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Initial Needs Determination Report for Disability Waiver Residential and Support Services

Disability Services Division

February 2013



Minnesota Department of **Human Services**

Legislative Report

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Minnesota Statutes, Chapter 3.197, requires the disclosure of the cost to prepare this report. The estimated cost of preparing this report is \$4,000.

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I. Executive summary

This report has been prepared in response to legislation that was enacted in the 2012 session of the Minnesota Legislature. The Minnesota Legislature amended Minnesota Statutes 245A.03 to require the Commissioner of the Department of Human Services (DHS) to develop and conduct an annual needs determination process, and present a report to the legislature by February 1st of every year.

The information gathered in this needs determination process is intended to inform state, county and tribal human services administrators about the current need status and use of long term residential services and support services. Additionally, if necessary, the information is to be used to develop a capacity reduction plan for the de-licensure of foster care beds where the license holder does not reside (i.e., corporate foster care) by June 30, 2014.

A needs determination assessment survey was distributed to 87 county and 11 tribal human service agencies on September 28, 2012. The submission date for the survey was December 28, 2012.

The survey collected county and tribal data about residential and support service providers who were funded via the Community Alternative Care, Community Alternatives for Disabled Individuals, Brain Injury and Developmental Disabilities home and community based services waivers, as well as intermediate care facilities for people with developmental disabilities, during fiscal year 2012.

Sixty-four counties and three tribes responded to the needs determination survey. The survey results, in conjunction with the Department's data sources, indicate that statewide use of congregate, corporate foster care remains widespread while other models of residential services and supports require further development in most counties and tribes.

Current and future needs determination and gaps analysis data results and reports will be used to:

- Evaluate the effectiveness of the capacity reduction plan that will be implemented beginning July 1, 2013
- Provide objective feedback to counties and tribes about their need and use of long term residential services and support services
- Inform and assist counties and tribes in collecting important data about their needs and use of long term residential services and support services
- Function as an ongoing, comparative set of tracking measures monitoring statewide changes within county and tribal residential and support service capacity and
- Inform other initiatives, such as, Money Follows the Person, Local Planning Grants, Assistive Technology Grants and Housing Access Coordination Services

Finally, DHS is proposing legislation to improve the needs determination and capacity reduction process, including:

Needs Determination Report For Disability Waiver Residential and Support Services

- Giving the state authority to manage unused capacity at the state level, as opposed to the current practice of managing at the county level and
- Combining the needs determination with gaps analysis processes for future reporting, in order to not duplicate requests for information and data from counties and tribes, and to provide efficient use of resources at the state level

II. Legislation

Minnesota Statute 2012, section 245A.03, subdivision 7(f)

(f) A resource need determination process, managed at the state level, using the available reports required by section 144A.351, and other data and information shall be used to determine where the reduced capacity required under paragraph (d) will be implemented. The commissioner shall consult with the stakeholders described in section 144A.351, and employ a variety of methods to improve the state's capacity to meet long-term care service needs within budgetary limits, including seeking proposals from service providers or lead agencies to change service type, capacity, or location to improve services, increase the independence of residents, and better meet needs identified by the long-term care services reports and statewide data and information. By February 1 of each year, the commissioner shall provide information and data on the overall capacity of licensed long-term care services, actions taken under this subdivision to manage statewide long-term care services and supports resources, and any recommendations for change to the legislative committees with jurisdiction over health and human services budget.

III. Introduction

During the 2012 session, the Minnesota Legislature amended Minnesota Statutes 245A.03 to require the Commissioner to develop and conduct an annual needs determination process, and present a report to the legislature by February 1 of every year. The purpose of the annual needs determination process is to analyze each county's and tribe's need and use of Medical Assistance long term, residential services and support services funded by the home and community-based services waivers for people with disabilities.

The information gathered through this needs determination process is intended to inform state, county and tribal administrators about the current need status and use of long term residential services and support services. In addition, the information will also provide insight into the future need and use of long term residential services and support services. The information will function as a comparative baseline for subsequent needs determination processes. Finally, the information is to be used to develop a capacity reduction plan, with other sources of information, which, if necessary, may require de-licensure of foster care beds by June 30, 2014.

The needs determination process is connected with other department initiatives, including the gaps analysis and stakeholder input initiative to determine the availability of long term services and supports for older Minnesotans, people with disabilities, and people with mental illness. The needs determination process will also interface with the voluntary and planned closure process for foster care capacity reduction.

IV. Needs Determination Assessment Survey Process and Results

Needs Determination Survey Process

A needs determination assessment survey (see Appendix A) was distributed to 87 county and 11 tribal human service agencies on September 28, 2012. The completion and submission due date for the survey was on or about December 28, 2012.

The survey collected county and tribal data about residential and support service providers who were funded via the Community Alternative Care, Community Alternatives for Disabled Individuals, Brain Injury and Developmental Disabilities home and community based services waivers, as well as intermediate care facilities for people with developmental disabilities, during fiscal year 2012. The survey did not ask about services provided via the Elderly Waiver, Alternative Care program, Medicare or other private funding sources.

The needs determination survey covered the following content areas for long term residential services and support services:

- Number of referrals received
- Number of people on waiting lists
- Existing demand and use
- Existing supply or available capacity and
- Barriers to reducing foster care capacity

In an effort to assist counties and tribes with researching and answering the questions in the needs determination survey, the Department provided the following information as resources for completing the survey:

- Statewide adult foster care residences and capacities
- Statewide child foster care residences and capacities
- Statewide intermediate care facilities and capacities list
- County and tribe specific waiver residential and support services utilization
- Disability residential and support services definitions (see Appendix B) and
- A link to the web-based needs determination assessment survey

DHS also conducted a two hour, statewide informational webinar for counties and tribes on December 7, 2012, that addressed the needs determination survey as well as numerous other related initiatives (please refer to Appendix C).

Needs Determination Survey Results

DHS used needs determination survey results in conjunction with other data sources from the Department's data warehouse system (e.g. provider enrollment data, billing claims reimbursement data, service authorization data, payment and encumbrance reports, etc.). All of the responses to the needs determination survey questions can be found via this internet web page link ([Needs Determination Survey Data Answer Tables.xlsx](#)).

Sixty-four counties and three tribes responded to the needs determination survey. Follow-up with non-responding counties and tribes with a select group of questions from the survey will be an important next step in order to complete the needs determination survey database.

Because this is a new process and request for information, many counties and tribes had difficulty responding to a number of questions due to limitations of available data. Some counties and tribes had differing interpretations about what a few of the questions were asking.

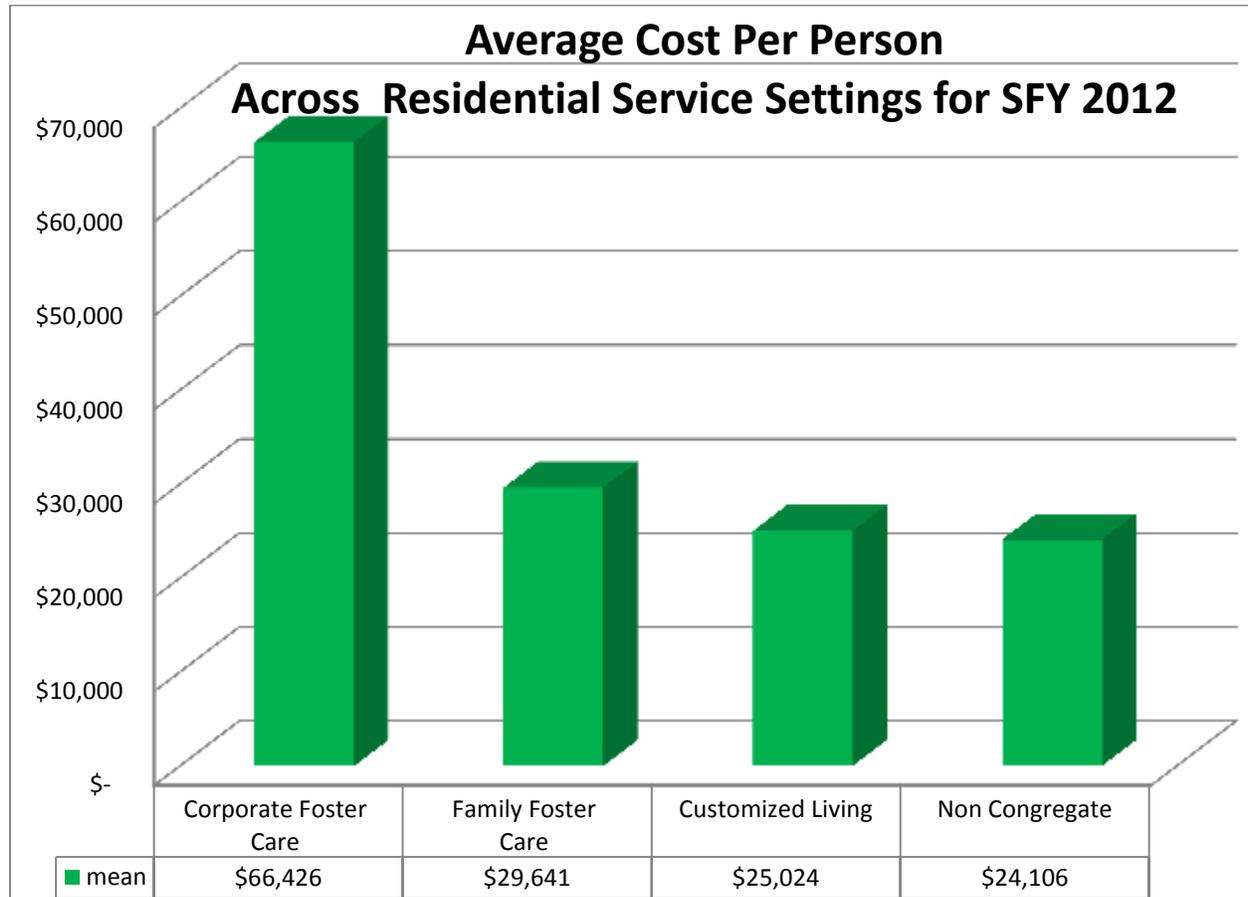
The charts below (charts 1 - 4) highlight some key findings. Appendix D provides further data via a series of charts (charts 5 – 10) that also includes data generated by DHS as well as data reported by the counties and tribes through the needs determination survey.

The results of this needs determination survey are to be used, in part, to develop a capacity reduction plan for corporate foster care beds across the state. At the time of the imposed corporate foster care moratorium in 2009, there were 14,156 corporate foster care beds statewide. As of June 30, 2012, there were 13,810 corporate foster care beds statewide, which is a difference of 346 beds. According to the needs determination survey results from the 64 responding counties and tribes, there are 520 current open corporate foster care beds in the system – this are beds that are licensed but not currently being used. The survey did not define how long a bed needs to be empty to be considered open, so this was open to county or tribal interpretation.

Based on the information on the available corporate foster care capacity and the open corporate foster care beds, it appears that DHS can meet the budgetary targets required by the 2012 legislature without negatively impacting people who currently reside in corporate foster care settings. DHS will continue to analyze the data from the needs determination survey and will work with counties and tribes to determine how much of this capacity is in development or have plans for development, and how much of the capacity can be used by DHS to meet the budgetary targets and statewide unmet needs.

Chart #1 – Average Cost Per Person Across Residential Service Settings SFY 12

This chart shows the average cost per person across various residential service settings during state fiscal year 2012. As individuals with higher needs move from congregate to non-congregate settings, the average cost per person in the non-congregate settings will likely increase, but still remain well below the average cost per person for corporate foster care.



In 2012, new legislation passed that defined home and community based setting¹. The definition includes a person’s own home or family home, a licensed foster care setting, and a community living setting where the person or their family maintains control over the individual unit. The disability home and community based services waivers are in the process of being amended to only allow Medical Assistance reimbursement for residential home and community based services in these settings.

¹ [Minnesota Statutes section 256B.492](#)

Chart #2 – Percentage of Costs and CADI & DD Participants by Setting SFY 12

This chart shows the percentage of people on CADI and DD HCBS Waivers who reside within various residential service settings and their associated percentage of costs for these residential services during state fiscal year 2012.

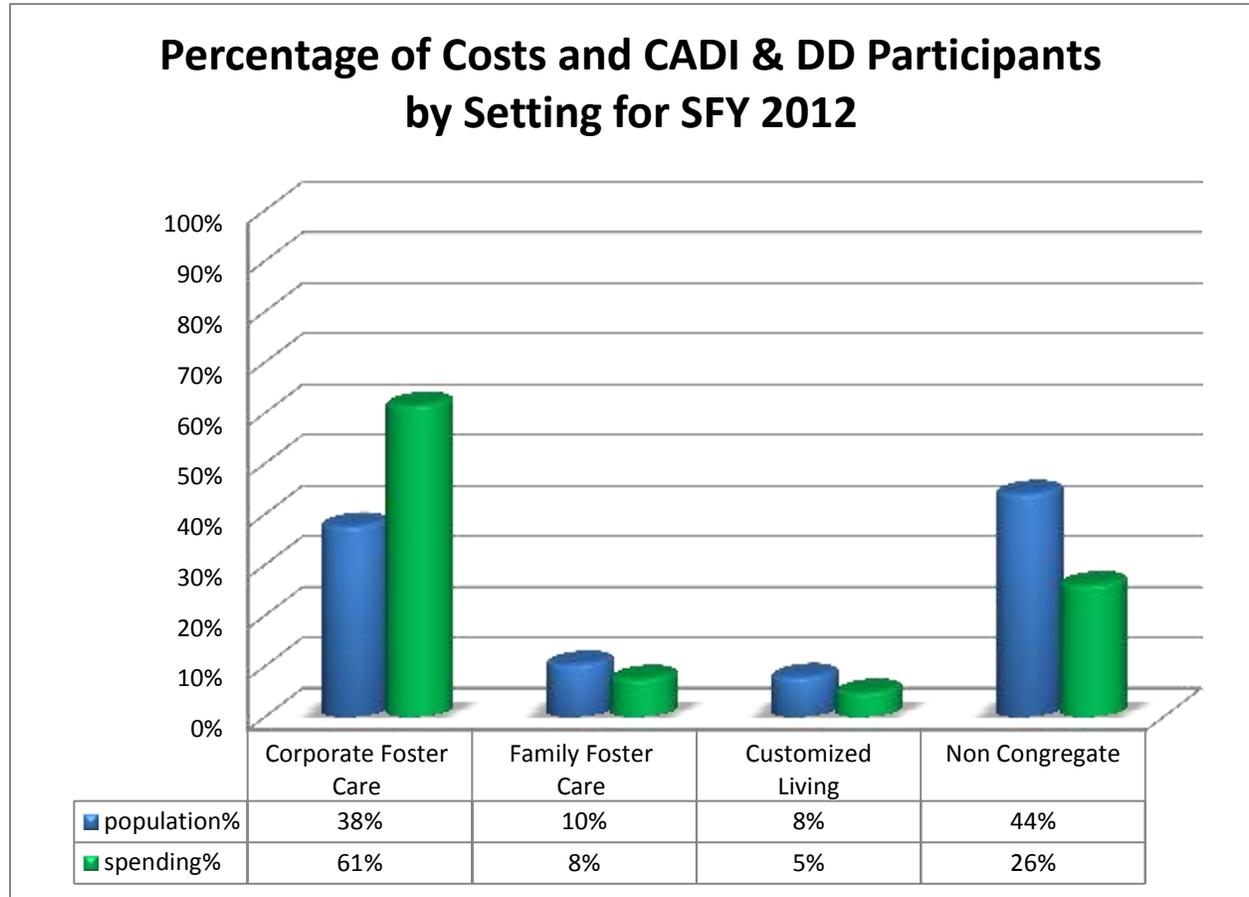


Chart #3 – Top 4 Support Services Needed to Expand Independent Community Living

This chart shows the most needed support services as reported by responding counties and tribes in order to advance greater independent community living and move people from traditional foster care residential services and settings.

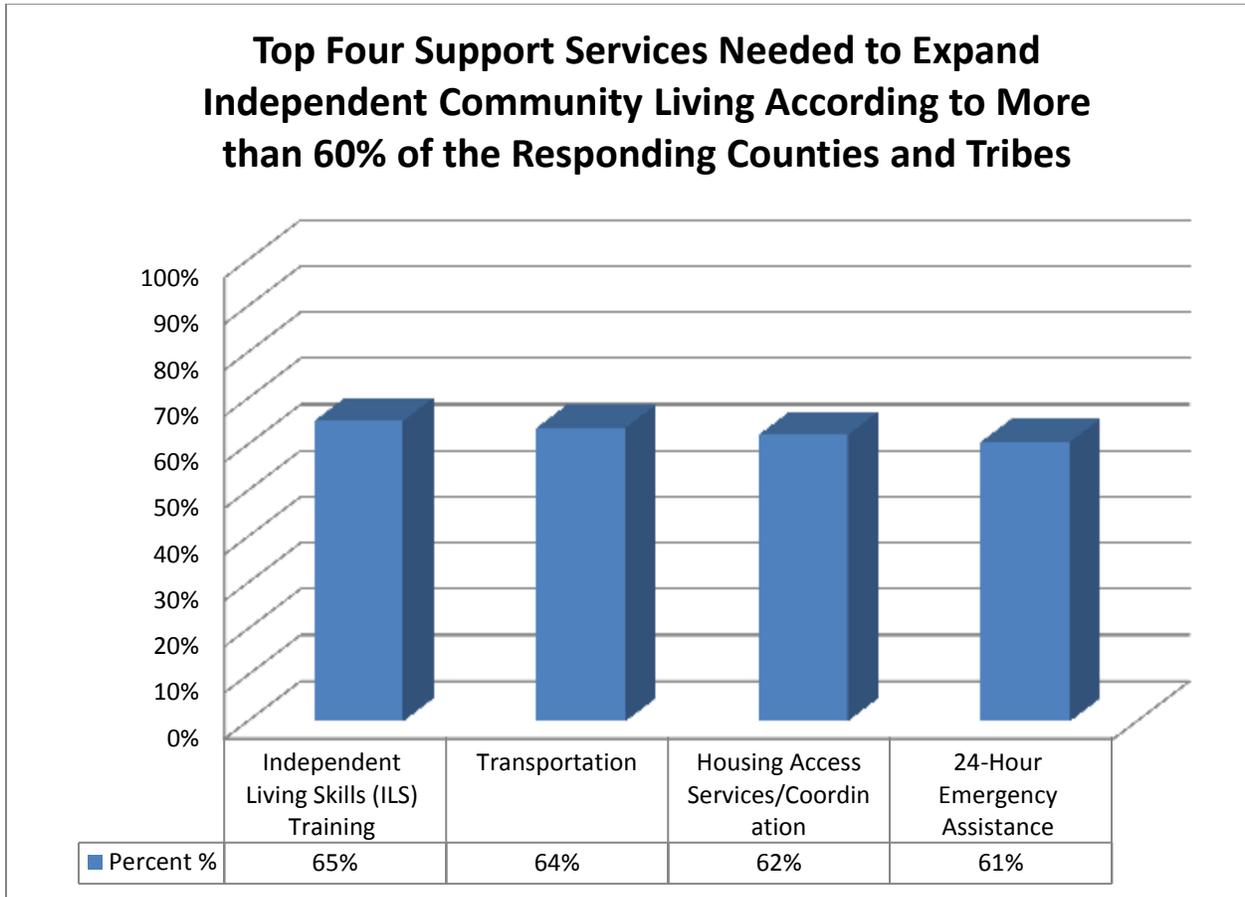
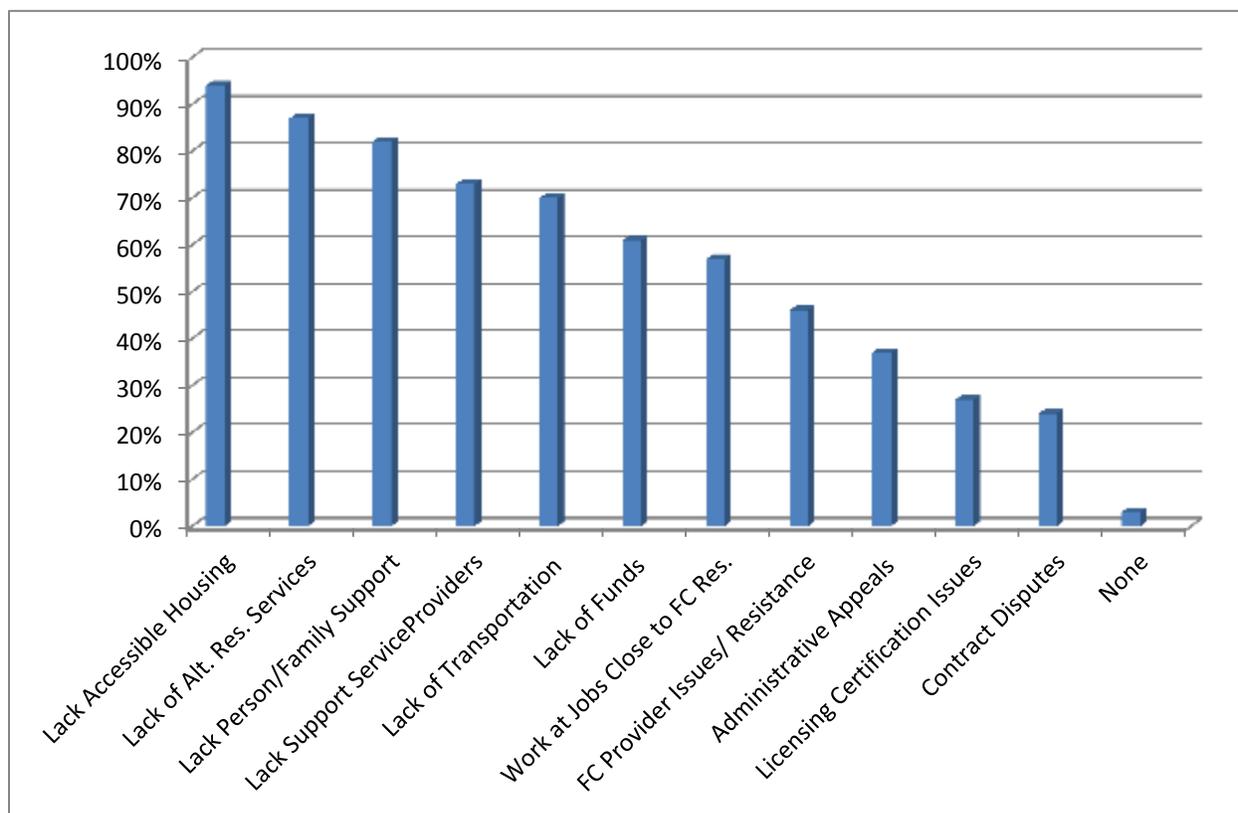


Chart #4 – Potential Obstacles or Barriers to Foster Care Downsizing and Closure

Perceived Barriers to Foster Care Downsizing and Closure As Reported By the Respondent Counties and Tribes



Potential Obstacles or Barriers	Percent
Lack of available accessible housing	94%
Lack of other less restrictive, alternative residential service providers	87%
Lack of support from the person, family, and/or guardian	82%
Lack of residential support service providers for consumers	73%
Lack of transportation	70%
Lack of funds	61%
Nearby employment	57%
Foster Care Provider Issues (i.e. Resistance, Financial Insolvency Causing Premature Closure)	46%
Administrative Appeals	37%

Potential Obstacles or Barriers	Percent
DHS Licensing or MDH Certification Issues	27%
County – Provider Service Contract Disputes	24%
None	3%

V. Other Related Initiatives

In conjunction with the information obtained through the needs determination process, DHS is working on two other related initiatives to help inform the development of a capacity reduction plan. The related initiatives are:

- Stakeholder input
- Voluntary and planned closure process

A summary of these two initiatives is included in this section.

Stakeholder Input Plan

In response to the amended 2012 Minnesota Statute 144A.3512 expanding the biennial Balancing Long-Term Care Services and Supports report, DHS has entered into a contract with The Improve Group to gather and analyze input from multiple stakeholders impacted by long term services and supports for individuals with disabilities, mental illness, and/or older Minnesotans. The contract is for six months, to coincide with the completion of a gaps analysis survey by lead agencies. DHS will utilize the results of the analysis to offer a wide view of the strengths and opportunities for long term services and supports in Minnesota in the Balancing Long-Term Care Services and Supports report due to the Legislature on August 15, 2013. The information learned through this input process will inform the foster care capacity reduction plan.

The contractor will use strategies specific to individual stakeholder groups that maximize participation and valuable input. Both in-depth and broad statewide strategies will be conducted, including site visits in eighteen (18) communities across Minnesota. The following stakeholder groups will be engaged in the process:

²[Minnesota Statute section 144A.351](https://www.revisor.leg.state.mn.us/statutes/?year=2012&id=144A.351) - <https://www.revisor.leg.state.mn.us/statutes/?year=2012&id=144A.351>

- People with disabilities, mental illness, and older Minnesotans who use long term services and supports
- Unpaid caregivers and family members of individuals listed above who use long term services and supports
- Service providers of long term services and supports
- County and tribal government agencies providing services for disabilities, mental illnesses, and older Minnesotans
- Advocacy organizations for older Minnesotans, for people with disabilities, for people with mental illness, and for people impacted by disabilities and/or mental illness
- Regional support and development organizations
- Managed care organizations
- DHS
- Minnesota State Legislators

The first strategy the contractor will use throughout this process is structured, interactive focus groups for people who use long-term services and supports, unpaid caregivers, and family members as part of the planned site visits. The second strategy is to conduct structured, in-depth interviews with individuals representing the remaining list of stakeholders listed above. Third, the contractor will develop a moderated discussion / polling website allowing individuals and organizations to respond to structured questions and provide open-ended feedback. An option for individuals to participate via non-technology-based media will also be developed. Finally, the contractor will conduct secondary analysis of existing data from DHS to supplement the stakeholder input process. The results of the analysis will be compiled into a written report submitted to DHS by June 30, 2013. The contractor will also present their findings through established workgroups, a state conference, and a webinar.

Plan for Determining Voluntary and Planned Closure Process

DHS is required to take into account any voluntary closure plans from counties or providers for the foster care capacity reduction required in Minnesota Statutes 245A.03, subdivision 7(d)3. DHS is also required to provide rate adjustments for up to six months to assist providers of adult foster care with implementing a closure plan for existing licensed homes, in Minnesota Statutes 256B.4934. To begin to gather information on both of these processes, DHS issued an electronic questionnaire through various provider and county communication methods in February 2013. The questionnaire will gather information from counties and providers who are considering implementing closure plans, and will also allow providers to apply to begin the planned closure process with rate adjustments. To determine what a rate adjustment will be, DHS is requesting

³ [Minnesota Statute section 245A.03](https://www.revisor.mn.gov/statutes/?id=245A.03) - <https://www.revisor.mn.gov/statutes/?id=245A.03>

⁴ [Minnesota Statute section 256B.493](https://www.revisor.mn.gov/statutes/?id=256B.493) - <https://www.revisor.mn.gov/statutes/?id=256B.493>

specific information from providers, including current monthly costs and estimated move dates for the residents.

DHS will use the information gathered from the following sources to develop a closure plan, as required by Minnesota Statutes 245A.03, subdivision 7 (d)5:

- The results of the needs determination survey
- DHS data, including licensing capacity information and cost data
- Stakeholder input gathered through the contract with The Improve Group
- The results of the voluntary closure questionnaire and follow-up process

As required by statute, the first priority for capacity reduction is the voluntary and planned closures identified through counties and/or providers. DHS will also use the information gathered to determine capacity needs across the state, and will determine whether to move capacity around to address needs of specific areas of the state.

⁵ [Minnesota Statute section 245A.03](https://www.revisor.mn.gov/statutes/?id=245A.03) - <https://www.revisor.mn.gov/statutes/?id=245A.03>

VII. Report recommendations

DHS should use the needs determination and gaps analysis data results and reports:

- To evaluate the effectiveness of the capacity reduction plan that will be implemented beginning July 1, 2013
- To provide objective feedback to counties and tribes about their need and use of long term residential services and support services
- To inform and assist counties and tribes in collecting important data about their needs and use of long term residential services and support services
- As an ongoing, comparative set of tracking measures monitoring statewide changes within county and tribal residential and support service capacity and
- To inform other initiatives, such as, Money Follows the Person, Local Planning Grants, Assistive Technology Grants, and Housing Access Coordination Services

DHS is proposing legislation to improve the needs determination and capacity reduction process, including:

- Giving the state authority to manage unused capacity at the state level, as opposed to the current practice of managing at the county level; and
- Combining the needs determination with gaps analysis processes for future reporting, in order to not duplicate requests for information and data from counties and tribes, and to provide efficient use of resources at the state level.

DHS will also use the feedback received from counties and tribes on what was helpful and not helpful in the needs determination survey process, and will make adjustments to address any concerns.

See Appendix E for the proposed language to accomplish these items.

VIII. Appendices

Appendix A: The County and Tribe MA and HCBS Waiver Residential Programs and Support Services Needs Determination Data Request Questionnaire

County and Tribe Medical Assistance (MA) and HCBS Disability Waiver Residential Programs and Support Services Needs Determination Data Request Questionnaire

Applicability

This survey for needs determination information and data applies to all 87 counties and tribal administrations within the state of Minnesota. The requested needs determination information and data being gathered by this questionnaire only applies to service providers serving recipients whose services are funded via the CAC, CADI, BI and DD HCBS Waivers as well as state plan ICF/DD Medical Assistance. ***This survey does not apply to services provided to recipients that are funded via the Medicaid Elderly Waiver (EW), State Alternative Care Program (AC), Medicare or other private funding sources.***

Background

The State of Minnesota Legislature during the 2012 regular session amended Minnesota Statutes 245A.03 to require the Commissioner to develop and conduct an annual needs determination process and report to be presented to the legislature by February 1st of each year. The purpose of the annual needs determination process is to analyze each county's and tribe's need and utilization of Medical Assistance and HCBS Disability Waiver funded long term residential programs and support services. The legislation also requires the de-licensing of 128 corporate foster care beds by June 30, 2014. In an effort to gather sound county-based and tribal-based needs determination information and data to accurately inform state, county and tribal planning and decision-making process; we are requesting that each county and tribe answer all of the items contained within this questionnaire. The Department is seeking a 100% return rate of completed surveys due to the imperative need for this information and data and how it will be used to make resource decisions.

Instructions

- Please answer all of the questions using information and data from July 1, 2011 through June 30, 2012.
- Please use these Links as helpful references for your county's adult and child foster care provider residential capacity.
Adult Foster Care = <http://www.dhs.state.mn.us/Licensing/ProgramLists/pdf/flafc.pdf> and Child Foster Care = <http://www.dhs.state.mn.us/Licensing/ProgramLists/pdf/flffc.pdf>
- Your county's/tribe's respective, "**County and Tribe MA and Disability HCBS Waiver Residential Programs And Support Services Utilization Table For State Fiscal Year 2012, from July 1, 2011 through June 30, 2012**" will be distributed to you shortly via a separate e-mail within the next few days. This table should also be another helpful reference for you as you complete this needs determination survey.
- DEFINITIONS: (1.) **Referral** means a service request or inquiry made on behalf of either a prospective service applicant or an enrolled service recipient. (2.) **Own Home** means housing controlled, owned or leased by the person or their family, where if a multiple unit or person housing arrangement, then no more than 25% of the people residing within the housing arrangement have disabilities.
- Always enter a numeric zero (0) if the question does not apply to any of the people you serve or the answer is None.
- If you wish to forward the survey to someone else for completion, please forward the entire invitation e-mail containing the link to this survey. Do not forward the open survey link.
- If you wish to exit the survey, click SAVE and close your browser. When you are ready to begin again, CLICK ON THE LINK IN YOUR INVITATION E-MAIL.
- To navigate between pages, use the BACK and NEXT buttons at the bottom of each page. DO NOT USE THE BACK AND FORWARD BUTTON ON YOUR BROWSER.
- To print a blank copy of the survey, hit the PRINT button BEFORE you enter data.
- To print a copy of the completed survey, hit the PRINT button BEFORE you submit the survey. You cannot retrieve a copy of the survey once you hit the SUBMIT button.
- When you have completed and printed a copy of the survey, click SUBMIT at the end of the last screen to send the survey to the Department.
- If you have questions, please email Dean Ritzman at dean.ritzman@state.mn.us or call (651) 431-2444.
- This survey is due to be completed and submitted by **Friday, December 28th, 2012.**

Needs Determination Report For Disability Waiver Residential and Support Services

Section 1: County Information

Responder's name _____

Responder's e-mail contact address _____

Responder's direct telephone number _____

Section #2 – Needs determination questions

1.) Please indicate the total number of referrals that your county/tribe has received from people residing within your county/tribe for each of the below listed residential services from July 1, 2011 through June 30, 2012.

- | | | | |
|------------------------------------|-------|---|-------|
| A. ICF/DD | _____ | G. Residential Care Services | _____ |
| B. Corporate Child Foster Care | _____ | H. Customized/Assisted Living Services | _____ |
| C. Corporate Adult Foster Care | _____ | I. 24 Hour Customized Living/Assisted Living+ | _____ |
| D. Family Child Foster Care | _____ | J. Semi-Independent Living Services (SILS) | _____ |
| E. Family Adult Foster Care | _____ | K. Respite Care | _____ |
| F. Supported Living Services (SLS) | _____ | L. Crisis Respite | _____ |

2.) Please indicate the total number of referrals that your county/tribe has received from other counties/tribes for each of the below listed residential services from July 1, 2011 through June 30, 2012.

- | | | | |
|------------------------------------|-------|---|-------|
| A. ICF/DD | _____ | G. Residential Care Services | _____ |
| B. Corporate Child Foster Care | _____ | H. Customized/Assisted Living Services | _____ |
| C. Corporate Adult Foster Care | _____ | I. 24 Hour Customized Living/Assisted Living+ | _____ |
| D. Family Child Foster Care | _____ | J. Semi-Independent Living Services (SILS) | _____ |
| E. Family Adult Foster Care | _____ | K. Respite Care | _____ |
| F. Supported Living Services (SLS) | _____ | L. Crisis Respite | _____ |

3.) Please indicate the total number of people who were the financial responsibility of your county/tribe and who moved into the below listed residential services within your county/tribe from July 1, 2011 through June 30, 2012.

- | | | | |
|------------------------------------|-------|---|-------|
| A. ICF/DD | _____ | G. Residential Care Services | _____ |
| B. Corporate Child Foster Care | _____ | H. Customized/Assisted Living Services | _____ |
| C. Corporate Adult Foster Care | _____ | I. 24 Hour Customized Living/Assisted Living+ | _____ |
| D. Family Child Foster Care | _____ | J. Semi-Independent Living Services (SILS) | _____ |
| E. Family Adult Foster Care | _____ | K. Respite Care | _____ |
| F. Supported Living Services (SLS) | _____ | L. Crisis Respite | _____ |

4.) Please indicate the total number of people who moved into the below listed residential services within your county/tribe from July 1, 2011 through June 30, 2012, but, who were the financial responsibility of another county/tribe.

- | | | | |
|------------------------------------|-------|---|-------|
| A. ICF/DD | _____ | G. Residential Care Services | _____ |
| B. Corporate Child Foster Care | _____ | H. Customized/Assisted Living Services | _____ |
| C. Corporate Adult Foster Care | _____ | I. 24 Hour Customized Living/Assisted Living+ | _____ |
| D. Family Child Foster Care | _____ | J. Semi-Independent Living Services (SILS) | _____ |
| E. Family Adult Foster Care | _____ | K. Respite Care | _____ |
| F. Supported Living Services (SLS) | _____ | L. Crisis Respite | _____ |

5.) Please indicate the total number of people who were your county's/tribe's financial responsibility, but, they had to move into the below listed residential services in another county/tribe from July 1, 2011 through June 30, 2012.

- | | | | |
|------------------------------------|-------|---|-------|
| A. ICF/DD | _____ | G. Residential Care Services | _____ |
| B. Corporate Child Foster Care | _____ | H. Customized/Assisted Living Services | _____ |
| C. Corporate Adult Foster Care | _____ | I. 24 Hour Customized Living/Assisted Living+ | _____ |
| D. Family Child Foster Care | _____ | J. Semi-Independent Living Services (SILS) | _____ |
| E. Family Adult Foster Care | _____ | K. Respite Care | _____ |
| F. Supported Living Services (SLS) | _____ | L. Crisis Respite | _____ |

6.) Please indicate the total number of people who reside within your county/tribe and who are on waiting lists for the below listed residential services.

- | | | | |
|------------------------------------|-------|---|-------|
| A. ICF/DD | _____ | G. Residential Care Services | _____ |
| B. Corporate Child Foster Care | _____ | H. Customized/Assisted Living Services | _____ |
| C. Corporate Adult Foster Care | _____ | I. 24 Hour Customized Living/Assisted Living+ | _____ |
| D. Family Child Foster Care | _____ | J. Semi-Independent Living Services (SILS) | _____ |
| E. Family Adult Foster Care | _____ | K. Respite Care | _____ |
| F. Supported Living Services (SLS) | _____ | L. Crisis Respite | _____ |

Needs Determination Report For Disability Waiver Residential and Support Services

7.) Please indicate the total number of people who reside within your county/tribe and who are on waiting lists for the below listed services and supports.

- | | | | |
|--|-------|--|-------|
| A. Housing Access Services/Coordination | _____ | L. Night Supervision Services | _____ |
| B. Transitional Services | _____ | M. 24-Hour Emergency Assistance | _____ |
| C. Homemaker Services | _____ | N. In-Home Family Support | _____ |
| D. Chore Services | _____ | O. Independent Living Skills (ILS) Training | _____ |
| E. Home Delivered Meals | _____ | P. Behavioral Programming | _____ |
| F. Environmental Accessibility Adaptations | _____ | Q. Specialist Services | _____ |
| G. Specialized Equipment and Supplies | _____ | R. Family Training, Education and Counseling | _____ |
| H. Assistive Technology | _____ | S. Caregiver Training and Education | _____ |
| I. Transportation | _____ | T. Personal Support | _____ |
| K. Companion Services – Adult | _____ | U. Extended Home Care Services | _____ |
| | | (Nursing, PT, OT, Speech, Respiratory Tx, PCA) | |

8.) For each of the below listed residential services, please indicate the total number of residents who were successfully discharged and moved into their own homes (see the definition for the terms, “own home” within the instructions section of this survey) with support services within your county/tribe from July 1, 2011 through June 30, 2012.

- | | | | |
|--------------------------------|-------|---|-------|
| A. ICF/DD | _____ | F. Supported Living Services (SLS) | _____ |
| B. Corporate Child Foster Care | _____ | G. Residential Care Services | _____ |
| C. Corporate Adult Foster Care | _____ | H. Customized/Assisted Living Services | _____ |
| D. Family Child Foster Care | _____ | I. 24 Hour Customized Living/Assisted Living+ | _____ |
| E. Family Adult Foster Care | _____ | | |

9.) In reference to the people reported in question # 8 above, please indicate which of the below listed services and supports were used by these people who moved into their own homes (e.g., a housing controlled, owned or leased by the person or their family).

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> Housing Access Services/Coordination | | L. <input checked="" type="checkbox"/> Night Supervision Services | |
| <input checked="" type="checkbox"/> Transitional Services | | M. <input checked="" type="checkbox"/> 24-Hour Emergency Assistance | |
| <input checked="" type="checkbox"/> Homemaker Services | | N. <input checked="" type="checkbox"/> In-Home Family Support | |
| <input checked="" type="checkbox"/> Chore Services | | O. <input checked="" type="checkbox"/> Independent Living Skills (ILS) Training | |
| <input checked="" type="checkbox"/> Home Delivered Meals | | P. <input checked="" type="checkbox"/> Behavioral Programming | |
| <input checked="" type="checkbox"/> Environmental Accessibility Adaptations | | Q. <input checked="" type="checkbox"/> Specialist Services | |
| <input checked="" type="checkbox"/> Specialized Equipment and Supplies | | R. <input checked="" type="checkbox"/> Family Training, Education and Counseling | |
| <input checked="" type="checkbox"/> Assistive Technology | | S. <input checked="" type="checkbox"/> Caregiver Training and Education | |
| <input checked="" type="checkbox"/> Transportation | | T. <input checked="" type="checkbox"/> Personal Support | |
| <input checked="" type="checkbox"/> Companion Services – Adult | | U. <input checked="" type="checkbox"/> Extended Home Care Services (Nursing, PT, OT, Speech Therapy, PCA..) | |
| <input checked="" type="checkbox"/> Semi-Independent Living Services (SILS) | | V. <input checked="" type="checkbox"/> None of the above | |

10.) Please indicate the total number of providers for each of the below listed residential services within your county/tribe.

- | | | | |
|------------------------------------|-------|---|-------|
| A. ICF/DD | _____ | G. Residential Care Services | _____ |
| B. Corporate Child Foster Care | _____ | H. Customized/Assisted Living Services | _____ |
| C. Corporate Adult Foster Care | _____ | I. 24 Hour Customized Living/Assisted Living+ | _____ |
| D. Family Child Foster Care | _____ | J. Semi-Independent Living Services (SILS) | _____ |
| E. Family Adult Foster Care | _____ | K. Respite Care | _____ |
| F. Supported Living Services (SLS) | _____ | L. Crisis Respite | _____ |

11.) Please indicate the total number of providers for each of the below listed services and supports within your county/tribe.

- | | | | |
|--|-------|--|-------|
| A. Housing Access Services/Coordination | _____ | L. Night Supervision Services | _____ |
| B. Transitional Services | _____ | M. 24-Hour Emergency Assistance | _____ |
| C. Homemaker Services | _____ | N. In-Home Family Support | _____ |
| D. Chore Services | _____ | O. Independent Living Skills (ILS) Training | _____ |
| E. Home Delivered Meals | _____ | P. Behavioral Programming | _____ |
| F. Environmental Accessibility Adaptations | _____ | Q. Specialist Services | _____ |
| G. Specialized Equipment and Supplies | _____ | R. Family Training, Education and Counseling | _____ |
| H. Assistive Technology | _____ | S. Caregiver Training and Education | _____ |
| I. Transportation | _____ | T. Personal Support | _____ |
| K. Companion Services – Adult | _____ | U. Extended Home Care Services | _____ |
| | | (Nursing, PT, OT, Speech, Respiratory Tx, PCA) | |

12.) Please indicate the total number of licensed beds for each of the below listed residential services within your county/tribe.

- | | | | |
|--------------------------------|-------|------------------------|-------|
| A. Corporate Child Foster Care | _____ | E. ICF/DD | _____ |
| B. Corporate Adult Foster Care | _____ | F. Out-of-Home Respite | _____ |
| C. Family Child Foster Care | _____ | G. Crisis Respite | _____ |
| D. Family Adult Foster Care | _____ | | |

13.) Please indicate the total number of beds for each of the below listed residential services that are filled or in use within your county/tribe.

- | | | | |
|--------------------------------|-------|------------------------|-------|
| A. Corporate Child Foster Care | _____ | E. ICF/DD | _____ |
| B. Corporate Adult Foster Care | _____ | F. Out-of-Home Respite | _____ |
| C. Family Child Foster Care | _____ | G. Crisis Respite | _____ |
| D. Family Adult Foster Care | _____ | | |

Needs Determination Report For Disability Waiver Residential and Support Services

14.) Please indicate the total number of beds for each of the below listed residential services that are empty or available for use within your county/tribe. Please include any beds that your county/tribe is holding on reserve in an open status for possible future use.

- | | | | |
|--------------------------------|-------|------------------------|-------|
| A. Corporate Child Foster Care | _____ | E. ICF/DD | _____ |
| B. Corporate Adult Foster Care | _____ | F. Out-of-Home Respite | _____ |
| C. Family Child Foster Care | _____ | G. Crisis Respite | _____ |
| D. Family Adult Foster Care | _____ | | |

15.) Please indicate the total number of foster care beds that your county/tribe has received via re-allocation from other counties/tribes from July 1, 2011 through June 30, 2012). _____

16.) Please indicate the total number of foster care beds that your county/tribe has given away via re-allocation to other counties/tribes from July 1, 2011 through June 30, 2012). _____

17.) Please indicate how many family foster care providers within your county/tribe manage and operate multiple (i.e., more than 1) foster care homes or residences as a part of their foster care service delivery practice. _____

18.) Please indicate how many family foster care providers within your county/tribe have hired people from the local community to work within their foster care home(s) or residence(s) as shift staff (do not include respite care provider direct service staff). _____

19.) Please indicate how many family foster care providers within your county/tribe use respite care provider services. _____

20.) If required by legislation to reduce your county's/tribe's corporate and family foster care bed capacity for both children and adults, please indicate a total number of foster care beds that your county/tribe could possibly eliminate from July 1, 2012 through June 30, 2013). _____

21.) If required by legislation to eliminate a number of corporate and family foster care beds for both children and adults, please indicate which services and supports your county/tribe would most likely strengthen or further develop in order to compensate for any foster care bed loss. (Please check one or more options that apply)

- | | |
|--|--|
| <input type="checkbox"/> Housing Access Services/Coordination | <input type="checkbox"/> Night Supervision Services |
| <input type="checkbox"/> Transitional Services | <input type="checkbox"/> M. 24-Hour Emergency Assistance |
| <input type="checkbox"/> Homemaker Services | <input type="checkbox"/> N. In-Home Family Support |
| <input type="checkbox"/> Chore Services | <input type="checkbox"/> O. Independent Living Skills (ILS) Training |
| <input type="checkbox"/> Home Delivered Meals | <input type="checkbox"/> P. Behavioral Programming |
| <input type="checkbox"/> Environmental Accessibility Adaptations | <input type="checkbox"/> Q. Specialist Services |
| <input type="checkbox"/> Specialized Equipment and Supplies | <input type="checkbox"/> R. Family Training, Education and Counseling |
| <input type="checkbox"/> Assistive Technology | <input type="checkbox"/> S. Caregiver Training and Education |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> T. Personal Support |
| <input type="checkbox"/> Companion Services – Adult | <input type="checkbox"/> U. Extended Home Care Services (Nursing, PT, OT, Speech, PCA..) |
| <input type="checkbox"/> Semi-Independent Living Services (SILS) | <input type="checkbox"/> V. None of the above |

22.) What potential obstacles or barriers to foster care bed capacity downsizing or foster care residence closure do you foresee your county/tribe experiencing? (Please check one or more options that apply)

- A. _____ Lack of available accessible housing
- B. _____ Lack of other less restrictive, alternative residential service providers
- C. _____ Lack of residential support services providers for consumers
- D. _____ Lack of funds
- E. _____ Lack of transportation
- F. _____ Lack of support from the person, family and/or guardian
- G. _____ Administrative Appeals
- H. _____ Foster Care Provider Issues (i.e., Resistance, Financial Insolvency Leading To Premature Closure, etc.)
- I. _____ County – Provider Service Contract Disputes
- J. _____ DHS Licensing or MDH Certification Issues
- K. _____ Residents have employment or work at jobs within close proximity to their current foster care home residence
- L. _____ None

23.) With assistance from the Minnesota Department of Human Services; please indicate whether or not your county/tribe would be interested in developing specialized foster care homes for people with Autism Spectrum Disorder.

YES _____ NO _____

24.) If yes, then please provide us with the following contact information:

Name: _____ E-Mail: _____ Telephone: _____

Appendix B: Disability Residential and Support Services Definitions

Residential Services

Adult Foster Care: Individual waiver services provided to persons living in a home licensed as foster care. Foster care services are individualized and based on the individual needs of the person and service rates must be determined accordingly.

Child Foster Care: Individual waiver services provided to persons living in a home licensed as foster care. Foster care services are individualized and based on the individual needs of the person and service rates must be determined accordingly.

Crisis Respite: Services that provide specific short-term care and intervention strategies to a person due to the need for relief and support of the caregiver and/or protection of the person or others living with that person. This includes addressing both medical and behavioral needs.

Customized/Assisted Living: Package of regularly scheduled individualized health-related and supportive services provided to a person residing in a residential center (apartment buildings) or housing with services establishment.

24 Hour Customized Living /Assisted Living +: Package of regularly scheduled individualized health-related and supportive services provided to a person residing in a residential center (apartment buildings) or housing with services establishment.

Intermediate Care Facility for Persons with Developmental Disabilities (ICF/DD): Residential facility licensed as a health care institution and certified by the Minnesota Department of Health to provide health or rehabilitative services for persons with developmental disability or a related condition who require active treatment.

Residential Care Services: Supportive and health supervision services provided in a licensed residential setting as identified in an Individual Service Plan.

Respite Service: Service provided to persons unable to care for themselves, furnished on a short-term basis because of the absence or need for relief of those persons normally providing the care.

Semi-Independent Living Services (SILS): Services needed by an adult with developmental disability or related condition(s) to successfully live in the community. The goal of SILS is to support people in ways that will enable them to achieve personally desired outcomes and lead self-directed lives.

Supported Living Services (SLS) or Residential Habilitation: provided to a person who cannot live in his or her home without such services or who need outside support to remain in his or her home. Habilitation services are provided in the person's residence and in the community, and should be directed toward increasing and maintaining the person's physical, intellectual, emotional and social functioning.

Supported Living Services - Child (SLS – Child): Habilitation services provided to persons under 18 years of age who require daily staff intervention due to severe behavior problems, medical conditions, physical deficits and/or lack of adequate survival skills that result in the family's inability to maintain them in their home.

Support Services

Assistive Technology: Devices or equipment or a combination of both that improve the ability of a person to communicate in the community; control or access their environment and perform activities of daily living.

Behavioral Programming: Individually designed strategies to decrease severe maladaptive behaviors that interfere with the ability of a person to remain in the community.

Caregiver Training and Education: Training and education to a parent or primary caregiver when the parent or primary caregiver is not employed to provide supervision and care to the person.

Chore Services: Support or assist to a person or their primary caregiver to maintain a clean, sanitary and safe home.

Companion Services: Non-medical care, assistance, supervision and socialization provided to a person age 18 years or older in accordance with a therapeutic goal in the plan of care.

Emergency Assistance - 24 Hour: On-call counseling and problem solving and/or immediate response for assistance at a waiver recipient's home due to a health or personal emergency.

Environmental Accessibility Modifications and Adaptations: Purchase, installation, maintenance and repair servicing of environmental physical modifications, adaptations and equipment in the person's home and/or vehicle provided that the repairs are cost efficient compared to replacement of the item.

Extended Home Care Services: includes a range of medical care and support services provided in the person's home and community. Services range from simple assistance in activities of daily living to a level of care similar to cares provided in a hospital. Home care therapy or treatment services (e.g., Nursing, PT, OT, Speech, Respiratory, PCA, etc.) that exceed the amount, duration and scope specified in the MA State Plan service description.

Family Training, Education and Counseling: Services provided for the person and/or the family as identified in the individual plan of care. CAC Waiver has two separate services known as Family Training and Family Counseling. CADI and TBI Waivers have one service known as Family Training and Counseling and Education.

Home Delivered Meals: Nutritionally balanced meals delivered to the person's place of residence.

Homemaker Service: General household activities provided by a trained homemaker when the person (i.e., the person, family member or primary caregiver), who is regularly responsible for these activities, is unable to manage the household activities or is temporarily absent.

Housing Access Services Coordination: Assistance to help people acquire housing and move from an unlicensed setting to another unlicensed setting in the community.

In-Home Family Support Services: Services designed to assist persons in acquiring, retaining and improving the self-help, socialization and adaptive skills necessary to reside successfully in home and community-based settings provided to a person and his/her family, including extended family members who are not providing licensed foster care, in the family's home and/or in the community to enable the person to remain in or return to the home. This may also include training family members to increase their capabilities to care for and maintain the person in their home.

Independent Living Skills Training (ILST): Services that develop and maintain community living skills and community integration of a person.

Night Supervision: Overnight assistance and monitoring in the home of a person for a period of no more than twelve (12) hours in a 24-hour period.

Personal Support: Non-medical care, supervision and assistance provided in the home of the person or in the community to achieve increased independence, productivity and inclusion in the community.

Specialist Services: Services that exceed the scope and duration of available Minnesota State Plan or waiver services.

Specialized Supplies and Equipment: Devices, controls or appliances specified in the plan of care that enable the person to increase their ability to perform activities of daily living and perceive, control or communicate with the environment in which they live.

Transitional Services: Items, expenses and related supports necessary and reasonable for a person to transition from a licensed setting to their own home. For purposes of this service, home means a setting that a person receiving transitional services owns, rents or leases.

Transportation Services: Waiver transportation necessary to gain access to services as specified in the individualized service plan and is provided by common carrier or special transportation vehicles.

Appendix C: Assessing Needs for MA & HCBS Disability Waiver Funded Residential Programs Webinar

Assessing Needs for MA & HCBS Disability Waiver Funded Residential Programs Webinar Friday, Dec. 7, 2012, 9:30 a.m. – 11:30 a.m.

Target Audience

County Social Services and Tribal Human Services Administrators and key personnel. This session provides information on legislative statute and initiative to close excess Corporate and Family Foster Care Home Programs and advance or move people toward more independent living situations.

Participants will:

1. Understand the legislative mandate and demand to reduce Corporate and Family Foster Care Home Programs.
2. Understand the Voluntary Closure Process.
3. Understand the need for the Needs Determination Assessment Survey.
4. Learn about the upcoming Gaps Analysis Survey and its future use.
5. Learn about policy initiatives to support inclusive community living.

More Information

Contact DSD Learn.

Handouts available on the Disability Services Training Opportunities page
Please note, you need to register in TrainLink and Go-To Webinar.

Registration Information

Registration DEADLINE 12/5/2012

TrainLink Registration

Participants must have a Unique Key to register for training.

To register using TrainLink:

1. Go to TrainLink
2. Select Continuing Care Learning Center
3. Select Sign On in the upper right hand corner and enter your Unique Key.
4. Select Class Schedules/Registrations and select the class
5. Select Enroll and follow the registration instructions

Links and information:

- [Cancel A Class Registration Instructions](#)
- [Registration Instructions](#)
- [TrainLink](#)
- [TrainLink Unique Key Instructions](#)
- [Unique Key Requests](#)

Should your schedule change, please cancel from the class so another person may attend.

Go-To Webinar Registration

1. Reserve your webinar seat
2. Enter first name, last name and email address and select register now
3. Once registered, you receive an email containing the webinar link

Call (651) 431-2400 or email DSD Learn with accommodation needs or questions.

Appendix D: Results - Data Charts

Chart #5 – Number of CADI and DD Waiver Participants by Setting SFY 12

The Number of people on CADI and DD HCBS Waivers who reside within various residential service settings during state fiscal year 2012.

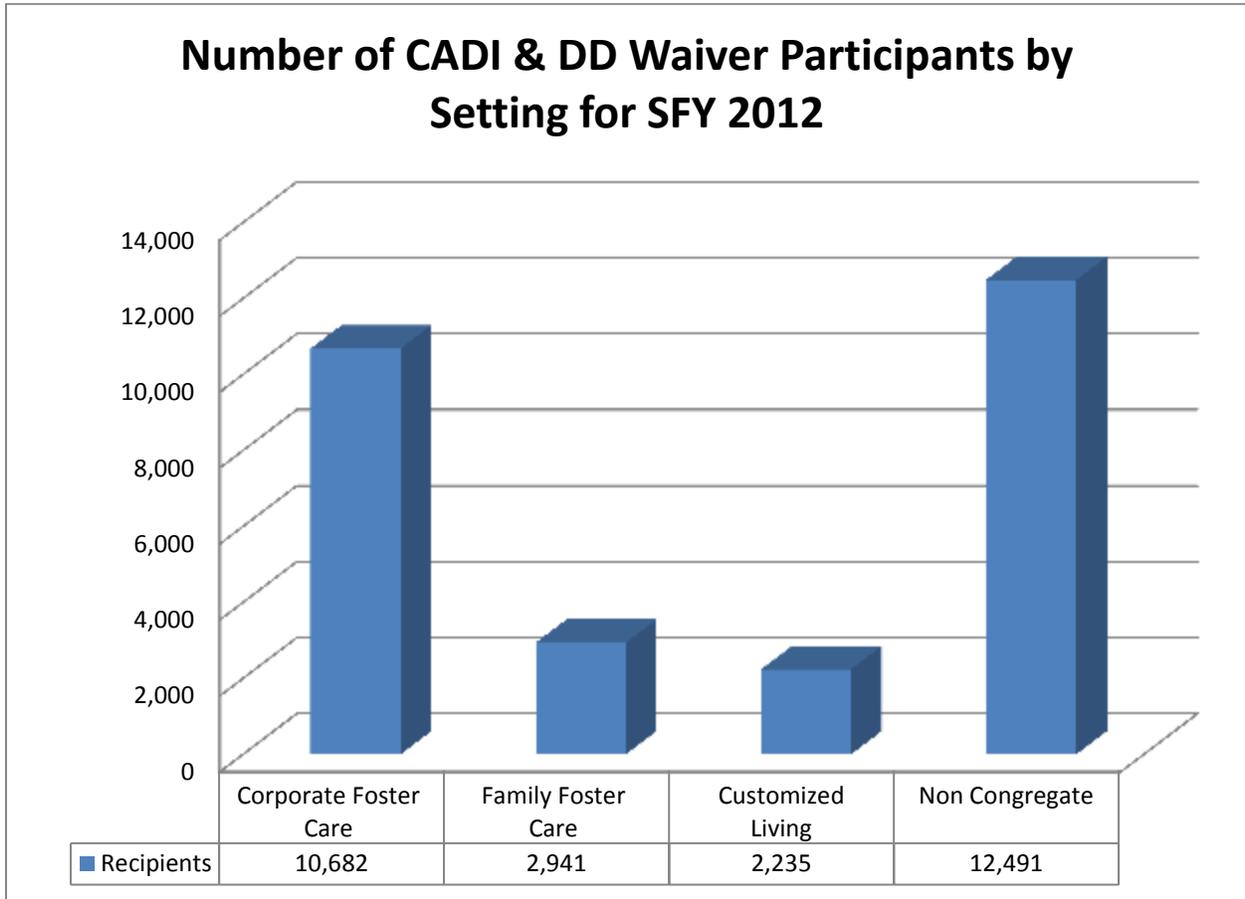


Chart #6 – Total CADI and DD Expenditures by Setting SFY 12

The total amount of CADI and DD HCBS Waiver funding spent on various residential services during state fiscal year 2012.

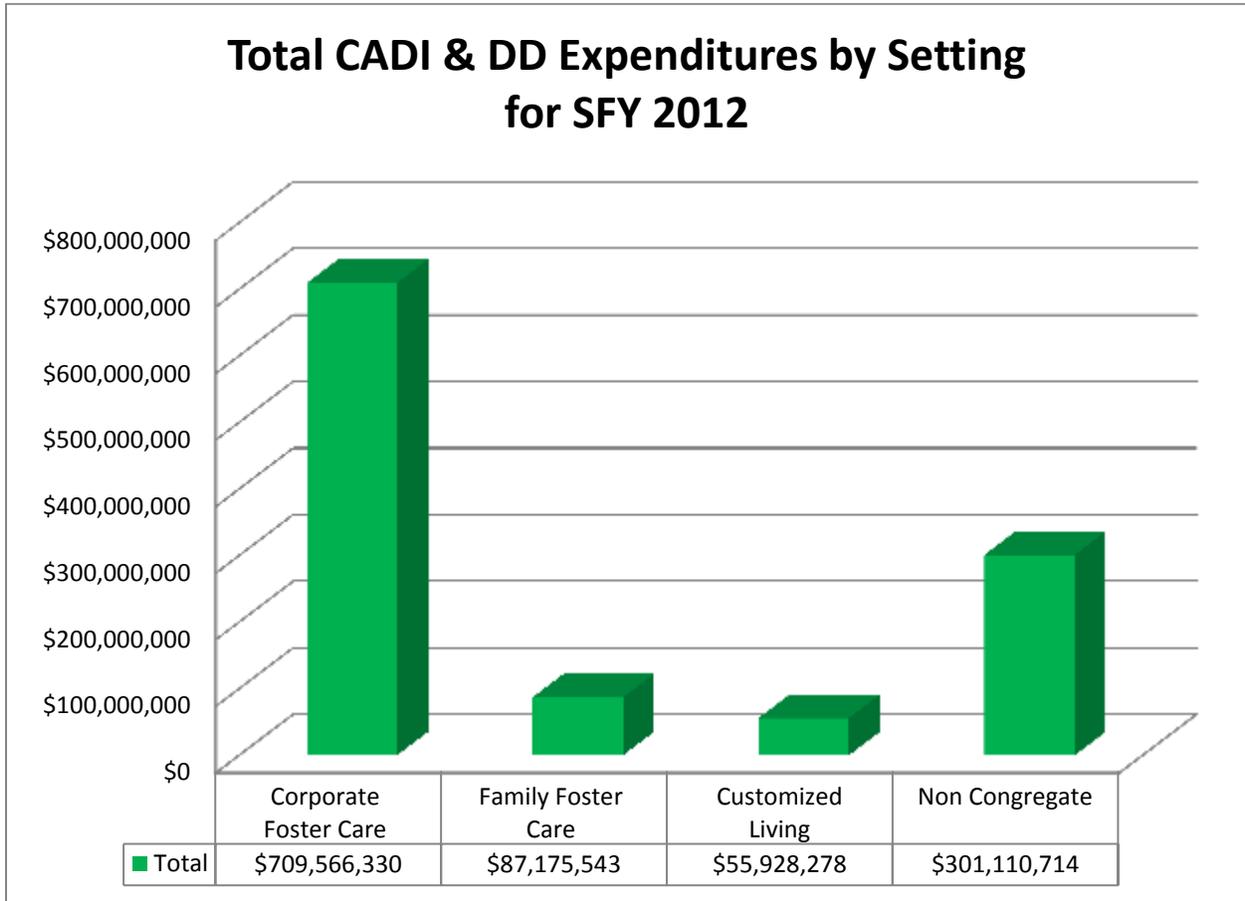


Chart #7 – Percentage of CADI and DD Participants by Setting – SFY 12

The percentage of people on CADI and DD HCBS Waivers who reside within various residential service settings during state fiscal year 2012.

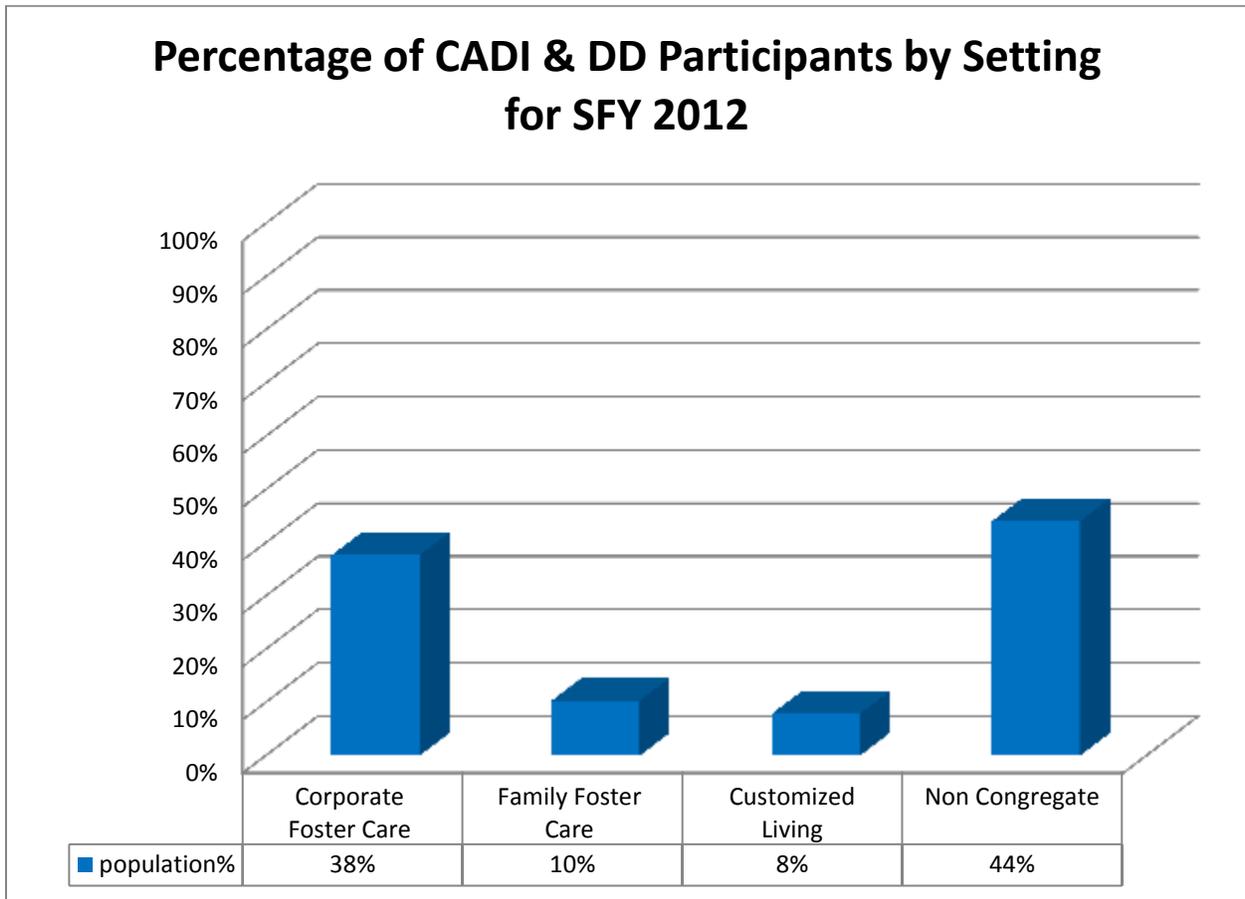


Chart #8 – Percentage of CADI and DD Expenditures by Setting – SFY 12

The percentage of CADI and DD HCBS Waiver funding spent on various residential services during state fiscal year 2012.

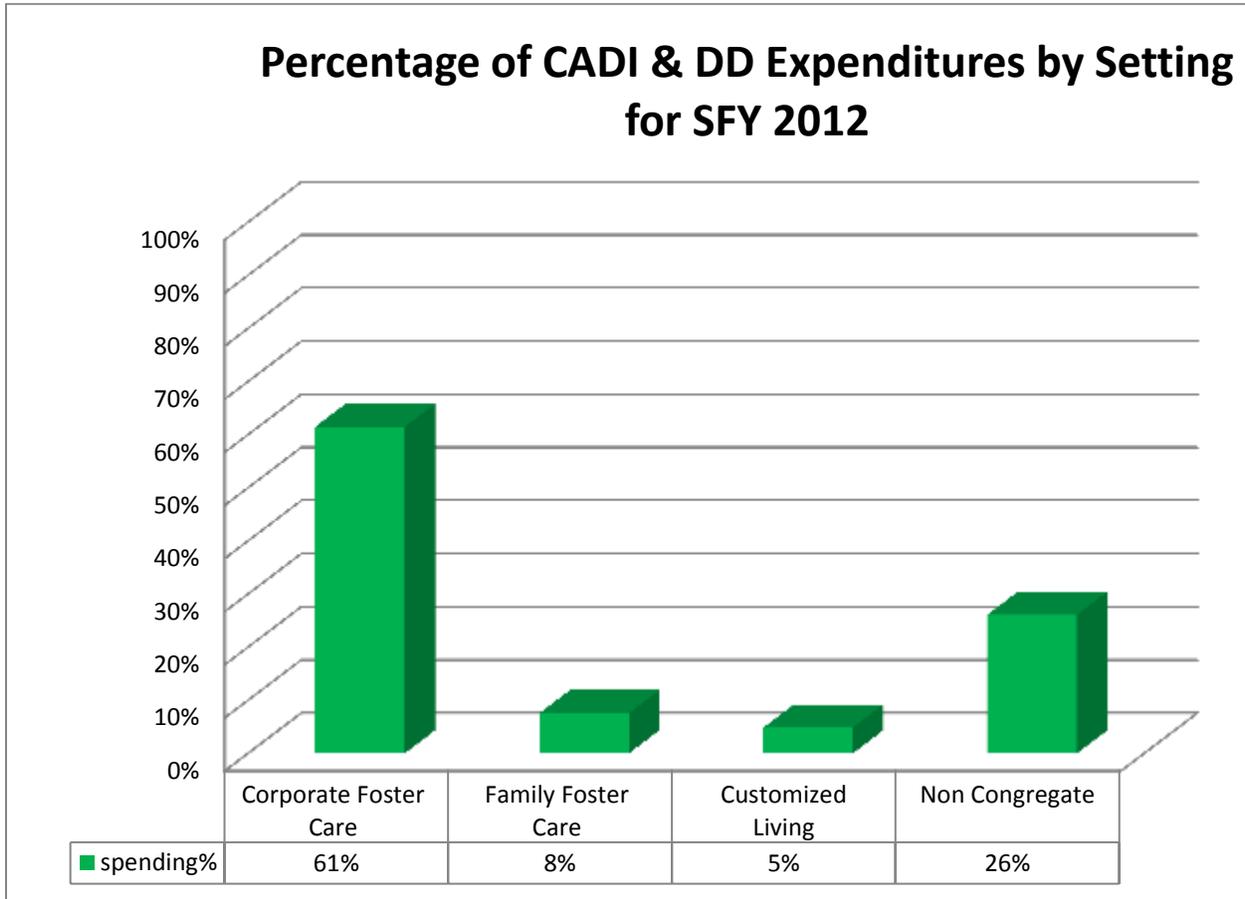


Chart #9 – All Support Services Needed to Expand Independent Community Living

All support services needed as reported by responding counties and tribes in order to advance greater independent community living and move people from traditional foster care residential service settings.

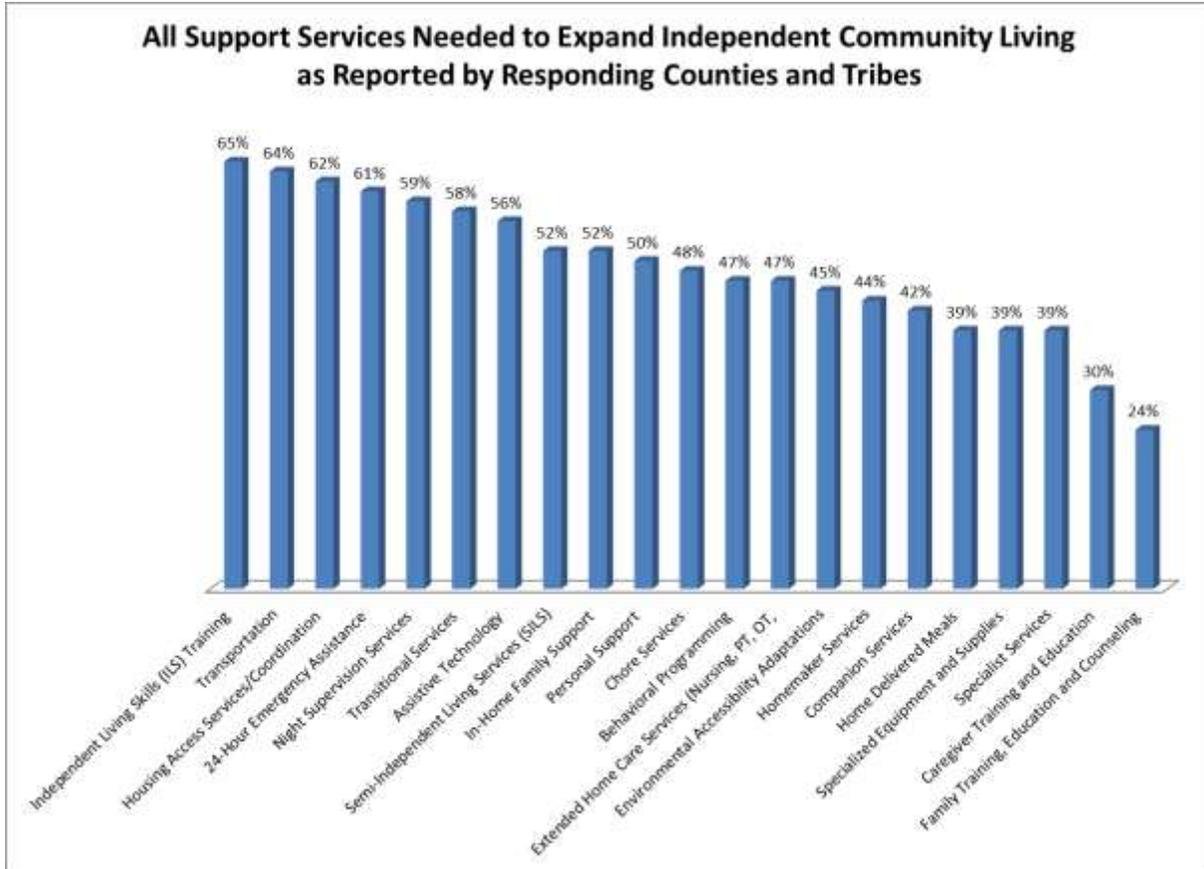
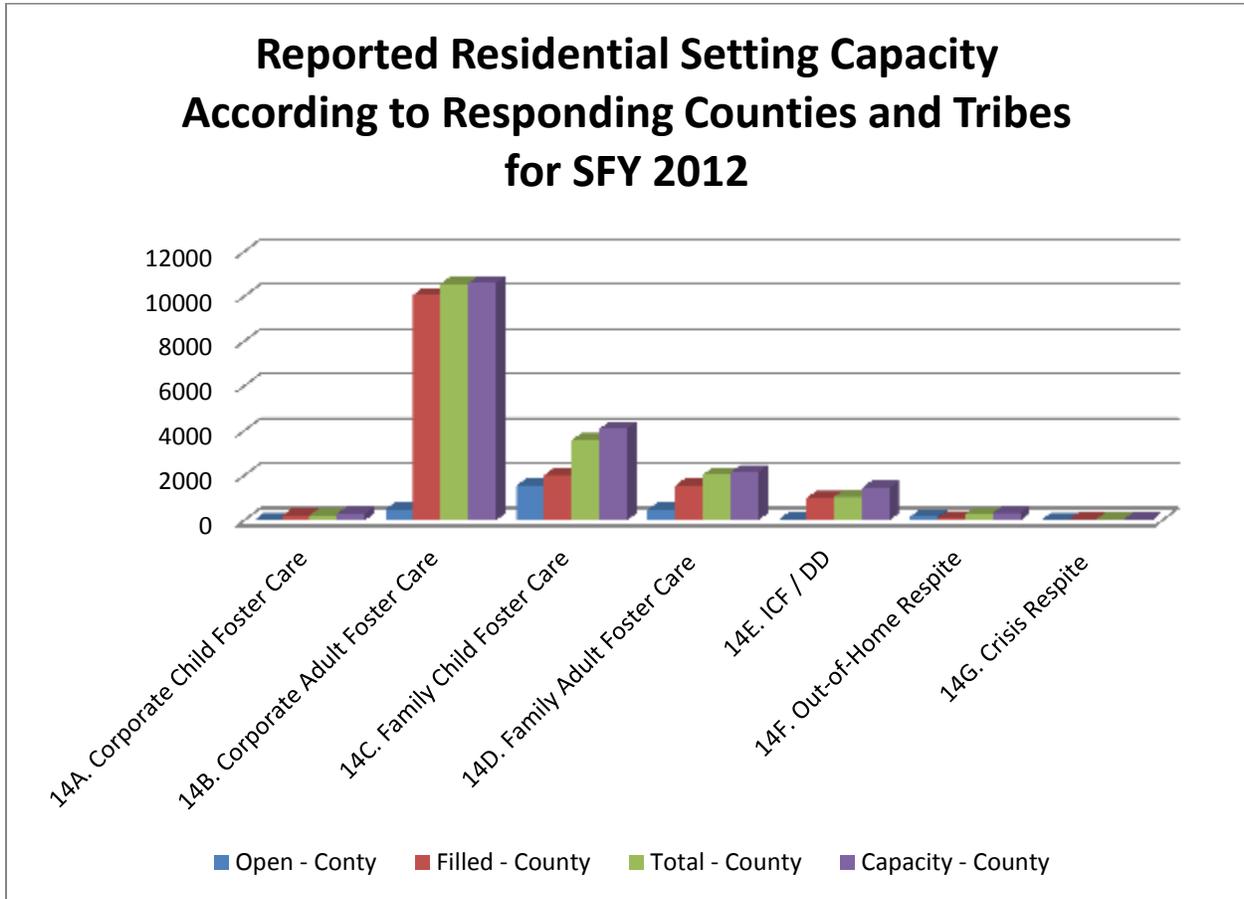


Chart #10 – Reported Residential Setting Capacity According to the 64 Responding Counties and Tribes for SFY 2012

Residential setting capacity as reported by responding counties and tribes for state fiscal year 2012.



Appendix E: Implementation Language

Minnesota Statutes 2012, section 245A.03, subdivision 7 is amended to read:

Subd. 7. Licensing moratorium.

(a) The commissioner shall not issue an initial license for child foster care licensed under Minnesota Rules, parts 2960.3000 to 2960.3340, or adult foster care licensed under Minnesota Rules, parts 9555.5105 to 9555.6265, under this chapter for a physical location that will not be the primary residence of the license holder for the entire period of licensure. If a license is issued during this moratorium, and the license holder changes the license holder's primary residence away from the physical location of the foster care license, the commissioner shall revoke the license according to section 245A.07. Exceptions to the moratorium include:

- (1) foster care settings that are required to be registered under chapter 144D;
- (2) foster care licenses replacing foster care licenses in existence on May 15, 2009, and determined to be needed by the commissioner under paragraph (b);
- (3) new foster care licenses determined to be needed by the commissioner under paragraph (b) for the closure of a nursing facility, ICF/DD, or regional treatment center, or restructuring of state-operated services that limits the capacity of state-operated facilities;
- (4) new foster care licenses determined to be needed by the commissioner under paragraph (b) for persons requiring hospital level care; or
- (5) new foster care licenses determined to be needed by the commissioner for the transition of people from personal care assistance to the home and community-based services.

(b) The commissioner shall determine the need for newly licensed foster care homes as defined under this subdivision. As part of the determination, the commissioner shall consider the availability of foster care capacity in the area in which the licensee seeks to operate, and the recommendation of the local county board. The determination by the commissioner must be final. A determination of need is not required for a change in ownership at the same address.

~~[delete] (c) The commissioner shall study the effects of the license moratorium under this subdivision and shall report back to the legislature by January 15, 2011. This study shall include, but is not limited to the following:~~

- ~~(1) the overall capacity and utilization of foster care beds where the physical location is not the primary residence of the license holder prior to and after implementation of the moratorium;~~
- ~~(2) the overall capacity and utilization of foster care beds where the physical location is the primary residence of the license holder prior to and after implementation of the moratorium; and~~
- ~~(3) the number of licensed and occupied ICF/DD beds prior to and after implementation of the moratorium. [end delete]~~

(d) When a foster care recipient moves out of a foster home that is not the primary residence of the license holder according to section 256B.49, subdivision 15, paragraph (f), the county shall immediately inform the Department of Human Services Licensing Division. The department shall

decrease the statewide licensed capacity for foster care settings where the physical location is not the primary residence of the license holder, if the voluntary changes described in paragraph (f) are not sufficient to meet the savings required by reductions in licensed bed capacity under Laws 2011, First Special Session chapter 9, article 7, sections 1 and 40, paragraph (f), and maintain statewide long-term care residential services capacity within budgetary limits. Implementation of the statewide licensed capacity reduction shall begin on July 1, 2013. The commissioner shall delicense up to 128 beds by June 30, 2014, using the needs determination process. Under this paragraph, the commissioner has the authority to reduce unused licensed capacity of a current foster care program to accomplish the consolidation or closure of settings. [add] Under this paragraph, the commissioner has the authority to manage statewide capacity, including adjusting the capacity available to each county, and adjust statewide available capacity, to meet the statewide needs identified through the process in paragraph (f). [end add] A decreased licensed capacity according to this paragraph is not subject to appeal under this chapter.

(e) Residential settings that would otherwise be subject to the decreased license capacity established in paragraph (d) shall be exempt under the following circumstances:

(1) until August 1, 2013, the license holder's beds occupied by residents whose primary diagnosis is mental illness and the license holder is:

(i) a provider of assertive community treatment (ACT) or adult rehabilitative mental health services (ARMHS) as defined in section 256B.0623;

(ii) a mental health center certified under Minnesota Rules, parts 9520.0750 to 9520.0870;

(iii) a mental health clinic certified under Minnesota Rules, parts 9520.0750 to 9520.0870; or

(iv) a provider of intensive residential treatment services (IRTS) licensed under Minnesota Rules, parts 9520.0500 to 9520.0670; or

(2) the license holder is certified under the requirements in subdivision 6a.

(f) A resource need determination process, managed at the state level, using the available reports required by section 144A.351, and other data and information shall be used to determine where the reduced capacity required under paragraph (d) will be implemented. The commissioner shall consult with the stakeholders described in section 144A.351, and employ a variety of methods to improve the state's capacity to meet long-term care service needs within budgetary limits, including seeking proposals from service providers or lead agencies to change service type, capacity, or location to improve services, increase the independence of residents, and better meet needs identified by the long-term care services reports and statewide data and information. By February 1 of [delete] each year [add] 2013 and August 1 of 2014 and each following year, [end add] the commissioner shall provide information and data on the overall capacity of licensed long-term care services, actions taken under this subdivision to manage statewide long-term care services and supports resources, and any recommendations for change to the legislative committees with jurisdiction over health and human services budget.

(g) At the time of application and reapplication for licensure, the applicant and the license holder that are subject to the moratorium or an exclusion established in paragraph (a) are required to inform

the commissioner whether the physical location where the foster care will be provided is or will be the primary residence of the license holder for the entire period of licensure. If the primary residence of the applicant or license holder changes, the applicant or license holder must notify the commissioner immediately. The commissioner shall print on the foster care license certificate whether or not the physical location is the primary residence of the license holder.

(h) License holders of foster care homes identified under paragraph (g) that are not the primary residence of the license holder and that also provide services in the foster care home that are covered by a federally approved home and community-based services waiver, as authorized under section 256B.0915, 256B.092, or 256B.49, must inform the human services licensing division that the license holder provides or intends to provide these waiver-funded services. These license holders must be considered registered under section 256B.092, subdivision 11, paragraph (c), and this registration status must be identified on their license certificates.