

**DHS Public Funding Sources
August 2004**

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Income Supplements

General Assistance (GA) provides a modest 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.

- In FY 03, an average of 12,211 people received GA monthly
- Funding stream is forecasted
- There is no cap on the number of individuals who may use the program
- State funded

Eligibility

Program participants must fit at least one of several 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.

Maximum Amount of Money per Person

- \$203 monthly singles and \$260 couples
- GA also provides a personal needs allowance (\$74 monthly) to residents of various facilities

Emergency General Assistance (EGA) provides a modest, 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.

- 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
- State funded

Maximum Amount of Money per Person

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

Staff Contact and Phone Number: Greg Taylor 651.296.5474

Minnesota Supplemental Aid (MSA) 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.

- In FY 03, an average of 27,794 people a month received MSA
- Funding stream is forecasted
- There is no cap on the number of individuals who may use the program

Eligibility

MSA is available to Minnesota residents who:

- are recipients of SSI, or
- are eligible for SSI except for excess income and whose net income is less than the MSA standards,

And who are:

- age 65 or older, or
- blind or have severely impaired vision, or
- disabled according to the criteria used for Retirement, Survivors, and Disability Insurance (RSDI) and SSI and be between the ages of 18 and 65. Disability for non-SSI recipients is determined by the State Medical Review Team.

Recipients must have resources that total no more than:

- \$2,000 for an individual
- \$3,000 for a couple

Maximum Amount of Money per Person

\$81 per month (may vary depending on circumstances) for a monthly total of \$645 when SSI is included. MSA may also be used to provide a personal needs allowance (\$74 monthly) to residents of various facilities.

Emergency Minnesota Supplemental Aid (EMSA) 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 who would be eligible for SSI except for their excess personal income.

- 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

Maximum Amount of Money per Person

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

Minnesota Supplemental Aid (MSA) - Shelter Needy 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.

- Funding stream is forecasted in MSA total

Eligibility

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

- Is eligible for MSA
- Is relocating to the community from an institution
- Is under the age of 65. However, a client under the age of 65 who is receiving the Shelter-Needy Allowance and turns age 65 continues to receive the allowance until subsidized housing becomes available
- Determined to be shelter-needy; that is, total shelter costs exceed 40% of the unit's gross income before application of this allowance
- The client must apply for subsidized housing. Once the client has been approved for and receives subsidized housing, the client is no longer eligible to receive the Shelter-Needy allowance.

Maximum Amount of Money per Person

\$139 per month for a monthly total of \$784 when SSI and the usual MSA grant are combined.

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Supplemental Security Income (SSI) is a Federal income supplement program financed through general tax revenues (not Social Security taxes). It provides monthly payments based on disability or blindness for those who have limited income and resources. Children under age 18 who are disabled or blind and have limited income and resources may also receive benefits.

- Any person who receives a benefit from SSI is categorically eligible for MA (Minnesota's Medicaid Program) without a spenddown.
- Federal funding. State may provide supplements-see MSA.

Eligibility

To receive SSI, you must be age 65 or older or blind or disabled. An individual must also be a resident of the United States and must be a citizen or a noncitizen lawfully admitted for permanent residence. Also, some noncitizens granted a special status by the Department of Homeland Security (DHS) may be eligible. You can be eligible for SSI even if you have never worked in employment covered under Social Security or paid taxes under FICA.

Maximum Amount of Money per Person

Effective January 2004, the SSI payment for an eligible individual is \$564 per month and \$846 per month for an eligible couple.

Additional Information:

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

Community Living Supports

Group Residential Housing (GRH) 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. All of those supported by the program are at risk of institutional placement or homelessness. The amount of the Group Residential Housing payment is based on a Federal/State standard of what an individual would need, at a minimum, to live in the community. In special cases Group Residential Housing may pay a supplemental amount to the basic rate.

- In FY 03, there were over 4,900 GRH settings serving approximately 13,600 individuals monthly
- Funding stream is forecasted
- There is no cap on the number of individuals who may use the program
- 100% state funded

Eligibility

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

Maximum Amount of Money per Person

The base payment is \$692 per month. This amount may be supplemented for additional room and board costs or service costs.

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GRH Metro Demonstration Program was 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. It provides up to \$2.2 million in state funding to be used for operating support and service subsidies for up to 190 supportive housing units. The Demonstration Program was designed and coordinated by the Corporation for Supportive Housing and currently operates in three counties.

- Eligibility: Eligible for GRH and MI, CD, or HIV and homeless or at-risk of homelessness
- Provides Section 8 type of rental subsidy where individual pays 30% of income for rent
- Funding is included as part of GRH forecast

Staff Contact and Number: Duane Elg 651-296-6004

Supportive Housing and Managed Care Pilot is located in Blue Earth and Ramsey counties and managed by the Hearth Connection, a non profit agency. 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. The Pilot provides affordable housing and other supports necessary for homeless people to lead healthier lives in the community. In 2000, the legislature appropriated TANF funds to serve families, and in 2001 additional funding from the general fund was appropriated to serve homeless single adults. 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.

- Number of participants: 217 from 53 families that includes 154 children
- Current level of state funding is \$1.5 million annually to end in FY 2005

Staff Contact and Number: Janel Bush 651-282-5205

Office of Economic Opportunity

Emergency Food and Shelter Program (EFSP) funds are used for the purchase of food and shelter to supplement and extend local emergency resources. 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. The Office of Economic Opportunity staffs the set-aside committee, which determines the local allocations for EFSP.

Staff Contact and Phone Number: Pat Leary 651.284.0611

Emergency Services Program (ESP) funds are used to provide emergency shelter and to assist homeless persons in attaining essential services. Funds are awarded biannually to local providers through a competitive application process.

- Eligibility: Individuals are homeless and do not have resources to afford their own housing
- In FY 03, over 12,000 homeless households received shelter and over 19,000 received supportive services funded by ESP
- State funded

Staff Contact and Phone Number: Pat Leary 651.284.0611

Emergency Shelter Grants Program (ESGP) 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. The Department of Housing and Urban Development (HUD) allocates ESGP funds to the Minnesota Department of Human Services. The Department of Human Services awards funds to local agencies through a competitive application process on a biennial basis.

- Eligibility: Individuals are homeless or at imminent risk of losing their housing and do not have resources to afford their own housing
- In FY 03, ESGP funds were provided to a network of agencies that served 56,111 persons throughout MN, 7,185 in shelter and 420 in transitional housing
- Federally funded

Staff Contact and Phone Number: Pat Leary 651.284.0611

Rural Housing Assistance and Stability Program (RHASP) program provides supportive services to homeless families and individuals in an attempt to help them secure permanent housing, increase their household income and become increasingly involved in their communities. The RHASP program is funded through the Department of Housing and Urban Development's Supportive Housing Program. Services are available in most of the non-metro counties in Minnesota.

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

- In 2003, the program provided a total of 855 households with first month's rent, damage deposit, transportation, relocation assistance and application fees to stabilize permanent housing
- Federal funds

Staff Contact and Phone Number: Pat Leary 651.284.0611

Transitional Housing Program (THP) funding is used to provide housing and supportive services to homeless individuals and families. Funded 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. Funds are awarded to local providers through a competitive application process.

- Eligibility: Individuals are homeless and do not have resources to afford their own housing
- In FY 03, over 2,500 households comprised of 2,747 adults and 2,990 children received housing with support services through THP
- State funded

Staff Contact and Phone Number: Pat Leary 651.284.0611

Mental Health

Bridges 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 housing agency and a social service agency. 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.

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

Crisis Housing provides financial assistance to hospitalized clients needing help to pay for their housing. These funds are used only when a person's income is not available. Funds are accessed by case manager, treatment facility or provider, not given directly to consumer.

- Eligible people need to be a person with a serious and persistent mental illness and in inpatient care for either a mental or substance abuse disorder for no more than 90 days and have no other help to pay for housing costs
- In CY 03, 374 individuals were served
- Funds are limited to rental, mortgage and utility payments
- No maximum amount of money available per person
- 100% state funds (limited to \$848,000 for the biennium)

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

Mental Health Initiative/Integrated Fund 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 help 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.

- 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.

Staff Contact: Virginia Selleck 651.582.1821

Projects for the Homeless (PATH) funds from the McKinney-Vento Act are awarded to counties and Adult Mental Health Initiatives which have a large number of homeless people with a serious and persistent mental illness. Services are federally identified. The intent of PATH services is to Outreach, Engage and Mainstream homeless persons into the mental health and housing systems. In CY 04 grants were made to 9 counties. The required State match of funds come from Rule 78 Community Support funds.

- In FCY 2003 8,355 individuals were served

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Restructure of Rule 36 Residential Treatment Facilities

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.

Home and Community Services

Medical Assistance-General Information

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.

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.

- 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

Pregnant Women	
Family size	Income limit (monthly net)
1	--
2	\$2,863
3	\$3,592
Infants under age 2	
Family size	Income limit (monthly net)

1	\$2,173
2	\$2,915
3	\$3,657
Children ages 2-18	
Family size	Income limit (monthly net)
1	\$1,164
2	\$1,562
3	\$1,960
Children ages 19-20, Adults with Children, People 65 or older, people who are blind or have a disability	
1	\$776
2	\$1,041
3	\$1,306

Asset limits

- There is no asset limit for pregnant women and children under 21.
- The asset limit for families with children is \$10,000 for a family of one and \$20,000 for a family of two or more.
- The asset limit for people who are blind, disabled or age 65 and older is \$3,000 for a single person, \$6,000 for a family of two, plus \$200 for each additional person.

MA Targeted Case Management (TCM) 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.

- Federal and State funding.

Additional 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.

MA Rehabilitation Option 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.

- No cap on the number of eligible persons who may access funding.
- Funding is forecasted.
- Pays for direct treatment services.

Eligibility

An 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

Staff Contact and Phone Number: Richard Seurer 651.582.1966

Alternative Care (AC) provides home and community-based services for older Minnesotans who need in-home and supportive services to reside independently in their own home or with family.

- The number served is limited by the program allocation available within the state's fiscal year
- In FY 04, approximately 7,500 people were served
- 100% state funds a portion (75%) of the participant's long term care services
- Participants participate voluntarily and pay monthly access fees

Eligibility Criteria

A person is eligible to participate in the AC program when all of the following criteria are met:

- Is one whose service needs, health, and safety can be met through available public funding in conjunction with personal resources, and
- Person is able to meet monthly access fee requirements and co-insurance obligations concurrently, and
- No other funding source is available for the community services, including private payment, and
- The person is age 65 years or older, and
- The person's needs have been determined to require the level of care provided by a nursing facility based on a community assessment process and nursing facility admission has been recommended, and
- The person chooses to receive community services instead of nursing facility services, and
- The person's financial resources would be inadequate to privately pay for nursing facility stay for more than 6 months
- The person has not improperly disposed of financial resources without compensation.

Maximum Amount of Services per Person

The maximum amount of services available is determined on an individual basis according to the case mix assigned during the LTCC assessment of client needs and strengths.

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Community Alternative Care (CAC) provides 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.

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

Eligibility

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 when the waiver is open
- Choose care in the community instead of a hospital
- Be certified as disabled by the Social Security Administration or the State Medical Review Team

A person must meet all four of the following:

- Need skilled assessment and intervention multiple times during a 24-hour period to maintain health and prevent deterioration

- Due to their health condition, has both predictable health needs and the potential for status changes that could lead to rapid deterioration or life-threatening episodes
- Require a 24-hour plan of care that includes back-up plan that reasonably assures health and safety in the community
- Without the provision of services under the CAC Waiver, would require frequent or continuous care in a hospital

Maximum Amount of Money per Person

The CAC Waiver has an aggregate budget methodology. Each county is given a waiver budget based on a calculation that utilizes current recipients' authorized services, along with additional flexible funds. Based on the assessed needs of the person, the county will need to determine an amount of funding to authorize as indicated in the persons' service plan that:

- Reasonable assures the person's health and safety;
- Complies with the county's procedures and criteria for allocation of waiver resources; and
- Is within the amount of resources available in the county's waiver budget

Staff Contact and Phone Number: Mickey Ellis 651.582.1948

Community Alternatives for Disabled Individuals (CADI) 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.

- 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
- Funding stream is forecasted
- Federal and state funded

Eligibility

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. MA eligibility is determined by the individual's own income and assets rather than by household
- 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

Maximum Amount of Money per Person

Upon enrollment, people are assigned a "resource amount" of money which is added to their county's pool of financial resources (money) for all people on the CAC, CADI, and TBI waivers for whom the county is financially responsible. The resource amount is based on a formula devised to capture cost drivers on assessed needs of the individual. The individual resource amount is not a limit on the amount of service that can be purchased out of the resource pool, however counties have to manage the pool based on the needs of all enrollees.

Staff Contact and Phone Number: John Fillbrandt 651.582.1910

Elderly Waiver (EW) 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.

- 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

Eligibility

- Be eligible for MA

- Be 65 years of age or older
- Need nursing home level of care as determined by the Long-Term Care Consultation process

Maximum Amount of Money per Person

The amount of money available per person varies based on each individual’s dependencies:

Staff contact: Lisa Rotegard 651.297.3829

Mental Retardation/Related Conditions (MR/RC) 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.

- 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
- Federal and state funded

Eligibility

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:

- Be a Medical Assistance recipient or be eligible for MA
- Be determined to have mental retardation or a related condition
- Be determined to likely require the level of care provided to individuals in an ICF/MR
- Make an informed choice requesting home and community-based services instead of ICF/MR services

Maximum Amount of Money per Person

The MR/RC Waiver has an aggregate budget methodology. Each county is given a waiver budget based on a calculation that utilizes current recipients’ authorized services, along with additional flexible funds. Based on the assessed needs of the person, the county will need to determine an amount of funding to authorize as indicated in the persons’ service plan that:

- Reasonable assures the person’s health and safety;
- Complies with the county’s procedures and criteria for allocation of waiver resources; and
- Is within the amount of resources available in the county’s waiver budget

Staff Contact and Phone Number: Maggie Friend 651.582.1683

Traumatic Brain Injury (TBI) provides funding for home and community-based services for children and adults under age 65 who have an acquired or traumatic brain injury.

- 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

Eligibility

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 and behavioral 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

Maximum Amount of Money per Person

Upon enrollment, people are assigned a “resource amount” of money which is added to their county’s pool of financial resources (money) for all people on the CAC, CADI, and TBI waivers for whom the county is financially responsible. The resource amount is based on a formula devised to capture cost drivers on assessed needs of the individual. The individual resource amount is not a limit on the amount of service that can be purchased out of the resource pool, however counties have to manage the pool based on the needs of all enrollees.

Staff Contact and Phone Number: John Fillbrandt 651.582.1910

General Assistance Medical Care (GAMC) provides coverage for clinic and physician services for preventive care, including routine visits, hospitalization, mental health and chemical dependency services, and prescription drugs.

- 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 \$10,000 for one and \$20,000 for two or more.

Chemical Health Grants

Consolidated Chemical Dependency Treatment Fund (CCDTF) 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 by which the person is enrolled.

- Approximately 25,000 individuals are served annually
- Funding stream is forecasted
- There is no cap on the number of individuals who may use the program

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

Staff Contact: Troy Mangan 651.582.1884

HIV/AIDS

HIV/AIDS Grants provide a menu of services specifically for HIV-infected people to prevent or delay enrollment in the MA or GAMC programs.

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

Eligibility

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

Other

Children's Mental Health 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.

Consumer Support Grants (CSG) assist people with functional limitations to purchase and secure the supports they need to live as independently and productively as possible in the community. People who choose the CSG program may employ their own direct support workers. Application for the Consumer Support Grants are made through the county, however, not all counties offer CSG.

CSG is available to people who live in independent settings only. To be eligible people must already live in their own home, or in the home of their family and have an assessed need for PCA, home health aide or private duty nursing services.

- In FY 02, approximately 208 people were served
- State funding

Eligibility

A person must meet the following criteria:

- Be a recipient of or eligible for Medical Assistance
- Be eligible to receive personal care, home health aide or private duty nursing (only these particular home care services are pertinent) home care services from the Medical Assistance Home Care Program
- Demonstrate limitations in everyday functioning, such as self-care, language, learning, mobility, self-direction, capacity for independent living
- Require ongoing supports to live in the community
- Live in a natural home setting

Maximum Amount of Money per Person

Grants are based on home care assessments and ratings for home health aide, private duty nursing and personal care assistance services. Consumers can obtain an estimate on their grant from the county.

MFIP Consolidated Fund Grants allocated to counties for flexible uses that includes emergency needs, 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.

- Funding will be allocated to counties and tribes based on historic State Fiscal Year 2002 spending
- Funding will vary by county

Eligibility

MFIP Eligibility, or TANF eligible family and <200% FPG