

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

Disability Services Division

January 2010



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Minnesota Department of **Human Services**

Disability Services Division

Executive Summary

For more than two decades, Minnesota has strived 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 HCBS waivers:

- **Community Alternative Care (CAC) Waiver**, established on April 1, 1985, is a community alternative for people who are chronically ill or medically fragile and 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).
- **Developmental Disabilities (DD) Waiver**, established on July 1, 1984, 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). Formerly known as the Waiver for People with Mental Retardation and Related Conditions or the MR/RC Waiver.
- **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 nursing facility (NF) that provides specialized cognitive and behavioral supports or a neurobehavioral hospital (NB).

HCBS 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
- Offering a variety of employment options for participants
- Creating more information, referral and assistance services
- Improving the quality of services
- Strengthening participant safeguards.

Since the inception of the HCBS waivers, beginning in 1984, Minnesota has experienced an increased demand to provide services to individuals living in the community. This is attributed to a number of factors:

- Legislation that passed in 1989 to require a reduction in the number of people with developmental disabilities living in regional treatment centers (RTCs) in Minnesota
- Downsizing and closure of community ICFs/MR and NFs
- Statewide initiatives to reduce reliance on nursing homes
- Efforts to match services and funding more accurately with participant needs and provide participants with more options to meet those needs
- Service redesign of programs for Minnesotans with mental illness

As a result, Minnesota has sought to effectively manage programs in light of increased demand for services. This report provides the Minnesota Legislature with:

- Data regarding the demand for and the available resources for HCBS waiver programs for persons with disabilities in Minnesota
- Information on changes to the service delivery system to make it more sustainable into the future.

In 2009, Minnesota began two initiatives that respond to conditions required by the Centers for Medicare & Medicaid Services (CMS) for continued approval of the disability waiver. These two initiatives will establish rate setting methodologies, as well as provider standards and provider enrollment processes that are consistent across the state. The planned implementation for these initiatives is during calendar year 2011.

Minnesota has also begun to evaluate and make changes to the residential options available through the HCBS waivers for people with disabilities. In 2009, a variety of initiatives related to housing and residential services began and will continue for the next several years.

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 (HCBS) waiver programs:

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

Below is the text of the two statutes.

Minnesota Statutes §256B.0916, subdivision. 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, subd. 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 subd. 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 HCBS 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 communities. 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 all types of 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, the Disability Services Division (DSD) of the Department of Human Services (DHS) has adopted these goals:

- Community membership
- Health, wellness and safety
- Own place to live
- Important long-term relationships
- Control over supports
- Employment earnings and stable income

Minnesota is able to make home and community-based services available because of federal financial participation. In order to obtain federal participation, Minnesota submits waiver plans that must be approved initially and every five years by 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 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

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, page 8, compares waiver costs to institutional costs to show the cost savings of the disability waivers, using the annual reports, called 372 Reports, submitted to CMS.

The 372 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	04/01/07 to 03/31/08
CADI	10/01/06 to 09/30/07
DD	07/01/06 to 06/30/07
TBI	04/01/07 to 03/31/08

Table 1: Cost-Effectiveness of Community over Institutional Settings – Average Annual Spending Per Recipient

HCBS Waiver	Level of Care	HCBS Waiver Costs			Institutional Costs			Savings HCBS Waiver over Institutional
		Waiver Services	State Plan Services	Total Waiver	Institutional	State Plan Services	Total Institutional	
CAC	Hospital	\$44,598	\$128,249	\$172,847	\$322,978	\$294,553	\$617,531	\$444,684
CADI	Nursing Facility	\$17,539	\$17,031	\$34,570	\$47,604	\$6,583	\$54,187	\$19,617
DD	Intermediate Care Facility (ICF/MR)	\$61,730	\$6,608	\$68,338	\$86,524	\$5,253	\$91,777	\$23,439
TBI	Nursing Facility and Hospital	\$58,056	\$14,645	\$72,701	\$121,170	\$19,560	\$140,730	\$68,029

Source: Centers for Medicare & Medicaid Services 372 Reports

- **Table 2: Summary of Waiver Populations**, page 9, provides an overview of the number of persons served, eligibility requirements, and benefit levels for each of the disability waivers.
- **Table 3: Case Load Summary Report for State Fiscal Year 2009 - Statewide**, page 10, 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 Caseload Summary Report in the appendix, which begins on page 39.

Table 2: Summary of Waiver Populations

Waiver	Persons Served		Eligibility	Benefit Level
CAC	* Average no. recipients/month	279	* Eligible for Medical Assistance * Certified disabled by the State Medical Review Team (SMRT) or the Social Security Administration (SSA) * Under age 65 at time of application * Determined to need hospital level of care	* Need level determined by an assessment * Services identified in a community service plan completed by county case manager * Funds managed on an aggregate basis across the CADI, CAC, and TBI waivers at the local level by the lead agency
	* Monthly cost per recipient	\$5,127		
	* Total annual spending	\$17.2 m		
	* Some enrollee support costs are found in the MA Home Care section of the forecast			
CADI	* Average no. recipients/month	11,855	* Eligible for Medical Assistance * Certified disabled by the SMRT or the SSA * Under age 65 at time of application * Need nursing facility level of care	* Need level is determined by an assessment * Services identified in a community service plan completed by county case manager * Funds managed on an aggregate basis across the CADI, CAC, and TBI waivers at the local level by the lead agency
	* Monthly cost per recipient	\$2,067		
	* Total annual spending	\$294.0 m		
	* Some enrollee support costs are found in the MA Home Care section of the forecast			
DD	* Average no. recipients/month	14,036	* Eligible for Medical Assistance * Determined to have mental retardation or related condition * Determined to need ICF/MR level of care	* Need level is determined by an assessment * Services identified in a community service plan completed by county case manager * Funds managed on an aggregate basis at the local level by the county agency
	* Monthly cost per recipient	\$5,495		
	* Total annual spending	\$925.5m		
	* Some enrollee support costs are found in the MA Home Care section of the forecast			
TBI	* Average no. recipients/month	1,316	* Eligible for Medical Assistance * Certified disabled by the SMRT or SSA * Documented diagnosis of traumatic or acquired brain injury or degenerative brain disease * Experience significant to severe cognitive and behavioral impairments related to the brain injury * Under age 65 at time of application * Determined to need NF or NB level of care	* Need level is determined by an assessment * Services identified in a community service plan completed by county case manager * Funds managed on an aggregate basis across the CADI, CAC, and TBI waivers at the local level by the lead agency
	* Monthly cost per recipient	\$ 5,585		
	* Total annual spending	\$88.2 m		
	* Some enrollee support costs are found in the MA Home Care section of the forecast			

NOTE: Data for FY 2008; Waiver costs do not include home care costs

Table 3: Case Load Summary Report for State Fiscal Year 2009 - Statewide

	Age Ranges						
	Total	0-12	13-17	18-22	23-39	40-64	65-65+
Unduplicated Assessment Totals							
Public Health Nurse Assessments for PCA	16,497	5,164	1,814	1,117	2,058	5,684	660
Long-term Care Consultation	76,403	1,316	758	1,199	3,743	15,000	54,387
Developmental Disability Screening	23,137	3,485	2,057	2,681	6,651	6,999	1,264
Home Care							
Personal Care Assistant (PCA) - Waiver	5,401	697	453	474	921	2,723	133
PCA - Non-waiver	15,461	4,051	1,519	873	1,784	5,451	1,783
PCA - Total	20,862	4,748	1,972	1,347	2,705	8,174	1,916
Private Duty Nursing (PDN) - Waiver	414	162	44	36	62	104	6
PDN - Non-waiver	358	150	22	14	41	60	71
PDN - Total	772	312	66	50	103	164	77
Skilled Nurse Visit - Waiver	4,445	99	40	71	511	3,523	201
Skilled Nurse Visit - Non-waiver	9,094	1,708	168	468	1,214	2,413	3,123
Skilled Nurse Visit - Total	13,539	1,807	208	539	1,725	5,936	3,324
Home Health Aide (HHA) - Waiver	995	8	9	6	65	841	66
HHA - Non-waiver	1,712	2		1	21	211	1,477
HHA - Total	2,707	10	9	7	86	1,052	1,543
Therapies - Waiver	714	51	18	23	81	522	19
Therapies - Non-waiver	773	64	11	22	64	520	92
Therapies - Total	1,487	115	29	45	145	1,042	111
Institutional Services							
Nursing Facility (NF) stays <= 90 days (MA funded)	15,214			23	191	2,231	12,769
NF stays > 90 days (MA funded)	10,170			6	72	1,233	8,859
ICF / MR stays	2,059	5	36	111	416	1,195	296
Waivers							
CADI	16,374	955	665	1,006	2,728	10,260	760
TBI – NF	1,128	13	27	52	295	710	31
TBI - NB	431	5	11	28	172	205	10
CAC	385	185	46	39	57	53	5
DD	14,840	847	1,196	1,602	5,060	5,180	954
Other Services							
Consumer Support Grant (CSG)	1,657	1,288	244	77	26	22	
Family Support Grant (FSG)	1,628						
Semi-Independent Living Services (SILS)	1,552						

Data Source: Medicaid Management Information System (MMIS) Screening & Service Agreement Data; Report Run 11/24/2009 Data does not include individuals receiving services through managed care programs

III. Legislation That Affects Waiver Growth

Legislation over the past several years has affected the growth of the disability waiver programs. The CADI, DD, and TBI waivers have had limits imposed by legislation at various times over the past several years. The CAC Waiver has been managed through a statewide pool of allocations that lead agencies can access when needed. The access to a statewide pool of allocations is also available for individuals moving out of institutions into the community for any of the disability waiver programs.

During fiscal years (FY) 2004 through 2008:

- CADI Waiver growth was limited to 1140 new allocations per year
- DD Waiver growth was limited to 50 new emergency allocations per calendar year (CY)
- TBI Waiver growth was limited to 150 new allocations per year.

For calendar year 2009, the DD Waiver limits were lifted, which allows for 300 new allocations per year.

In 2009, the Minnesota Legislature limited waiver growth for the 2010 - 11 biennium to the following:

- CADI to 1140 new allocations each year for FY2010 and FY2011
- DD to 180 new allocations each year for CY2010 and CY2011
- TBI to 150 new allocations each year for FY2010 and FY2011

Also in 2009, the legislature implemented other measures that will affect the growth of the disability waiver programs. Below is a summary of this legislation:

- A moratorium on new foster care licenses for settings where the license holder does not reside in the home (i.e., corporate foster care), with some exceptions outlined in statute. This had been the most expensive model of residential services for the disability waivers. By putting a moratorium on this type of setting, recipients, lead agencies, and providers will be required to explore other residential support options.
- Rate reductions for waiver service providers.
- Reform to Personal Care Assistance (PCA) services, available through the Medical Assistance state plan, allowed for some individuals who are no longer eligible for PCA services to access waiver services.

In addition to the legislation that affects the growth of the disability waivers, legislation passed during the 2009 session required DHS to establish statewide criteria for allocating resources to individuals who meet specific situations. The criteria is required to be in place by January 2010.

IV. Waiver Program Goals and Outcomes

Goal 1—Federal Compliance for the HCBS Waivers

DHS submitted the CAC Waiver renewal application in November 2007 to CMS. In its review of this application, CMS identified two areas in which Minnesota was out of compliance with federal requirements:

- County-negotiated rates, which creates a concern about disparity in the availability of waiver services from county to county
- The use of lead agency contracts 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 Waiver renewal application identified 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 the responsibility of establishing rates and managing contracts to lead agencies.

In order 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 CAC Waiver renewal in December 2008.

DHS recognized that the same issues would likely come up as renewals for the other disability waivers occur, which did occur during the CMS review of the CADI Waiver in 2009. In 2009, the governor's budget included funding to change the rate-setting structure and provider enrollment structure in Minnesota. That funding was approved by the 2009 legislature and signed into law. Subsequently, DHS has engaged in a planning process with numerous internal and external stakeholders that will drive the implementation of the new rate setting methodologies and provider enrollment processes. These new processes will begin implementation in January 2011, with complete implementation by December 2011.

Goal 1a—Statewide consistency in rate setting methodologies

A. Overview

The Rate Setting Methodologies Initiative will establish statewide rate setting methodologies that meet federal waiver requirement for home and community-based waiver services for individuals with disabilities. The rate setting methodologies must abide by the principles of transparency and equity across the state. The methodologies must involve a uniform process of structuring rates for each service and must promote quality and participant choice. This initiative will:

- Identify components for each waiver service
- Determine standard costs for each service component
- Identify methodologies to create rates based on necessary service components, driven by individual needs and choices.

B. Progress

DSD has convened two stakeholder work groups made up of lead agencies, providers, advocates, and state staff to assist with the development of rate setting methodologies. The Intensive Work Group meets two full days a month and is responsible for providing input from a stakeholder perspective on the operational details of waiver rate setting methodologies including service component description, standardized methodology selection, technology development, project training, and implementation. The Expanded Work Group meets for two hours a month and is responsible for reviewing and providing feedback to the Intensive Work Group on operational details of the rate setting methodologies initiative.

C. Future Efforts

Together with the identified work groups, for each waiver service, DSD will:

- Review information regarding current and previous rate setting research and methodologies
- Select rate setting methodologies
- Define service components to be included in rates
- Collaborate with Web developers to develop and test Web-based technology for use in individualized rate setting
- Create an implementation plan and training structure for the rate methodologies
- Act as a liaison between the waiver rate work group and local and regional peers
- Assure that information regarding the project is distributed and feedback is received regionally and from all interested parties.

D. Outcomes

This initiative will create rate setting methodologies that utilize service components to build rates for services based on individual need while maintaining a consistent rate-setting structure. The outcomes of this initiative are to:

- Bring DHS into federal compliance for the renewal of federal financial participation in the disability waiver programs
- Develop consistent rate setting methodologies that are based on individual needs
- Create rates that are based on what a person needs and support innovative approaches to service delivery
- Provide opportunities to identify service gaps in the current system
- Change the lead agency role from negotiating and contracting with providers to focusing on monitoring and performance of providers
- Assure fairness and equity in rates across the state
- Coordinate and align with the development of consistent provider enrollment practices and standards, a comprehensive assessment and a common menu of services across the waivers.

Goal 1b—Statewide consistency in provider standards and provider enrollment processes

A. Overview

The Disability Services Division (DSD) and the Aging and Adult Services Division (AASD) will develop a common provider enrollment process across home care and waiver services with provider standards and verification methods that are consistent across the state and will meet

federal waiver requirements for the home and community-based services waivers for individuals with disabilities and the elderly. The development of a statewide approach will:

- Create a statewide waiver provider enrollment process with consistent and equitable provider standards and improved processes to verify standards
- Enhance provider standards, when necessary, to improve the delivery of services
- Increase recipient access to and choice of qualified providers
- Eliminate the use of lead agency contracts with providers and replace the contracts with a statewide agreement
- Develop statewide methods for lead agencies to monitor providers, which will assist DHS in determining whether to enroll or continue to enroll a provider
- Integrate existing provider quality assurance and oversight mechanisms and evidence of provider qualifications and performance generated via these mechanisms into DHS' provider enrollment system
- Align provider standards between the disability waivers and the Elderly Waiver and Alternative Care programs, where appropriate.

B. Progress

DSD, in collaboration with AASD, has convened two stakeholder work groups made up of lead agencies, providers, advocates, and state staff to assist with the development of a statewide provider enrollment process with consistent and equitable provider standards for waiver services. The Intensive Work Group meets one full day a month and is responsible for providing input from a stakeholder perspective on the operational details involved with developing alternatives to the lead agency contracting process, outlining lead agency functions involved with monitoring providers, designing a provider verification and feedback system, and developing project training and an implementation process. The Expanded Work Group meets for two hours a month and is responsible for reviewing recommendations and providing feedback to the Intensive Work Group.

The Intensive Work Group began meeting on July 16, 2009, and will meet for one full day each month for the next year. Intensive Work Group members are responsible for developing recommendations based on the standard or component areas of focus, through a facilitated consensus process.

The Expanded Work Group held their first meeting on September 1, 2009, and continues to meet on a monthly basis via Web conference. Expanded work group members are responsible for disseminating recommendations from the Intensive Work Group to their stakeholders and counterparts, and to gather feedback to inform the Intensive Work Group of any critical components missing in the recommendations for further consideration.

C. Future Efforts

In collaboration with the AASD, the identified work groups and a county/state work group, DSD will:

- Refine standards by developing a process for providers that are not currently enrolled and enhancing standards for unlicensed providers

- Review existing lead agency contract language to determine new policies for the statewide provider enrollment process
- Establish monitoring protocols with lead agencies
- Design mechanisms for data collection
- Develop a system for capturing monitoring and oversight activities
- Develop provider performance standards in the form of a performance framework
- Evaluate the current provider verification, monitoring and enrollment systems, and make necessary changes.

D. Outcomes

The expected outcomes of this initiative are to:

- Bring DHS into compliance with federal requirements for the renewal of the disability HCBS waiver programs
- Ensure that recipients will receive services from qualified providers based on standards that impact their health and safety
- Provide recipients with increased access to providers and choice of providers
- Develop a streamlined and consistent enrollment process for providers of waiver and home care services
- Allow lead agencies to focus on monitoring and performance activities.

Goal 2—Changing current residential service models and evaluating housing options

A. Overview

During the 2009 legislative session, the legislature passed language that required DHS to make changes to current residential service models and to evaluate housing options for individuals with disabilities. The legislation included:

- A moratorium on new child and adult corporate foster care licenses, with some exceptions. Corporate foster care settings are settings where the license holder does not reside in the setting. This is currently the most expensive model of residential service available through the disability home and community based services (HCBS) waivers. The primary intent of the moratorium is to assure ongoing sustainability of the disability waivers. The moratorium also provides the opportunity to shift state policies, lead agencies, and providers toward the development of more individually designed living arrangements that give an individual more control and more choices about where and with whom to live.
- As part of the moratorium, the legislature appropriated \$650,000 in fiscal year 2010 and \$1,000,000 in fiscal year 2011 for grants to lead agencies for technology, case consultation, evaluation, and consumer information infrastructure that will assess the use of technology as an alternative to services in corporate foster care settings. These grants are intended to help support individuals in their own homes with less reliance on the more expensive models of residential services.
- The development of a new waiver service with corresponding service and setting license, called Residential Support Services. This service will be developed specifically for services

provided in corporate foster care settings. Currently the services provided in the corporate foster care setting are provided under the same service type as services provided in family foster care settings, which is a very different model of service. This change will allow DHS to separately track and monitor services provided in settings where the provider manages the housing and the waiver residential services.

- A requirement to study housing options for individuals with disabilities and others needing support services and provide a report to the legislature by December 15, 2010. As part of the study, DHS must consult with the Minnesota Housing Finance Agency and various stakeholders. The study must consider:
 - Improved access to rent subsidies
 - Use of cooperatives, land trusts, and other limited equity ownership models
 - Whether a public equity housing fund should be established that would maintain the state's interest, to the extent paid from state funds, including group residential housing and Minnesota Supplemental Aid (MSA) shelter-needy funds in provider-owned housing, so that when sold, the state would recover its share for a public equity fund to be used for future public needs
 - The desirability of the state acquiring an ownership interest or promoting the use of publicly owned housing
 - Promoting more choices in the market for accessible housing that meets the needs of persons with physical challenges
 - What consumer ownership models, if any, are appropriate.

In addition to the language that passed during the 2009 sessions, DHS is undertaking other initiatives related to changing current residential service models. These include the following.

- DHS has entered into a contract with the Arc of Minnesota to provide support to individuals with disabilities who are interested in receiving assistance in finding and managing their own housing. The grants that are paying for this effort were made available through legislation that passed during the 2008 session.
- DHS is in the process of evaluating the current policy related to the size, setting, and location of residential services available across the HCBS waiver plans. DHS is working across populations and programs, with internal and external stakeholders, to develop consistent principles for residential services, whenever possible.

B. Progress

DHS implemented the corporate foster care moratorium on July 1, 2009. Counties had until August 1, 2009, to identify providers that were in process of obtaining a license when the moratorium went into effect. The legislation allowed these providers to complete the process of obtaining the license outside of the moratorium. Lead agencies, providers, and other interested stakeholders have received information regarding the moratorium through various DHS electronic announcements.

The Disability Services Division is developing a framework to implement distribution of the technology grant funds associated with the corporate foster care moratorium. This framework

intends to assure that the most appropriate models of service are available to meet individual outcomes.

DHS will be developing the Residential Support Service and associated license. The development of the recommended language and implementation plan will be completed in conjunction with the legislated requirement to develop a single set of standards for all waiver services.

Work has begun on the Housing Options Study, including national and international research on housing alternatives and planning for methods of consultation with various stakeholders.

C. Future Efforts

DHS is required to evaluate the effects of the corporate foster care moratorium, including the effectiveness of the technology grant funds, in a report to the legislature by January 15, 2011.

DHS is required to develop suggested language for the new Residential Support Service and associated license, as well as an implementation plan and provide that to the legislature by January 15, 2011.

DHS is required to provide a report to the legislature by December 15, 2010, on the completion of the Housing Options Study.

D. Outcomes

The efforts DHS is undertaking related to housing and residential services will expand options available to individuals, as well as achieve long-term sustainability for the waiver programs. The sustainability will be achieved by providing services in less expensive residential settings.

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 the Continuing Care Management Reporting System (CCMRS).

A. Reports on the DD Waiver

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

Table 4: DD Waiver Funds Allocated but Not Used, 19-21, details the amount of funds allocated but not used in the DD Waiver for Calendar Year (CY) 2006, 2007, and 2008. 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. The table provides data available through November 1, 2009, for services provided during CY 2008.

The statewide percentage of funds allocated but not used was growing since 2004, because counties were likely to spend funds cautiously. According to the federally approved Developmental Disabilities (DD) Waiver plan, counties must repay any portion of their allocation that they spend in excess of their allowable budget. In part in response to the trend of not spending the counties' full allocation, the Department of Human Services (DHS) developed a new state-to-county budget allocation methodology for the DD Waiver.

The new state-to-county budget allocation methodology was fully implemented 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.

Table 4: DD Waiver Funds Allocated but Not Used

County Name	CY 2006				CY 2007				CY 2008 (as of 11-1-2009)			
	\$ Allocated (in thousands)	\$ Spent (in thousands)	Allocated - Spent		\$ Allocated (in thousands)	\$ Spent (in thousands)	Allocated - Spent		\$ Allocated (in thousands)	\$ Spent (in thousands)	Allocated - Spent	
			(in thousands)	(%)			(in thousands)	(%)			(in thousands)	(%)
Aitkin	\$3,365	\$3,013	\$352	10.5%	\$3,471	\$3,045	\$426	12.3%	\$3,683	\$3,300	\$383	10.4%
Anoka	\$45,126	\$43,857	\$1,269	2.8%	\$47,467	\$45,984	\$1,483	3.1%	\$50,443	\$48,692	\$1,751	3.5%
Becker	\$4,853	\$4,507	\$346	7.1%	\$5,033	\$4,700	\$333	6.6%	\$5,263	\$4,904	\$359	6.8%
Beltrami	\$7,897	\$7,424	\$473	6.0%	\$8,151	\$7,581	\$570	7.0%	\$8,497	\$7,986	\$511	6.0%
Benton	\$6,687	\$5,946	\$741	11.1%	\$6,922	\$6,276	\$646	9.3%	\$7,220	\$6,712	\$508	7.0%
Big Stone	\$1,904	\$1,922	-\$18	-0.9%	\$1,969	\$1,958	\$11	0.6%	\$2,061	\$2,058	\$3	0.1%
Blue Earth	\$9,367	\$8,633	\$734	7.8%	\$9,841	\$9,166	\$675	6.9%	\$10,374	\$9,468	\$906	8.7%
Brown	\$6,214	\$5,425	\$789	12.7%	\$6,707	\$6,023	\$684	10.2%	\$7,096	\$6,533	\$563	7.9%
Carlton	\$8,846	\$8,521	\$325	3.7%	\$9,263	\$8,779	\$484	5.2%	\$9,760	\$9,127	\$633	6.5%
Carver	\$9,020	\$9,138	-\$118	-1.3%	\$9,066	\$8,806	\$260	2.9%	\$9,556	\$9,181	\$375	3.9%
Cass	\$6,755	\$6,508	\$247	3.7%	\$6,995	\$6,745	\$250	3.6%	\$7,452	\$7,149	\$303	4.1%
Chippewa	\$3,882	\$3,327	\$555	14.3%	\$4,015	\$3,334	\$681	17.0%	\$4,156	\$3,499	\$657	15.8%
Chisago	\$8,318	\$7,704	\$614	7.4%	\$8,573	\$7,419	\$1,154	13.5%	\$8,797	\$7,474	\$1,323	15.0%
Clay	\$12,553	\$11,748	\$805	6.4%	\$13,232	\$12,258	\$974	7.4%	\$13,829	\$12,735	\$1,094	7.9%
Clearwater	\$771	\$711	\$60	7.8%	\$790	\$734	\$56	7.1%	\$847	\$693	\$154	18.2%
Cook	\$890	\$827	\$63	7.1%	\$849	\$840	\$9	1.1%	\$979	\$924	\$55	5.6%
Cottonwood	\$3,111	\$2,991	\$120	3.9%	\$3,243	\$2,976	\$267	8.2%	\$3,426	\$3,037	\$389	11.4%
Crow Wing	\$7,820	\$7,586	\$234	3.0%	\$8,119	\$7,933	\$186	2.3%	\$8,565	\$8,518	\$47	0.5%
Dakota	\$53,061	\$51,327	\$1,734	3.3%	\$54,906	\$52,596	\$2,310	4.2%	\$57,046	\$53,854	\$3,192	5.6%
Dodge	\$4,419	\$4,092	\$327	7.4%	\$4,586	\$4,108	\$478	10.4%	\$4,967	\$4,483	\$484	9.7%
Douglas	\$5,478	\$5,482	-\$4	-0.1%	\$5,770	\$5,639	\$131	2.3%	\$6,019	\$5,862	\$157	2.6%
Faribault	\$4,278	\$3,962	\$316	7.4%	\$4,503	\$3,776	\$727	16.1%	\$4,672	\$3,850	\$822	17.6%
Fillmore	\$4,598	\$4,445	\$153	3.3%	\$4,764	\$4,500	\$264	5.5%	\$4,940	\$4,647	\$293	5.9%
Freeborn	\$7,184	\$7,132	\$52	0.7%	\$7,457	\$7,463	-\$6	-0.1%	\$7,806	\$7,530	\$276	3.5%
Goodhue	\$9,382	\$8,208	\$1,174	12.5%	\$9,700	\$8,433	\$1,267	13.1%	\$10,058	\$9,110	\$948	9.4%
Grant	\$1,109	\$1,088	\$21	1.9%	\$1,163	\$1,187	-\$24	-2.1%	\$1,233	\$1,197	\$36	2.9%
Hennepin	\$213,570	\$211,717	\$1,853	0.9%	\$219,484	\$216,718	\$2,766	1.3%	\$227,419	\$222,150	\$5,269	2.3%
Houston	\$5,199	\$5,127	\$72	1.4%	\$5,367	\$5,303	\$64	1.2%	\$5,639	\$5,556	\$83	1.5%
Hubbard	\$2,612	\$2,253	\$359	13.7%	\$2,696	\$2,254	\$442	16.4%	\$2,898	\$2,442	\$456	15.7%
Isanti	\$4,319	\$3,986	\$333	7.7%	\$4,500	\$4,237	\$263	5.8%	\$4,904	\$4,495	\$409	8.3%

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

County Name	CY 2006				CY 2007				CY 2008 (as of 11-1-2009)			
	\$ Allocated (in thousands)	\$ Spent (in thousands)	Allocated - Spent		\$ Allocated (in thousands)	\$ Spent (in thousands)	Allocated - Spent		\$ Allocated (in thousands)	\$ Spent (in thousands)	Allocated - Spent	
			(in thousands)	(%)			(in thousands)	(%)			(in thousands)	(%)
Itasca	\$9,721	\$9,179	\$542	5.6%	\$10,075	\$9,468	\$607	6.0%	\$10,566	\$9,572	\$994	9.4%
Jackson	\$2,338	\$2,085	\$253	10.8%	\$2,463	\$2,196	\$267	10.8%	\$2,586	\$2,160	\$426	16.5%
Kanabec	\$2,565	\$2,382	\$183	7.1%	\$2,647	\$2,520	\$127	4.8%	\$2,784	\$2,568	\$216	7.8%
Kandiyohi	\$7,141	\$6,356	\$785	11.0%	\$7,371	\$6,575	\$796	10.8%	\$7,708	\$6,915	\$793	10.3%
Kittson	\$1,242	\$1,191	\$51	4.1%	\$1,291	\$1,191	\$100	7.7%	\$1,330	\$1,187	\$143	10.8%
Koochiching	\$3,861	\$3,584	\$277	7.2%	\$3,998	\$3,881	\$117	2.9%	\$4,119	\$3,978	\$141	3.4%
Lac Qui Parle	\$2,483	\$2,281	\$202	8.1%	\$2,582	\$2,392	\$190	7.4%	\$2,697	\$2,473	\$224	8.3%
Lake	\$4,201	\$4,030	\$171	4.1%	\$4,336	\$4,034	\$302	7.0%	\$4,489	\$4,254	\$235	5.2%
Lake of the Woods	\$830	\$868	-\$38	-4.6%	\$867	\$850	\$17	2.0%	\$1,067	\$836	\$231	21.6%
Le Sueur	\$6,254	\$5,636	\$618	9.9%	\$6,495	\$5,876	\$619	9.5%	\$6,846	\$6,284	\$562	8.2%
Lincoln	\$1,965	\$1,531	\$434	22.1%	\$2,029	\$1,617	\$412	20.3%	\$2,118	\$1,607	\$511	24.1%
Lyon	\$6,106	\$5,964	\$142	2.3%	\$6,372	\$6,407	-\$35	-0.5%	\$6,686	\$6,770	-\$84	-1.3%
Mc Leod	\$5,784	\$5,625	\$159	2.7%	\$5,973	\$5,731	\$242	4.1%	\$6,254	\$6,017	\$237	3.8%
Mahnomen	\$1,922	\$1,768	\$154	8.0%	\$1,984	\$1,777	\$207	10.4%	\$2,043	\$1,798	\$245	12.0%
Marshall	\$3,224	\$2,978	\$246	7.6%	\$3,330	\$3,050	\$280	8.4%	\$3,503	\$3,186	\$317	9.0%
Martin	\$4,013	\$3,946	\$67	1.7%	\$4,178	\$4,060	\$118	2.8%	\$4,370	\$4,255	\$115	2.6%
Meecker	\$4,254	\$4,045	\$209	4.9%	\$4,458	\$4,209	\$249	5.6%	\$4,649	\$4,388	\$261	5.6%
Mille Lacs	\$4,605	\$4,026	\$579	12.6%	\$4,764	\$4,235	\$529	11.1%	\$4,990	\$4,478	\$512	10.3%
Morrison	\$6,902	\$6,633	\$269	3.9%	\$7,182	\$6,763	\$419	5.8%	\$7,631	\$7,230	\$401	5.3%
Mower	\$9,196	\$8,855	\$341	3.7%	\$9,614	\$9,229	\$385	4.0%	\$10,124	\$9,915	\$209	2.1%
Murray	\$1,874	\$1,532	\$342	18.2%	\$1,935	\$1,461	\$474	24.5%	\$2,016	\$1,659	\$357	17.7%
Nicollet	\$3,658	\$3,588	\$70	1.9%	\$3,806	\$3,575	\$231	6.1%	\$4,008	\$3,647	\$361	9.0%
Nobles	\$3,672	\$3,504	\$168	4.6%	\$3,854	\$3,600	\$254	6.6%	\$4,108	\$3,756	\$352	8.6%
Norman	\$2,188	\$1,964	\$224	10.2%	\$2,260	\$1,981	\$279	12.3%	\$2,329	\$2,155	\$174	7.5%
Olmsted	\$25,329	\$25,084	\$245	1.0%	\$26,522	\$25,522	\$1,000	3.8%	\$27,539	\$26,113	\$1,426	5.2%
Otter Tail	\$9,364	\$8,595	\$769	8.2%	\$9,666	\$8,857	\$809	8.4%	\$10,046	\$9,024	\$1,022	10.2%
Pennington	\$2,475	\$2,442	\$33	1.3%	\$2,555	\$2,300	\$255	10.0%	\$2,706	\$2,323	\$383	14.2%
Pine	\$5,043	\$4,598	\$445	8.8%	\$5,245	\$4,785	\$460	8.8%	\$5,471	\$4,961	\$510	9.3%
Pipestone	\$1,776	\$1,615	\$161	9.1%	\$1,878	\$1,553	\$325	17.3%	\$2,040	\$1,697	\$343	16.8%
Polk	\$9,404	\$8,963	\$441	4.7%	\$9,730	\$9,165	\$565	5.8%	\$10,159	\$9,218	\$941	9.3%

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

County Name	CY 2006				CY 2007				CY 2008 (as of 11-1-2009)			
	\$ Allocated (in thousands)	\$ Spent (in thousands)	Allocated - Spent		\$ Allocated (in thousands)	\$ Spent (in thousands)	Allocated - Spent		\$ Allocated (in thousands)	\$ Spent (in thousands)	Allocated - Spent	
			(in thousands)	(%)			(in thousands)	(%)			(in thousands)	(%)
Pope	\$2,829	\$2,599	\$230	8.1%	\$2,925	\$2,599	\$326	11.1%	\$3,156	\$2,769	\$387	12.3%
Ramsey	\$105,249	\$104,831	\$418	0.4%	\$108,540	\$106,628	\$1,912	1.8%	\$111,844	\$107,759	\$4,085	3.7%
Red Lake	\$858	\$641	\$217	25.3%	\$941	\$713	\$228	24.2%	\$987	\$878	\$109	11.0%
Redwood	\$3,739	\$3,270	\$469	12.5%	\$3,860	\$3,513	\$347	9.0%	\$4,006	\$3,760	\$246	6.1%
Renville	\$4,336	\$4,067	\$269	6.2%	\$4,509	\$4,158	\$351	7.8%	\$4,782	\$4,390	\$392	8.2%
Rice	\$14,231	\$14,047	\$184	1.3%	\$14,972	\$14,800	\$172	1.1%	\$15,562	\$15,396	\$166	1.1%
Rock	\$2,899	\$2,770	\$129	4.4%	\$2,993	\$2,828	\$165	5.5%	\$3,132	\$2,788	\$344	11.0%
Roseau	\$3,117	\$2,812	\$305	9.8%	\$3,255	\$2,815	\$440	13.5%	\$3,484	\$3,003	\$481	13.8%
St. Louis	\$51,286	\$51,281	\$5	0.0%	\$53,563	\$51,661	\$1,902	3.6%	\$55,417	\$52,718	\$2,699	4.9%
Scott	\$13,049	\$11,931	\$1,118	8.6%	\$13,420	\$12,426	\$994	7.4%	\$14,124	\$13,461	\$663	4.7%
Sherburne	\$8,514	\$7,752	\$762	8.9%	\$8,857	\$8,041	\$816	9.2%	\$9,334	\$8,536	\$798	8.5%
Sibley	\$2,947	\$2,790	\$157	5.3%	\$3,042	\$2,867	\$175	5.8%	\$3,213	\$2,881	\$332	10.3%
Stearns	\$20,442	\$19,551	\$891	4.4%	\$21,307	\$20,205	\$1,102	5.2%	\$22,071	\$21,060	\$1,011	4.6%
Steele	\$5,149	\$5,121	\$28	0.5%	\$5,388	\$5,037	\$351	6.5%	\$5,649	\$5,053	\$596	10.6%
Stevens	\$2,334	\$2,095	\$239	10.2%	\$2,416	\$2,262	\$154	6.4%	\$2,490	\$2,300	\$190	7.6%
Swift	\$2,239	\$2,163	\$76	3.4%	\$2,322	\$2,198	\$124	5.3%	\$2,515	\$2,341	\$174	6.9%
Todd	\$4,881	\$4,553	\$328	6.7%	\$5,065	\$4,720	\$345	6.8%	\$5,326	\$5,042	\$284	5.3%
Traverse	\$579	\$472	\$107	18.5%	\$598	\$508	\$90	15.1%	\$634	\$522	\$112	17.7%
Wabasha	\$5,755	\$5,549	\$206	3.6%	\$6,084	\$5,722	\$362	6.0%	\$6,479	\$5,861	\$618	9.5%
Wadena	\$2,647	\$2,423	\$224	8.5%	\$2,732	\$2,359	\$373	13.7%	\$2,833	\$2,443	\$390	13.8%
Waseca	\$2,517	\$2,510	\$7	0.3%	\$2,713	\$2,660	\$53	2.0%	\$2,983	\$2,951	\$32	1.1%
Washington	\$29,482	\$28,946	\$536	1.8%	\$30,461	\$29,436	\$1,025	3.4%	\$31,944	\$31,220	\$724	2.3%
Watonwan	\$3,143	\$3,016	\$127	4.0%	\$3,271	\$3,108	\$163	5.0%	\$3,402	\$3,122	\$280	8.2%
Wilkin	\$2,625	\$2,224	\$401	15.3%	\$2,729	\$2,231	\$498	18.2%	\$2,862	\$2,341	\$521	18.2%
Winona	\$10,432	\$9,967	\$465	4.5%	\$10,773	\$10,280	\$493	4.6%	\$11,157	\$10,698	\$459	4.1%
Wright	\$12,448	\$11,694	\$754	6.1%	\$12,883	\$12,101	\$782	6.1%	\$13,319	\$12,762	\$557	4.2%
Yellow Medicine	\$2,784	\$2,616	\$168	6.0%	\$2,870	\$2,561	\$309	10.8%	\$3,009	\$2,783	\$226	7.5%
State Wide	\$936,489	\$905,146	\$31,343	3.3%	\$970,551	\$928,068	\$42,483	4.4%	\$1,012,301	\$960,428	\$51,873	5.1%

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

Each county or county alliance was required to submit a document detailing their policies and procedures for management of their DD Waiver allocation, with updates as changes in policy occurs. DHS also requires 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. Beginning in January 2010, DHS will institute statewide allocation priorities, as directed by legislation that passed during the 2009 session.

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 39 for the appendix. Click on a county name to review the on-line report for a particular county.

Table 5: People Waiting for DD Waiver by Living Arrangement and Age, page 23, shows the total number of people statewide who are waiting for DD Waiver services. Almost 4,000 people have requested services through the DD Waiver, based on the last DD screening document in the system. In the February 2009, Annual Report on the Use and Availability of Home and Community-Based Services Waivers for Persons with Disabilities, DHS reported that the waiting list for the DD Waiver was almost 5,000 individuals. During 2009, DHS instituted a new policy requiring the reassessment at least every three years of individuals identified as waiting for the DD Waiver. The reassessment is required to indicate the continued need and eligibility of the individual for DD Waiver services. DHS instituted this policy to assist in reporting more accurate numbers of the individuals waiting for the DD Waiver.

Table 5: People Waiting for DD Waiver by Living Arrangement and Age

	Total	Age Ranges					
		0 to 12	13 to 17	18 to 22	23 to 39	40 to 64	65 Plus
Living Arrangement							
Board and lodging	1	0	1	0	0	0	0
Foster care - family	80	23	19	14	14	9	1
Foster care - shift staff	29	0	4	8	6	9	2
Foster care -live in caregiver	8	0	0	2	3	2	1
Home of immediate/extended family	3,440	1,684	612	724	345	71	4
ICF/MR - community	170	0	1	13	39	104	13
METO	4	0	0	1	3	0	0
Other (specify in notes)	99	19	9	29	24	17	0
Own home (unlicensed < 24 hr sup)	27	0	1	2	13	11	0
Total	3,858	1,726	647	793	447	223	21

**Data Source: Medicaid Management Information System (MMIS) Screening & Service Agreement Data
Report run date: 11/23/2009**

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 waiting for DD Waiver services and the services that those individuals receive while they wait for the waiver. See page 39 for the appendix. Click on a county name to review the report for that county.

Table 6: People Waiting for the DD Waiver—Current Services and Supports, page 24, shows a statewide summary of this information.

Approximately 3,000 of the individuals identified as waiting are children, under age 22, living at home with their parents with the majority likely receiving school services. 340 people living in intermediate care facilities for persons with mental retardation or related condition (ICFs/MR) have requested waiver services. Almost all on the waiting list are receiving at least one Medicaid or state-funded service, including 219 that are receiving services through one of the other waivers.

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

Living Arrangement	Total Recipients	CM	Respite	HM	Mods	FSG	SILS	Edu	DT&H	J&T	On CCT	HC	CSG
Board and lodging	1	1	1	0	0	0	0	1	0	0	0	1	0
Foster care - family	80	80	13	0	0	0	0	56	15	5	7	32	0
Foster care - shift staff	29	26	0	0	0	1	0	9	9	0	15	2	1
Foster care -live in caregiver	8	8	0	0	0	0	0	1	3	2	2	1	0
Home of immediate/extended family	3,440	3,431	356	41	132	601	0	2,903	312	46	159	1,181	642
ICF/MR - community	170	170	0	0	4	0	0	13	148	3	3	2	0
METO	4	4	0	0	0	0	0	3	0	0	1	0	0
Other (specify in notes)	99	99	6	1	5	3	0	34	5	1	26	9	7
Own home (unlicensed < 24 hr sup)	27	20	0	0	0	1	0	2	6	7	6	3	1
Total	3,858	3,839	376	42	141	606	0	3,022	498	64	219	1,231	651

Key:

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

Data Source: Medicaid Management Information System (MMIS) Screening & Service Agreement Data

Report run date: 11/23/2009

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 discusses with the person and/or the person’s legal representative how soon they require 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 to 12 months (Waiver Need Index 001)
- Within 13 to 36 months (Waiver Need Index 002)
- At 37 months or later (Waiver Need Index 003)

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 indicated that they need waiver services. This is 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 39 for the appendix. Click on a county name to review the online report for that county.

Table 7: People Waiting for DD Waiver by Waiver Need Index and Age, page 25, summarizes the statewide Waiver Need Index for individuals waiting for DD Waiver services.

Table 7: People Waiting for DD Waiver by Waiver Need Index and Age

Waiver Need Index	Total Recipients	Age 0 to 12	Age 13 to 17	Age 18 to 22	Age 23 to 39	Age 40 to 64	Age 65 Plus
001	2,967	1,357	512	623	337	126	11
002	506	212	75	124	57	35	3
003	385	157	60	46	53	62	7
Total	3,858	1,726	647	793	447	223	21

Data Source: Medicaid Management Information System (MMIS) Screening & Service Agreement Data Report run 11/23/2009

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 requested by people who are waiting for DD Waiver services. See page 39 for the appendix. Click on a county name to review the on-line report for that county.

Table 8: People Waiting for DD Waiver: Planned Services and Supports, page 26, shows the statewide number of services requested by persons waiting for DD Waiver funding. In-home family support and respite were the most requested service, which is indicative of the primary living arrangement of those waiting for DD Waiver services being the family home. Adult day care and alternative day services were the least requested services, with less than 1 percent of the people waiting to access these services.

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

Living Arrangement	Total	Adult Day Care	Alternate Day Services	Assistive Technology	Caregiver T&E	CDCS	Consumer T&E	Crisis Respite	DT&H	Modifications / Equipment	Homemaker	Housing Access	IHFS	Live-in Caregiver	Personal Support	Respite Care (Not ICF/MR)	Special Services	Supported Employment	SLS	Transportation, Chore, Extended PCA	24 Hour Emergency Assistance
Board and lodging	1	0	0	0	0	0	0	0	0	0	0	0	1	0	1	0	1	0	0	0	0
Foster care - family	80	0	0	11	13	6	6	27	6	10	0	0	32	0	15	36	23	2	0	14	1
Foster care - shift staff	29	0	0	4	0	0	1	7	4	4	0	1	3	0	1	4	4	4	0	1	1
Foster care -live in caregiver	8	0	0	0	0	0	0	0	2	0	0	0	2	0	2	0	0	0	0	0	0
Home of immediate/ extended family	3,440	9	8	1,008	899	1,374	351	742	286	1,012	30	25	2,129	24	1,222	1,879	979	89	38	719	93
ICF/MR - community	170	2	3	22	2	2	2	37	64	62	1	0	7	0	9	6	21	1	0	11	2
METO	4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1	0
Other (specify in notes)	99	1	1	15	10	9	6	26	14	21	1	2	33	2	15	27	16	9	2	17	2
Own home (unlicensed < 24 hr sup)	27	0	0	0	0	4	2	5	3	1	0	2	6	0	9	1	3	7	3	9	0
Total	3,858	12	12	1,060	924	1,395	368	844	379	1,110	32	30	2,213	26	1,274	1,953	1,048	112	43	772	99

Key: T&E: Training and Education, DT&H: Day Training and Habilitation, IHFS: In-Home Family Support, SLS: Supported Living Services

Data Source: Medicaid Management Information System (MMIS) Screening & Service Agreement Data **Report Run 11/23/2009**

5) *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 28, presents the number of additional people who were served through this capacity in calendar years (CY) 2007, 2008, and 2009 as of November 1, 2009, for each county. It is important to note that this report does not take into account the number of people who leave the waiver every year.

The February 2009 Annual Report on the Use and Availability of Home and Community-Based Services Waivers for Persons with Disabilities indicated that 285 additional persons were served within existing allocations during CY 2008; however, this report indicates 543 for that same period. Between September 2008, and November 2008, prior to complete implementation of the new state-to-county budget allocation methodology on January 1, 2009, DHS provided counties with the opportunity to add new individuals to the DD Waiver who would be included in the enrollment count for the new methodology. DHS predetermined the number of individuals that each county could add based on a consistent statewide formula. When the February 2009 report was written, complete numbers were not available for the number of people that the counties chose to add. The numbers provided in this report for CY 2008 are accurate.

6) *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 HCBS waiver programs. For more detailed information on these projects, see section IV. Waiver Program Goals and Outcomes, beginning on page 11.

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

County Name	CY 2007	CY 2008	CY 2009
Aitkin	0	0	2
Anoka	24	49	54
Becker	5	5	0
Beltrami	2	5	5
Benton	8	7	0
Big Stone	0	0	0
Blue Earth	4	11	3
Brown	4	4	2
Carlton	2	2	3
Carver	0	5	8
Cass	7	4	3
Chippewa	1	2	0
Chisago	3	5	3
Clay	2	5	7
Clearwater	0	0	0
Cook	0	0	0
Cottonwood	0	3	3
Crow Wing	2	5	2
Dakota	16	32	46
Dodge	0	4	1
Douglas	1	1	1
Faribault	0	4	1
Fillmore	2	1	0
Freeborn	2	2	4
Goodhue	5	12	5
Grant	0	0	0
Hennepin	44	72	60
Houston	2	7	1
Hubbard	2	1	2
Isanti	3	4	0
Itasca	5	3	11
Jackson	0	2	1
Kanabec	1	2	1
Kandiyohi	3	7	0
Kittson	0	0	0
Koochiching	0	1	0
Lac Qui Parle	1	4	0
Lake	0	1	1
Lake of the Woods	0	0	0
Le Sueur	2	10	3
Lincoln	1	0	0
Lyon	5	2	1
Mc Leod	2	4	2
Mahnomen	0	0	0
Marshall	1	3	0

County Name	CY 2007	CY 2008	CY 2009
Martin	1	2	3
Meeker	3	3	0
Mille Lacs	6	6	1
Morrison	0	2	1
Mower	1	2	5
Murray	2	0	2
Nicollet	1	7	0
Nobles	2	3	0
Norman	3	2	0
Olmsted	3	18	6
Otter Tail	1	8	2
Pennington	0	0	0
Pine	1	1	4
Pipestone	2	2	1
Polk	1	3	5
Pope	3	2	0
Ramsey	84	46	51
Red Lake	0	3	0
Redwood	2	3	1
Renville	1	2	2
Rice	4	1	13
Rock	0	3	1
Roseau	0	1	0
St. Louis	0	17	10
Scott	14	8	8
Sherburne	12	15	6
Sibley	0	4	1
Stearns	4	6	5
Steele	0	5	4
Stevens	2	1	1
Swift	3	5	1
Todd	2	7	1
Traverse	0	0	1
Wabasha	0	5	1
Wadena	6	5	3
Waseca	0	0	1
Washington	10	27	31
Watonwan	0	2	0
Wilkin	2	1	2
Winona	3	5	3
Wright	4	18	9
Yellow Medicine	2	1	0
State Wide	347	543	422

Source: DD Waiver Management System 3.1, 11/01/09

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

DHS has focused on determining less costly alternatives to serve individuals who are currently receiving services through the DD Waiver, which will allow for continued sustainability of the program.

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.

Legislation passed during 2008 and 2009 to expand the availability of MSA Shelter Needy funding to assist individuals in paying for room and board when they are not living in licensed settings. DHS has also entered into a contract with the Arc of Minnesota to provide information and referrals for housing opportunities for people through housing access grants.

On July 1, 2009, a moratorium on new corporate foster care licenses was issued, as a result of legislation that passed during the 2009 session. More information about this moratorium is in the Waiver Program Goals and Outcomes section of this report.

By implementing the changes that improve the cost effectiveness of the disability waiver programs, there is the potential to serve additional recipients.

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 November 2009. See page 39 for the 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 30, 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	On CCT Waiver	Age Ranges					
		0 - 12	13 - 17	18 - 22	23 -39	40 - 64	65 & Over
01. Infectious & Parasitic Diseases	183	6	1	0	26	139	11
02. Neoplasms	247	8	5	10	36	182	6
03. Endocrine, Nutritional and Metabolic Diseases & Immunity Disorders	1,056	43	12	11	72	847	71
04. Diseases of the Blood and Blood-Forming Organs	28	4	3	1	4	15	1
05. Mental Disorders	6,502	542	370	575	1,461	3,394	160
06. Diseases of the Nervous System and Sense Organs	2,666	257	133	181	514	1,492	89
07. Diseases of the Circulatory System	1,130	18	6	5	58	931	112
08. Diseases of the Respiratory System	401	19	5	8	14	324	31
09. Diseases of the Digestive System	153	4	0	0	10	130	9
10. Diseases of the Genitourinary System	157	6	0	1	13	127	10
11. Complications of Pregnancy, Childbirth, and the Puerperium	3	0	0	2	0	1	0
12. Diseases of the Skin and Subcutaneous Tissue	59	0	0	2	13	42	2
13. Diseases of the Musculoskeletal System and Connective Tissue	1,131	7	2	5	66	998	53
14. Congenital Anomalies	548	239	65	51	95	97	1
15. Certain Conditions Originating in the Perinatal Period	83	30	13	18	19	3	0
16. Symptoms, Signs and Ill-Defined Conditions	217	30	16	10	30	121	10
17. Injury and Poisoning	1,485	35	41	84	389	899	37
18. Supplementary Classification of Factors Influencing Health Status and Contact with Health Services	138	21	12	6	27	65	7
Total	16,187	1,269	684	970	2,847	9,807	610

**Data Source: Medicaid Management Information System (MMIS) Screening & Service Agreement Data
Report Run 11/12/2009**

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 CAC, CADI, or 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 screened but not yet on one of the CCT waivers by primary diagnosis and age" 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 39 for the appendix. Click on a county name to review the online 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 waivers or for other reasons, such as needing to develop a resource to meet the needs of a participant.

DHS is in the process of implementing a more precise way for counties to document people waiting for services due to lack of funding, including the addition of fields on LTCC to assist in getting an accurate number of the number of people waiting for CAC, CADI, or TBI waiver services.

Table 11: People Screened but Not Yet on Program for One of CCT Waiver(s) by Primary Diagnosis and Age, page 32, 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 Diagnosis and Age

Diagnosis	Total Request CCT Waiver	Age Ranges				
		0 - 12	13 - 17	18 - 22	23 -39	40 - 64
01. Infectious & Parasitic Diseases	20	0	1	0	3	16
02. Neoplasms	40	0	0	0	4	36
03. Endocrine, Nutritional and Metabolic Diseases & Immunity Disorders	38	2	1	1	7	27
04. Diseases of the Blood and Blood-Forming Organs	1	0	0	0	0	1
05. Mental Disorders	241	12	18	33	57	121
06. Diseases of the Nervous System and Sense Organs	69	9	2	2	17	39
07. Diseases of the Circulatory System	33	1	0	1	1	30
08. Diseases of the Respiratory System	19	3	0	2	0	14
09. Diseases of the Digestive System	15	2	0	0	2	11
10. Diseases of the Genitourinary System	11	0	1	0	3	7
12. Diseases of the Skin and Subcutaneous Tissue	1	0	0	0	0	1
13. Diseases of the Musculoskeletal System and Connective Tissue	27	0	0	0	4	23
14. Congenital Anomalies	20	12	1	1	4	2
15. Certain Conditions Originating in the Perinatal Period	3	1	0	2	0	0
16. Symptoms, Signs and Ill-Defined Conditions	8	1	1	0	1	5
17. Injury and Poisoning	47	0	0	5	7	35
18. Supplementary Classification of Factors Influencing Health Status and Contact with Health Services	5	0	0	1	1	3
Total	598	43	25	48	111	371

**Data Source: Medicaid Management Information System (MMIS) Screening & Service Agreement Data
Report Run 11/23/2009**

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 39 for the 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 34, provides a statewide summary of this information.

Table 12: People Residing In Nursing Facility BY PRIMARY DIAGNOSIS AND AGE

ICD-9-CM Category	Total	0 - 12	13 - 17	18 - 22	23 -39	40 - 64
01. Infectious & Parasitic Diseases	23	0	0	0	4	19
02. Neoplasms	73	0	0	0	2	71
03. Endocrine, Nutritional and Metabolic Diseases & Immunity Disorders	166	0	0	0	10	156
04. Diseases of the Blood and Blood-Forming Organs	5	0	0	0	0	5
05. Mental Disorders	466	0	0	0	16	450
06. Diseases of the Nervous System and Sense Organs	449	0	0	4	30	415
07. Diseases of the Circulatory System	328	0	0	1	13	314
08. Diseases of the Respiratory System	79	0	0	0	1	78
09. Diseases of the Digestive System	41	0	0	0	3	38
10. Diseases of the Genitourinary System	50	0	0	0	3	47
11. Complications of Pregnancy, Childbirth, and the Puerperium	2	0	0	0	0	2
12. Diseases of the Skin and Subcutaneous Tissue	31	0	0	0	1	30
13. Diseases of the Musculoskeletal System and Connective Tissue	73	0	0	0	4	69
14. Congenital Anomalies	19	0	0	0	3	16
16. Symptoms, Signs and Ill-Defined Conditions	49	0	0	0	4	45
17. Injury and Poisoning	206	0	0	10	30	166
18. Supplementary Classification of Factors Influencing Health Status and Contact with Health Services	22	0	0	0	1	21
No LTC Screening Found	14	0	0	0	0	14
Total	2,096	0	0	15	125	1,956

**Data Source: Medicaid Management Information System (MMIS) Screening & Service Agreement Data
Report Run 11/23/2009**

4) *Funds allocated but not authorized:*

Table 13: CAC, CADI, and TBI Aggregate Waiver Funds Allocated But Not Authorized, pages 36-38, details the amount of funds allocated but not authorized in the CAC, CADI, and TBI waivers aggregate allocation for fiscal years (FY) 2007, 2008, and 2009. Because Medicaid providers have a full year after a service is provided to bill for services, some services provided in FY 2009 have not yet been billed. The table provides data available through November 1, 2009, for services provided during FY 2009.

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 authorized
- Percentage difference between dollars allocated and dollars authorized.

Table 13: CAC, CADI, and TBI Aggregate Waiver Funds Allocated But Not Authorized (*Auth.)

County Name	FY 2007				FY 2008				FY 2009 (as of 11-1-09)			
	\$ Allocated (in thousands)	\$ Authorized (in thousands)	Allocated - Authorized		\$ Allocated (in thousands)	\$ Authorized (in thousands)	Allocated - Authorized		\$ Allocated (in thousands)	\$ Authorized (in thousands)	Allocated - Authorized	
			(in thousands)	(%)			(in thousands)	(%)			(in thousands)	(%)
Aitkin	\$1,877	\$1,531	\$346	18.4%	\$2,140	\$1,682	\$458	21.4%	\$2,349	\$1,927	\$422	18.0%
Anoka	\$24,317	\$23,670	\$647	2.7%	\$32,110	\$31,793	\$317	1.0%	\$38,611	\$37,850	\$761	2.0%
Becker	\$4,343	\$4,244	\$99	2.3%	\$5,229	\$4,999	\$230	4.4%	\$6,565	\$5,987	\$578	8.8%
Beltrami	\$4,269	\$4,183	\$86	2.0%	\$4,529	\$4,347	\$182	4.0%	\$5,021	\$4,856	\$165	3.3%
Benton	\$3,704	\$3,348	\$356	9.6%	\$4,272	\$4,099	\$173	4.0%	\$4,971	\$4,463	\$508	10.2%
Big Stone	\$820	\$773	\$47	5.7%	\$926	\$753	\$173	18.7%	\$991	\$880	\$111	11.2%
Blue Earth	\$6,400	\$6,184	\$216	3.4%	\$7,545	\$7,341	\$204	2.7%	\$9,246	\$8,968	\$278	3.0%
Brown	\$5,029	\$4,799	\$230	4.6%	\$5,811	\$5,010	\$801	13.8%	\$6,491	\$5,337	\$1,154	17.8%
Carlton	\$5,764	\$5,068	\$696	12.1%	\$6,709	\$6,492	\$217	3.2%	\$7,556	\$7,459	\$97	1.3%
Carver	\$6,117	\$5,030	\$1,087	17.8%	\$6,766	\$6,090	\$676	10.0%	\$7,676	\$7,547	\$129	1.7%
Cass	\$3,299	\$2,939	\$360	10.9%	\$3,841	\$3,650	\$191	5.0%	\$4,021	\$3,508	\$513	12.8%
Chippewa	\$1,106	\$956	\$150	13.6%	\$1,271	\$1,139	\$132	10.4%	\$1,395	\$1,293	\$102	7.3%
Chisago	\$7,891	\$7,096	\$795	10.1%	\$9,438	\$8,294	\$1,144	12.1%	\$10,806	\$9,464	\$1,342	12.4%
Clay	\$14,643	\$13,779	\$864	5.9%	\$17,539	\$16,826	\$713	4.1%	\$19,921	\$19,032	\$889	4.5%
Clearwater	\$749	\$706	\$43	5.7%	\$863	\$818	\$45	5.2%	\$960	\$832	\$128	13.3%
Cook	\$493	\$400	\$93	18.9%	\$693	\$589	\$104	15.0%	\$776	\$656	\$120	15.5%
Cottonwood	\$903	\$594	\$309	34.2%	\$945	\$717	\$228	24.1%	\$1,045	\$842	\$203	19.4%
Crow Wing	\$6,501	\$6,211	\$290	4.5%	\$7,307	\$6,685	\$622	8.5%	\$8,449	\$6,605	\$1,844	21.8%
Dakota	\$47,390	\$46,041	\$1,349	2.8%	\$59,813	\$57,019	\$2,794	4.7%	\$69,913	\$68,675	\$1,238	1.8%
Dodge	\$1,238	\$1,063	\$175	14.1%	\$1,399	\$1,194	\$205	14.7%	\$1,659	\$1,252	\$407	24.5%
Douglas	\$4,703	\$4,594	\$109	2.3%	\$5,798	\$5,585	\$213	3.7%	\$6,590	\$6,081	\$509	7.7%
Faribault	\$391	\$440	-\$49	-12.5%	\$579	\$610	-\$31	-5.4%	\$745	\$806	-\$61	-8.2%
Fillmore	\$1,617	\$1,364	\$253	15.6%	\$1,700	\$1,515	\$185	10.9%	\$2,036	\$2,014	\$22	1.1%
Freeborn	\$1,483	\$1,124	\$359	24.2%	\$1,818	\$1,493	\$325	17.9%	\$2,147	\$1,800	\$347	16.2%
Goodhue	\$4,001	\$3,669	\$332	8.3%	\$4,996	\$4,707	\$289	5.8%	\$5,722	\$5,254	\$468	8.2%
Grant	\$604	\$507	\$97	16.1%	\$830	\$723	\$107	12.9%	\$948	\$910	\$38	4.0%
Hennepin	\$99,975	\$99,757	\$218	0.2%	\$123,072	\$122,330	\$742	0.6%	\$148,287	\$141,695	\$6,592	4.4%
Houston	\$1,637	\$1,124	\$513	31.3%	\$1,846	\$1,366	\$480	26.0%	\$2,172	\$1,497	\$675	31.1%
Hubbard	\$2,318	\$2,065	\$253	10.9%	\$2,698	\$2,325	\$373	13.8%	\$2,902	\$2,534	\$368	12.7%
Isanti	\$3,320	\$2,641	\$679	20.5%	\$3,796	\$3,422	\$374	9.9%	\$4,352	\$4,029	\$323	7.4%
Itasca	\$5,307	\$4,515	\$792	14.9%	\$6,523	\$6,185	\$338	5.2%	\$7,803	\$7,143	\$660	8.5%

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

County Name	FY 2007				FY 2008				FY 2009 (as of 11-1-09)			
	\$ Allocated (in thousands)	\$ Authorized (in thousands)	Allocated - Authorized		\$ Allocated (in thousands)	\$ Authorized (in thousands)	Allocated - Authorized		\$ Allocated (in thousands)	\$ Authorized (in thousands)	Allocated - Authorized	
			(in thousands)	(%)			(in thousands)	(%)			(in thousands)	(%)
Jackson	\$1,236	\$975	\$261	21.1%	\$1,673	\$1,158	\$515	30.8%	\$1,804	\$1,284	\$520	28.8%
Kanabec	\$1,757	\$1,373	\$384	21.9%	\$2,131	\$1,830	\$301	14.1%	\$2,479	\$2,377	\$102	4.1%
Kandiyohi	\$7,453	\$5,542	\$1,911	25.6%	\$8,571	\$6,544	\$2,027	23.6%	\$10,485	\$9,238	\$1,247	11.9%
Kittson	\$236	\$132	\$104	44.1%	\$489	\$402	\$87	17.8%	\$530	\$408	\$122	23.0%
Koochiching	\$1,547	\$1,498	\$49	3.2%	\$1,954	\$1,660	\$294	15.0%	\$2,613	\$2,081	\$532	20.4%
Lac Qui Parle	\$1,330	\$1,028	\$302	22.7%	\$1,416	\$1,046	\$370	26.1%	\$1,438	\$1,018	\$420	29.2%
Lake	\$1,546	\$1,484	\$62	4.0%	\$1,969	\$1,813	\$156	7.9%	\$2,381	\$2,144	\$237	10.0%
Lake of the Woods	\$418	\$358	\$60	14.4%	\$575	\$480	\$95	16.5%	\$688	\$579	\$109	15.8%
Le Sueur	\$1,932	\$1,587	\$345	17.9%	\$2,196	\$1,717	\$479	21.8%	\$2,733	\$2,650	\$83	3.0%
Lincoln	\$904	\$544	\$360	39.8%	\$1,250	\$688	\$562	45.0%	\$1,721	\$770	\$951	55.3%
Lyon	\$5,166	\$5,107	\$59	1.1%	\$6,228	\$6,153	\$75	1.2%	\$7,077	\$7,239	-\$162	-2.3%
Mc Leod	\$4,535	\$4,134	\$401	8.8%	\$5,070	\$4,762	\$308	6.1%	\$5,568	\$5,067	\$501	9.0%
Mahnomen	\$656	\$572	\$84	12.8%	\$979	\$830	\$149	15.2%	\$1,013	\$944	\$69	6.8%
Marshall	\$739	\$729	\$10	1.4%	\$928	\$840	\$88	9.5%	\$968	\$924	\$44	4.5%
Martin	\$2,406	\$2,130	\$276	11.5%	\$2,753	\$2,536	\$217	7.9%	\$3,228	\$2,774	\$454	14.1%
Meeker	\$2,495	\$1,819	\$676	27.1%	\$2,672	\$2,167	\$505	18.9%	\$3,129	\$2,614	\$515	16.5%
Mille Lacs	\$4,787	\$4,440	\$347	7.2%	\$5,917	\$5,581	\$336	5.7%	\$7,248	\$6,523	\$725	10.0%
Morrison	\$2,434	\$2,250	\$184	7.6%	\$3,062	\$2,902	\$160	5.2%	\$3,507	\$3,070	\$437	12.5%
Mower	\$2,541	\$2,485	\$56	2.2%	\$3,315	\$3,120	\$195	5.9%	\$4,809	\$4,691	\$118	2.5%
Murray	\$693	\$437	\$256	36.9%	\$787	\$627	\$160	20.3%	\$1,017	\$851	\$166	16.3%
Nicollet	\$3,076	\$3,009	\$67	2.2%	\$3,606	\$3,476	\$130	3.6%	\$4,380	\$4,058	\$322	7.4%
Nobles	\$2,227	\$1,657	\$570	25.6%	\$2,439	\$2,071	\$368	15.1%	\$2,676	\$2,448	\$228	8.5%
Norman	\$909	\$882	\$27	3.0%	\$1,073	\$999	\$74	6.9%	\$1,175	\$1,027	\$148	12.6%
Olmsted	\$14,015	\$13,266	\$749	5.3%	\$17,140	\$16,262	\$878	5.1%	\$21,632	\$20,738	\$894	4.1%
Otter Tail	\$5,726	\$5,149	\$577	10.1%	\$7,929	\$7,013	\$916	11.6%	\$9,789	\$8,684	\$1,105	11.3%
Pennington	\$2,652	\$2,516	\$136	5.1%	\$3,085	\$2,848	\$237	7.7%	\$3,358	\$3,220	\$138	4.1%
Pine	\$2,453	\$2,125	\$328	13.4%	\$2,937	\$2,496	\$441	15.0%	\$3,195	\$2,855	\$340	10.6%
Pipestone	\$767	\$607	\$160	20.9%	\$894	\$776	\$118	13.2%	\$1,062	\$945	\$117	11.0%
Polk	\$4,819	\$4,161	\$658	13.7%	\$5,456	\$5,295	\$161	3.0%	\$6,229	\$6,183	\$46	0.7%
Pope	\$1,632	\$1,007	\$625	38.3%	\$1,728	\$1,267	\$461	26.7%	\$1,871	\$1,424	\$447	23.9%
Ramsey	\$63,015	\$58,806	\$4,209	6.7%	\$76,080	\$70,379	\$5,701	7.5%	\$96,921	\$89,784	\$7,137	7.4%

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

County Name	FY 2007				FY 2008				FY 2009 (as of 11-1-09)			
	\$ Allocated (in thousands)	\$ Authorized (in thousands)	Allocated - Authorized		\$ Allocated (in thousands)	\$ Authorized (in thousands)	Allocated - Authorized		\$ Allocated (in thousands)	\$ Authorized (in thousands)	Allocated - Authorized	
			(in thousands)	(%)			(in thousands)	(%)			(in thousands)	(%)
Red Lake	\$393	\$261	\$132	33.6%	\$343	\$239	\$104	30.3%	\$344	\$259	\$85	24.7%
Redwood	\$1,772	\$1,474	\$298	16.8%	\$1,935	\$1,398	\$537	27.8%	\$2,090	\$1,879	\$211	10.1%
Renville	\$2,368	\$1,912	\$456	19.3%	\$2,834	\$2,166	\$668	23.6%	\$3,057	\$2,236	\$821	26.9%
Rice	\$5,123	\$3,989	\$1,134	22.1%	\$5,811	\$5,096	\$715	12.3%	\$6,376	\$5,701	\$675	10.6%
Rock	\$1,796	\$1,510	\$286	15.9%	\$2,033	\$1,848	\$185	9.1%	\$2,113	\$1,900	\$213	10.1%
Roseau	\$1,617	\$1,570	\$47	2.9%	\$2,080	\$1,985	\$95	4.6%	\$2,408	\$2,090	\$318	13.2%
St. Louis	\$32,114	\$29,138	\$2,976	9.3%	\$37,142	\$35,723	\$1,419	3.8%	\$42,040	\$39,811	\$2,229	5.3%
Scott	\$6,521	\$6,045	\$476	7.3%	\$8,213	\$7,202	\$1,011	12.3%	\$10,254	\$9,768	\$486	4.7%
Sherburne	\$5,699	\$5,691	\$8	0.1%	\$7,055	\$6,981	\$74	1.0%	\$8,627	\$8,154	\$473	5.5%
Sibley	\$1,554	\$1,341	\$213	13.7%	\$1,783	\$1,670	\$113	6.3%	\$1,888	\$1,806	\$82	4.3%
Stearns	\$13,115	\$13,015	\$100	0.8%	\$15,730	\$15,668	\$62	0.4%	\$18,030	\$16,406	\$1,624	9.0%
Steele	\$2,776	\$2,178	\$598	21.5%	\$3,451	\$2,637	\$814	23.6%	\$4,192	\$3,503	\$689	16.4%
Stevens	\$1,155	\$978	\$177	15.3%	\$1,248	\$897	\$351	28.1%	\$1,248	\$1,113	\$135	10.8%
Swift	\$1,121	\$1,011	\$110	9.8%	\$1,211	\$1,161	\$50	4.1%	\$1,331	\$1,268	\$63	4.7%
Todd	\$3,868	\$3,188	\$680	17.6%	\$4,587	\$4,025	\$562	12.3%	\$5,376	\$4,882	\$494	9.2%
Traverse	\$369	\$237	\$132	35.8%	\$418	\$253	\$165	39.5%	\$444	\$262	\$182	41.0%
Wabasha	\$1,720	\$1,526	\$194	11.3%	\$2,157	\$2,101	\$56	2.6%	\$2,676	\$2,375	\$301	11.2%
Wadena	\$2,219	\$1,805	\$414	18.7%	\$2,890	\$2,764	\$126	4.4%	\$3,549	\$3,111	\$438	12.3%
Waseca	\$1,426	\$1,314	\$112	7.9%	\$1,670	\$1,633	\$37	2.2%	\$2,167	\$2,036	\$131	6.0%
Washington	\$11,046	\$10,805	\$241	2.2%	\$12,777	\$12,503	\$274	2.1%	\$15,461	\$15,073	\$388	2.5%
Watsonwan	\$1,197	\$1,052	\$145	12.1%	\$1,383	\$1,223	\$160	11.6%	\$1,572	\$1,277	\$295	18.8%
Wilkin	\$1,269	\$1,045	\$224	17.7%	\$1,676	\$1,434	\$242	14.4%	\$2,027	\$1,921	\$106	5.2%
Winona	\$7,139	\$6,663	\$476	6.7%	\$8,870	\$8,235	\$635	7.2%	\$10,399	\$9,007	\$1,392	13.4%
Wright	\$13,285	\$12,210	\$1,075	8.1%	\$15,196	\$14,378	\$818	5.4%	\$17,185	\$16,660	\$525	3.1%
Yellow Medicine	\$2,569	\$1,612	\$957	37.3%	\$2,960	\$1,872	\$1,088	36.8%	\$3,231	\$2,561	\$670	20.7%
State Wide	\$541,542	\$503,794	\$37,748	7.0%	\$654,557	\$614,628	\$39,929	6.1%	\$776,935	\$724,867	\$52,068	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
Mahnomon	