

Catalog of All DHS Capital, Operating and Services (Public) Funding

Work Group on Supportive Housing for Persons Experiencing Chronic Homelessness

Program Name		CAPITAL	OPERATING		SERVICES									
			Rental Assistance	Deposit	Housing Search & Counseling	Accessibility Modifications	Independent Living Skills: One-time Training	Independent Living Skills: Ongoing Support	Family Counseling & Training	Transportation	Employment Services	Psychiatric/ Mental Health Services	CD Treatment/ Relapse Prevention	Other
Income Supplements														
DHS	General Assistance (GA) State Funding-basic income assistance program ¹	N	Y-at recipient's discretion	N (see EGA)										
DHS	Emergency General Assistance (EGA) State Funding ²	N	Y-only in emergency situations	Y-only in emergency situations										
DHS	Minnesota Supplemental Aid (MSA) ³ State Funding-SSI eligibility	N	Y-at recipient's discretion	N (see EMSA)										
DHS	Emergency Minnesota Supplemental Aid (EMSA) ⁴ State Funding-SSI eligibility	N	Y-only in emergency situations	Y-only in emergency situations										
DHS	Minnesota Supplemental Aid Shelter Needy ⁵ -<65 to move out of NF, Hospital, ICF	N	Y	N (see EMSA)										
	Supplemental Social Security SSI ⁶ Federal funding (see also state supplements-MSA)	Income support program for aged, disabled-	Income may be used for all categories											Federal standards for eligibility- Very low income-few assets.
Community Living Supports														
DHS	Group Residential Housing (GRH) ⁷ similar to SSI eligib.- State Funding		Y	N	N	N	N	N	N	N	N	N	N	
DHS	GRH Metro Demo Program ⁸ GRH eligibility-at risk of homelessness State Funding		Y	Y	Y	N	Y	Y	Y	N	N	Y	Y	Services may be covered under other state program i.e. MFIP
DHS	Supportive Housing Managed Care Pilot ⁹ -GRH eligibility and at risk of homelessness State Funding		Y	Y	Y	N		Y	Y		N	Y	Y	

Program Name		CAPITAL	OPERATING	SERVICES											
Office of Economic Opportunity															
DHS	Emergency Food and Shelter Program ¹⁰	N	N	Y	N	N	N	N	N	N	N	N	N	N	Food shelf, motel voucher
DHS	Emergency Services Program ¹¹	N	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	Y		
DHS	Emergency Shelter Grants Program ¹²	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		
DHS	RHASP ¹³	N	N	Y	Y	N	Y	Y	Y	Y	Y	Y	Y		
DHS	Transitional Housing Program ¹⁴	N	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	Y		
Mental Health															
DHS-MHFA	Bridges ¹⁵ State funding		Y	Y											Housing support provided by DHS -
DHS	Community Support Services for Adults with SPMI (Rule 78) ¹⁶ State Funding				Y			Y							Non-MA eligibles Also benefit & crisis assist
DHS	Crisis Housing ¹⁷ for Adults with SPMI who are in institutional care up to 90 days and no other source of funding State Funding		Y – up to 3 months rent												Also mortgage payment for and utilities payments up to 3 months
DHS	Mental Health Initiative/ Integrated Fund (Son of Bridges) ¹⁸ In or at risk of RTC hosp. State funding	Y	Y	Y	Rest of MHI/Integrated Funds	Y	Y	Y		Y	Y	Y		Funding is limited and fixed In CY 2002 = 52 counties and \$1,339,708 in housing	
DHS	Projects for Assistance in Transition from Homelessness (PATH) ¹⁹ Federal and State funding	Y – Housing renovation, expansion, and repairs; Planning of housing; assistance; services	Y – One time rental payments to prevent eviction	Y – Security deposits	Y – Technical assistance in applying for housing assistance, Improving the coordination of housing							Y- Outreach-connecting to Mainstream MH service		Limited to 8 counties -Supportive and supervisory services for residential settings; -Screening and diagnostic treatment services; -Habilitation and rehabilitation services; -Community mental health services; -Alcohol or drug treatment services; -Training; -Case management	
DHS	Restructure of Rule 36 Residential Treatment	Y Development	Y	Y		Y		Y			Y	Y		Also housing development \$ and Assertive Community	

Program Name		CAPITAL	OPERATING	SERVICES											
	Facilities ²⁰ Federal and State funding	of Housing													Treatment teams
	Medical Assistance														
DHS	MA Targeted Case Management ²¹ Eligibility SPMI, MA eligible Consumer has choice of whether to accept or not														County administered- covers non-fed. share of MA
DHS	MA Rehabilitation Option ARMHS ²² SMI Federal and State Funding				Y			Y				Y- not direct job coaching	Y		MA eligible SMI w/ 3 or more funct.limit
DHS	MA Rehabilitation Option Crisis Response ²² SMI												Y		
	HCBS Waivers + Waivers from Fed. MA requirements-Approx. 50-50 Fed/State Funding														
DHS	Alternative Care Program ²³ State Funded program- piggyback on Elderly Waiver				Y-through case management	Y	Y-limited basis in certain counties	Y-limited basis in certain counties	Y-caregiver training and professional case management	Y-limited to AC type service and supportive services access	N				
DHS	CAC waiver ²⁴														
DHS	CADI waiver ²⁵				N	Y	Y	Y	Y	Y	Y				
DHS	Elderly waiver ²⁶				N	Y	N	N	Y	Y	N				
DHS	MR/RC waiver ²⁷				Y-through housing access coordination	Y-to home and vehicle	N	Y-DT&H, in-home family support, supported living	Y-caregiver training & ed consumer training & ed	Y	Y-supported employment				
DHS	TBI waiver ²⁸				N	Y	Y	Y	Y	Y	Y				
DHS	GAMC ²⁹														

Program Name		CAPITAL	OPERATING	SERVICES										
Chemical Health														
DHS	Consolidated Chemical Dependency Treatment Fund ³⁰				N	N	Y	N	Y	N	Y			
HIV/AIDS														
DHS	HIV/AIDS grants and services ³¹													
Other														
DHS	Children's Funding ³²													
DHS	Consumer Support Grants ³³													
DHS	MFIP Consolidated Fund ³⁴													
Veterans														

¹ Minnesota General Assistance (GA)

Purpose Provides a modest state cash grant to persons who have short term injuries or disabilities, who are usually in the application process for SSI, and who have extreme financial need. Intended for ongoing shelter, utility, food and personal needs expenses at the discretion of the recipient.

Global Funding Forecasted. 10,200 people served in FY 02

Individual Funding \$203/month singles; \$260/ month couples; \$72/month as personal needs allowance to residents of various facilities

Eligibility Program participants must fit at least one of the 15 categories of eligibility specified in state statutes. Eligibility categories are primarily defined in terms of disability and/or unemployability. Most applicants and recipients are required to apply for benefits from federally funded disability programs for which they may qualify, such as Retirement, Survivors, and Disability Insurance or Supplemental Security Income. In addition, the person or couple must have income and resources less than program limits. The resource limit for all units is \$1000. After subtracting certain income disregards, a single person must have net income less than \$203 per month, and a couple must have net income less than \$260 per month.

² Emergency General Assistance (EGA)

Purpose Provides a modest state funded, one-time emergency cash supplement primarily to GA recipients or to persons who have short term illness or disability and would normally (in non-emergency situations) be ineligible for GA due to their personal income and/or resources.

Global Funding Capped allocation

Individual Funding No maximum amount of money per person however, individuals may only use EGA once per 12 month period

Eligibility GA income limits, or short-term illness or disability emergency.

Information <http://www.dhs.state.mn.us/ecs/program/general.htm>

³ Minnesota Supplemental Aid (MSA)

Purpose provides a modest state cash supplement primarily to persons who receive SSI or, in limited situations, to persons who would be eligible for SSI except for their excess personal income. May be used for ongoing shelter and utility expenses at the discretion of the recipient. Subject to federal Maintenance of Effort requirements

Global Funding In FY 02, an average of 27,600 people a month received MSA. No cap on the number of individuals who may use the program

Funding stream is forecasted

Individual Funding Supplement is \$81 per month (may vary depending on circumstances) for a monthly total of \$633 when SSI is included. MSA may also be used to provide a personal needs allowance (\$72 monthly) to residents of various facilities.

Eligibility SSI eligible –Age 65 or over, aged, blind disabled. Assets of \$2000 or less if individual; \$3000 or less couple. Disability for non-SSI recipients is determined by the State Medical Review Team.

Information <http://www.dhs.state.mn.us/ecs/program/msa.htm>

⁴ **Emergency Minnesota Supplemental Aid (EMSA)**

Purpose Provides a modest state-funded, one time (within a 12 month period) emergency cash supplement primarily to persons who receive SSI or, in limited situations, to persons would be eligible for SSI except for their excess personal income.

Global Funding Funding stream is a capped allocation-all assistance is subject to the availability of funds. There is no cap on the number of individuals who may use the program.

Individual Funding There is no maximum amount of money per person however, individuals may only use EMSA once per 12 month period.

Eligibility SSI eligible

Information <http://www.dhs.state.mn.us/ecs/program/msa.htm>

⁵ **Minnesota Supplemental Aid (MSA) - Shelter Needy**

Purpose Provides an additional cash supplement to MSA recipients who are being discharged from state institutions. It is intended to facilitate the transition back into the community by providing a higher level of assistance for ongoing shelter and utility expenses than normally available to MSA recipients.

Global Funding Funding stream is forecasted in MSA total

Individual Funding \$135 per month for a monthly total of \$768 when SSI and the usual MSA grant are combined.

Eligibility To be eligible for the allowance, an applicant must meet all of the following requirements:

- eligible for MSA,
- relocating to the community from an institution
- under the age of 65.
- determined to be shelter-needy because total shelter costs exceed 40% of the client's gross income before application of this allowance.
- must apply for subsidized housing. Once the client has been approved for and receives subsidized housing, the client is no longer eligible for the supplement

Information <http://www.dhs.state.mn.us/ecs/program/msa.htm>

⁶ **Supplemental Social Security Income (SSI)**

Purpose SSI is a Federal income supplement program funded by general tax revenues (not Social Security taxes). Designed to help aged, blind, and disabled people, who have little or no income. It provides cash to meet basic needs for food, clothing, and shelter. Any person who receives a benefit from SSI is categorically eligible for MA (Minnesota's Medicaid Program) without a spenddown.

Global Funding Federal funding. State may provide supplements-see MSA.

Individual Funding Federal benefit is currently \$ 574/month

Eligibility To get SSI, you must be age 65 or older or blind or disabled. Children as well as adults can get benefits because of blindness. Disabled means you have a physical or mental problem that keeps you from working and is expected to last at least a year or to result in death. Children as well as adults can get benefits because of disability. When deciding if a child is disabled, Social Security

looks at how his or her disability affects everyday life. For more information about benefits for children, contact any Social Security office to ask for the booklet, [Benefits For Children With Disabilities](#) (Publication No. 05-10026).

Information <http://www.ssa.gov/notices/supplemental-security-income/>

See also: Social Security Disability To qualify for these benefits, you must first have worked in jobs covered by Social Security. <http://www.ssa.gov/dibplan/index.htm>

⁷ **Group Residential Housing (GRH)**

Purpose Provides an income supplement to eligible persons to pay for rent and food in specified licensed or registered settings. The supplement is paid directly to providers on the behalf of clients.

Global Funding In FY 02, there were over 4,800 GRH settings serving approximately individuals 13,500 monthly. Funding stream is forecasted. There is no cap on the number of individuals who may use the program. 100% state funded

Individual Funding The base payment is \$680 per month. This amount may be supplemented for additional room and board costs or service costs in limited situations.

Eligibility If a person is eligible for GRH, he or she is eligible for Medical Assistance without a spenddown.

Information <http://www.dhs.state.mn.us/CFS/Programs/CommLivingSup/GRHInfo.htm>

⁸ **GRH Metro Demonstration Program**

Purpose Created by the Legislature in 1995 to develop more cost-effective housing solutions for people who cope with mental illness, chemical dependency or HIV/AIDS who were either homeless or at-risk of becoming so. The Demonstration Program was designed and coordinated by the Corporation for Supportive Housing and currently operates in three counties.

Global Funding Up to \$2.2 million in state funding to be used for operating support and service subsidies for up to 190 supportive housing unit. Funding is included as part of GRH forecast.

Individual Funding Provides Section 8 type of rental subsidy where individual pay no more than 30% of income for rent

Eligibility Eligible for GRH and MI, CD, or HIV *and* homeless or at-risk of homelessness

Information Staff Contact- 296-6004

⁹ **Supportive Housing and Managed Care Pilot**

Purpose Is located in Blue Earth and Ramsey counties and managed by the Hearth Connection, a non profit agency. The Pilot provides affordable housing and other supports necessary for homeless people to lead healthier lives in the community. DHS contracts with the two counties who have in turn contracted with Hearth Connection to manage and administer the Pilot. Hearth Connection contracts with primary provider organizations responsible for direct service provision for a particular area and population group.

Global Funding State funded. Current level of funding is \$2 million/yr. to end in FY 2005

Eligibility The Pilot targets very hard to serve single adults and families who are homeless or at risk of homelessness and who have multiple barriers similar to the participants of the GRH Demonstration Program. Current number of participants: 217 from 53 families that includes 154 children located in Ramsey and Blue Earth counties.

Information <http://www.dhs.state.mn.us/CFS/Programs/CommLivingSup/default.htm>

¹⁰ **Emergency Food and Shelter Program (EFSP)**

Purpose Funds are used for the purchase of food and shelter to supplement and extend local emergency resources. The DHS Office of Economic Opportunity staffs the set-aside committee, which determines the local allocations for EFSP.

Global Funding EFSP funds are administered by the Federal Emergency Management Agency (FEMA) and are allocated to counties by formula. Local jurisdictions disburse funds to agencies that provide emergency services.

Information <http://www.dhs.state.mn.us/CFS/OEO/EFSP.htm>

¹¹ **Emergency Services Program (ESP)**

Purpose Funds are used to provide emergency shelter and to assist homeless persons in attaining essential services.

Global Funding Funds are awarded biannually to local providers through a competitive application process. In FY 01, nearly 2,000 homeless households received shelter and 28,000 received supportive services funded by ESP. State funded.

Eligibility Individuals are homeless and do not have resources to afford their own housing.

Information <http://www.dhs.state.mn.us/CFS/OEO/ESP.htm>

¹² **Emergency Shelter Grants Program (ESGP)**

Purpose Funds are provided to shelters, transitional housing programs, and emergency service providers for operating costs, essential services, and prevention activities. These services are provided to families and individuals who are homeless.

Global Funding Federally funded. The Department of Housing and Urban Development (HUD) allocates ESGP funds to the Department of Human Services which awards funds to local agencies through a competitive application process on a biennial basis. In FY 01, ESGP funds were provided to a network of agencies that served 6,131 households throughout MN.

Eligibility Individuals are homeless or at imminent risk of losing their housing and do not have resources to afford their own housing.

Information <http://www.dhs.state.mn.us/CFS/OEO/esgp.htm>

¹³ **Rural Housing Assistance and Stability Program (RHASP)**

Purpose Program provides supportive services to homeless families and individuals to help them secure permanent housing, increase their household income and become increasingly involved in their communities.

Global Funding The RHASP program is funded through the federal Department of Housing and Urban Development's Supportive Housing Program. Services are available in most of the non-metro counties in Minnesota.

Individual Funding In 2001, the program provided a total of 1,134 individuals with first month's rent, damage deposit, transportation, relocation assistance and application fees to stabilize permanent housing

Eligibility Individuals are homeless and do not have resources to afford their own housing.

Information <http://www.dhs.state.mn.us/CFS/OEO/rhasp.htm>

¹⁴ **Transitional Housing Program (THP)**

Purpose Funds providers of housing and supportive services to homeless individuals and families. Programs include congregate facilities or scattered-site transitional housing. Funds may be used for the operating, administrative, and supportive service costs of providing transitional housing

Global Funding State funded

Individual Funding Funds are awarded to local providers through a competitive application process. In FY 01, over 2,500 households received housing with support services through THP.

Eligibility Individuals are homeless and do not have resources to afford their own housing.

Information <http://www.dhs.state.mn.us/CFS/OEO/thp.htm>

¹⁵ **Bridges**

Purpose Program provides rental assistance for households in which at least one adult member has a serious and persistent mental illness. This program links housing with social services through a partnership between a local housing agency and a social service agency.

Individual Funding Provides rental assistance The rental assistance is intended to stabilize the household in the community until a Section 8 certificate voucher becomes available.

Eligibility is limited to households with incomes below 50% area median income in which at least one adult member has a serious and persistent mental illness.

Information http://www.mhfa.state.mn.us/multifamily/multifamily_homeless.htm

¹⁶ **Community Support Services for Adults with Serious and Persistent Mental Illness (SPMI) (Adult Rule 78)**

Purpose Grants are awarded to counties for community support services. These grants include a separate allocation which is based on the amount each county formerly received as the state share of MA case management, adjusted by the number of people now being served by each county.

Global Funding Effective 7/1/99, counties became responsible for the non-federal share of MA case management, but they can use this “former state share” grant to meet part of that responsibility. 100% state funds No cap, although funds may be limited to rental payments only if funds are likely to not cover the fiscal year. In CY 01, approximately 350 individuals were served.

¹⁷ **Crisis Housing**

Purpose Provides financial assistance to hospitalized clients needing help to pay for their housing. These funds are used only when other funds, such as SSI, are not available. Funds are accessed by case manager or provider, not given directly to consumer.

Eligibility People need to be in inpatient care for up to 90 days and have no other help to pay for housing costs. No maximum amount of money available per person.

Information <http://www.mhponline.org/Sidebar/crisishousing2.htm>

¹⁸ **Mental Health Initiative/Integrated Fund**

Purpose Supports local planning and development to expand community-based services to develop alternative service delivery models to reduce reliance on facility-based care.

The Adult Mental Health Initiatives, are helping thousands of Minnesotans with serious and persistent mental illness to live, work and recreate in the community.

Through the initiatives, local mental health authorities have designed community-based delivery systems to: provide an expanded array of services for consumers to select; improve access and coordination of services without cost shifting; integrate state facilities and human resources into the community mental health system, and use funding streams and reimbursements creatively.

The initiatives range from single-county efforts in the metro area to partnerships involving up to 18 counties. Each initiative is tailored to local needs. The initiatives include a variety of services and supports, including but not limited to the following: expanded crisis services, housing and housing supports, supported employment, and Assertive Community Treatment teams providing intensive case management.

Global Funding No cap on funding. Availability is constrained by amount of funding available

See also: **Offenders with mental illness** A new initiative will provide alternative placements and treatment in the community for convicted offenders with mental illness who are being considered for a prison sentence. Courts will have authority to determine when this option would be consistent with public safety and the needs of the individual.

19 Projects for Assistance in Transition from Homelessness (PATH)

Purpose Funds from the DHHS (Center for Mental Health Services) to the State, are awarded to 8 counties to provide outreach, engagement and mainstreaming for homeless persons with a serious mental illness.

Global Funding Grants to counties are made in combination with Rule 78 Community Support funds. In FY 2002, approximately 6,993 individuals were served

Eligibility A homeless person by State definition who is believed to have a serious mental illness by PATH staff.

20 Restructure of Rule 36 Residential Treatment Facilities

Purpose This effort is currently in the planning phases with implementation projected to be 7/04. A portion of the current Rule 36's will convert to an intensive residential treatment facility with an average length of stay of 90 days. Funding for remaining Rule 36 facilities will be used to develop a range of permanent housing options partly supported by \$2 million in state Rule 36 grant funds or for the development of Assertive Community Treatment (ACT) teams. The intensive residential and ACT teams will receive MA reimbursement for persons who are MA eligible. The non federal share of both will be allocated from the current Rule 36 grant funds to counties.

21 Medical Assistance-General Information

Purpose More than 400,000 Minnesotans receive health care coverage through Medical Assistance (MA) — Minnesota's Medicaid program — the largest of the state's health care programs. MA provides necessary medical services for low-income families, children, pregnant women, and people who are elderly (65 or older) or have disabilities.

MA programs include "State Plan" and "Waiver" programs. The federal Centers for Medicare and Medicaid Services (CMS) administers Medicaid nationwide, providing funding, approving state plans, and ensuring compliance with federal regulations.

Global Funding In Minnesota, the Department of Human Services (DHS) oversees the Medicaid (Medical Assistance) program, administered locally by counties and funded with \$4.1 billion a year in total federal and state funds. Medicaid is the largest single source of federal funding in Minnesota's budget.

Individual Funding Total average monthly enrollment in FY 2002 was 397,849.

Eligibility Must meet income and asset limits; Must be Minnesota resident. Must be U.S. citizen or "qualified" noncitizen

Income limits

There are many categories with different income standards. Examples of net income limits are:

Effective through 6/30/04		Yearly	Monthly
Adults with children	Family of two	\$12,120	\$1,010
	Family of four	\$18,408	\$1,534
Pregnant women	Family of two	\$33,336	\$2,778
	Family of four	\$50,604	\$4,217
Infants under age 2	Family of two	\$33,936	\$2,828
	Family of four	\$51,528	\$4,294
People 65 or older, people who are blind, people who have a disability	Family of one	\$8,988	\$749
	Family of two	\$12,120	\$1,010

Applicants who make more than MA income limits may still qualify if they have enough medical bills to meet a "spend down" (similar to an insurance deductible), in which their medical bills exceed the difference between their income and the MA standard.

Asset limits

Children (under 21) and pregnant women – None
People 65 or older, people who are blind, people who have disabilities
 \$3,000 for a single person
 \$6,000 for a household of two, plus \$200 for each additional household member
Families with children
 \$10,000 for a household of one
 \$20,000 for a household of two

Information <http://www.dhs.state.mn.us/HealthCare/asstprog/mmap.htm>

²¹ MA Targeted Case Management (TCM)

Purpose Provides grants to counties that can be used to pay the county share of MA case management or for expanded mental health services. The amount is adjusted annually based on the number of clients served by each county. Certified counties receive Medical Assistance (MA) reimbursement for case management activities for children who are at risk of or experiencing maltreatment or out-of-home placement or are in need of protection and services. All counties in Minnesota are participating in Child Welfare-TCM. Legislation allows for the extension of the program to contracted staff and to tribal social services. Consumer has choice of whether to accept service or not.

Global Funding Federal and State funding.

Information Mental health targeted case management (MH-TCM) is a mental health service in accordance with Minnesota Rules, part 9505.0323. Medical Assistance reimburses mental health targeted case management provided to eligible persons with a serious and persistent mental illness or to children with a severe emotional disturbance. Case manager qualifications and responsibilities are defined in the Comprehensive Mental Health Acts for Adults and Children, Minnesota Statutes, section 245.461 through section 245.4861 and 245.487 through 245.4887, respectively.

²² MA Rehabilitation Option

Purpose Under MA state plan that allows for greater flexibility in how and by whom rehabilitation services can be provided. The two service groupings are: adult rehabilitative mental health services (ARMHS) and crisis response services. Rehabilitation services are direct treatment services. The Rehab option does not reimburse providers for providing Medicaid rehabilitation services to persons with mental retardation.

Global Funding No cap on the number of eligible persons who may access funding. Funding is forecasted.

Individual Funding Pays for direct treatment services.

Eligibility Eligible recipient is an MA eligible individual who is age 18 or older is diagnosed with a medical condition, such as mental illness or traumatic brain injury, for which adult rehabilitative mental health services are needed; has substantial disability and functional impairment in three or more areas, so that self-sufficiency is markedly reduced; and has had a recent diagnostic assessment by a qualified professional that documents adult rehabilitative mental health services are medically necessary to address identified disability and functional impairments and individual recipient goals

Information <http://www.dhs.state.mn.us/Contcare/mentalhealth/amhrs.htm> <http://www.dhs.state.mn.us/Provider/manual/chapter16.htm>

²³ Alternative Care (AC)

Purpose Program provides funding for home and community-based services to persons age 65 and older who are in need of assistance with chronic care needs to remain in a community setting.

Global Funding State funded service program for elderly but not MA Waiver. The number served is limited by the program allocation available within the state's fiscal year. In FY 02, approximately 12,193 people were served.

Individual Funding The maximum amount of money available per person is determined on a monthly basis according to the case mix assigned during the assessment of client needs and strengths.

Eligibility A person age 65 and older who is assessed through the Long-Term Care Consultation (LTCC) process is eligible for AC funding when the following are true:

- 1) The person is in need of nursing facility level of care and admission is recommended,
- 2) The person's income and assets would be inadequate to fund a nursing facility stay for more than 180 days, 3)The person chooses to receive community services instead of nursing facility services.
- 4) No other funding source is available for the community services

Information <http://www.dhs.state.mn.us/newsroom/Facts/AltCareProgram.htm>

²⁴ **Community Alternative Care (CAC) (MA Waiver)**

Purpose To provide home and community-based services necessary as an alternative to institutionalization that promote the optimal health, independence, safety and integration of a person who is chronically ill or medically fragile and who would otherwise require the level of care provided in a hospital.

Global Funding In FY 02, approximately 139 people were served. Up to 170 individuals may use the waiver. Funding stream is forecasted. Federal and state funded.

Individual Funding The monthly dollar cap is based on the diagnosis and the DRG grouping at the current time. (This will change with the aggregate methodology implementation.)

Eligibility for the CAC Waiver is determined through a screening process. To be eligible for the CAC Waiver, a person must meet all these criteria:

- Be a Medical Assistance recipient or be eligible for MA
- Require the level of care provided in a hospital
- Be under the age of 65 years at the time of application
- Choose care in the community instead of a hospital
- Be certified as disabled by the Social Security Administration or the State Medical Review Team
- Have a Community Support Plan, which includes assurances of the health and safety for the person

Information <http://www.dhs.state.mn.us/Contcare/disability/cacwaiver.htm>

²⁵ **Community Alternatives for Disabled Individuals (CADI) (MA Waiver)**

Purpose Provides funding for home and community-based services for children and adults under age 65 who would otherwise require the level of care provided in a nursing facility.

Global Funding In FY 02, approximately 6,151 people were served.

Legislation this year put a limit on growth over the next two years Current cap on number served - 10/1/02-9/30/03 = 9,511 individuals. Cap on number served - 10/1/03-9/30/04 = 10,721 individuals, however federal authority is being sought to increase those numbers because of unprecedented growth. Funding stream is forecasted. Federal and state funded.

Individual Funding Dependent on individual case mix, however there is a request to exceed process, and next year there will be an aggregate funding allocation to counties similar to MR/RC waiver.

Eligibility for the CADI Waiver is determined through a screening process. To be eligible for the CADI Waiver, a person must meet the following criteria:

- Be a Medical Assistance recipient or be eligible for MA
- Be under the age of 65 years at the time of application
- Be determined to likely require the level of care provided to individuals in a nursing facility
- Choose care and services in the community instead of a nursing facility

- Be certified disabled by the State Medical Review Team or by the Social Security Administration

Information <http://www.dhs.state.mn.us/Contcare/disability/cadiwaiver.htm> <http://www.dhs.state.mn.us/provider/manual/chapter26.htm>

²⁶ **Elderly Waiver (EW) (MA Waiver)**

Purpose Provides funding for home and community-based services for adults age 65 and older who, through a community assessment, are determined to need the level of care provided in a nursing facility.

Global Funding In FY 02, approximately 11,912 individuals were served. Up to 15,000 may use the waiver (7/03-6/04) Funding stream is forecasted. Federal and state funded.

Individual Funding The amount of money available per person varies based on each individual's dependencies:

Elderly Waiver	
Case Mix	Monthly Cap as of 7/1/2003
A	\$1,963
B	\$2,233
C	\$2,620
D	\$2,707
E	\$2,985
F	\$3,076
G	\$3,174
H	\$3,581
I	\$3,675
J	\$3,917
K	\$4,565

Eligibility Recipient must be eligible for MA, 65 years of age or older and need nursing home level of care as determined by the Long-Term Care Consultation process

Information <http://www.dhs.state.mn.us/newsroom/Facts/EWfs.htm>

<http://www.dhs.state.mn.us/provider/manual/chapter26.htm>

²⁷ **Mental Retardation/Related Conditions (MR/RC) (MA Waiver)**

Purpose Waiver provides funding for home and community-based services for children and adults with mental retardation or related conditions as an alternative to intermediate care facility for persons with mental retardation or related conditions (ICF/MR) placement.

Global Funding Federal and state funding. Up to 16,715 individuals may use the waiver (7/03-6/04) Approximately 14,814 individuals are currently on the waiver. Funding stream is forecasted.

Individual Funding Maximum Amount of Money per Person

The MR/RC waiver has an aggregate budget methodology. Counties receive a calendar year budget amount based on paid claims for services for people on the MR/RC waiver, for the previous fiscal year, with adjustments. If a person enters the waiver in a brand new allocation (either authorized by the legislature through funding increases, or because of the decertification of an ICF/MR bed),

resources are added to the county budget based on the “profile” of the person. The profile is determined based on the screening document assessment information on the person’s medical and behavioral functioning. For FY 04, the daily resource amounts are:

Profile I = \$197.20 Profile II = \$166.53 Profile III = \$141.15 Profile IV = \$117.53

Eligibility for the MR/RC Waiver is determined through a screening process. To be eligible for the MR/RC Waiver, a person must meet the following criteria:

1) Be a Medical Assistance recipient or be eligible for MA, 2) have mental retardation or a related condition, 3) require the level of care provided to individuals in an ICF/MR, 4) make an informed choice requesting home and community-based services instead of ICF/MR services

Information <http://edocs.dhs.state.mn.us/lfserver/Legacy/MS-2015-ENG>

<http://www.dhs.state.mn.us/Contcare/disability/mrrewaiver.htm>

<http://www.dhs.state.mn.us/provider/manual/chapter26.htm>

²⁸ **Traumatic Brain Injury (TBI) (MA Waiver)**

Purpose Provides funding for home and community-based services for children and adults under age 65 who have an acquired or traumatic brain injury.

Global Funding In FY 02, approximately 639 individuals were served

Current cap on number served - 4/1/03 – 3/31/04 = 1,306 individuals. The 2003 Legislature capped growth at 150 new clients per year for the biennium. Funding stream is forecasted. Federal and state funded

Individual Funding Dependent on individual case mix or neurobehavioral hospital per diem, however there is a request to exceed process, and next year there will be an aggregate funding allocation to counties similar to MR/RC waiver.

Eligibility for the TBI Waiver is determined through a screening process. To be eligible for the TBI Waiver a person must meet all criteria:

Be a Medical Assistance recipient or be eligible for MA

- Have a diagnosis of traumatic or acquired brain injury or an acquired or degenerative disease diagnosis where cognitive impairment is present
- Experience significant/severe behavioral and cognitive problems related to the injury
- Be under the age of 65 years at the time of application
- Be certified as disabled by the State Medical Review Team or by the Social Security Administration
- Be determined to need the level of care available in a nursing facility (NF) or neurobehavioral (NB) hospital
- Choose services in the community instead of services in a nursing facility or neurobehavioral hospital
- Be assessed at Level IV or above on the Rancho Los Amigos Levels of Cognitive Functioning Scale

Information <http://www.dhs.state.mn.us/Contcare/disability/tbiwaiver.htm>

<http://www.dhs.state.mn.us/provider/manual/chapter26.htm>

²⁹ **General Assistance Medical Care (GAMC)**

Purpose State program provides coverage for [health care services](#) including preventive care, hospitalization, mental health and chemical dependency services, prescription drugs and dental care.

Global Funding State funding. Forecasted program.

Individual Funding There are two levels of covered services. Covered health care services under the comprehensive benefit package include doctor visits, hospitalization, prescriptions, eye exams, eye glasses, dental care and more. Hospitalization only coverage provides inpatient hospital coverage, including physicians’ services during hospitalization.

Eligibility Low-income adults, ages 21-64, who have no dependent children and who do not qualify for federal health care programs, live in Minnesota for at least 30 days and intend to stay, be a U.S.

citizen or "qualified" non-citizen. Income limits vary depending on family size and benefit level. The asset limit is \$1,000 for comprehensive coverage. The asset limit for hospitalization only coverage is \$15,000 for one and \$20,000 for two or more. To qualify, you must not be eligible for Medical Assistance.

Information <http://www.dhs.state.mn.us/HealthCare/programs/gamc.htm>

³⁰ **Consolidated Chemical Dependency Treatment Fund (CCDTF)**

Purpose Funds treatment of eligible people who have been assessed to be in need of treatment for chemical abuse or dependency. Services are provided to anyone who is found by an assessment to be in need of care and is financially eligible, unless the needed services are to be provided by a managed care organization under which the person is enrolled.

Global Funding Funding stream is forecast. There is no cap on the number of individuals who may use the program.

Individual Funding Approximately 18,500 individuals are served annually

Eligibility Eligible clients (Tier 1) includes those who are enrolled in Medical Assistance (MA), General Assistance Medical Care (GAMC), receive Minnesota Supplemental Assistance (MSA), or meet the MA, GAMC, or MSA income limits

Information <http://www.dhs.state.mn.us/Contcare/chemicalhealth/programs/service.htm>

³¹ **HIV/AIDS Grants**

Purpose Provide a menu of services specifically for HIV-infected people to prevent or delay enrollment in the MA or GAMC programs.

Global Funding In FY 00, HIV/AIDS program helped 981 people with case management services. Federal and State funding

Individual Funding Pays for Dental, Drug Reimbursement, Insurance premium, Nutrition assistance.

Eligibility Service people living with HIV who have income under 300% of the federal poverty guideline and cash assets under \$25,000.

Information <http://www.dhs.state.mn.us/Contcare/hiv/mnhivprograms.htm>

³² **Childrens' Mental Health**

Purpose A variety of initiatives assist children, families and communities through DHS' Children's Mental Health Division, who work closely with county and collaborative partners to deliver a continuum of mental health services to children and families. Children's mental health collaboratives address the needs of children with SED and EBD and children at risk of these conditions. Partners in collaboratives include representatives or staff from at least one county, one school district, juvenile corrections and a local mental health entity or provider. Local children's mental health collaboratives are designed to ensure appropriate responses whenever a family comes in contact with the system. The wraparound process is a core planning process that replaces categorical approaches to improving the lives of children and families who have complex needs and are served by many agencies. A child and family team develops individualized, culturally competent mental health care plans. These involve informal and formal supports that are centered on the unique needs, strengths, values, norms and preferences of children, families and communities.

Information http://www.dhs.state.mn.us/newsroom/facts/CMH_collab.htm

³³ **Consumer Support Grants**

Purpose To assist people with functional limitations and their families in directly purchasing and securing supports needed to live as independently and productively as possible in the community. Consumer Support Grants enable consumers to receive support grant as an alternative to home care services benefits they received through MA, the AC program or the Family Support Grants.

Global Funding Consumer Support Grants are administered through the counties. In FY 02, approximately 208 people were served. Currently state funded.

Individual Funding Recipients receive a grant amount less than or equal to the state share of the amount of certain long-term care services they have received under other programs

Eligibility Those eligible to receive MA, AC or Family Support Grants

Information <http://www.dhs.state.mn.us/Contcare/disability/conssupportgrant.htm>

³⁴ **MFIP Consolidated Fund**

Purpose Grants allocated to counties for flexible uses that must include Emergency Assistance and can include employment and training services and the provision of case management for eligible MFIP recipients. Product of 2003 Legislative session. Funding for numerous separate programs is consolidated and accountability for outcomes is increased. Counties will have more flexibility to continue successful approaches to support MFIP families going to work.

Global Funding Funding will be allocated to counties and tribes based on historic State Fiscal Year 2002 spending.

Individual Funding Will vary by county

Eligibility MFIP Eligibility

Information <http://www.dhs.state.mn.us/newsroom/Facts/2003session/2003welfareReform.htm>