

CONTINUING CARE MATRIX OF SERVICES TO PEOPLE WITH DISABILITIES

FY 2004 SERVICE COSTS



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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.

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

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Types of Services	Benefit Level	Eligibility Criteria	Funding Source
<p>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.</p>			
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.	<p>1) County funding sources</p> <p>2) CSSA* state grant to counties</p> <p>3) FFP for waiver service or targeted case management</p> <p>4) Federal reimbursement when provided as part of state Medicaid plan</p>

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-CWTM	\$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	
VAADD-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: 7,867 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: \$20,088,261 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.

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Types of Services	Benefit Level	Eligibility Criteria	Funding Source	Total Costs and Recipients
Home Health Aide Services Interim 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
				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
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: \$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
Skilled Nurse Visits Interim 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 MMS Paid Claims for SFY04 as of 02/01/2005.

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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.	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.	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 R

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

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Types of Services	Benefit Level	Eligibility Criteria	Funding Source	Costs
<p>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).</p> <p>Services include:</p> <ul style="list-style-type: none"> 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 	<p>County determined budget based on a resource amount added to the resource amount is calculated from an assessment of the individual's functional needs.</p> <p>State Plan services are used prior to authorization of waiver services.</p>	<ol style="list-style-type: none"> 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 	<p>MA Waiver 50% Federal</p>	<p>MA Waiver Costs: \$52,452,006</p> <p>MA Home Care Costs: \$7,310,233</p> <p>Total Waiver + Home Care: \$59,762,239.00</p> <p>Number of Service Days: 371,998</p> <p>Unduplicated Recipients: 1,205</p> <p>Average Service Days/Recipient: 309</p> <p>Average Yearly Cost/Recipient: \$49,595</p> <p>Average Daily Cost/Recipient: \$160.65</p> <p>Other MA Costs (Total): \$14,680,620</p> <p>Other MA Costs (Average Daily/Recipient): \$39.46</p>

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

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

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Types of Services	Benefit Level	Eligibility Criteria	Funding Source
<p>Waiver allows use of Medicaid funds for home and community-based services as an alternative to ICF/MR care. Services include:</p> <p>Adult Day Care</p> <p>Assistive Technology</p> <p>Caregiver Training and Education</p> <p>Case Management</p> <p>Consumer Training and Education</p> <p>Consumer Directed Community Supports</p> <p>Crisis Respite</p> <p>Extended Transportation</p> <p>Homemaker</p> <p>Housing Access Coordination</p> <p>In-Home Family Support</p> <p>Live-in Personal Caregiver Expenses</p> <p>Environmental Modifications</p> <p>Personal Support</p> <p>Respite Care</p> <p>Specialist Services</p> <p>Supported Employment</p> <p>Supported Living Services</p> <p>Day Training & Habilitation</p> <p>Transportation</p>	<p>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.</p>	<p>1) Has mental retardation or a related condition</p> <p>2) Requires daily interventions, daily of care</p> <p>3) Is in need of the level of care provided in an ICF/MR</p> <p>4) Meets income and asset eligibility deeming waivers for families with disabled children and</p> <p>5) Has made an informed choice instead of ICF/MR services</p>	<p>MA Waiver</p> <p>50% Federal</p> <p>50% State</p>
<p>Costs</p>			
<p>MRRC Waiver</p>			
<p>MA Waiver Costs:</p>			
<p>Total \$801,666,354</p>			
<p>Unduplicated Recipients: 15,096</p>			
<p>MA Home Care Costs:</p>			
<p>Total \$18,053,263</p>			
<p>Unduplicated Recipients: 1,222</p>			
<p>Crisis Services</p>			
<p>Total \$5,815,080</p>			
<p>Unduplicated Recipients: 661</p>			
<p>Waiver Home Care Crisis:</p>			
<p>Unduplicated Recipients: 15,098</p>			
<p>Waiver Service Days: 5,338,634</p>			
<p>Average Days Per Year: 354</p>			
<p>Average Yearly Cost: \$8</p>			
<p>Waiver Bily Average: \$8</p>			

Other MA Costs (Includes Basic Care)

Total \$49

Unduplicated Recipients: 98

Average Yearly Costs \$

Average Bily Cost \$

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 WVE R

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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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.	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.	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
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				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 (Wver 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 N

All costs are for State Fiscal Year 2004 unless otherwise noted.
The MA costs are based on MMIS Paid Claims for SFY 04 as of 02/01/2005.

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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.	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.	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
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.				

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

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 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.

BY TRAINING AND ABILITY

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

The MA costs are based on MMIS Paid Claims for SFY0 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

MA services provided to residents of ICF/MR	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
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NONMA	A	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 service: 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: *	Number of recipients estimated as: 1,634
								County Funding:	\$6,101,424
					Other:				\$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

**Cost information from SEAGR reports

FAMILY SUPPORT GRANT

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

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Types of Services	Benefit Level	Eligibility Criteria	Funding Source	Average Annual Cost Per Person Calendar Year 2004
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	<ol style="list-style-type: none"> 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 	<p>100% state funding.</p> <p>Some counties provide similar support programs with 100% county funding.</p>	<p>\$2,480</p> <p>Participants in CY04: 1,653</p> <p>State Budget for CY04: \$4,099,000</p>

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.	<p>Participants:</p> <ol style="list-style-type: none"> 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.	<p>Total Paid: \$5,546,125</p> <p>Est. Number of Service Days: 146,000</p> <p>Total Participants: 400</p> <p>Average Days/Recip: 365</p> <p>Average Yearly Cost/Recip: \$13,865</p> <p>Average Daily Cost/Recip: \$37.99</p>

SEMINIPENBENT LIVING SERVICES

Note: SILS costs are reported for Calendar Year 2004

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Types of Services	Benefit Level	Eligibility Criteria	Funding Source	Average Annual Cost Per Person Calendar Year 2004
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.	County receives allocation and determines how to distribute it over the eligible clients.	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	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.	\$5,311 (includes both state and county dollars) Participants: 1,436 State Budget in CY04: \$7,626,000

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

PUBLIC GUARDIANSHIP

Types of Services	Benefit Level	Eligibility Criteria	Funding Source	Activity
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.	State mandated service based on person's eligibility	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	County agencies fund their guardianship responsibilities.	Minimum contact requirement for guardians is two annual visits. There were approximately 3,288 people receiving guardianship in FY04.

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 MIMIS Paid Claims for SFY04 as of 02/01/2005.

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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.	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.	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	MA ICF/MR Cost: \$146,964,610 MA DT&H: \$33,379,776 MA Special Needs: \$898,621
Services are a pre-designed package, and include: Room and board training Services during the day and active treatment Transportation	Persons may pay through private insurance, Medicare, Medicaid and/or a combination of all three.		Some private and county pay	
Related medical services may be covered as part of rate.				

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 ICFs/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.

FAMILY SUPPORT GRANT

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

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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	<ol style="list-style-type: none"> 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 	<p>100% state funding. Some counties provide similar support programs with 100% county funding.</p>	<p>\$2,480 1,653 State Budget for CY04: \$4,099,000</p>

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.	<p>Participants:</p> <ol style="list-style-type: none"> 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 	<p>100% state funding.</p>	<p>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</p>

SEMI-INDEPENDENT LIVING SERVICES

Note: SILS costs are reported for Calendar Year 2004

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Types of Services	Benefit Level	Eligibility Criteria	Funding Source	Average Annual Cost Per Person
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.	County receives allocation and determines how to distribute it over the eligible clients.	<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</p> <p>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>\$5,311 (includes both state and county dollars) Participants: 1,436</p> <p>State Budget in FY04: \$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
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.	State mandated service based on person's eligibility	<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 	County agencies fund their guardianship responsibilities.	<p>Minimum contact requirement for guardians is two annual visits.</p> <p>There were approximately 3,288 people receiving guardianship in FY04.</p>