

Summer
2001

Waiting List Watch

One in a series of reports on Arc Minnesota's campaign
to end the waiting list for Minnesotans with developmental disabilities

2001 Legislative Session Recap

see
attached

◆ Biggest Victory This Session Wasn't a Bill

For people with developmental disabilities and their families, the biggest victory of the session occurred at the end of March, when the Department of Human Services (DHS) informed counties they could request an "unlimited" number of waiver slots on a one-time basis. The Department made this decision to comply with the legislative intent of the **Unlock the Waiting List** bill that passed in 1999. That bill contained a provision which directed the state to redirect dollars that were projected to be unspent to serve those waiting for services. After legislative hearings and receiving other political pressure, the department released the projected

◆ ~~The Health and~~ Human Services Omnibus Bill: A Summary

The Health and Human Services Omnibus Bill is a large funding bill that consists of many smaller bills that carry a cost. Areas of the bill that affect persons with developmental disabilities and their families include:

1. **Rates for private duty nursing services** increased by an estimated average of 8.5% across all waiver programs effective July 1, 2001. This is key to helping children with chronic disabilities get out of acute care hospitals.
2. **Providers receive rate**

federally governed ERISA plans will have easier access to specialty care and continuity of care.

6. **DHS will have more staff** for licensing issues and to complete Vulnerable Adult and Maltreatment of Minor investigations.

7. **The Medical Assistance Income Standards were raised** for two-thirds of the people who are elderly or disabled who are on the program. The new income standard is \$716 per month (poverty level). People with incomes below this amount will get increases; the other one-third who have incomes above this amount will continue to have to spend down to \$502 per month.

The people in this other one-third



under age 65 live in nursing homes.

10. **Medical Assistance dental rates will increase for critical access providers.**

11. **Participants in the Minnesota Family Investment Plan (MFIP) who have children with disabilities** or take care of other family members with disabilities will be exempted from the 60-month time limit for receiving benefits.

12. **A Public Guardianship Initiative was funded** — DHS will receive \$250,000 in each of the next two years to provide incentives to counties to shift

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for medical reasons for up to four months. If they lose their job for other reasons, they can keep assets but must spend down income to \$716 per month.

16. Consumer Support Grant (CSG) will be expanded statewide. 200 people on CSG will be eligible for higher cost exception grants, and the rates for other grants will be calculated using a new formula. People in the program on July 1, 2001 will not have their grants reduced. If counties choose not to offer these programs, DHS can select another entity to offer them.

17. The Consumer-Directed Demonstration Project will continue to move forward with a formula for allocations based on costs of services actually used. The state is awaiting federal approval of its request.

18. Counties can get federal money for targeted case management for people in need of protection and those with mental retardation or related conditions who are not receiving waived

23. Consumer-Directed Community Supports under the Waiver will be expanded statewide. If counties choose not to offer this service, DHS can select someone else to do it. Services do not need to be licensed if the person providing the service is paid directly or by a fiscal agent, fiscal intermediary, or employer of record and is not otherwise under the control of a licensed residential or non-residential service provider.



24. The Personal Care Assistance program was changed to clarify a number of areas, including allowing guardians of adults to be eligible for payment under a hardship waiver. Qualified professionals or physicians can

One thing is clear, however. This bill does not provide a net funding increase for special education services. This is likely to result in local districts cutting special education budgets or having to justify maintaining them. Unfortunately, these discussions often result in the blaming of students with disabilities for the district's financial situation. The federal government has not helped. After some promising discussions to fully fund special education, little action has occurred.

To increase accountability, the K-12 bill also requires local school districts to pass structurally balanced budgets. Apparently there is a belief that local districts are too generous in collective bargaining agreements with their staff. Another provision requires local districts to detail in their annual expenditure reports whether increased expenditures raised student achievement.

The state department is required to contract with an independent evaluator to evaluate and report on the academic and financial performance of school districts in the areas of expenditures, student

of the investigation are reported to local districts and how coordination will occur with various licensing bodies which may also receive reports or complaints. **The department received sufficient new funding to hire two additional staff to assist in this area.**

Other key policy issues that passed categorize paraprofessionals, cultural liaisons, and clerical **staff who work on IEP paperwork and in scheduling meetings as essential personnel**; this makes their services eligible for special education reimbursement. **IEP teams have to consider positive behavior interventions,** strategies, and supports to address behavior for children with attention deficit disorder or attention deficit hyperactivity disorder.

Readmission plans after suspensions cannot obligate a parent to provide medications like Ritalin. In addition, it is not educational neglect if a parent refuses to provide their child with this medication.

In the area of interagency