MSCOD

Minnesota State Council on Disability

Your Policy, Training and Technical Resource

Disability Resource Guide

121 East 7th Place Suite 107 St. Paul, MN 55101
651-361-7800 V/TTY 1-800-945-8913 V/TTY

council.disability@state.mn.us • www.disability.state.mn.us
www.facebook.com/mscod • www.twitter.com/mscod

TO: Members of the Minnesota Legislature
FROM: The Minnesota State Council on Disability
David Schwartzkopf, Chair
Joan Willshire, Executive Director
RE: Legislative Reference Manual on Disability Resources

Dear New Legislative Member:

On behalf of the Council, we are pleased to present you with this reference manual. The manual contains information on the Council and its resources, national and state organizations, current issues, reports and statistics pertaining to the population of people with disabilities in Minnesota.

The reference manual was formulated based on ongoing inquiries made and topics we believe are of importance to members of the Minnesota House and Senate. The reference manual is provided in a three-ring binder format so that additions can be made throughout the year.

The Council is pleased to provide you with disability-related information. We are you State Disability Resource.

Please contact us at 651.361.7800 or 1.800.945.8913 for any information.

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ABOUT US

Mission

The Minnesota State Council on Disability is an agency that advises, provides technical assistance, collaborates, and advocates to expand opportunities, improve the quality of life, and empower all persons with disabilities.

Values

We operate with a specific set of values:

- *Inherent Respect for All.* We assume all individuals are entitled to live productive, independent, and healthy lives within their communities.
- *Integrity.* We examine issues affecting the disability community in Minnesota and disseminate fair and objective information in a timely manner.
- *Independence.* We promote independence and choice for all people with disabilities.

Vision

To be a primary, productive resource for disability-related information providing leadership and promoting innovative policies through:

- Effective administrative operations
- Legislative interaction
- Statewide collaboration

Customers

- People with disabilities and their families
- The Governor
- The Legislature
- State and local governments
- Private agencies
- Employers
- The general public

Services

- Review disability issues and advise State government
- Promote coordinated, collaborative interagency efforts
- Provide information and referrals
- Collect, conduct, and make disability-related research and statistics available to all customers
- Advocate for policies and programs that promote quality of life for all people living with a disability

MSCOD COUNCIL MEMBERSHIP ROSTER - 2013

NAME	ADDRESS	PHONE	EMAIL	Region	Term Expires	Committees
Nathan Aalgaard	3729 10th Street South Moorhead, MN 56560	H: 701-478-0459	natea@freedomrc.org	Region 1	Jan. 2013	Access/Housing
Robert Johnson	1205 North Tower Road Fergus Falls, MN 56537	H: 320-986-2610 O: 218-998-5649 C: 218-205-0354	bobj@paiff.org	Region 3	Jan. 2013	Access/Housing
Kim Tyler	2104 East 6th Avenue Hibbing, MN 56062	O: 218-262-5748 H: 218-262-6675	cherishedkim@gmail.com	Region 3	Jan. 2013	Access/Housing
Nancy Rosemore	23607 County Road 11 Crosby, MN 56441	C: 218-838-2064	nancy.rosemore@lssmn.org	Region 5	Jan. 2014	Ed/EMP/Trans
Mark Hughes	739 Larson Lane Shoreview, MN 55126-2047	H: 651-484-9235 O: 651-470-2473		Region 11	Jan. 2013	Access/Housing
Michelle Trapp	PO Box 212 Fairfax, MN 55332	H: 507-430-1768	michelle.trapp@gmail.com	Region 6	Jan. 2013	Access/Housing
Kathy Peterson	186 South 6th Street Warren MN 56762	H: 218-745-4189 O: 701.777.3425 C: 218-201-0084	kathleen.peterson@email.und.edu	Region 1	Jan. 2015	Ed/EMP/Trans
Stephen Grams	420 Washington Ave South St. Peter, MN 56082	H: 507-934-0176 C:507-995-7900	stephengrams@hotmail.com	Region 9	Jan. 2015	Access/Housing
Laurie Hassett	775 East 7th Street Red Wing, MN 55066	H: 651-388-1068 O: 651-388-8845 x141 C: 651-301-5656	lhassett@lssmn.org	Region 10	Jan. 2013	Ed/EMP/Trans
Carlos Vazquez	4937 Lyndale Ave South Minneapolis, MN 55419	O: 763-212-8596 C: 612-308-0661	cvazquez@carlson.com	Region 11	Jan. 2015	Ed/Emp/Trans
Rev. David Sams	203 Aspenwood Drive Redwood Falls, MN 56283	H: 507-637-2634 C: 507-430-3466	dsams@mchsi.com	Region 8	Jan. 2013	Access/Housing
Dean Ascheman	3807 Crossridge Way Rosemount, MN 55068	H: 651-423-1518 C: 612-481-1510	dra.ascheman@gmail.com	Region 11	Jan. 2013	Ed/Emp/Trans
Barb Stensland	6914 Bemidji Avenue North Bemidji, MN 56601	H: 218-751-1879 C: 218-751-1305	Barb.Stensland@lssmn.org	Region 2	Jan. 2013	Ed/EMP/Trans
Dave Schwartzkopf	331 Wimbledon Hills Dr SW Rochester, MN 55902-4134	H: 507-285-0516 C: 507-990-6066	daveschwartzie@gmail.com	Region 10	Jan. 2015	Ed/EMP/Trans
Joani Werner	190 5th Street E. Suite 800 St. Paul, MN 55101	H: 651-636-2547 O: 651-290-0304 x10661	joani.werner@ssa.gov	Region 11	Jan. 2013	Ed/EMP/Trans
Kathy Wingen	830 West St. Germain Street Suite 309 St. Cloud, MN 56302	H: 320-202-7764 C: 320-253-0138 O: 320-257-4873	ktwingen@centralmnlegalstc.org	Region 7	Jan. 2015	Ed/EMP/Trans
Lourdes Mugas-Changcoco	7650 Golden Valley Apt. 608 Golden Valley, MN 55427	H: 651-602-3274 C: 612-203-9386	lmtalan@gmail.com	Region 11	Jan. 2015	Ed/EMP/Trans

MINNESOTA STATE COUNCIL ON DISABILITY EX-OFFICIO ROSTER 2013

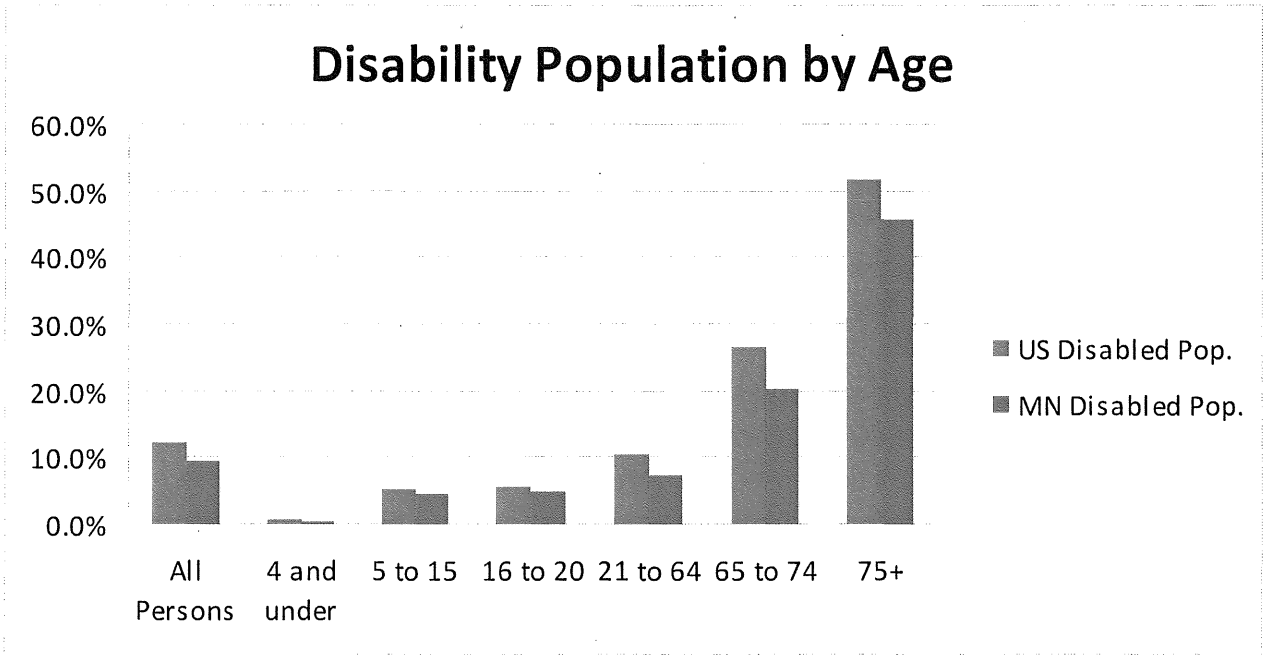
NAME	AGENCY	ADDRESS	PHONE	EMAIL
Neil Doughty	Dept. of Human Services	444 Lafayette Rd, St. Paul, MN 55155	651-296-2113	neil.doughty@state.mn.us
Peg Booth	Dept. of Human Services	540 Cedar St, St. Paul, MN 55155	651-431-2376	peg.booth@state.mn.us
Kelly Christenson	Mn/DOT	395 John Ireland Blvd. St. Paul, MN 55155	651-366-4184	kelly.christenson@state.mn.us
Jill Keen	Dept. of Human Rights	625 Robert St N, St. Paul, MN 55155	651-539-1094	jill.keen@state.mn.us
Linda Lingen	State Services for the Blind	2200 University Ave #240, St. Paul, MN 55104	651-642-0504	linda.lingen@state.mn.us
Jayne Spain	Dept. of Education	1500 Hwy 36 W, Roseville, MN 55113	651-582-8515	jayne.spain@state.mn.us
Barb Fonkert	Dept. of Public Safety	444 Cedar St #223, St. Paul, MN 55101	651-201-7428	barb.fonkert@state.mn.us
Ron Quade	Veteran's Home and Veteran's Affairs	5101 Minnehaha Ave S, Minneapolis, MN 55417	612-970-5662	ron.quade@vba.va.gov
Colleen Wieck	Governor's Council on Developmental Disabilities	370 Centennial Office Building 658 Cedar St St. Paul, MN 55155	651-296-9964	colleen.wieck@state.mn.us
Barb Dalbec	Dept. of Health	85 E 7th Pl St. Paul, MN 55164	651-201-3758	barb.dalbec@state.mn.us

Disability Statistics

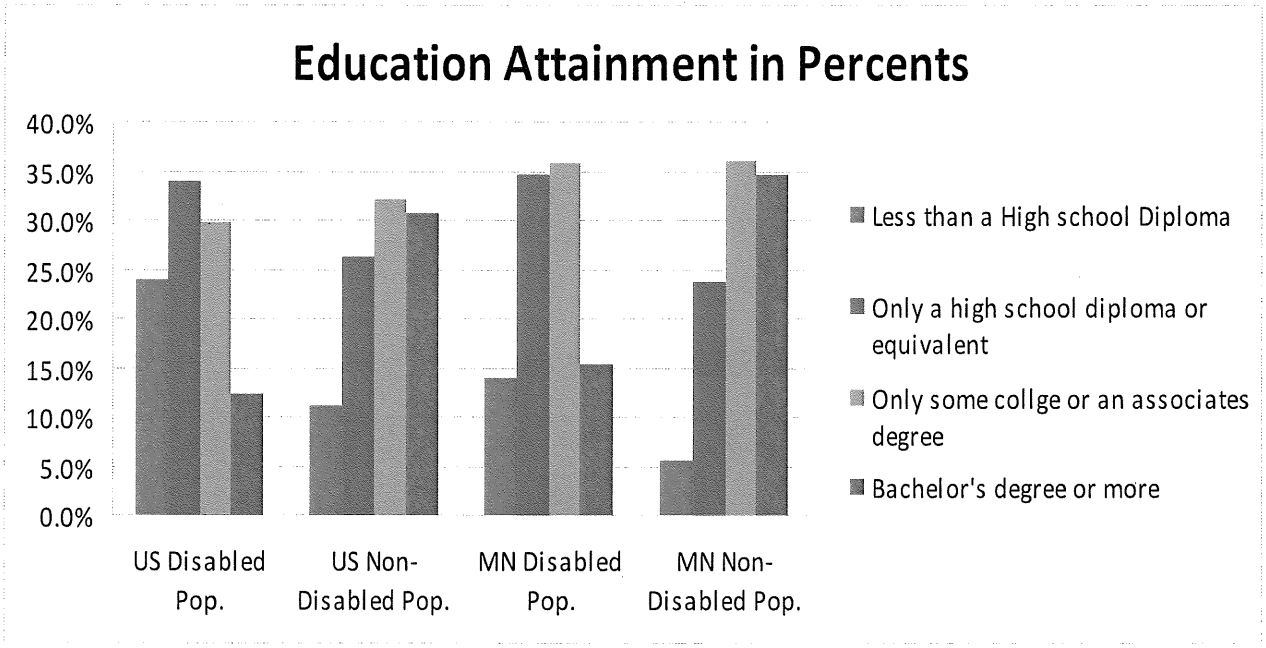
Total US Population (2011): 311,591,917
US Disabled Population (2010): 303,858

Minnesota Population (2011): 5,344,861
Minnesota Disabled Population (2010): 523,796

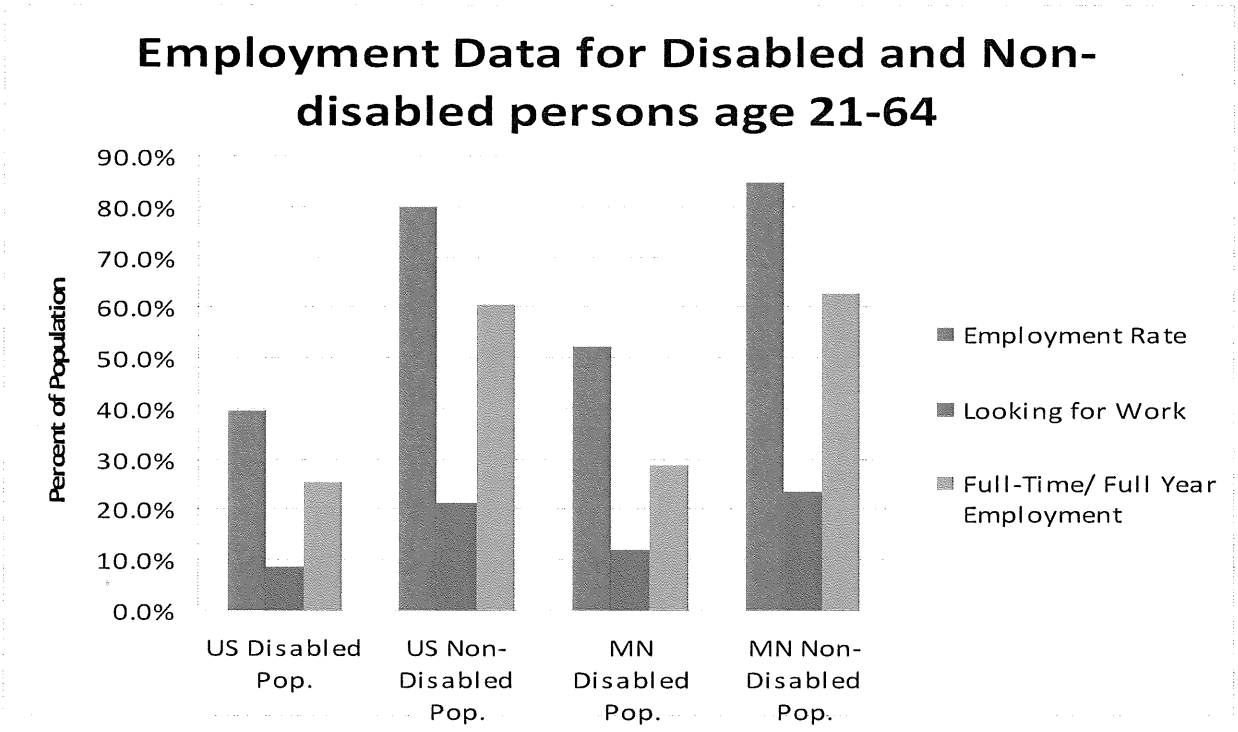
Although a significant amount of the general population has a disability, disability disproportionately affects older demographics.



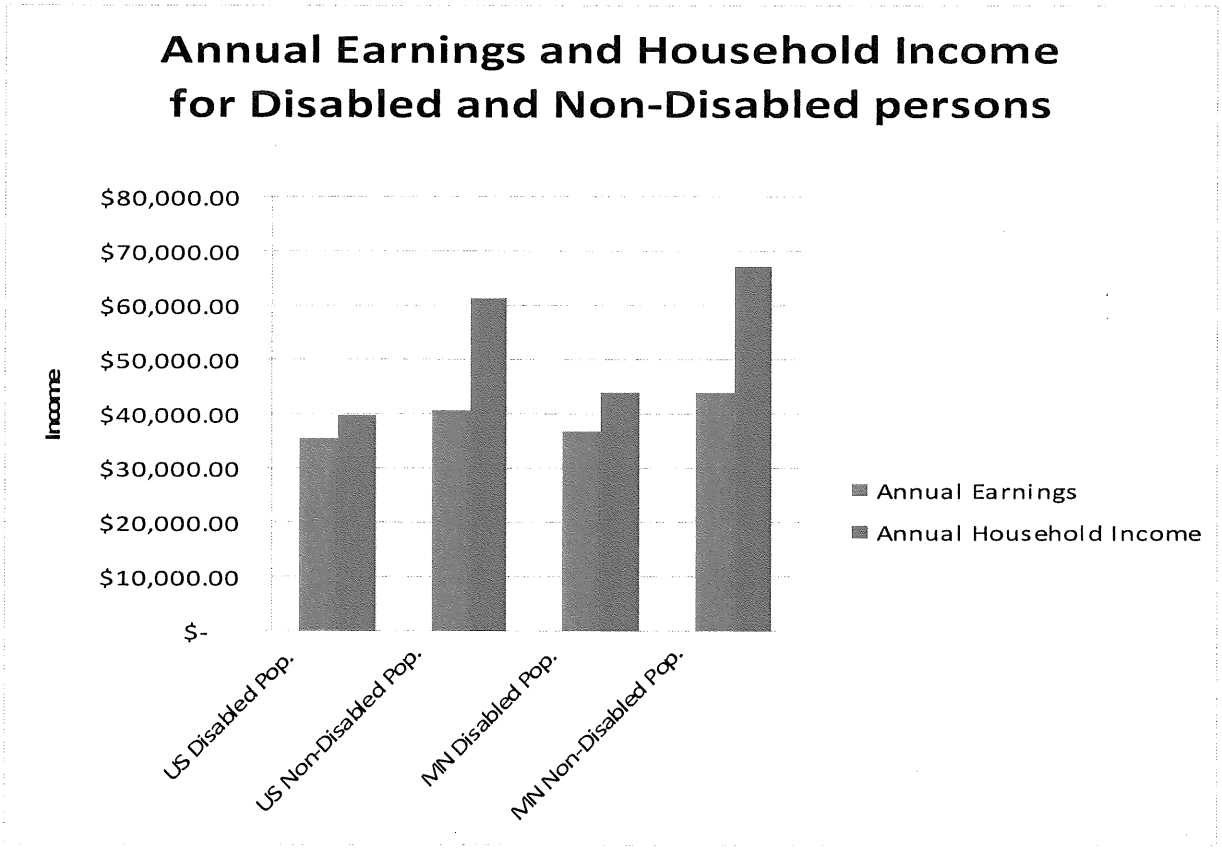
A gap exists in educational attainment between people with and without disabilities; only 12% of Americans with disabilities (and 15% of Minnesotans with disabilities) have a bachelor's degree, compared to 30% and 34%, respectively, of their counterparts without disabilities.



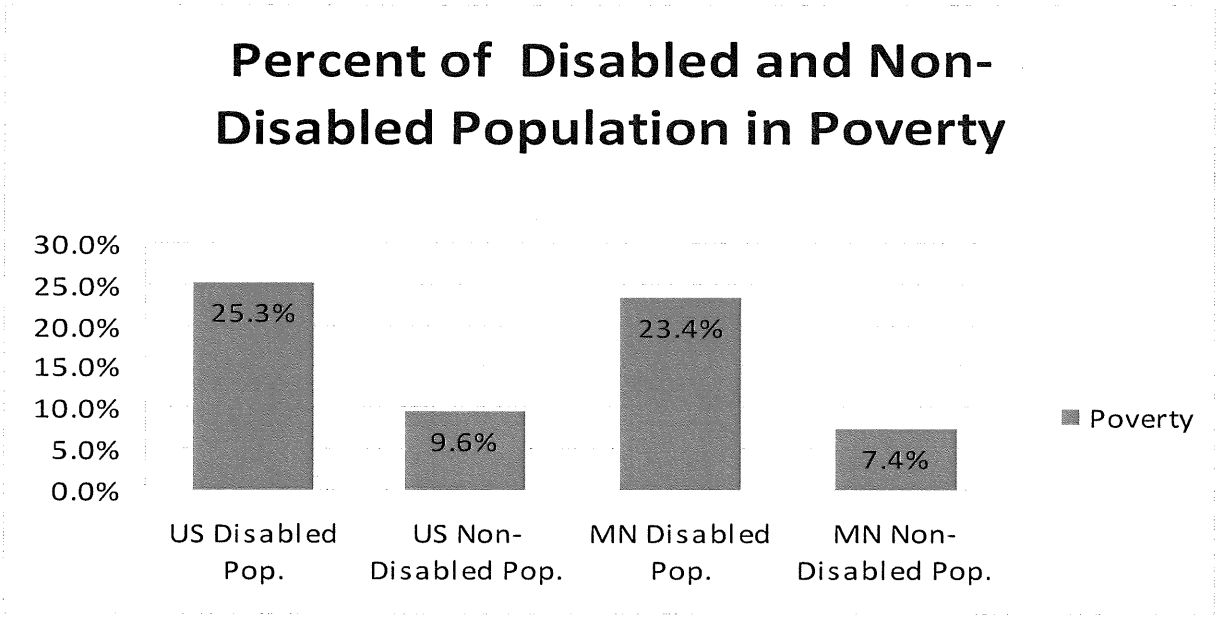
Only 39% of Americans with disabilities are employed, compared to 80% of Americans without disabilities. Although Minnesota's employment rates for both groups are higher than the national average, the gap between the employment rate and the full-time full-year employment rate is greater in Minnesota than nationally.



Annual household income is significantly lower for people with disabilities, both in Minnesota and nationally, than for people without disabilities.



Since annual household income is much lower for people with disabilities, it is unsurprising that a higher percentage of people with disabilities live in poverty.



General Disability Statistics – Minnesota

Age: In 2010, the prevalence of disability in Minnesota wage:

- 9.8% for persons of all ages
- 0.6% for persons under 4
- 4.6% for persons ages 5 to 15
- 4.6% for persons ages 16 to 20
- 8.3% for persons ages 21 to 64
- 18.9% for persons ages 65 to 74
- 44.9% for persons 75 and older

Hispanic/Latino: In 2010, the prevalence of disability among persons of all ages of Hispanic or Latino origin in Minnesota was 6.9 percent.

Race: In Minnesota in 2010, the prevalence of disability for working-age people (21 to 64) was:

- 7.9% among Whites
- 14.1% among Black/African Americans
- 5.0% among Asians
- 22.5% among Native Americans
- 10.8% among persons of some other race(s)

Employment: In 2010, the employment rate of working-age people (21 to 64) with disabilities was 44.4 percent.

Looking for Work: In Minnesota in 2010, the percentage actively looking for work among people with disabilities who were not working was 12.3 percent.

Full Time/Full Year: In Minnesota in 2010, the percentage of working-age people with disabilities working full-time/full-year was 22.2 percent.

Annual Earnings: In 2010, the median annual earnings of working-age people with disabilities working full-time/full-year was $36,300.

Poverty: In Minnesota in 2010, the poverty rate of working-age people with disabilities was 24.3 percent.

Supplemental Security Income: In 2010, the percentage of working-age people with disabilities receiving SSI payments in Minnesota was 19.7 percent.

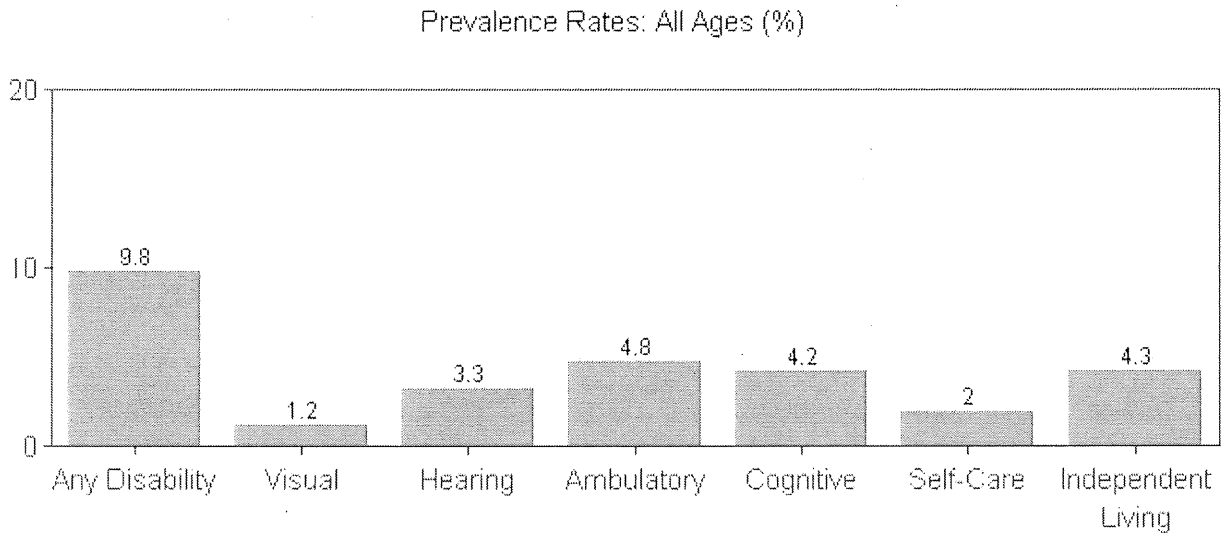
Educational Attainment: In 2010, the percentage of working-age people with disabilities in Minnesota:

- with only a high school diploma or equivalent was 37.9 percent.
- with only some college or an associate degree was 34.3 percent.
- With a bachelor's degree or more was 13.5 percent.

Rehabilitation Research and Training Center on Disability Demographics and Statistics. 2010 Disability Status Report. Ithaca, NY: Cornell University.

Prevalence of disability among non-institutionalized people ages 5 and older in the United States in 2010.

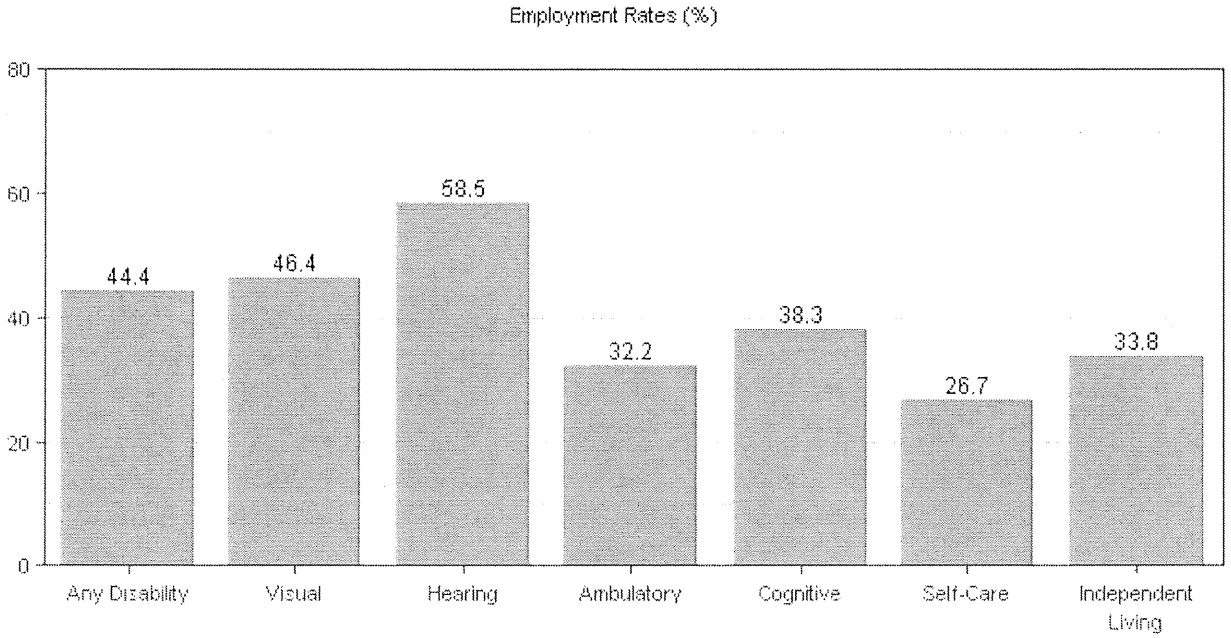
Disability Type	Percent	Margin of Error	Number	Margin of Error	Base population	Sample Size
Any Disability	9.8	0.3	514,700	15,620	5,254,300	52,603
Visual	1.2	3.29	64,300	5,780	5,254,300	52,603
Hearing	3.3	0.18	171,300	9,330	5,254,300	52,603
Ambulatory	4.8	0.22	232,900	10,810	4,900,700	49,564
Cognitive	4.2	0.21	205,50	10,190	4,900,700	49,564
Self-Care	2.0	0.15	99,400	7,160	4,900,700	49,564
Independent Living	4.3	0.23	180,700	9,570	4,191,500	42,873



Rehabilitation Research and Training Center on Disability Demographics and Statistics. 2010 Disability Status Report. Ithaca, NY: Cornell University.

Employment of non-institutionalized working-age people (ages 21 to 64) by disability status in the United States in 2010.

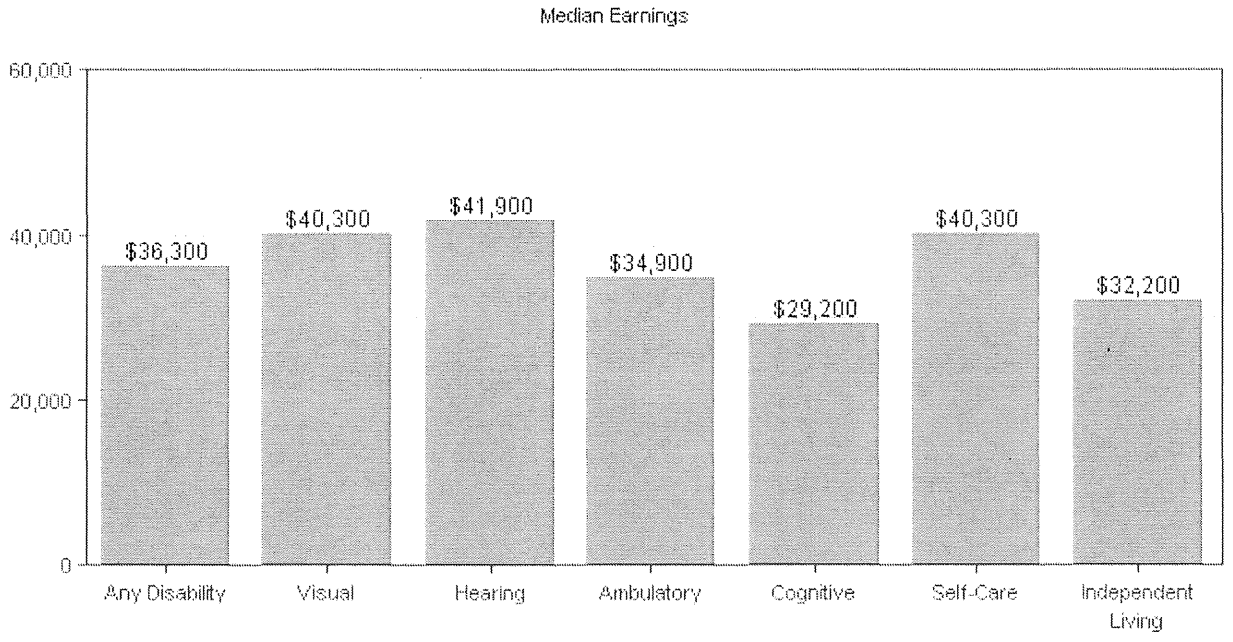
Disability Type	Percent	Margin of Error	Number	Margin of Error	Base Population	Sample Size
No Disability	81.7	0.53	2,321,700	26,080	2,841,800	27,693
Any Disability	44.4	2.24	114,400	7,670	257,500	2,545
Visual	46.4	6.73	13,400	2,650	28,800	297
Hearing	58.5	4.34	39,600	4,540	67,700	733
Ambulatory	32.2	3.25	35,000	4,270	108,500	1,090
Cognitive	38.3	3.23	45,400	4,860	118,500	1,019
Self-Care	26.7	4.94	11,300	2,430	42,200	402
Independent Living	33.8	3.58	31,000	4,020	91,700	843



Rehabilitation Research and Training Center on Disability Demographics and Statistics. 2010 Disability Status Report. Ithaca, NY: Cornell University.

Median annual earnings of non-institutionalized working-age people who work full-time/full-year by disability status in Minnesota in 2010.

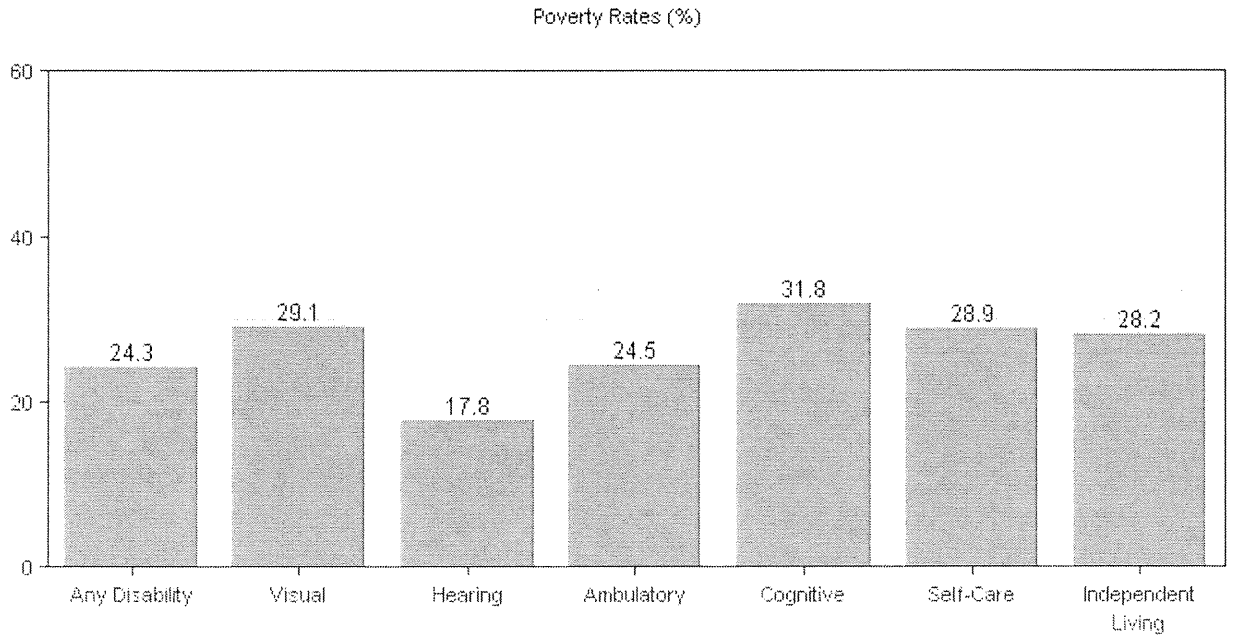
Disability Type	Median Earnings	Margin of Error	Base Population	Sample Size
No Disability	$45,300	$680	1,658,000	16;236
Any Disability	$36,300	$2,700	57,000	622
Visual	$40,300	$9,350	7,000	85
Hearing	$41,900	$4,330	27,000	308
Ambulatory	$34,900	$4,600	17,000	168
Cognitive	$29,200	$5,680	12,000	112
Self-Care	$40,300	$13,130	4,000	37
Independent Living	$32,200	$6,880	8,000	73



Rehabilitation Research and Training Center on Disability Demographics and Statistics. 2010 Disability Status Report. Ithaca, NY: Cornell University.

Poverty rates of non-institutionalized working-age people by disability status in Minnesota in 2010.

Disability Type	Percent	Margin of Error	Number	Margin of Error	Base Population	Sample Size
No Disability	8.6	0.46	242,400	13,380	2,834,200	27,629
Any Disability	24.3	2.3	62,600	6,920	257,200	2,542
Visual	29.1	7.48	8,300	2,530	28,600	295
Hearing	17.8	4.09	12,000	3,050	67,600	732
Ambulatory	24.5	3.64	26,600	4,520	108,300	1,088
Cognitive	31.8	3.76	37,700	5,380	118,500	1,018
Self-Care	28.9	6.15	12,100	3,060	42,000	401
Independent Living	28.2	4.14	25,800	4,460	91,600	842



Rehabilitation Research and Training Center on Disability Demographics and Statistics. 2010 Disability Status Report. Ithaca, NY: Cornell University.

Percentages by state of non-institutionalized working-age people with disabilities using data from the 2010 American Community Survey.

Location	Percentage	Location	Percentage
Alabama	15.2	Montana	10.2
Alaska	10.3	Nebraska	10.2
Arizona	9.8	Nevada	9.5
Arkansas	15.5	New Hampshire	9.1
California	8.0	New Jersey	7.3
Colorado	8.8	New Mexico	11.9
Connecticut	8.4	New York	8.5
Delaware	11.8	North Carolina	12.0
District of Columbia	8.7	North Dakota	7.8
Florida	10.1	Ohio	11.7
Georgia	10.6	Oklahoma	14.8
Hawaii	7.8	Oregon	12.1
Idaho	11.1	Pennsylvania	11.0
Illinois	8.2	Puerto Rico	17.4
Indiana	11.4	Rhode Island	11.9
Iowa	9.7	South Carolina	13.0
Kansas	10.8	South Dakota	8.2
Kentucky	16.5	Tennessee	13.7
Louisiana	14.1	Texas	10.4
Maine	12.8	Utah	7.9
Maryland	8.3	Vermont	11.7
Massachusetts	8.8	Virginia	9.1
Michigan	11.9	Washington	10.1
Minnesota	**8.3**	West Virginia	17.7
Mississippi	15.7	Wisconsin	8.9
Missouri	12.4	Wyoming	10.9

Rehabilitation Research and Training Center on Disability Demographics and Statistics. 2010 Disability Status Report. Ithaca, NY: Cornell University.

Employment rates by state of non-institutionalized working-age people with disabilities using data from the 2010 American Community Survey.

Location	People with Disabilities	People without Disabilities	Location	People with Disabilities	People without Disabilities
Alabama	27.8	73.0	Montana	44.1	77.7
Alaska	47.5	77.9	Nebraska	43.1	83.8
Arizona	32.8	72.2	Nevada	37.7	72.6
Arkansas	30.2	75.6	New Hampshire	38.5	82.3
California	32.3	72.1	New Jersey	37.4	76.0
Colorado	42.3	77.6	New Mexico	34.6	72.4
Delaware	37.5	77.7	North Carolina	32.3	74.2
District of Columbia	31.0	75.4	North Dakota	52.3	85.6
Florida	31.3	72.5	Ohio	33.2	76.1
Georgia	30.9	73.5	Oklahoma	38.5	77.3
Hawaii	42.2	78.6	Oregon	33.6	73.6
Idaho	37.4	75.9	Pennsylvania	33.3	76.7
Illinois	35.5	75.5	Puerto Rico	22.9	56.5
Indiana	32.6	75.9	Rhode Island	32.2	76.9
Iowa	43.6	83.2	South Carolina	27.3	73.5
Kansas	43.3	80.6	South Dakota	42.8	83.4
Kentucky	25.8	73.7	Tennessee	28.8	74.3
Louisiana	33.8	75.2	Texas	38.2	76.2
Maine	29.6	79.9	Utah	41.8	75.9
Maryland	40.8	79.9	Vermont	40.7	81.2
Massachusetts	33.2	78.5	Virginia	35.4	79.1
Michigan	28.8	71.7	Washington	37.8	74.9
Minnesota	**44.4**	**81.7**	West Virginia	26.8	72.0
Mississippi	26.6	71.9	Wisconsin	40.0	80.5
Missouri	33.5	78.0	Wyoming	51.2	79.7

Rehabilitation Research and Training Center on Disability Demographics and Statistics. 2010 Disability Status Report. Ithaca, NY: Cornell University.

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ADA Fact Sheet

The Americans with Disabilities Act of 1990 prohibits discrimination on the basis of disability in employment, state and local government, public accommodations, commercial facilities, transportation and telecommunications. It also applies to the United Sates Congress.

To be protected by the ADA, one must have a disability or have a relationship or association with an individual with a disability. An individual with a disability is defined by the ADA as a person who has a physical or mental impairment that substantially limits one or more major life activities, a person who has a history or record of such an impairment, or a person who is perceived by others as having such an impairment. The ADA does not specifically name all of the impairments that are covered. Further information on the ADA is available at:

ADA Website
www.usdoj.gov/crt/ada/adahom1.htm
Call to obtain answers to general and technical questions about the ADA and to order technical assistance materials:
1-800-514-0301 V or, 1-800-514-0383 TTY

A Guide to Disability Rights Laws
This guide includes the Statute Citations of major laws providing for disability rights.
www.usdoj.gov:80/crt/ada/cguide.htm

You can also learn more about the Americans with Disabilities Act from: Your local public library. A 10 page annotated list of 95 ADA Publications and a video-tape are available to the public in 15,000 public libraries throughout the United States. Or from:

The Regional Disability and Business Technical Assistance Center
Great Lakes ADA and IT Center
800-949-4232 V/TTY
www.adagreatlakes.org

MSCOD

Rehabilitation Act Fact Sheet

The Rehabilitation Act of 1973 prohibits discrimination on the basis of disability in programs conducted by Federal agencies (sec. 501), in programs receiving Federal financial assistance (sec. 504), in Federal employment and in the employment practices of Federal contractors (sec. 503). The standards for determining employment discrimination under the Rehabilitation Act are the same as those used in Title I of the Americans with Disabilities Act.

A discrimination complaint under Title II of the ADA or Section 504 of the Rehabilitation Act of 1973 can be filed using a form available from the Department of Justice.

www.usdoj.gov

Minnesota Human Rights Act Fact Sheet

The Minnesota Human Rights Act, the state's comprehensive civil rights law, prohibits discrimination on many bases, such as race, sex and disability, in many areas of life. Disability discrimination is prohibited in the areas of employment, housing and real property, public accommodations, public services, education, credit services and business. Provisions protecting the rights of individuals with disabilities were first added to the Minnesota Human Rights Act in 1973. Through a series of amendments, Minnesota's law became-and-remains broader and more protective than the federal Americans with Disabilities Act, enacted in 1990.

INFORMATION BRIEF
Research Department
Minnesota House of Representatives
600 State Office Building
St. Paul, MN 55155

Danyell Punelli, Legislative Analyst
651-296-5058

Updated: May 2012

Overview of Programs for People with Disabilities

Minnesota provides a variety of services for people with disabilities. This information brief provides information about those programs and services. It contains a general Medical Assistance (MA) overview, including some expenditure and cost comparisons; an overview of MA disability programs and services, including home and community-based waiver services, intermediate care facility for persons with developmental disabilities (ICF/DD), day training and habilitation (DT&H), case management, home care, and personal care assistant (PCA) services; and an overview of state disability programs and services, including group residential housing (GRH), family support grants, consumer support grants, and semi-independent living skills (SILS). In addition, a list of acronyms is included at the end of the report.

Contents

Copies of this publication may be obtained by calling 651-296-6753. This document can be made available in alternative formats for people with disabilities by calling 651-296-6753 or the Minnesota State Relay Service at 711 or 1-800-627-3529 (TTY). Many House Research Department publications are also available on the Internet at: www.house.mn/hrd/hrd.htm.

Minnesota provides a variety of services for people with disabilities. Some of these services are provided through the federal Medicaid program and some services are provided through state programs. The first section provides an overview of the Medicaid program. The following sections provide overviews of federal disability programs and services and state disability programs and services.

Overview of Medical Assistance

Medical Assistance (MA), the state's Medicaid program, provides payment for health care services provided to eligible low-income persons. The federal government pays a share of the cost of state MA expenditures. This is referred to as the federal medical assistance percentage (FMAP). Minnesota's usual federal match for covered services is 50 percent (recent federal legislation provided a temporary enhanced FMAP). The state pays the remaining 50 percent for most services (some services have a county share, such as long-term placements in ICFs/DD with seven or more beds).

MA Eligibility

To be eligible, an individual must meet income and asset standards and satisfy other program eligibility requirements. Eligible groups include pregnant women, families and children, persons with disabilities or who are blind, and the elderly (over age 65).

MA Disability Qualification

In order to qualify as disabled, a person must satisfy the disability criteria used by the federal Social Security Administration (SSA) or a State Medical Review Team (SMRT). In most cases, the SMRT uses the same criteria for disability and blindness as the SSA. Under the SSA definition of disability, an adult is considered disabled if he or she is unable to engage in any substantial gainful activity due to a medically determinable physical or mental impairment that is expected to result in death or to last for a continuous period of not less than 12 months. A child under age 18 is considered by the SSA to be disabled if he or she has a medically determinable physical or mental impairment, which results in marked and severe functional limitations, that is expected to result in death or to last for a continuous period of not less than 12 months. Medicaid uses the Supplemental Security Income (SSI) definition of "blind, " which is vision of 20/200 or less with the use of corrective lenses or tunnel vision of 20 degrees or less.

Some of the health conditions for which individuals are likely to be found as disabled by the SSA or SMRT include the following:

- Arthritis of a major joint in each upper extremity
- Certain types of amputation
- Hearing loss not restorable by a hearing aid
- Ischemic heart disease with chest pain

- Chronic liver disease meeting specified criteria
- Impaired renal function meeting specified criteria
- Paraplegia or quadriplegia
- Multiple sclerosis
- Muscular dystrophy
- Certain psychotic and nonpsychotic disorders
- Severe mental retardation meeting specified criteria

Pathways to MA Disability Eligibility

Common eligibility pathways in Minnesota for persons with disabilities include being blind or disabled, being a child who is disabled, being eligible under the Tax Equity and Fiscal Responsibility Act of 1982 (TEFRA), or being an employed person with disabilities (each of these categories is discussed below).

Blind or Disabled Adults

Blind or disabled adults must be determined as disabled by SSA or SMRT or meet the criteria for blindness. The income limit for disabled or blind adults is 100 percent of the federal poverty guidelines (FPG), or a person can spend down to 75 percent of FPG to become eligible. The asset limit is $3,000 for an individual and $6,000 for a household of two, with $200 added for each additional dependent (certain assets such as homestead, household goods, and a vehicle are excluded from the asset limit). In Minnesota, SSI recipients are not automatically eligible, but the vast majority qualify for MA.

Disabled Children

A disabled or blind individual who is under age 21 can apply for MA as a child and be subject to income and asset eligibility criteria that are less stringent than those that apply to adults. The income limit is 280 percent of FPG for children under age 2, 150 percent of FPG for children ages 2 to 18, and 100 percent of FPG for children ages 19 and 20. There is no asset limit, and the spenddown limit is 100 percent of FPG.

Eligibility Through TEFRA

TEFRA is an optional eligibility category. Under this option, only the child's income is counted and parents pay a parental fee. In order to be eligible under the TEFRA option, an individual must:

- Be under age 18;
- Have a disability determination from the SMRT;
- Require a level of home health care comparable to the care provided in a hospital, nursing facility, or ICF/DD;
- Have MA home care costs that do not exceed the cost to MA of institutional care;
- Live with at least one parent; and

- Meet the MA income standard (the income limit is 100 percent of FPG and only the child's income is counted).

There is no asset limit under the TEFRA option.

Employed Persons With Disabilities

Employed persons with disabilities (MA-EPD) is another optional category. Federal law provides an exception from the prohibition on substantial gainful activity for MA eligibility. This category allows persons with disabilities to work productively and still retain health benefits. In order to be eligible under this option a person must:

- Be certified as disabled by SSA or SMRT;
- Receive more than $65/month in earned income and pay Medicare and Social Security taxes; and
- Pay required monthly premiums and unearned income obligation.

There is no income limit under MA-EPD. The asset limit is $20,000 (certain assets are excluded, such as retirement accounts, medical expense accounts, and other exclusions that apply to persons with disabilities).

Spenddown

Individuals whose income exceeds the regular MA income limit may qualify through a spenddown. An individual who is disabled can qualify under a spenddown by incurring medical bills in an amount that exceeds the amount by which his or her income exceeds the MA spenddown limit for the disabled of 75 percent of FPG.

MA Covered Services

The MA benefit package tends to be comprehensive, compared to private sector health coverage. In addition to covering standard services such as physician, inpatient hospital, dental, therapy, and prescription drugs, MA covers many services used heavily by persons with disabilities. These services include the following:

- Nursing facility services
- ICF/DD services
- Home health care
- Case management
- Personal care assistant services
- Private duty nursing
- Home and community-based waiver services

Most MA recipients with disabilities receive services on a fee-for-service basis. However, some disabled MA recipients receive services through a managed care program, the Special Needs

Basic Care Program. Beginning January 1, 2012, persons with disabilities are enrolled in special needs plans, unless they choose to opt out of managed care enrollment and remain in fee-for-service.

Enrollee Cost-Sharing

Federal law requires Medicaid cost-sharing to be "nominal." Cost-sharing does not apply to pregnant women and children. In Minnesota, the MA payment rate is reduced by the amount of the copayment. A recent district court ruling held that providers cannot deny services to enrollees who do not pay the copayment. MA enrollees are subject to the following cost-sharing:

- $3 per nonpreventive visit, implemented beginning October 1, 2011
- $3 for eyeglasses, implemented beginning October 1, 2011
- $3.50 for nonemergency visits to a hospital emergency room
- $3 for brand name drugs/$1 for generic drugs ($7/month limit)
- A monthly family deductible for each period of eligibility, effective January 1, 2012

Parental Fees

Parents with minor children on MA who do not live with them, or for whom parental income and assets are not counted when determining the child's eligibility, are assessed a parental fee to pay for part of the MA cost of care for the child. Parents who are court-ordered to pay medical support are not subject to parental fees. Some of the groups of children whose parents are subject to a parental fee include:

- Children eligible under TEFRA;
- Children receiving services under a home and community-based waiver service;
- Children on MA in 24-hour care facilities with mental retardation, severe emotional disturbance, or a physical disability; and
- Children in foster care placement.

The usual parental fee ranges from zero for parents with adjusted gross income (AGI) of less than 100 percent FPG to 12.5 percent for parents with AGI equal to or greater than 975 percent of FPG. For the period from July 1, 2010, to June 30, 2013, the parental fee ranges from zero for parents with AGI of less than 100 percent FPG to 13.5 percent for parents with AGI equal to or greater than 900 percent of FPG.

Expenditure and Cost Comparisons

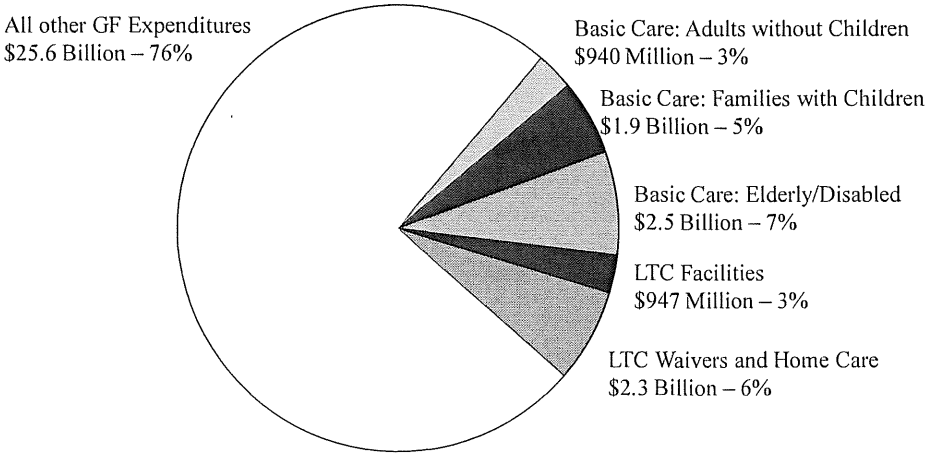
This section includes several figures that compare expenditures and costs for various MA programs.

Figures 1 and 5 to 7 include home care and elderly waiver (EW) fee-for-service in the LTC waivers and home care category. The other waivers included in this category include services provided on both a fee-for-service and managed care basis. Figures 1 to 3 and 5 to 7 include information from the Department of Human Services February 2011 Forecast. Beginning with fiscal year 2011, all dollar amounts are projected.

Figure 1 shows the MA state general fund expenditures by category and percentage of total general fund expenditures. MA general fund expenditures account for 24 percent of total general fund expenditures in fiscal years 2012-2013.

Figure 1

Medical Assistance GF Expenditures and Percent of Total GF Expenditures
FY 2012-2013 Total GF Expenditures: $34.3 billion
FY 2012-2013 Total State Share MA Expenditures: $8.7 billion

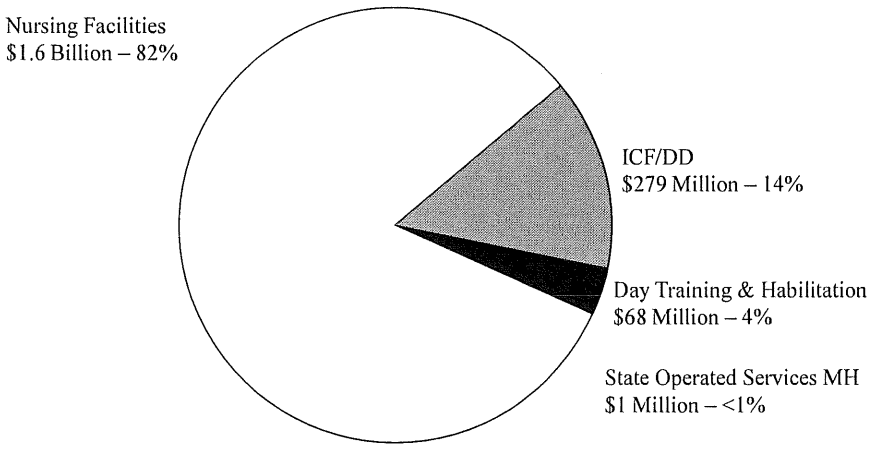


Source: House Fiscal Analysis Department

Figure 2 shows MA long-term care (LTC) facility expenditures by category. Nursing facilities make up 82 percent of the total MA LTC facilities state share expenditures in fiscal years 2012-2013.

Figure 2

Medical Assistance Long-Term Care Facilities
FY 2012-2013
Total LTC Facilities State Share: $1 billion

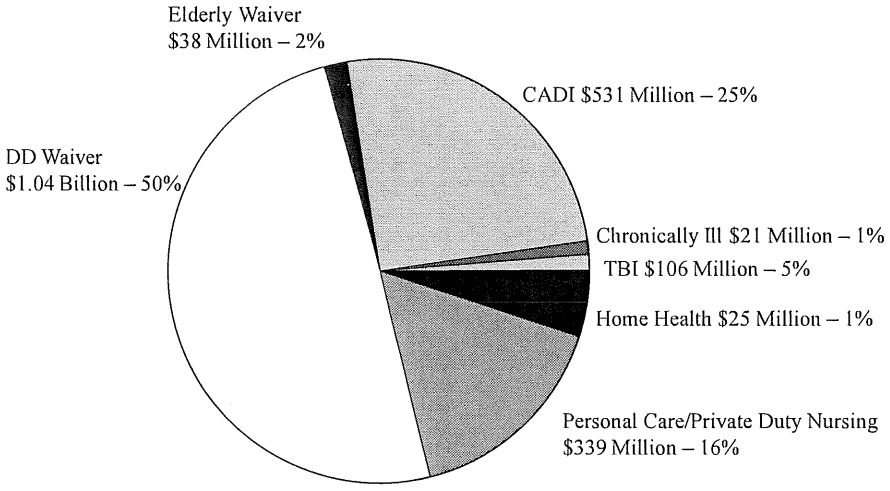


Source: House Fiscal Analysis Department

Figure 3 shows MA LTC waiver and home care expenditures by category. The Developmental Disabilities or Related Conditions (DD) waiver constitutes 50 percent of the total MA LTC waivers and home care state share expenditures in fiscal years 2012-2013.

Figure 3

Medical Assistance Long-Term Care Waivers/Home Care
FY 2012-2013
Total LTC Waivers State Share: $2.1 billion

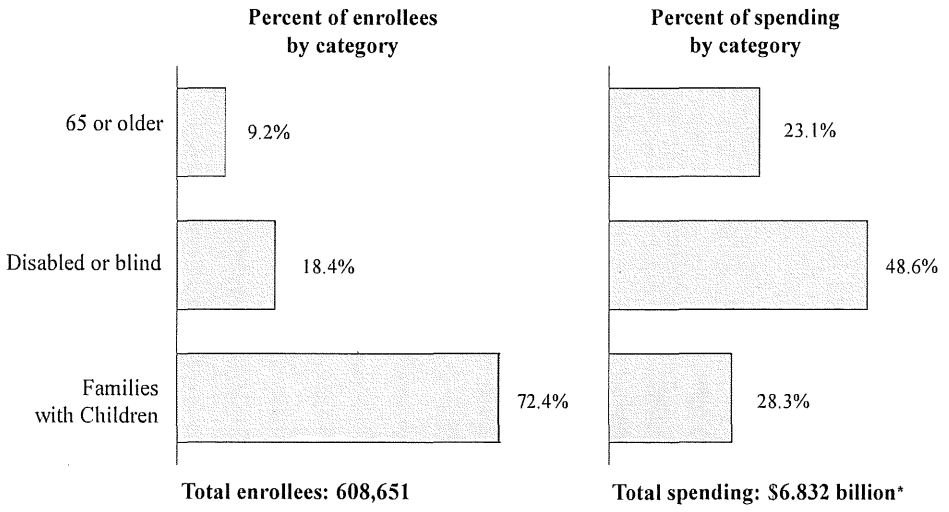


Source: House Fiscal Analysis Department

Figure 4 compares the percentage of MA enrollees by category to the percentage of MA spending by category. In fiscal year 2010, families with children accounted for 72.4 percent of MA enrollees but only 28.3 percent of MA spending, while disabled or blind persons accounted for 18.4 percent of MA enrollees and 48.6 percent of MA spending.

Figure 4

Minnesota Medical Assistance Eligibles – SFY 2010



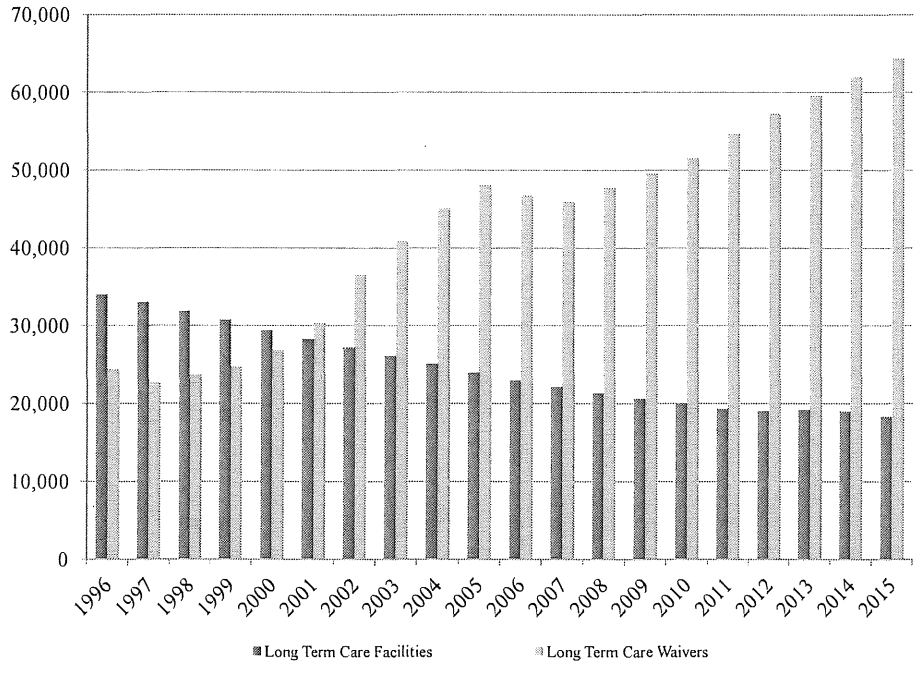
*Does not include consumer support grant expenditures, pharmacy rebates, and adjustments

House Research Department

Figure 5 compares MA LTC facilities and waiver/home care monthly average recipients over time. MA LTC facilities monthly average recipients have been declining over time while MA LTC waiver and home care monthly average recipients have been increasing during the same time period.

Figure 5

Medical Assistance Long-Term Care Facilities and Waivers/Home Care Monthly Average Recipients

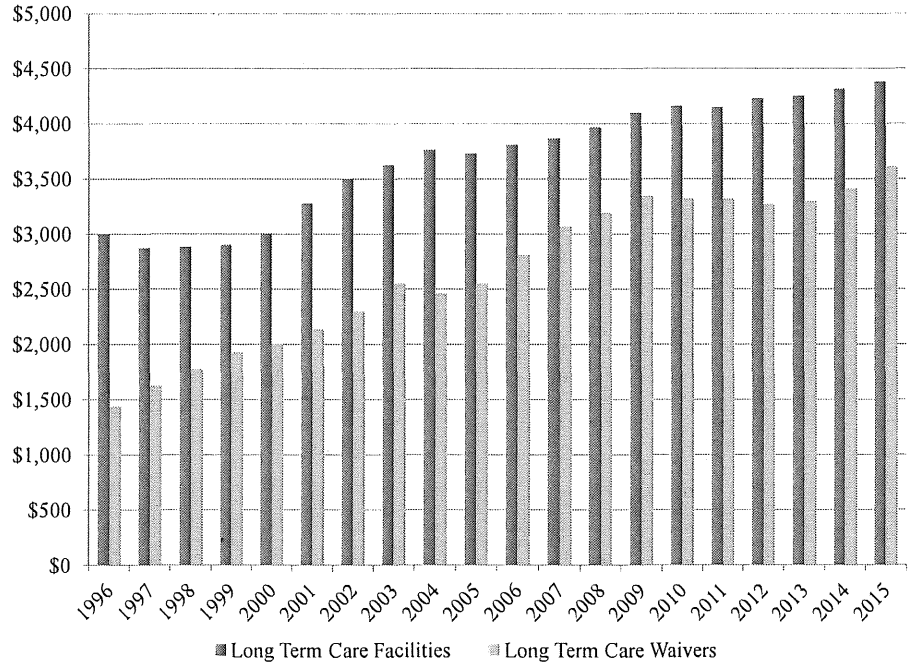


Source: House Fiscal Analysis Department

Figure 6 compares MA LTC facilities and waiver/home care monthly average payments over time. MA LTC facilities and wavier and home care monthly average payments per recipient have been increasing over time; however, LTC facilities monthly average payments per recipient are higher than LTC waiver and home care monthly average payments.

Figure 6

Medical Assistance Long-Term Care Facilities and Waivers/Home Care Monthly Average Payments Per Recipient

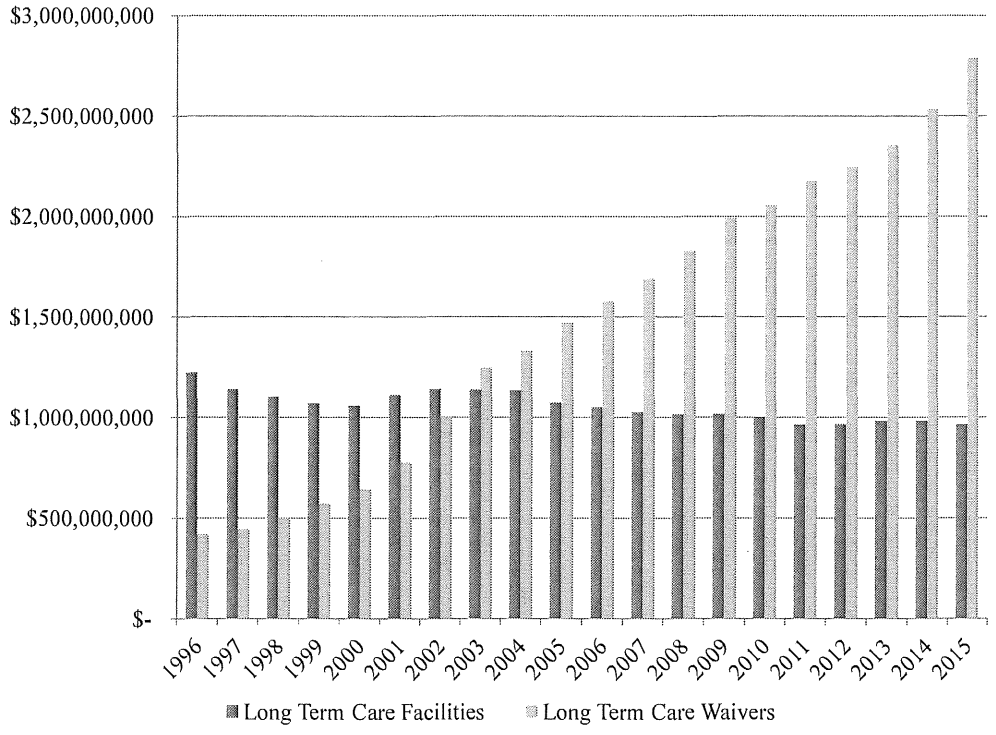


Source: House Fiscal Analysis Department

Figure 7 compares MA LTC facilities and waiver/home care total expenditures over time. MA LTC facilities total expenditures have begun to decrease over the past few fiscal years while LTC waivers and home care total expenditures have been rapidly increasing.

Figure 7

Medical Assistance Long-Term Care Facilities and Waivers/Home Care Total Expenditures

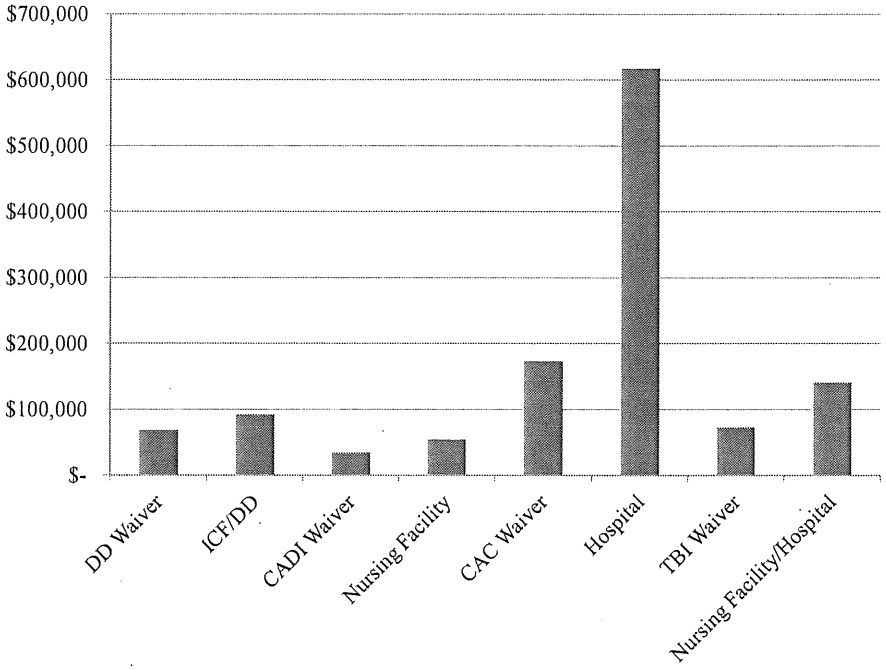


Source: House Fiscal Analysis Department

Finally, figure 8 shows disability waiver cost effectiveness as compared to other LTC facilities. The CAC waiver is very cost-effective as compared to care in a hospital setting.

Figure 8

Disability Waiver Cost Effectiveness
Average Annual Cost Per Recipient*



Source: Minnesota Department of Human Services

*The comparison periods are:
DD waiver: July 1, 2006, to June 30, 2007
CADI waiver: October 1, 2006, to September 30, 2007
CAC waiver: April 1, 2007, to March 31, 2008
TBI waiver: April 1, 2007, to March 31, 2008

Overview of MA Disability Programs and Services

The MA disability programs and services described in this section include home and community-based waiver services, ICFs/DD, DT&H, case management, home care, and PCA services.

Home and Community-Based Waiver Services (HCBS)

HCBS offer service options that allow people to live in the community instead of going into or staying in an institutional setting. HCBS cover two types of services: (1) services necessary to avoid institutionalization that are not offered in Minnesota's MA state plan, and (2) services that are extensions of Minnesota's MA state plan services. Minnesota has four HCBS waivers:

- Community Alternatives for Disabled Individuals (CADI): Provides services for individuals with disabilities who need the level of care provided in a nursing home
- Traumatic Brain Injury (TBI): Provides services for individuals with brain injury who need the level of care provided in a nursing home or neurobehavioral hospital
- Developmental Disabilities or Related Conditions (DD): Provides services for individuals with mental retardation or related conditions who need the same level of care as provided in an ICF/MR
- Community Alternatives for Chronically Ill Individuals (CAC): Provides services for individuals with chronic illness who need the level of care provided in a hospital

To be eligible for an HCBS waiver, a person must meet all of the following conditions:

- Be under age 65
- Be certified disabled
- Choose home and community-based service
- Meet MA income and asset requirements
- Have a plan of care that ensures health and safety
- Have anticipated costs through the HCBS waiver program that do not exceed the cost of services that are or would be provided in an institution or health care facility
- Meet all other program requirements

A person's waiver budget is determined by an assessment of the person's functional needs. State plan services must be used before extended services. Supports are purchased from a menu of possible waiver services. DHS allocates "slots" to counties. If a county determines that it is able to serve more people than the slots it has available under the DD waiver, the county can do so, as long as the county stays within its overall waiver budget.

Each county's HCBS allocation is set by DHS for a certain number of slots (base allocation plus any inflation). The DD waiver is a separate annual allocation. All other waivers (CADI, CAC, TBI) are allocated every six months. One exception is the consumer-directed community support (CDCS) option. This is a state-set limit for individual budgets and allowable services/expenses

(included in the county allocation). The DD and CADI waiver slots are currently capped for diversions in fiscal years 2012 to 2015, which means only a limited number of slots may be allocated for each of these programs during this time period. The CAC and TBI waiver slots are not under caps and are allocated based on demand.

HCBS waiver services include the following:

- Adult day care
- Case management
- Consumer-directed community supports
- Extended home health aid, nursing
- Extended home health therapies
- Extended PCA
- Extended supplies and equipment
- Family counseling and training
- Foster care
- Homemaker services
- Home modifications
- Independent living skills
- Respite care
- Supported employment
- Transportation

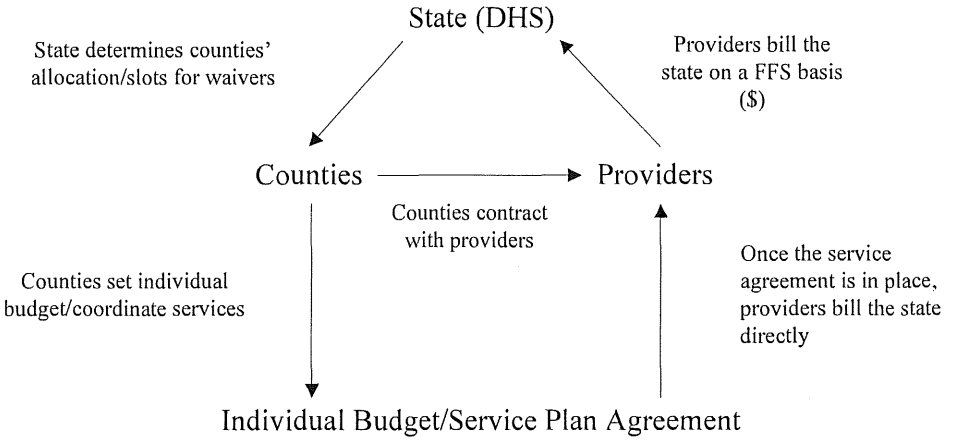
The HCBS waiver programs are federal-state funded programs, funded with 50 percent federal MA funds and 50 percent state general funds.

HCBS Waiver Program Statistics FY 2011

Program	Unduplicated Annual Recipients	Average Cost/Recipient	Total Expenditures (millions)
CADI	19,825	$23,612	$468.1
TBI	1,583	$60,955	$96.5
DD	15,726	$64,850	$1,020.0
CAC	383	$52,661	$20.2
Total	37,517	$50,520	$1,604.8

Source: Expenditure Forecast for November 2011

Flow of Dollars for Waiver Programs



Source: House Fiscal Analysis Department

Recent HCBS waiver policy changes include development of a common service menu, creation of transitional supports, limitations on waiver growth, and modifications to the corporate foster care moratorium.

A common service menu among all of the waiver programs will eliminate the need for consumers to "chase" certain waiver programs to assure they can access the services that they need, and it simplifies local administration of these programs.

Transitional supports provide bridges to help people move from institutions to communities. These supports include onetime modifications, assistive technology, housing access, and more intensive assistance before and during relocations.

In recent fiscal years, growth limitations have been placed on certain waiver programs as a way to contain costs. Limits were placed on the growth of the CADI and DD waiver programs for fiscal years 2012 to 2015.

The 2011 Legislature directed the Commissioner of Human Services to develop a proposal to the U.S. Department of Health and Human Services to reform certain components of the MA program, including redesigning home and community-based services to realign existing funding, services, and supports for people with disabilities and older Minnesotans to ensure community integration and a more sustainable service system.

The 2011 Legislature modified the corporate foster care moratorium by directing local agency case managers, at the time of reassessment, to assess recipients of the CADI and TBI waivers currently residing in corporate foster care to determine if they may be appropriately served in a community-living setting. If a community-living setting is determined appropriate for the recipient, the case manager must offer the recipient the option to receive alternative housing and

service options. The recipient has the choice to stay in corporate foster care or transfer to a community-living setting.

Intermediate Care Facilities for Persons with Developmental Disabilities (ICF/DD)

ICFs/DD are MA facilities that serve persons with developmental disabilities and related conditions who require the level of care provided in an ICF/DD and who choose such services.

In order to be eligible for ICF/DD services, a person must:

- Have a developmental disability or a related condition;
- Require a 24-hour plan of care;
- Require active treatment;
- Meet MA income and asset requirements; and
- Request ICF/DD services.

Minnesota contracts with ICF/DD facilities for services and sets rates for each facility. Persons may pay through private insurance, Medicare, MA, and/or a combination of all three. Services are a predesigned package and include:

- Room and board;
- Services during the day and active treatment; and
- Transportation.

Related medical services may be covered as part of the rate.

ICFs/DD funding sources include MA funds (50 percent federal MA funds and 50 percent state general funds) and some private and county pay.

The flow of dollars for ICFs/DD begins with the state-determined rate (rate multiplied by the number of days). ICF/DD rates are set by each facility. The county share of the cost for facilities with seven or more beds is 5 percent of total cost, 10 percent of nonfederal share. In nursing facilities, rates are set based on each facility's RUGs (a needs assessment, resource utilization groups). There is a county share for persons under 65 only (10 percent of total cost, 20 percent of nonfederal share).

ICF/DD program statistics for fiscal year 2011:

- Total expenditures: $136.8 million
- Average monthly recipients: 1,774
- Average monthly cost per recipient: $6,424

ICF/DD received a rate decrease of 1.5 percent effective July 1, 2011, and are scheduled to receive a rate increase of 0.5 percent effective July 1, 2013.

Day Training and Habilitation (DT&H)

DT&H providers are licensed supports to help adults develop and maintain life skills, participate in community life, and engage in proactive and satisfying activities of their own choosing.

To be eligible for DT&H services a person must meet all of the following conditions:

- Be 18 years of age or older and have a diagnosis of developmental disability or a related condition
- Receive a screening for home and community-based services or reside in an ICF/DD
- Have their health and safety in the community addressed in their plan of care
- Make an informed choice to receive DT&H as part of their individual service plan (ISP)

DT&H services are an option under the DD waiver. However, in order to be eligible, the waiver recipient must have at least one residential service offered through the waiver (such as homemaker services or respite care). DT&H services are offered as part of the predesigned package provided to ICF/DD residents.

For people who do not have MA funding (DD waiver or reside in an ICF/DD), counties are to provide DT&H services to the degree that they are: (1) identified as needed in the person's ISP; and (2) something the county can afford to provide given the funding available.

Services provided include:

- Supervision, training, and assistance in the areas of self-care, communication, socialization, and behavior management;
- Supported employment and work-related activities;
- Community integrated activities, including the use of leisure and recreation time;
- Training in community survival skills, money management, and therapeutic activities that increase the adaptive living skills of an individual; and
- Nonmedical transportation services to enable persons to participate in the above listed services.

For persons receiving DT&H services through the DD waiver or an ICF/DD, funding is made up of 50 percent federal MA funds and 50 percent state general funds. For non-MA persons, funding is made up of county funding sources and other sources.

DT&H program statistics for fiscal year 2011 (for ICF/DD residents only):

- Total expenditures: $32.8 million
- Average monthly recipients: 1,460
- Average monthly cost per recipient: $1,875

DT&H services received a rate reduction of 1.5 percent effective July 1, 2011.

Case Management

Case management is assisting an individual to gain access to needed medical, social, educational, and other services. Case management eligibility varies by program. Counties determine consumer eligibility based on the state MA plan, the state MA waiver amendments, and Minnesota Statutes. Persons who meet specific eligibility criteria receive state mandated services and optional services based on county Vulnerable Children and Adults Act (VCAA) plans.

Case managers perform both administrative and service activities. Administrative functions include the following:

- Intake
- Eligibility determination
- Screening
- Service authorization
- Conciliations and appeals
- Diagnosis

Service activities include the following:

- Plan development
- Assisting in accessing services
- Service coordination
- Service evaluation and monitoring
- Annual plan review

Case management funding sources include county funding sources, VCAA state grants to counties, federal financial participation for waiver services or targeted case management, and federal reimbursement when provided as part of the state MA plan.

Case Management Program Statistics, FY 2009

Waiver	Total Expenditures FY 2009	Average Per Recipient
DD	$25,970,155	$1,770
CAC	$879,808	$2,321
CADI	$26,226,291	$1,627
TBI	$2,971,208	$1,938
Total	$56,047,462	$1,713

House Research and House Fiscal Analysis Departments

The case management expenditures in the above table are included in the overall waiver expenditures included in the table on page 15. Targeted case management is not included in the expenditures in either of these tables.

Home Care

Home care provides medical and health-related services and assistance with day-to-day activities to people in their home. It can be used to provide short-term care for people moving from a hospital or nursing home back to their home, or it can also be used to provide continuing care to people with ongoing needs. Home care services may also be provided outside the person's home when normal life activities take them away from home.

Home care services are provided to MA-eligible persons and must be:

- Medically necessary;
- Ordered by a licensed physician;
- Documented in a written service plan;
- Provided at a recipient's residence (not a hospital or LTC facility); and
- Provided by a Medicare-certified agency.

A registered nurse from a Medicare-certified home health agency completes an assessment to determine the need for service. The assessment identifies the needs of the person, determines the outcomes for a visit, is documented, and includes a plan. In general, all home health services provided by a home health aide must have a prior authorization. The maximum benefit level is one visit per day for home health aide services, one visit per discipline per day for therapies (except respiratory therapy), and two visits per day for skilled nurse visits.

Home care services include:

- Intermittent home health aide visits provided by a certified home health aide;
- Medically oriented tasks to maintain health or to facilitate treatment of an illness or injury provided in a person's place of residence;
- Personal care assistant services;
- Private duty nursing;
- Therapies (occupational, physical, respiratory, and speech);
- Intermittent skilled nurse visits provided by a licensed nurse; and
- Equipment and supplies.

Home care services are federal-state funded programs, funded with 50 percent federal MA funds and 50 percent state general funds.

Home care program statistics for fiscal year 2011:

- Total expenditures: $23.3 million
- Monthly average recipients: 5,171
- Average monthly cost per recipient: $376

Home care services received a rate reduction of 1.5 percent effective July 1, 2011.

Personal Care Assistant (PCA) Services

Personal care assistants provide assistance and support to persons with disabilities, elders, and others with special health care needs living independently in the community.

In order for a person to receive PCA services, the services must be:

- Medically necessary;
- Authorized by a licensed physician;
- Documented in a written service plan; and
- Provided at the recipient's place of residence or other location (not a hospital or health care facility).

In addition, the recipient of PCA services must be in stable medical condition and be able to direct his or her own care or have a responsible party who provides support.

The determination of the amount of service available to a person is based on an assessment of need. PCA services provided include:

- Assistance with activities of daily living including grooming, dressing, bathing, transferring, mobility, positioning, eating, and toileting;
- Assistance with instrumental activities of daily living, including meal planning and preparation, assistance with paying bills, and shopping for essential items;
- Assistance with health-related procedures and tasks; and
- Intervention for behavior including observation and redirection.

PCA services are federal-state funded services, funded with 50 percent federal MA funds and 50 percent state general funds.

PCA program statistics for fiscal year 2011 (fee-for-service only):

- Total expenditures: $424.2 million
- Monthly average recipients: 17,572
- Average monthly cost per recipient: $2,012

In 2009, PCA services were redesigned and recodified by the legislature. Some of the modifications to PCA services include:

- Changing access to PCA services by requiring that a recipient have a need for assistance in at least one activity of daily living or a Level I behavior;
- Simplifying and creating greater consistency in the process of assessing for and authorizing services;
- Improving consumer health, safety, choice, and control by requiring professional supervision for all recipients, promoting separation of housing and services, and requiring PCA agencies and agency staff to meet certain standards; and
- Clarifying the lead agency responsible for investigating reports of maltreatment of PCA service recipients by PCA provider organizations and home care agencies.

PCA services received a rate reduction of 1.5 percent effective July 1, 2011.

The 2011 Legislature reduced PCA reimbursement rates for certain relatives providing PCA services by 20 percent. However, this reduction will not go into effect until July 1, 2013.

Overview of State Disability Programs and Services

The state disability programs and services described in this section include GRH, family support grants, consumer support grants, and SILS.

Group Residential Housing (GRH)

GRH is a state-funded income supplement program that pays for room-and-board costs for low-income adults who have been placed in a licensed or registered setting with which a county human service agency has negotiated a monthly rate.

In order to be eligible for GRH payments, a person must have county approval for residence in a GRH setting and must: (1) be aged, blind, or over 18 years old and disabled, and meet specified income and asset standards; or (2) belong to a category of individuals potentially eligible for General Assistance and meet specified income and asset standards.

Beginning July 1, 2011, the GRH basic room and board rate was set at $846 per month. Recipients in certain GRH settings may also qualify for a supplemental payment that is in addition to the GRH basic room and board rate. GRH pays for room and board in a number of licensed or registered settings, including the following:

- Adult foster care
- Board and lodging establishments
- Supervised living facilities
- Noncertified boarding care homes
- Various forms of assisted living settings registered under the Housing with Services Act

Currently, if an eligible person needs to live in a licensed setting and needs additional services, he or she may receive the services in the setting. Persons residing in a setting with a GRH rate are usually considered to be living in the community in their own home. As such, these persons can receive services from most community sources, such as home care and home and community-based waiver programs.

The GRH program is funded with state general funds.

GRH program statistics for fiscal year 2011:

- Total expenditures: $115.9 million

- Average monthly recipients: 18,079
- Average monthly cost per recipient: $534

Family Support Grants

The Family Support Grant program provides state cash assistance for maintaining a child with mental retardation or a related condition in their family home. Funds are for those expenses that are incurred as a result of the disability, not for costs that would normally occur even if the child did not have the disability.

In 2003, Family Support Grant eligibility was expanded to families of children with disabilities whose needs meet institutional levels of care in ICFs/DD, nursing facilities, hospitals, or Institutions of Mental Disease (IMDs), and the age of eligible dependent children was lowered from under age 22 to under age 21. Prior to expanding eligibility to families of children with disabilities whose needs meet certain institutional levels of care, this program was for families with a developmentally disabled child.

The following are eligible for a Family Support Grant:

- Families of children with a certified disability, under age 21, living in their biological or adoptive home
- Children currently residing in a regional treatment center, ICF/DD, or other licensed residential service or facility who would return to their family home if a grant was awarded are also eligible
- Families with an annual adjusted gross income of less than $93,611
- Children receiving services through a CADI, TBI, or CAC waiver who may receive a Family Support Grant if they meet the eligibility criteria

Children receiving services through a DD waiver are not eligible for a Family Support Grant. Family Support Grants are limited to $3,000 annually.

Approved expense categories include the following:

- Medications
- Education
- Day care
- Respite
- Special clothing
- Special diet
- Special equipment
- Transportation
- Other

Family Support Grants are 100 percent state funded. Some counties provide similar support programs with 100 percent county funding.

Family Support Grant program statistics:

- Fiscal year 2011 total expenditures: $3,622,784
- Calendar year 2008 total recipients: 1,810
- Fiscal year 2011 average annual cost per recipient: $2,002

Family support grants were reduced by 1.5 percent effective July 1, 2011.

Consumer Support Grants

The Consumer Support Grant program is a state-funded alternative to MA-reimbursed home care, specifically the home care services of a home health aide, PCA, and private duty nurse (PDN). Eligible participants receive monthly cash grants to replace fee-for-service home care payments and manage and pay for a variety of home and community-based services. Currently, only 20 counties choose to offer Consumer Support Grants to their residents with disabilities.

In order to be eligible for a Consumer Support Grant, a person must:

- Be a recipient of MA;
- Have a long-term functional limitation requiring ongoing supports;
- Live in a natural home setting;
- Be able to direct and purchase their own supports or have an authorized representative act on their behalf; and
- Be eligible to receive home care services from an MA home care program.

A person's Consumer Support Grant amount is calculated as the state share of the assessed value of home health aide, PCA, and private duty nursing services.

Allowable services include home care, PCA, and private duty nursing. The Consumer Support Grant program is funded with 100 percent state funds.

Consumer Support Grant program statistics for fiscal year 2011:

- Total expenditures: $14.8 million
- Monthly average enrollees: 1,456
- Monthly average allocation: $848

Consumer Support Grants were reduced by 1.5 percent effective July 1, 2011.

Semi-Independent Living Services (SILS)

SILS are provided to adults with a developmental disability or a related condition in their home and community to maintain or increase their ability to live in the community. In order to be eligible for SILS, a person must:

- Be at least 18 years old;
- Have mental retardation or a related condition;
- Not be at risk of institutionalization; and
- Require systematic instruction or assistance in order to manage activities of daily living.

Each county receives an allocation from the state and must determine how to distribute the allocation among eligible clients.

SILS include instruction or assistance in the following areas:

- Meal planning and preparation
- Shopping
- Money management
- Apartment/home maintenance
- Self-administration of medications
- Telephone use
- Generic resources
- Accessing public transportation
- Socialization skills

The SILS program is a joint state-county funded program, funded with 70 percent state general funds and 30 percent county funds. Some counties provide county dollars above the county matching requirements. Some counties also fund 100 percent of the cost for some persons not served through state supported allocations.

SILS program statistics:

- Fiscal year 2011 total expenditures: $10,065,540 (state and county shares)
- Calendar year 2008 total recipients: 1,560
- Fiscal year 2011 average annual cost per recipient: $6,452

SILS received a rate reduction of 1.5 percent effective July 1, 2011.

State Disability Program Statistics, FY 2011

Program	Average Monthly Recipients	Average Monthly Cost/Recipient	Total Expenditures
GRH	18,079	$534	$115,900,000
Family Support Grants	1,810	$167	$3,622,784
Consumer Support Grants	1,456	$848	$14,800,000
SILS	1,560	$538	$10,065,540

Note: Family Support Grant and SILS average monthly recipients numbers are total calendar year 2008 numbers.
Source: Department of Human Services

2011 Federal Poverty Guidelines

Family Size	75%	100%	150%	200%
1	$8,168	$10,890	$16,335	$21,780
2	11,033	14,710	22,065	29,420
3	13,898	18,530	27,795	37,060
4	16,763	22,350	33,525	44,700

Acronyms

AGI: Adjusted Gross Income
CAC: Community Alternatives for Chronically Ill Individuals
CADI: Community Alternatives for Disabled Individuals
CDCS: Consumer-directed Community Supports
COLA: Cost-of-Living Adjustment
DD: Developmental Disabilities
DHS: Minnesota Department of Human Services
DT&H: Day Training and Habilitation
EW: Elderly Waiver
FFS: Fee-for-service
FMAP: Federal Medical Assistance Percentage
FPG: Federal Poverty Guidelines
GRH: Group Residential Housing
HCBS: Home and Community-Based Waiver Services
ICF/DD: Intermediate Care Facility for Persons with Developmental Disabilities
IMD: Institution of Mental Disease
ISP: Individual Service Plan
LTC: Long-Term Care
MA: Medical Assistance
MA-EPD: Medical Assistance Employed Persons with Disabilities
MnDHO: Minnesota Disability Health Options
PCA: Personal Care Assistant
PDN: Private Duty Nurse
RTC: Regional Treatment Center
RUGs: Resource Utilization Groups
SILS: Semi-Independent Living Skills
SMRT: State Medical Review Team
SSA: Social Security Administration
SSI: Supplemental Security Income
TBI: Traumatic Brain Injury
TEFRA: Tax Equity and Fiscal Responsibility Act of 1982
VCAA: Minnesota Vulnerable Child and Adults Act

For more information about assistance programs, visit the health and human services area of our website, www.house.mn/hrd/hrd.htm.

Disability Linkage Line™

1.866.333.2466
(toll free)

Finding the right resources just got easier

"Disability Linkage Line provided resources, ideas and suggestions that I had not even imagined. I am very grateful to have had such a knowledgeable resource."

Q: What is Disability Linkage Line?

A: Disability Linkage Line is a single, statewide information and referral resource for all your disability-related questions. We make it easy for you to explore available options and choose the services that are right for you.

Q: How do I use Disability Linkage Line?

A: Simply call the toll-free number Monday through Friday, 8:30 a.m. to 4:30 p.m., and you'll automatically be routed to a resource specialist in your area.

Q: How does Disability Linkage Line work?

A: Disability Linkage Line provides free, confidential assistance that links Minnesotans with disabilities to local and statewide resources. A resource specialist will answer your call, listen to your needs, explore possible options with you, and provide you the information you need.

If we can't answer your question or refer you to resources immediately, we'll research your situation and get back to you promptly. At your request, we can follow up to determine whether your needs were met or whether you would like the names of additional resources.

Q: When should I call Disability Linkage Line?

A: Anytime you have a question or need information about disability-related resources or services. There are no "wrong" questions—our goal is to try to provide you information on any topic related to disabilities, community resources or living independently. Some areas in which we specialize include employment, disability benefits, housing, modifications, assistive technology, personal care assistance, and disability awareness and rights.

Q: Who can use the Disability Linkage Line?

A: Anyone can call the Disability Linkage Line. It is specifically designed for Minnesotans with disabilities or chronic illnesses and their families, caregivers or service providers.

Q: Is information available in other formats?

A: The database of information used by Disability Linkage Line is available online, 24 hours a day, at www.MinnesotaHelp.info. TTY/TDD users can access Disability Linkage Line through Minnesota Relay (711 or 800-627-3529). This fact sheet, as well as any information sent to you by Disability Linkage Line, is available in Braille or other formats at your request.

"I'm very pleased with this service! Disability Linkage Line researched my situation and got back to me within an hour, then called back in about a week to follow up, which was excellent."

The Minnesota Consortium for Citizens with Disabilities – Who We Are

The Minnesota Consortium for Citizens with Disabilities (MN-CCD) is a broad-based coalition of more than 100 organizations of persons with disabilities, providers, and advocates, dedicated to improving the lives of people with disabilities. We address public policy issues that affect people with disabilities by collaborating with others, advocating, educating, influencing change, and creating awareness for understanding.

For some individuals there must always be a role for government to help support them in their home and community. The MN-CCD supports public policies that provide the most cost-effective delivery of services and help individuals with disabilities maintain their health and gain as much independence as possible in their daily living.

MN-CCD members are organizations that serve or advocate on behalf of people with disabilities. Governmental agencies may be members of MN-CCD only if their statutory mission includes advocacy on behalf of people with disabilities.

The Minnesota Consortium for Citizens with Disabilities – Our Members

Access Press
Accessible Space
ACCRA Care
Advocating Change Together
American Council of the Blind – MN Chapter
Arc Greater Twin Cities
Arc of Minnesota
ARRM
Autism Society of Minnesota
Axis Healthcare
Brain Injury Alliance of Minnesota
The Cooperating Community Programs
Capstone Services
Cardinal of Minnesota
Community Involvement Programs
Consumer Direct
Consumer Directions
Courage Center
Dakota Communities
Direct Support Professionals of Minnesota
Epilepsy Foundation of Minnesota
Family Voices of Minnesota
Fraser
Gillette Children's Specialty Healthcare
Goodwill Easter Seals
Habilitative Services
Hammer
Hemophilia Foundation of Minnesota
Home and Community Options
In Home Personal Care
Lifetime Resources, Inc
Lifeworks
Lovaas Institute Midwest
Lutheran Social Services
Mains'l
Metropolitan Center for Independent Living
Medica
Merrick
Minnesota Habilitation Coalition
Midway Training Services
MN APSE
Minnesota Association of Centers for Independent Living
MNDACA
Minnesota Disability Law Center
Minnesota Independent Living Services, Inc
Minnesota Occupational Therapy Association
Minnesota Organization on Fetal Alcohol Syndrome
My Brothers' Keeper
National Alliance on Mental Illness – Minnesota
National Multiple Sclerosis Society, Upper Midwest Chapter
Opportunity Partners
Physical Therapy Association – Minnesota Chapter
Reach for Resources
Southeastern Minnesota Center for Independent Living
St. David's
SEIU Healthcare
Southwestern Center for Independent Living
TSE, Inc
UCare
Volunteers of America – Minnesota

Minnesota Centers for Independent Living

- **Southeastern Minnesota Center for Independent Living**
  - 2720 N. Broadway, Rochester, MN 55906
  - E-mail: semcil@semcil.org
  - 507.285.1815 or 1.888.460.1815

- **Southern Minnesota Independent Living Enterprises & Services**
  - 709 S. Front St, Suite 7, Mankato, MN 56001
  - E-mail: smiles@smilescil.org
  - 507.345.7139 or 1.888.676.6498

- **Southwestern Center for Independent Living**
  - 109 S. Fifth St, Suite 700, Marshall, MN 56258
  - E-mail: swcil@swcil.com
  - 507.532.2221 or 1.800.422.1485

- **Metropolitan Center for Independent Living**
  - 1600 University Ave W, Suite 16, St. Paul, MN 55104
  - 651.646.8342 or 651.603.2001 (TTY)

- **Independent Lifestyles**
  - 519 2nd St N, St. Cloud, MN 56303
  - E-mail: ilicil@independentlifestyles.org
  - 320.529.9000 or 1.888.529.0743

- **Freedom Resource Center for Independent Living**
  - 2701 9th Ave S, Suite H, Fargo, ND 58103
  - E-mail: freedom@freedomrc.org
  - 701.478.0459 or 1.800.450.0459

- **Options CIL**
  - 318 Third St NW, East Grand Forks, MN 56721
  - 218.773.6100

- **CIL Northern MN**
  - 1101 E 37th St, Suite 25, Hibbing, MN 55746
  - 218.262.6675 or 1.800.390.3681

Minnesota Disability Organization Resource List

- **Accessible Spaces, Inc.**
  - 2550 University Ave W. #330N, St. Paul, MN 55114
  - E-mail: info@accessiblespace.org
  - 651.645.7271 or 1.800.466.7722
  - www.accessiblespace.org

- **ACT (Advocating Change Together)**
  - 1821 University Ave S. #306, St. Paul, MN 55104
  - E-mail: act@selfadvocacy.com
  - 651.641.0297
  - www.selfadvocacy.com

- **Alzheimer's Association, MN-Dakotas Chapter**
  - 4550 W. 77th St #200, Minneapolis, MN 55435
  - 952.830.0512 or 1.800.232.0851
  - www.alz.org/mnnd

- **American Cancer Society, Midwest Division**
  - 2520 Pilot Knob Rd #150, Mendota heights, MN 55120
  - 952.925.2772 or 1.866.228.4327
  - www.cancer.org

- **American Council of the Blind Enterprises and Services**
  - 6300 Shingle Creek Pkwy #105, Brooklyn Center, MN 55430
  - E-mail: acbesall@ix.netcom.com
  - 612.332.3242 or 1.800.866.3242
  - www.acb.org

- **American Council of the Blind of Minnesota**
  - P.O. Box 7341, Minneapolis, MN 55407
  - 612.825.0248

- **American Diabetes Association, Minnesota**
  - 5100 Gamble Dr, Minneapolis, MN 55416
  - 763.593.5333
  - www.disabetes.org

- **American Heart Association Greater Twin Cities Area**
  - 4701 W 77th St, Minneapolis, MN 55435
  - 952.835.3300
  - www.americanheart.org

- **American Lung Association of Minnesota**
  - 490 Concordia Ave, St. Paul, MN 55103
  - E-mail: info@alamn.org
  - 612.227.8104
  - www.alamn.org

- **Anoka-Metro Regional Treatment Center**
  - 3301 7th Ave N, Anoka, MN 55303
  - 763.712.4000 or 763.712.4002 (TTY)

- **ARC Minnesota**
  - 800 Transfer Rd, Suite 7A, St. Paul, MN 55114
  - E-mail: mail@arcmn.org
  - 651.523.0823
  - www.thearcofminnesota.org

- **Association of Residential Resources in Minnesota**
  - 1185 N Concord St #424, South St. Paul, MN 55075
  - 651.291.1086 or 1.80.551.2211
  - www.arrm.org

- **Arthritis Foundation, North Central Chapter**
  - 1876 Minnehaha Ave W, St. Paul, MN 55104
  - E-mail: info.mn@arthritis.org
  - 651.644.4108 or 1.800.333.1380
  - www.arthritis.org

- **Autism Society of Minnesota**
  - 2380 Wycliff St #102, St. Paul, MN 55144
  - E-mail: info@ausm.org
  - 651.647.1083
  - www.ausm.org

- **Blind, Inc.**
  - 100 E 22nd St, Minneapolis, MN 55404
  - E-mail: info@blininc.org
  - 612.872.0100 or 1.800.597.9558
  - www.blindinc.org

- **Brain Injury Association of Minnesota**
  - 34 13th Ave NE Suite B001, Minneapolis, MN 55413
  - E-mail: info@braininjuurymn.org
  - 612.378.2742 or 1.800.669.6442
  - www.braininjurymn.org

- **Brainerd Regional Human Services Center**
  - 11800 State Hwy 18, Brainerd, MN 56401
  - 218.828.2201

- **Camphill Village MN, Inc**
  - 15136 Celtic Dr, Sauk Centre, MN 56378
  - E-mail: cvmn@rea-alp.com
  - 320.732.6365
  - www.camphillcillage-minnesota.org

- **Capable Partners, Inc**
  - P.O. Box 27664, Golden Valley, MN 55427
  - 763.439.1038
  - www.capablepartners.org

- **CLIMB Inc**
  - 6415 Carment Ave E, Inver Grove Heights, MN 55076
  - E-mail: mail@climb.org
  - 1.800.767.9660
  - www.climb.org

- **Closing the Gap**
  - 526 Main St, P.O. Box 68, Henderson, MN 56044
  - 507.248.3294
  - www.closingthegap.com

- **Communication Service Center for the Deaf of Minnesota**
  - 2055 Rice St, St. Paul, MN 55113
  - 651.297.6700 or 1.877.456.7589
  - www.c-s-d.org

- **Courage Center**
  - 3915 Golden Valley Rd, Golden Valley, MN 55422
  - 763.588.0811 or 963.520.0245 (TTY)
  - www.courage.org

- **Cystic Fibrosis Foundation**
  - 8011 34th Ave S #116, Bloomington, MN 55425
  - E-mail: minn@cff.org
  - 651.631.3290
  - www.cff.org

- **DeafBlind Services MN, Inc**
  - 1936 Lyndale Ave S, Minneapolis, MN 55403
  - E-mail: inform@dbsm.org
  - 612.362.8454 or 612.362.8422 (TTY)

- **Deaf and Hard of Hearing Services**
  - 444 Lafayette Rd, St. Paul, MN 55155
  - 651.296.3980 or 651.297.1506 (TTY)
  - www.dhhsd.org

- **Department of Human Rights**
  - 190 E 5th St #700, St. Paul, MN 55101
  - 651.296.5663 or 651.296.1283 (TTY) or 1.800.657.3704
  - www.humanrights.state.mn.us

- **Department of Public Safety, Disability Plates and Certificates**
  - 445 Minnesota St #164, St. Paul, MN 55101
  - E-mail: motor.vehicles@state.mn.us
  - 651.297.337 or 651.297.2100 (TTY)
  - www.dps.state.mn.us

- **Disability Services Division, MN Department of Human Services**
  - 540 Cedar St, St. Paul, MN 55101
  - 651.431.2400 or 1.800.747.5484
  - www.dhs.state.mn.us

- **Disability Services, University of Minnesota**
  - 200 Oak St SE #180, Minneapolis, MN 55455
  - 612.626.1333
  - www.ds.umn.edu

- **Disabled American Veterans, MN Department of Veterans Affairs**
  - 20 W 12th St, St. Paul, MN 55155
  - 651.291.1212 or 1.888.317.2291
  - www.davmn.org

- **Disabled Immigrant Association**
  - 3033 2nd Ave S, Minneapolis, MN 55408
  - E-mail: info@dialink.org
  - 612.824.7075
  - www.dialink.org

- **Down Syndrome Association of Minnesota**
  - 656 Transfer Rd, St. Paul, MN 55114
  - E-mail: dsamn@dsamn.org
  - 651.603.0720 or 1.800.511.3696
  - www.dsamn.org

- **Emotions Anonymous**
  - PO Box 4245, St. Paul, MN 55104
  - E-mail: info@emotionsanonymous.org
  - 651.647.9712
  - www.emotionsanonymous.org

- **Epilepsy Foundation of Minnesota**
  - 1600 University Ave W #300, St. Paul, MN 55104
  - E-mail: info.efmn@mr.net
  - 651.287.2300 or 1.800.779.0777
  - www.efmn.org

- **EquipALife**
  - PO Box 310, Maple Plain, MN 55359
  - E-mail: info@equipalife.org
  - 763.479.8239 or 1.866.535.8239
  - www.equipalife.org

- **Fergus Falls Regional Treatment Center**
  - 1400 N Union Ave, Fergus Falls, MN 56537
  - E-mail: eldon.dietel@state.mn.us
  - 218.739.7200 or 218.739.7455 (TTY)
  - www.dhs.state.mn.us

- **Flying Wheels Travel**
  - 143 W Bridge St, Owatonna, MN 55060
  - 507.451.5005
  - www.flyingwheelstravel.com

- **Gillette Children's Hospital**
  - Cerebral Palsy Program
  - 200 University Ave, St. Paul, MN 55101
  - 651.290.8712
  - www.gillettechildrens.org

- **HDS Specialty Vehicles**
  - 16290 Kenrick Loop, Lakeville, MN 55044
  - E-mail: info@hdsspecialtyvehicles.com
  - 952.435.8889 or 1.866.826.6176
  - hdsmn.com

- **Hazelden Fellowship Club**
  - 680 Stewart Ave, St. Paul, MN 55102
  - 651.292.2400 or 1.800.257.7810 ext. 3900
  - www.hazelden.org

- **Hearing and Service Dogs of Minnesota**
  - 2537 25th Ave S, Minneapolis, MN 55406
  - E-mail: info@hsdm.org
  - 612.729.5986
  - www.hsdm.org

- **Helping Paws of Minnesota, Inc.**
  - P.O. Box 634, Hopkins, MN 55343
  - 952.988.9359
  - www.helpingpaws.org

- **Hemophilia Foundation of MN/Dakotas**
  - 750 S Plaza Dr #207, Mendota heights, MN 55120
  - E-mail: hemophiliafound@visi.com
  - 651.406.8655
  - www.hfmd.org

- **Learning Disabilities Association**
  - 6100 Golden Valley Rd, Golden Valley, MN 55422
  - 952.922.8374
  - www.ldaminnesota.org

- **Learning Exchange/Community Education Capus**
  - 2575 W 88th St, Bloomington, MN 55431
  - E-mail: jmstelma@bloomington.k12.mn.us
  - 952.681.6132
  - www.bloomington.k12.mn.us/community_ed?adult_programs/adults_with_disabilities/disabilities.html

- **Lupus Foundation of Minnesota**
  - 2626 E 82nd St, Suite 135, Bloomington, MN 55425
  - E-mail: info@lupusmn.org
  - 952.746.5151 or 1.800.645.1131
  - www.lupusmn.org

- **Lutheran Braille Evangelism Association**
  - 1740 Eugene St, White Bear Lake, MN 55110
  - E-mail: lbea@qwest.net
  - 651.426.0469
  - www.users.qwest.net/~lbea/ContactLBEA.htm

- **Mental Health Association of Minnesota**
  - 2021 E Hennepin Ave #412, Minneapolis, MN 55413
  - E-mail: info@mentalhealthmn.org
  - 612.331.6840
  - www.mentalhealthmn.org

- **Minnesota Administrators for Special Education (MASE)**
  - 1884 Como Ave, St. Paul, MN 55108
  - E-mail: quinn@mnasa.org
  - 651.645.6272
  - www.mnase.org

- **Minnesota AIDS Project**
  - 1400 Park Ave S, Minneapolis, MN 55404
  - E-mail: info@mnaidsproject.org
  - 612.341.2060 or 1.888.820.2437
  - www.mnaidsproject.org

- **Minnesota Children with Special Health Needs (MCSHN)**
  - 85 E 7th Place #400, St. Paul, MN 55164
  - E-mail: health.mcshn@state.mn.us
  - 651.201.3650 or 1.800.728.5420
  - www.health.state.mn.us/mcshn

- **The Commission on Deaf, DeafBlind, and Hard of Hearing Minnesotans**
  - 85 E 7th Place, St. Paul, MN 55155
  - E-mail: mncdhh.info@state.mn.us
  - 651.431.7588
  - www.mncdhh.org

- **Minnesota Consortium for Citizens with Disabilities**
  - www.mnccd.org

- **Minnesota Developmental Achievement Association**
  - 1821 University Ave, Suite 292-S, St. Paul, MN 55104
  - E-mail: mndaca@mac.com
  - 651.647.9200
  - www.mndaca.org

- **Minnesota Disability Law Center**
  - 430 1st Ave N #300, Minneapolis, MN 55401
  - 612.332.1441 or (intake) 612.334.5970
  - www.mndlc.org

- **Minnesota Extended Treatment Options**
  - 1235 Highway 293, Cambridge, MN 55008
  - E-mail: mike.maus@state.mn.us
  - 763.689.7200
  - www.dhs.state.mn.us

- **Minnesota Governor's Council on Developmental Disabilities**
  - 658 Cedar St, 370 Centennial Bldg, St. Paul, MN 55155
  - E-mail: admin.dd@state.mn.us
  - 651.296.4018
  - www.mnddc.org

- **Minnesota Housing Finance Agency**
  - 400 Sibley St #300, St. Paul, MN 55101
  - E-mail: mn.housing@state.mn.us
  - 651.296.7608
  - www.mhfa.state.mn.us

- **Minnesota Library for the Blind and Physically Handicapped**
  - 388 SE 6th Ave, Faribault, MN 55021
  - E-mail: mn.lbph@state.mn.us
  - 800.722.0550
  - www.loc.gov/nls

- **Minnesota Resource Center**
  - 1900 Chicago Ave S, Minneapolis, MN 55404
  - E-mail: resource@resource.mn.org
  - 612.752.8000
  - www.resource-mn.org

- **Minnesota Speech-Language-Hearing Association**
  - 1821 University Ave W #S256, St. Paul, MN 55104
  - E-mail: office@msha.net
  - 651.999.5350
  - www.msha.net

- **Minnesota STAR Program**
  - 358 Centennial Office Bldg, 658 Cedar St, St. Paul, MN 55155
  - E-mail: star.program@state.mn.us
  - 651.201.2640 or 1.888.234.1267
  - www.starprogram.state.mn.us

- **Minnesota State Academy for the Blind**
  - 400 SE 6th Ave, Box 68, Faribault, MN 55021
  - 507.333.6700 or 800.657.3634
  - www.msab.state.mn.us

- **Minnesota State Academy for the Deaf**
  - 615 Olaf Hanson Dr, PO Box 308, Faribault, MN 55021
  - 507.384.6600 or 1.800.657.3996
  - www.msad.state.mn.us

- **Minnesota State Council on Disability**
  - 121 E 7th Pl #107, St. Paul, MN 55101
  - E-mail: council.disability@state.mn.us
  - 651.361.7800 or 1.800.945.8913
  - www.disability.state.mn.us

- **Minnesota Tourette Syndrome Association**
  - 2233 University Ave #338, St. Paul, MN 55114
  - E-mail: director@tsa-mn.org
  - 651.646.0099
  - www.tsa-mn.org

- **Muscular Dystrophy Association**
  - 7401 Metro Blvd #325SP, Edina, MN 55439
  - E-mail: Minneapolis@mdausa.org
  - 952.832.5716
  - www.mdausa.org

- **National Alliance for the Mentally Ill in Minnesota**
  - 800 Transfer Rd #31, St. Paul, MN 55114
  - E-mail: name-mn@nami.org
  - 651.645.5948 or888.473.0237
  - www.namimn.org

- **National Federation of the Blind of Minnesota**
  - 100 E 22nd St, Minneapolis, MN 55404
  - E-mail: Jennifer.dunnam@earthlink.net
  - 612.872.9363
  - Members.tcq.net/nfbmn

- **National Kidney Foundation of Minnesota, Inc**
  - 1970 Oakcrest Ave #208, St. Paul, MN 55113
  - E-mail: nkf@nkfmn.org
  - 651.636.7300
  - www.nkfmn.org

- **National Multiple Sclerosis Society – Minnesota Chapter**
  - 200 12th Ave S, Minneapolis, MN 55415
  - E-mail: info@msociety.org
  - 612.335.7900 or 1.800.582.5296
  - www.nationalmssociety.org/chapters/MNM/index.aspx

- **Neurofibromatosis, Inc Minnesota**
  - PO Box 18246, Minneapolis, MN 55418
  - 651.225.1720
  - www.nfinc.org

- **Ombudsman Office for Mental Health and Developmental Disabilities**
  - 121 E 7th Place #420, St. Paul, MN 55101
  - E-mail: ombudsman.mhdd@state.mn.us
  - 651.757.1800 or 1.800.657.3506
  - www.ombudmhdd.state.mn.us

- **Opportunity Partners Inc**
  - 5500 Opportunity Ct, Minnetonka, MN 55343
  - 952.938.5511
  - www.opportunities.org

- **PACER Center Inc**
  - 8161 Normandale Blvd, Bloomington, MN 55437
  - 952.838.9000
  - www.pacer.org

- **People Incorporated**
  - 317 York Ave, St. Paul, MN 55130
  - 651.774.0011
  - www.peopleincorporated.org

- **Rehabilitation Services**
  - 1st National Bank Bldg #E200, St. Paul, MN 55101
  - 651.296.7114 or 1.800.657.3858
  - www.positivelyminnesota.com

- **Sight & Hearing Association**
  - 1246 University Ave W #226, St. Paul, MN 55104
  - E-mail: mail@sightandhearing.org
  - 651.645.2546 or 1.800.992.0424
  - www.sightandhearing.org

- **Sister Kenny Rehabilitation Institute**
  - Abbott Northwestern Hospital, 800 E 28th St, Minneapolis, MN 55407
  - 612.863.4200
  - www.sisterkennyinstitute.com

- **Special Olympics Minnesota**
  - 100 Washington Ave S #550, Minneapolis, MN 55401
  - E-mail: info@somn.org
  - 612.333.0999
  - www.somn.org

- **Spina Bifida Association of Minnesota**
  - PO Box 29323, Minneapolis, MN 55429
  - E-mail: sbamn@hotmail.com
  - 651.222.6395
  - www.sbamn.com

- **Spinal Cord Society – Twin Cities Chapter**
  - 2785 104th Ct E, Inver Grove Heights, MN 55077
  - E-mail: scstwincities@comcast.net
  - 561.455.3137
  - www.scstwincities.org

- **State Services for the Blind**
  - 2200 University Ave S #240, St. Paul, MN 55114
  - 651.642.0500 or 1.800.652.9000
  - www.mnssb.org

- **St. Paul Mayor's Advisory Committee for People with Disabilities**
  - 651.266.6520
  - www.ci.saint-paul.mn.us/index.aspx?NID=573&PREVIEW=YES

- **Struthers Parkinson's Center**
  - 6701 Country Club Dr, Golden Valley, MN 55427
  - 952.993.5495 or 1.888.993.5495
  - www.parknicollet.com/methodist/parkinsons/

- **United Cerebral Palsy of Minnesota**
  - 1821 University Ave W #180N, St. Paul, MN 55104
  - E-mail: ucpmnStacey@hotmail.com
  - 651.646.7588
  - www.ucpmn.org

- **Vinland Center**
  - 3675 Ihduhapi Rd, PO Box 308, Loretto, MN 55357
  - E-mail: vinland@vinlandcenter.org
  - 763.479.3555
  - www.vinlandcenter.org

- **Wilderness Inquiry, Inc**
  - 808 14th Ave SE, Minneapolis, MN 55414
  - E-mail: info@wildernessinquiry.org
  - 612.676.9400 or 1.800.728.0719
  - www.wildernessinquiry.org

- **We Can Ride Inc**
  - PO Box 1102, Minnetonka, MN 55345
  - E-mail: office@wecanride.org
  - 952.934.0057
  - www.wecanride.org

National Resource Organizations

- **National Council on Disability**
  - 1331 F St NW #850, Washington, DC 20004
  - 202.272.2004
  - www.ncd.gov

- **National Organization on Disability**
  - 910 16th St NW #600, Washington, DC 20006
  - 202.293.5960
  - www.nod.org

- **Office of Disability Employment Policy, US Department of Labor**
  - 200 Constitution Ave NW, Washington, DC 20210
  - 1.800.633.7365
  - www.dol.gov/odep

Minnesota State Council on Disability
Statutory Responsibilities

General Duties, MS 256.482, Subd. 5, Sections (1), (2), (4), (6), and (7) describes the powers and duties of the Minnesota State Council on Disability to include: advise state elected officials, state agencies, and the public on matters pertaining to public policy and programs, services, and facilities for persons who have a disability in Minnesota.

Access Code Development, MS 16B.61, Subd. 5, Section e, the Commissioner of the Department of Administration, State Building Codes division is required to consult with the Council on Disability before any rules are proposed for adoption for current disability access requirements.

Building Code Access Appeals, MS 16B.67, the Council on Disability may appeal any final decision of any municipality as to the application of the code to the Commissioner of Administration.

State Agency Reasonable Accommodation Plan, MS 43A.191, agency affirmative action programs require the council on disability to serve in an advisory role for the Department of Minnesota Management and Budget in providing assistance with the state agency reasonable accommodation plan.

Disability Parking Certificate Restriction, 169.345, Subd. 3, the Commissioner of the Department of Public Safety shall not issue more than three replacement certificates within any six year period without the approval of the Council on Disability.

Special Vehicle Variance, MS 174.30, Subd. 2, Section (c), the Commissioner of the Department of Transportation shall consult with the Council on Disability before making a variance from the operating standard for special transportation services.

WC home Modifications, MS 176.137, Subd. 4, Section 1, the Council on Disability advises the workers' compensation division of the Department of Labor and Industry and the workers' compensation court of appeals as to the necessity and extent of any alteration or remodeling of an existing residence or the building or purchase of a new or different residence which is proposed by a licensed architect.

Access Review Board, MS 471.471, the Council on Disability has membership on the Access Review Board and advises on the installation of stairway chairlifts in buildings that could not otherwise be made more accessible.

Transportation Accessibility Advisory Committee, MS 473.386, Subd. 2, Section e, the Council has membership on the Transportation Accessibility Advisory Committee of the Metropolitan Council.

Library Access Grants, MS 134.45, Subd. 2, the Commissioner of the Department of Education, in consultation with the Council on Disability, may approve access grants to public libraries for removal of architectural barriers.

School Access Improvements, MS 123B.58, the Commissioner of the Department of Education will consult with the Council on Disability when developing criteria to determine the cost-effectiveness of removing barriers in older buildings.

School Access Grants, MS 123B.69, the Commissioner of the Department of Education, in consultation with the Council on Disability, shall review applications for access grants.

Children's Development Plan, MS 145.951, the Commissioner of Health may, in consultation with the Director of the Council on Disability, develop an implementation plan for the establishment of a statewide program to assist families in developing the full potential of their children.

Licensing Criteria, MS 148C.11, the Council on Disability advises on the development of special licensing criteria for issuance of a license to alcohol and drug counselors who practice with a member of the disability population.

Roundabout Design, 2010 Ch. 351, Sec. 68, the Commissioner of Transportation shall consult with the Council on Disability in developing the specifications or standards of the design of roundabouts.

Minnesota State Council on Disability
2012-2013 Strategic Goals and Activities

Goal 1: Increase the number of people with disabilities hired and retained in state jobs.

Activities:

1. Educate employers and promote employment for people with disabilities.
2. Increase media coverage of employment gap and hiring practices.
3. Recognize good employers through an annual awards luncheon.
4. Partner with other state agencies to implement the State as a Model Employer program.
5. Work with partners to create a workplace accommodation pool.
6. Identify Pathways to Employment activities that will continue without grant funding.
7. Conduct Core Supervisory training for the State.
8. Monitor legislation in Jobs Committee.
9. Working on achievement gaps for minorities in education.

Goal 2: Increase emergency preparedness and safety for people with disabilities.

Activities:

1. Align MSCOD activities with FEMA plans, priorities, and practices.
2. Partner with Centers for Independent Living to share resources and training.
3. Educate partners on best practices for evacuating people with disabilities.

Goal 3: Ensure equal access and rights to transportation for people with disabilities.

Activities:

1. Work to make transportation accessible in all counties.
2. Advance legislation that expands accessible transportation options.
3. Sit on Non-Emergency Medical Transportation council.
4. Monitor ongoing LRT design and construction.

Goal 4: ***Increase awareness of the building code to ensure greater access for all Minnesotans.***

Activities:

1. Update building codes through Department of Labor and Industry Code Committee.
2. Support legislation to expand access to disability parking.
3. Provide building code through new media.
4. Educate public about building code and parking access issues.
5. Work with Vikings and Saints organizations on making new stadiums accessible.

Goal 5: ***Increase awareness of and compliance with disability laws and regulations in Minnesota.***

Activities:

1. Develop new media to educate on disability law topics.
2. Support legislation that advances the rights of people with disabilities.
3. Work with the Department of Natural Resources on State Park accessibility.
4. Raise public awareness on Public Right of Way accessibility guidelines.

Goal 6: ***Get and keep people with disabilities into their community of choice in the least restrictive environment.***

Activities:

1. Educate people with disabilities on how federal health care reform affects them.
2. Work with partners to get people with disabilities out of nursing homes.

Disability Parking Fact Sheet

APPLICATION PROCESS

To apply for a disability parking certificate, the person with a disability completes the top portion of the application form. The applicant must sign the form. If necessary someone may assist but will require Power of Attorney to sign for the applicant. Be sure to put in the name of the person with the disability and not the person assisting. A medical professional, i.e., physician, chiropractor, advanced practice registered nurse or authorized physician assistant needs to complete the lower portion of the form and sign it. The application form may be submitted in person at any Motor Vehicle Registrar's office, or by mail to the address listed on the back of the application form.

The application form is also available at the Department of Public Safety web site www.mndriveinfo.org

ISSUANCE

Certificates & license plates are issued by the Department of Public Safety (DPS), Driver and Vehicle Services Division (DVS), 651-297-3377.

There is no fee charged to individuals requesting a Permanent (valid for 6 years) or Long-Term (up to 72 months) disability parking certificate. A $5 fee is required for a Temporary (up to six months) or Short-term (up to 12 months) certificate.

ELIGIBILITY

To be eligible for a disability parking certificate the applicant must meet one or more of the definition(s) of a "physically disabled person". The applicant is eligible if the applicant:

Has a cardiac condition to the extent that functional limitations are classified in severity

- according to the standards set by the American Heart Association.
- Uses portable oxygen.
- Is restricted by a respiratory disease.
- Has an artificial oxygen tension (PAO2) of less than 60 mm/Hg on room air at rest.
- Has lost an arm or a leg and does not have or cannot use an artificial limb.
- Cannot walk without the aid of another person or device, e.g., wheelchair or cane.
- Walking 200 feet would be life threatening.
- Cannot walk 200 feet without stopping to rest.
- Cannot walk without a significant risk of falling.

PRIVILEGES

Persons eligible for disability parking certificates or license plates can:

- park in appropriate designated disability parking spaces;
- park at public parking meters without having to feed the meters;
- park in non-metered passenger spaces without regard to time limits unless the limits are posted separately on a sign.

RESPONSIBILTIES

It is important that individuals use the privileges associated with disability parking in a safe, courteous and legal manner. Please be mindful of the following issues:

- Never drive with your disability parking certificate hanging from the rear view mirror. When hanging from the rear view mirror, the certificate obstructs your vision and violates Minnesota State Statute 169.71.
- In a number of parking lots there is a disability parking space with an 8 foot access aisle and it is designated *Van Accessible*. If there are other disability spaces available and you do not need the wider space, please leave it for someone with a lift or ramp equipped van.
- When parking your vehicle in the disability parking space, never park in the access aisle (hatch-marked area). When there are two or more spaces the access aisle is shared and may be needed by someone using a wheelchair or other mobility device or someone with a lift or ramp equipped van.
- If you request more than three certificate replacements in a six year period, you will need to contact us and fill out a questionnaire regarding the use and safeguarding of your certificate.

GAS STATION LAW

**Americans with Disabilities Act: Assistance at Self-Serve Gas Stations, U.S. Department of Justice, Civil Rights Division, Disability Rights Section.*

The Americans with Disabilities Act (ADA) requires self-serve gas stations to provide equal access to their customers with disabilities. If necessary to provide access, gas stations must:
- Provide refueling assistance upon the request of an individual with a disability. A service station or convenience store is not required to provide such service at any time that it is operating on a remote control basis with a single employee, but is encouraged to do so, if feasible.
- Let patrons know (e.g., through appropriate signs) that customers with disabilities can obtain refueling assistance by either honking or otherwise signaling an employee.
- Provide the refueling assistance without any charge beyond the self-service price.

If you have additional questions concerning the ADA, you may call the U.S. Department of Justice's ADA information hotline at 800-514-0301 (voice) or 800-514-0383 (TDD) or access the ADA Home Page at: www.usdoj.gov/crt/ada/adahom1.htm .

TICKETS

Individuals who were issued a ticket even though they had a certificate or license plates should contact the entity that issued the ticket and discuss the process for getting the ticket dismissed.

OUT-OF-STATE PARKING PERMITS HONORED

Minnesota vehicles displaying disability license plates or parking certificates may utilize parking privileges in other states. As a result of federal law, a reciprocity agreement was made among states to recognize out-of-state disability parking permits or license plates. When planning to travel to another state, it is a good idea to inquire ahead to learn what those specific privileges are.

RESIDENTIAL DISABILITY PARKING

For information about on-street residential disability parking spaces, contact:
Minneapolis -Traffic Engineering Section 612-673-3000.
St. Paul - Public Works Department 651-266-6200
Outside of Twin City Area – contact your City Planning Office or Police Department

DISABILITY PARKING SIGNS

Disability parking signs may be purchased from any local business that prints signs.

PAINTING ON PAVEMENT

Painting the wheelchair symbol on the pavement is not required in code and therefore is not necessary. It is required though, that there be a disability parking sign posted at the head of the space that is visible from within the parked vehicle.

PARKING SPACES

Number of required designated parking spaces for the disabled:

TOTAL PARKING SPACES	ACCESSIBLE PARKING SPACES REQUIRED	"VAN ACCESSIBLE" SPACES REQUIRED
1 TO 25	1	1
26 TO 50	2	1

51 TO 75	3	1
76 TO 100	4	1
101 TO 150	5	1
151 TO 200	6	1
201 TO 300	7	2
301 TO 400	8	2
401 TO 500	9	2
501 TO 1000	2% OF TOTAL	1 IN EVERY 6
OVER 1000	20; PLUS 1 FOR EACH 100 OVER 1000	ACCESSIBLE SPACES

For disability parking spaces created prior to July 2007:

- each designated space must be 8' wide with an adjacent 5' wide access aisle, except for van accessible spaces which must have an adjacent 8' wide access aisle.

-one in eight spaces must be van accessible.

- van accessible spaces must have a vertical clearance of 98 inches.
- van accessible space must have a sign indicating "van accessible."

- All designated spaces must be on anaccessible route located as near as possible to an accessible entrance.
- Each space is required to have a sign with the international symbol of accessibility, indicating that a permit is required and notification of a $200 maximum fine for violation.

As of July 2007, the new code requires that all newly created disability parking spaces have the following:

- each designated space must be 8' wide with an adjacent 8' wide access aisle.

- each 8' access aisle must be identified as "no parking" either by sign or on the surface of the access aisle.

- one in six accessible spaces must be van accessible, i.e., it must have 98 inches of vertical clearance.

- All designated spaces must be on an accessible route located as near as possible to an accessible entrance.
- Each space is required to have a sign with the international symbol of accessibility, indicating that a permit is required and notification of a $200 maximum fine for violation.

FOR MORE INFORMATION

Please consult the Disability Parking Brochure posted on the publications section of the MSCOD website. To review the Disability Parking Laws in Minnesota, go to:
https://www.revisor.mn.gov/statutes/?id=169.345

https://www.revisor.mn.gov/statutes/?id=169.346

https://www.revisor.mn.gov/statutes/?id=168.021

Minnesota State Council on Disability
Position Paper: Disability Parking

The Minnesota State Council on Disability (MSCOD) collaborates, advocates, advises and provides information to expand opportunities, improve the quality of life and empower all persons with disabilities. By statute, MSCOD advises and aids the governor, legislature, state agencies, and the general public on services, programs and legislation pertaining to persons with a disability. MSCOD works closely with constituents to identify issues, craft language, educate policymakers, and pass laws that have a meaningful, positive impact in the disability community.

Background

Through the groundbreaking legislation of the Americans with Disabilities Act in 1990, disability parking became a federal requirement and a fact of American transportation. Disability parking is both a legal right and a practical necessity. Parking spaces with transfer zones and closer locations to entrances are crucial to allowing access for people with disabilities to public buildings, such as places of employment, restaurants, stores, houses of worship, and government offices. Disability parking is important both in the metro area, where traffic is high and close parking spaces may be occupied, and also in rural Minnesota, where public transportation is often very limited and personal automobile usage is the primary mode of transportation.

In the 2010 state legislative session, three bills were proposed with potentially significant impacts on disability parking in Minnesota. One bill would have extended disability parking privileges to women who had given birth within the last 12 months. As over 70,000 live births occur annually in Minnesota, granting certificates to women who have recently given birth would substantially limit available disability parking. MSCOD directly advocated in opposition to this bill and its author removed it. A second bill that was introduced near the end of the legislative session would have prohibited towing of any parked vehicle with disability plates or certificate, unless it constituted an accident or hazard to the traveling public. The third bill, the 2010 transportation omnibus bill, included permitting the state to tow a vehicle parked in a disability parking space or transfer zone without the appropriate plates or certificate. This bill passed and was signed into law.

Description

In light of recent legislation and anticipated demographic shifts, disability parking spots are a limited commodity. To address this shortage, MSCOD strongly recommends increasing disability parking spaces. As the baby boomer generation ages and the median population age rises, more people may struggle with mobility and develop physical disabilities. The population of Minnesota is also expected to shift geographically, with a higher percentage of the population living in Central Minnesota and other more rural areas, where public transportation is severely limited and most Minnesotans must travel by car. In the next 30 years, the Minnesota Department of

Transportation anticipates a population proportion shift in Central Minnesota (St. Cloud and surrounding areas) from 12% to 17%. By 2035, the proportion of Minnesotans who are 65 years or older is expected to reach 21%. The need for disability parking will rise, so more disability parking spots should be made available to meet this need.

Since disability parking spaces are so limited, MSCOD also recommends more in-depth education and information for those who authorize disability parking certificates. Doctors and other medical professionals who provide medical authorization must be aware of the specific legal criteria for disability parking grants, as well as their limited number and the extent of need. With a greater awareness of potential abuse and current need, hopefully medical professionals will carefully consider claims to disability parking. Legislators who develop disability parking policies would also benefit from a clearer and more thorough perspective of the difficulties of transportation and building access for people with disabilities as they vote on the laws that govern disability parking. More specific criteria and guidelines could assist in preventing disability parking authorization for persons with needs that may not be related to disability (such as new mothers) or for people whose mobility issues are not legally categorized as requiring disability parking. Greater education for medical professionals and for legislators who decide on disability parking policy may restrain excessive or even fraudulent usage of disability parking.

Fraudulent use of disability parking spaces, certificates and plates continues to be a concern, which is exacerbated by limited enforcement of disability parking violations. MSCOD recommends increased enforcement of disability parking laws to protect access to homes and other buildings for people with disabilities. Many Minnesotans request MSCOD's parking violation notices, which have no force of law. Yet the notices raise awareness of the frequent occurrences of unauthorized parking in a disability space or transfer zone. Often MSCOD receives telephone calls reporting disability parking violations in disability spaces on residential streets. When unauthorized drivers park in disability spaces, people with disabilities may struggle even to leave and return to their homes. This problem is particularly dangerous in the winter months, when ice and snow can render it impossible for people with mobility disabilities to traverse extended distances on streets and sidewalks.

The problem is compounded by concern over van-only disability spaces. Prior to 2007, disability parking requirements included a certain number of spaces that could be standard size but designated as disability parking and a certain number of disability spaces that needed to fit a van. Some Minnesotans who use disability parking drive smaller, sedan-style cars, have fewer mobility needs and do not need the larger spaces. Others use vans that accommodate wheelchairs and need wider spaces. As of 2007, all disability spaces in new parking lots in Minnesota are required to have dimensions that will accommodate a van or larger vehicle. However, older parking lots often still have the smaller spaces and separate, larger spaces for vans. Occasionally, legislation has been introduced to remove the van-only restriction from the larger parking spaces, in

the interest of allowing more spaces for people who use disability parking but may not have a van. It would also simplify enforcement of disability parking laws for law enforcement officials, who would not have to make the added determination of whether a car parked in a van-only disability spot truly qualifies for the spot.

Nevertheless, MSCOD supports the continued restriction of van-only spaces because Minnesotans who use disability parking with vans have no other option if those spaces are filled by smaller cars. Those who use wheelchair-accessible vans may have the greatest mobility difficulties, and they simply may not be able to fit their van or access a wheelchair in the smaller spaces.

Looking back on the 2010 legislative session, the transportation omnibus bill allows the state to enforce disability parking laws to a more serious extent (i.e. through towing). Expanding the legal authority to enforce the laws is a very positive step. However, it does not address the capacity; it is possible that disability parking violations go unaddressed because of a lack of resources. If not enough police officers are available to enforce the laws, increasing the penalties of disability parking violations will have little deterrent effect. Additionally, the recent introduction of bills like the pregnant parking bill shows that even despite the shortage of disability parking spaces, without strong advocacy from stakeholders in the disability community, those spaces may be extended to persons without disabilities. This expansion would strain already limited parking access for Minnesotans with disabilities who use cars for transportation.

MSCOD supports an increase in disability parking spaces to meet the needs of Minnesotans with disabilities who depend on those spaces to be able to travel in automobiles and to enter and exit buildings safely. We look forward to working with the Legislature to maintain and expand parking access for Minnesotans with disabilities.

Minnesota State Council on Disability
Position Paper: Emergency Preparedness

The Minnesota State Council on Disability (MSCOD) collaborates, advocates, advises and provides information to expand opportunities, improve the quality of life and empower all persons with disabilities. By statute, MSCOD advises and aids the governor, legislature, state agencies, and the general public on services, programs and legislation pertaining to persons with a disability. MSCOD works closely with constituents to identify issues, craft language, educate policymakers, and pass laws that have a meaningful, positive impact in the disability community.

Background

In response to Hurricane Katrina, emergency preparedness has become a top governmental priority. Although emergency preparedness plans have received increased attention, the efforts have largely ignored the unique needs of the people with disabilities. 15-20 percent of people in the United States have a disability and the incidence of people with disabilities will increase as our society ages[1]. In February 2011, a federal court ruled that the City of Los Angeles violated federal law by not providing for the specific needs of residents with disabilities in disaster plans. Minnesota emergency plans also unprepared to evacuate people with disabilities from disaster situations. In 2006, the Department of Homeland Security conducted a national review of State Emergency Operations Plans and found that Minnesota scored 50% below the national average for inclusion of populations with disabilities. Lack of transportation is just one barrier to evacuating people with disabilities; Minnesota scored 40% below the national average in incorporating all modes of transportation in evacuation plans. Nearly one in five Minnesotans has a disability, so it is imperative that emergency preparedness plans are able to accommodate their needs. The Minnesota State Council on Disability will play the indispensable role of advocating for emergency preparedness plans that are able to serve people with disabilities.

Relevant legislative history

Executive Order 11347
Issued: July 22, 2004 by President George W. Bush
Required Federal, State, Local, and Tribal governments to assess their emergency preparedness plans for federal employees with disabilities and individuals with disabilities whom the government serves.

Executive Order 10-06 (replacement of the Executive Order 07-14)
Issued: April 26, 2010 by Governor Tim Pawlenty

[1] 16.7% of the American population were aged 60 and over in 2005. This is projected to be 26.4% by 2050

Assigned emergency responsibilities to State agencies based on the Minnesota Emergency Operations Plan and the State All-Hazard Mitigation Plan.

Existing system strengths

Although the existing system needs many improvements, there is a solid foundation to build upon. First, the federal government undertakes key initiatives to strengthen planning for the security and safety of the people with disabilities. In addition, MSCOD maintains strong relationships with a wide range of disability communities, including stakeholders focused on sensory, physical, and cognitive disabilities. MSCOD has also maintained partnerships with the chief agencies in emergency preparedness, including Minnesota Homeland Security and Emergency Management, the Metropolitan Emergency Managers' Association, the Departments of Health, and the Department of Agriculture. Given MSCOD's vast network, the Council is able to draw on the necessary expertise and skills to further education and training of the emergency preparedness for people with disabilities.

Focus areas

MSCOD focuses on the following three emergency preparedness areas: personal, employer, and community preparedness.

Personal preparedness

Personal preparedness has been one of the top priorities in emergency preparedness. People have low awareness of emergency preparedness because they do not understand its importance. Therefore, it is essential for MSCOD to encourage individuals with disabilities to take responsibility for their own safety and well-being by training and educating them. MSCOD already possesses the expertise and educational materials for personal preparedness training. In order to increase personal preparedness in the disability community, MSCOD will continue advocating, increase training opportunities, and be more responsive to the individuals and communities who need the training.

Employer Preparedness

MSCOD provides training for businesses to help them identify the specific needs of persons with disabilities, set up evacuation procedures and equipment, and reduce the cost of the plans. However, this training has only reached a relatively small number of the employers in Minnesota. One challenge has been employers' misconception that it is the responsibility of local authorities to provide emergency plans for people with disabilities. Therefore, MSCOD recommends more education and training for businesses about emergency preparedness requirements and planning.

Community Preparedness

MSCOD emphasizes that successful emergency planning must be conducted and implemented community-wide. By holding conferences and distributing educational materials, MSCOD has built up an informal partnership with local communities around emergency preparedness. However, a formal partnership is essential to implement

emergency preparedness plans. Lack of full-time expertise or experts and funds are the primary barriers. Therefore, MSCOD supports greater funding to achieve this goal.

Goals

MSCOD advocates quick response for people with disabilities in emergency situation. This includes: notification, evacuation, emergency transportation, shelter, access to medications, refrigeration, back-up power, information, and access to their mobility devices or service animals while in transit or at shelters.

Long term outcomes:

- Increase awareness of emergency preparedness for individuals and communities.
- Make emergency preparedness a priority for the Minnesota Legislature.
- Increase funding for emergency preparedness.

Short term outcomes:

- Improve ratio of first responders/people with disabilities.
- Increase the number of people with disabilities who receive emergency preparedness training.
- Improve the rating of the State Emergency Operations Plans.
- Increase the number of the employers who participate in emergency planning.
- Increase the number of emergency planners.
- Increase the number of the manuals and brochures disseminated.
- Increase the number of the agencies and organizations focused on emergency preparedness.

Recommendations

- Promote personal preparedness for people with disabilities, their families, friends, neighbors and disability-related organizations.
- Help communities to identify the specific needs of different people with disabilities and make plans accordingly.
- Build formal community-based partnerships.
- Promote the implementation of emergency plans for individuals, families, workplaces and communities.
- Create an applied information system of records of people with disabilities.
- Devote more funds to emergency preparedness.

Recent events, such as Hurricane Katrina, have shown that safety and evacuation plans often do not accommodate people with disabilities. MSCOD advocates for improved emergency preparedness that meet the needs of all individuals.

Minnesota State Council on Disability
Position Paper: Disability Rights

The Minnesota State Council on Disability (MSCOD) collaborates, advocates, advises and provides information to expand opportunities, improve the quality of life and empower all persons with disabilities. By statute, MSCOD advises and aids the governor, legislature, state agencies, and the general public on services, programs and legislation pertaining to persons with a disability. MSCOD works closely with constituents to identify issues, craft language, educate policymakers, and pass laws that have a meaningful, positive impact in the disability community.

MSCOD has upheld, complied, and provided assistance on the following laws impacting Minnesotans:

- The Americans with Disabilities Act
- The Americans with Disabilities Act Amendments Act
- Executive Order 13548
- The Rehabilitation Act of 1973
- The Minnesota Human Rights Act
- Web Content Accessibility Guidelines 2.0.

Although significant gains have been made through the enactment of such laws, MSCOD believes that further education, advocacy and refinement/strict enforcement of these laws are necessary to ensure the equal opportunity and access of a protected class of citizens: persons with disabilities.

Overview/Background of Laws

The Americans with Disabilities Act (ADA) of 1990 is a civil rights law prohibiting discrimination on the basis of disability in employment, state and local government services, public accommodations, services operated by private entities, telecommunications, and miscellaneous provisions.

The Americans with Disabilities Act Amendments Act (ADAAA) of 2008 was enacted because Congress and the disability community believed the judicial and federal courts were misinterpreting the language in the ADA by imposing demanding standards for what it means to be a person with a disability. Specifically, the courts ruled that in employment issues, people with epilepsy, diabetes, cancer, multiple sclerosis, missing limbs, bipolar disorder, and other disabilities, did not have a disability under the ADA because they were not able to prove that their disability severely limited a major life activity. The ADAAA explicitly defines what it means to be a person with a disability

Executive Order 13548 -- Increasing Federal Employment of Individuals with Disabilities was signed July 26, 2010. The executive order requires the federal government to become a model for the employment of individuals with disabilities. Executive

departments and agencies must improve their efforts to employ workers with disabilities through increased recruitment, hiring and retention.

The Rehabilitation Act of 1973 prohibits discrimination on the basis of disability in programs conducted by federal agencies (sec. 501), receiving federal financial assistance (sec. 504), and in federal employment and the employment practices of Federal contractors (sec. 503). In addition, the act requires electronic and information technology used, developed, or maintained by the federal government to be accessible to people with disabilities.

Minnesota Human Rights Act (MHRA) is the state's comprehensive civil rights law. According to MHRA disability discrimination is prohibited in the areas of employment, housing and real property, public accommodations, public services, education, credit services, and business.

Web Content Accessibility Guidelines (WCAG) 2.0 were developed by the World Wide Web Consortium (W3C) in December of 2008, and adopted by the state of Minnesota in 2009. WCAG guidelines require that information and telecommunications technology systems and services be perceivable, operable, understandable, and robust.

Addressing Legislation and Compliance

MSCOD monitors, advocates, educates, and works to clarify and strengthen disability rights laws. MSCOD has upheld, complied, and provided assistance on the ADA, ADAAA, Rehabilitation Act of 1973, section 504 of the Minnesota Human Rights Act, and the WCAG 2.0 in the following ways:

ADA - MSCOD organized disability organizations and individuals to support the passage of the ADA by writing letters of support to elected officials. After its passage, MSCOD educated the governor, legislature, state agencies, organizations, the general public, and those within the disability community on the ADA. MSCOD continues to provide technical assistance for public, private, and state agency compliance. Currently, MSCOD is working with agencies such as the Department of Transportation and the Department of Natural Resources on compliance.

ADAAA - In collaboration with ADA-Minnesota and other disability organizations, MSCOD wrote letters to Congress in support of the amendments of the ADA. MSCOD provides technical assistance to people with disabilities and employers on the amendment.

Minnesota Human Rights Act - During the 1980's, a federal government task force proposed the elimination of section 504 of the Rehabilitation Act. MSCOD worked with the Minnesota Department of Human Rights to embed section 504 into the MHRA to ensure that Minnesotans with disabilities would still have access to programs and services provided by state and local government, employment, and housing rights.

Fortunately, section 504 was not eliminated thanks to the efforts of people within the disability community nation wide.

Rehabilitation Act of 1973 - MSCOD, formally the Commission on the Handicapped, was created in 1973 as a result of the act. MSCOD was instrumental in disseminating information to the governor, legislature, state agencies and the general public to comply with the act.

Minnesota Statutes 2008, section 16E.03, subdivision 9 - Minnesota's Accessible Technology Law incorporates the WCAG 2.0 accessibility standards for the state. MSCOD wrote letters of support for the bill and informed elected officials about it.

MSCOD anticipates assisting state agencies in implementing Minnesota's Accessible Technology Law on WCAG 2.0 and 508 compliance. Currently MSCOD sits on two WCAG/508 advisory task forces to address implementation of this law. It will be a major initiative to bring the state into compliance with this law.

Recommendations

Despite MSCOD's efforts to provide information on legislation pertaining to persons with disabilities, compliance among state agencies and the general public continues to be an issue. In order to ensure the rights of Minnesotans with disabilities, MSCOD recommends the following:

- Expanded education.
- Increase Advocacy.
- Refinement and better enforcement of laws.

MSCOD believes that further education, advocacy, refinement and better enforcement of these laws are necessary to ensure the equal opportunity and access for persons with disabilities.

Minnesota State Council on Disability
Position Paper: Competitive Employment for Persons with Disabilities

The Minnesota State Council on Disability (MSCOD) collaborates, advocates, advises and provides information to expand opportunities, improve the quality of life and empower all persons with disabilities. By statute, MSCOD advises and aids the governor, legislature, state agencies, and the general public on services, programs and legislation pertaining to persons with a disability. MSCOD works closely with constituents to identify issues, craft language, educate policymakers, and pass laws that have a meaningful, positive impact in the disability community. MSCOD strongly believes that employment is crucial for all individuals, including individuals with disabilities, to live meaningful and productive lives.

The State Demographers Office estimates that the U.S. economy will not return to the pre-recession high of 2008 until 2013. Future economic growth will be challenging as the baby boomer generation retires, causing large shortages in the local and national job markets.[1] Minnesota can be competitive economically by utilizing the diverse employment pool it already has and ensuring competitive employment for persons with disabilities.

In order to increase the employment of persons with disabilities, MSCOD, along with the Governors Workforce Development Council (GWDC), believes that the state needs to ensure that it is a model employer by creating an accommodations pool to eliminate employment barriers and strengthening public transportation.

Background

The employment rate for people with disabilities of all ages, education levels, and in all regions of the US is significantly below that of the general population. The 2009 Current Population Survey (CPS) reported that the employment rate[2] for people over age 16 was 64.5% nation-wide, but the employment rate of people with disabilities was only 19.2%.[3] Among all education levels, people with disabilities were less than half as likely to be employed as those without a disability. The employment disparity is a local phenomenon as well. In the Midwest West North Central Region, which includes Minnesota, the employment rate of persons with disabilities was only 25.1%, compared to 65.2% for those without a disability.

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[1] Presentation by Tom Gillaspy, State Demographer. Mn Dept of Administration. May 2010

[2] The CPS defines an employed person as, "are all those who, during the survey reference week (which is generally the week including the 12th day of the month), (a) did any work at all as paid employees; (b) worked in their own business, profession, or on their own farm; (c) worked 15 hours or more as unpaid workers in a family operated enterprise; or (d) were temporarily absent from their jobs because of illness, vacation, labor dispute, or another reason.

[3] The CPS uses an algorithm based on responses to six questions to classify a person as being disabled or having a "work disability." The CPS questions are not designed to capture any particular concept of disability. The CPS covers the civilian, non-institutionalized, working age population.

Over the past 30 years, studies on competitive and supported employment have reported the economic benefits of ensuring the employment for individuals with disabilities. In one such study, "Accommodating the Spectrum of Individual Ability," the U.S. Commission on Civil Rights stated that:

> *In addition to increasing the gross national product, it has been estimated that such earnings increase by handicapped workers would result in some $58 million in additional tax revenues to Federal, State, and local governments. Statistics indicate that funds generated by eliminating handicap discrimination would return more than 3 dollars for every dollar spent.*

Recommendations

In order for Minnesota to thrive economically, we must ensure competitive employment for persons with disabilities. To do this, MSCOD recommends the following:

Strengthen the Minnesota State as a Model Employer Initiative

The Minnesota State as a Model Employer (SME) initiative is a partnership with state agencies to increase competitive employment of people with disabilities statewide. The objective of SME is to meet the workforce needs of state agencies and Minnesota businesses by competitively employing people with disabilities. The initiative has made strides in creating internships, augmenting standard hiring procedures, helping candidates align skills with employment opportunities, supporting entrepreneurs with disabilities, and creating a web-based resource for businesses. However, these goals were only targeted to four state agencies out of more than 200. For SME to be truly successful, all agencies should be required to implement the program's initiatives.

In agreement with the Governor's Workforce Council, SME would better reach its goal by expanding core supervisor training, establishing hiring goals and ensuring the accessibility of state hiring tools, such as Resumix. Expanding core supervisor training would allow agencies to receive intensive training on employing, retaining and accommodating persons with disabilities beyond the allotted one and a half hours currently in place.

Although the legislature required that all state agencies comply with the Web Content Accessibility Guidelines (WCAG) 2.0 in 2009, persons with disabilities continue to have problems accessing state hiring tools such as Resumix (or any replacement system). Making Resumix accessible will even the playing field for all applicants. Improvements that need to be made are: 1) allowing end-user feedback on the system and making opportunities to give feedback readily apparent/available, and 2) provide easy access to assistance using phone/TDD/web help lines when using the system.

Finally, by executive order, the federal government has recently committed itself to being a model employer of individuals with disabilities. Minnesota can and should

support the federal government's position by requiring all state agencies to take part in SME.

Resource Accommodations Pool
The State of Minnesota should create a centralized fund for all agencies that would pay for accommodation costs for employees with disabilities. Currently, when a state agency employs a person with a disability, that agency incurs the total cost associated with accommodating the employee. Such costs discourage supervisors from employing persons with disabilities because they either do not have the funds to make the accommodation or they believe the funds could be used elsewhere. Creating a resource accommodations pool would remove the burden of cost placed on state agencies and encourage supervisors to hire persons with disabilities based on qualifications rather than the cost of accommodation. In addition, a resource accommodations pool would support both the State's goal to be a model employer and the federal government's model employer initiative.

Transportation Improvements
An integral component to employment is reliable, accessible transportation. As the employment of persons with disabilities increases, the availability of affordable, reliable and accessible transportation will also need to increase, particularly in Greater Minnesota.

Without available and accessible public transit, many people who are aging or have disabilities cannot maintain employment, run errands, enjoy recreational opportunities, or patronize local businesses. This transit shortage negatively affects both the strength of local economies and the quality of life of Minnesotans with disabilities. Expanded employment policies for people with disabilities will not be effective unless people have an accessible, reliable, and affordable way to get to and from work. For more information regarding our position on transportation, please see the position paper "Transportation."

Conclusion

MSCOD will continue to advocate for and support the employment of people with disabilities. In addition, current laws, such as the 1973 Rehabilitation Act, Individuals with Disabilities Education Act, and the Americans with Disabilities Act, need to be fully implemented and continually enforced to ensure equal access, opportunity, and protection. The recommendations listed above could be better executed if current legislation was upheld more stringently.

Minnesota State Council on Disability
Position Paper: Housing

The Minnesota State Council on Disability (MSCOD) collaborates, advocates, advises and provides information to expand opportunities, improve the quality of life and empower all persons with disabilities. By statute, MSCOD advises and aids the governor, legislature, state agencies, and the general public on services, programs and legislation pertaining to persons with a disability. MSCOD works closely with constituents to identify issues, craft language, educate policymakers, and pass laws that have a meaningful, positive impact in the disability community.

Background

In Minnesota there is a shortage of housing for people with disabilities. The two biggest factors are the overall lack of physically accessible apartments, townhouses and single-family dwellings and the sparseness of related support services that make living independently possible. Additionally, the lack of rental subsidies, homeownership programs, barrier removal in existing homes, and low-income housing tax credits are serious barriers to affordable housing for people with disabilities.

The successful passage of the VISITABILITY Language in the 2001 Legislative Session was just a small piece of a very big puzzle. Builders across the state are now required to build more houses that automatically incorporate basic access features if public dollars are used in construction. We need to continue this effort and educate builders and the public on the benefits of accessible design to finally achieve a permanent change in the design and construction of all homes.

MSCOD POSITION

The Minnesota State Council on Disability believes that housing is a basic right for all individuals and supports measures that lead to increased affordable and accessible housing throughout the State of Minnesota. MSCOD will:

- Support efforts to increase spending on affordable accessible housing construction.
- Monitor the VISITABILITY requirements and increase educational activities that promote accessible design and construction.
- Advocate for services that allow individuals with disabilities to live with the greatest degree of independence and dignity.
- Encourage programs that provide more housing alternatives and options for individuals with disabilities.
- Promote efforts to expand the services available to serve the needs of persons with disabilities through HousingLink or a similar program, as a centralized clearinghouse for housing options.
- Support efforts to increase ease and practice of transferring unused Section 8 Vouchers to housing authorities that have a shortage.

- Work with the appropriate agencies and organizations to create and secure needed housing options for individuals transitioning from nursing homes to independent living settings.
- Advocate for subsidy programs that provide adequate rental payments for adequate housing.
- Recommend increased funding to modify existing housing.
- Support low income housing tax credits that prioritize accessible housing.
- Encourage the Minnesota Housing Finance Agency to assume more of a leadership role in addressing and resolving disability related housing issues.
- Support efforts to provide housing access coordination and home ownership counseling services to deal with disability related issues and issues related to the purchase or leasing of homes.
- Promote efforts to eliminate the incentives in the group residential housing program for people to live in licensed facilities.

The shortage of affordable, accessible housing continues to be a challenge for people with disabilities. MSCOD supports programs that address this need and ensure housing for all individuals.

Minnesota State Council on Disability
Position Paper: Affordable Health Care Act and MN State Health Care

The Minnesota State Council on Disability (MSCOD) collaborates, advocates, advises and provides information to expand opportunities, improve the quality of life and empower all persons with disabilities. By statute, MSCOD advises and aids the governor, legislature, state agencies, and the general public on services, programs and legislation pertaining to persons with a disability. MSCOD works closely with constituents to identify issues, craft language, educate policymakers, and pass laws that have a meaningful, positive impact in the disability community.

MSCOD Recommendation
Consider the implications of the Affordable Care Act.

MN Health Care and National Health Care Reform
A healthy economy depends on a healthy workforce. As life expectancy rates nation wide have increased, so have state and federal health care costs. The average annual growth of Minnesota State health care costs is presently at 8.5%. This is problematic when state revenue growth is only at 3.9%. If state health care costs continue at their current rate of growth, other services provided by the state such as education or health and family services, cannot grow. Furthermore, it is highly unlikely that the growth of state health care costs will remain at only 8.5% since the "baby boomer" generation has begun to retire and long-term care spending has surpassed K-12 education spending.

The national Affordable Care Act signed in 2009 will provide additional assistance for people with disabilities, such as:

- Greater choice.
- Lowered cost by rewarding quality and cutting waste by eliminating lifetime limits on how much insurance companies can cover, caps on what insurance companies can make beneficiaries pay, requiring states to submit justifications for premium increases, and reducing excessive insurance overhead.
- Assuring accessible, quality, affordable health care by requiring new plans to cover prevention and wellness benefits at no charge, addressing health disparities by improving data collection on the topic, and improving the care for chronic disease.[i]

The act will provide greater choice to Minnesotans with disabilities by:

- Expanding Medicaid to more people, including persons with disabilities.
- Creating new options for long-term supports and services (i.e. voluntary self-insured insurance program that help families pay for long term costs if a loved one develops a disability and new options for states to provide home and community based services).
- Eliminating insurance company discrimination.

- Creating more affordable choices and competition.

The immediate benefits of the Affordable Care Act in Minnesota are:

- A small business tax credit.
- Closing the Medicare Part D donut hole.
- Support for health coverage for early retirees.
- New consumer protections.
- Extending health coverage to young adult children under their parent's insurance.
- Affordable insurance for the uninsured with pre-existing conditions.
- Strengthening community health centers.
- More doctors where people need them.
- A new Medicaid option for the state.[ii]

Although the Affordable Care Act will make significant changes to how health care is done nationally, growing Minnesota State health care costs will still be a significant issue. In fact, the Affordable Care Act will make Minnesota State health care programs substantially more delicate because it will be vulnerable to national problems that arise, not just issues within Minnesota. For example, it is predicted that there will be a nation-wide shortage of medical doctors within five years, which will impact health care in Minnesota even if there is no shortage within the state.

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[i] "Health Reform for Americans with Disabilities: The Affordable Care Act Gives Americans with Disabilities Greater Control over their own Health Care." The White House. Last Accessed 06-28-10: http://www.whitehouse.gov/sites/default/files/rss_viewer/health_reform_for_americans_with_disabilities.pdf

[ii] "The Affordable Care Act: Immediate Benefits for Minnesota." The White House. Last Accessed 06-28-10. http://www.whitehouse.gov/files/documents/health-reform-states/affordable-care-act-immediate-benefits-mn.pdf

Minnesota State Council on Disability
Position Paper: Transportation

The Minnesota State Council on Disability (MSCOD) collaborates, advocates, advises and provides information to expand opportunities, improve the quality of life and empower all persons with disabilities. By statute, MSCOD advises and aids the governor, legislature, state agencies, and the general public on services, programs and legislation pertaining to persons with a disability. MSCOD works closely with constituents to identify issues, craft language, educate policymakers, and pass laws that have a meaningful, positive impact in the disability community.

Background

The Minnesota Department of Transportation (MNDOT) Greater Minnesota Transit Plan 2010-2030 aims to meet at least 80% of transit needs by 2015, and at least 90% of transit needs by 2025. In 2001, MNDOT originally set the goal of meeting 80% of transit needs by 2010, but currently estimates that they have only met 58% of the demand in Greater Minnesota. Minnesotans with disabilities are deeply affected by this service gap. MSCOD strongly supports MNDOT's goals and recommends that the necessary funds be appropriated for full implementation of MNDOT's plan.

In many parts of Greater Minnesota, public transit service is limited or nonexistent, particularly during evening hours and weekends. Many transit services are offered for fewer than 10 hours per day on weekdays. Weekend services are scarce; even some of the larger Minnesota cities, such as Rochester and Mankato, do not have Sunday service. As of 2011, two counties (Wilkin and Waseca) still do not have any public transportation services. In addition, eight counties contain cities with city service but do not have county-wide service (Clearwater, Cass, Nicollet, LeSueur, Rice, Blue Earth, Freeborn, and Olmsted). Greater Minnesota's transit issues will become more pressing in light of projections that the proportion of residents living in Central Minnesota (specifically, St. Cloud and surrounding areas) will increase from 12% to 17% in the next thirty years.

Meanwhile, the transit needs in Greater Minnesota continue to increase, strongly impacting the aging and disability communities. People with disabilities make up 15-20% of the population in most Greater Minnesota areas. The negative effects of the lack of daily transit in outstate Minnesota are only going to have a deeper and more pronounced effect on statewide community life as the "baby boomer" generation ages. In 2000, 50-60% of transit users in rural Minnesota were 65 years or older. Without available and accessible public transit, many people who are aging or have disabilities cannot maintain employment, run errands, enjoy recreational opportunities, or patronize local businesses. This transit shortage negatively affects both the strength of local economies and the quality of life of Minnesotans with disabilities.

The Minnesota Medicare Infrastructure Grant (MIG) through Pathways to Employment is slated to end in 2010, so engaging Minnesota communities in transportation dialogues has been incorporated in MNDOT's Investment Plans. This outreach will increase the ability of Minnesotans to be active citizens and involved advocates for their own transportation needs. It will also as increase MNDOT's awareness of consumer needs and its ability to meet those needs effectively.

In light of the current economic crisis, MNDOT's current primary focus is simply to preserve existing services. If new state or federal financial resources become available, new service will begin in unserved areas and current service will be expanded. MSCOD endorses that focus, as the maintenance of existing baseline transit services is especially crucial in these difficult economic times. Without those services, many people with disabilities would be effectively stranded in their homes. However, MSCOD strongly supports the additional appropriation of those necessary resources to expand transit service. Without new and expanded transit service, many people with disabilities will remain unable to pursue the most basic activities of everyday life outside the home.

The State of Minnesota provides extended transportation services for Minnesotans with disabilities who are not able to use Metro Transit or Metro Mobility. Special Transportation Services (STS), the most extensive of the services, is considered by the Minnesota Department of Human Services to be a "door-through-door" service. Licensed drivers ensure that a passenger comes from his/her original location into his/her destination. Access Transportation Services (ATS) are less intensive – and expensive – than STS. The Minnesota Department of Human Services considers STS "curb-to-curb" services for Minnesotans who are ambulatory to some degree, but still need some assistance. ATS drivers are often volunteers and may use personal vehicles.

These necessary programs come with their own challenges. For example, a person using an electric wheelchair can be denied STS in favor of ATS, on the basis that she can get through doors under her own power. Yet in many areas (particularly rural Minnesota), ATS services are provided by volunteers, many of whom use their own personal vehicles, which are often not accessible for wheelchair users. Additionally, some STS providers with accessible vans will not provide ATS because the reimbursement rate is lower.

STS/ATS assessments also present some significant issues. The assessments are performed over the phone with a standard set of 12-14 questions. If an applicant has trouble with the questions or with using a telephone, (s)he can be wrongfully denied services. Some such denials have been fought and overturned in court. The assessments may also present a conflict of interest. In the 11-county metro area and a few additional counties, the contracted provider organization that performs the eligibility assessments also manages the ATS services. These organizations receive a financial benefit when applicants are referred to ATS rather than STS.

MSCOD supports fully accessible public transportation for all Minnesotans. Either ATS must guarantee completely accessible transportation to all its users, or the criteria for STS must be expanded to include those users who require accessible transportation. Access Transportation Services cannot be truly effective if people using wheelchairs may not access them.

Particularly outside the metro area, Minnesota public transportation is suffering both in accessibility and availability. Without more specific and enforceable statewide standards of accessibility and increased availability of funds to create and expand transit service, many Minnesotans with disabilities are prevented from accessing these basic public services. Available and accessible transportation is interconnected with many other important issues that affect people with disabilities. Without transportation, it is impossible to obtain and maintain employment or access medical care.

Description

MNDOT's primary barrier to meeting 80% of projected transit needs is a lack of financial resources. MNDOT projects that in 2030 it will cost $184 million dollars to meet 80% of demand in Greater Minnesota; three times more than its 2008 cost of $54 million. To meet the same demand goals, service hours would need to increase from 2008's level of 1,015 to 1,728 in 2030. More stable sources of funding must be dedicated to transit to enable MNDOT to pursue its goals of new and expanded transit to meet consumer demand. As MNDOT transitions toward becoming fully compliant with the Americans with Disabilities Act, MSCOD advocates prioritizing the expansion of new and extended transit services for all Minnesotans. MNDOT and the State Legislature must actively seek additional state and federal funding towards those ends.

Recommendations

MNDOT should continue to examine additional ways of improving efficiency (e.g. through service coordination, etc), but its greatest challenge is the current lack of funds needed to close the substantial gap in service. As transportation is an issue that directly affects the lives and livelihoods of so many Minnesotans, the transit shortage must be addressed as a priority issue. Funds should be provided to MNDOT for completion of its Greater Minnesota Transit Plan.

We acknowledge the steps that are currently being taken to improve transit access policy. From the recent legislative session, we applaud and support the Legislature's approach of Complete Streets policy, as well as the creation of the Minnesota Council on Transportation Access, which will include a MSCOD representative as a member. This new Council will continue and further the work of the Governor's initiative, the Interagency Committee on Transit Coordination (ICTC). Both of these new policies are directed toward expanding access to state transportation and roads for transit users of all needs and abilities, and we hope to see positive results from their implementation.

The issue of accessible, available transportation reaches far beyond the disability community alone. For further advocacy efforts, a coalition may need to be developed with other organizations whose stakeholders would also have a strong interest in expanding transit: other organizations in the disability community, organizations for people who are aging, organizations focused on rural Minnesota, organizations for low-income workers, environmental organizations, etc. As MSCOD includes representatives from all regions of Minnesota, MSCOD has the opportunity to communicate with lawmakers across the state, representing a wide range of constituents. As communities of Minnesotans join together to prioritize outstate public transit, funds should be appropriated to meet MNDOT's goals and expand transit opportunities for all Minnesotans.

Traumatic Brain Injury Waiver

The Brain Injury Waiver provides funding for home and community-based services for children and adults who have an acquired or traumatic brain injury. BI Waiver services may be provided in a person's own home, in his/her biological or adoptive family's home, in a relative's home (e.g. sibling, aunt, grandparent etc.), in a family foster care home, in a corporate foster care home, in a board and lodging facility or in an assisted living facility. If married, a person may receive BI Waiver services while living at home with his or her spouse.

Who is eligible for BI Waiver services?

Eligibility for the BI Waiver is determined through a screening process. To be eligible for the BI Waiver a person must meet all these criteria:

- Be eligible for Medical Assistance
- Be certified as disabled by the State Medical Review Team or by the Social Security Administration
- Be under the age of 65 years when the waiver is opened
- Be determined to need the level of care available in a nursing facility or neurobehavioral hospital
- Choose services in the community instead of services in a nursing facility or neurobehavioral hospital
- Have a documented diagnosis of traumatic or acquired brain injury or degenerative disease diagnosis where cognitive impairment is present, provided the diagnosis is not congenital
- Experience significant/severe behavioral and cognitive problems related to the injury or disease
- Be assessed at Level IV or above on the Rancho Los Amigos Levels of Cognitive Functioning Scale

What else is important for participation in the BI Waiver?

Once eligibility is determined for participation in the BI Waiver, certain questions must be asked about services including:

- Are the services necessary to ensure the recipient's health, welfare and safety?
- Is the service covered by any other funding source, for example, Medical Assistance state plan services, private health care coverage, Medicare, education or Vocational Rehabilitation Service funding?
- Have all options been assessed and does this option meet the individual desires, needs and preferences of the person?
- Is the cost of the service considered reasonable and customary?

In addition to services covered by Medical Assistance, what services are available through the BI Waiver?

- 24-hour customized living
- 24-hour emergency assistance
- Adult companion
- Adult day care / adult day bath
- Behavior programming
- Caregiver living expenses
- Case management and case management aide services
- Chore service
- Consumer directed community supports (CDCS)
- Customized living
- Environmental accessibility adaptations
- Extended home care services
- Family counseling and training
- Foster care
- Home delivered meals
- Homemaker
- Housing access coordination
- Independent living skills (ILS) training
- ILS therapies
- Night supervision services
- Prevocational services
- Residential care services
- Respite
- Specialized supplies and equipment
- Structured day program
- Supported employment services
- Transitional services
- Transportation

How can persons apply for the BI Waiver?

You can apply for the BI Waiver at your local county public health or social service agency. The DHS Disability Services Division administers the BI Waiver.

For more information, contact your local county agency.

Let us know if you are unable to find information about Disability Services Division programs and services. E-mail DHS.Dsdtahelp@state.mn.us.

Community Alternative Care Waiver

CAC Waiver services may be provided in a person's own home, in his/her biological or adoptive family's home, in a relative's home (e.g. sibling, aunt, grandparent etc.), in a family foster care home or corporate foster care home. If married, a person may receive CAC Waiver services while living at home with his or her spouse.

Who is eligible for the CAC Waiver?

Eligibility for the CAC Waiver is determined through a screening process. To be eligible for the CAC Waiver, a person must meet all these criteria:

- Be certified as disabled by the Social Security Administration or the State Medical Review Team
- Be eligible for Medical Assistance
- Be under the age of 65 years when the waiver is opened
- Choose care in the community instead of a hospital
- Have a Community Support Plan, which includes assurances of the health and safety for the person
- Require the level of care provided in a hospital

What else is important for participation in the CAC Waiver?

Once eligibility is determined for participation in the CAC Waiver, certain questions must be asked about services including:

- Are the services necessary to ensure the recipient's health, welfare and safety?
- Have all options been assessed and does this option meet the individual desires, needs and preferences of the person?
- Is the cost of the service considered reasonable and customary?
- Is the service covered by any other funding source, for example, Medical Assistance state plan services, private health care coverage, Medicare, education or Vocational Rehabilitation Service?

In addition to services covered by Medical Assistance, what services are available through the CAC Waiver?

- Case management and case management aide services
- Consumer directed community supports (CDCS)
- Environmental accessibility adaptations
- Extended home care services
- Family counseling and training
- Foster care
- Home delivered meals
- Homemaker
- Respite care
- Specialized supplies and equipment
- Transportation
- Transitional services

How can persons apply for the CAC Waiver?

You can apply for the CAC Waiver at your local county social service agency. The DHS Disability Services Division administers the CAC Waiver. For more information, contact your local county agency (PDF).

Community Alternatives for Disabled Individuals Waiver

The Community Alternatives for Disabled Individuals (CADI) Waiver provides funding for home and community-based services for children and adults, who would otherwise require the level of care provided in a nursing facility. CADI Waiver services may be provided in a person's own home, in his/her biological or adoptive family's home, in a relative's home (e.g. sibling, aunt, grandparent etc.), a family foster care home or corporate foster care home, a board and lodging facility or in an assisted living facility. If married, a person may receive CADI Waiver services while living at home with his or her spouse.

Who is eligible for CADI Waiver services?

Eligibility for CADI Waiver services is determined through a screening process. To be eligible for CADI Waiver services, a person must meet all these criteria:

- Be eligible for Medical Assistance
- Be certified disabled by the State Medical Review Team or by the Social Security Administration
- Be under the age of 65 years when the waiver is opened
- Be determined to require the level of care provided to individuals in a nursing facility
- Have an assessed need for supports and services over and above those available under other funding sources
- Choose care and services in the community instead of a nursing facility

What else is important for participation in the CADI Waiver?

Once eligibility is determined for participation in the CADI Waiver, certain questions must be asked about services including:

- Are the services necessary to ensure the recipient's health, welfare and safety?
- Is the service covered by any other funding source, for example, Medical Assistance state plan services, private health care coverage, Medicare, education or Vocational Rehabilitation Service funding?
- Have all options been assessed, and does this option meet the individual desires, needs and preferences of the person?
- Is the cost of the service considered reasonable and customary?

In addition to services covered by Medical Assistance, what services are available through the CADI Waiver?

- 24-hour customized living
- 24-hour emergency assistance
- Adult companion service
- Adult day care / adult day bath
- Caregiver living expenses
- Case management and case management aide services
- Chore service
- Consumer directed community supports (CDCS)

- Customized living services
- Environmental Accessibility Adaptations
- Extended home care services
- Family counseling and training
- Foster care
- Home delivered meals
- Homemaker
- Housing access coordination
- Independent living skills (ILS) training
- Prevocational services
- Residential care services
- Respite care
- Specialized supplies and equipment
- Supported employment services
- Transitional services
- Transportation services

How can persons apply for the CADI Waiver?

You can apply for the CADI Waiver at your local county public health or social service agency. The DHS Disability Services Division administers the CADI Waiver. For more information, contact your local county agency (PDF).

Developmental Disability Waiver

The DD Waiver provides funding for home and community-based services for children and adults with developmental disabilities or related conditions. Assessed waiver service needs, as identified in the person's service plan, may be provided in a person's own home, in his/her biological or adoptive family's home, in a relative's home (e.g., sibling, aunt, grandparent, etc.), in a family foster care home or corporate foster care home.

Who is eligible for DD Waiver services?

Eligibility for DD Waiver services is determined through a screening process. To be eligible for DD Waiver services, a person must meet all these criteria:

- Be determined to have a developmental disability or related condition
- Be determined to likely require the level of care provided to individuals in an Intermediate Care Facility for Persons with Developmental Disabilities (ICF/DD)
- Be eligible for Medical Assistance
- Make an informed choice requesting home and community-based services instead of ICF/DD services

What else is important for participation in the DD Waiver?

Once eligibility is determined for participation in the DD Waiver, certain questions must be asked about services including:

- Are the services necessary to ensure the recipient's health, welfare and safety?
- Have all options been assessed and does this option meet the individual desires, needs and preferences of the person?
- Is the cost of the service considered reasonable and customary?
- Is the service covered by any other funding source, for example, Medical Assistance state plan services, private health care coverage, Medicare, education or Vocational Rehabilitation Service funding?
- Will the services address skill development and/or skill maintenance?

In addition to services covered by Medical Assistance, what services are available through the DD Waiver?

- Adult day care
- Assistive technology
- Caregiver training and education
- Case management
- Chore services
- Consumer-directed community supports
- Consumer training and education
- Crisis services
- Day training and habilitation services
- 24-hour emergency assistance
- Extended personal care assistant services

- Homemaker services
- Housing access coordination
- In-home family support services
- Live-in personal caregiver expenses
- Modifications to the home or vehicle
- Personal support
- Respite care
- Specialist services
- Supported employment services
- Supported living services
- Transitional services
- Transportation services

How can persons apply for the DD Waiver?

You can apply for the DD Waiver at your local county social service agency. The DHS Disability Services Division administers the DD Waiver. The number of people that may be served through the DD Waiver can vary depending on the federally approved plan and state legislative funding levels. For more information, contact your local county agency (PDF).

Elderly Waiver Program

What is the Elderly Waiver Program?

The Elderly Waiver (EW) program funds home and community-based services for people age 65 and older who are eligible for Medical Assistance (MA) and require the level of medical care provided in a nursing home, but choose to reside in the community. The Minnesota Department of Human Services (DHS) operates the EW program under a federal waiver to Minnesota's Medicaid State Plan. Counties administer the program.

What types of services are available?

Covered services include visits by a skilled nurse, home health aide, homemaker, companion, personal care assistant, as well as home-delivered meals, adult day care, supplies and equipment, personal emergency response systems, caregiver assessment, home modifications, and certified community residential services (customized living services, foster care, residential care).

Who is eligible?

- Those eligible for the EW program are 65 or older, eligible for Medical Assistance, and need nursing home level of care as determined by the Long-Term Care Consultation process.
- The EW service cost for an individual cannot be greater than the estimated nursing home cost for that same individual.

This program is limited to available openings.

If you're interested in learning more about the program, call the Senior LinkAge Line® at (800) 333-2433. It's a free call and a free service.

To apply for the Alternative Care program, please call a Long-Term Care Consultation Intake worker in the county where you live. If you are looking for assistance with other services or more information about counties, contact your local county social service office or public health office.

For facts about the Elderly Waiver program, such as how many Minnesotans are served, how many dollars are spent, and state statutes that apply, see the Elderly Waiver Fact Sheet.

Bulletins related to Elderly Waiver services can be found under bulletin topic #25 Aging Initiative.

To view the brochure regarding the Alternative Care and Elderly Waiver Programs please see "Seniors can get help paying for services to stay in their homes".

A copy of the provider standards are found in the MHCP Provider Manual.

Current Elderly Waiver service definitions and provider standards(PDF)

Proposed tools for Customized Living are located at Proposed EW Customized Living Tools

For more information, call the Minnesota Department of Human Services Aging & Adult Services Unit at (651) 431-2600. For TTY communication, contact us through the Minnesota Relay Service at (800) 627-3529 (TTY) or (877) 627-3848 (speech-to-speech relay service). This document is available in alternative formats to individuals with disabilities by calling either of these numbers.

Personal Care Attendant (PCA) Information

Personal Care Assistance Program

The personal care assistance program provides services to persons who need help with day-to-day activities to allow them to be more independent in their own home. A personal care assistant is an individual trained to help persons with basic daily routines. A PCA may be able to help a person if he or she has a physical, emotional or mental disability, a chronic illness, or an injury.

This program supports about 11,500 children, seniors, and adults to live at home in the community. The PCA program allowed the state to deinstitutionalize people with developmental disabilities, people living in mental health institutions, and people living in nursing facilities.

Eligibility

To be eligible for the personal care assistance program, a person must meet these criteria:

- Be eligible to receive Medical Assistance or MinnesotaCare Expanded (pregnant women and children)
- Require services that are medically necessary and ordered by a physician
- Be able to make decisions about his or her own care or have someone who can make decisions for that person

Services Provided

A person must need help to complete activities of daily living, have health-related tasks or need observation and redirection of behavior to use these four categories of services:

- Activities of daily living: includes eating, toileting, dressing, bathing, transferring, mobility, and positioning

- Health-related functions: includes, under state law, functions that can be delegated or assigned by a licensed health care professional to be performed by a personal care assistant
- Instrumental activities of daily living: includes meal planning and preparation, managing finances, shopping for essential items, performing essential household chores, communication by telephone and other media and getting around and participating in the community
- Redirection and intervention for behavior: includes observation and monitoring of behavior

Minnesota Department of Human Services. (2008). www.dhs.state.mn.us

Minnesota's
Olmstead Planning Committee

Disability is a natural part of the human experience. Having a disability does not mean a person has less desire to make choices about how to live, where to live and who to live with. It doesn't lessen the basic human desire to exert control over one's life. It doesn't lessen the desire to be seen as a person first; a person with strengths and hopes.

These are some of the human values that are part of public laws, programs and policies. But how well do current public policies and practices in Minnesota really match these values? How well do public programs match what people with disabilities and their families want and need in real life?

During the past several months, the Minnesota Olmstead Planning Committee discussed public programs to see what works, what doesn't, and how to fix it.

Our goal was to provide recommendations that ensure Minnesotans with disabilities:

- have choices about how to live, where to live and who to live with;
- are served in a community-based setting that is most fitting to their needs and their desires; and
- are treated first and foremost as a person with a desire for self-determination who happens to have a disability.

To read the Olmstead Planning Committee's report to DHS Commissioner Lucinda Jesson with recommendations from work the group has been doing, please visit:

www.dhs.state.mn.us/main/groups/olmstead/documents/pub/dh16_172625.pdf

MSCOD Publications

Building Access Survey – This publication is to help make a facility more accessible to individuals with disabilities. It gives a step-by-step process to help make a facility such as churches, schools, and non-profit organizations accessible.

The Inclusive Workplace – This publication is a resource for employers on how assistive technologies can be utilized as a reasonable accommodation in the workplace. It includes examples of Minnesotans using assistive technologies on the job, myths and facts about reasonable accommodations and employees with disabilities, as well as state, local, and national resources on the subject.

Responding to Disability: A Question of Attitude – This publication is a questionnaire designed to stimulate thinking and dialogue about disability awareness. It is a very useful tool in education, supervisory and employment training.

Understanding Your Rights and Responsibilities – MSCOD presents this brochure as a guide to people with disabilities to outline all of the federal and state regulations relating to disabilities. The contents cover everything from the ADA to the Fair Housing Act to transportation to education to service animals. This publication is now also available in Spanish.

Emergency Preparedness Toolkit – This toolkit is designed to be used as a guide for employers and individuals to develop an emergency preparedness plan in case an emergency or disaster strikes. The toolkit includes a how to and best practices guidebook, a brochure on emergency preparedness, and a bag filled with essentials to be used during an emergency including water, bandages, sanitary wipes, and more.

Brochures

MSCOD – This brochure contains information on what the MSCOD is all about; such as, number of members, council history, mission, services and activities.

Disability Parking in Minnesota – A Guide – This brochure provides various information on disability parking in Minnesota.

Americans With Disabilities Act MSCOD – The ADA provides coverage in five different areas and this MSCOD brochure gives a brief description of each.

Booklets

ADA Guide for Small Businesses –This booklet is published by the Dept of Justice to assist small businesses to understand and comply with Americans With Disabilities Act.

The Americans with Disabilities Act: A Primer for Small Business - To increase the percentage of individuals with disabilities in the workforce, this handbook provides an easy-to-read overview of the basic employment provisions of the ADA as they relate to employees and job applicants. Published by the Office of Legal Counsel, Equal Employment Opportunity Commission.

Transform 2010
SUMMARY DATA REPORT—*Baby Boomer Survey*

Themes for Action

- Redefining work and retirement
- Supporting caregivers of all ages
- Foster communities for a lifetime
- Improving health and long-term care
- Maximizing use of technology

About the Survey

Members of the baby boom generation (boomers) begin to turn 65 in 2011. The generation is the largest ever born and represents the beginning of a permanent shift in the age of our state's population. To better understand the implications of this historic demographic shift, Transform 2010, a project of Minnesota's Department of Human Services in partnership with the Board on Aging and Department of Health, conducted a survey of Minnesota boomers, those born between 1946 and 1964.

As the boomers age, they will face transitions—changes in work/retirement, personal health, housing, and changes in relationships and social roles. This survey addressed these important areas of personal transition to:

- Stimulate individual boomers to think and prepare for key transitions
- Gather information on boomers needs and preferences to effect system change
- Inform the policy agenda for aging at the state level

The survey focused on Minnesota boomers' current thoughts about work and housing in particular, and the ways in which they expect to approach these issues in the next 10 years. The survey also sought better understanding of the way in which personal health, finances, and caregiving responsibilities impact boomers' decisions about work and housing.

The summary of key findings presented here is based on the responses of roughly 3,800 Minnesota boomers to a mail survey conducted during the summer of 2010. For a more detailed account of the findings and information about the methods used to conduct the survey see the complete Data Report available on the Transform 2010 website: www.dhs.state.mn.us/2010

Summary of Key Findings

1. Overall Perceptions about Life

The majority of baby boomers were satisfied with their life overall (87%) with nearly half (46%) indicating that they were very satisfied.

Over two thirds of baby boomers (70%) reported that they were optimistic about the next ten years, with over half (53%) describing their outlook as somewhat optimistic.

Transform 2010
is a project of the
Minnesota Department of
Human Services

In partnership with:
Minnesota
Board on Aging &
Minnesota
Department of Health

CONTACT INFORMATION
Email
transform.2010@state.mn.us
Web site
www.dhs.state.mn.us/2010
General inquires Call
Minnesota Board on Aging
(1) 431-2500

NOVEMBER 2010

2. Current Living Arrangements

The vast majority of boomers own their own home (93%) and live in a single family home (88%).

- Townhomes and condominiums were more common among boomers who live alone, are unmarried/partnered, older, or live in the 7-county metro area

Over three quarters of boomers (77%) live with a spouse/partner, while 14 percent live alone.

- A relatively small portion of boomers live with other adult friends or relatives (3%) or their parents or grandparents (1.4%)
- Boomers who indicated their health was fair or poor, have a chronic condition that affects their choices around housing and/or employment, or do not meet their basic expenses were much more likely to live alone

Nearly three quarters of boomers (73%) have lived in their current home for more than 10 years.

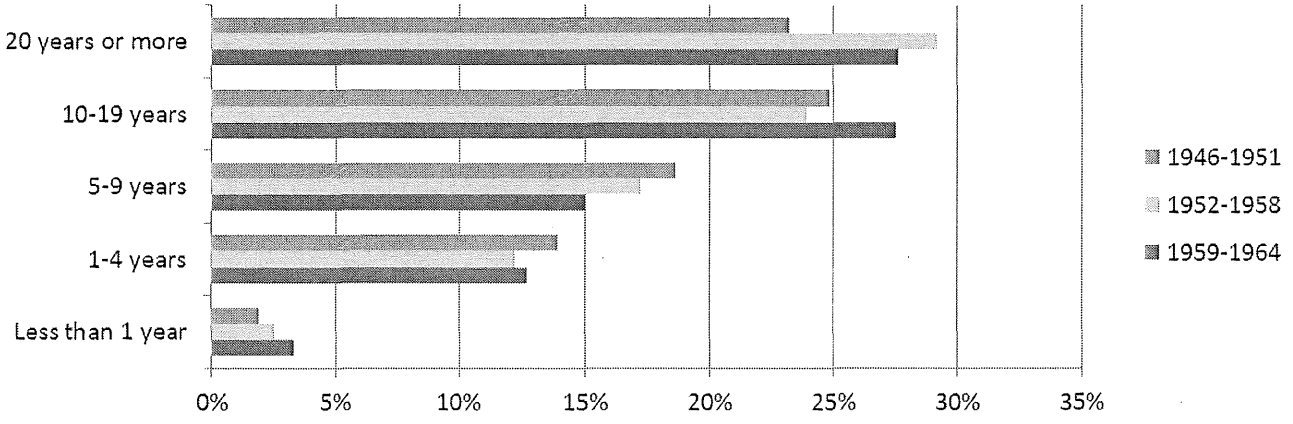
- 51 percent had lived in the same community for more than 20 years and 39 percent had lived in their home for 20 years or more
- Remaining in the same community for 20 years or more was more common among outstate boomers than boomers who live in the 7-county metro area

3. Future Living Arrangements

A majority of boomers (52%) plan to stay in their current home an additional 10 years or more.

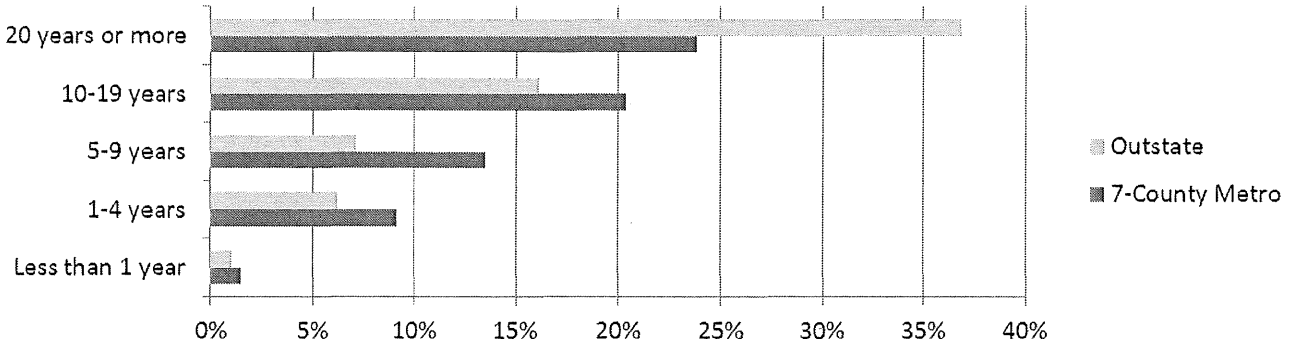
- 31 percent indicated that they plan to stay in the same community for 20 or more years and 27 percent reported that they plan to remain in their home for an additional 20 years or more

Figure 1: Additional Years Boomers Expect to Stay in their Current Home, by Year of Birth (n=3,809)



- More boomers in outstate Minnesota plan to remain in their current home for 20 years or more than boomers from the 7-county metro area

Figure 2: Additional Years Boomers Expect to Stay in their Community, Metro vs. Outstate (n=3,809)



By 2020, nearly three quarters of boomers (73%) expect to be living with a spouse or partner.

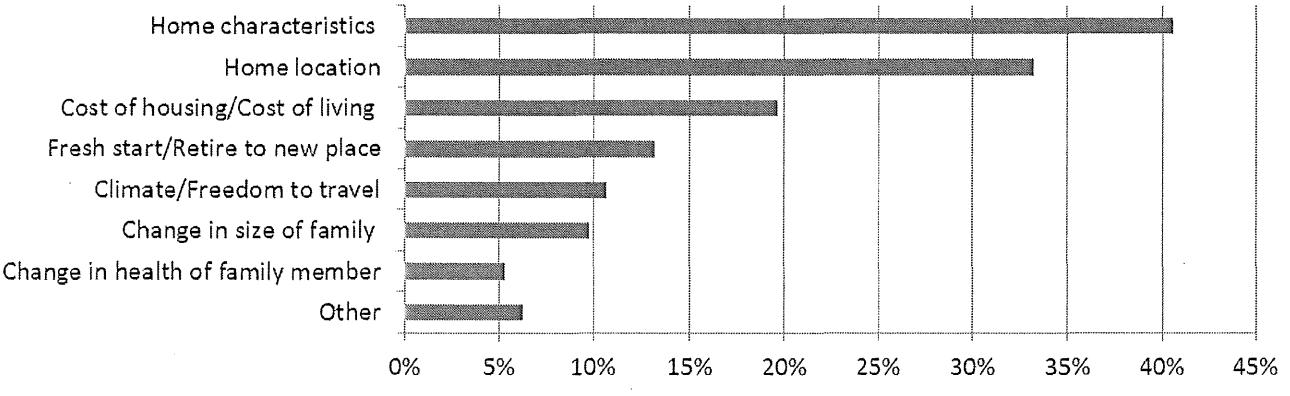
- Notably, fewer boomers expect to live alone in 2020 (11%) than live alone in 2010 (14%)
- Nearly 1 in every 5 unmarried/partnered boomers (19%) who currently live alone expect to be living with a spouse/partner in 2020

4. Future Living Arrangements for Boomers Considering a Move in the Next 10 Years

Roughly 1 in every 3 boomers (32%) is considering a move within the next 10 years.

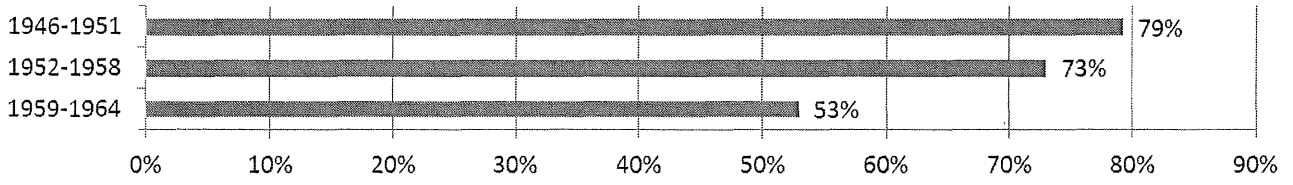
- Most boomers indicated they wanted to move due to home characteristics (41%)
- A third of boomers were considering a move to a better location (33%)
- 24 percent were thinking of moving to retire to a new place, experience a different climate, or to have more freedom to travel
- 20 percent indicated that were planning to move due to the cost of housing or living
- 15 percent wanted to move because there had been a change in the family

Figure 3: Reasons some Boomers are Considering a Move in the next 10 Years (n=1,013)



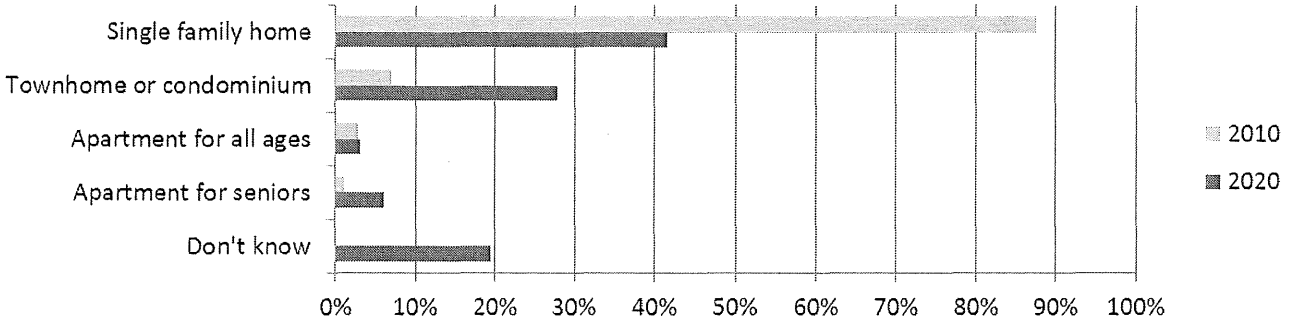
- Among boomers considering a move in the next ten years, more than two thirds (68%) said they would look for a home where they could live on a single level

Figure 4: Boomers that Expressed an interest in Single-Level Living, by Year of Birth (n=1353)



- More than two thirds of boomers (69%) plan to own their next home
- More than a quarter of boomers (28%) are considering a move to a townhome or condominium
- 10 percent are considering moves to apartments, with 6 percent reporting an interest in senior-only apartments and another 3 percent expressing interest in apartments for all ages
- 19 percent of boomers were unsure to what type of home they would move next

Figure 5: Type of Home Boomers expect to have in 2020 vs. 2010 (2010 n=3,803; 2020 n=1,417)



5. Current Work and Financial Situation

Most boomers are working (82%), and most are satisfied with their current employment (76%).

- The majority of boomers (68%) are working full-time, with 10 percent self-employed full-time
- 18 percent of boomers are unemployed, with 8 percent not looking for paid work, 6 percent searching for work, and 4 percent unable to work

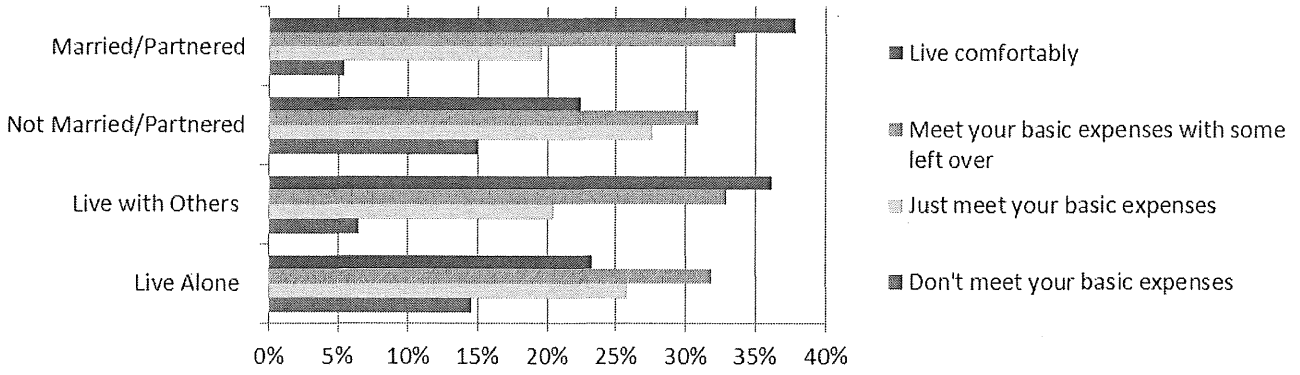
The majority of boomers (56%) spent some time in the past year volunteering to help others

- Females were more likely than males to report having spent time volunteering (60% vs. 52%), pursuing education for personal enrichment (23% vs. 16%), caring for a child (41% vs. 30%), or caring for a loved one with an illness or disability (29% vs. 20%)

Roughly two thirds of boomers (67%) are satisfied with their current financial situation

- Notably, 10 percent were very dissatisfied, with 8 percent indicating that they do not meet their basic expenses
- Also, 10 percent of boomers received some kind of financial assistance in the past year
- Boomers who are unmarried/partnered or live alone report worse financial situations than those who are married/partnered or live with others

Figure 6: Financial Situation based on Marital/Partner Status and Living Arrangement (n=3,809)

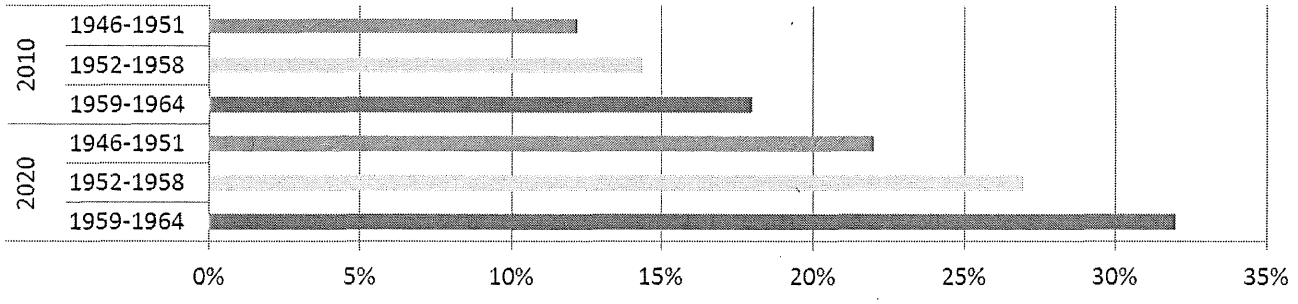


6. Future Work and Financial Situation

Roughly two thirds of boomers (67%) expect to be working in 2020.

- Nearly a quarter of boomers (23%) have no plans to stop working for pay
- 21 percent of respondents were unsure about whether and when they would stop working for pay
- 46 percent of boomers plan to stop working for pay at some point; of boomers planning to retire, 64 was the mean age at which they plan to stop working
- Roughly half of all boomers born between 1946 and 1951 plan to spend no time at all working for pay by 2020
- Notably, boomers of all ages expect to spend some amount of time self-employed by 2020

Figure 7: Percentage of Boomers Expecting to Spend some time Self-employed in 2020, by Year of Birth (n=3,809)



More than three quarters of boomers (76%) plan to spend time volunteering to help others in 2020; of these respondents, 38 percent plan to spend more time volunteering than they had in 2010.

By 2020, the majority of boomers (68%) expect to either live comfortably (32%) or have money left over after they meet their basic expenses (36%).

- 13 percent of boomers expect to just meet their basic expenses by 2020, while 4 percent doubt they will meet their basic expenses
- 12 percent were unsure what to expect about their future financial situation

7. Long-term Care and Family Caregiving

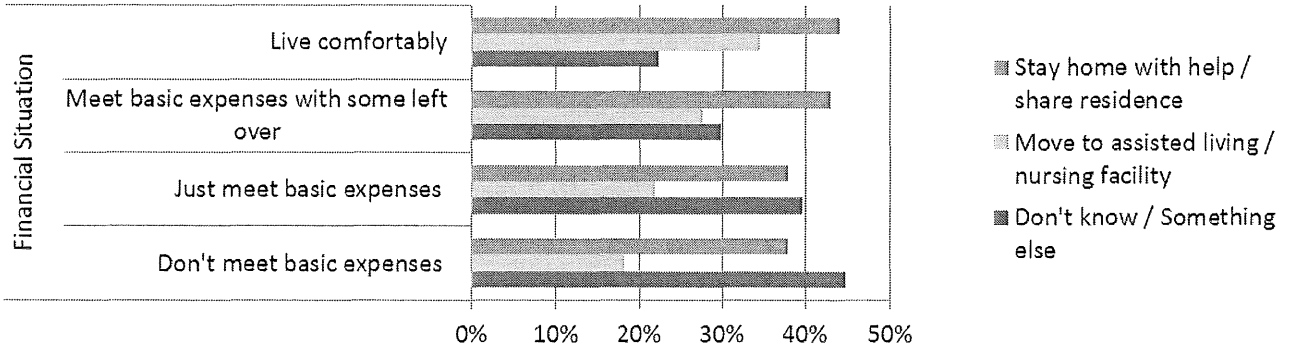
13 percent of boomers have a chronic condition that affects their housing and/or employment choices.

- Boomers who do not meet their basic expenses were much more likely to report having a chronic condition that affects their choices around employment and/or housing

If faced with a health change that compromised their ability to live independently, over a third of boomers would seek assistance in their home from family, friends and/or an agency to remain independent (41%).

- People of varied financial situations expressed similar interest in remaining at home
- 27 percent of boomers indicated that they would move to an assisted living setting; people in better financial situations expressed more interest in assisted living
- The same portion of boomers were unsure what they would do (27%); Boomers who currently do not meet their basic expenses were especially uncertain

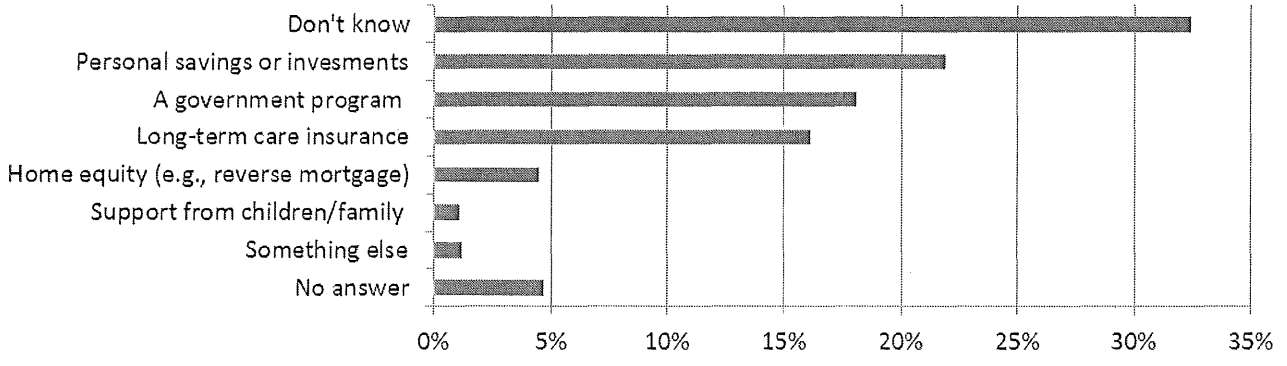
Figure 8: Response to Health Change that affects Independence, by current Financial Situation (n=3,809)



If long term care services were needed, nearly a third of boomers (32%) were unsure how the cost of services would be covered.

- Nearly a quarter of boomers (22%) plan to pay for long term care with their personal savings
- 18 percent of respondents said they would utilize a government program, while roughly the same portion would rely on a long term care insurance product (16%)

Figure 9: Boomers' Plans to Cover the Cost of Long Term Care (n=3,809)



More than a third of boomers (38%) expect to spend some time caring for an ill or disabled friend or family member by 2020; of these boomers, 20 percent expect to spend more time caregiving than they do at present.

Roughly 60 percent of boomers provided financial support to one or more family members or friends in the past year.

MSCOD

Minnesota State Council on Disability

Your Policy, Training and Technical Resource

121 East 7th Place Suite 107 St. Paul, MN 55101
651-361-7800 V/TTY
1-800-945-8913 V/TTY
council.disability@state.mn.us
www.disability.state.mn.us
www.facebook.com/mscod
www.twitter.com/mscod

"We are an agency that advises, provides technical assistance, collaborates, and advocates to expand opportunities, improve quality of life, and empower all persons with disabilities."

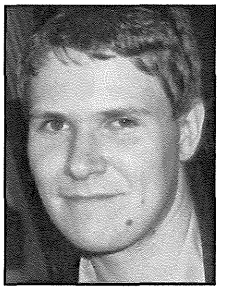
Our Legislative team

Joan Willshire

Executive Director
651.361.7801 (work)
651.338.1594 (cell)
joan.willshire@state.mn.us

Kim Kang

Legislative Specialist
651.361.7803 (work)
612.338.6821 (cell)
kim.kang@state.mn.us



Colin Stemper

Employment Policy Specialist
651.361.7809 (work)
612.247.4878 (cell)
colin.stemper@state.mn.us

Other staff members

Linda Gremillion
Business Operations Manager
Linda.Gremillion@state.mn.us
651-361-7805

Tricia Drury
Events Coordinator/Admin
Tricia.Drury@state.mn.us
651-361-7808

Margot Imdieke Cross
Accessibility Specialist
Margot.Imdieke@state.mn.us
651-361-7802

Stuart Cross
Customer Service Specialist
Stuart.Cross@state.mn.us
651-361-7807