

**MINNESOTA
DEPARTMENT
OF
HUMAN
SERVICES**

**DISABILITY
SERVICES
DIVISION**

Annual Report on the Use and Availability of Home and Community-Based Services Waivers for Persons with Disabilities

*Minnesota Statutes §256B.0916, Subd. 7
and
Minnesota Statutes §256B.49, Subd.21*

*A Report to the Minnesota Legislature
February 2009*

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Executive Summary

For more than two decades, Minnesota has worked to make home and community-based services (HCBS) available to people with disabilities. To create more community-based service options, the Minnesota Department of Human Services (DHS) implemented the following home and community-based waivers:

- **Developmental Disabilities (DD) Waiver**, established on July 1, 1984, was formerly known as the Waiver for People with Mental Retardation and Related Conditions or the MR/RC Waiver. It is a community alternative for people who need the level of care provided in an intermediate care facility for people with mental retardation (ICF/MR).
- **Community Alternative Care (CAC) Waiver**, established on April 1, 1985, is a community alternative for chronically ill or medically fragile people who need the level of care provided in a hospital.
- **Community Alternatives for Disabled Individuals (CADI) Waiver**, established on October 1, 1987, is a community alternative for people who need the level of care provided in a nursing facility (NF).
- **Traumatic Brain Injury (TBI) Waiver**, established on April 1, 1992, is a community alternative for people with acquired or traumatic brain injuries who need the level of care provided in either:
 - A NF that provides specialized cognitive and behavioral supports or
 - A neurobehavioral hospital (NB)

Home and community-based waivers provide necessary services and supports so that people with disabilities can continue to live and thrive in their communities. Services are designed to be meaningful to the person receiving them.

As Minnesota's experience with these four disability waiver programs has matured, DHS has focused on the following:

- Expanding participants' choice of community living options
- Developing more person-directed services

- Building partnerships with communities
- Creating more information, referral and assistance services
- Improving the quality of services
- Strengthening participant safeguards.

Since 2001, Minnesota has experienced an increased demand for home and community-based services. This is attributed to a number of factors:

- Downsizing and closure of community ICF/MR and nursing facilities
- Efforts to match services and funding more accurately with participant needs and to provide participants with more options to meet those needs
- Service redesign of programs for Minnesotans with mental illness
- Statewide initiatives to reduce reliance on nursing homes.

As a result, Minnesota has sought to effectively manage programs in light of increased demand for services. This report will provide the legislature with data regarding the demand for and the available resources for home and community-based waiver programs for persons with disabilities in Minnesota.

Data Resources

All data in this report were obtained from the following sources:

- CAC, CADI and TBI Waiver Management System
- Continuing Care Management Reporting System (CCMRS)
- DD Waiver Management System
- Medicaid Management Information System (MMIS) Screening and Service Agreement Data.

I. Legislation

This report was prepared for the Minnesota Legislature in accordance with Minnesota Statutes §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 service waiver programs:

- Community Alternative Care (CAC)
- Community Alternatives for Disabled Individuals (CADI)
- Development Disabilities (DD)
- Traumatic Brain Injury (TBI).

Below is the text of the two statutes.

Minnesota Statutes §256B.0916, 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 developmental disabilities. 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.
8. Additional action that would decrease the number of those eligible and waiting for waiver services.

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

Minnesota Statutes §256B.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.

II. Overview of Waiver Programs

A. Waiver Background

The goal of home and community-based waiver programs is to provide necessary services and supports to people who require an institutional level of care so they can live and thrive in their community. Waiver programs were first allowed by Congress in 1982, and opened the door in Minnesota for deinstitutionalization of persons with developmental disabilities. In the late 1990's, there were renewed efforts to provide home and community options for people with disabilities choosing to move from nursing facilities. In 1999, the U.S. Supreme Court's Olmstead Decision affirmed the right of individuals who are eligible for Medicaid services to receive those services in the least restrictive setting in accordance with the Americans with Disabilities Act.

To meet the goal of providing community alternatives to institutionalization, DHS has adopted these outcomes:

- Community membership
- Health and safety
- Own place to live
- Important long-term relationships
- Control over supports
- Employment earnings and economic stability

Minnesota is able to make home and community-based services available because of federal financial participation, which currently matches the state's program costs nearly dollar for dollar. In order to obtain federal participation, Minnesota submits waiver plans that must be approved by the Centers for Medicare and Medicaid Services (CMS).

Each of the Minnesota home and community-based waiver programs has been developed to meet federal guidelines, which includes the obligation to meet specified federal assurances in six areas:

1. Level of care
2. Plan of care
3. Qualified providers
4. Health and safety
5. Administrative authority
6. Financial accountability

Services authorized under all waiver program plans must:

- Help a person avoid institutionalization and/or function with greater independence in the community
- Be necessary to assure health, welfare and safety of the person
- Be an alternative to institutionalization
- Have no other funding source
- Meet the unique needs and preferences of the person.

B. Waiver Overview Data

The following three tables present statewide data on Minnesota's disability waiver programs:

- Table 1: Cost-Effectiveness of Community over Institutional Settings, page 10, depicts the cost effectiveness of providing services in the community rather than in institutional settings.
- Table 2: Summary of Waiver Populations, page 11, provides an overview of the number of persons served, eligibility requirements, and benefit levels for each of the disability waivers.
- Table 3: Statewide Caseload Summary, pages 12 and 13, provides a statewide caseload summary for the four disability waiver programs.

For a county-by-county caseload summary for all home and community-based services, see the Waiver Reports Appendix, which begins on page 49.

Table 1: Cost-Effectiveness of Community over Institutional Settings

CMS requires waiver services to maintain cost neutrality with institutional care. Minnesota, however, focuses on cost-effectiveness, which continues to provide long-term savings to the state. Table 1 compares waiver costs to institutional costs to show the cost savings of the disability waivers.

Notes for Table 1:

1. Federally required annual reports prepared by DHS compare annual per capita Medicaid costs for an HCBS waiver population and a corresponding institutional population. These numbers were used when comparing with Medical Assistance forecasts and include home care costs. The comparison periods are:

CAC	04/01/06 to 03/31/07
CADI	10/01/05 to 09/30/06
DD	07/01/06 to 06/30/07
TBI	04/01/06 to 03/31/07

2. Group Residential Housing, Minnesota Supplemental Aid (MSA) Shelter Needy, and Social Security are options for room and board costs under the waiver.

Table 1: Cost-Effectiveness of Community over Institutional Settings

HCBS Waiver	Level Of Care	HCBS Waiver Costs (in thousands)			Institutional Costs (in thousands)			Savings (in thousands) HCBS Waiver over Institutional
		Waiver Services	Acute Care	Total Waiver	Institutional	Acute Care	Total Institutional	
CAC	Hospital	\$44,067	\$135,449	\$179,516	\$312,407	\$282,741	\$595,148	\$415,632
CADI	Nursing Facility	\$14,928	\$17,506	\$32,434	\$45,537	\$6,819	\$52,356	\$19,922
DD	Intermediate Care Facility (ICF/MR)	\$61,629	\$6,478	\$68,107	\$86,524	\$5,253	\$91,777	\$23,670
TBI-NB	Hospital	\$95,303	\$19,160	\$114,463	\$260,887	\$17,926	\$278,813	\$164,350
TBI-NF	Nursing Facility	\$37,886	\$14,297	\$52,183	\$88,661	\$19,448	\$108,109	\$55,926

Source: Centers for Medicare and Medicaid Services 372 Reports

Table 2: Summary of Waiver Populations

Notes for Table 2:

Waiver costs in Table 2 do not include home care costs.

Table 2: Summary of Waiver Populations

Waiver	Persons Served		Eligibility	Benefit Level
CAC	* Average no. recipients/month	261	* Eligible for Medical Assistance	* Need level is determined by an assessment
	* Monthly cost per recipient	\$4,987	* Certified disabled by the State Medical Review Team (SMRT) or the Social Security Administration (SSA)	* Services identified in a community service plan completed by county case manager
	* Total annual spending	\$15.6 m	* Under age 65	* Funds managed on an aggregate basis across the CADI, CAC, and TBI waivers at the local level by the county agency
	* Some enrollee support costs are found in the MA Home Care section of the forecast		* Determined to need hospital level of care	
CADI	* Average no. recipients/ month	11,997	* Eligible for Medical Assistance	* Need level is determined by an assessment
	* Monthly cost per recipient	\$2,045	* Certified disabled by the SMRT or the SSA	* Services identified in a community service plan completed by county case manager
	* Total annual spending	\$294.5 m	* Under age 65 when admitted to program	* Funds managed on an aggregate basis across the CADI, CAC, and TBI waivers at the local level by the county agency
	* Some enrollee support costs are found in the MA Home Care section of the forecast		* Need nursing facility level of care	
DD	* Average no. recipients/month	14,089	* Eligible for Medical Assistance	* Need level is determined by an assessment
	* Monthly cost per recipient	\$5,719	* Determined to have mental retardation or related condition	* Services identified in a community service plan completed by county case manager
	* Total annual spending	\$967.0m	* Determined to need ICF/MR level of care	* Funds managed on an aggregate basis at the local level by the county agency
	* Some enrollee support costs are found in the MA Home Care section of the forecast			
TBI	* Average no. recipients/month	1,409	* Eligible for Medical Assistance	* Need level is determined by an assessment
	* Monthly cost per recipient	\$ 5,704	* Certified disabled by the SMRT or SSA	* Services identified in a community service plan completed by county case manager
	* Total annual spending	\$96.4 m	* Documented diagnosis of traumatic or acquired brain injury or degenerative brain disease	* Funds managed on an aggregate basis across the CADI, CAC, and TBI waivers at the local level by the county agency
	* Some enrollee support costs are found in the MA Home Care section of the forecast		* Experience significant to severe cognitive and behavioral impairments related to the brain injury	
			* Under age 65	
			* Determined to need NF or NB level of care	

Table 3: Statewide Case Load Summary Fiscal Year 2008 (Number of Unduplicated Recipients) **

Unduplicated Assessment Totals	Total	Age Ranges					
		0-12	13-17	18-22	23-39	40-64	65-65+
PHN Assessments for PCA	15,450	4,882	1,781	1,058	1,888	5,188	653
LTC Consultation	71,069	1,219	740	1,096	3,399	13,780	50,835
DD Screening	22,436	3,483	2,126	2,522	6,393	6,784	1,128
Home Care							
PCA - Waiver	5,100	734	467	427	844	2,508	120
CA - Non-waiver	13,651	3,690	1,406	762	1,529	4,557	1,707
PCA - Total	18,751	4,424	1,873	1,189	2,373	7,065	1,827
PDN - Waiver	419	166	45	43	59	97	9
PDN - Non-waiver	362	146	18	11	41	52	94
PDN - Total	781	312	63	54	100	149	103
Skilled Nurse - Waiver	4,594	98	35	70	525	3,640	226
Skilled Nurse - Non-waiver	9,410	1,846	177	494	1,230	2,264	3,399
Skilled Nurse - Total	14,004	1,944	212	564	1,755	5,904	3,625
HHA - Waiver	1,185	8	9	9	81	985	93
HHA - Non-waiver	2,015	1		3	33	216	1,762
HHA - Total	3,200	9	9	12	114	1,201	1,855
Therapies - Waiver	692	54	22	23	93	481	19
Therapies - Non-waiver	750	77	14	18	73	453	115
Therapies - Total	1,442	131	36	41	166	934	134
Institutional Services							
NF stays <= 90 days (MA funded)	15,345		3	30	201	2,153	12,958
NF stays > 90 days (MA funded)	11,223		1	13	86	1,297	9,826
ICF / MR stays	2,072	8	45	113	429	1,202	275
Waiver							
CADI	15,277	938	639	877	2,462	9,676	685
TBI-NF	1,105	18	27	61	281	687	31
TBI-NB	419	9	6	27	165	204	8

Use and Availability of Home and Community-Based Waivers for Persons with Disabilities

Unduplicated Assessment Totals	Total	Age Ranges					
		0-12	13-17	18-22	23-39	40-64	65-65+
CAC	371	173	47	44	55	46	6
DD	14,569	995	1,250	1,499	4,908	5,018	899
Other Services							
Consumer Support Grant (CSG)	1,382	1,001	241	85	31	24	
Family Support Grant (FSG)	1,628						
Semi-Independent Living Services	1,552						

Data Source: Medicaid Management Information System (MMIS) Screening & Service Agreement Data 02/03/2009

** Table includes fee-for-service only, with the exception of screenings/assessments

III. Legislative History

Legislation over the past several years had affected the growth of the disability waiver programs. The DD Waiver has historically had restrictions limiting enrollment growth. In 2005, the legislature maintained a limitation on new allocations for the 2006 - 07 biennium for three of the four disability waivers. The CADI Waiver was limited to 95 new allocations per month. The TBI Waiver was limited to 150 new allocations per year. The DD Waiver was limited to 50 diversions each year of the biennium for individuals at imminent risk of institutional placements. In 2007, the 2005 mandates expired for the CADI and TBI waiver programs.

In 2008, the Minnesota Legislature limited waiver growth for the 2008 - 09 biennium by the following:

1. CADI Waiver to 95 new allocations per month.
2. TBI Waiver to 150 new allocations per year.
3. DD Waiver to 300 diversions each year.

Also in 2008, the state budget showed a projected general fund deficit for the remainder of the fiscal year and into the next biennium.

IV. Waiver Program Goals and Outcomes

Over the past five years, various groups across Minnesota working on multiple initiatives have conducted research, reviewed needs assessments, and undertaken planning to determine how services and outcomes could be improved for people with disabilities. These studies have been sponsored, requested, and executed by groups including the Minnesota Legislature, state agencies, independent service agencies, associations, and advocacy groups. Though their study methods and areas of focus have varied, some common themes have emerged regarding their desired outcomes.

As a result, DHS has adopted outcomes that echoed these themes. These outcomes are represented by the acronym CHOICE:

- Community membership
- Health and safety
- Own place to live
- Important long-term relationships
- Control over supports
- Employment earnings and economic stability

DHS continues to identify and take administrative action to assist counties and persons receiving waiver funding through the four disability waivers to gain better access to waiver services and manage allowable resources while promoting the outcomes described by the CHOICE domains above. Goals for the waiver programs support these outcome domains.

A. Goal 1 - Provide the Right Services at the Right Time

1. Overview

Minnesota has four disability waiver programs, the CAC, CADI, DD and TBI waivers. Each program is designed to meet the needs of Medicaid recipients who need a particular level of care and have an assessed need for services. Each waiver has a list of services available to participants, if needed. Certain services are available across all waivers. Other services are available only in one or two waivers. As a result, people on different waivers who have similar needs may not be able to access a service that would meet their need because the service is not available on their waiver. DHS is in the process of reviewing, streamlining, and redesigning services across the waivers so that people can access the right service at the right time.

2. Progress

In 2008, DHS focused on responding to evolving federal requirements for renewing waiver programs. This renewal process afforded DHS the opportunity to make some changes that streamline services across the four disability waivers.

In addition, DHS is working on waiver amendments to streamline services across waivers. DHS has the following additional service analysis and innovations to report:

- i. Legislation passed in 2007 required DHS to recommend amendments to licensing statutes or rules that allow licensure of appropriate services for school-aged youth with disabilities under age 21 during nonschool hours. Nonschool hours include after-school hours, school holidays, and summer vacations. Before developing recommendations, DHS was directed to determine through a survey of counties how the needs of youth with disabilities during nonschool hours are currently being met. DHS chose to form a stakeholder group, which began meeting in July 2008, to help evaluate how to design and provide the right services at the right time. The county survey was developed with input from this stakeholder group and was sent to counties in September 2008. A report to the legislature will include licensure recommendations and proposed service changes based on input from stakeholders and the county survey.
- ii. In August 2008, DHS convened a summit of nationally recognized experts and 50 stakeholders to discuss and learn best practices for Minnesota's crisis system for people with disabilities. DHS staff reviewed the summit's recommendations and identified action steps. DHS is working with counties and communities to expand community services and crisis capacity. One example has been to strengthen practices associated with admissions and discharges for Minnesota Extended Treatment Options (METO) to reduce admissions and prevent delays in METO discharges.
- iii. At present, DHS along with the Association of Residential Resources in Minnesota (ARRM) is facilitating a group of 30 stakeholders to determine how best to utilize newly emerging monitoring technology that will support seniors and people with disabilities, whether they live in their own homes or in provider-controlled settings. The stakeholder group is considering topics such as funding, data, participant rights, and provider standards that may include criteria for licensing variances where it may be possible or desirable to replace staff with monitoring technology.

- iv. Lastly, a new administrative structure was developed in 2008 to enable the Leech Lake Band of Ojibwe to administer the CAC, CADI, and TBI waivers to band members and members of their households. It is expected participants will have easier access to services that are more culturally sensitive to their needs.

3. Future Efforts

In 2009, DHS will:

- i. Evaluate modifications to the existing crisis services system to strengthen preventive supports and decrease the need for crisis services.
- ii. Focus on evaluating the need for redesigning crisis service definitions, provider standards, and provider qualifications.

4. Outcomes

DHS will:

- Ensure core health and safety protections for all waiver participants
- Increase access to needed services
- Simplify services for people with disabilities
- Streamline services across waivers, including consumer-directed service approaches to all services.

B. Goal 2 - Enhance Quality Management in the HCBS Waivers

1. Overview

According to CMS regulations, a state must demonstrate compliance with federal HCBS waiver regulations, including engagement in quality management. DHS maintains its commitment to meeting these quality management functions:

- Establishment of performance indicators for the federally required assurances
- Discovery: Capturing data and identifying problems with compliance
- Remediation: Correcting specific problems or concerns that have been identified
- Continuous improvement: Utilizing data and quality information to engage in actions that ensure ongoing progress in achieving waiver program outcomes.

2. Progress

In order to meet increasingly rigorous federal requirements for quality management in all areas of waiver program design, implementation and support, DHS continued to develop and enhance its capacity to perform quality management functions. Actions

included the following:

Development of a formal Quality Management Strategy across waiver programs

This effort is to effect and maintain compliance with federal requirements while also identifying areas of quality oversight in which prioritized activities for discovery, remediation, and continuous improvement are warranted. A cross-divisional Quality Essentials Team was formed to focus on the internal operations of waiver quality management and continuous quality improvement. This team composed of representatives from the Disability Services Division and Aging and Adult Services will support the Continuing Care Administration leadership and the HCBS Expert Panel to evaluate and determine priority improvements for the state's home and community-based services.

Continued Implementation of the Lead Agency Waiver Review Initiative

DHS conducts on-site reviews (discovery) of HCBS waiver administration. In May 2008, the follow-up process began to determine what changes had taken place due to the waiver reviews. The purpose of the follow-up is to confirm lead agency compliance with corrective action plans, track local improvements, and obtain feedback on the helpfulness of the review.

Development of the Quality Management, Assurance and Improvement System for Minnesotans Receiving Disability Services

This activity is conducted in accordance with Minnesota Statutes §256B.096 and involves:

- Development of an annual waiver participant survey (discovery) to determine the effectiveness and quality of waiver services and
- Recommendations for improvements to the state's system of critical incident reporting, investigation, analysis, and follow-up.

A Quality Assurance Stakeholder Advisory Group has been convened to consult with DHS on the development and implementation of this quality management system.

3. Future Efforts

DHS will continue to invest in the quality initiatives described above. This includes the development of performance measures as part of DHS's quality management and improvement strategy, continued implementation of the lead agency waiver review initiative, and the development and pilot testing of a participant survey to assess choice, access to supports, and quality of services.

4. Outcome

The Quality Essentials Team will work on creating performance measures for the waiver application (published in January 2008) required for federal waiver renewal. Through this process, the team will identify gaps and redundancies in the current quality management activities, including barriers that may prevent the development of a sustainable quality management strategy. In addition, the team will continue to focus on refining and implementing a system of continuous quality improvement.

DHS will further develop its quality management strategy in order to comply with continually evolving federal quality management requirements in HCBS waiver programs.

C. Goal 3 - Develop Provider Standards to Protect Participants' Health, Safety, and Rights

1. Overview

In response to changing CMS waiver assurances requirements, DHS has set a goal to improve provider standards related to participant safeguards. During the 2007 legislative session, language was passed that required providers of independent living skills, foster care waiver services, prevocational services, structured day services, and supported employment services for CAC, CADI and TBI waivers to meet basic health, safety, and protection of rights standards. Providers have the option to meet the new standards by agreeing to apply their Home and Community-Based Services License for People with Developmental Disabilities as authorized under Chapter 245B to these waiver services or by completing a certification process that verifies the provider has appropriate policies and procedures to protect participants' health, safety, and rights.

2. Progress

In 2008, DHS proposed changes to the 2007 legislation. One significant change was to require DHS to certify providers in lieu of local agencies, which are most often counties. DHS pursued state certification for the sake of efficiency and consistency, so that providers would not need to seek certification in multiple counties and so that DHS could ensure uniform certification standards.

DHS has begun the internal infrastructure development of the certification process. This involves several divisions and work units, including Provider Enrollment, Provider Training, and Licensing, as well as various large systems, such as information and data management systems. DHS also worked with stakeholder groups to receive feedback on the provider standards, tools, and instructions as part of the certification

process.

With the launching of the certification process, providers will be required to adhere to the new standards. They will be trained how to apply the new standards, including requirements for medication management and behavioral safeguards. DHS will also provide additional technical assistance and resources on risk management planning. Risk management planning includes identification of potential risks as well as strategies to mitigate risk that respect the needs and preferences of the waiver participant.

3. Future Efforts

- i. DHS will continue to develop the internal infrastructure for the certification process. This will include ongoing coordination with other work units, such as Provider Enrollment, Provider Training on systems, data management, and licensing.
- ii. DHS will pilot test the certification process with a sample of counties and providers.
- iii. DHS will communicate the new provider requirements and training opportunities to providers.
- iv. Future efforts mentioned in activities around Goal 1, "Provide the right services at the right time," will also focus on evaluating current provider standards and identifying any need for changes in these standards.
- v. Future efforts mentioned in required activities for federal waiver compliance in Goal 5 "Adhere to federal compliance standards" correspond with these activities.

4. Outcome

DHS will continue to evaluate provider standards to focus on the goals of providing the right services at the right time, as well as maintaining compliance with changing federal waiver requirements.

D. Goal 4 - Reengineer State-to-County Developmental Disability Budget Process

1. Overview

In response to recommendations made by the Legislative Audit Commission in 2003, DHS contracted with Johnston, Villegas-Grubbs and Abraham LLC (JVGA) to design a state-to-county resource allocation methodology for the Developmental Disabilities Medicaid Waiver program. Working with JVGA, as well as stakeholder representatives, including waiver participants, families, counties, advocates, and

providers, DHS created the initial goals for the new DD Budget Allocation Methodology.

These goals called for a system that will:

- Increase fairness and equity
- Respond to the needs of individuals as they change over time
- Improve predictability and stability
- Balance simplicity against accuracy for ease of understanding.

The structure of the new budget allocation methodology is an allocation system based on reimbursement patterns that account for the needs of individuals as they age through the system. DHS will calculate county allocations using both the payment history of providing services in each county and the number of people the county serves.

Throughout the process of developing the new budget allocation methodology, DHS worked with two stakeholder groups:

The **Implementation Team**, composed of county stakeholders, was tasked with creating recommendations for the operation of the new budget allocation methodology.

The **Advisory Group**, composed of waiver stakeholders, including advocates, families, counties and providers, was assigned to oversee the work of the Implementation Team.

2. Progress

In 2008, the Waiver Management System (WMS) Design Team was formed. This team included a group of county stakeholders who helped DHS create tools that enable counties to manage their budget allocations in the 3.1 Waiver Management Tracking Systems. These new tools provide counties with detailed information on how their allocations were calculated and enable them to see how their management decisions will affect future year allocations.

DHS provided overview training to counties in the new budget allocation methodology via videoconference in September 2008. This was followed by regional trainings to counties on Waiver Management System tools. Each county received notice of allocations for 2009 in September 2008.

3. Future Efforts

Throughout the development of the new methodology, stakeholders identified areas DHS will need to evaluate for effectiveness once the new state-to-county budget allocation methodology is implemented in 2009. In response, DHS will:

- Form an evaluation work group to assess and make recommendations regarding the allocation methodology's achievement of original project goals
- Create a plan to address the evaluation work group's recommendations to improve the allocation methodology.

4. Outcome

DHS will create a fair and equitable state-to-county resource allocation system that responds to the needs of individuals as they change over time.

E. Goal 5 - Adhere to Federal Compliance Standards

1. Overview

CMS requires waivers be renewed every five years. As part of the waiver renewal process, CMS requires states to conduct a waiver review 18 months prior to completing the renewal. In the review, DHS must show CMS evidence that its waiver implementation policies and procedures ensure the health and safety of waiver participants. Over the past five years, CMS has developed six areas or assurances states must comply with to operate waiver programs. Below are the six assurances:

1. Level of care
2. Plan of care
3. Qualified providers
4. Health and safety
5. Administrative authority
6. Financial accountability

These assurances are integral to both waiver reviews and renewals. Waiver review evidence must demonstrate how DHS has met the assurances. The current waiver renewal application (Version 3.5) now requires states to identify how they will meet these assurances over the next five years, a higher standard than states have been held to in the past. The following items describe DHS's recent waiver compliance activities:

Waiver Review: The CADI and TBI waiver reviews were submitted to CMS in November 2008. These reviews are consistent with DHS's overall quality management

strategy as described in Goal 2 “Enhance Quality Management in the HCBS Waivers.” DHS received approval to combine the CADI and TBI waiver reviews in order to streamline waiver review activities. These reviews provide CMS with evidence used to evaluate the overall performance of Minnesota’s CADI and TBI waivers and identify program modifications or technical assistance needed to continue their successful operation. Waiver review results demonstrate to Minnesotans and CMS how well DHS meets waiver requirements. Since waiver reviews require states to demonstrate adequate and effective mechanisms for identifying and resolving waiver compliance issues on an ongoing basis, DHS collects and analyzes data to provide evidence of compliance with CMS assurances as part of its continuous quality monitoring.

Waiver Renewal: The CAC Waiver renewal application was submitted in November 2007. In its review of this application, CMS identified two areas where Minnesota was out of compliance with federal requirements:

- A service rate disparity for waiver services
- The use of lead agency contracts (that is, contracts between counties and providers) as the mechanism for establishing and monitoring waiver provider qualifications and service standards.

Over the last several years, CMS has been refining its waiver oversight, and it is raising issues with the states in new ways. CMS’ concerns about the CAC renewal application honed in on the need for consistent, statewide procedures to determine rates, establish provider standards, and permit greater participant choice of providers. CMS asserted that Minnesota was out of compliance with federal requirements by delegating to counties the responsibility of establishing rates and contracts.

To renew the CAC Waiver, DHS submitted to CMS a detailed plan with timelines to ensure consistent, statewide provider standards and to establish statewide rate setting methodologies for waiver services. CMS approved the renewal in December 2008.

2. Future efforts

To fulfill its commitments to CMS made for the CAC Waiver renewal, DHS will develop and implement statewide payment methodologies for home and community-based waiver services by January 1, 2011. Concurrently, DHS will expand the MA provider agreement and eliminate the use of lead agency contracts by January 1, 2011.

3. Outcomes

DHS will bring Minnesota into compliance with current CMS requirements regarding consistent, statewide rates and provider standards.

V. Description of Waiver Reports

Minnesota Statutes § 256B.0916 calls for the submission of information for each county or county partnership on the topics on the following pages. Data for these reports were gathered from MMIS Screening and Service Agreement Data, the DD Waiver Management System 3.1, the CAC, CADI and TBI Waiver Management System 3.1, and CCMRS. DHS continues to work with stakeholders and partners to improve its data gathering process.

A. Reports on the DD Waiver

1) *The amount of funds allocated but not used:*

Table 4: DD Waiver Funds Allocated but Not Used, pages 25-28, details the amount of funds allocated but not used in the DD Waiver for Calendar Year (CY) 2005, 2006, and 2007. The table details for each county:

- Total dollars allocated to a county in a given year
- Total dollars spent on services by the county in that year
- Difference between the dollars allocated and the dollars spent
- Percentage difference between dollars allocated and dollars spent

Because Medicaid providers have a full year after a service is provided to bill for services, some services provided in CY 2008 have not yet been billed. Data for CY 2008 are therefore not included in this analysis.

The statewide percentage of funds allocated but not used has been growing at a steady rate since 2004, because counties are probably spending funds cautiously. They must repay any portion of their allocation that they spend in excess of their allowable budget.

The new state-to-county budget allocation methodology was launched on January 1, 2009. As part of the new methodology, DHS has included a safety net component for eligible counties who experience an unexpected and significant change in a participant's needs. The availability of the safety net provides an assurance for the county to be able to meet unexpected health and safety needs, while maximizing the use of their county budget allocation. DHS Bulletin 07-56-03 contains a more detailed explanation of the new budget allocation methodology. This bulletin can be found on the DHS Web site at www.dhs.state.mn.us/dhs16_139408.pdf.

Table 4: DD Waiver Funds Allocated but Not Used

County Name	CY 2005 \$ Allocated in thousands	CY 2005 \$ Spent in thousands	CY 2005 Allocated - Spent in thousands	CY 2005 Allocated - Spent (%)	CY 2006 \$ Allocated in thousands	CY 2006 \$ Spent in thousands	CY 2006 Allocated - Spent in thousands	CY 2006 Allocated - Spent (%)	CY 2007 as of 10/08/08 \$ Allocated in thousands	CY 2007 as of 10/08/08 \$ Spent in thousands	CY 2007 as of 10/08/08 Allocated - Spent in thousands	CY 2007 (as of 10-08-2008) Allocated - Spent (%)
Aitkin	\$3,268	\$3,025	\$243	7.4%	\$3,365	\$3,013	\$352	10.5%	\$3,470	\$3,044	\$426	12.3%
Anoka	\$43,316	\$43,194	\$122	0.3%	\$45,126	\$43,855	\$1,271	2.8%	\$47,466	\$45,967	\$1,499	3.2%
Becker	\$4,689	\$4,551	\$137	2.9%	\$4,853	\$4,507	\$346	7.1%	\$5,033	\$4,699	\$333	6.6%
Beltrami	\$7,646	\$7,289	\$357	4.7%	\$7,897	\$7,424	\$472	6.0%	\$8,151	\$7,580	\$570	7.0%
Benton	\$6,498	\$5,803	\$695	10.7%	\$6,687	\$5,946	\$741	11.1%	\$6,922	\$6,275	\$647	9.4%
Big Stone	\$1,839	\$1,839	\$	0.0%	\$1,904	\$1,922	-\$18	-0.9%	\$1,968	\$1,957	\$11	0.6%
Blue Earth	\$8,844	\$8,178	\$666	7.5%	\$9,367	\$8,631	\$736	7.9%	\$9,840	\$9,165	\$675	6.9%
Brown	\$6,016	\$5,493	\$524	8.7%	\$6,214	\$5,425	\$789	12.7%	\$6,707	\$6,022	\$684	10.2%
Carlton	\$8,557	\$8,502	\$55	0.6%	\$8,846	\$8,521	\$326	3.7%	\$9,262	\$8,778	\$484	5.2%
Carver	\$8,568	\$9,034	-\$466	-5.4%	\$9,020	\$9,137	-\$117	-1.3%	\$9,065	\$8,805	\$260	2.9%
Cass	\$6,537	\$6,086	\$450	6.9%	\$6,755	\$6,508	\$247	3.7%	\$6,995	\$6,744	\$251	3.6%
Chippewa	\$3,756	\$3,323	\$433	11.5%	\$3,882	\$3,327	\$555	14.3%	\$4,015	\$3,333	\$681	17.0%
Chisago	\$8,066	\$7,726	\$340	4.2%	\$8,318	\$7,704	\$614	7.4%	\$8,573	\$7,418	\$1,154	13.5%
Clay	\$12,119	\$11,233	\$886	7.3%	\$12,553	\$11,747	\$806	6.4%	\$13,231	\$12,256	\$974	7.4%
Clearwater	\$748	\$708	\$40	5.3%	\$771	\$711	\$60	7.8%	\$790	\$734	\$55	7.1%
Cook	\$839	\$700	\$139	16.6%	\$890	\$827	\$63	7.1%	\$849	\$840	\$9	1.1%
Cottonwood	\$2,981	\$2,818	\$163	5.5%	\$3,111	\$2,990	\$120	3.9%	\$3,242	\$2,976	\$266	8.2%
Crow Wing	\$7,476	\$7,249	\$227	3.0%	\$7,820	\$7,586	\$234	3.0%	\$8,119	\$7,931	\$187	2.3%
Dakota	\$51,169	\$50,027	\$1,142	2.2%	\$53,061	\$51,276	\$1,785	3.4%	\$54,905	\$52,568	\$2,337	4.3%
Dodge	\$4,151	\$4,109	\$43	1.0%	\$4,419	\$4,092	\$327	7.4%	\$4,586	\$4,108	\$478	10.4%
Douglas	\$5,236	\$5,341	-\$105	-2.0%	\$5,478	\$5,488	-\$10	-0.2%	\$5,769	\$5,639	\$130	2.3%
Faribault	\$4,093	\$3,940	\$153	3.7%	\$4,278	\$3,962	\$316	7.4%	\$4,502	\$3,776	\$726	16.1%
Fillmore	\$4,218	\$4,543	-\$324	-7.7%	\$4,598	\$4,445	\$154	3.3%	\$4,764	\$4,500	\$264	5.5%
Freeborn	\$6,890	\$6,534	\$356	5.2%	\$7,184	\$7,132	\$51	0.7%	\$7,457	\$7,462	(\$5)	-0.1%
Goodhue	\$9,018	\$8,226	\$792	8.8%	\$9,382	\$8,208	\$1,174	12.5%	\$9,699	\$8,412	\$1,287	13.3%

Table 4: DD Waiver Funds Allocated but Not Used

County Name	CY 2005 \$ Allocated in thousands	CY 2005 \$ Spent in thousands	CY 2005 Allocated - Spent in thousands	CY 2005 Allocated - Spent (%)	CY 2006 \$ Allocated in thousands	CY 2006 \$ Spent in thousands	CY 2006 Allocated - Spent in thousands	CY 2006 Allocated - Spent (%)	CY 2007 as of 10/08/08 \$ Allocated in thousands	CY 2007 as of 10/08/08 \$ Spent in thousands	CY 2007 as of 10/08/08 Allocated - Spent in thousands	CY 2007 (as of 10-08-2008) Allocated - Spent (%)
Grant	\$1,074	\$1,035	\$39	3.6%	\$1,109	\$1,088	\$21	1.9%	\$1,162	\$1,186	(\$24)	-2.1%
Hennepin	\$207,220	\$203,366	\$3,855	1.9%	\$213,570	\$211,682	\$1,888	0.9%	\$219,483	\$216,679	\$2,803	1.3%
Houston	\$5,034	\$4,973	\$61	1.2%	\$5,199	\$5,123	\$76	1.5%	\$5,366	\$5,302	\$64	1.2%
Hubbard	\$2,526	\$2,151	\$375	14.9%	\$2,612	\$2,253	\$358	13.7%	\$2,695	\$2,244	\$451	16.8%
Isanti	\$4,076	\$3,716	\$360	8.8%	\$4,319	\$3,986	\$333	7.7%	\$4,499	\$4,237	\$262	5.8%
Itasca	\$9,360	\$9,048	\$311	3.3%	\$9,721	\$9,178	\$543	5.6%	\$10,074	\$9,465	\$609	6.0%
Jackson	\$2,252	\$2,053	\$198	8.8%	\$2,338	\$2,085	\$253	10.8%	\$2,463	\$2,196	\$266	10.8%
Kanabec	\$2,483	\$2,242	\$241	9.7%	\$2,565	\$2,367	\$198	7.7%	\$2,647	\$2,519	\$127	4.8%
Kandiyohi	\$6,914	\$6,406	\$507	7.3%	\$7,141	\$6,356	\$785	11.0%	\$7,370	\$6,574	\$795	10.8%
Kittson	\$1,067	\$986	\$80	7.5%	\$1,242	\$1,191	\$51	4.1%	\$1,290	\$1,191	\$99	7.7%
Koochiching	\$3,737	\$3,440	\$297	7.9%	\$3,861	\$3,583	\$279	7.2%	\$3,998	\$3,880	\$117	2.9%
Lac Qui Parle	\$2,405	\$2,187	\$218	9.1%	\$2,483	\$2,281	\$203	8.2%	\$2,581	\$2,390	\$190	7.4%
Lake	\$4,067	\$4,067	\$	0.0%	\$4,201	\$4,030	\$170	4.1%	\$4,335	\$4,036	\$299	6.9%
Lake of the Woods	\$804	\$805	-\$1	-0.1%	\$830	\$868	-\$38	-4.5%	\$866	\$849	\$17	2.0%
Le Sueur	\$5,952	\$5,333	\$619	10.4%	\$6,254	\$5,635	\$619	9.9%	\$6,495	\$5,872	\$622	9.6%
Lincoln	\$1,884	\$1,651	\$234	12.4%	\$1,965	\$1,531	\$434	22.1%	\$2,028	\$1,616	\$411	20.3%
Lyon	\$5,861	\$5,680	\$182	3.1%	\$6,106	\$5,963	\$143	2.3%	\$6,371	\$6,407	(\$35)	-0.6%
McLeod	\$5,434	\$5,280	\$154	2.8%	\$5,784	\$5,622	\$162	2.8%	\$5,972	\$5,731	\$241	4.0%
Mahnomen	\$1,861	\$1,700	\$161	8.6%	\$1,922	\$1,768	\$154	8.0%	\$1,983	\$1,777	\$206	10.4%
Marshall	\$3,121	\$2,844	\$277	8.9%	\$3,224	\$2,978	\$246	7.6%	\$3,330	\$3,049	\$280	8.4%
Martin	\$3,849	\$3,749	\$99	2.6%	\$4,013	\$3,945	\$68	1.7%	\$4,178	\$4,059	\$118	2.8%
Meeker	\$3,620	\$3,497	\$123	3.4%	\$4,254	\$4,045	\$209	4.9%	\$4,458	\$4,208	\$249	5.6%
Mille Lacs	\$4,459	\$3,936	\$523	11.7%	\$4,605	\$4,026	\$580	12.6%	\$4,763	\$4,235	\$528	11.1%
Morrison	\$6,670	\$6,568	\$103	1.5%	\$6,902	\$6,633	\$269	3.9%	\$7,181	\$6,759	\$421	5.9%

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Mower	\$8,789	\$8,545	\$244	2.8%	\$9,196	\$8,855	\$342	3.7%	\$9,614	\$9,221	\$392	4.1%
Murray	\$1,815	\$1,497	\$317	17.5%	\$1,874	\$1,532	\$343	18.3%	\$1,934	\$1,460	\$474	24.5%
Nicollet	\$3,542	\$3,437	\$105	3.0%	\$3,658	\$3,588	\$70	1.9%	\$3,806	\$3,574	\$231	6.1%
Nobles	\$3,554	\$3,334	\$220	6.2%	\$3,672	\$3,504	\$168	4.6%	\$3,854	\$3,596	\$257	6.7%
Norman	\$2,120	\$1,965	\$155	7.3%	\$2,188	\$1,964	\$225	10.3%	\$2,260	\$1,980	\$279	12.4%
Olmsted	\$24,181	\$24,326	-\$145	-0.6%	\$25,329	\$25,081	\$248	1.0%	\$26,521	\$25,518	\$1,002	3.8%
Otter Tail	\$9,068	\$8,344	\$724	8.0%	\$9,364	\$8,595	\$770	8.2%	\$9,665	\$8,857	\$808	8.4%
Pennington	\$2,384	\$2,476	-\$92	-3.9%	\$2,475	\$2,442	\$33	1.3%	\$2,554	\$2,300	\$254	10.0%
Pine	\$4,907	\$4,465	\$442	9.0%	\$5,043	\$4,598	\$445	8.8%	\$5,244	\$4,784	\$460	8.8%
Pipestone	\$1,720	\$1,607	\$113	6.6%	\$1,776	\$1,615	\$161	9.1%	\$1,878	\$1,552	\$325	17.3%
Polk	\$8,914	\$8,767	\$147	1.7%	\$9,404	\$8,970	\$433	4.6%	\$9,729	\$9,164	\$564	5.8%
Pope	\$2,737	\$2,610	\$127	4.7%	\$2,829	\$2,599	\$230	8.1%	\$2,924	\$2,597	\$327	11.2%
Ramsey	\$101,863	\$100,354	\$1,509	1.5%	\$105,249	\$104,817	\$433	0.4%	\$108,540	\$106,607	\$1,932	1.8%
Red Lake	\$831	\$651	\$179	21.6%	\$858	\$641	\$217	25.3%	\$940	\$712	\$227	24.2%
Redwood	\$3,621	\$3,293	\$327	9.0%	\$3,739	\$3,270	\$470	12.6%	\$3,859	\$3,513	\$346	9.0%
Renville	\$4,143	\$3,897	\$247	6.0%	\$4,336	\$4,065	\$272	6.3%	\$4,508	\$4,157	\$350	7.8%
Rice	\$13,482	\$13,370	\$112	0.8%	\$14,231	\$14,046	\$185	1.3%	\$14,971	\$14,800	\$171	1.2%
Rock	\$2,820	\$2,805	\$15	0.5%	\$2,899	\$2,770	\$129	4.4%	\$2,992	\$2,828	\$164	5.5%
Roseau	\$2,923	\$2,658	\$265	9.1%	\$3,117	\$2,812	\$305	9.8%	\$3,254	\$2,814	\$440	13.5%
St. Louis	\$49,494	\$51,020	-\$1,526	-3.1%	\$51,286	\$51,279	\$8	0.0%	\$53,562	\$51,652	\$1,910	3.6%
Scott	\$12,604	\$11,520	\$1,084	8.6%	\$13,049	\$11,931	\$1,118	8.6%	\$13,419	\$12,419	\$1,000	7.5%
Sherburne	\$8,158	\$7,421	\$737	9.0%	\$8,514	\$7,752	\$762	8.9%	\$8,856	\$8,037	\$819	9.3%
Sibley	\$2,826	\$2,683	\$144	5.1%	\$2,947	\$2,790	\$157	5.3%	\$3,042	\$2,866	\$175	5.8%
Stearns	\$19,618	\$19,184	\$433	2.2%	\$20,442	\$19,551	\$891	4.4%	\$21,307	\$20,203	\$1,103	5.2%
Steele	\$4,886	\$4,951	-\$64	-1.3%	\$5,149	\$5,120	\$29	0.6%	\$5,388	\$5,036	\$352	6.5%

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Stevens	\$2,271	\$2,032	\$240	10.5%	\$2,334	\$2,095	\$239	10.2%	\$2,415	\$2,263	\$152	6.3%
Swift	\$2,127	\$2,097	\$29	1.4%	\$2,239	\$2,163	\$76	3.4%	\$2,322	\$2,197	\$124	5.4%
Todd	\$4,690	\$4,463	\$228	4.9%	\$4,881	\$4,553	\$328	6.7%	\$5,065	\$4,719	\$345	6.8%
Traverse	\$561	\$462	\$98	17.5%	\$579	\$472	\$107	18.4%	\$597	\$507	\$89	15.0%
Wabasha	\$5,521	\$5,423	\$98	1.8%	\$5,755	\$5,547	\$207	3.6%	\$6,083	\$5,721	\$361	6.0%
Wadena	\$2,562	\$2,398	\$163	6.4%	\$2,647	\$2,423	\$224	8.5%	\$2,732	\$2,358	\$373	13.7%
Waseca	\$2,303	\$2,254	\$50	2.2%	\$2,517	\$2,510	\$7	0.3%	\$2,712	\$2,660	\$52	1.9%
Washington	\$28,494	\$28,322	\$171	0.6%	\$29,482	\$28,944	\$538	1.8%	\$30,460	\$29,432	\$1,027	3.4%
Watonwan	\$3,012	\$2,802	\$211	7.0%	\$3,143	\$3,016	\$127	4.1%	\$3,270	\$3,107	\$163	5.0%
Wilkin	\$2,469	\$2,201	\$269	10.9%	\$2,625	\$2,224	\$401	15.3%	\$2,728	\$2,227	\$500	18.4%
Winona	\$10,098	\$9,582	\$516	5.1%	\$10,432	\$9,966	\$467	4.5%	\$10,772	\$10,277	\$495	4.6%
Wright	\$12,102	\$11,306	\$796	6.6%	\$12,448	\$11,696	\$752	6.0%	\$12,883	\$12,062	\$820	6.4%
Yellow Medicine	\$2,673	\$2,512	\$160	6.0%	\$2,784	\$2,616	\$167	6.0%	\$2,869	\$2,560	\$309	10.8%
Statewide	\$902,151	\$877,218	\$24,933	2.8%	\$936,494	\$905,010	\$31,484	3.4%	\$970,544	\$927,828	\$42,715	4.4%

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Nicollet	\$3,542	\$3,437	\$105	3.0%	\$3,658	\$3,588	\$70	1.9%	\$3,806	\$3,574	\$231	6.1%
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Norman	\$2,120	\$1,965	\$155	7.3%	\$2,188	\$1,964	\$225	10.3%	\$2,260	\$1,980	\$279	12.4%
Olmsted	\$24,181	\$24,326	-\$145	-0.6%	\$25,329	\$25,081	\$248	1.0%	\$26,521	\$25,518	\$1,002	3.8%
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Pine	\$4,907	\$4,465	\$442	9.0%	\$5,043	\$4,598	\$445	8.8%	\$5,244	\$4,784	\$460	8.8%
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Polk	\$8,914	\$8,767	\$147	1.7%	\$9,404	\$8,970	\$433	4.6%	\$9,729	\$9,164	\$564	5.8%
Pope	\$2,737	\$2,610	\$127	4.7%	\$2,829	\$2,599	\$230	8.1%	\$2,924	\$2,597	\$327	11.2%
Ramsey	\$101,863	\$100,354	\$1,509	1.5%	\$105,249	\$104,817	\$433	0.4%	\$108,540	\$106,607	\$1,932	1.8%
Red Lake	\$831	\$651	\$179	21.6%	\$858	\$641	\$217	25.3%	\$940	\$712	\$227	24.2%
Redwood	\$3,621	\$3,293	\$327	9.0%	\$3,739	\$3,270	\$470	12.6%	\$3,859	\$3,513	\$346	9.0%
Renville	\$4,143	\$3,897	\$247	6.0%	\$4,336	\$4,065	\$272	6.3%	\$4,508	\$4,157	\$350	7.8%
Rice	\$13,482	\$13,370	\$112	0.8%	\$14,231	\$14,046	\$185	1.3%	\$14,971	\$14,800	\$171	1.2%
Rock	\$2,820	\$2,805	\$15	0.5%	\$2,899	\$2,770	\$129	4.4%	\$2,992	\$2,828	\$164	5.5%
Roseau	\$2,923	\$2,658	\$265	9.1%	\$3,117	\$2,812	\$305	9.8%	\$3,254	\$2,814	\$440	13.5%
St. Louis	\$49,494	\$51,020	-\$1,526	-3.1%	\$51,286	\$51,279	\$8	0.0%	\$53,562	\$51,652	\$1,910	3.6%
Scott	\$12,604	\$11,520	\$1,084	8.6%	\$13,049	\$11,931	\$1,118	8.6%	\$13,419	\$12,419	\$1,000	7.5%
Sherburne	\$8,158	\$7,421	\$737	9.0%	\$8,514	\$7,752	\$762	8.9%	\$8,856	\$8,037	\$819	9.3%
Sibley	\$2,826	\$2,683	\$144	5.1%	\$2,947	\$2,790	\$157	5.3%	\$3,042	\$2,866	\$175	5.8%
Stearns	\$19,618	\$19,184	\$433	2.2%	\$20,442	\$19,551	\$891	4.4%	\$21,307	\$20,203	\$1,103	5.2%
Steele	\$4,886	\$4,951	-\$64	-1.3%	\$5,149	\$5,120	\$29	0.6%	\$5,388	\$5,036	\$352	6.5%

Table 4: DD Waiver Funds Allocated but Not Used

County Name	CY 2005 \$ Allocated in thousands	CY 2005 \$ Spent in thousands	CY 2005 Allocated - Spent in thousands	CY 2005 Allocated - Spent (%)	CY 2006 \$ Allocated in thousands	CY 2006 \$ Spent in thousands	CY 2006 Allocated - Spent in thousands	CY 2006 Allocated - Spent (%)	CY 2007 as of 10/08/08 \$ Allocated in thousands	CY 2007 as of 10/08/08 \$ Spent in thousands	CY 2007 as of 10/08/08 Allocated - Spent in thousands	CY 2007 (as of 10-08-2008) Allocated - Spent (%)
Stevens	\$2,271	\$2,032	\$240	10.5%	\$2,334	\$2,095	\$239	10.2%	\$2,415	\$2,263	\$152	6.3%
Swift	\$2,127	\$2,097	\$29	1.4%	\$2,239	\$2,163	\$76	3.4%	\$2,322	\$2,197	\$124	5.4%
Todd	\$4,690	\$4,463	\$228	4.9%	\$4,881	\$4,553	\$328	6.7%	\$5,065	\$4,719	\$345	6.8%
Traverse	\$561	\$462	\$98	17.5%	\$579	\$472	\$107	18.4%	\$597	\$507	\$89	15.0%
Wabasha	\$5,521	\$5,423	\$98	1.8%	\$5,755	\$5,547	\$207	3.6%	\$6,083	\$5,721	\$361	6.0%
Wadena	\$2,562	\$2,398	\$163	6.4%	\$2,647	\$2,423	\$224	8.5%	\$2,732	\$2,358	\$373	13.7%
Waseca	\$2,303	\$2,254	\$50	2.2%	\$2,517	\$2,510	\$7	0.3%	\$2,712	\$2,660	\$52	1.9%
Washington	\$28,494	\$28,322	\$171	0.6%	\$29,482	\$28,944	\$538	1.8%	\$30,460	\$29,432	\$1,027	3.4%
Watonwan	\$3,012	\$2,802	\$211	7.0%	\$3,143	\$3,016	\$127	4.1%	\$3,270	\$3,107	\$163	5.0%
Wilkin	\$2,469	\$2,201	\$269	10.9%	\$2,625	\$2,224	\$401	15.3%	\$2,728	\$2,227	\$500	18.4%
Winona	\$10,098	\$9,582	\$516	5.1%	\$10,432	\$9,966	\$467	4.5%	\$10,772	\$10,277	\$495	4.6%
Wright	\$12,102	\$11,306	\$796	6.6%	\$12,448	\$11,696	\$752	6.0%	\$12,883	\$12,062	\$820	6.4%
Yellow Medicine	\$2,673	\$2,512	\$160	6.0%	\$2,784	\$2,616	\$167	6.0%	\$2,869	\$2,560	\$309	10.8%
Statewide	\$902,151	\$877,218	\$24,933	2.8%	\$936,494	\$905,010	\$31,484	3.4%	\$970,544	\$927,828	\$42,715	4.4%

2) *The county-specific allowed reserve amount approved and used:*

Each county or county alliance is required to submit a document detailing their policies and procedures for management of their DD waiver allocation, with updates as changes in policy occurs. In addition, DHS required counties to report to DHS the amount to be held in reserve each year and its rationale for choosing that reserve amount. The rationale included:

- Budget reserves needed to meet anticipated and unanticipated changes in current participant needs within the budget year
- Analysis of historical spending data and trends
- Demographics of its current waiver population
- Recent changes in law or other service programs that could increase demand for waiver services among current participants

DHS addresses large reserves by factoring them into the methodology to determine the number of new allocations a county will receive. DHS collects and maintains a copy of each county's policy and procedure guidelines, including the county's planned reserve. Specific county reserve guidelines are available from DHS upon request.

3) *The number, ages, and living situations of individuals screened and waiting for services:*

The appendix of this report contains a series of data reports for each county. The table in the appendix titled "People Waiting for DD Waiver by Living Arrangement" details, by county, the number of people waiting for DD Waiver services by age and living arrangement. See page 49 for the Waiver Reports Appendix. Click on a county name to review the report for a particular county.

Table 5: People Waiting for DD Waiver by Living Arrangement and Age, page 31, shows that almost 5,000 people have requested services through the DD Waiver, based on the last DD screening document in the system.

Over 4,200 are children living at home with their parents and over 3,000 are likely receiving school services. 336 people in ICFs/MR have requested waiver services. Almost all requesting the DD waiver are receiving at least one Medicaid or state-funded service, including 294 that are receiving services through one of the other waivers.

DHS uses DD screening information that is completed by a case manager to compile the list of people requesting the DD Waiver. When determining this list, about 1,000 people have not had any updated screening information in four

years. DHS intends to require that all people requesting the DD waiver be rescreened at regular intervals.

A second data report found in the appendix titled “People Waiting for DD Waiver Current Services and Supports” details, for each county, the number of people currently requesting DD Waiver services and the services that those individuals are receiving at this time. See page 49 for the Waiver Reports Appendix. Click on a county name to review the report for that county. **Table 6: People Waiting for DD Waiver By Living Arrangement and Current Services and Supports**, page 32, shows a statewide summary of this information.

Table 5: People Waiting for DD Waiver By Living Arrangement and Current Services and Supports

Current Living Arrangement	Requests	Age Ranges					
		0 - 12	13 - 17	18 - 22	23 -39	40 - 64	65 - 65+
Board and lodging	6	0	0	0	2	2	2
Foster care - family	161	44	32	27	33	19	6
Foster care - live in caregiver	13	0	0	3	6	3	1
Foster care - shift staff	58	2	4	9	17	17	8
Home of immediate/extended family	4,255	2,037	823	808	483	101	3
ICF/MR community	236	0	8	15	50	143	20
METO	9	0	0	4	5	0	0
Nursing facility	2	0	0	0	0	1	1
Other (not specified)	184	38	26	40	47	25	8
Own home < 24 hour support	46	0	0	3	23	17	3
Own home with 24 hour support	4	0	0	0	0	2	2
Total	4,974	2,121	893	909	666	330	54

Data Source: Medicaid Management Information System (MMIS) Screening & Service Agreement Data 02/03/2009

Table 6: People Waiting For DD Waiver by Living Arrangement and Current Services and Supports

Current Living Arrangement	Request	CM	HC	CSG	FSG	Resp	Mods	SILS	CCT Waiver	HM	Educ	DT&H	J&T
Board and lodging	6	6	0	0	0	0	0	1	1	0	1	2	3
Foster care - family	161	153	40	1	0	24	2	0	14	4	113	25	13
Foster care - live in caregiver	13	10	1	0	0	0	0	1	3	0	2	4	3
Foster care - shift staff	58	26	2	0	0	1	0	0	13	0	14	9	2
Home of immediate/extended family	4,255	4,212	1,222	641	703	537	148	1	219	53	3,636	324	59
ICF/MR community	236	236	6	1	0	1	11	0	5	0	22	204	3
METO	9	9	0	0	0	0	0	0	1	0	5	0	0
Nursing facility	2	2	0	0	0	0	0	0	1	0	0	2	0
Other (not specified)	184	182	32	6	10	19	5	0	30	2	78	13	2
Own home < 24 hour support	46	39	2	1	0	2	0	1	6	2	4	7	16
Own home with 24 hour support	4	4	0	0	0	0	0	1	1	0	0	1	1
Total	4,974	4,879	1,305	650	713	584	166	5	294	61	3,875	591	102
Percentages	100.00	98.09	26.24	13.07	14.33	11.74	3.34	0.10	5.91	1.23	77.91	11.88	2.05

Data Source: Medicaid Management Information System (MMIS) Screening & Service Agreement Data 02/03/2009

Key:

CM-Case Management, HC-Home Care, CSG-Consumer Support Grant, FSG-Family Support Grant, Mods-Modifications, SILS-Semi Independent Living Services, HM-Home Maker, Educ-Education, DT&H-Day Training Habilitation, J&T-Jobs & Training, CCT-CAC, CADI and TBI Waivers

4) *The urgency of need for services to begin within one, two, or more than two years for each individual:*

When screening an individual, a county case manager or service coordinator discuss with the person or the person’s legal representative how soon they would like or need to access DD Waiver services. The discussion is based on the needs of the person and his or her support system. The person chooses whether they need waiver services:

- Within 0-12 months
- Within 13-36 months
- At 37 months or later

A data report in the appendix titled “People Waiting for DD Waivers by Waiver Need Index and Age” shows, for each county, the number of people waiting for waiver services, and how soon they need waiver services. This is also known as the Waiver Need Index. When determining a person’s Waiver Need Index, the case manager is instructed in the DD Screening Document Codebook to discuss with the person his or her preferred timeframe; the case manager should not make a decision on timeframe based on perceived waiting lists or anticipation of future waiver allocations. See page 49 for the Waiver Reports Appendix. Click on a county name to review the report for that county.

Table 7: People Waiting for DD Waiver by Waiver Need Index and Age summarizes the statewide Waiver Need Index.

Table 7: People Waiting For DD Waiver By Waiver Need Index and Age

Waiver Need Index / Profile Code	Requests	Age Ranges					
		0 - 12	13 - 17	18 - 22	23 -39	40 - 64	65 - 65+
Blank	225	6	51	41	75	36	15
001 (0-12 Months)	3,580	1,633	640	676	448	155	28
002 (13-36 Months)	676	284	115	136	77	61	3
003 (37+ Months)	493	198	87	56	66	78	8
Total	4,974	2,121	893	909	666	330	54

Data Source: Medicaid Management Information System (MMIS) Screening & Service Agreement
Data 02/03/2009

5) *The services needed:*

A data report in the appendix of this document titled “People Waiting for DD Waiver Planned Services and Supports” shows, by county, the types of waiver services needed by people who are waiting for DD Waiver services. See page 49 for the Waiver Reports Appendix. Click on a county name to review the report for that county.

Table 8: People Waiting for DD Waiver by Living Arrangement and Planned Services and Supports, page 35, shows the statewide number of services requested by persons waiting for DD Waiver funding. In-home family support was the most requested service, with 52 percent of the people waiting to access this service. Adult day care was the least requested service, with less than 1 percent of the people waiting to access this service.

Table 8: People Waiting For DD Waiver by Living Arrangement and Planned Services and Supports

	Requests	Adult Day Care	Alternate Day Services	Assistive Technology	Caregiver Training and Education	Consumer-directed Community Supports	Consumer training & Education	Crisis Respite	Day Training and Habilitation	Modifications / Equipment	Homemaker	Housing Access	In Home Family Support	Live-in Personal Caregiver	Personal Support	Respite Care (Not ICF/MR)	Special Services	Supported Employment	Supported Living Services (SLS)	Transportation, Chore, Extended PCA	24 Hour Emergency Assistance
Current Living Arrangement	(0)	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)
Board and lodging	3	0	0	0	0	0	0	0	1	0	0	1	0	0	1	0	1	1	1	1	1
Foster care - family	135	0	1	26	31	18	13	31	12	31	14	0	38	1	24	67	34	7	72	23	2
Foster care - live in caregiver	32	0	0	3	3	1	0	3	4	6	0	0	0	0	5	1	3	1	24	2	0
Foster care - shift staff	436	4	1	36	4	4	14	102	29	93	3	5	23	1	27	29	52	31	415	33	4
Home of immediate/extended family	3884	6	14	1311	1178	1629	424	753	205	1317	502	19	2595	34	1275	2370	1210	57	226	808	122
ICF/MR community	97	1	2	12	4	3	2	21	71	26	3	0	18	0	7	8	9	3	73	8	2
METO	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Nursing facility	3	0	0	3	3	2	0	3	0	1	1	0	3	0	3	2	3	0	0	0	0
Other (not specified)	305	2	2	104	93	80	41	77	14	99	40	10	175	6	103	173	98	14	83	92	17
Own home < 24 hour support	68	1	0	3	1	6	4	8	8	7	4	8	13	0	19	5	8	15	44	13	3
Own home with 24 hour support	8	0	0	0	1	2	2	1	0	3	2	1	4	1	1	0	2	1	5	3	1
Percentages	100	0.28	0.40	30.1	26.5	35.1	10.1	20.1	6.92	31.8	11.4	0.88	57.7	0.86	29.5	53.4	28.6	2.61	19.0	19.8	3.06
Total	4,972	14	20	1,498	1,318	1,745	500	999	344	1,583	569	44	2,869	43	1,465	2,655	1,420	130	943	983	152

Data Source: Medicaid Management Information System (MMIS) Screening & Service Agreement Data 02/03/2009

- 6) *The number of additional persons served by approval of increased capacity within existing allocations:*

Counties manage their DD Waiver allocation in an aggregate model. Within this model, counties can serve additional persons through increased capacity within their existing allocations.

Table 9: Number of Additional Persons Served on the DD Waiver within Existing Allocations, page 37, presents the number of additional people who were served through this excess capacity in CY 2006, CY 2007, and CY 2008 for each county. It is important to note that this data includes the filling of allocations that were vacated when individuals exited the waiver (also known as reuse allocations).

- 7) *Results of action by the commissioner to streamline administrative requirements and improve county resource management:*

DHS is working on several projects that will improve the administration of the Minnesota's home and community-based service waiver programs. See the section of this report entitled Waiver Program Goals and Outcomes, beginning on page 15, for more detailed information on these projects.

Table 9: Number of Additional Persons Served on the DD Waiver within Existing Allocations

County Name	CY 2006	CY 2007	CY 2008
Aitkin	5	0	0
Anoka	28	24	38
Becker	3	5	3
Beltrami	4	2	3
Benton	4	8	3
Big Stone	0	0	0
Blue Earth	9	4	5
Brown	2	4	2
Carlton	3	2	1
Carver	9	0	2
Cass	4	7	4
Chippewa	1	1	0
Chisago	0	3	4
Clay	2	2	1
Clearwater	1	0	0
Cook	2	0	0
Cottonwood	3	0	1
Crow Wing	8	2	2
Dakota	22	16	19
Dodge	2	0	1
Douglas	0	1	0
Faribault	1	0	1
Fillmore	1	2	0
Freeborn	8	2	0
Goodhue	5	5	2
Grant	1	0	0
Hennepin	110	44	59
Houston	2	2	5
Hubbard	2	2	0
Isanti	2	3	3
Itasca	7	5	3
Jackson	1	0	0
Kanabec	2	1	1
Kandiyohi	0	3	2
Kittson	0	0	0
Koochiching	2	0	1
Lac Qui Parle	1	1	1
Lake	0	0	0
Lake of the Woods	0	0	0
Le Sueur	2	2	9
Lincoln	1	1	0
Lyon	1	5	0
McLeod	6	2	0

Mahnomen	0	0	0
Marshall	2	1	2
Martin	1	1	1
Meeker	0	3	2
Mille Lacs	0	6	3
Morrison	3	0	0
Mower	4	1	2
Murray	0	2	0
Nicollet	0	1	0
Nobles	2	2	1
Norman	1	3	2
Olmsted	3	3	6
Otter Tail	10	1	2
Pennington	0	0	0
Pine	5	1	0
Pipestone	2	2	2
Polk	1	1	2
Pope	1	3	0
Ramsey	29	84	12
Red Lake	1	0	4
Redwood	0	2	0
Renville	0	1	1
Rice	3	4	1
Rock	0	0	1
Roseau	0	0	0
St. Louis	2	0	0
Scott	11	14	6
Sherburne	8	12	12
Sibley	0	0	2
Stearns	5	4	4
Steele	1	0	3
Stevens	3	2	0
Swift	0	3	3
Todd	0	2	2
Traverse	2	0	0
Wabasha	0	0	2
Wadena	2	6	2
Waseca	2	0	0
Washington	3	10	18
Watsonwan	1	0	1
Wilkin	1	2	1
Winona	2	3	2
Wright	2	4	7
Yellow Medicine	3	2	0
Statewide	383	347	285

8) *Actions to decrease the number of people eligible and waiting for waiver services:*

Secondly, DHS is working with stakeholders to explore the use of assistive technology, such as smart homes and sensors, to serve people in new, less costly, and less restrictive ways.

DHS began full implementation on January 1, 2009 of a new budget allocation methodology for the DD Waiver. There are financial incentives built into the methodology for lead agencies to develop innovative, cost effective models of service to meet participant's needs resulting in the extension of resources to meet the needs of additional people waiting for services.

Lastly, DHS is providing more information and referrals to people with regard to housing opportunities through MSA Shelter Needy funding and housing access grants.

B. Reports on CAC, CADI, and TBI (CCT) Waivers

1) *County, age, and major diagnosis for individuals receiving those services:*

A data report in the appendix of this document, titled "People Receiving CCT Waiver Services by Age and Primary Diagnosis" describes, for each county, the age and diagnosis of people receiving services through the CAC, CADI and TBI waivers as of February 2009. See page 49 for the Waiver Reports Appendix. Click on a county name to review the report for that county.

Table 10: People Receiving CCT Waiver Services by Primary Diagnosis and Age, page 39, provides a summary of the statewide number of people receiving services through the CAC, CADI, and TBI waivers.

Table 10: People Receiving CCT Waiver Services By Primary Diagnosis and Age

ICD-9-CM Category	CCT Waiver	Age Ranges				
		0 – 12	13 – 17	18 - 22	23 -39	40 - 64
1. Infectious & Parasitic Diseases	154	4	1	0	21	128
2. Neoplasms	244	15	4	7	46	172
3. Endocrine, Nutritional and Metabolic Diseases & Immunity Disorders	921	46	8	14	84	769
4. Diseases of the Blood and Blood-Forming Organs	22	0	3	1	2	16
5. Mental Disorders	5,757	470	359	520	1,287	3,121
6. Diseases of the Nervous System and Sense Organs	2,461	239	135	169	506	1,412
7. Diseases of the Circulatory System	987	15	4	1	65	902
8. Diseases of the Respiratory System	379	20	4	8	15	332
9. Diseases of the Digestive System	140	4	0	0	10	126
10. Diseases of the Genitourinary System	142	5	0	1	15	121
11. Complications of Pregnancy, Childbirth, and the Puerperium	2	0	0	1	1	0
12. Diseases of the Skin and Subcutaneous Tissue	60	0	0	2	11	47
13. Diseases of the Musculoskeletal System and Connective Tissue	1,032	9	2	4	62	955
14. Congenital Anomalies	501	222	43	52	97	87
15. Certain Conditions Originating in the Perinatal Period	76	28	10	22	15	1
16. Symptoms, Signs and Ill-Defined Conditions	186	23	10	8	29	116
17. Injury and Poisoning	1,374	39	31	75	384	845
18. Supplementary Classification of Factors Influencing Health Status and Contact with Health Services	123	22	14	8	22	57
Total	14,561	1,161	628	893	2,672	9,207

Data Source: Medicaid Management Information System (MMIS) Screening & Service Agreement Data 02/03/2009

2) *County, age and major diagnosis for individuals screened and waiting for CAC, CADI and TBI waiver services:*

The current Long-Term Care Consultation (LTCC) screening document is used to screen individuals who are interested in the CAC, CADI, and TBI (CCT) waiver services. As part of DHS's regular quality management activities, DHS discovered that an indicator that identifies the number of people waiting for waiver services is used by counties for multiple purposes. This means this indicator lacks precision, and the waiting list numbers cannot be viewed solely as due to lack of funding for services.

A data report in the appendix of this document, titled "People Waiting for CCT Waiver Services by Age and Primary Diagnosis" describes, for each county, a summary of the age and diagnosis of people screened and waiting for services on the CAC, CADI and TBI waivers. See page 49 for the Waiver Reports Appendix. Click on a county name to review the report for that county. The table uses the following information:

- LTCC screening document field 68: Did the client choose waiver services?
- LTCC screening document field 89: Was the client eligible for waiver services?
- A report on the age and diagnosis of those individuals who answered yes to both of the questions listed above but who are not currently receiving services on the waiver was pulled.

People are generally screened as they need services on the CAC, CADI, and TBI waivers. Counties may have a waiting list due to limits on waiver growth for the CAC, CADI and TBI waivers or for other reasons, such as needing to develop a resource to meet the needs of a participant.

Future Efforts

DHS is evaluating a more precise way for counties to document people on waiting lists to better identify how to reallocate county budgets.

Table 11: People Screened but Not Yet on Program for One of CCT Waiver(s) by Primary Diagnosis and Age, page 41, summarizes the number of people statewide who have been screened and are waiting for services on the CAC, CADI, and TBI waivers using the parameters described above.

Table 11: People Screened but Not Yet on Program for One of CCT Waiver(s) by Primary Diagnosis and Age

ICD-9-CM Category	Requests	Age Ranges				
		0 - 12	13 - 17	18 - 22	23 -39	40 - 64
1. Infectious & Parasitic Diseases	20	0	1	0	2	17
2. Neoplasms	39	0	0	0	4	35
3. Endocrine, Nutritional and Metabolic Diseases & Immunity Disorders	46	2	0	0	9	35
4. Diseases of the Blood and Blood-Forming Organs	1	0	0	0	0	1
5. Mental Disorders	285	20	21	31	61	152
6. Diseases of the Nervous System and Sense Organs	88	15	1	3	20	49
7. Diseases of the Circulatory System	39	0	0	1	1	37
8. Diseases of the Respiratory System	20	2	0	1	1	16
9. Diseases of the Digestive System	16	1	0	0	2	13
10. Diseases of the Genitourinary System	12	0	1	0	3	8
11. Complications of Pregnancy, Childbirth, and the Puerperium						
12. Diseases of the Skin and Subcutaneous Tissue						
13. Diseases of the Musculoskeletal System and Connective Tissue	32	0	0	0	2	30
14. Congenital Anomalies	21	16	0	0	2	3
15. Certain Conditions Originating in the Perinatal Period	3	1	0	1	0	1
16. Symptoms, Signs and Ill-Defined Conditions	11	1	3	0	1	6
17. Injury and Poisoning	53	1	0	5	8	39
18. Supplementary Classification of Factors Influencing Health Status and Contact with Health Services	6	0	0	0	2	4
Total	692	59	27	42	118	446

Data Source: Medicaid Management Information System (MMIS) Screening & Service Agreement Data 02/03/2009

- 3) *County, age, and major diagnosis for individuals residing in nursing facilities and are under age 65:*

A data report in the appendix of this document titled “People under Age 65 Residing in Nursing Facilities by Age and Primary Diagnosis” describes, for each county, the age and diagnosis of people under the age of 65 who are residing in nursing facilities. See page 49 for the Waiver Reports Appendix. Click on a county name to review the report for that county.

Table 12: People Residing in a Nursing Facility by Primary Diagnosis and Age, page 43, provides a statewide summary of this information.

Table 12: People Residing in a Nursing Facility by Primary Diagnosis and Age

ICD-9-CM Category	Requests	Age Ranges				
		0 - 12	13 - 17	18 - 22	23 -39	40 - 64
1. Infectious & Parasitic Diseases	14	0	0	0	0	14
2. Neoplasms	56	0	0	0	1	55
3. Endocrine, Nutritional and Metabolic Diseases & Immunity Disorders	152	0	0	0	7	145
4. Diseases of the Blood and Blood-Forming Organs	6	0	0	0	0	6
5. Mental Disorders	471	0	0	0	16	455
6. Diseases of the Nervous System and Sense Organs	425	0	1	1	32	391
7. Diseases of the Circulatory System	285	0	0	1	8	276
8. Diseases of the Respiratory System	57	0	0	0	2	55
9. Diseases of the Digestive System	43	0	0	0	1	42
10. Diseases of the Genitourinary System	45	0	0	0	1	44
11. Complications of Pregnancy, Childbirth, and the Puerperium	2	0	0	0	0	2
12. Diseases of the Skin and Subcutaneous Tissue	29	0	0	0	5	24
13. Diseases of the Musculoskeletal System and Connective Tissue	55	0	0	0	2	53
14. Congenital Anomalies	14	0	0	0	3	11
15. Certain Conditions Originating in the Perinatal Period						
16. Symptoms, Signs and Ill-Defined Conditions	53	0	0	0	3	50
17. Injury and Poisoning	182	0	0	5	28	149
18. Supplementary Classification of Factors Influencing Health Status and Contact with Health Services	13	0	0	0	0	13
No LTC Screening Found	25	0	0	0	0	25
Total	1,927	0	1	7	109	1,810

Data Source: Medicaid Management Information System (MMIS) Screening & Service Agreement Data 02/03/2009

4) *Funds allocated but not authorized:*

Table 14: CAC, CADI and TBI Aggregate Waiver Funds Allocated But Not Authorized, pages 45-48, details the amount of funds allocated but not authorized in the CAC, CADI and TBI waivers aggregate allocation for Fiscal Years (FY) 2006, 2007, and 2008.

The table details for each county:

- Total dollars allocated to a county in a given year
- Total dollars authorized on services by the county in that year
- Difference between the dollars allocated and the dollars spent
- Percentage difference between dollars allocated and dollars spent

Table 14: CAC, CADI and TBI Aggregate Waiver Funds Allocated But Not Authorized (*Authorized.)

County Name	FY 2006 \$ Allocated (in thousands)	FY 2006 \$ Auth.* (in thousands)	FY 2006 Allocated - Auth. (in thousands)	FY 2006 Allocated - Auth. (%)	FY 2007 \$ Allocated (in thousands)	FY 2007 \$ Auth. (in thousands)	FY 2007 Allocated - Auth. (in thousands)	FY 2007 Allocated - Auth. (%)	FY 2008 as of 10/08/2008 \$ Allocated (in thousands)	FY 2008 as of 10/08/2008 \$ Auth. (in thousands)	FY 2008 as of 10/08/2008 Allocated - Auth. (in thousands)	FY 2008 as of 10/08/2008 Allocated - Auth. (%)
Aitkin	\$1,693	\$1,312	\$381	22.5%	\$1,877	\$1,528	\$349	18.6%	\$2,139	\$1,681	\$458	21.4%
Anoka	\$20,243	\$19,880	\$362	1.8%	\$24,317	\$23,892	\$425	1.7%	\$32,122	\$31,306	\$816	2.5%
Becker	\$3,917	\$3,862	\$55	1.4%	\$4,343	\$4,244	\$99	2.3%	\$5,228	\$5,006	\$222	4.3%
Beltrami	\$3,506	\$3,174	\$332	9.5%	\$4,269	\$4,186	\$82	1.9%	\$4,529	\$4,327	\$201	4.5%
Benton	\$3,162	\$2,775	\$387	12.2%	\$3,704	\$3,347	\$357	9.6%	\$4,271	\$4,092	\$179	4.2%
Big Stone	\$616	\$564	\$52	8.4%	\$820	\$775	\$46	5.6%	\$925	\$750	\$175	18.9%
Blue Earth	\$5,296	\$4,871	\$425	8.0%	\$6,400	\$6,187	\$212	3.3%	\$7,544	\$7,257	\$287	3.8%
Brown	\$4,457	\$3,848	\$609	13.7%	\$5,029	\$4,732	\$297	5.9%	\$5,810	\$5,078	\$732	12.6%
Carlton	\$4,818	\$4,539	\$279	5.8%	\$5,764	\$5,024	\$739	12.8%	\$6,708	\$6,605	\$103	1.5%
Carver	\$5,302	\$4,462	\$840	15.9%	\$6,117	\$5,077	\$1,040	17.0%	\$6,722	\$6,083	\$639	9.5%
Cass	\$2,785	\$2,274	\$511	18.3%	\$3,299	\$2,966	\$333	10.1%	\$3,840	\$3,589	\$251	6.5%
Chippewa	\$963	\$916	\$47	4.8%	\$1,106	\$1,061	\$45	4.1%	\$1,270	\$1,103	\$167	13.1%
Chisago	\$5,890	\$5,372	\$518	8.8%	\$7,891	\$7,085	\$805	10.2%	\$9,438	\$8,191	\$1,247	13.2%
Clay	\$12,134	\$11,139	\$995	8.2%	\$14,643	\$13,847	\$797	5.4%	\$17,538	\$16,466	\$1,072	6.1%
Clearwater	\$679	\$566	\$113	16.6%	\$749	\$691	\$58	7.8%	\$862	\$805	\$57	6.6%
Cook	\$367	\$326	\$41	11.3%	\$493	\$401	\$92	18.6%	\$692	\$543	\$149	21.6%
Cottonwood	\$779	\$452	\$328	42.1%	\$903	\$584	\$319	35.3%	\$944	\$717	\$227	24.1%
Crow Wing	\$5,574	\$5,165	\$408	7.3%	\$6,501	\$6,211	\$290	4.5%	\$7,306	\$6,605	\$701	9.6%
Dakota	\$38,604	\$37,227	\$1,377	3.6%	\$47,390	\$45,991	\$1,400	3.0%	\$59,795	\$56,619	\$3,175	5.3%
Dodge	\$921	\$801	\$121	13.1%	\$1,238	\$1,039	\$199	16.1%	\$1,399	\$1,199	\$199	14.3%
Douglas	\$4,002	\$3,820	\$183	4.6%	\$4,703	\$4,573	\$131	2.8%	\$5,797	\$5,620	\$177	3.1%
Faribault	\$277	\$232	\$45	16.4%	\$391	\$450	-\$59	-15.1%	\$578	\$626	-\$48	-8.3%
Fillmore	\$1,517	\$1,206	\$311	20.5%	\$1,617	\$1,368	\$249	15.4%	\$1,700	\$1,531	\$168	9.9%
Freeborn	\$1,113	\$853	\$260	23.3%	\$1,483	\$1,138	\$345	23.3%	\$1,817	\$1,468	\$349	19.2%
Goodhue	\$3,251	\$3,101	\$149	4.6%	\$4,001	\$3,665	\$336	8.4%	\$4,995	\$4,708	\$287	5.8%
Grant	\$499	\$337	\$162	32.5%	\$604	\$498	\$106	17.6%	\$829	\$725	\$103	12.5%
Hennepin	\$84,738	\$79,510	\$5,228	6.2%	\$99,975	\$99,548	\$427	0.4%	\$123,083	\$121,428	\$1,654	1.3%
Houston	\$1,507	\$921	\$586	38.9%	\$1,637	\$1,113	\$523	32.0%	\$1,846	\$1,337	\$508	27.6%

Table 14: CAC, CADI and TBI Aggregate Waiver Funds Allocated But Not Authorized (*Authorized.)

County Name	FY 2006 \$ Allocated (in thousands)	FY 2006 \$ Auth.* (in thousands)	FY 2006 Allocated – Auth. (in thousands)	FY 2006 Allocated – Auth. (%)	FY 2007 \$ Allocated (in thousands)	FY 2007 \$ Auth. (in thousands)	FY 2007 Allocated - Auth. (in thousands)	FY 2007 Allocated - Auth. (%)	FY 2008 as of 10/08/2008 \$ Allocated (in thousands)	FY 2008 as of 10/08/2008 \$ Auth. (in thousands)	FY 2008 as of 10/08/2008 Allocated – Auth. (in thousands)	FY 2008 as of 10/08/2008 Allocated – Auth. (%)
Hubbard	\$2,098	\$1,927	\$171	8.2%	\$2,318	\$2,081	\$237	10.2%	\$2,697	\$2,350	\$347	12.9%
Isanti	\$2,482	\$1,791	\$691	27.8%	\$3,320	\$2,669	\$651	19.6%	\$3,796	\$3,418	\$377	10.0%
Itasca	\$4,892	\$3,381	\$1,511	30.9%	\$5,307	\$4,508	\$799	15.1%	\$6,522	\$6,200	\$322	4.9%
Jackson	\$1,048	\$842	\$206	19.6%	\$1,236	\$978	\$257	20.8%	\$1,672	\$1,168	\$504	30.2%
Kanabec	\$1,295	\$1,112	\$183	14.1%	\$1,757	\$1,379	\$379	21.5%	\$2,130	\$1,804	\$326	15.3%
Kandiyohi	\$6,350	\$4,560	\$1,790	28.2%	\$7,453	\$5,506	\$1,947	26.1%	\$8,571	\$6,496	\$2,074	24.2%
Kittson	\$192	\$136	\$56	29.3%	\$236	\$131	\$104	44.3%	\$489	\$402	\$86	17.8%
Koochiching	\$1,194	\$1,040	\$155	12.9%	\$1,547	\$1,506	\$40	2.6%	\$1,953	\$1,703	\$250	12.8%
Lac Qui Parle	\$1,235	\$1,059	\$176	14.3%	\$1,330	\$1,005	\$325	24.4%	\$1,415	\$1,028	\$387	27.3%
Lake	\$1,334	\$1,325	\$9	0.7%	\$1,546	\$1,485	\$60	3.9%	\$1,969	\$1,798	\$171	8.7%
Lake of the Woods	\$302	\$252	\$50	16.6%	\$418	\$396	\$22	5.3%	\$574	\$565	\$9	1.7%
Le Sueur	\$1,855	\$1,740	\$115	6.2%	\$1,932	\$1,610	\$322	16.7%	\$2,195	\$1,696	\$498	22.7%
Lincoln	\$778	\$462	\$316	40.6%	\$904	\$541	\$363	40.2%	\$1,246	\$686	\$559	44.9%
Lyon	\$4,602	\$4,133	\$469	10.2%	\$5,166	\$5,049	\$116	2.3%	\$6,224	\$6,056	\$168	2.7%
McLeod	\$3,857	\$3,350	\$508	13.2%	\$4,535	\$4,159	\$376	8.3%	\$5,070	\$4,701	\$368	7.3%
Mahnomen	\$545	\$506	\$38	7.0%	\$656	\$570	\$86	13.2%	\$978	\$815	\$162	16.7%
Marshall	\$637	\$541	\$96	15.0%	\$739	\$703	\$36	4.8%	\$927	\$865	\$62	6.7%
Martin	\$2,136	\$1,686	\$451	21.1%	\$2,406	\$2,162	\$244	10.1%	\$2,752	\$2,518	\$234	8.5%
Meeker	\$2,307	\$1,672	\$635	27.5%	\$2,495	\$1,817	\$678	27.2%	\$2,671	\$2,207	\$464	17.4%
Mille Lacs	\$3,866	\$3,366	\$500	12.9%	\$4,813	\$4,437	\$376	7.8%	\$5,908	\$5,469	\$439	7.4%
Morrison	\$1,966	\$1,716	\$250	12.7%	\$2,434	\$2,349	\$86	3.5%	\$3,056	\$2,894	\$162	5.3%
Mower	\$2,203	\$1,860	\$342	15.5%	\$2,541	\$2,532	\$9	0.4%	\$3,314	\$3,015	\$299	9.0%
Murray	\$489	\$319	\$170	34.8%	\$693	\$437	\$257	37.0%	\$787	\$605	\$182	23.1%
Nicollet	\$2,604	\$2,313	\$292	11.2%	\$3,076	\$3,013	\$63	2.0%	\$3,605	\$3,458	\$147	4.1%
Nobles	\$2,062	\$1,579	\$483	23.4%	\$2,227	\$1,752	\$474	21.3%	\$2,439	\$2,283	\$155	6.4%
Norman	\$818	\$723	\$95	11.7%	\$909	\$895	\$14	1.5%	\$1,072	\$976	\$96	9.0%
Olmsted	\$12,074	\$10,897	\$1,177	9.7%	\$14,015	\$13,364	\$651	4.6%	\$17,130	\$16,389	\$741	4.3%
Otter Tail	\$4,676	\$4,277	\$399	8.5%	\$5,725	\$5,195	\$530	9.3%	\$7,922	\$6,945	\$977	12.3%

Table 14: CAC, CADI and TBI Aggregate Waiver Funds Allocated But Not Authorized (*Authorized.)

County Name	FY 2006 \$ Allocated (in thousands)	FY 2006 \$ Auth.* (in thousands)	FY 2006 Allocated – Auth. (in thousands)	FY 2006 Allocated – Auth. (%)	FY 2007 \$ Allocated (in thousands)	FY 2007 \$ Auth. (in thousands)	FY 2007 Allocated - Auth. (in thousands)	FY 2007 Allocated - Auth. (%)	FY 2008 as of 10/08/2008 \$ Allocated (in thousands)	FY 2008 as of 10/08/2008 \$ Auth. (in thousands)	FY 2008 as of 10/08/2008 Allocated – Auth. (in thousands)	FY 2008 as of 10/08/2008 Allocated – Auth. (%)
Pennington	\$2,261	\$2,072	\$189	8.3%	\$2,652	\$2,527	\$125	4.7%	\$3,084	\$3,013	\$71	2.3%
Pine	\$1,703	\$1,560	\$143	8.4%	\$2,453	\$2,107	\$346	14.1%	\$2,926	\$2,377	\$548	18.8%
Pipestone	\$626	\$549	\$77	12.3%	\$767	\$745	\$22	2.8%	\$892	\$841	\$51	5.7%
Polk	\$4,217	\$3,637	\$580	13.7%	\$4,819	\$4,159	\$660	13.7%	\$5,456	\$5,292	\$163	3.0%
Pope	\$1,548	\$1,057	\$491	31.7%	\$1,632	\$1,006	\$626	38.4%	\$1,727	\$1,248	\$479	27.8%
Ramsey	\$54,929	\$47,597	\$7,332	13.3%	\$63,015	\$58,752	\$4,262	6.8%	\$76,100	\$69,544	\$6,555	8.6%
Red Lake	\$205	\$178	\$27	13.3%	\$393	\$264	\$130	32.9%	\$342	\$231	\$111	32.4%
Redwood	\$1,440	\$1,212	\$227	15.8%	\$1,772	\$1,483	\$289	16.3%	\$1,935	\$1,442	\$492	25.5%
Renville	\$2,008	\$1,548	\$460	22.9%	\$2,368	\$1,914	\$454	19.2%	\$2,834	\$2,152	\$682	24.1%
Rice	\$4,332	\$3,425	\$907	20.9%	\$5,123	\$3,963	\$1,160	22.6%	\$5,810	\$4,926	\$884	15.2%
Rock	\$1,573	\$1,322	\$251	15.9%	\$1,796	\$1,509	\$287	16.0%	\$2,033	\$1,845	\$187	9.2%
Roseau	\$1,180	\$1,140	\$40	3.4%	\$1,617	\$1,572	\$45	2.8%	\$2,079	\$1,959	\$120	5.8%
St. Louis	\$25,779	\$23,840	\$1,939	7.5%	\$32,114	\$29,228	\$2,886	9.0%	\$37,131	\$35,366	\$1,764	4.8%
Scott	\$4,979	\$4,943	\$36	0.7%	\$6,521	\$6,107	\$415	6.4%	\$8,211	\$7,239	\$971	11.8%
Sherburne	\$4,597	\$3,986	\$611	13.3%	\$5,674	\$5,632	\$42	0.7%	\$7,055	\$6,923	\$132	1.9%
Sibley	\$1,250	\$1,117	\$133	10.7%	\$1,554	\$1,385	\$169	10.9%	\$1,782	\$1,705	\$77	4.4%
Stearns	\$10,227	\$10,129	\$98	1.0%	\$13,115	\$12,964	\$151	1.2%	\$15,581	\$15,526	\$54	0.4%
Steele	\$2,132	\$1,918	\$214	10.1%	\$2,776	\$2,193	\$583	21.0%	\$3,451	\$2,593	\$858	24.9%
Stevens	\$1,012	\$811	\$201	19.8%	\$1,155	\$968	\$187	16.2%	\$1,247	\$922	\$324	26.1%
Swift	\$1,017	\$884	\$133	13.1%	\$1,121	\$1,021	\$100	8.9%	\$1,208	\$1,141	\$66	5.5%
Todd	\$3,586	\$2,924	\$663	18.5%	\$3,868	\$3,243	\$625	16.2%	\$4,586	\$3,989	\$597	13.0%
Traverse	\$350	\$278	\$72	20.6%	\$369	\$236	\$133	36.0%	\$418	\$245	\$172	41.2%
Wabasha	\$1,328	\$1,236	\$92	6.9%	\$1,720	\$1,528	\$192	11.2%	\$2,157	\$2,042	\$114	5.3%
Wadena	\$1,530	\$1,459	\$71	4.6%	\$2,219	\$1,816	\$403	18.2%	\$2,906	\$2,727	\$179	6.2%
Waseca	\$1,100	\$950	\$150	13.7%	\$1,426	\$1,296	\$130	9.1%	\$1,670	\$1,598	\$71	4.3%
Washington	\$9,696	\$8,450	\$1,246	12.9%	\$11,046	\$10,878	\$168	1.5%	\$12,775	\$12,289	\$485	3.8%
Watonwan	\$953	\$623	\$330	34.6%	\$1,197	\$1,043	\$154	12.8%	\$1,382	\$1,204	\$178	12.9%
Wilkin	\$1,029	\$863	\$167	16.2%	\$1,269	\$1,176	\$93	7.3%	\$1,675	\$1,657	\$17	1.1%

Table 14: CAC, CADI and TBI Aggregate Waiver Funds Allocated But Not Authorized (*Authorized.)

County Name	FY 2006 \$ Allocated (in thousands)	FY 2006 \$ Auth.* (in thousands)	FY 2006 Allocated - Auth. (in thousands)	FY 2006 Allocated - Auth. (%)	FY 2007 \$ Allocated (in thousands)	FY 2007 \$ Auth. (in thousands)	FY 2007 Allocated - Auth. (in thousands)	FY 2007 Allocated - Auth. (%)	FY 2008 as of 10/08/2008 \$ Allocated (in thousands)	FY 2008 as of 10/08/2008 \$ Auth. (in thousands)	FY 2008 as of 10/08/2008 Allocated - Auth. (in thousands)	FY 2008 as of 10/08/2008 Allocated - Auth. (%)
Winona	\$5,870	\$5,102	\$768	13.1%	\$7,139	\$6,612	\$527	7.4%	\$8,872	\$8,126	\$746	8.4%
Wright	\$11,365	\$11,036	\$329	2.9%	\$13,285	\$12,301	\$983	7.4%	\$15,200	\$14,310	\$890	5.9%
Yellow Medicine	\$2,271	\$1,588	\$683	30.1%	\$2,569	\$1,608	\$962	37.4%	\$2,959	\$1,868	\$1,091	36.9%
Statewide	\$454,603	\$409,504	\$45,098	9.9%	\$541,540	\$504,685	\$36,855	6.8%	\$654,344	\$610,361	\$43,983	6.7%

VI. Waiver Reports Appendix

Waiver Reports Appendix

This appendix contains a county-by-county listing of the following data:

For All Waivers:

1. Caseload Summary Report

For the DD Waiver:

2. People Waiting for DD Waiver By Age and Living Arrangement
3. People Waiting for DD Waiver Current Services and Supports
4. People Waiting for DD Waiver By Profile Code (Waiver Need Index) and Age
5. People Waiting for DD Waiver Planned Services and Supports

For the CAC, CADI, TBI (CCT) Waivers:

6. People Receiving CCT Waiver Services By Primary Diagnosis and Age
7. People Screened but Not Yet on One of the CCT Waivers By Primary Diagnosis and Age
8. People Under Age 65 Residing in Nursing Facilities By Primary Diagnosis and Age

Waiver Reports: County Data Reports

County Name	County Name
Aitkin	Marshall
Anoka	Martin
Becker	Meeker
Beltrami	Mille Lacs
Benton	Morrison
Big Stone	Mower
Blue Earth	Murray
Brown	Nicollet
Carlton	Nobles
Carver	Norman
Cass	Olmsted
Chippewa	Otter Tail
Chisago	Pennington
Clay	Pine
Clearwater	Pipestone
Cook	Polk
Cottonwood	Pope
Crow Wing	Ramsey
Dakota	Red Lake
Dodge	Redwood
Douglas	Renville
Faribault	Rice
Fillmore	Rock
Freeborn	Roseau
Goodhue	St. Louis
Grant	Scott
Hennepin	Sherburne
Houston	Sibley
Hubbard	Stearns
Isanti	Steele
Itasca	Stevens
Jackson	Swift
Kanabec	Todd
Kandiyohi	Traverse
Kittson	Wabasha
Koochiching	Wadena
Lac Qui Parle	Waseca
Lake	Washington
Lake of the Woods	Watonwan
Le Sueur	Wilkin
Lincoln	Winona
Lyon	Wright
McLeod	Yellow Medicine
Mahnommen	