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A Report to the 1998 Minnesota Legislature

**Home and Community-Based Services
for Persons with Mental Retardation and Related Conditions**

Submitted by: Minnesota Department of Human Services

Community Supports for Minnesotans with Disabilities Division

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1997 Laws of Minnesota
Chapter 203, Section 27

...The commissioner shall report to the chairs of the health and family security budget division and the house health and human services finance division by March 1, 1998, on the results of the waiver amendment, the authorizations and utilization of waived services for persons with mental retardation or a related condition, including crisis respite services, plans to increase the number of counties working together, additional persons served by the reassignment of resources, and options which would allow an increased number of persons to be served within existing appropriations.

The estimated cost of preparing this report is less than \$5,000.

Upon request, this information will be made available in an alternative formate, such as Braille, large print, or audiotape.

HISTORY

Before 1981 when a person with mental retardation or a related condition or his or her family needed services or support the options available were limited. Use of Medicaid funds to pay for services could only be used for Intermediate Care Facilities for the Mentally Retarded (ICFs/MR) services, including state regional treatment centers and community group homes. In order to help a person remain in his or her home and community there had to be changes in the way states could use money from Medicaid to pay for services.

In 1981 the federal government passed the Omnibus Budget Reconciliation Act which created the Title XIX Home and Community-Based Services Program. This act allows the Secretary of the United States Department of Health and Human Services to waive traditional Medicaid requirements.

This act is referred to as the “waiver,” and the services it pays for as “waivered services.” It allows states the option of applying for a waiver to use Medicaid funds to provide home and community-based services as an alternative to institutional care. Examples of institutional care include group homes, regional treatment centers, and other institutional settings such as hospitals and nursing facilities. In 1984 Minnesota began its home and community-based services program for persons with mental retardation and related conditions, also referred to as the MR/RC Waiver.

The goals of waived services are to provide necessary services and support which are meaningful to the person receiving the services, to respect the person’s personal beliefs and customs, and to make sure that services are cost-effective. Waivered services are different from institutional care services in that they are uniquely developed based on the individual needs of the person and the services and supports that are available in their community. Waivered services help a person to become involved in the community where he or she lives and works, help develop relationships with people in that person’s home and work communities, develop skills to make decisions and choices about how and where the person wants to live, as well as assist him or her to be as independent as possible. Waivered services may be modified as the needs of a person change.

AUTHORIZATION AND UTILIZATION OF MR/RC WAIVER RESOURCES

Each county must provide and maintain MR/RC Waivered Services within their unique allowable funding “pool.” When waiver recipients who are new to the program begin to receive services the county agency’s unique allowable funding pool is increased. The resource amount contributed by each new waiver recipient is based on the average resource needs of persons with similar functional characteristics. The analysis of an individual recipient’s functional needs and the comparison of those needs with other

recipients occurs through the systematic review of assessment information provided to the Department on the DD Screening Document. Four summary profiles have been established based on extensive analysis of recipients, their characteristics, and average service costs. The methodology for allocating waiver funding based on the profiled needs of individual recipients is a means to assure:

- ▶ equity in access to waived services, regardless of a person's prior or current living arrangement; and
- ▶ the maintenance of unique allowable funding pools which vary from county to county, based on the characteristics of the people the county agency supports with the MR/RC Waiver.

Resource amounts associated with a particular profile in no way limit the amount of services that may be authorized to support a particular recipient. Nor do resource amounts prescribe a level of service or funding. Flexibility exists to allow local county agencies to provide recipients with coordinated and cost-effective services based on their needs, preferences, and informal support systems. Decisions regarding the authorization of individualized waived services are based on:

- ▶ his/her Individual Service Plan (ISP);
- ▶ local county written procedures and criteria for allocating resources;
- ▶ provider contracts; and
- ▶ the extent to which requested services can be managed within the unique allowable resource pool.

Each fiscal year the Department allocates new resources to county agencies to serve eligible recipients waiting for services through the MR/RC Waiver. Allocations are limited so that agencies may only serve a specified number of recipients. (Allocations are sometimes referred to as "slots.") This allocation process provides county agencies with a new unique allowable resource pool from which to develop waived services for current and new waiver recipients. (The resource pool does not actually increase until the new waiver recipients actually enter the waiver program as recorded on MMIS II - Medicaid Management Information System.) County agencies, within the parameters of their written procedures and criteria and state policy goals, determine who will receive waived services. State policy goals which shape allocation decisions include:

- ▶ reducing the number of children in institutional settings;
- ▶ reducing the utilization of ICFs/MR, including Regional Treatment Centers;

- ▶ supporting the needs of persons in unstable living arrangements due to the age or incapacity of the primary caregiver(s); and
- ▶ building the capacity of local communities to support persons with disabilities and their families.

When a decision has been reached as to who will receive waived services the case manager works with the person and his or her legal representative, if any, to develop a comprehensive and feasible service plan. Service providers are determined and contracts are established as needed. County agencies then “authorize” waived services through MMIS II. Service providers file claims against provided services and are paid through the MMIS II system.

The table below illustrates how the MR/RC Waiver program has grown in recipients and funding each fiscal year. The “allowable funding” is the total amount available statewide based on each county’s unique allowable funding pools. The allowable funding is calculated on the basis of the actual number of recipients receiving approved MR/RC Waiver services. “Paid funding” is the total dollar amount of waived services paid for through the MMIS II system. When waiver recipients also receive home care services, the paid funding includes the costs of both waiver and home care services.

	Number of Recipients	Allowable Funding	Paid Funding	Annual Paid Funding per Recipient	Difference Between Allowable and Paid	% Difference Between Allowable and Paid
Fiscal Year 1995	4,978	\$184,692,826	\$173,944,554	\$34,943	\$10,685,272	5.82%
Fiscal Year 1996	5,630	\$228,864,989	\$216,580,174	\$38,469	\$12,284,815	5.37%
Fiscal Year 1997	6,103	\$269,376,753	\$253,454,749 **	\$41,530	\$15,922,004	5.91% **

**Claims for fiscal year 1997 are still being submitted for payment.

The difference between allowable and paid funding is attributable to a number of areas, including:

- ▶ county reserve account to meet the changing needs of current recipients, ensure the health and safety of current recipients, and provide short-term emergency intervention to eligible waiver recipients;
- ▶ high-cost recipients entering the waiver program late in the fiscal year with cost implications for following fiscal years; and
- ▶ county agencies planning to serve new recipients in succeeding fiscal years.

REASSIGNMENT OF RESOURCES

For a variety of reasons, waiver recipients also leave the MR/RC Waiver program. The Department policy has been to maximize the use of the “turnover” allocations to serve recipients who are waiting for services. County agencies have thirty days to identify a plan for a turnover allocation. If the county agency has not used the turnover allocation within 90 days the Department assists in reassigning the turnover allocation to serve an eligible recipient living in another county. Typically there are less than one percent of the total available turnover allocation unused at any one point in time.

Turnover allocations are not always reassigned when the service plan indicates that the recipient will again need the services and supports provided by the MR/RC Waiver. For example, when a recipient needs short-term convalescent care in a nursing home the waiver allocation can be reserved for the return to his or her community. Reserving such allocations assures that services and supports can be provided in a methodical manner with smooth transitions occurring when needs increase or decrease.

UTILIZATION BY SERVICE TYPE

The following chart reports the types of waived services provided for fiscal years 1995 through 1997. The fiscal information for 1997 is still incomplete as claims for payments may be submitted up to one year after the provision of services. However, a significant majority of the fiscal year 1997 claims have been submitted and paid. The chart includes the number of unduplicated recipients receiving each service, the dollar amount paid for each service, and the annual cost per recipient for each service.

A short description of each service is included in Attachment A.

MR/ Waiver Services, Recipient Count, and Expenditures

	Adult Day Care	Assistive Technology	Caregiver Training & Education	Case Management	Crisis-Respite	Day Training & Habilitation	Environmental Modifications	Home Care, including PCA	Homemaker
Number of Recipients									
1995	26	29	17	4,956	28	2,869	629	394	104
1996	22	61	32	5,617	86	3,326	633	355	107
1997	24	64	39	6,095	228	3,702	654	350	93
Total Amount Paid per Service									
1995	\$ 108,192	\$ 8,899	\$ 1,460	\$ 6,435,594	\$ 257,468	\$ 29,390,183	\$ 1,004,961	\$ 3,914,127	\$ 173,421
1996	\$ 103,934	\$ 38,814	\$ 6,714	\$ 7,467,057	\$ 2,277,326	\$ 36,158,060	\$ 1,047,908	\$ 3,695,819	\$ 181,048
1997	\$ 153,078	\$ 22,184	\$ 5,536	\$ 7,604,634	\$ 2,425,471	\$ 43,696,984	\$ 1,036,807	\$ 3,612,188	\$ 176,884
Annual Expenditures per Recipient									
1995	\$ 4,161	\$ 307	\$ 86	\$ 1,299	\$ 9,195	\$ 10,244	\$ 1,598	\$ 9,934	\$ 1,668
1996	\$ 4,724	\$ 636	\$ 210	\$ 1,329	\$ 26,481	\$ 10,871	\$ 1,655	\$ 10,411	\$ 1,692
1997	\$ 6,378	\$ 347	\$ 142	\$ 1,248	\$ 10,638	\$ 11,804	\$ 1,585	\$ 10,321	\$ 1,902

Claims for fiscal year 1997 are still being submitted for payment.

MR/RC Waiver Services, Recipient Count, and Expenditures

	Housing Access Coordination	In-Home Family Support	Personal Support	Respite Care	Specialist Service	Supported Employment	Supported Living Services-Adult	Supported Living Services-Child	24-Hour Emergency
Number of Recipients									
1995	0	868	18	851	132	15	3,445	166	3
1996	6	917	60	907	235	19	3,964	200	5
1997	0	961	184	961	297	15	4,389	181	5
Total Amount Paid per Service									
1995	\$ -	\$ 7,417,449	\$ 43,526	\$ 2,071,827	\$ 75,314	\$ 24,489	\$ 117,846,637	\$ 5,422,377	\$ 6,111
1996	\$ 660	\$ 8,355,145	\$ 273,568	\$ 2,379,808	\$ 237,756	\$ 25,452	\$ 150,083,828	\$ 6,499,525	\$ 25,056
1997	\$ -	\$ 9,465,710	\$ 504,118	\$ 2,758,135	\$ 382,338	\$ 22,447	\$ 176,826,606	\$ 7,330,255	\$ 30,562
Annual Expenditures per Recipient									
1995	\$ -	\$ 8,545	\$ 2,418	\$ 2,435	\$ 571	\$ 1,633	\$ 34,208	\$ 32,665	\$ 2,037
1996	\$ 110	\$ 9,111	\$ 4,559	\$ 2,624	\$ 1,012	\$ 1,340	\$ 37,862	\$ 32,498	\$ 5,011
1997	\$ -	\$ 9,850	\$ 2,740	\$ 2,870	\$ 1,287	\$ 1,496	\$ 40,289	\$ 40,499	\$ 6,112

Clair for fiscal year 1997 are still being submitted for payment.

CRISIS-RESPITE SERVICES

Crisis-respite services are relatively new to the MR/RC Waiver program. They were initially added in fiscal year 1994 to serve persons living in the Moose Lake and Faribault RTC catchment areas. This was a unique service offered in areas of the state where state-operated institutions were closed or operating at a significantly reduced capacity. In fiscal year 1997 the service was offered on a statewide basis in anticipation to the on-going reduction in RTC capacity.

Crisis-respite services are short-term in nature and provide specialized assistance to a recipient when existing supports are not adequate to assure his or her health and safety. Crisis-respite services are provided: 1) when the caregiver requires relief and support; and 2) protection is needed for the recipient or others living with them.

Crisis-respite services include the following recipient specific activities:

- ▶ assessment to determine the precipitating factors contributing to the crisis;
- ▶ development of a provider intervention plan in coordination with the service planning team;
- ▶ consultation and training to the provider and/or caregiver as necessary to assure successful implementation of the recipient specific intervention plan;
- ▶ development and implementation of a transition plan to aid the recipient in returning home if out-of-home crisis-respite was provided;
- ▶ on-going technical assistance to the caregiver or provider in the implementation of the intervention plan developed for the recipient; and
- ▶ provision of recommendations for revisions to the Individual Service Plan to prevent or minimize future crisis situations in order to increase the likelihood of maintaining the recipient in the community.

The following criteria must be met for a recipient to receive crisis-respite services:

- ▶ the caregivers and/or service providers are not capable of providing the necessary intervention and protection of the recipient or others living with the recipient;
- ▶ crisis-respite service(s) will enable the recipient to avoid institutional placement;

- ▶ the use of out-of-home crisis-respite will not exceed 21 days except when authorized as part of an approved regional plan or by the Commissioner's designee upon evidence of need, assurances that the extension will not result in the recipient's inability to return home or to an alternative home in the community, and that the continued use of the crisis-respite service is a cost-effective alternative to institutionalization; and
- ▶ the recipient has been screened and authorized as eligible to receive home and community-based services.

COUNTY COLLABORATION

As discussed, the management of the MR/RC Waiver creates unique allowable funding pools for each county agency. The unique allowable funding pools have two components: 1) allowable dollar amounts and 2) allowable number of recipients that may receive waived services at any one time. These two components are established by the Department and communicated to the county agencies prior to the beginning of each fiscal year. In general, this management process provides the maximum service flexibility for consumers and allows decision making to occur at the local level. However, for smaller county agencies, the lower allowable funding pools and recipient count can create a more rigid service design and delivery system than desired and the county agencies are less able to meet unexpected needs.

The Department has been supportive of and provided technical assistance to smaller county agencies who have been interested in finding solutions to these challenges. Of particular note has been the activity occurring in west central Minnesota. Four years ago nine county agencies came together and formed WARP (Waiver Allocation Resource Project). WARP is a coordinated effort by an alliance of counties, in a written agreement between the counties and the Department, to creatively manage MR/RC Waiver funding and allocations. WARP's purpose has been to maintain and expand resources to persons with mental retardation and related conditions. To that end, WARP develops and implements an annual plan that includes:

- ▶ written procedures and criteria for allocation of available resources;
- ▶ waiver service provider and infrastructure maintenance and expansion;
- ▶ quality assurance and monitoring;
- ▶ linkages with other pilot projects, including the mental health collaborative and managed care demonstration projects;
- ▶ regional needs planning and assessment; and

- ▶ annual evaluations.

WARP has seen a number of positive outcomes through its management design. It has accomplished the following activities:

- ▶ newly allocated waiver resources are now distributed to recipients waiting for services with the greatest need, *regardless of their county of financial responsibility*;
- ▶ turnover allocations are quickly redistributed to recipients waiting for services with the greatest need, again, *regardless of their county of financial responsibility*;
- ▶ no new admissions to RTCs;
- ▶ all RTC residents relocated into community settings;
- ▶ 41% of the region's ICF/MR beds have been decertified with home and community-based services offered as an alternative when appropriate and desired by the person;
- ▶ the remaining ICF/MR programs are no longer experiencing chronic vacancies;
- ▶ decreased reliance on "crisis" services, including Regional Treatment Center and psychiatric hospital services; and
- ▶ regional planning for emergency or unanticipated services and safety net services.

The Department is currently working with several other groups of counties who have expressed an interest in working more closely together in the planning and delivery of services. These regions include five counties in the Brainerd area and counties in the northwest region of the state. These counties are currently working on several key initiatives that are commonly shared, including, Regional Treatment Center downsizings and the development of local infrastructure to provide emergency or unanticipated service needs and community safety net services.

WAIVER AMENDMENTS

HCFA recently approved a number of amendments to the MR/RC Waiver Plan (Fiscal Years 1998 through 2002). The amendments were formulated to assure broad service

flexibility and consumer direction of services.

Changes to current service parameters were approved as follows:

Caregiver Training and Education: the annual reimbursement limit per recipient was increased from \$500 to \$2,500.

Housing Access Coordination: the annual reimbursement limit per recipient of \$500 removed.

Respite Care: the annual service limitation for each recipient to 90 twenty-four hour days or 2160 hours was removed. The requirement that the person also receive a residential habilitation service funded by the waiver was removed.

Residential habilitation: the limitation that service providers may not include the recipient's immediate family has been modified. Payment for residential habilitation can not be made, directly or indirectly, for services provided to a minor child by the child's parents or step parents. Likewise, payment for residential habilitation can not be made, directly or indirectly, to a recipient's spouse. All others seeking to provide residential habilitation must meet provider qualifications as specified in the waiver plan, statutes, and rules.

Six new services were also added to the MR/RC Waiver as follows:

Caregiver Living Expenses: payment for the rent and food that may be reasonably attributed to a live-in caregiver. The live-in caregiver must live in the same household as the recipient. The home may not be that of the caregiver nor a residence owned or leased by a provider of Medicaid services. The live-in personal caregiver also provides one of the following waived services: residential habilitative services; personal support services; extended personal care attendant services; and consumer-directed community supports.

Chore: support or assistance to a recipient or his/her primary caregiver to keep their home clean and safe. Examples include, washing floors, windows and walls; basic home maintenance; or moving heavy items of furniture to provide safe entry and exit. Chore services are provided when the person who is regularly responsible for these activities is temporarily absent or is unable to

manage the home and care for themselves or others in the home. Chore services are provided by individuals or entities who meet the recipients' unique needs and preferences.

Consumer Training and Education: training and education to a recipient to strengthen their self-advocacy skills, to learn how to better exercise their civil rights, and/or to acquire skills that strengthen their ability to exercise control and responsibility over the services and supports they receive. The service allows for the cost of enrollment fees, materials, mileage, hotel and meal expenses to be paid. Annual payment for services is limited to \$2,500. Consumer training and education is provided by individuals, agencies, or educational facilities which have expertise in areas such as consumer empowerment, training, education, consumer-directed community supports, self-advocacy, community inclusion, relationship building, problem solving, and decision making.

Consumer-Directed Community Supports: provision of support, care and assistance to a recipient to prevent institutionalization and allow them to live an inclusive community life. Consumer-directed community supports are designed to build, strengthen or maintain informal networks of community support for the recipient. Consumer-directed community support services are available when local agencies have memorandums of understanding with DHS to demonstrate the feasibility and effectiveness of consumer-directed community supports. Consumer-directed community supports are provided by individuals or entities who meet the recipient's unique needs and preferences.

Extended Personal Care Attendant: provides a continuation of personal care attendant services when the need for service exceeds the scope and duration of the service available through the state plan service option. Providers of extended personal care attendance must meet existing provider qualifications for the state plan service.

Transportation: allows a recipient to gain access to community services, resources, and activities. Whenever possible, the informal and cost-free transportation from family, neighbors, friends, or community agencies are used. This service is in addition to the medical transportation available under the State Medical Assistance Plan. Transportation is provided by individuals or entities who are common carriers of community transportation, including bus, taxicab, and county-owned services. Transportation may also be provided by private individuals when they meet the recipient's needs and preferences in a cost-effective manner.

The individual service planning teams will continue to specify the amount and frequency of the services. Costs will continue to be managed within the county agencies unique

allowable resource pool if services are adjusted due to the changes in current waiver plan. Waivered services must be offered in accordance with the recipient's needs and preference as identified in the Individual Service Plan, may not duplicate other services, must meet the recipient's health and safety needs, and must be provided in a manner that meets the desired outcomes of the recipient.

The Department is issuing a bulletin to county agencies describing the waiver amendments and implementation process. The bulletin will be followed by additional regional training to assure consistent understanding of the waiver program and the changes to the waiver plan.

SERVICE OPTIMIZATION & FLEXIBILITY

The Department has also received HCFA's approval to provide additional recipient capacity without additional funding provided to the waiver program. This service optimization will be offered to county agencies or county collaboratives who meet the criteria outlined in a soon to be released bulletin. Considerations under review at the current time include:

- ▶ paid claims for waived services are at or below their unique allowable resource amount;
- ▶ implementation plans for meeting requests for institutional discharges;
- ▶ assurance that the on-going and future needs of current waiver recipients can be met;
- ▶ waived services are offered in a consumer-directed manner; and
- ▶ implementation of a quality assurance mechanism that exceeds the current scope of health and safety assurances.

The Department is issuing a bulletin for county agencies to express an interest in participation in service optimization and flexibility. Prioritization will be given to county agencies working in collaboration with one another and agencies identifying eligible recipients waiting for services who are living in unstable situations due to the age or incapacity of their primary caregiver.

MR/RC WAIVER -- SERVICE DESCRIPTIONS

Adult Day Care: Adult day care programs provide integrated supervision, care, assistance, training, and activities that are age appropriate to help a person to be as involved in the community as possible and have meaningful social experiences with non-disabled peers. Meals and transportation are covered by this service. Specialized therapies and adaptive equipment may also be provided. It is intended to help the person maintain skills, and to prevent or delay the use of institutional services. A person can choose adult day care services instead of DT&H services when it has been decided that DT&H services are no longer appropriate to meet the person's needs.

Assistive Technology: Assistive technology refers to devices, equipment, or a combination of these which improve a person's ability to perform activities of daily living, control or access the environment, or communicate. This service may include evaluation for an assistive device, equipment rental during a trial period, obtaining and customizing devices, as well as training and technical assistance to the person, caregivers, and staff to teach the person how to best use the device or equipment. This service will also cover the cost of maintenance and repair of devices, and rental of equipment while a device is being repaired.

Caregiver Living Expenses: This service provides payment for the rent and food that may be reasonably attributed to a live-in personal caregiver. The live-in personal caregiver also provides one of the following waived services: residential habilitative services; personal support services; extended personal care attendant services; and consumer-directed community supports.

Caregiver Training and Education: This service provides training for a person who is a primary caregiver, such as a parent, on a variety of topics such as developmental disabilities, community integration, parent skills, family dynamics, stress management, intervention, and mental health. The training is provided by individuals, agencies, and educational facilities. The service allows for the cost of enrollment fees, materials, mileage, hotel and meal expenses to be paid so that a parent or primary caregiver can attend the training sessions.

Case Management: This service is available to all persons with mental retardation or a related condition. The purpose of this service is to help locate, coordinate and monitor social and daily living activities, medical, and other services needed to meet the specific needs of a person and his or her family.

Supportive Living Services (SLS): The purpose of this service is to teach specific skills to a person who requires daily intervention. Daily intervention means providing on-going supervision, training or assistance to help the person reach his or her

individual goals in the following areas: self-care, sensory/motor development, interpersonal skills, communication, reduction and/or elimination of challenging behaviors, community living, mobility, health care, leisure and recreation, money management and household chores.

Chore: This services supports or assists a person or his/her primary caregiver to keep their home clean and safe. Examples include, washing floors, windows and walls; basic home maintenance; or moving heavy items of furniture to provide safe entry and exit. Chore services are provided when the person who is regularly responsible for these activities is temporarily absent or is unable to manage the home and care for themselves or others in the home.

Consumer Training and Education: This service provides training and education to a person to strengthen their self-advocacy skills, to learn how to better exercise their civil rights, and/or to acquire skills that strengthen their ability to exercise control and responsibility over the services and supports they receive. The training is provided by individuals, agencies, and educational facilities. The service allows for the cost of enrollment fees, materials, mileage, hotel and meal expenses to be paid.

Consumer-Directed Community Supports: Consumer-directed community supports are services which provide support, care and assistance to a person, prevent the person's institutionalization and allow the person to live an inclusive community life. Consumer-directed community supports are designed to build, strengthen or maintain informal networks of community support for the person. Consumer-directed community support services are available when local agencies have memorandums of understanding with DHS to demonstrate the feasibility and effectiveness of consumer-directed community supports.

Crisis Respite: Crisis-respite services are specialized services which provide short-term care and intervention to a person. Crisis-respite services give needed relief and support to the caregiver and protect the person or others living with them. Crisis-respite services include activities: assessment; development of a provider intervention plan; consultation and training to the providers and/or caregivers; development and implementation of a transition plan if out of home crisis-respite was provided; on-going technical assistance to the caregiver or provider; and recommendations for revisions to the Individual Service Plan (ISP).

Day Training and Habilitation: Day training and habilitation (DT&H) provides training, supervision, and assistance to help a person develop and maintain vocational and daily life skills and become more involved in the community. These services are coordinated with residential services.

Environmental Modifications: Environmental modifications are equipment and physical adaptations to a person's home and/or vehicle necessary to help the person have greater independence. This service includes only modifications to the home or vehicle which are of direct and specific benefit to the person due to his or her disability.

Extended Personal Care Attendant: This service provides a continuation of personal care assistant services when the need for service exceeds the scope and duration of the service available through the state plan service option.

Homemaker Services: General household activities are provided through this service by a trained homemaker when the person who is regularly responsible for these activities is temporarily absent or is unable to manage the home and care for themselves or others in the home.

Housing Access Coordination: The purpose of the service is to help a person make choices about where to live, the type of home the person wishes to have, and who will be a roommate(s), if any. This service helps the person to identify affordable, accessible housing and assures that housing needs are provided for separately from other service needs. It may also include assistance in identifying options and making choices, planning for on-going maintenance and/or repair of the home, and identification of financial resources such as eligibility for housing subsidies and other benefits.

In-Home Family Support: This service provides training and support to a person and his or her family, including extended family, in the family home and in the community. It is designed to increase the family's ability to care for and support the person in the family home.

Personal Support: This service helps a person increase independence, productivity, and involvement in the community. Personal support services provide more flexible and less formal, or less intensive support than supportive living services. It includes supervision and assistance to help a person find and use community services and to participate in community activities. This service may be provided in a person's home or in the community.

Respite Care: This service provides short-term care to a person when the family member(s) or primary caregiver cannot be there or needs a rest from his or her responsibilities. Respite care may be provided in the person's home or in a different home or residential setting which has been approved by the county. Respite care may include day and overnight services.

Specialist Services: Specialist services include services which are not available through regular Medical Assistance (MA). These are specific services to meet the unique needs of the person which provide assessment, program development, training and supervision of staff and caregivers, monitoring of how programs are provided, and evaluation of service outcomes to assure that staff and caregivers are able to meet the needs of the person.

Supported Employment Services: This service is available to a person who lived in an ICF/MR any time before receiving waived services. Supported employment services provide on-going training and support to the person while he or she is a paid employee at an existing business or industry in the community. This provides the opportunity to work with people who do not have disabilities and who are not paid caregivers or service providers.

24-Hour Emergency Assistance: This service provides on-call counseling and problem solving and/or immediate response for assistance at the person's home due to a health or personal emergency. Electronic personal emergency response systems may be provided. 24-hour emergency assistance is available to people who live in their own home or with their primary caregiver and do not receive 24-hour supervision.

Transportation: This service provides transportation that allows an individual with a disability to gain access to community services, resources, and activities. This service is offered in accordance with the needs and preferences identified in the person's plan of care.