

Consumer Directed Community Supports Focus Groups

I. Introduction and historical perspective:

Medicaid Home and Community-Based service (HCBS) Waivers allow states the flexibility to develop and implement creative alternatives for Medicaid-eligible individuals currently living in or who need the level of care provided in intermediate care facilities for persons with mental retardation (ICF/MR). In Minnesota, the federal government in 1984 approved the Mental Retardation/Related Condition (MR/RC) Waiver agreement. Today, a large majority of Minnesotans with mental retardation and related conditions requesting services receive Medicaid-financed long-term care through the HCBS program. But this was not always the case. From June of 1987 to June 1999, the number of HCBS recipients had increased from 1,423 to 7,102¹. As of February 2002, 15,057 consumers were enrolled in the MR/RC waiver.

The **Consumer Directed Community Supports** (CDCS) service was approved by the federal government, in December of 1997, as a service through the MR/RC Waiver. Minnesota pursued an amendment to its waiver plan for the service, in part, because it had been selected to receive a Robert Wood Foundation grant for a self-determination project. The Consumer Directed Community Support service was integral to the objectives of the project, which included promoting the development of individualized supports and consumer control of resources. Three pilot counties participated in Minnesota's Self-Determination Project: Blue Earth, Dakota and Olmstead.

Currently in Minnesota, to offer CDCS through the MR/RC Waiver, counties are required to enter into a Memorandum of Understanding (MOU) with the Department of Human Services. At the time of this report, 21 counties have entered into a MOU. These counties include: Anoka, Blue Earth, Carver, Cass, Crow Wing, Dakota, Fillmore, Hennepin, Houston, Morrison, Mower, Olmstead, Ramsey, Rice, Scott, St. Louis, Steele, Todd, Wadena, Washington and

¹ Research and Training Center on Community Living, Institute on Community Integration (UPA), University of Minnesota, Report #55, November 2000

Wright. Counties with approved MOU's may authorize the use of CDCS by waiver recipients, for whom they serve as county of financial responsibility, regardless of whether the person is living in that county or in another county.

During the last quarter of fiscal year 2001 (3/23/01 to 6/30/02) open enrollment provided an opportunity for 5,537 additional consumers to enroll in the MR/RC waiver.

The influx of such numbers of individuals into the system put a strain on counties and Case Management resources. Counties were responsible to ensure that all individuals were appropriately screened, and at least case management and one other service were available for use by the recipient no later than June 30, 2001.

For the purpose of comparison, from the period of June 1999 to June 2000 the statewide enrollment of individuals onto the MR/RC waiver increased from 7,102 to 8,213, an average enrollment of 93 consumers/month.

In contrast, during the open enrollment period of 3/23/01 to 6/30/01, the statewide enrollment of individuals onto the MR/RC waiver increased to a statewide average of 2487 consumers/month.

At the time of this report there were 2,569 consumers utilizing the Consumer Directed Support option (with almost \$60 million worth of supports authorized in individualized service agreements). Of these consumers, 1,749 (68.1%) service recipients were 18 years of age or younger.

Historically, Minnesota Department of Human Services has extended a great deal of latitude to each of the state's 87 counties to develop locally administered approaches to meeting the needs of their consumers. One of the identified challenges thus far with the administration of CDCS has been that policies regarding CDCS frequently differ from county to county.