

**MINNESOTA
DEPARTMENT
OF
HUMAN
SERVICES**

**DISABILITY
SERVICES
DIVISION**

*Creating
Service Options
and Choice
In
Homes and
Communities*

**Home and Community-Based
Services Waiver
For
Persons With
Mental Retardation
and
Related Conditions**

A Report to the Minnesota Legislature

January 2005

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Home and Community-Based Services Waiver
For
Persons with Mental Retardation or Related Conditions

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Executive Summary

Over the last two decades, the Minnesota Department of Human Services (DHS) has worked to replace institutional care with community-based service options. To help achieve this goal, the Department implemented the Home and Community-Based Services Waiver for Persons with Mental Retardation or Related Conditions (MR/RC Waiver) in 1984. The MR/RC Waiver provides supports necessary for persons to be integrated and included in their communities. The service options available allow flexibility and choice for people to be supported in a manner that best meets their preferences and needs.

Until 1999, approximately 600 MR/RC Waiver allocations were awarded annually, which was less than the annual increase in the number of people applying for MR/RC Waiver services. In 2001, advocate effort and legislative action opened an unprecedented window of opportunity that allowed access to the waiver for over 5,000 new people, increasing the total number of waiver participants to over 14,000.

For the current biennium, legislation does not allow new diversion allocations that would add resources to a county's budget, but conversion allocations may be created, and funds added to a county's budget, as a result of decertifying a bed in an Intermediate Care Facility for Persons with Mental Retardation (ICF/MR). Counties may serve additional people through the MR/RC Waiver as their budget allows. As of September 1, 2004, approximately 14,530 people were receiving services through the MR/RC Waiver.

Management of the MR/RC Waiver

DHS continues to take other administrative actions to improve access to home and community-based services and assist counties in managing their waiver resources. The Department has:

- Developed and continues to update the Disability Services Program Manual (DSPM) located on CountyLink, to provide counties with policies and procedures and their legal authority for consistency in program administration across all counties.
- Created H-C (Home and Community) Policy Response, a tool for counties to ask

policy- related questions in the event that policy information on a specific area cannot be located within the DSPM.

- Improved upon and provided ongoing intensive training and technical assistance to counties from Regional Resource Specialists, including the Waiver Management System (WMS), an online program that provides various categories of information for county agency tracking and planning purposes (counties use this information in planning and managing waiver resources).
- Received approval from the Centers for Medicare and Medicaid Services (CMS) of a Consumer Directed Community Supports (CDCS) Amendment to expand the CDCS across the state and provide for consistent administration in all 87 counties.
- Provided an intensive schedule of CDCS training to counties and written materials for consumers and counties to assure uniform implementation of the new CDCS amendment.
- Developed and delivered training to case managers across the state to assure consistent practices when determining level of care and eligibility for the MR/RC Waiver.
- Entered into a contract to design a State to County budget allocation methodology for the MR/RC Waiver by 2007.
- Provided counties with guidelines in the following three areas related to managing the county budget for the MR/RC Waiver while assuring consumer protections:
 - County procedures for allocating available funding to individual recipients.
 - Required county notifications and obligations when proposing amendments to individual service plans and/or recipients' budgets; and
 - Considerations when deciding to add new recipients to the waiver program.

Intended Outcomes for the Department in Managing the MR/RC Waiver

Program goals for calendar year 2005 include improvements in managing the program to achieve the following: a stable budgeting process, increased consumer options, increased program integrity, and strengthened quality management.

Re-engineer State to County MR/RC budget process.

A new budget methodology was introduced for the MR/RC Waiver program in January 2003. DHS will undertake a review of the budget methodology currently in place and

will consider changes that address issues of equity, predictability, cost management, and budget planning for future demands and changes in demographics.

Implement the revised Consumer Directed Community Supports (CDCS) service.

CDCS allows consumers and/or their legal representatives to have control over their budgets and arrange for services that are designed to build and maintain informal networks of community support. DHS received approval of the waiver plan amendment in March 2004. CDCS was implemented on October 1, 2004 for persons on all waivers in the thirty-seven counties that were previously providing CDCS. The service will be available across the state as of April 1, 2005 for persons on all waivers. DHS has provided training to counties and health plans on the implementation of CDCS and will be providing repeat sessions of the trainings before implementation across the state. Materials have been developed to provide consumers, their families and counties with additional information on CDCS.

Strengthen Technology Applications for Fiscal and Program Integrity.

DHS will proceed to develop technology supports that address state and county management needs, administrative practices and reporting.

Strengthen Quality Management.

DHS will recommend, invest in and look for opportunities to enhance quality management in order to:

- Increase the state's capacity to monitor, report and improve county performance related to the administrations of the MR/RC Waiver program.
- Design a reporting structure for DHS and county managers that routinely provide information about key indicators.
- Improve statewide process used to access and distribute home and community based waiver resources.

Legislation

Minnesota Statutes section 256B.0916, Expansion of home and community-based services; management and allocation responsibilities. Subd. 7. Annual report by commissioner. Beginning November 1, 2001, and each November 1 thereafter, the commissioner shall issue an annual report on county and state use of available resources for the Home and Community-Based Waiver for Persons with Mental Retardation or Related Conditions. For each county or county partnership, the report shall include: (1) the amount of funds allocated but not used; (2) the county specific allowed reserve amount approved and used; (3) the number, ages, and living situations of individuals screened and waiting for services; (4) the urgency of need for services to begin within one, two, or more than two years for each individual; (5) the services needed; (6) the number of additional persons served by approval of increased capacity within existing allocations; (7) results of action by the commissioner to streamline administrative requirements and improve county resource management; and (8) additional action that would decrease the number of those eligible and waiting for waiver services.

Minnesota Statutes section 256.49, Subd. 21. Report. The commissioner shall expand on the annual report required under section 256B.0916, subdivision 7, to include information on the county of residence and financial responsibility, age, and major diagnoses for persons eligible for the home and community-based waivers authorized under subdivision 11 who are: (1) receiving those services; (2) screened and waiting for waiver services; and (3) residing in nursing facilities and are under age 65.

The Department will submit a separate report to respond to this new requirement.

Introduction

Before 1981, options to support persons with mental retardation or related conditions and their families were limited. Medicaid funding was only available to pay for services in Intermediate Care Facilities for persons with mental retardation (ICFs/MR), which includes state Regional Treatment Centers (RTCs) and community group homes. In order to support persons to remain in their family homes or other individualized community settings, changes were needed in the way states could use money from Medicaid to pay for services.

In 1981, the federal government passed the Omnibus Budget Reconciliation Act (OBRA), which created the Title XIX Home and Community-Based Services Program. This act allowed the Department of Health and Human Services (DHS) to waive traditional Medicaid requirements, which allowed states to provide home and community-based waiver services as an alternative to institutional care. In 1984, Minnesota implemented the Home and Community-Based Services Waiver for Persons with Mental Retardation or Related Conditions, also referred to as the MR/RC Waiver.

The goal of the MR/RC Waiver is to provide necessary services and supports so that the person can continue to live in their community. These services should be meaningful to the person receiving the services, respectful of the beliefs and customs of that person, assure health and safety, and increase levels of independence. MR/RC Waiver services are based on individual needs and enable a person to become involved in and to develop relationships in the community.

To be eligible for the MR/RC Waiver, a person must choose the MR/RC Waiver and meet all of the following criteria:

- Eligible for Medical Assistance (MA) based on disability diagnosis.
- Have a diagnosis of mental retardation or a related condition.
- Reside in an ICF/MR and continue to require an ICF/MR level of care or the screening team determines the person would be placed in an ICF/MR if home and community based services were not provided.
- Require daily interventions, daily service needs and a 24 - hour plan of care that is specified in the plan of care.
- Has made an informed choice of waiver services instead of ICF/MR services.

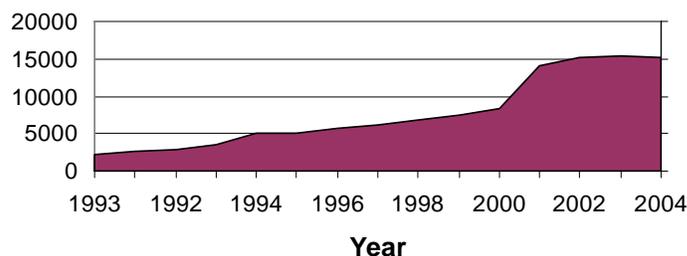
The services available through the MR/RC Waiver include:

- | | |
|--------------------------------------|-----------------------------------|
| Adult day care | Extended personal care attendants |
| Assistive technology | Homemaker services |
| Caregiver living expenses | Housing access coordination |
| Caregiver training and education | In-home family support |
| Case management | Personal support |
| Chore services | Respite care |
| Consumer training and education | Specialist services |
| Consumer directed community supports | Supported employment services |
| Crisis respite | Supported living services |
| Day training and habilitation | 24-hour emergency assistance |
| Environmental modifications | Transportation |

[A description of these services can be found in Attachment A.]

The average monthly number of recipients continued to grow through FY 2003. A reduction in the average monthly caseload was seen in 2004 when county budget growth was limited to people converting from ICF/MR's, and a limited number of other emergency allocations.

MR/RC Waiver Average Monthly Caseload



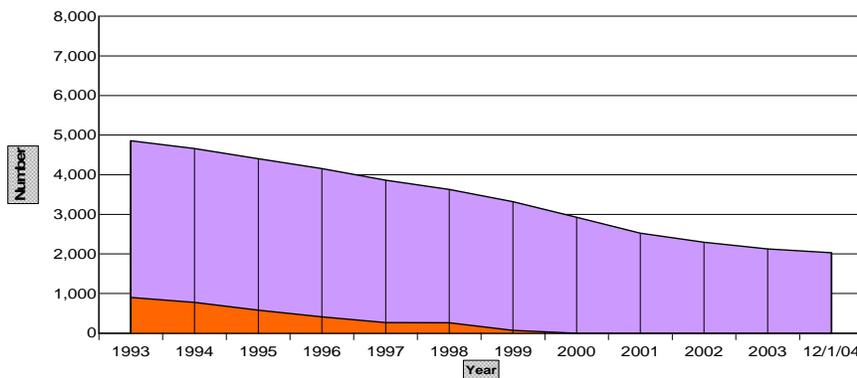
MR/RC Waiver	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
	3453	5121	5065	5732	6256	6907	7414	8313	14,031	15264	15363	15269

For several years, the Department of Human Services (DHS) annually awarded 600 allocations to persons waiting for services to ensure that people have the choice to live in their communities. But even with these allocations, the number of people who were still waiting for waiver services continued to grow. In response to this growth in the waiting list, the 1999 Minnesota Legislature increased the appropriation for the MR/RC Waiver to serve an additional 100 persons each year. Counties could also request the ability to create new slots if they could afford to do so within their existing budget.

The 1999 legislative action also created budgetary changes in 2001 that allowed the Department to increase slots if spending did not reach the forecasted appropriation in each fiscal year. As a result of counties not spending to the appropriation level, the Department provided county agencies instructions about accessing waiver services slots during the open enrollment period (March 23, 2001 to June 30, 2001).

Along with the growth of people on the MR/RC Waiver, the number of persons in institutions and community ICFs/MR continues to fall. In 1990, there were 1,320 persons with developmental disabilities in RTCs; today there are no persons with developmental disabilities living in RTCs. In 1990, there were 4,224 persons with developmental disabilities living in community ICF's/MR; as of December 01, 2004, there are 2,030 persons in community ICF's/MR.

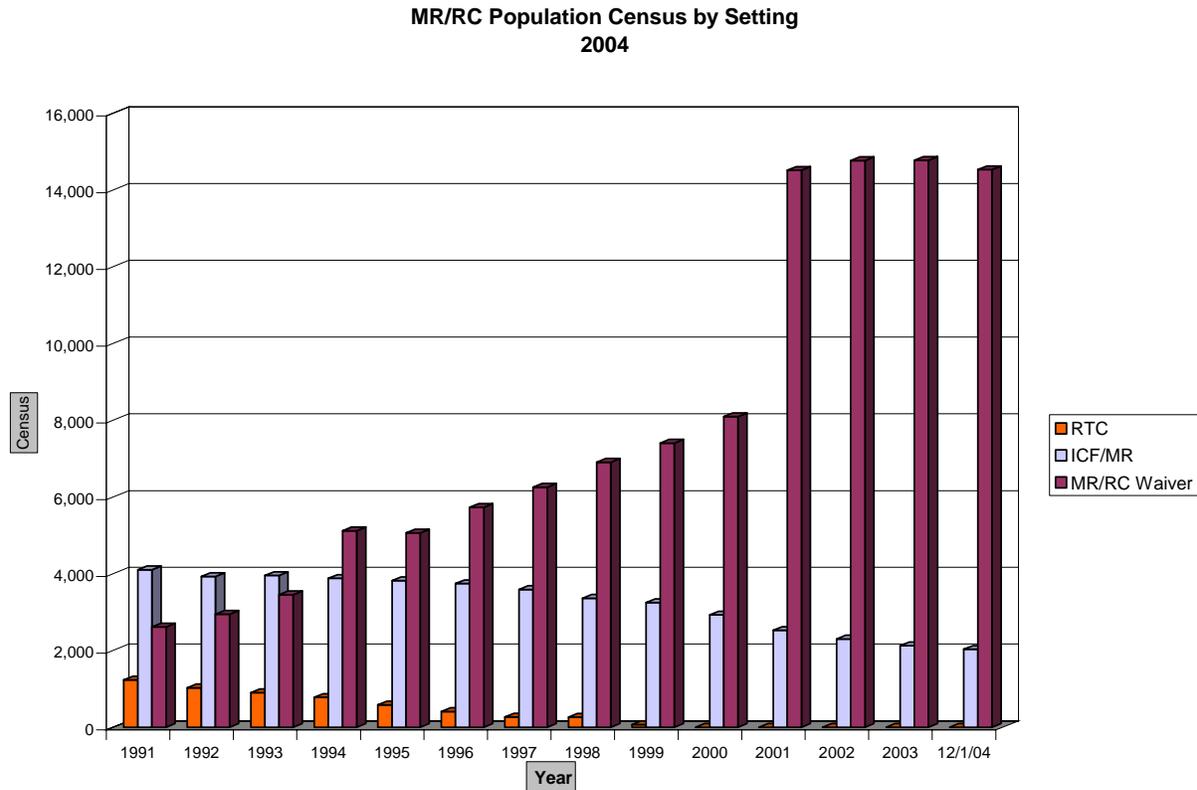
Number of Persons with Developmental Disabilities Residing in ICFs/MR or RTCs



	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	12/1/04
ICF/MR	3,954	3,879	3,821	3,742	3,591	3,362	3,248	2,926	2,526	2,299	2,126	2,030
DD RTC	902	781	582	412	271	265	71	0	0	0	0	0

Data Source: Medical Assistance Program: Recipient and Cost Projections@ and DSD 12/01/04

The following chart illustrates the MR/RC population census in RTCs, ICFs/MR and the MR/RC Waiver between 1991 and 2004.



Data Source: A Medical Assistance Program: Recipient and Cost Projections@ and DSD 12/01/04

Management and Authorization of the MR/RC Waiver

As legislatively appropriated, the Department allocates new resources to counties in order to serve persons waiting for services. County agencies, based on state policy goals and their own written procedures and criteria, determine who will receive waiver services. The state policy goals that guide these decisions include:

- Supporting children and families so that children with disabilities have a stable, nurturing environment within their community.
- Increasing non-institutional alternatives.
- Supporting the needs of persons in living arrangements that are unstable due to the age or incapacity of the primary caregiver.
- Building the capacity of local communities to support persons with disabilities and their families.

The management of the MR/RC Waiver occurs through county agencies. When a person requests to receive services funded by the waiver, county staff meets with the individual and their family or legal representative, if any. Together, the team develops a person- or family-centered plan that identifies the supports necessary to help the individual attain his or her highest level of independence and self-sufficiency at home and in the community.

A county case manager works with the person and with the family members or the legal representative, if any, to develop a comprehensive support plan. With the case manager’s assistance, the person selects service providers and contracts are established as needed. County agencies “authorize” the waiver services through the Medicaid Management Information System (MMIS). Service providers file claims with and are paid through MMIS. Within the county’s annual waiver budget, the county has the flexibility to authorize the resources that are necessary to provide supports in the community for the person and to ensure the person’s health and safety. This provides for optimal management of the waiver resources. In addition, the county can direct their MR/RC Waiver resources based on the changing support needs of recipients and families.

The following table illustrates how the MR/RC Waiver program grew in recipients and funding each fiscal year, through fiscal year 2002. The “allowable funding” is the total amount available statewide based on the actual number of persons receiving approved MR/RC Waiver services. “Paid funding” is the total dollar amount of waiver services paid through MMIS. When waiver recipients also receive home care services, the paid funding includes the cost of both waiver and home care services. Because of the change in waiver budget year from a fiscal year to a calendar year, calendar year information will be placed in a separate table.

COMPARISON OF ALLOWABLE AND PAID FUNDING

	Total Number of People	Allowable Funding	Paid Funding	Annual Paid Funding per Person	Difference Between Allowable and Paid	% Difference Between Allowable and Paid
FY 1998	6,824	\$310,711,133	\$310,227,624	\$45,461	\$483,509	0.16%
FY 1999	7,316	\$349,962,811	\$355,672,175	\$48,616	(\$5,709,364)	(1.63%)
FY 2000	8,234	\$434,447,258	\$410,388,138	\$49,841	\$24,059,120	5.54%

FY 2001	14,610	\$587,412,929	\$510,428,187	\$34,937	\$76,984,742	13.11%
FY 2002	15,293	\$882,390,220	\$716,411,526	\$46,846	\$165,978,694	18.81%

Data Sources: MMIS Service Agreements; MMIS Paid Claims, 9/26/03

Because of the large number of persons entering the waiver in the last three months of fiscal year 2001, there was a large difference between allowable and paid funding. This is because of the length of time it generally takes to establish and implement an individual service plan.

To control spending increases, in January 2003, the Department adopted a new method for allocating MR/RC Waiver funds to county agencies. The state rebased county budgets to better reflect actual spending and projected growth and service changes, gave the counties these budgets to manage based on a calendar rather than a fiscal year, and through a waiver amendment gave the counties greater flexibility in managing the funds within their budget.

Below is a table for calendar year 2003 that displays the authorized, allowable, and paid dollars on a statewide basis. "Authorized" is the total authorized dollars from the service agreements of the MR/RC Waiver recipients for calendar year 2003. "Allowable" is the calendar year 2003 allowable expenditures, based on the counties' available MR/RC Waiver resources. "Paid" is the total dollars paid out in claims submitted to MMIS for calendar year 2003.

CALENDAR YEAR 2003 COSTS AND DAILY AVERAGES

Total Number of People Served	Waiver Days	Authorized Allowable Paid	\$ Diff Allowable Paid	% Diff Allow - Paid	\$ Diff Authorized Paid	% Diff Auth - Paid
15,310	5,368,818	\$932,230,871.63 \$836,181,836.37 \$823,076,326.02	\$13,105,510.35	1.56%	\$109,154,545.61	12%

Source: MMIS Data as of 10/01/04

Change In Needs Plans

The federally approved MR/RC Waiver plan requires counties and partnerships to develop and submit to the Department, a Change in Needs Plan, that addresses changes in recipient needs (anticipated, unexpected and emergency needs) within their budget

allocation. The county Change in Needs Plan must:

- Include information on how the county will continue to serve individuals who experience changes in service needs.
- Provide assurance that health and safety needs of all MR/RC Waiver recipients are met.
- Be submitted to DHS by April 1, 2003 (no Department approval needed).
- Be made available to the public upon request.

Eighty-six counties have submitted a Change in Needs Plan to the Department indicating their policies and procedures to address changes in recipients' needs.

Reserve Accounts

County agencies may elect to establish a reasonable reserve amount to address recipient changes in need. The reserve amount must be based on the county agency's experience, recipient utilization history, and anticipated recipient needs. The reserve amount allows the county to hold back some of their budget amount from being allocated, so there is some amount of money available for circumstances that come up during the budget year that need waiver funding. If a county establishes a reserve fund within the Change in Needs Plan, the following information must be part of the plan:

- How funds will address anticipated, unexpected and emergency needs.
- How the county established resource amounts based on documented past experience and projected needs for the coming year.

There are many situations or circumstances that would warrant the use of the reserve amount. A few examples of circumstances where the reserve account may be used include:

- Preventing an admission to more restrictive setting such as a regional treatment center.
- Increase in a recipient's need for support services.
- Protecting a recipient's health and safety.
- Injury, illness, or death of a primary caregiver.

With the change in budget methodology, the reserve accounts have taken on new significance for counties. The amount of the reserve accounts average approximately 3 to 5 percent of the counties' waiver budgets. The following chart shows the counties

that have submitted a reserve account plan and the planned reserve percentages of the counties' MR/RC budgets.

COUNTIES WITH A RESERVE ACCOUNT PLAN

COUNTY	RESERVE	RESERVE AMOUNT REQUEST		RESERVE	RESERVE AMOUNT REQUEST
Aitkin	Y	5%	Goodhue	Y	5%
Anoka	Y	up to 5%	Grant		
Becker	Y	TBD	Hennepin	Y	up to 5%
Beltrami	Y	5%	Houston	Y	3%
Benton	N	TBD	Hubbard	Y	up to 5%
Big Stone	Y	10 – 15%	Isanti	N	
Blue Earth	Y	5%	Itasca	Y	3% or \$251,729
Brown	Y	5%	Jackson	Y	requested
Carlton	Y	5%	Kanabec	N	
Carver	Y	5%	Kandiyohi	Y	5%
Cass	Y	3%	Kittson	Y	1-5%
Chippewa	N	TBD	LacQuiParle	N	TBD
Chisago	Y	3% - \$300,000	Lake	Y	5%
Clay	Y	up to 5%	Lake of the Woods	N	
Clearwater	N		LeSueur	Y	\$231,913.05
Cook	Y	3%	Lincoln, Lyon, Murray	Y	2.50%
Cottonwood	Y	up to 5%	McLeod	Y	up to 5%
Crow Wing	Y	5% or \$346,974	Mahnomen	N	
Dakota	Y	up to 5%	Marshall	Y	1-5%
Dodge	Y	5%	Meeker	Y	up to 5%
Douglas	Y	5%	Mille Lacs	N	TBD
Faribault/Martin	Y	3%	Morrison	Y	5%
Fillmore	Y	Approx. 5%	Mower	Y	
Freeborn	Y	5%	Nicollet	Y	up to 5%

Nobles	Y	up to 5%
Norman	Y	1 - 5%
Olmsted	N	
Otter Tail	Y	up to 5%
Pennington	N	
Pine	Y	up to 5%
Pipestone	Y	5%
Polk	N	
Pope	Y	5%
Ramsey	Y	3.50%
Red Lake	N	
Redwood	Y	up to 5%
Renville	Y	up to 5%
Rice	Y	up to 5%
Rock	Y	5%
Roseau	Y	5%
St. Louis	Y	up to 5%
Scott	Y	up to 5%

Sherburne	Y	5%
Sibley	N	TBD
Stearns	Y	
Steele	Y	5%
Stevens	N	TBD
Swift	Y	2%
Todd	Y	5%
Traverse	N	
Wabasha	Y	3%
Wadena	N	
Waseca	Y	up to 5%
Washington	Y	5%
Watsonwan	Y	up to 5%
Wilkin	N	
Winona	N	
Wright	Y	up to 4%
Yellow Medicine	N	

People Waiting for Services

The following table represents the number of people with mental retardation or related conditions who are currently waiting for MR/RC Waiver services and potentially other services. These individuals have been screened and have chosen to receive services funded by the MR/RC Waiver – at some time in the future. This table includes data on people who have not yet indicated a “waiver need index”. The table below is broken down by age group and current living arrangement.

NUMBER OF PERSONS WAITING FOR MR/RC WAIVER SERVICES AND OTHER SERVICES BASED ON CURRENT LIVING ARRANGEMENTS AND AGE GROUPS

Current Living Arrangement	Ages 0-12	Ages 13-17	Ages 18-22	Ages 23-39	Ages 40-59	Ages 60-+	Total
Board and Lodge	0	0	0	4	1	3	8
Family Home	1,287	551	453	270	90	9	2,660
Foster Care, Family	25	23	28	28	13	8	125
Foster Care, Live-In	0	1	3	5	7	0	16
Foster Care, Shift Staff	3	13	33	91	114	41	295
ICF/MR	0	5	14	99	208	43	369
Nursing Facility	0	0	0	0	1	1	2
Other	16	28	22	33	14	4	117
Own Home, < 24 hour support	0	0	4	30	22	6	62
Own Home, 24 hour support	0	0	0	1	3	2	6
METO	0	0	4	2	1	0	7
TOTALS	1,331	621	561	563	474	117	3,667

Data Source: MMIS DD Screening Documents, 12/07/04

Individuals and their families often request waiver services in anticipation of future needs. While waiting for waiver services, a number of other service options may be available. For example, all persons with mental retardation or related conditions are eligible to receive case management. In addition, many persons receive services through the Family or Consumer Support Grants, Day Training and Habilitation programs, home care (including personal care) and other Medical Assistance services, such as assistive technology. A summary of other possible services can be found in Attachment B (Matrix of Services for Community Supports for Minnesotans with Disabilities Division). County agencies may also use their own funds to provide supportive services to individuals and families in need.

home care (including personal care) and other Medical Assistance services, such as assistive technology. A summary of other possible services can be found in Attachment B (Matrix of Services for Community Supports for Minnesotans with Disabilities Division). County agencies may also use their own funds to provide supportive services to individuals and families in need.

Counties that are not able to serve all persons who are eligible for and requesting MR/RC Waiver services must develop a plan that describes how the county will manage and prioritize the waiting list. Counties have been required by statute to have policies in this area for a number of years.

The Department provided factors as guidance for counties to consider when determining assignment of slots to people waiting for services. These factors include:

- Can the necessary supports and services identified in the service plan be accommodated by the county waiver budget?
- Can the county assure the health, safety, and welfare of the consumer into the future?
- Can the county and consumer access providers who meet standards and competency requirements stated in the service plan?
- Does the county anticipate having a surplus at the end of the budget year?
- What budget reserves will be needed to meet anticipated or unanticipated changes in current recipient needs within the budget year?
- In assessing the adequacy of the county's budget reserves, the county should consider its historical spending data and trends; the demographics of its current waiver population; and recent changes in the law or other service programs that could increase demand for waiver services among current recipients.
- How likely will turnover in the program impact the budget of the county?

The language in the MR/RC Waiver amendment stipulates the following information must be included in the county's waiting list plan:

- County's policies and procedures to manage the waiting list.
- County's prioritization plan for clients on the waiting list.

The prioritization plan for a county's waiting list must focus on:

- Addressing the needs of persons in unstable living situations due to the age or incapacity of the primary caregiver.
- Providing services to avoid out-of-home placement of children.

- Ensuring persons are informed of their choice of living arrangements, which include institutional and home-based choices.
- The need to serve persons affected by ICF/MR closures.

The Department has recommended certain procedures to be included in a county's waiting list plan. These include a description of county efforts to ensure other resources are being utilized (such as MA State plan services) while a person is waiting for the waiver, all alternative funding sources have been explored, and the person's natural support networks have been fully utilized. The written plans must be submitted to and approved by the Department, and made available to the public upon request.

A Waiver Need Index is identified on the screening document as a tool to clarify the "urgency of need" for persons on the waiting list. The county's plans for addressing their waiting list need only be submitted to the Department initially for approval and thereafter only when a revision is made to the plan.

Urgency of Need for Services

As of December 7, 2004, a total of 3,667 people were on the program waiting list for the MR/RC Waiver. Of these, 1,887 indicated a desire to receive MR/RC Waiver services within the next 12 months. It is expected that additional people will seek the MR/RC Waiver. Although 14,530 people were receiving waiver services in Sept 2004, there were a total of 26,076 people with developmental disabilities participating in state programs at the end of January 2003, and each year additional people may consider the waiver an appropriate alternative. The Department was not able to reduce the waiting list during calendar years 2003 or 2004 because growth was limited by the Minnesota Legislature.

The following table includes statewide information. Data found in the "unspecified" column reflects that no level of urgency was entered on the screening document. Data about the urgency of need by age group can be found in Attachment D; county specific information can be found in Attachment E.

URGENCY OF NEED FOR WAIVER SERVICES

Individuals Choosing Waiver with Screening		Requesting Waiver Within 12 Months		Requesting Waiver Within 13 to 36 Months		Requesting Waiver Beyond 36 Months		Not specified
		#	%	#	%	#	%	
Living Arrangement	#	#	%	#	%	#	%	#
Board and Lodge	8	4	50.0%	0	0%	0	0%	4
Family Home	2,660	1560	58.6%	366	13.7%	221	8.3%	513
Foster Care, Family	125	62	49.6%	11	8.8%	9	7.2%	43
Foster Care, Live-In	16	6	37.5%	1	6.2%	1	6.2%	8
Foster Care, Shift Staff	295	33	11.1%	4	1.3%	1	.3%	257
ICF/MR	369	139	37.6%	89	24.1%	112	30.3%	29
Nursing Facility	2	0	0%	0	0%	0	0%	2
Other	117	55	47.0%	5	4.2%	2	1.7%	55
Own Home, < 24 hour support	62	22	35.4%	7	11.2%	0	0%	33
Own Home, 24 hour support	6	1	16.6%	0	0%	0	0%	5
METO	7	5	71.4%	1	14.2%	0	0%	1
TOTALS	3,667	1,887	51.4%	484	13.2%	346	9.4%	950

Data Source: MMIS DD Screening Documents, 12/07/04

What Services People Are Waiting For

The MR/RC Waiver offers up to twenty-two service options to people on the waiver. Over the years, the types of services have been expanded to provide flexibility and increased choice. While the MR/RC Waiver provides service design flexibility, persons waiting for services typically select case management and habilitation services which include in-home family support, supported living services, respite care, and vocational services. People have also identified environmental modifications, assistive technology and consumer-directed service as desired services. The following table outlines the

SERVICES REQUESTED BY PERSONS WAITING FOR MR/RC WAIVER FUNDING

Service Requested	Number of People Waiting for a Specific Service	Percent of People Waiting for a Specific Service
Adult day care	14	0.4
Alternate day services	15	0.4
Assistive technology	1302	33.6
Caregiver training & education	1150	29.7
Consumer directed services	1539	39.7
Consumer training & education	374	9.7
Crisis-respite	708	18.3
Day training & habilitation	1121	29.0
Environmental modifications	1535	39.6
Homemaker	441	11.4
Housing access	43	1.1
In-home family support	2114	54.6
Live-in personal caregiver	36	0.9
Personal support	944	24.4
Respite care	1967	50.8
Specialist services	1212	31.3
Supported employment	113	2.8
Supported living services (sls)	1267	32.7
Transportation, chore, extended pca	760	19.6
24-hour emergency assistance	132	3.4

Data Source: MMIS DD Screening Documents, 11/05/04

Review of Outcomes for Calendar Year 2004

The Department has continued to identify and take administrative actions to assist counties and persons receiving waiver funding to better access waiver services and manage their allowable resources. The following is a summary of actions to address the goals and outcomes for calendar year 2004:

Goal 1: Implement the waiver plan amendment for the revised Consumer Directed Community Supports service.

Background

The Department is committed to providing more flexible and person-centered services. In part, this activity can occur through providing CDCS services as an optional MR/RC Waiver service. CDCS allows consumers and/or their legal representatives to have control over their budgets and arrange for services that are designed to build and maintain informal networks of community support. (Minnesota Statutes, Section 256B.0916)

Several years ago, families of consumers had expressed frustration with the wide variations that existed in each county agency and between case managers in how budgets were determined for people wanting to use the CDCS service. Some of the concerns based on contacts with families of consumers, counties and advocates include:

- Inequitable treatment of consumers.
- Questionable use of public funding by some consumers.
- Inexperienced county management.
- General need for a statewide system that was applied equitably to all.

As a result of these concerns, the Legislative Auditor was asked by the legislature to review the management of waiver programs and the rules applying to CDCS. The Legislative Audit report recommended changes to CDCS that are consistent with those currently being implemented.

The Department submitted a waiver plan amendment to The Centers for Medicare and Medicaid Services (CMS) to make some revisions to this service to provide clarification of what it is intended to be used for, and to make it available across the state and across all home and community based waivers. CMS approved the amendment to the waiver plans March 2004. The amendment was implemented on October 1, 2004 in the thirty-

seven counties that already offered CDCS. It will be implemented across the state by April 1, 2005.

DHS Actions

- Memos announcing CMS approval of the waiver plan amendment were sent to counties and other stake holders.
- DHS provided video-conference training on CDCS implementation to counties. Video tapes of the video-conferences were made available to counties.
- A Web page was created for counties and consumers on the DHS website for easy access to CDCS information. New information is added to the Web site as they develop.
- A CDCS e-mail box was created as a communication tool between DHS, counties and stakeholders. Questions and comments about CDCS can be sent to dhs.cdcs@state.mn.us. This e-mail box is checked daily.
- DHS held meetings with counties, consumers and families to answer CDCS related questions.
- A county manual and consumer handbook was developed as tools to guide counties and consumers on CDCS.

Goal 2: Stabilize county MR/RC budget situation.

Background

A new budget methodology was introduced for the MR/RC Waiver program in January 2003. Because of legal actions taken by providers, advocates and consumers in federal court, the Department was limited in its ability to issue training materials or participate in discussions on the rebasing methodology, and counties were unclear about their ability to make necessary changes for much of calendar year 2003. With the lifting of a temporary restraining order and the settling of both federal lawsuits in calendar year 2004, the Department proceeded to provide technical assistance and additional information such as guidelines given to counties for consideration when adding new people to the MR/RC Waiver program. The Department is also undertaking a review of the budget methodology currently in place and will consider changes that address issues of equity, predictability, and cost management.

DHS Actions

- The Regional Resource Specialists (RRSs) continue to provide technical assistance

and training to county agencies.

- CDCS budget information was added to the WMS for counties to view a person's CDCS budget.
- The online Disability Services Program Manual (DSPM) is developed and is updated regularly as a reference tool to help county workers administer the MR/RC Waiver.
- A contract to design a state to county resource allocation methodology was awarded to Johnston, Villegas-Grubbs and Associates LLC.
<http://budgetallocation.com>
- On-line training modules that have been developed and are available to county agencies (via the on-line learning system).
- DHS established 2004 budgets using the 2003 budgets which includes the upward adjustment of \$39 million dollars statewide as the base amount, added money for acruity (1%) and amounts to cover the full annual costs of the number of conversion slots added to the waiver.
- DHS received federal approval to use the same budget methodology in calendar year 2005 and on giving the system greater stability and predictability.
- DHS updated the county management software package for efficient county administration of the waiver.

Goal 3: Increased similarity among services available to persons receiving waiver services.

Background

One of the Department's initiatives in the past few years was the development of a Common Service Menu across all home and community based waiver programs. The goal of this initiative is that people receiving waiver services will be able to choose from a common menu of services, regardless of their age, disability, or waiver program.

DHS Actions

The pursuit of a common menu of services across waiver programs was delayed by the legislature for fiscal reasons. The Department is working to implement a common menu across waiver programs during fiscal year 2006.

Goal 4: Strengthen Fiscal and Program Integrity.

Background

DSD will strengthen the support given to counties, and will expand the Department oversight of county practices as a means to strengthen fiscal and program integrity for the MR/RC Waiver. Counties need easy access to reliable information to provide assistance to people inquiring about support services. Consumers and their families and friends need easy access to reliable information to provide assistance to people inquiring about information to make informed decisions about their services.

DHS Actions

- A team of county reviewers was formed to review counties' administrative practices and compliance using laws and regulations of the waiver programs.
- Video-conferences were provided for county staff quarterly on program updates of current.
- Issues and changes, technical assistance and provided a variety of information and instructions. The online manual for DSD programs continue to be designed as a web-based tool and are continually being updated and expanded.
- The 2003 Consumer Directed Resource Materials tool kit containing a variety of resource materials and person centered planning information was updated and distributed to counties and providers to assist consumers in directing and managing their own supports.
- DHS and DSD continue to provide training opportunities through classroom settings, Web-based modules and interactive videoconferences on disability services. A Train Link on the CountyLink website was created to provide information on current and upcoming training opportunities and registrations for future trainings offered by DHS for county staff; 1,598 county people registered and finished a variety of trainings offered through TrainLink.
- DHS is developing a training module to interface with its on-line manual to provide procedures based on waiver provisions, statutes, and rules that counties must follow before reducing an individual's waiver budget; advise counties that they may not cap resources on service levels on the basis of the tools or procedures they may have in place; and set guidelines for counties to consider when adding new people to the waiver to assure health, safety, and welfare of current recipients.

Additional Actions to Improve Consumer Services

Increasing Information for Consumers

Efforts have been made to increase the information available to persons with developmental disabilities to provide more flexible service options. The following actions have been initiated:

- DHS continues to develop its Internet website to provide information on the Department and the variety of programs and services available through Medical Assistance and other sources. www.dhs.state.mn.us.
- On-line Flexible Case Management training was made available to counties and persons with disabilities through the DHS TrainLink.
<http://pathlore.dhs.state.mn.us/stc/dsd/psciis.dll?mainmenu=dsd>
- Consumer Directed Services packets, containing written information and videotapes on person-centered planning, were collated and distributed to hundreds of interested parties around the state. The consumer directed materials are available on-line:
http://www.dhs.state.mn.us/main/groups/disabilities/documents/pub/DHS_id_017635.hcsp.
- The consumer directed services grassroots initiative provided opportunities for local capacity building through community efforts focused on providing service information to unserved and underserved persons.
- DHS is collaborating with other agencies to provide information via the Internet. This includes:
 - www.QualityMall.org - Person-Centered Services Supporting People with Developmental Disabilities maintained by the University of Minnesota Research and Training Center on Community Living
 - www.TheArcLink.org - National project to provide information and resources about home and community-based services developed cooperatively by The Arc of the United States and state agencies. The Minnesota site is now functional.

Assistive Technology

A significant number of people waiting for waiver services have indicated a need for assistive technology. Certain types of equipment, such as augmentative devices and alternative communication systems, are available through MA State Plan services. The Department has provided written information in collaboration with the System of

Technology to Achieve Results (STAR) program directly to persons on the waiting list who indicated the need for these services.

Intended Outcomes for the Department in Managing the MR/RC Waiver

Program goals for calendar year 2005 include continued improvements in managing the program to achieve the following:

Goal 1: Successful implementation of the Consumer Directed Community Supports (CDCS) services across the state.

CDCS allows consumers and/or their legal representatives more flexibility and responsibility for directing their services and supports.

The first phase of the CDCS service was implemented October 2004 across all home and community-based waiver programs in the thirty-seven counties that currently authorized to provide CDCS under the MR/RC Waiver. Transition plan and tools continue to be developed and will be implemented for current MR/RC recipients of that service to come into compliance with the revisions.

Intended Outcome

The second phase of the CDCS service will be implemented in April 2005 to the remaining fifty counties across all HCBS waiver programs.

Goal 2: Re-engineer state to county MR/RC budget process.

DHS is committed to working with counties to stabilize the budget setting process for the MR/RC Waiver. To that end, DHS is putting into place a number of tools so that counties have accurate and timely information about their budgets. In additions, DHS published a Request for Proposal aimed at changes to the budget methodology beginning 2006. The target of such changes would include budget predictability and equity, use of needs- based assessment in establishing budgets, and budget planning for future demands and changes in demographics.

Intended Outcome

- Implementation of the results from the Request for Proposal contract 2004.
- Expand the reporting capacity of the 3.1 Waiver Management Tracking System for efficient county utilization.

Goal 3: Strengthen Technology Applications for Program Management.

DSD will strengthen the fiscal and program integrity support given to counties. Counties need easy access to reliable information to provide assistance to people inquiring about support services. Consumers and their families and friends need easy access to reliable information to make informed decisions about their services.

Intended Outcome

DSD will expand technology applications to support counties to strengthen fiscal and program integrity for the MR/RC Waiver.

Goal 4: Strengthen Quality Management.

DHS will strengthen quality management to: increase the state's capacity to monitor, report and improve county performance in administering the MR/RC Waiver program; develop a reporting structure that will routinely provide information about key indicators for DSD and county managers; and improve statewide process used to access and distribute home and community based waiver resources.

Intended Outcome

DHS will recommend, invest in, and look for opportunities to enhance quality management.

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 waiver services: residential habilitative services; personal support services; extended personal care attendant services; or 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, and 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.

Chore: This service 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 (CDCS) are services that gives individuals more flexibility and responsibility for directing their services and supports, including hiring and managing direct care staff. CDCS may include traditional goods and services as well as additional allowable services that provide needed support to recipients.

Crisis Respite: Crisis-respite services are specialized services that 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; ongoing 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 that 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 nor 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 that 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 waiver 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.

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.

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.

Matrix of Services for Disability Services Division

This report describes other services that are available for persons with disabilities.

CONTINUING CARE MATRIX OF SERVICES TO PEOPLE WITH DISABILITIES

FY 2004 SERVICE COSTS



Page	Services
1	Case Management
2	Personal Care Assistance & Private Duty Nursing
3	Home Health Aide, Therapies & Skilled Nurse Visits
4	Community Alternatives for Disabled Individuals (CADI) Waiver
5	Traumatic Brain Injury (TBI) Waiver
6	Mental Retardation or Related Conditions (MR/RC) Waiver
7	Community Alternative Care (CAC) Waiver
8	Intermediate Care Facilities for Persons with Mental Retardation (ICFs/MR)
9	Day Training & Habilitation (DT&H)
10	Family Support Grant & Consumer Support Grant
11	Semi Independent Living Services & Public Guardianship

CASE MANAGEMENT AND SCREENING

All costs are for State Fiscal Year 2004 unless otherwise noted.

The MA costs are based on MMIS Paid Claims for SFY04 as of 02/01/2005.

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*CSSA ended 12/31/2003. CSSA is replaced with Childrens and Community Services Act: See Minnesota Statute 256M.01.

Types of Services	Benefit Level	Eligibility Criteria	Funding Source
Case management is assisting an individual gain access to needed medical, social, educational and other services. Case managers perform two major functions: administrative and service activities. The administrative functions are intake, eligibility determination, screening, service authorization, review of eligibility, and conciliations and appeals. Service case management includes plan development, assisting in accessing services, coordination of services, evaluating and monitoring services and annual review of the plan.	State mandated services for persons who meet specific eligibility criteria and state optional service based on county CSSA plans.*	Eligibility varies by program; criteria are defined in the state Medicaid plan, the state's waiver amendments, and state statute. The county determines consumer eligibility based on those sources.	1) County funding sources 2) CSSA* state grant to counties 3) FFP for waiver service or targeted case management 4) Federal reimbursement when provided as part of state Medicaid plan

Case Management Reimbursement	Total for SFY04	Average per Recipient
**CAC Waiver	\$507,555	\$2,339
**CADI Waiver	\$14,308,224	\$1,530
Relocation Service Coordination	\$616,961	\$753
Developmental Disabilities (total)	\$50,149,643	
DD-County Contribution	\$3,122,586	N/A
DD-CSSA*	\$677,850	N/A
DD-CWTCM	\$2,072,996	N/A
DD-Family Preservation	\$1,729,752	N/A
*DD-MR/RC Waiver	\$25,852,082	\$1,731
DD-Other	\$431,390	N/A
DD-SSTS	\$11,539,909	N/A
DD-Title XX	\$787,045	N/A
VA/DD-TCM	\$3,936,034	\$1,250
**TBI Waiver	\$2,649,586	\$2,217
Other Case Management	\$21,543,461	
Total Case Management Reimbursement	\$89,775,431	

**These Case Management reimbursements are included in the totals given elsewhere for each of the waivers.

Screening Reimbursement	Total for SFY04	Number of Screenings	Average per Recipient
DD Screening	\$2,946,469	9,059	\$325
DD PASARR	\$27,595	61	\$452
Long Term Care Consultation (LTCC)	\$1,611,090	3,184	\$506
LTCC for CAC	\$20,647	36	\$574
LTCC for CADI	\$1,108,021	2,065	\$537
LTCC for TBI	\$143,137	244	\$587
Total Screening Reimbursement:	\$5,856,959		

HOME CARE PERSONAL CARE ASSISTANT, PRIVATE DUTY NURSING

The MA costs are based on MMIS Paid Claims for SFY04 as of 02/01/2005.

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Types of Services	Benefit Level	Eligibility Criteria	Funding Source	Total Costs and Recipients
Assessments for Personal Care Assistant Services Assessment by County Public Health Nurse for PCA services: Initial assessment Assessment updates Annual reassessment 45-day temporary increase of service	Two face to face assessments per year Prior authorization required for more than two face to face assessments per year	As below	Regular MA 50% Federal 50% State	Amounts Paid Non Waiver: \$1,842,231 Waiver: \$169,269 Total: \$2,011,500 Unduplicated Recipients Non Waiver: 7,193 Waiver: 675 Total: 7,861 Avg./recip. \$255.88
Personal Care Assistant Services (PCA) Persons providing assistance and support to persons with disabilities, elders, and others with special health care needs living independently in the community. Services provided include: Assistance with activities of daily living Assistance with instrumental activities of daily living Assistance with health related functions Redirection and intervention for behavior including observation and monitoring	The determination of the amount of service available to a person is based on the PCA assessment and the PCA Decision Tree (DHS-4201)	1) Medically necessary 2) Authorized by a licensed physician 3) Documented in a written service plan 4) Provided at recipient's place of residence or other location (not hospital, NF, ICF, or health care facility) 5) Recipient must be in stable medical condition 6) Recipient must be able to "direct own care" or have a responsible party who provides support	Regular MA 50% Federal 50% State	Amounts Paid Non Waiver: \$132,907,303 Waiver: \$60,741,492 Total: \$193,648,795 Unduplicated Recipients Non Waiver: 7,430 Waiver: 3,944 Total: 11,033 Avg./recip. \$17,551.78
Private Duty Nursing Private Duty Nursing Services for continuous care nursing needs. PDN is the provision of professional nursing services to a person in or outside their home when normal life activities take the person outside the home, including school, with such services based on an assessment of the medical/health care needs of the person. This includes ongoing professional nursing observation, monitoring, intervention and evaluation providing the continuity, intensity and length of time required maintaining or restoring optimal health.	Nurse of the approved PDN provider completes an assessment to determine need, using the MA PDN Assessment (DHS-4071A) form. The assessment identifies the need of the person, determines whether regular PDN or complex PDN, will be required to meet	1) Medically necessary 2) Requires physician order 3) MA eligible 4) Service requires prior authorization from DHS 5) Agency must have a class A license	Regular MA 50% Federal 50% State	Amounts Paid Non Waiver: \$18,390,669 Waiver: \$20,098,261 Total: \$38,488,930 Unduplicated Recipients Non-Waiver: 283 Waiver: 275 Total: 544 Avg./recip. \$ 70,751.71

HOME CARE HOME HEALTH AGENCY SERVICES

The MA costs are based on MMIS Paid Claims for SFY04 as of 02/01/2005.

Types of Services	Benefit Level	Eligibility Criteria	Funding Source	Total Costs and Recipients
Home Health Aide Services 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	Maximum is one visit per day. Registered nurse of the Medicare certified home health agency completes an assessment to determine need for service. An assessment identifies needs of person; determines outcome for visit; is documented; and includes a plan	1) Medically necessary 2) Ordered by a licensed physician 3) Documented in a written service plan 4) Provided at recipient's place of residence (not hospital or LTC facility) 5) MA eligible 6) Provided by a Medicare-certified agency	Regular MA 50% Federal 50% State	Amounts Paid Non Waiver: \$4,219,928 Waiver: \$10,590,214 Total: \$14,810,142 Unduplicated Recipients Non Waiver: 1,879 Waiver: 3,351 Total: 5,053 Avg./recip. \$2,930.96
Therapies Occupational Therapy Physical Therapy Respiratory Therapy Speech Therapy All services provided by a licensed therapist at the recipient's place of residence.	Maximum is one visit per discipline per day except Respiratory Therapy for which visits per day are not limited	Same as above	Regular MA 50% Federal 50% State	Amounts Paid Non Waiver: \$1,160,908 Waiver: \$804,594 Total: \$1,965,503 Unduplicated Recipients Non Waiver: 791 Waiver: 604 Total: 1,363 Avg./recip. \$1,442.04
Skilled Nurse Visits Intermittent skilled nurse visits provided by a licensed nurse.	Maximum is two visits per day. Skilled nurse visits are provided up to 90 days in an ICF/MR to prevent admission to a hospital or nursing facility	Same as above Requires prior authorization after first nine visits	Regular MA 50% Federal 50% State	Amounts Paid Non Waiver: \$8,165,314 Waiver: \$9,686,126 Total: \$17,851,440 Unduplicated Recipients Non Waiver: 40,445 Waiver: 6,586 Total: 16,471 Avg./recip. \$1,083.81

Total for all MA Home Care

Regular MA	Amounts Paid
50% Federal	Non Waiver: \$166,686,323
50% State	Waiver: \$102,089,957
	Total: \$268,776,280
	Unduplicated Recipients
	Non Waiver: 18,701
	Waiver: 10,363
	Total: 27,958
	Avg./recip. \$9,613.57

COMMUNITY ALTERNATIVES FOR DISABLED INDIVIDUALS WAIVER

All costs are for State Fiscal Year 2004 unless otherwise noted.
The MA costs are based on MMIS Paid Claims for **SFY04** as of 02/01/2005.

Types of Services	Benefit Level	Eligibility Criteria	Funding Source	Costs
Waiver allows use of Medicaid funds for home and community-based services as an alternative to persons under age 65 who require nursing home level of care. Services include: Adult Day Care Assisted Living Case Management Consumer Directed Community Supports Extended Home Health Aide, Nursing Extended Home Health Therapies Extended Personal Care Assistance Extended Supplies and Equipment Family Counseling and Training Foster Care Home Delivered Meals Homemaker Independent Living Skills Modifications to home, car & equipment Prevocational Services Residential Care Respite Care Supported Employment Transportation	County determined budget based on a resource amount added to the County's aggregate funding. The resource amount is calculated from an assessment of the individual's functional needs. State Plan services are used prior to authorization of waiver services.	1) Under age 65 years 2) Certified disabled 3) Require nursing facility level of care 4) Applicant must choose home and community-based service 5) Meet income and asset eligibility requirements 6) Average statewide MA costs are less than the average statewide institutional cost 7) Health and safety is ensured by plan of care	MA Waiver 50% Federal 50% State	MA Waiver Costs: \$104,898,229 MA Home Care Costs: \$44,690,622 Total Waiver + Home Care: \$149,588,851 Number of Service Days: 2,770,732 Unduplicated Recipients: 9,496 Average Service Days/Recipient: 292 Average Yearly Cost/Recipient: \$15,753 Average Daily Cost/Recipient: \$54 Other MA Costs (Total): \$111,047,700 Other MA Costs (Average Daily/Recipient): \$40.08

Cost Calculations:

Long Term Care Services (Waiver Plus Home Care):

The number of service days for the fiscal year is taken from the approved service agreements for this waiver.

The average number of service days per recipient during the fiscal year is the total number of service days divided by the unduplicated recipients.

The average yearly cost per recipient is the total waiver and home care divided by the number of unduplicated recipients.

The average daily cost per recipient is the average yearly cost per recipient divided by the average number of service days per recipient.

Other MA Costs (MA costs not included elsewhere):

The average daily cost per recipient for acute care is the total yearly cost for acute care divided by the number of unduplicated recipients, divided by the average number of days/recipient.

TRAUMATIC BRAIN INJURY WAIVER

All costs are for State Fiscal Year 2004 unless otherwise noted.
The MA costs are based on MMIS Paid Claims for **SFY04** as of 02/01/2005.

Types of Services	Benefit Level	Eligibility Criteria	Funding Source	Costs
Waiver allows use of Medicaid funds for home and community-based services for persons under age 65 years cognitive and behavioral deficits and who require the level of care in either a specialized nursing facility (TBI-NF Waiver level) or a neurobehavioral hospital (TBI-NB Waiver level). Services include: Adult Day Care Assisted Living Behavior Programming by Professional Case Management Chore Services Companion Services Consumer Directed Community Supports Extended Cognitive Rehabilitation Therapy Extended Home Health Nursing and Aide Extended Home Health Therapies Extended Mental Health Testing Extended Personal Care Assistant Extended Supplies and Equipment Family Counseling and Training Foster Care Home Delivered Meals Homemaker Services Independent Living Skills and Independent Living Therapies Modifications and Adaptations Night Supervision Prevocational Services Residential Care Respite Care Structured Day Program Supported Employment Transportation	County determined budget based on a resource amount added to the resource amount is calculated from an assessment of the individual's functional needs. State Plan services are used prior to authorization of waiver services.	1) A diagnosis of traumatic or acquired brain injury that is not congenital 2) Experiencing significant/severe behavioral and cognitive problems related to the injury 3) At Level IV or above on the Rancho Los Amigos Levels of Cognitive Functioning 4) Under age 65 years 5) Certified disabled 6) Eligible for MA 7) Service needs cannot be met by MA state plan service or other funding sources 8) Requires level of care provided in a specialized nursing facility or neurobehavioral hospital. 9) Average statewide MA costs are less than the average statewide institutional cost 10) Choice of community care 11) Health and safety is ensured by plan of care	MA Waiver 50% Federal	MA Waiver Costs: \$52,452,006
				MA Home Care Costs: \$7,310,233
				Total Waiver + Home Care: \$59,762,239.00
				Number of Service Days: 371,998
				Unduplicated Recipients: 1,205
				Average Service Days/Recipient: 309
				Average Yearly Cost/Recipient: \$49,595
				Average Daily Cost/Recipient: \$160.65
				Other MA Costs (Total): \$14,680,620
				Other MA Costs (Average Daily/Recipient): \$39.46

Cost Calculations:

Long Term Care Services (Waiver Plus Home Care):

The number of service days for the fiscal year is taken from the approved service agreements for this waiver.

The average number of service days per recipient during the fiscal year is the total number of service days divided by the unduplicated recipients.

The average yearly cost per recipient is the total of waiver and home care divided by the number of unduplicated recipients.

The average daily cost per recipient is the average yearly cost per recipient divided by the average number of service days per recipient.

Other MA Costs (MA costs not included elsewhere):

The average daily cost per recipient for acute care is the total yearly cost for acute care divided by the number of unduplicated recipients, divided by the average number of days/recipient.

MENTAL RETARDATION AND RELATED CONDITIONS WAIVER

All costs are for State Fiscal Year 2004 unless otherwise noted.
The MA costs are based on MMIS Paid Claims for **SFY04** as of 02/01/2005.

Types of Services	Benefit Level	Eligibility Criteria	Funding Source																																		
Waiver allows use of Medicaid funds for home and community-based services as an alternative to ICF/MR care. Services include: Adult Day Care Assistive Technology Caregiver Training and Education Case Management Consumer Training and Education Consumer Directed Community Supports Crisis Respite Extended Transportation Homemaker Housing Access Coordination In-Home Family Support Live-in Personal Caregiver Expenses Environmental Modifications Personal Support Respite Care Specialist Services Supported Employment Supported Living Services Day Training & Habilitation Transportation	State allocates "slots" to counties. Each county maintains a unique allowable average based on the need characteristics of the people they serve. Their authorized service costs can vary in accordance with procedures and criteria for resource allocation. Supports are purchased from a menu of possible waiver services. Persons also receive acute care under private insurance, Medicare, Medicaid and/or a combination of all three. State plan services are used before extended services. If a county determines that they are able to serve more people than slots they have available, they can do that, as long as they stay within their overall allowable budget.	1) Has mental retardation or a related condition 2) Requires daily interventions, daily of care 3) Is in need of the level of care provided in an ICF/MR 4) Meets income and asset eligibility deeming waivers for families with disabled children and 5) Has made an informed choice instead of ICF/MR services	MA Waiver 50% Federal 50% State <table border="1" style="margin-top: 10px;"> <thead> <tr> <th colspan="2">Costs</th> </tr> <tr> <th colspan="2">MR/RC Waiver</th> </tr> </thead> <tbody> <tr> <td>MA Waiver Costs:</td> <td></td> </tr> <tr> <td style="text-align: right;">Total</td> <td style="text-align: right;">\$801,666,354</td> </tr> <tr> <td style="text-align: right;">Unduplicated Recipients:</td> <td style="text-align: right;">15,096</td> </tr> <tr> <td>MA Home Care Costs:</td> <td></td> </tr> <tr> <td style="text-align: right;">Total</td> <td style="text-align: right;">\$18,053,263</td> </tr> <tr> <td style="text-align: right;">Unduplicated Recipients:</td> <td style="text-align: right;">1,222</td> </tr> <tr> <td>Crisis Services</td> <td></td> </tr> <tr> <td style="text-align: right;">Total</td> <td style="text-align: right;">\$5,815,080</td> </tr> <tr> <td style="text-align: right;">Unduplicated Recipients:</td> <td style="text-align: right;">661</td> </tr> <tr> <td>Waiver + Home Care + Crisis :</td> <td style="text-align: right;">\$825,534,697</td> </tr> <tr> <td style="text-align: right;">Unduplicated Recipients:</td> <td style="text-align: right;">15,098</td> </tr> <tr> <td style="text-align: right;">Waiver Service Days:</td> <td style="text-align: right;">5,338,634</td> </tr> <tr> <td style="text-align: right;">Average Days Per Year:</td> <td style="text-align: right;">354</td> </tr> <tr> <td style="text-align: right;">Average Yearly Cost:</td> <td style="text-align: right;">\$54,678</td> </tr> <tr> <td style="text-align: right;">Waiver Daily Average:</td> <td style="text-align: right;">\$154.63</td> </tr> </tbody> </table>	Costs		MR/RC Waiver		MA Waiver Costs:		Total	\$801,666,354	Unduplicated Recipients:	15,096	MA Home Care Costs:		Total	\$18,053,263	Unduplicated Recipients:	1,222	Crisis Services		Total	\$5,815,080	Unduplicated Recipients:	661	Waiver + Home Care + Crisis :	\$825,534,697	Unduplicated Recipients:	15,098	Waiver Service Days:	5,338,634	Average Days Per Year:	354	Average Yearly Cost:	\$54,678	Waiver Daily Average:	\$154.63
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Cost Calculations:

Long Term Care Services (Waiver Plus Home Care):

The number of service days for the fiscal year is taken from the approved service agreements for this waiver.

The average number of service days per recipient during the fiscal year is the total number of service days divided by the unduplicated recipients.

The average yearly cost per recipient is the total of waiver and home care divided by the number of unduplicated recipients.

The average daily cost per recipient is the average yearly cost per recipient divided by the average number of service days per recipient.

Other MA Costs (MA costs not included elsewhere):

The average daily cost per recipient for acute care is the total yearly cost for acute care divided by the number of unduplicated recipients, divided by the average number of days/recipient.

COMMUNITY ALTERNATIVE CARE WAIVER

All costs are for State Fiscal Year 2004 unless otherwise noted.

The MA costs are based on MMIS Paid Claims for SFY04 as of 02/01/2005.

Types of Services	Benefit Level	Eligibility Criteria	Funding Source	Costs
Waiver allows use of Medicaid funds for home and community-based services as an alternative to persons under age 65 years who require an acute care (hospital) level of care. Services include: Case Management Consumer Directed Community Supports Extended Home Health Aide, Nursing Extended Home Health Therapies Extended Nutritional Therapy Extended Personal Care Assistance Extended Prescribed Medications Extended Supplies and Equipment Family Counseling and Training Foster Care Homemaker Services Modifications to home and vehicle Respite Care Transportation	County determined budget based on a resource amount added to the County's aggregate funding. The resource amount is calculated from an assessment of the individual's functional needs. State Plan services are used prior to authorization of waiver services.	1) Under 65 years old 2) Certified disabled 3) Meet income and asset eligibility requirements for MA 4) Require Hospital level of care 5) Applicant must choose home and community-based services 6) Average statewide MA costs are less than the average statewide institutional cost 7) Health and safety is ensured by plan of care	MA Waiver 50% Federal 50% State	MA Waiver Costs: \$6,406,716 MA Home Care Costs: \$20,481,084 Total Waiver + Home Care: \$26,887,800 Number of Service Days: 63,231 Unduplicated Recipients: 219 Average Service Days/Recipient: 289 Average Yearly Cost/Recipient: \$122,775 Average Daily Cost/Recipient: \$425 Other MA Costs (Total): \$8,160,219 Other MA Costs (Average Daily/Recipient): \$129

Cost Calculations:

Long Term Care Services (Waiver Plus Home Care):

The number of service days for the fiscal year is taken from the approved service agreements for this waiver.

The average number of service days per recipient during the fiscal year is the total number of service days divided by the unduplicated recipients.

The average yearly cost per recipient is the total of waiver and home care divided by the number of unduplicated recipients.

The average daily cost per recipient is the average yearly cost per recipient divided by the average number of service days per recipient.

Other MA Costs (MA costs not included elsewhere):

The average daily cost per recipient for acute care is the total yearly cost for acute care divided by the number of unduplicated recipients, divided by the average number of days/recipient.

INTERMEDIATE CARE FACILITIES FOR PERSONS WITH MENTAL RETARDATION

All costs are for State Fiscal Year 2004 unless otherwise noted.

The MA costs are based on MMIS Paid Claims for SFY04 as of 02/01/2005.

Types of Services	Benefit Level	Eligibility Criteria	Funding Source	Costs
Medicaid program to serve persons with MR/RC who require the level of care provided by an ICF/MR and who choose such services. Services are a pre-designed package, and include: Room and board training Services during the day and active treatment Transportation Related medical services may be covered as part of rate.	State contracts for services and sets rates for each ICF/MR facility. State sets rate for DT&H services based on county recommendation and services during the day option. Persons may pay through private insurance, Medicare, Medicaid and/or a combination of all three.	Federal entitlement program for persons who: 1) Have mental retardation or a related condition 2) Require a 24-hour plan of care 3) Meet income and asset eligibility requirements for MA and 4) Request ICF/MR services 5) Require active treatment	Regular MA 50% Federal 50% State Some private and county pay	MA ICF/MR Cost: \$146,964,610 MA DT&H: \$33,379,776 MA Special Needs: \$898,621 Total ICF/MR+ SDD + DT&H: \$181,243,007 Number of Days: 812,692 Unduplicated Recipients: 2,401 Average Days/Recipient: 338 Average Yearly Cost: \$75,486.47 Average Daily Cost: \$223.02 Other MA Costs (Total): \$23,911,035 Other MA Costs (Average Daily/Recipient): \$29.42
Case management services are not included in the cost of services for persons in ICF's/MR				

Cost Calculations:

The number of service days for the fiscal year is calculated from the dates of service on the paid claims for ICF/MR services.

The average number of service days per recipient during the fiscal year is the total number of service days divided by the unduplicated recipients.

The average yearly cost per recipient is the total of ICF/MR plus DT&H and services during the day costs divided by the number of unduplicated recipients.

The average daily cost per recipient is the average yearly cost per recipient divided by the average number of service days per recipient.

Other MA (MA costs not included elsewhere):

The average daily cost per recipient for acute care is the total yearly cost for acute care divided by the number of unduplicated recipients, divided by the average number of days/recipient.

DAY TRAINING AND HABILITATION

All costs are for State Fiscal Year 2004 unless otherwise noted.

The MA costs are based on MMIS Paid Claims for **SFY04** as of 02/01/2005.

*CSSA ended 12/31/2003.

Types of Services	Benefit Level	Eligibility Criteria	Funding Source	Costs
MR/RC Waiver DT&H is an MR/RC Waiver Option. The costs reported in this section are for those persons who chose the DT&H option. The costs in this section are included in the total waiver costs reported in the section that describes the MR/RC Waiver.	As described in the section on the MR/RC Waiver.	As described in the section on the MR/RC Waiver	MA Waiver 50% Federal 50% State	Unduplicated # of recips: 8,509 Total MA Expenditures: \$129,201,976 Average Cost/Person: \$15,184
DT&H services provided to residents of ICF'S/MR DT&H services provided as part of the pre-designed package provided to ICF/MR residents. The costs in this section are included in the total ICF/MR costs given in the section that describes ICF/MR services.	As described in the section on ICF's/MR	As described in the section on ICF's/MR	Regular MA 50% Federal 50% State	Unduplicated # of recips: 1,963 Total MA Expenditures: \$33,379,776 Average Cost/Person: \$17,004.47
NON-MA For persons who do not have an MA funding stream through MR/RC Waiver or Medical Assistance ICF/MR.	For people who do not have MA funding stream counties are to provide DT&H services to the degree that it is: Identified as a needed service in the ISP of the person and something the county can afford to provide given the funding available.	1) Seeks services from the county social service agency 2) Are age 18 years or older and have a diagnosis of mental retardation or a related 3) Receive a screening for HCBS services: or reside in an ICF/MR 4) Have their health and safety in the community addressed in their plan of care 5) Make an informed choice to receive DT&H as part of their Individual Service Plan (ISP)	County funding sources and other sources.* County Funding: Other:	Number of recipients estimated as: 1,634 \$6,101,424 \$11,811,718 \$17,913,142 Average Cost/Person: \$10,963 Estimated Totals Recipients: 12,106 Costs: \$180,494,895 Average Cost/Person \$14,910
**Cost information from SEAGR reports				

FAMILY SUPPORT GRANT

Note: Costs for Family Support Grant are reported for Calendar Year 2004.

Types of Services	Benefit Level	Eligibility Criteria	Funding Source	Average Annual Cost Per Person
State cash assistance program for maintaining the child with MR/RC in their family home. Funds are for those expenses which are incurred as a result of the disability, not for costs which would normally occur even if the child did not have the disability. Approved categories include: medications, education, day care, respite, special clothing, special diet, special equipment, transportation, other.	\$3,000 per year limit	1) Under the age of 22 years 2) Live with biological or adoptive parent 3) Have mental retardation or a related condition 4) Be at risk of institutionalization as determined by a screening team and 5) Family income less than \$75,122	100% state funding. Some counties provide similar support programs with 100% county funding.	Calendar Year 2004 \$2,480 Participants in CY04: 1,653 State Budget for CY04: \$4,099,000

Note: 7 Counties did not report the number of participants.

CONSUMER SUPPORT GRANT

All costs are for State Fiscal Year 2004 unless otherwise noted.

Types of Services	Benefit Level	Eligibility Criteria	Funding Source	Average Annual Cost Per Person
The Consumer Support Grant (CSG) Program is a state-funded alternative to Medicaid-reimbursed home care, specifically the home care services of home health aide (HHA), personal care attendant (PCA) and private duty nursing (PDN). Eligible participants receive monthly cash grants to replace fee-for-service home care payments and, with the county assistance, manage and pay for a variety of home and community-based services.	Grant calculated as state share of assessed value of PCA, HHA, and PDN services.	Participants: 1) Are Medicaid recipients 2) Have a long term functional limitation requiring ongoing supports to live in 3) Live in a natural home setting 4) Are able to direct and purchase their own supports or have an authorized representative to act on 5) Are eligible to receive home care services from a Medical Assistance home care program	100% state funding.	Total Paid: \$5,546,125 Est. Number of Service Days: 146,000 Total Participants: 400 Average Days/Recip: 365 Average Yearly Cost/Recip: \$13,865 Average Daily Cost/Recip: \$37.99

SEMI-INDEPENDENT LIVING SERVICES

Note: SILS costs are reported for Calendar Year 2004

Page 11

Types of Services	Benefit Level	Eligibility Criteria	Funding Source	Average Annual Cost Per Person
<p>Services provided to adults with MR/RC in their home and community to maintain or increase their ability to live in the community. Services 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, and socialization skills.</p>	<p>County receives allocation and determines how to distribute it over the eligible clients.</p>	<ol style="list-style-type: none"> 1) 18 years old or older 2) Have mental retardation or a related condition 3) Not at risk of institutionalization and 4) Require systematic instruction or assistance in order to manage activities of daily living 	<p>70% State 30% County Counties use county funds to fulfill the matching requirements. Some counties provide county dollars above county matching requirements and some also fund 100% of costs for some persons not served through state supported allocations.</p>	<p>Calendar Year 2004 \$5,311 (includes both state and county dollars) Participants: 1,436 State Budget in CY04: \$7,626,000</p>

Note: Seven counties did not report the number of participants.

PUBLIC GUARDIANSHIP

Types of Services	Benefit Level	Eligibility Criteria	Funding Source	Activity
<p>Services Provided: To support and protect adults with mental retardation from violation of their human and civil rights by assuring that they receive the full range of needed social, financial, residential, and habilitative services to which they are lawfully entitled. Guardianship services include: planning, protection of rights, consent determination, and monitoring and evaluation of services.</p>	<p>State mandated service based on person's eligibility</p>	<ol style="list-style-type: none"> 1) 18 years of age or older 2) Diagnosis of mental retardation (persons with related conditions are not subject to public guardianship) 3) Appropriate alternatives to guardianship do not exist which are less restrictive of the person's civil rights and liberties and 4) There is no private person willing to act as a guardian 	<p>County agencies fund their guardianship responsibilities.</p>	<p>Minimum contact requirement for guardians is two annual visits. There were approximately 3,288 people receiving guardianship in FY04.</p>

Waiting List Summary by Living Arrangement and Age for
MR/RC Waiver

This report lists persons on the waiting list by where they are living and their county of financial responsibility. The report also shows the number of persons in a county that are eligible for the waiver ("Potential") in addition to the number of persons who have actually chosen the waiver and are waiting for services.

**WAITING LIST SUMMARY BY LIVING ARRANGEMENT AND AGE FOR MR/RC WAIVER WHO CHOSE WAIVER
AS OF DECEMBER 01, 2004**

STATE WIDE

County of Financial Responsibility	Living Arrangement	Age 0-12		Age 13-17		Age 18-22		Age 23-39		Age 40-59		Age 60+		Total	
		Potential	Chose Waiver												
005 - BENTON	FAMILY HOME	8	6	4	3	1	1	2	2	1				16	12
	FOSTER CARE - FAMILY					1	1	1						2	1
	ICF/MR COMMUNITY					1		1		5	1	1		8	1
	TOTAL	8	6	4	3	3	2	4	2	6	1	1		26	14
006 - BIG STONE	ICF/MR COMMUNITY							1		1		3		5	
	TOTAL							1		1		3		5	
007 - BLUE EARTH	FAMILY HOME	14	10	7	3	7	4	3	2	1				32	19
	FOSTER CARE - FAMILY					1		1	1	1	1			3	2
	FOSTER CARE - SHIFT					1		1	1	2	2			4	3
	ICF/MR COMMUNITY			1	1	1	1	18	1	24	1	15	1	59	5
	OTHER							2						2	
	OWN HOME < 24 HR SUP							1	1					1	1
	RTC							1						1	
TOTAL	14	10	8	4	10	5	27	6	28	4	15	1	102	30	
008 - BROWN	FAMILY HOME	1		3	2	2	1							6	3
	FOSTER CARE - SHIFT					1	1	1	1					2	2
	ICF/MR COMMUNITY							3		12		7		22	
	OTHER					1								1	
	OWN HOME < 24 HR SUP							2	1					2	1
TOTAL	1		3	2	4	2	6	2	12		7		33	6	
009 - CARLTON	FAMILY HOME	21	3	4	2	3	2	1	1					29	8
	ICF/MR COMMUNITY									6				6	
	OTHER					1	1							1	1
	TOTAL	21	3	4	2	4	3	1	1	6				36	9
010 - CARVER	FAMILY HOME	33	11	16	10	6	4	2	1	4	1			61	27
	FOSTER CARE - FAMILY			1	1									1	1
	ICF/MR COMMUNITY					1		5		13	3	10		29	3
	OTHER					1						1		2	
	OWN HOME < 24 HR SUP											1		1	

**WAITING LIST SUMMARY BY LIVING ARRANGEMENT AND AGE FOR MR/RC WAIVER WHO CHOSE WAIVER
AS OF DECEMBER 01, 2004**

STATE WIDE

County of Financial Responsibility	Living Arrangement	Age 0-12		Age 13-17		Age 18-22		Age 23-39		Age 40-59		Age 60+		Total	
		Potential	Chose Waiver												
035 - KITTSON	FAMILY HOME	1						2		2				5	
	FOSTER CARE - FAMILY							1						1	
	ICF/MR COMMUNITY									3	1	3	2	6	3
	TOTAL	1						3		5	1	3	2	12	3
036 - KOOCHICHING	FAMILY HOME	5	1	2	2	1	1	1	1					9	5
	FOSTER CARE - SHIFT									6	6			6	6
	ICF/MR COMMUNITY							1				2		3	
	TOTAL	5	1	2	2	1	1	2	1	6	6	2		18	11
037 - LAC QUI PARLE	FAMILY HOME	2	1	2	2			2						6	3
	FOSTER CARE - SHIFT	1	1											1	1
	ICF/MR COMMUNITY							1	1	5		1		7	1
	TOTAL	3	2	2	2			3	1	5		1		14	5
038 - LAKE	FAMILY HOME	4		2		1		2						9	
	ICF/MR COMMUNITY							1		4				5	
	RTC											1		1	
	TOTAL	4		2		1		3		4		1		15	
039 - LAKE OF THE	ICF/MR COMMUNITY									1	1	1	1	2	2
	TOTAL									1	1	1	1	2	2
040 - LE SUEUR	FAMILY HOME	17	9	11	5	4	4	1		3	3			36	21
	ICF/MR COMMUNITY			1		1				10	3	3		15	3
	OTHER	2	1											2	1
	OWN HOME < 24 HR SUP							2	2					2	2
	TOTAL	19	10	12	5	5	4	3	2	13	6	3		55	27
041 - LINCOLN	FAMILY HOME					1		2		1	1			4	1
	ICF/MR COMMUNITY									3		1		4	
	OWN HOME < 24 HR SUP					1								1	
	TOTAL					2		2		4	1	1		9	1

**WAITING LIST SUMMARY BY LIVING ARRANGEMENT AND AGE FOR MR/RC WAIVER WHO CHOSE WAIVER
AS OF DECEMBER 01, 2004**

STATE WIDE

County of Financial Responsibility	Living Arrangement	Age 0-12		Age 13-17		Age 18-22		Age 23-39		Age 40-59		Age 60+		Total	
		Potential	Chose Waiver												
042 - LYON	FAMILY HOME	3	2	1		3	2			2				9	4
	FOSTER CARE - FAMILY							1	1					1	1
	FOSTER CARE - SHIFT							1	1					1	1
	ICF/MR COMMUNITY									4		2		6	
	OWN HOME < 24 HR SUP									1	1			1	1
TOTAL		3	2	1		3	2	2	2	7	1	2		18	7
043 - MC LEOD	FAMILY HOME	3	3	4	4	4	2	4	2					15	11
	ICF/MR COMMUNITY							1	1	7	3			8	4
	OTHER					1								1	
	TOTAL	3	3	4	4	5	2	5	3	7	3			24	15
044 - MAHNOMEN	FAMILY HOME	1	1	2	2			1	1	1	1			5	5
	FOSTER CARE - FAMILY	1	1											1	1
	FOSTER CARE - SHIFT							1	1	2	2	1		4	3
	TOTAL	2	2	2	2			2	2	3	3	1		10	9
045 - MARSHALL	FAMILY HOME	2		4	4			1	1	1	1			8	6
	FOSTER CARE - SHIFT					1	1					1	1	2	2
	ICF/MR COMMUNITY							1		1				2	
	OTHER							1						1	
	TOTAL	2		4	4	1	1	3	1	2	1	1	1	13	8
046 - MARTIN	FAMILY HOME	10	1	4	3	4	3	1	1	3	2	1		23	10
	FOSTER CARE - FAMILY			1	1									1	1
	ICF/MR COMMUNITY			1				4	2	12	5	3	1	20	8
	OTHER			1	1					1	1			2	2
	TOTAL	10	1	7	5	4	3	5	3	16	8	4	1	46	21
047 - MEEKER	FAMILY HOME	1	1			3	2	3	2					7	5
	FOSTER CARE - FAMILY									1				1	
	FOSTER CARE - SHIFT							1	1					1	1
	ICF/MR COMMUNITY									6	4	4	1	10	5
	TOTAL	1	1			3	2	4	3	7	4	4	1	19	11

WAITING LIST SUMMARY BY LIVING ARRANGEMENT AND AGE FOR MR/RC WAIVER WHO CHOSE WAIVER
AS OF DECEMBER 01, 2004

STATE WIDE

County of Financial Responsibility	Living Arrangement	Age 0-12		Age 13-17		Age 18-22		Age 23-39		Age 40-59		Age 60+		Total	
		Potential	Chose Waiver												
057 - PENNINGTON	FAMILY HOME	1	1	1		1	1	2	1	1				6	3
	FOSTER CARE - FAMILY					1	1					1		2	1
	ICF/MR COMMUNITY									3				3	
	OWN HOME < 24 HR SUP							2	2	1	1			3	3
	RTC									1				1	
	TOTAL	1	1	1		2	2	4	3	6	1	1		15	7
058 - PINE	FAMILY HOME			1		1	1							2	1
	ICF/MR COMMUNITY									5		2		7	
	NURSING FACILITY											1		1	
	OTHER											1	1	1	1
	TOTAL			1		1	1			5		4	1	11	2
059 - PIPESTONE	FAMILY HOME	3		1				1						5	
	FOSTER CARE - SHIFT							1	1					1	1
	ICF/MR COMMUNITY							2		5		6		13	
	OTHER					1								1	
	TOTAL	3		1		1		4	1	5		6		20	1
060 - POLK	FAMILY HOME	12	9	9	7	2	1	1	1	1	1	1		26	19
	FOSTER CARE - FAMILY			1	1									1	1
	ICF/MR COMMUNITY									9		4		13	
	NURSING FACILITY											1		1	
	OTHER	1		2		1	1	2	1					6	2
	OWN HOME < 24 HR SUP											1	1	1	1
	RTC							1						1	
	TOTAL	13	9	12	8	3	2	4	2	10	1	7	1	49	23
061 - POPE	FAMILY HOME	1	1			1		1	1	1	1			4	3
	ICF/MR COMMUNITY									2	2	1	1	3	3
	OTHER							1						1	
	OWN HOME < 24 HR SUP							1						1	
	TOTAL	1	1			1		3	1	3	3	1	1	9	6

**WAITING LIST SUMMARY BY LIVING ARRANGEMENT AND AGE FOR MR/RC WAIVER WHO CHOSE WAIVER
AS OF DECEMBER 01, 2004**

STATE WIDE

County of Financial Responsibility	Living Arrangement	Age 0-12		Age 13-17		Age 18-22		Age 23-39		Age 40-59		Age 60+		Total		
		Potential	Chose Waiver	Potential	Chose Waiver	Potential	Chose Waiver	Potential	Chose Waiver	Potential	Chose Waiver	Potential	Chose Waiver	Potential	Chose Waiver	
085 - WINONA	FAMILY HOME	13	7	4	2	3	3							20	12	
	FOSTER CARE - FAMILY	1	1											1	1	
	FOSTER CARE - SHIFT											1	1	1	1	
	ICF/MR COMMUNITY							2		4	1	3		9	1	
	OTHER			1	1					1				2	1	
	OWN HOME < 24 HR SUP							1						1		
	RTC					1								1		
TOTAL		14	8	5	3	4	3	3		5	1	4	1	35	16	
086 - WRIGHT	FAMILY HOME	50	16	6	5	10	6	2	2	3	1			71	30	
	FOSTER CARE - FAMILY	1	1	1	1									2	2	
	ICF/MR COMMUNITY							4		7	3	2		13	3	
	OTHER											1	1	1	1	
TOTAL		51	17	7	6	10	6	6	2	10	4	3	1	87	36	
087 - YELLOW MEDICINE	FAMILY HOME			2						2	1			4	1	
	FOSTER CARE - SHIFT											1	1	1	1	
	ICF/MR COMMUNITY									4	1	1		5	1	
TOTAL			2							6	2	2	1	10	3	
TOTAL	BOARD & LODGE	1		1				5	4	4	1	5	3	16	8	
	FAMILY HOME	2,387	1,287	866	551	614	453	403	270	185	90	20	9	4,475	2,660	
	FOSTER CARE - FAMILY	40	25	31	23	32	28	48	28	27	13	23	8	201	125	
	FOSTER CARE - LIVE IN			2	1	4	3	10	5	12	7	2		30	16	
	FOSTER CARE - SHIFT	4	3	16	13	35	33	97	91	119	114	44	41	315	295	
	ICF/MR COMMUNITY	6		27	5	73	14	431	99	1,058	208	350	43	1,945	369	
	NURSING FACILITY									3	1	3	1	6	2	
	OTHER	45	16	55	28	43	22	89	33	34	14	10	4	276	117	
	OWN HOME < 24 HR SUP	1		1		7	4	48	30	28	22	8	6	93	62	
	OWN HOME W/24 HR							4	1	4	3	2	2	10	6	
	RTC					5	4	8	2	11	1	3		27	7	
	TOTAL		2,484	1,331	999	621	813	561	1,143	563	1,485	474	470	117	7,394	3,667

Urgency of Need for MR/RC Waiver Services by Age and Living Arrangement

This report shows the age of the persons on the waiting list, where they are living, and how urgently they need waiver services. Collecting data about urgency of need began on April 1, 1999. Persons who are included in the "Unspecified" column are those who have not received a screening since that date.

**URGENCY OF NEED FOR MR/RC WVR SERVICES BY AGE AND LIVING ARRANGEMENT
AS OF DECEMBER 01, 2004**

STATE WIDE

Age 18-22

County of Financial Responsibility	Living Arrangement	Waiver Need Index = '001' (Waiting for Wvr 0-12 Months)		Waiver Need Index = '002' (Waiting for Wvr 13-36 Months)		Waiver Need Index = '003' (Waiting for Wvr 37+ Months)		Waiver Need Index Unspecified		Total
		#	%	#	%	#	%	#	%	#
TOTAL	FAMILY HOME	287	63.3%	61	13.4%	26	5.7%	79	17.4%	453
	FOSTER CARE - FAMILY	18	64.2%	3	10.7%	2	7.1%	5	17.8%	28
	FOSTER CARE - LIVE IN	1	33.3%	1	33.3%			1	33.3%	3
	FOSTER CARE - SHIFT	8	24.2%	2	6.0%	1	3.0%	22	66.6%	33
	ICF/MR COMMUNITY	9	64.2%	3	21.4%	2	14.2%			14
	OTHER	12	54.5%	1	4.5%			9	40.9%	22
	OWN HOME < 24 HR SUP	2	50.0%					2	50.0%	4
	RTC	4	100.0%							4
	TOTAL	341	60.7%	71	12.6%	31	5.5%	118	21.0%	561

**URGENCY OF NEED FOR MR/RC WVR SERVICES BY AGE AND LIVING ARRANGEMENT
AS OF DECEMBER 01, 2004**

STATE WIDE

Age 23-39

County of Financial Responsibility	Living Arrangement	Waiver Need Index = '001' (Waiting for Wvr 0-12 Months)		Waiver Need Index = '002' (Waiting for Wvr 13-36 Months)		Waiver Need Index = '003' (Waiting for Wvr 37+ Months)		Waiver Need Index Unspecified		Total
		#	%	#	%	#	%	#	%	#
TOTAL	BOARD & LODGE	1	25.0%					3	75.0%	4
	FAMILY HOME	98	36.3%	47	17.4%	18	6.6%	107	39.6%	270
	FOSTER CARE - FAMILY	10	35.7%	2	7.1%	2	7.1%	14	50.0%	28
	FOSTER CARE - LIVE IN	1	20.0%			1	20.0%	3	60.0%	5
	FOSTER CARE - SHIFT	7	7.6%	1	1.1%			83	91.2%	91
	ICF/MR COMMUNITY	30	30.3%	27	27.2%	30	30.3%	12	12.1%	99
	OTHER	13	39.3%	1	3.0%	2	6.0%	17	51.5%	33
	OWN HOME < 24 HR SUP	10	33.3%	3	10.0%			17	56.6%	30
	OWN HOME W/24 HR SUP							1	100.0%	1
	RTC	1	50.0%					1	50.0%	2
	TOTAL	171	30.3%	81	14.3%	53	9.4%	258	45.8%	563

**URGENCY OF NEED FOR MR/RC WVR SERVICES BY AGE AND LIVING ARRANGEMENT
AS OF DECEMBER 01, 2004**

STATE WIDE

Age 40-59

County of Financial Responsibility	Living Arrangement	Waiver Need Index = '001' (Waiting for Wvr 0-12 Months)		Waiver Need Index = '002' (Waiting for Wvr 13-36 Months)		Waiver Need Index = '003' (Waiting for Wvr 37+ Months)		Waiver Need Index Unspecified		Total
		#	%	#	%	#	%	#	%	#
TOTAL	BOARD & LODGE	1	100.0%							1
	FAMILY HOME	33	36.6%	11	12.2%	11	12.2%	35	38.8%	90
	FOSTER CARE - FAMILY	2	15.3%			3	23.0%	8	61.5%	13
	FOSTER CARE - LIVE IN	3	42.8%					4	57.1%	7
	FOSTER CARE - SHIFT	10	8.7%					104	91.2%	114
	ICF/MR COMMUNITY	74	35.5%	51	24.5%	69	33.1%	14	6.7%	208
	NURSING FACILITY							1	100.0%	1
	OTHER	7	50.0%	2	14.2%			5	35.7%	14
	OWN HOME < 24 HR SUP	7	31.8%	4	18.1%			11	50.0%	22
	OWN HOME W/24 HR SUP	1	33.3%					2	66.6%	3
	RTC			1	100.0%					1
	TOTAL	138	29.1%	69	14.5%	83	17.5%	184	38.8%	474

**URGENCY OF NEED FOR MR/RC WVR SERVICES BY AGE AND LIVING ARRANGEMENT
AS OF DECEMBER 01, 2004**

STATE WIDE

Age 60+

County of Financial Responsibility	Living Arrangement	Waiver Need Index = '001' (Waiting for Wvr 0-12 Months)		Waiver Need Index = '002' (Waiting for Wvr 13-36 Months)		Waiver Need Index = '003' (Waiting for Wvr 37+ Months)		Waiver Need Index Unspecified		Total
		#	%	#	%	#	%	#	%	#
TOTAL	BOARD & LODGE	2	66.6%					1	33.3%	3
	FAMILY HOME	1	11.1%	1	11.1%			7	77.7%	9
	FOSTER CARE - FAMILY	4	50.0%			1	12.5%	3	37.5%	8
	FOSTER CARE - SHIFT	4	9.7%	1	2.4%			36	87.8%	41
	ICF/MR COMMUNITY	21	48.8%	8	18.6%	11	25.5%	3	6.9%	43
	NURSING FACILITY							1	100.0%	1
	OTHER							4	100.0%	4
	OWN HOME < 24 HR SUP	3	50.0%					3	50.0%	6
	OWN HOME W/24 HR SUP							2	100.0%	2
	TOTAL	35	29.9%	10	8.5%	12	10.2%	60	51.2%	117

**URGENCY OF NEED FOR MR/RC WVR SERVICES BY AGE AND LIVING ARRANGEMENT
AS OF DECEMBER 01, 2004**

STATE WIDE

All Ages

County of Financial Responsibility	Living Arrangement	Waiver Need Index = '001' (Waiting for Wvr 0-12 Months)		Waiver Need Index = '002' (Waiting for Wvr 13-36 Months)		Waiver Need Index = '003' (Waiting for Wvr 37+ Months)		Waiver Need Index Unspecified		Total
		#	%	#	%	#	%	#	%	#
TOTAL	BOARD & LODGE	4	50.0%					4	50.0%	8
	FAMILY HOME	1,560	58.6%	366	13.7%	221	8.3%	513	19.2%	2,660
	FOSTER CARE - FAMILY	62	49.6%	11	8.8%	9	7.2%	43	34.4%	125
	FOSTER CARE - LIVE IN	6	37.5%	1	6.2%	1	6.2%	8	50.0%	16
	FOSTER CARE - SHIFT	33	11.1%	4	1.3%	1	0.3%	257	87.1%	295
	ICF/MR COMMUNITY	139	37.6%	89	24.1%	112	30.3%	29	7.8%	369
	NURSING FACILITY							2	100.0%	2
	OTHER	55	47.0%	5	4.2%	2	1.7%	55	47.0%	117
	OWN HOME < 24 HR SUP	22	35.4%	7	11.2%			33	53.2%	62
	OWN HOME W/24 HR SUP	1	16.6%					5	83.3%	6
	RTC	5	71.4%	1	14.2%			1	14.2%	7
	TOTAL	1,887	51.4%	484	13.2%	346	9.4%	950	25.9%	3,667

Urgency of Need for MR/RC Waiver Services

This report shows the number of persons waiting for waiver services in each county of responsibility and how urgent their need is. Collecting data about urgency of need began on April 1, 1999. Persons who are included in the "Unspecified" column are those who have not received a screening since that date.

**URGENCY OF NEED FOR MR/RC WAIVERED SERVICES
AS OF DECEMBER 01, 2004**

STATE WIDE

County of Financial Responsibility	Waiver Need Index = '001' (Waiting for Wvr 0-12 Months)		Waiver Need Index = '002' (Waiting for Wvr 13-36 Months)		Waiver Need Index = '003' (Waiting for Wvr 37+ Months)		Waiver Need Index Unspecified		Total
	#	%	#	%	#	%	#	%	#
001 - AITKIN	3	37.5%	4	50.0%			1	12.5%	8
002 - ANOKA	119	55.0%	38	17.5%	18	8.3%	41	18.9%	216
003 - BECKER	1	9.0%					10	90.9%	11
004 - BELTRAMI	15	83.3%					3	16.6%	18
005 - BENTON	7	50.0%	7	50.0%					14
007 - BLUE EARTH	22	73.3%	3	10.0%			5	16.6%	30
008 - BROWN	3	50.0%			1	16.6%	2	33.3%	6
009 - CARLTON	4	44.4%	1	11.1%			4	44.4%	9
010 - CARVER	18	58.0%	6	19.3%	2	6.4%	5	16.1%	31
011 - CASS	10	71.4%	2	14.2%			2	14.2%	14
012 - CHIPPEWA	1	20.0%					4	80.0%	5
013 - CHISAGO	1	5.8%	3	17.6%	3	17.6%	10	58.8%	17
014 - CLAY	7	35.0%	4	20.0%	3	15.0%	6	30.0%	20
016 - COOK	1	50.0%					1	50.0%	2
017 - COTTONWOOD	1	16.6%	2	33.3%	1	16.6%	2	33.3%	6
018 - CROW WING	26	61.9%	1	2.3%	2	4.7%	13	30.9%	42
019 - DAKOTA	236	69.4%	43	12.6%	11	3.2%	50	14.7%	340
020 - DODGE	1	14.2%			2	28.5%	4	57.1%	7
021 - DOUGLAS	3	37.5%					5	62.5%	8
022 - FARIBAULT	3	18.7%	1	6.2%	11	68.7%	1	6.2%	16

URGENCY OF NEED FOR MR/RC WAIVERED SERVICES
AS OF DECEMBER 01, 2004

STATE WIDE

County of Financial Responsibility	Waiver Need Index = '001' (Waiting for Wvr 0-12 Months)		Waiver Need Index = '002' (Waiting for Wvr 13-36 Months)		Waiver Need Index = '003' (Waiting for Wvr 37+ Months)		Waiver Need Index Unspecified		Total
	#	%	#	%	#	%	#	%	#
023 - FILLMORE	1	33.3%					2	66.6%	3
024 - FREEBORN	4	22.2%					14	77.7%	18
025 - GOODHUE	7	50.0%					7	50.0%	14
026 - GRANT							2	100.0%	2
027 - HENNEPIN	549	49.3%	138	12.4%	91	8.1%	335	30.1%	1,113
028 - HOUSTON	9	45.0%	1	5.0%			10	50.0%	20
029 - HUBBARD	1	50.0%					1	50.0%	2
030 - ISANTI	1	16.6%	1	16.6%			4	66.6%	6
031 - ITASCA	10	35.7%	4	14.2%	1	3.5%	13	46.4%	28
032 - JACKSON	1	7.1%					13	92.8%	14
033 - KANABEC	1	20.0%			1	20.0%	3	60.0%	5
034 - KANDIYOHI	2	66.6%					1	33.3%	3
035 - KITSON	3	100.0%							3
036 - KOOCHICHING	3	27.2%					8	72.7%	11
037 - LAC QUI PARLE	4	80.0%					1	20.0%	5
039 - LAKE OF THE WOODS	1	50.0%	1	50.0%					2
040 - LE SUEUR	17	62.9%	4	14.8%	1	3.7%	5	18.5%	27
041 - LINCOLN	1	100.0%							1
042 - LYON	4	57.1%			1	14.2%	2	28.5%	7
043 - MC LEOD	1	6.6%	2	13.3%	11	73.3%	1	6.6%	15

**URGENCY OF NEED FOR MR/RC WAIVERED SERVICES
AS OF DECEMBER 01, 2004**

STATE WIDE

County of Financial Responsibility	Waiver Need Index = '001' (Waiting for Wvr 0-12 Months)		Waiver Need Index = '002' (Waiting for Wvr 13-36 Months)		Waiver Need Index = '003' (Waiting for Wvr 37+ Months)		Waiver Need Index Unspecified		Total
	#	%	#	%	#	%	#	%	#
044 - MAHNOMEN	7	77.7%					2	22.2%	9
045 - MARSHALL	2	25.0%					6	75.0%	8
046 - MARTIN	5	23.8%	5	23.8%	8	38.1%	3	14.2%	21
047 - MEEKER	6	54.5%			3	27.2%	2	18.1%	11
048 - MILLE LACS	7	46.6%					8	53.3%	15
049 - MORRISON	6	46.1%	3	23.0%	2	15.3%	2	15.3%	13
050 - MOWER	9	47.3%	1	5.2%	2	10.5%	7	36.8%	19
051 - MURRAY			2	66.6%	1	33.3%			3
052 - NICOLLET	1	50.0%					1	50.0%	2
053 - NOBLES			5	38.4%	1	7.6%	7	53.8%	13
055 - OLMSTED	50	26.4%	46	24.3%	40	21.1%	53	28.0%	189
056 - OTTER TAIL	8	38.1%	2	9.5%	3	14.2%	8	38.1%	21
057 - PENNINGTON	5	71.4%					2	28.5%	7
058 - PINE	1	50.0%					1	50.0%	2
059 - PIPESTONE							1	100.0%	1
060 - POLK	15	65.2%	2	8.7%			6	26.0%	23
061 - POPE	2	33.3%	2	33.3%			2	33.3%	6
062 - RAMSEY	180	59.0%	25	8.2%	31	10.1%	69	22.6%	305
063 - RED LAKE	1	25.0%					3	75.0%	4
064 - REDWOOD	6	54.5%	4	36.3%			1	9.0%	11

**URGENCY OF NEED FOR MR/RC WAIVERED SERVICES
AS OF DECEMBER 01, 2004**

STATE WIDE

County of Financial Responsibility	Waiver Need Index = '001' (Waiting for Wvr 0-12 Months)		Waiver Need Index = '002' (Waiting for Wvr 13-36 Months)		Waiver Need Index = '003' (Waiting for Wvr 37+ Months)		Waiver Need Index Unspecified		Total
	#	%	#	%	#	%	#	%	#
065 - RENVILLE	5	55.5%	2	22.2%			2	22.2%	9
066 - RICE	25	69.4%			3	8.3%	8	22.2%	36
068 - ROSEAU	3	42.8%	1	14.2%			3	42.8%	7
069 - ST. LOUIS	54	47.3%	8	7.0%	2	1.7%	50	43.8%	114
070 - SCOTT	134	81.7%	17	10.3%	6	3.6%	7	4.2%	164
071 - SHERBURNE	28	84.8%	1	3.0%	3	9.0%	1	3.0%	33
072 - SIBLEY			1	50.0%			1	50.0%	2
073 - STEARNS	19	55.8%	6	17.6%	4	11.7%	5	14.7%	34
074 - STEELE					1	25.0%	3	75.0%	4
075 - STEVENS	1	100.0%							1
076 - SWIFT	5	71.4%			1	14.2%	1	14.2%	7
077 - TODD	5	71.4%			1	14.2%	1	14.2%	7
078 - TRAVERSE							2	100.0%	2
079 - WABASHA	4	100.0%							4
080 - WADENA	2	20.0%	2	20.0%	2	20.0%	4	40.0%	10
081 - WASECA	6	31.5%	10	52.6%	3	15.7%			19
082 - WASHINGTON	153	43.7%	65	18.5%	59	16.8%	73	20.8%	350
083 - WATONWAN	2	100.0%							2
084 - WILKIN	2	40.0%					3	60.0%	5
085 - WINONA	11	68.7%	1	6.2%			4	25.0%	16

**URGENCY OF NEED FOR MR/RC WAIVERED SERVICES
AS OF DECEMBER 01, 2004**

STATE WIDE

County of Financial Responsibility	Waiver Need Index = '001' (Waiting for Wvr 0-12 Months)		Waiver Need Index = '002' (Waiting for Wvr 13-36 Months)		Waiver Need Index = '003' (Waiting for Wvr 37+ Months)		Waiver Need Index Unspecified		Total
	#	%	#	%	#	%	#	%	#
086 - WRIGHT	13	36.1%	6	16.6%	10	27.7%	7	19.4%	36
087 - YELLOW MEDICINE	2	66.6%	1	33.3%					3
TOTAL	1,887	51.4%	484	13.2%	346	9.4%	950	25.9%	3,667