENNEPIN	597	55.2%	161	14.9%	94	8.7%	228	21.1%	1,080
028 - HOUSTON	8	38.1%			1	4.7%	12	57.1%	21
029 - HUBBARD							1	100.0%	1
030 - ISANTI	1	20.0%	1	20.0%			3	60.0%	5
031 - ITASCA	7	35.0%	3	15.0%	1	5.0%	9	45.0%	20
032 - JACKSON	2	28.5%					5	71.4%	7
033 - KANABEC	1	100.0%							1
035 - KITTSON	4	100.0%							4
036 - KOOCHICHING	6	100.0%							6
037 - LAC QUI PARLE	1	50.0%					1	50.0%	2
038 - LAKE	1	14.2%					6	85.7%	7
040 - LE SUEUR	14	56.0%	3	12.0%	2	8.0%	6	24.0%	25
041 - LINCOLN	2	66.6%					1	33.3%	3
042 - LYON	6	75.0%					2	25.0%	8
043 - MC LEOD	3	15.7%	3	15.7%	12	63.1%	1	5.2%	19

**URGENCY OF NEED FOR MR/RC WAIVERED SERVICES
AS OF MARCH 01, 2006**

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
	#	%	#	%	#	%	#	%	#
044 - MAHNOMEN	7	70.0%			1	10.0%	2	20.0%	10
045 - MARSHALL	3	33.3%					6	66.6%	9
046 - MARTIN	1	6.6%	5	33.3%	9	60.0%			15
047 - MEEKER	6	33.3%			2	11.1%	10	55.5%	18
048 - MILLE LACS	6	50.0%					6	50.0%	12
049 - MORRISON	7	31.8%	3	13.6%	3	13.6%	9	40.9%	22
050 - MOWER	12	42.8%			2	7.1%	14	50.0%	28
051 - MURRAY			2	66.6%	1	33.3%			3
052 - NICOLLET	2	50.0%					2	50.0%	4
053 - NOBLES			5	41.6%	1	8.3%	6	50.0%	12
054 - NORMAN	2	100.0%							2
055 - OLMSTED	65	30.8%	46	21.8%	52	24.6%	48	22.7%	211
056 - OTTER TAIL	9	37.5%	4	16.6%	3	12.5%	8	33.3%	24
057 - PENNINGTON	8	53.3%					7	46.6%	15
058 - PINE	2	66.6%					1	33.3%	3
060 - POLK	21	72.4%	1	3.4%			7	24.1%	29
061 - POPE	1	25.0%	2	50.0%			1	25.0%	4
062 - RAMSEY	220	60.4%	22	6.0%	26	7.1%	96	26.3%	364
064 - REDWOOD	8	66.6%	2	16.6%	1	8.3%	1	8.3%	12

**URGENCY OF NEED FOR MR/RC WAIVERED SERVICES
AS OF MARCH 01, 2006**

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
	#	%	#	%	#	%	#	%	#
065 - RENVILLE	2	25.0%	2	25.0%			4	50.0%	8
066 - RICE	35	70.0%	2	4.0%	1	2.0%	12	24.0%	50
068 - ROSEAU	4	44.4%	1	11.1%			4	44.4%	9
069 - ST. LOUIS	54	51.9%	9	8.6%	6	5.7%	35	33.6%	104
070 - SCOTT	149	81.4%	14	7.6%	5	2.7%	15	8.2%	183
071 - SHERBURNE	26	78.7%			2	6.0%	5	15.1%	33
072 - SIBLEY	2	50.0%					2	50.0%	4
073 - STEARNS	19	57.5%	5	15.1%	4	12.1%	5	15.1%	33
074 - STEELE					1	33.3%	2	66.6%	3
075 - STEVENS							1	100.0%	1
076 - SWIFT	3	50.0%			1	16.6%	2	33.3%	6
077 - TODD	8	72.7%			2	18.1%	1	9.0%	11
078 - TRAVERSE	1	100.0%							1
079 - WABASHA	3	100.0%							3
080 - WADENA	3	25.0%			2	16.6%	7	58.3%	12
081 - WASECA	5	26.3%	12	63.1%	2	10.5%			19

**URGENCY OF NEED FOR MR/RC WAIVERED SERVICES
AS OF MARCH 01, 2006**

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
	#	%	#	%	#	%	#	%	#
082 - WASHINGTON	200	48.5%	69	16.7%	69	16.7%	74	17.9%	412
084 - WILKIN	1	50.0%					1	50.0%	2
085 - WINONA	12	60.0%	2	10.0%	2	10.0%	4	20.0%	20
086 - WRIGHT	10	27.7%	10	27.7%	9	25.0%	7	19.4%	36
087 - YELLOW MEDICINE	4	44.4%	1	11.1%			4	44.4%	9
TOTAL	2,148	54.8%	504	12.8%	374	9.5%	887	22.6%	3,913

Age Distribution of Current CAC Waiver Recipients by CFR

County	Age Grouping				
	0-17	18-21	22-40	41-64	65+
Anoka	6	3	1	1	0
Becker	5	0	0	0	0
Beltrami	2	0	0	0	0
Blue Earth	0	0	0	0	1
Brown	3	0	0	3	0
Carlton	3	0	0	0	0
Carver	8	0	1	0	0
Cass	2	0	0	0	0
Chisago	3	1	1	2	0
Clay	2	1	1	0	0
Crow Wing	1	0	1	0	0
Dakota	12	1	2	3	0
Dodge	0	0	1	0	0
Douglas	2	0	0	0	0
Freeborn	0	1	1	0	0
Hennepin	10	2	4	8	0
Hubbard	2	0	0	0	0
Kandiyohi	1	0	0	0	0
Lac Qui Parle	1	0	0	0	0
Lincoln	1	0	0	1	0
Lyon	1	1	0	2	0
McLeod	6	0	0	0	0
Martin	2	0	0	0	0
Meeker	1	0	0	0	0
Mille Lacs	5	0	0	0	0
Morrison	1	0	0	0	0
Mower	1	0	0	0	0
Nicollet	2	0	0	1	0
Olmsted	4	0	0	0	0
Otter Tail	2	1	0	0	0
Pine	1	0	0	0	0
Pipestone	0	0	0	1	0

Ramsey	12	2	7	1	0
Redwood	1	0	0	0	0
Renville	1	0	0	0	0
Rice	3	1	0	0	0
Rock	1	0	0	0	0
Roseau	1	0	0	0	0
St. Louis	3	2	1	2	0
Scott	0	0	0	1	0
Sherburne	3	0	0	0	0
Stearns	4	1	0	0	0
Todd	3	0	0	0	0
Washington	1	0	0	0	0
Wilkin	1	0	0	0	0
Winona	2	0	0	0	0
Wright	3	1	2	0	0

Age Distribution of Current CADI Waiver Recipients by CFR

County	Age Grouping				
	0-17	18-21	22-40	41-64	65+
Aitkin	4	2	5	25	0
Anoka	12	10	81	242	5
Becker	14	6	5	41	0
Beltrami	0	1	10	53	0
Benton	7	8	14	55	0
Big Stone	2	0	1	19	0
Blue Earth	8	6	27	51	6
Brown	19	1	5	40	2
Carlton	14	3	8	43	0
Carver	1	3	10	42	1
Cass	2	0	6	23	0
Chippewa	1	3	2	21	0
Chisago	34	10	12	31	1
Clay	61	22	57	174	6
Clearwater	6	0	5	10	0
Cook	1	0	1	6	0
Cottonwood	2	1	0	15	0
Crow Wing	5	2	16	77	1
Dakota	26	37	131	279	23
Dodge	3	1	2	13	0
Douglas	5	1	13	32	3
Faribault	1	0	1	7	0
Fillmore	6	2	8	26	0
Freeborn	0	0	2	13	2
Goodhue	5	0	16	42	3
Grant	2	1	1	6	0
Hennepin	27	21	226	1051	47
Houston	7	1	3	16	0
Hubbard	7	1	1	24	0
Isanti	4	2	18	29	2
Itasca	4	7	8	54	1
Jackson	1	2	8	10	0

Kanabec	1	0	8	21	0
Kandiyohi	4	3	10	38	3
Kittson	0	0	2	8	0
Koochiching	7	2	2	12	0
Lac Qui Parle	2	0	2	16	2
Lake	0	1	6	10	0
Lake of Woods	1	0	2	8	0
Le Sueur	4	1	4	38	1
Lincoln	0	0	1	9	0
Lyon	6	1	9	63	3
McLeod	5	1	13	24	1
Mahnomen	1	0	2	8	0
Marshall	2	1	7	9	0
Martin	5	2	2	23	0
Meeker	1	0	7	31	0
Mille Lacs	2	7	6	17	1
Morrison	8	2	1	37	0
Mower	9	0	10	52	1
Murray	2	0	3	11	0
Nicollet	1	5	6	33	1
Nobles	2	1	17	43	0
Norman	0	2	5	20	0
Olmsted	20	6	39	156	6
Otter Tail	16	9	12	69	1
Pennington	11	1	13	40	0
Pine	6	2	6	25	0
Pipestone	3	0	5	9	0
Polk	4	0	13	108	1
Pope	0	1	4	21	1
Ramsey	137	17	133	658	23
Red Lake	2	0	0	3	0
Redwood	3	3	3	21	0
Renville	3	0	1	10	4
Rice	5	3	15	62	3
Rock	7	3	1	7	1
Roseau	0	1	2	15	0
St. Louis	71	17	70	387	3
Scott	29	6	14	36	1

Sherburne	7	12	12	46	0
Sibley	4	0	3	20	1
Stearns	21	16	54	135	6
Steele	4	1	12	29	0
Stevens	2	1	4	8	0
Swift	1	1	2	21	0
Todd	1	0	12	53	0
Traverse	1	2	2	4	0
Wabasha	5	2	3	25	0
Wadena	4	4	7	23	0
Waseca	3	3	4	9	0
Washington	6	7	38	87	3
Watonwan	1	0	1	18	0
Wilkin	2	0	1	10	0
Winona	19	5	38	108	1
Wright	43	6	47	109	2
Yellow Medicine	2	1	1	16	0

Age Distribution of Current TBI Waiver Recipients by CFR

County	Age Grouping				
	0-17	18-21	22-40	41-64	65+
Aitkin	0	0	1	1	0
Anoka	1	3	19	17	1
Becker	0	0	0	1	0
Beltrami	1	1	6	2	1
Benton	0	1	3	0	0
Blue Earth	0	0	5	3	0
Brown	0	0	3	6	0
Carlton	4	1	7	8	0
Carver	0	0	2	7	0
Cass	0	2	2	3	0
Chippewa	1	0	1	2	0
Chisago	1	1	4	1	0
Clay	0	1	2	3	0
Clearwater	0	0	0	1	0
Cook	0	0	1	0	0
Crow Wing	2	0	5	2	0
Dakota	8	3	39	37	4
Dodge	0	0	1	1	0
Douglas	0	1	3	1	0
Freeborn	0	0	1	1	0
Goodhue	0	0	2	6	0
Grant	0	0	0	1	0
Hennepin	9	4	107	205	3
Houston	0	0	0	1	0
Hubbard	0	1	4	1	0
Isanti	0	0	0	3	0
Isanti	1	0	1	2	0
Jackson	0	0	0	1	0
Kanabec	0	0	2	0	0
Kandiyohi	1	0	6	14	1
Koochiching	0	0	2	1	0
Lac Qui Parle	0	0	1	0	0
Lake	0	0	1	2	0

Le Sueur	0	0	1	4	0
Lincoln	0	0	0	1	0
Lyon	0	1	3	2	0
McLeod	0	0	1	6	1
Martin	0	0	1	0	0
Meekere	0	0	2	1	0
Mille Lacs	0	0	1	3	0
Morrison	0	0	0	2	0
Mower	0	0	2	2	1
Nicollet	0	0	3	2	0
Nobles	0	0	1	0	0
Norman	0	0	1	0	0
Olmsted	0	0	6	17	1
Otter Tail	0	1	2	6	0
Pennington	0	0	1	2	0
Pine	0	0	1	3	0
Polk	0	0	4	3	0
Pope	1	0	2	1	1
Ramsey	5	4	41	89	3
Renville	0	0	4	1	0
Rice	0	0	1	2	0
Rock	0	0	0	4	0
Roseau	0	1	2	2	0
St. Louis	3	4	17	50	1
Scott	1	1	3	1	0
Sherburne	1	0	1	1	0
Sibley	2	2	3	1	0
Stearns	0	1	3	4	1
Steele	0	0	1	3	0
Stevens	0	0	1	2	0
Swift	0	0	0	1	0
Todd	0	1	6	1	0
Wabasha	0	0	1	6	0
Wadena	0	1	0	1	0
Washington	1	0	8	17	1
Watonwan	0	0	1	1	0
Wilkin	0	0	0	1	0
Winona	0	0	4	6	0

Wright	2	0	3	6	0
Yellow Medicine	0	6	1	3	0

December 2005 CAC, CADI, and TBI Waiting List Survey

Waiting List Survey - December 2005

Please answer the following questions using data as of Nov. 1, 2005 for persons on the CAC/CADI/TBI Waiver waiting list if you are the county of financial responsibility.

CAC CONVERSION/DIVERSION

How many people are waiting for the CAC Waiver?

Of those waiting, how many have been screened?

Waiting list

What is the main reason for waiting? Check all that apply.

- 1 *Seeking accessible accommodations*
- 2 *Seeking housing resources*
- 3 *Seeking provider resources/services*
- 4 *Lack of waiver resources other than slots (CAC slots available on demand)*

What is the average length of time on waiting list? Check one.

- 1 *Less than one month*
- 2 *One to three months*
- 3 *Three to six months*
- 4 *Six months to one year*
- 5 *One to two years*
- 6 *Two or more years*

Of those on the waiting list, how many are:

0 - 17 years of age

18 - 21 years of age

22 - 40 years of age

40 - 64 years of age

For those on the waiting list who reside in a different county,

Please identify the total number for each county.

Of those on the waiting list, identify the primary diagnoses.

Enter one ICD-9 code for each person.

For those on the waiting list, where do persons live?

How many currently reside in a hospital?

How many currently reside in a nursing facility?

How many live in own or family home?

How many live in another type of setting?

Please specify other type of setting.

For those on the waiting list who reside in the community, what services are they receiving?

How many receive State Plan home care services (SNV, HHA, PDN, PCA, therapies)?

How many receive personal care assistance?

How many receive other State Plan services (i.e. mental health services), excluding acute or standard medical care?

How many receive services or programs other than those mentioned above that you are aware of?

Please specify other type of services or programs.

What top three services will persons use when they are opened to the waiver (other than case management services)?

Check three.

- 1 Consumer Directed Community Supports
- 2 Extended home health aide and nursing services

- 3 *Extended home health therapies*
- 4 *Extended personal care assistance services*
- 5 *Family counseling and training*
- 6 *Foster care services*
- 7 *Homemaker services*
- 8 *Modifications and adaptations*
- 9 *Nutritional therapy*
- 10 *Respite care*
- 11 *Specialized supplies and equipment*
- 12 *Transportation*

CADI CONVERSION

How many people are waiting for the CADI Waiver who would be a conversion (i.e. currently in a nursing facility)?

Of those waiting, how many have been screened?

Waiting list

What is the main reason for waiting? Check all that apply.

- 1 *Seeking accessible accommodations*
- 2 *Seeking housing resources*
- 3 *Seeking provider resources/resources*
- 4 *Lack of waiver resources other than slots (CADI conversion slots available on demand)*

What is the average length of time on waiting list? Check one.

- 1 *Less than one month*
- 2 *One to three months*
- 3 *Three to six months*
- 4 *Six months to one year*
- 5 *One to two years*
- 6 *Two or more years*

Of those on the waiting list, how many are:

0 - 17 years of age

18 - 21 years of age

22 - 40 years of age

40 - 64 years of age

For those on the waiting list who reside in a different county,

Please identify the total number for each county.

Of those on the waiting list, how many have a primary diagnosis of:

Physical disability

Mental health disability

Brain injury-related disability

Developmental disability

Other cognitive disability

What top three services will persons use when they are opened to the waiver (other than case management services)?

Check three.

- 1 *Adult day care/adult day care bath*
- 2 *Assisted living services (assisted living, assisted living plus)*
- 3 *Consumer Directed Community Supports*
- 4 *Extended home health aide and nursing services*
- 5 *Extended home health therapies*
- 6 *Extended personal care assistance services*
- 7 *Family training, education and counseling*
- 8 *Foster care services*
- 9 *Home delivered meals*
- 10 *Homemaker services*
- 11 *Independent living skills*
- 12 *Modifications and adaptations*
- 13 *Prevocational services*
- 14 *Residential care services*
- 15 *Respite care*
- 16 *Specialized equipment and supplies*
- 17 *Supported employment services*
- 18 *Transportation*
- 19 *Transitional services*

CADI DIVERSION

How many people are waiting for the CADI Waiver who would be a diversion?

Of those waiting, how many have been screened?

Waiting list

What is the main reason for waiting? Check all that apply.

- 1 *Seeking accessible accommodations*
- 2 *Seeking housing resources*
- 3 *Seeking provider resources/services*
- 4 *Lack of waiver slots*
- 5 *Lack of waiver resources other than slots*

What is the average length of time on waiting list? Check one.

- 1 *Less than one month*
- 2 *One to three months*
- 3 *Three to six months*
- 4 *Six months to one year*
- 5 *One to two years*
- 6 *Two or more years*

Of those on the waiting list, how many are:

0 - 17 years of age

18 - 21 years of age

22 - 40 years of age

40 - 64 years of age

For those on the waiting list who reside in a different county,

Please identify the total number for each county.

Of those on the waiting list, how many have a primary diagnosis of:

Physical disability

Mental health disability

Brain injury-related disability

Developmental disability

Other cognitive disability

For those on the waiting list, where do persons currently live?

How many live in their own home?

How many live in a family/friend's home?

How many live in foster care/group home?

How many live in a facility other than a nursing facility or hospital (i.e. board and care, Rule 36)

How many live in another type of setting?

Please specify other type of setting.

For those on the waiting list, what services are persons receiving?

How many receive State Plan home care services (SNV, HHA, PDN, PCA, therapies)?

How many receive personal care assistance?

How many receive other State Plan services (i.e. mental health services), excluding acute or standard medical care?

How many receive services or programs other than those mentioned above that you are aware of?

Please specify other type of services or programs.

What top three services will persons use when they are opened to the waiver (other than case management services)?

Check three.

- 1 *Adult day care/adult day care bath*
- 2 *Assisted living services (assisted living, assisted living plus)*
- 3 *Consumer Directed Community Supports*
- 4 *Extended home health aide and nursing services*
- 5 *Extended home health therapies*
- 6 *Extended personal care assistance services*
- 7 *Family training, education and counseling*
- 8 *Foster care services*
- 9 *Home delivered meals*
- 10 *Homemaker services*
- 11 *Independent living skills*
- 12 *Modifications and adaptations*
- 13 *Prevocational services*
- 14 *Residential care services*
- 15 *Respite care*
- 16 *Specialized equipment and supplies*
- 17 *Supported employment services*
- 18 *Transportation*
- 19 *Transitional services*

TBI CONVERSION

How many people are waiting for the TBI Waiver who would be a conversion?

Of those waiting, how many have been screened?

Waiting list

What is the main reason for waiting? Check all that apply.

- 1 *Seeking accessible accommodations*
- 2 *Seeking housing resources*
- 3 *Seeking provider resources/services*
- 4 *Lack of waiver slots*
- 5 *Lack of waiver resources other than slots*

What is the average length of time on waiting list? Check one.

- 1 *Less than one month*
- 2 *One to three months*
- 3 *Three to six months*
- 4 *Six months to one year*
- 5 *One to two years*
- 6 *Two or more years*

Of those on the waiting list, how many are:

0 - 17 years of age

18 - 21 years of age

22 - 40 years of age

40 - 64 years of age

For those on the waiting list who reside in a different county,

Please identify the total number for each county.

Of those on the waiting list, how many have a primary diagnosis of:

Traumatic brain injury

Acquired brain injury

Degenerative disease resulting in brain injury

For those on the waiting list, where do persons currently live?

How many reside in a nursing facility?

How many reside in a neurobehavioral hospital?

What top three services will persons use when they are opened to the waiver (other than case management services)?

Check three.

- 1 *Adult companion services*
- 2 *Adult day care/adult day care bath*
- 3 *Assisted living services (assisted living/assisted living plus)*
- 4 *Behavior programming*
- 5 *Chore services*
- 6 *Cognitive rehabilitation therapy*
- 7 *Consumer Directed Community Supports*
- 8 *Extended home health aide and nursing services*
- 9 *Extended home health therapies*

- 10 *Extended personal care assistance services*
- 11 *Family counseling and training*
- 12 *Foster care services*
- 13 *Home delivered meals*
- 14 *Homemaker services*
- 15 *Independent living skills*
- 16 *ILS therapies*
- 17 *Mental health*
- 18 *Mental health psychological testing*
- 19 *Night supervision services*
- 20 *Prevocational services*
- 21 *Residential care services*
- 22 *Respite care*
- 23 *Specialized equipment and supplies*
- 24 *Structured day program*
- 25 *Supported employment services*
- 26 *Transportation*

TBI DIVERSION

How many people are waiting for the TBI Waiver who would be a diversion?

Of those waiting, how many have been screened?

Waiting list

What is the main reason for waiting? Check all that apply.

- 1 *Seeking accessible accommodations*
- 2 *Seeking housing resources*
- 3 *Seeking provider resources/services*
- 4 *Lack of waiver slots*
- 5 *Lack of waiver resources other than slots*

What is the average length of time on waiting list? Check one.

- 1 *Less than one month*
- 2 *One to three months*
- 3 *Three to six months*
- 4 *Six months to one year*
- 5 *One to two years*
- 6 *Two or more years*

Of those on the waiting list, how many are:

0 - 17 years of age

18 - 21 years of age

22 - 40 years of age

40 - 64 years of age

For those on the waiting list who reside in a different county,

Please identify the total number for each county.

Of those on the waiting list, how many have a primary diagnosis of:

Traumatic brain injury

Acquired brain injury

Degenerative disease resulting in brain injury

For those on the waiting list, where do persons currently live?

How many live in their own home?

How many live in a family/friend's home?

How many live in foster care/group home?

How many live in a facility other than a nursing facility or hospital (i.e. board and care, Rule 36)

How many live in another type of setting?

Please specify other type of setting.

TBI DIVERSION

For those on the waiting list, what services are persons receiving?

How many receive State Plan home care services (SNV, HHA, PDN, PCA, therapies)?

How many receive personal care assistance?

How many receive other State Plan services other than acute or standard medical care (i.e. mental health services)?

How many receive services or programs other than those mentioned above that you are aware of?

Please specify other services or programs.

What top three services will persons use when they are opened to the waiver (other than case management services)?

Check three.

- 1 Adult companion services
- 2 Adult day care/adult day care bath
- 3 Assisted living services (assisted living/assisted living plus)
- 4 Behavior programming
- 5 Chore services
- 6 Cognitive rehabilitation therapy
- 7 Consumer Directed Community Supports
- 8 Extended home health aide and nursing services
- 9 Extended home health therapies
- 10 Extended personal care assistance services
- 11 Family counseling and training
- 12 Foster care services
- 13 Home delivered meals
- 14 Homemaker services
- 15 Independent living skills
- 16 ILS therapies
- 17 Mental health
- 18 Mental health psychological testing
- 19 Night supervision services
- 20 Prevocational services
- 21 Residential care services
- 22 Respite care
- 23 Specialized equipment and supplies
- 24 Structured day program

25 *Supported employment services*

26 *Transportation*

Additional comments

Please provide any additional comments and/or information you think would be helpful for us to know.

Number of Current Recipients of CAC, CADI, and TBI Waivers
Per ICD-9-CM Diagnostic Category

ICD-9-CM Category	CAC	CADI	TBI
Infectious and Parasitic Diseases (001-139)	1	96	7
Neoplasms (140-239)	3	153	20
Endocrine, Nutritional and Metabolic Diseases and Immunity Disorders (240-279)	11	626	4
Diseases of the Blood and Blood-Forming Organs (280-289)	0	17	0
Mental Disorders (290-319)	3	3118	191
Diseases of the Nervous System and Sense Organs (320-389)	82	1513	117
Diseases of the Circulatory System (390-459)	3	664	90
Diseases of the Respiratory System (460-519)	26	279	0
Diseases of the Digestive System (520-579)	0	83	0
Diseases of the Genitourinary System (580-629)	0	83	0
Complications of Pregnancy, Childbirth, and the Puerperium(630-677)	0	2	0
Diseases of the Skin and Subcutaneous Tissue (680-709)	2	29	0
Diseases of the Musculoskeletal System and Connective Tissue (710-739)	0	691	1
Congenital Anomalies (740-759)	36	204	4
Certain Conditions Originating in the Perinatal Period (760-779)	3	23	0
Symptoms, Signs and Ill-Defined Conditions (780-799)	16	119	11
Injury and Poisoning (800-999)	12	389	614
Supplementary Classification of Factors Influencing Health Status and Contact with Health Services (V01-V83)	2	39	3

CFR of People Screened and Waiting for CAC Waiver Services

CFR	# Waiting	# Screened
Blue Earth	2	0
Otter Tail	2	2
Total	4	2

Diagnostic Category of Those Waiting for CAC Waiver Services

County	# Waiting	Category
Blue Earth	2	Diseases of the Respiratory System Endocrine, Nutritional and Metabolic Diseases and Immunity Disorders
Otter Tail	2	Coded only as "Physical Disabilities" ICD-9-CM code not provided

Age of Those Waiting for CAC Waiver Services

CFR	Age Category			
	0-17	18-21	22-40	41-64
Blue Earth	1	0	0	1
Otter Tail	0	0	0	2
Total	1	0	0	3

Number of People Waiting and, Of Those Waiting, Screened for CADI Diversions

CFR	# Waiting	# Screened
Becker	2	2
Big Stone	6	3
Blue Earth	16	8
Cook	1	1
Fillmore	1	1
Goodhue	3	3
Hennepin	116	0
Jackson	6	3
Kanabec	2	2
Kandiyohi	6	2
Lac Qui Parle	2	0
Le Sueur	6	2
Mille Lacs	5	2
Morrison	52	52
Mower	5	5
Nicollet	7	0
Ramsey	33	9
Red Lake	1	1
Renville	2	0
Roseau	3	1
Scott	29	16
Sibley	6	2
Steele	9	4
Wabasha	3	0
Wadena	3	3
Waseca	13	2
Washington	10	5
Watonwan	2	2
Winona	6	6
Yellow Medicine	6	3
Total	359	135

Diagnoses of People Waiting for CADI Diversions

CFR	Physical Disability	Mental Health	Brain Injury	DD	Other Cognitive
Becker	1	1	0	0	0
Big Stone	2	1	0	3	0
Blue Earth	4	4	1	5	2
Cook	1	0	0	0	0
Fillmore	0	0	1	0	0
Goodhue	1	1	0	1	0
Hennepin	Did not report diagnoses				
Jackson	1	3	0	2	0
Kanabec	0	1	0	1	0
Kandiyohi	3	1	2	0	0
Lac Qui Parle	0	2	0	0	0
Le Sueur	4	2	0	0	0
Mille Lacs	1	0	2	1	1
Morrison	52	0	0	0	0
Mower	0	0	0	5	0
Nicollet	5	0	1	1	0
Ramsey	10	16	0	7	0
Red Lake	0	1	0	0	0
Renville	0	2	0	0	0
Roseau	1	1	0	1	0
Scott	6	4	2	17	0
Sibley	1	4	0	1	0
Steele	2	5	1	1	0
Wabasha	0	3	0	0	0
Wadena	3	0	0	0	0
Waseca	1	7	0	5	0
Washington	6	4	0	0	0
Watonwan	1	1	0	0	0
Winona	2	2	0	2	0
Yellow Medicine	1	3	0	2	0
Total	109	69	8	57	3

Age of People Waiting for CADI Diversions

CFR	Age Grouping			
	0-17	18-21	22-40	41-64
Becker	0	0	0	2
Big Stone	4	0	1	1
Blue Earth	8	1	1	6
Cook	0	0	0	1
Fillmore	0	1	0	0
Goodhue	0	1	1	1
Hennepin	Did not report ages			
Jackson	3	1	1	1
Kanabec	0	1	0	1
Kandiyohi	2	0	1	3
Lac Qui Parle	0	0	0	2
Le Sueur	0	1	1	4
Mille Lacs	3	0	2	0
Morrison	0	0	0	52
Mower	4	1	0	0
Nicollet	2	0	2	3
Ramsey	9	1	5	18
Red Lake	0	0	1	0
Renville	0	1	1	0
Roseau	0	1	1	1
Scott	15	2	10	2
Sibley	2	0	2	2
Steele	2	2	1	4
Wabasha	3	0	0	0
Wadena	2	0	0	1
Waseca	4	2	4	3
Washington	1	2	3	4
Watonwan	1	1	0	0
Winona	3	0	2	1
Yellow Medicine	3	1	1	1
Total	359	71	41	114

Number of People Waiting and, Of Those Waiting, Screened for CADI Conversions

CFR	# Waiting	# Screened
Big Stone	3	3
Blue Earth	7	7
Chippewa	1	1
Fillmore	1	1
Hennepin	540	540
Houston	1	1
Jackson	3	3
Kandiyohi	3	3
Mille Lacs	1	1
Mower	8	8
Nicollet	1	1
Nobles	1	1
Olmsted	4	4
Ramsey	39	39
Sherburne	1	1
Steele	4	4
Wabasha	2	2
Waseca	4	4
Washington	3	3
Watonwan	4	4
Wright	1	1
Yellow Medicine	3	3
Total	635	635

Diagnoses of People Waiting for CADI Conversions

CFR	Physical Disability	Mental Health	Brain Injury	DD	Other Cognitive
Big Stone	3	0	0	0	0
Blue Earth	2	1	0	1	3
Chippewa	0	0	0	0	1
Fillmore	1	0	0	0	0
Hennepin	125	350	0	0	65
Houston	1	1	0	0	0
Jackson*	1	0	0	0	1
Kandiyohi	3	0	0	0	0
Mille Lacs	1	0	0	0	0
Mower	8	0	0	0	0
Nicollet	1	0	0	0	0
Nobles	1	0	0	0	0
Olmsted	4	0	0	0	0
Ramsey	24	15	0	0	0
Sherburne	0	0	1	0	0
Steele	3	1	0	0	0
Wabasha	1	0	1	0	0
Waseca	4	0	0	0	0
Washington	1	1	1	0	0
Watonwan	3	0	0	0	1
Wright	1	0	0	0	0
Yellow Medicine*	1	0	0	0	1
Total	189	369	4	1	72

* Jackson and Yellow Medicine Counties each reported having three people waiting for services, but provided diagnoses for only two of the three.

Age of People Waiting for CADI Conversions

CFR	Age Grouping			
	0-17	18-21	22-40	41-64
Big Stone	0	0	0	3
Blue Earth	0	0	0	6
Chippewa	0	0	0	1
Fillmore	Did not report ages			
Hennepin*	Did not report ages			495
Houston	0	0	0	1
Jackson	0	0	0	3
Kandiyohi	0	0	0	3
Mille Lacs	Did not report ages			
Mower	0	0	0	8
Nicollet	0	0	0	1
Nobles	0	0	0	1
Olmsted	0	0	0	4
Ramsey**	Did not report ages			15
Sherburne	Did not report ages			
Steele	0	0	0	4
Wabasha	0	0	0	2
Waseca	0	0	0	4
Washington	0	0	0	3
Watonwan	0	0	0	4
Wright	0	0	0	1
Yellow Medicine	0	0	0	3

* Hennepin County did not report age for 45 of the 540 people identified as waiting for CADI conversions.

** Ramsey County did not report age for 24 of the 39 people identified as waiting for CADI conversions.

Number of People Waiting and, Of Those Waiting, Screened for TBI Diversions

CFR	# Waiting	# Screened
Hennepin	11	0
Nicollet	1	0
Roseau	1	0
Scott	2	1
Washington	2	2
Total	17	3

Diagnoses of People Waiting for TBI Diversions

CFR	Traumatic/Acquired Brain Injury	Degenerative Disease
Hennepin	Did not report breakdown	
Nicollet	1	0
Roseau	1	0
Scott	2	0
Washington	2	0

Age of People Waiting for TBI Diversions

CFR	Age Grouping			
	0-17	18-21	22-40	41-64
Hennepin	Did not report breakdown			
Nicollet	0	0	1	0
Roseau	0	1	0	0
Scott	0	0	2	0
Washington	0	1	0	1

Number of People Waiting and, Of Those Waiting, Screened for TBI Conversions

CFR	# Waiting	# Screened
Hennepin	60	60
Houston	1	0
Kandiyohi	2	2
Ramsey	1	0
Renville	1	0
Roseau	1	1
Washington	2	0
Total	68	63

Diagnoses of People Waiting for TBI Conversions

CFR	Traumatic/Acquired Brain Injury	Degenerative Disease
Hennepin	60	0
Houston	1	0
Kandiyohi	2	0
Ramsey	1	0
Renville	1	0
Roseau	1	0
Washington	2	0

Age of People Waiting for TBI Conversion

CFR	Age Grouping			
	0-17	18-21	22-40	41-64
Hennepin	0	0	5	55
Houston	0	0	0	1
Kandiyohi	0	0	0	2
Ramsey	0	0	0	1
Renville	0	1	0	0
Roseau	0	0	0	1
Washington	0	0	0	2