



Minnesota Department of **Human Services**

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February 27, 2004

Cheryl Harris  
Associate Regional Administrator  
Centers for Medicare & Medicaid Services, Region V  
Division of Medicaid and Insurance Oversight  
233 North Michigan Avenue, Suite 600  
Chicago, Illinois 60601-5519

Dear Ms. Harris:

This letter is written to follow up on issues discussed during the conference call held on February 23, 2004 between CMS and state staff and a subsequent call on February 24, between Dan Timmel and Tameshia Bridges, CMS and Michelle Long, DHS. The purpose of the calls was to discuss CMS' questions concerning our revised consumer-directed services amendment, submitted to CMS December 11, 2003. As you are aware, the proposed consumer-directed service, *Consumer Directed Community Supports* (CDCS), would become an option in all of our home and community-based service waivers.

- Waiver for Persons with Mental Retardation or Related Conditions (MR/RC), CMS control number 0061.90.R3.02
- Community Alternatives for Disabled Individuals (CADI), CMS control number 0166.90.R2.02
- Traumatic Brain Injury (TBI), CMS control number 4169.90.R1.04
- Elderly Waiver (EW), CMS control number 0025.91.R3.06
- Community Alternative Care (CAC), CMS control number 4128.90.R2.06

At the conclusion of the two calls, we agreed to provide additional information. This letter includes the clarifications and additional materials that were requested by CMS.

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Service Estimate Revisions (Appendix G). CMS asked the state to review and explain the variations in the service estimates (i.e., the units and rates in Appendix G, Factor D) between CDCS recipients and non-CDCS recipients. We reviewed these estimates and have made adjustments for the CADI, CAC, TBI, and EW waivers. The revised Appendix G pages are enclosed. Please refer to Attachment A. No adjustments were required in the MR/RC waiver.

The estimates vary from waiver to waiver because of differences in the target populations and the type, mix, and cost of services in each waiver. For example, the MR/RC waiver includes habilitation

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services that are not included in the other waivers and CAC recipients tend to have much higher use of nursing services. In addition, the overall cost of services cannot be directly correlated to the average Factor D costs because certain services costs are not included in CDCS (i.e., a proportion of case management and residential services).

As we have experience with CDCS in each of the waivers, we will be better able to project the service estimates. The service estimates will be amended, if necessary, prior to the waiver renewals.

Estimated Services and Individual Budgets. The service estimates (Appendix G, Factor D) are based on projected utilization. The estimates will not be used to limit the number of people who can access the service nor will they be used to limit the amount of, or rates for, CDCS supports. Cost neutrality for CDCS is managed through the recipients' individual budget amounts. There is not a direct relationship between the individual budget amounts and the service estimates.

Individual Budget Amounts. Please refer to Attachment B for the range and average individual budget amounts that will be available under CDCS for MR/RC, CAC, CADI, and TBI waiver recipients. The budget amounts do not include out-of-home residential services because those services are not available under CDCS.

Case management is identified, in Attachment B, as being discounted by 50%. What that means is that we estimated, that on average, half of the current waiver case management costs would be provided through CDCS as flexible case management and half would be provided as required case management through the county. The required case management is not included in the recipients' budget amounts and 50% of current waiver case management costs were added to the individual budget amounts. This allows recipients increased flexibility and control in purchasing some case management services. Please refer to Appendix B1, Attachment B submitted February 9, 2004 for the outline of what services are included in required and flexible case management.

Because cost neutrality is managed on an individual case mix basis for EW, the maximum individual CDCS budget amounts are broken down into the current eleven case mix classifications. The individual budget amount ranges will be approximately \$835 to \$1943 per recipient, per month. We are not able to provide you with the exact individual budget amounts for EW at this time because the budget formula requires claims data through June 30, 2004.

There is a larger variance in the service estimate costs (Appendix G, Factor D) between CDCS and non-CDCS users in EW. This is primarily due to the higher use of more costly residential placements (assisted living) by EW recipients. Recipients living in these settings are not eligible for CDCS and the related costs were not included in the individual budget amounts. As with the other waivers, individual budget amounts under EW include flexible case management but do not include required case management.

Programming Expenses. In the materials that we submitted on February 9, 2004 we included a clarification in Attachment C of Appendix B1. Attachment C includes a list of items that cannot be covered by CDCS. On the exclusion list are tickets and related costs to attend sporting or other recreational events. [REDACTED] We have

During the February 24, 2004 call, it was agreed that these program expenses would be included in the ~~Financial Modifications and Provisions CDCS service category for claim~~ and reporting purposes. These costs were included in the methodology used to develop the individual CDCS budget amounts. These costs can be managed within the sum of the CDCS service estimates (Appendix G, Factor D). ~~We will monitor these costs within each of the CDCS categories after implementation.~~

**Case Manager Instructions.** In our written response dated January 29, 2004 (in preparation for our January 30 conference call), we described that when a recipient experiences a significant change in need, there is an established reevaluation process that county case managers are responsible for completing. If the reevaluation leads to changes on the recipient's screening document, it is submitted to the department. Factors from the screening document are used to establish the individual budget amount and may trigger a revised budget. The department informs the case manager if the budget is revised.

As we provide instructions to case managers concerning implementation of the CDCS amendment, we will include instructions for reevaluation of need both at the time there is a significant change in a recipient's condition and when a recipient is at their individual budget limit and requests a reevaluation. Instructions will be provided to case managers in written form and will be included in training curriculum.

**Monitoring Transitions.** For recipients who elect to discontinue CDCS services, we will track what service option they transition to (e.g., other waiver services, State plan services). We will provide technical assistance as requested, through our regional staff, to assist case managers in transitioning recipients to alternative services.

**State Oversight.** As part of its overall waiver quality management, the department plans to conduct 15 to 20 county reviews per year. The reviews will include evaluating counties' implementation of waiver services, including CDCS, in accordance with the waiver plan and policies, procedures, and instructions provided by the department. When deficiencies are identified, state regional staff will provide technical assistance, and training if needed. Review reports will be completed and shared with the county. State regional staff will also follow up if complaints about a county are received by the department.

The department is also planning to conduct an independent evaluation of CDCS. The evaluation will begin approximately six months following implementation of the amendments and will include

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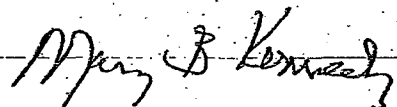
evaluation of how the department communicates instructions and guidelines to the counties and how counties implement them. A written report of the evaluation will be completed.

Criteria for Evaluating Dependencies. During the February 24, 2004 call, CMS asked that we include the documents that will be used to evaluate dependencies related to paying parents of minors and spouses of recipients, as part of our waiver plan. One of the criteria for a parent of a minor or a spouse of a recipient to be a paid caregiver is that the recipient must have a dependency in one of the following activities of daily living: dressing, grooming, bathing, eating, bed mobility, transferring walking, or toileting. County case managers (social workers or public health nurses), as part of required case management, assess recipients' dependencies in activities of daily living.

The *LTC Screening Document* (DHS form 3427, 10-03) will be used to document dependencies in activities of daily living (ADLs). Refer to Attachment C, Section C, numbers 33, 34, 35, 36, 37, 38, 39, and 41. To complete the Long Term Care Screening Document form, evaluators must use the corresponding assessment tool(s). For adults this is the *Minnesota Long-Term Care Consultation Services Assessment Form: PHN Section* (DHS form 3428A, 2/03) pages 20 - 23, items 33, 34, 35, 36, 37, 38, 39, and 41. For children, there is a supplement to this form to evaluate age appropriateness of dependencies, *Minnesota Long Term Care Consultation Services From: Supplemental Form for Assessment of Children Under 18* (DHS form 3428C, 11/01). Refer to Attachments D and E, respectively. Please add these three forms as attachments to each waivers provider standards (Appendix B2).

In past correspondence, we requested that effective date for CDCS be six months following CMS' approval. Because approval may occur mid month, we are requesting that the CDCS amendments be effective October 1, 2004 in all of our waivers. We continue to ask that our renewals be approved retroactively, to April 1, 2003 for CAC, and July 1, 2003 for EW. If you need additional information or have questions, please contact Michelle Long of my staff at 651-296-5867.

Sincerely,



Mary B. Kennedy  
Medicaid Director

cc: Tameshia Bridges, CMS Region V  
Doris Ross, CMS Region V  
Mary Jean Duckett, CMS Central Office  
Dan Timmel, CMS Central Office

Enclosures



## Minnesota Department of **Human Services**

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March 1, 2004

Cheryl Harris  
Associate Regional Administrator  
Centers for Medicare & Medicaid Services, Region V  
Division of Medicaid and Insurance Oversight  
233 North Michigan Avenue, Suite 600  
Chicago, Illinois 60601-5519

Dear Ms. Harris:

On Friday, February 27, 2004, we sent our response in electronic mail to issues raised by CMS concerning our consumer-directed service amendments. That same afternoon we received messages from Tameshia Bridges, via voice and electronic mail, asking that we remove certain language from the waiver amendment.

The provision in question is the clarification that we added in our February 9, 2004 submission to Appendix B1, Attachment C, which provides up to \$500 for tickets and related costs incurred by paid caregivers when accompanying a recipient. The electronic mail message from Ms. Bridges, concerning the \$500 provision, states that this "is not an allowable service and will have to be removed from the waiver at this time."

In order to move forward with the review process, we have removed the \$500 provision. By removing this provision, these items cannot be covered for consumers or caregivers. These are legitimate costs incurred by caregivers that should be recognized and covered under the consumer-directed model. We are removing this provision in an effort to ensure that the overall amendment is approved by the deadline, but we do so with the understanding that we will continue to negotiate this issue between now and the effective date, to ensure that reasonable and legitimate costs are recognized.

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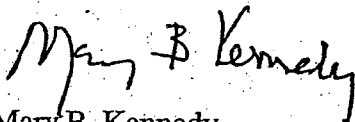
Enclosed is the revised Appendix B1, Attachment C page for the:

- Waiver for Persons with Mental Retardation or Related Conditions (MR/RC), CMS control number 0061.90.R3.02
- Community Alternatives for Disabled Individuals (CADI), CMS control number 0166.90.R2.02
- Traumatic Brain Injury (TBI), CMS control number 4169.90.R1.04
- Elderly Waiver (EW), CMS control number 0025.91.R3.06
- Community Alternative Care (CAC), CMS control number 4128.90.R2.06

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If you need additional information or have questions, please contact Michelle Long of my staff at 651-296-5867.

Sincerely,



Mary B. Kennedy  
Medicaid Director

cc: Tameshia Bridges, CMS Region V  
Doris Ross, CMS Region V  
Mary Jean Duckett, CMS Central Office  
Dan Timmel, CMS Central Office

Enclosure

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Department of Health & Human Services  
Centers for Medicare & Medicaid Services  
233 North Michigan Avenue, Suite 600  
Chicago, Illinois 60601-5519



Refer to: WI4

March 16, 2004

Mary Kennedy  
Medicaid Director  
Minnesota Department of Human Services  
444 Lafayette Road North  
Saint Paul, MN 55155

Dear Ms. Kennedy

I am pleased to inform you of the approval of your September 9, 2002 request to amend the Mental Retardation or Related Conditions home and community based services (HCBS) waiver. This waiver provides services to developmentally disabled individuals, as authorized under the provisions of section 1915(c) of the Social Security Act. This amendment has been assigned the Centers for Medicare & Medicaid Services (CMS) control number of 0061.90.R3.01, which should be used in future correspondence.

This waiver amendment changes how the State operates its consumer directed community supports (CDCS) service. This amendment provides clearer direction in the areas of allowable services, individual budgeting, person centered planning, fiscal intermediaries and the general operation of the service. In response to concerns raised during the review of this amendment, the State has agreed to track individuals who transition out of the CDCS and an independent evaluation of the CDCS. We request that you submit a quarterly report to the Chicago Regional Office detailing the status of individuals who have transitioned out of the CDCS service.

We find that your request conforms to the applicable federal laws and regulations. I am approving your request for the period effective October 1, 2004. This approval is subject to your agreement to provide HCBS to no more than the approved number of individuals for this waiver.

If you have any questions regarding this renewal, please contact Tameshia Bridges, Health Insurance Specialist, at (312) 353-5199.

Sincerely,

/s/

Cheryl A. Harris  
Associate Regional Administrator  
Division of Medicaid and Children's Health

cc: Michelle Long, Minnesota Department of Human Services  
Daniel Timmel, CMS

Daily Cost Ranges for CADI Recipients-Nonresidential			
	Consumer Directed Budget Estimates*		
	average	Maximum	Minimum
CADI	\$ 27.78	\$ 84.61	\$ 11.96

\*Consumer directed budget maximums based on 70% of the average cost per day of non-cdcs recipients with similar service needs

\*\* Budget includes waiver and home care costs, with casemanagment costs discounted at 50%.

Daily Cost Ranges for TBI-NF Recipients-Non-Residential			
	Consumer Directed Budget Estimates*		
	average	Maximum	Minimum
TBI NF	\$ 66.62	\$ 139.12	\$ 19.90

\*Consumer directed budget maximums based on 70% of the average cost per day of non-cdcs recipients with similar service needs

\*\* Budget includes waiver and home care costs, with casemanagment costs discounted at 50%.

Daily Cost Ranges for TBI-NB Recipients-Nonresidential			
	Consumer Directed Budget Estimates*		
	average	Maximum	Minimum
TBI NB	\$ 193.83	\$ 270.86	\$ 11.96

\*Consumer directed budget maximums based on 70% of the average cost per day of non-cdcs recipients with similar service needs

\*\* Budget includes waiver and home care costs, with casemanagment costs discounted at 50%.

Daily Cost Ranges for CAC Recipients-Nonresidential			
	Consumer Directed Budget Estimates*		
	average	Maximum	Minimum
CAC	\$ 297.70	\$ 337.63	\$ 27.38

\*Consumer directed budget maximums based on 70% of the average cost per day of non-cdcs recipients with similar service needs

\*\* Budget includes waiver and home care costs, with casemanagment costs discounted at 50%.

Daily Cost Ranges for MR/RC Recipients-Nonresidential			
	Consumer Directed Budget Estimates*		
	average	Minimum	Maximum
MR/RC	\$ 55.13	\$ 20.00	\$ 198.55

\*Consumer directed budget maximums based on 70% of the average cost per day of non-cdcs recipients with similar service needs

\*\*\* Budget includes waiver and home care costs, with casemanagment costs discounted at 50%.

\*\*\*\* CDCS consumers over the budget limit on the effective date of the amendment would be provided up to 24 months to reduce their budgets or transition to traditional waived services.



**Consumer Directed Community Support Service  
Criteria for allowable expenditures**

The Purchase of goods and service must meet all of the following criteria:

1. Must be required to meet the identified needs and outcomes in the individual's community support plan and assures the health, safety and welfare of the individual; AND
2. Goods and services collectively provide a feasible alternative to an institution; AND
3. Be the least costly alternative that reasonably meets the individual's identified needs; AND
4. Be for the sole benefit of the individual

If all the above criteria are met, goods and services are appropriate purchases when they are reasonably necessary to meet the following consumer outcomes:

- Maintain the ability of the individual to remain in the community;
- Enhance community inclusion and family involvement;
- Develop or maintain personal, social, physical, or work related skills;
- Decrease dependency on formal support services
- Increase independence of the individual
- Increase the ability of unpaid family members and friends to receive training and education needed to provide support

Allowable Expenditures	Unallowable expenditures
<p>Consumer directed community supports (CDCS) may include traditional goods and services provided by the waiver as well as alternatives that support recipients. There are four general categories of services which may be billed:</p> <ul style="list-style-type: none"> <li>• Personal Assistance</li> <li>• Treatment and training</li> <li>• Environmental modifications and provisions</li> <li>• Self direction support activities</li> </ul> <p>Additionally, the following goods and services that may also be included in the individual's budgets include as long as they meet the criteria and fit into the above categories:</p> <ul style="list-style-type: none"> <li>• Goods and services that augment State plan services or provide alternatives to waiver or state plan services</li> <li>• Therapies, special diets and behavioral supports not otherwise available through the State plan that mitigate the individual's disability when prescribed by a physician who is enrolled as a MHCP provider</li> <li>• Expenses related to the development and implementation of the community support plan</li> <li>• Costs incurred to manage the individual's budget</li> </ul>	<p>Goods and services that shall not be purchased within the individual's budget are:</p> <ul style="list-style-type: none"> <li>• Services provided to people living in licensed foster care settings, settings licensed by DHS or MDH, or registered as a housing with services establishment;</li> <li>• Services covered by the State plan, medicare, or other liable third parties including education, home based schooling, and vocational services;</li> <li>• Services, goods or supports provided to or benefiting persons other than the individual;</li> <li>• Any fees incurred by the individual such as MHCP fees and co-pays, attorney costs or costs related to advocate agencies, with the exception of services provided as flexible case management;</li> <li>• Insurance except for insurance costs related to employee coverage;</li> <li>• Room and board and personal items that are not related to the disability;</li> <li>• Home modifications that adds any square footage;</li> <li>• Home modifications for a residence other than the primary residence of the recipient or, in the event of a minor with parents not living together, the primary residences of the parents;</li> <li>• Expenses for travel, lodging, or meals related to training the individual or his/her representative or paid or unpaid caregivers.;</li> <li>• Services provided to or by individuals, representatives, providers or caregivers that have at any time been assigned to the Primary Care Utilization and Review Program</li> <li>• Experimental treatments;</li> <li>• Membership dues or costs;</li> <li>• Vacation expenses other than the cost of direct services;</li> <li>• Vehicle maintenance, does not include maintenance to; modifications related the disability;</li> <li>• Tickets and related costs to attend sporting or other recreational events;</li> <li>• Pets and their related costs;</li> <li>• Costs related to internet access.</li> </ul>

APPENDIX G-2  
FACTOR D  
Cost of Services

WAIVER CONTROL #0061.90.R3.02

State of Minnesota

7/1/2004 to 6/30/2005

Demonstration of Factor D estimates:  
Waiver Year Three

<u>Column A</u> Waiver Service	<u>Column B</u> Unduplicated recipients	<u>Column C</u> Average Annual Units/User	<u>Column D</u> Average Unit Cost	<u>Column E</u> Total Cost/Year
A.01. Case Management	17,196	109.4 (15 min.)	\$22.69	\$42,685,390
A.02. Adult Day Care	118	124.8 (30 min.)	49.49	728,810
A.03. Assistive Technology	275	1.3 (item)	739.16	264,250
A.04. Caregiver Expenses (Live-In)	1	1.0 (item)	46.13	46
A.05. Caregiver Training and Education	109	2.9 (course)	250.09	79,053
A.06. Chore Service	78	163.5 (30 min.)	14.68	187,214
A.07. Consumer-Directed Supports				
Personal Assistance	3,138	2,480.468 (15 min.)	6.50	50,594,106
Treatment and Training	3,138	2,591.2061 (15 min.)	8.00	65,049,638
Environmental Modifications and Provisions	3,138	3.112 (item)	740.14	7,227,805
Self-Direction Support Activities	3,138	1,151.6389 (15 min.)	6.00	21,683,057
A.08. Consumer Education	88	1.0 (item)	995.73	87,624
A.09. Environmental Modifications	1,168	3.2 (item)	1,256.04	4,694,575
A.10. Habilitation Services				
Day Habilitation/Prevocational	9,378	161.5 (hour)	85.86	130,039,005
Residential Habilitation	13,753	221.3 (day)	179.60	546,619,586
Supported Employment	218	49.9 (day)	72.08	784,101
A.11. Homemaker	179	419.5 (15 min.)	4.25	319,135
A.12. Housing Access Coordination	1	5.1 (hour)	14.77	75
A.13. Personal Care Attendant-Extended	45	1,709.4 (15 min.)	4.03	310,000
A.14. Personal Support	904	224.9 (hour)	30.76	6,253,803
A.15. Respite Care	2,323	467.0 (30 min.)	7.50	8,136,308
A.16. Respite Care (Crisis)	1,030	16.9 (day)	609.89	10,616,355
A.17. Specialist Services	1,139	39.5 (hour)	59.08	2,658,039
A.18. Transportation-Extended	363	177.2 (1 trip)	6.55	421,320
A.19. 24-Hour Emergency Assistance	21	42.6 (30 min.)	23.54	21,059
GRAND TOTAL				\$899,460,354
	Estimated Avg. Days	343.1		
	Estimated Unduplicated Clients (Factor C)			17,196
	Per Capita Annual Cost (Factor D)			\$52,306

APPENDIX G-2  
FACTOR D  
Cost of Services

WAIVER CONTROL #0061.90.R3.02

State of Minnesota

7/1/2005 to 6/30/2006

Demonstration of Factor D estimates:  
Waiver Year Four

<u>Column A</u> Waiver Service	<u>Column B</u> Unduplicated recipients	<u>Column C</u> Average Annual Units/User	<u>Column D</u> Average Unit Cost	<u>Column E</u> Total Cost/Year
A.01. Case Management	17,676	109.4 (15 min.)	\$23.73	\$45,887,992
A.02. Adult Day Care	121	124.8 (30 min.)	51.77	781,768
A.03. Assistive Technology	283	1.3 (item)	773.16	284,446
A.04. Caregiver Expenses (Live-In)	1	1.0 (item)	48.25	48
A.05. Caregiver Training and Education	112	2.9 (course)	261.59	84,964
A.06. Chore Service	80	163.5 (30 min.)	15.36	200,909
A.07. Consumer-Directed Supports				
Personal Assistance	3,226	2,480.103 (15 min.)	6.80	54,405,523
Treatment and Training	3,226	2,590.5839 (15 min.)	8.37	69,949,962
Environmental Modifications and Provisions	3,226	3.112 (item)	774.19	7,772,210
Self-Direction Support Activities	3,226	1,150.9127 (15 min.)	6.28	23,316,663
A.08. Consumer Education	90	1.0 (item)	1,041.53	93,738
A.09. Environmental Modifications	1,200	3.2 (item)	1,313.82	5,045,069
A.10. Habilitation Services				
Day Habilitation/Prevocational	9,639	161.5 (hour)	89.81	139,807,092
Residential Habilitation	14,137	221.3 (day)	187.86	587,723,410
Supported Employment	224	49.9 (day)	75.40	842,791
A.11. Homemaker	184	419.5 (15 min.)	4.45	343,487
A.12. Housing Access Coordination	1	5.1 (hour)	15.45	79
A.13. Personal Care Attendant--Extended	46	1,709.4 (15 min.)	4.22	331,829
A.14. Personal Support	929	224.9 (hour)	32.17	6,721,346
A.15. Respite Care	2,388	467.0 (30 min.)	7.85	8,754,289
A.16. Respite Care (Crisis)	1,059	16.9 (day)	637.94	11,417,276
A.17. Specialist Services	1,171	39.5 (hour)	61.80	2,858,528
A.18. Transportation--Extended	373	177.2 (1 trip)	6.85	452,755
A.19. 24-Hour Emergency Assistance	22	42.6 (30 min.)	24.62	23,074
GRAND TOTAL				\$967,099,248
	Estimated Avg. Days		341.9	
	Estimated Unduplicated Clients (Factor C)			17,676
	Per Capita Annual Cost (Factor D)			\$54,713

APPENDIX G-2  
FACTOR D  
Cost of Services

WAIVER CONTROL #0061.90.R3.02

State of Minnesota

7/1/2006 to 6/30/2007

Demonstration of Factor D estimates:  
Waiver Year Five

<u>Column A</u> Waiver Service	<u>Column B</u> Unduplicated recipients	<u>Column C</u> Average Annual Units/User	<u>Column D</u> Average Unit Cost	<u>Column E</u> Total Cost/Year
A.01. Case Management	18,155	109.4 (15 min.)	\$24.82	\$49,296,417
A.02. Adult Day Care	124	124.8 (30 min.)	54.15	837,982
A.03. Assistive Technology	290	1.3 (item)	808.73	304,891
A.04. Caregiver Expenses (Live-In)	1	1.0 (item)	50.47	50
A.05. Caregiver Training and Education	115	2.9 (course)	273.62	91,252
A.06. Chore Service	82	163.5 (30 min.)	16.07	215,450
A.07. Consumer-Directed Supports				
Personal Assistance	3,313	2,481.0808 (15 min.)	7.11	58,442,925
Treatment and Training	3,313	2,589.1123 (15 min.)	8.76	75,140,906
Environmental Modifications and Provisions	3,313	3.11196 (item)	809.80	8,348,976
Self-Direction Support Activities	3,313	1,150.7164 (15 min.)	6.57	25,046,965
A.08. Consumer Education	92	1.0 (item)	1,089.44	100,228
A.09. Environmental Modifications	1,233	3.2 (item)	1,374.26	5,422,280
A.10. Habilitation Services				
Day Habilitation/Prevocational	9,901	161.5 (hour)	93.94	150,211,140
Residential Habilitation	14,520	221.3 (day)	196.50	631,408,734
Supported Employment	230	49.9 (day)	78.87	905,191
A.11. Homemaker	189	419.5 (15 min.)	4.65	368,678
A.12. Housing Access Coordination	1	5.1 (hour)	16.16	82
A.13. Personal Care Attendant--Extended	48	1,709.4 (15 min.)	4.41	361,846
A.14. Personal Support	954	224.9 (hour)	33.65	7,219,762
A.15. Respite Care	2,453	467.0 (30 min.)	8.21	9,404,974
A.16. Respite Care (Crisis)	1,087	16.9 (day)	667.29	12,258,317
A.17. Specialist Services	1,203	39.5 (hour)	64.64	3,071,596
A.18. Transportation--Extended	383	177.2 (1 trip)	7.17	486,611
A.19. 24-Hour Emergency Assistance	22	42.6 (30 min.)	25.75	24,133
GRAND TOTAL				\$1,038,969,386
	Estimated Avg. Days		340.7	
	Estimated Unduplicated Clients (Factor C)			18,155
	Per Capita Annual Cost (Factor D)			\$57,228