

*Mississippi*  
*Access to*  
*Care*

**Submitted to the Mississippi Legislature**  
September 30, 2001

In Response to House Bill 929

# MISSISSIPPI ACCESS TO CARE

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## I. EXECUTIVE SUMMARY

On June 22, 1999, the United States Supreme Court held in *Olmstead v. L.C.* that the unnecessary segregation of individuals with disabilities in institutions may constitute discrimination based on disability. The Court ruled that the Americans with Disabilities Act may require states to provide community-based services for people with disabilities, who would otherwise be entitled to institutional services, when:

- (1) The state's treatment professionals reasonably determine that such placement is appropriate;
- (2) The affected person does not oppose such treatment; and
- (3) The placement can be reasonably accommodated, taking into account the resources available to the state and the needs of others who are receiving services.

In June 2000, the Governor appointed the Division of Medicaid as the lead agency to develop, in coordination with the Department of Mental Health, Department of Health, Department of Education, Department of Human Services, and the Department of Rehabilitation Services, a comprehensive, effective plan for addressing the issues related to the *Olmstead* decision. Mississippi Access to Care (MAC) was formed in October 2000, and the first statewide work group composed of state agencies, advocacy groups, consumer groups, consumers, providers, and other organizations held its first meeting in November 2000.

The Mississippi Legislature passed House Bill 929 on March 23, 2001 that mandated the development of a comprehensive state plan to provide services to people with disabilities in the most integrated setting appropriate.

The work of the MAC planning group continued by drafting and distributing a state-wide survey to identify needs and services available to persons with disabilities and conducting 14 public meetings in seven locations around the state to provide additional opportunities for input and perspective on what services are needed to help individuals with disabilities live more independently. Over 250 interested persons attended, participated in the public discussions, and were added to the MAC mailing list for receiving information surrounding the committee's efforts.

The following focus groups were established:

Consumer Education	Chairperson (s)
Database Development	Bob Bond, Paul Gospodarski
Housing	Cedric Morgan
Population Identification	Vickie Killingsworth
Simplification/Standardization	Becky Floyd
Transition: Institution to Community	Sheila Browning
Transition: Children to Adult	Mark Smith, Polly Tribble
Transportation	Tessie Schweitzer, Linda McDowell
	Ed Butler

As a result of input from the focus groups, a final plan was completed. The final plan consists of four basic areas: system modifications; primary support services; other community based services; and implementation and review as well as financial summary information.

The first area of focus in the final MAC plan is system modifications. In order to meet the long-term care needs of individuals with disabilities, several changes are needed to the service delivery system. These are not changes in the actual services delivered but rather changes in the philosophy of the service delivery system. Currently, there is lack of information about the number of individuals needing services and a comprehensive picture of the services individuals are receiving. To address that problem, the MAC plan proposes developing a multi-agency tracking system utilizing existing agency databases. This would allow any agency to access information that would give a more detailed report of the services an individual is receiving. In order to address the availability of information about existing services, the MAC plan proposes developing a comprehensive Electronic Service Resource Directory listing all services currently available along with detailed information about those programs. Along with that, there is a need for more public education about the existing services. The MAC plan outlines the important points that need to be included in establishing a statewide toll-free assistance line and public education initiatives related to Mississippi Access to Care.

In order to have effective systems changes, training is an important tool. The MAC plan outlines training fundamentals for agencies, advocates, public and private providers and the general public. One key element that is addressed in the MAC plan is individual identification and assessment. The plan outlines the primary strategies needed to address this pivotal situation including establishment of a single point of entry, responding to individuals who wish to leave institutional settings, and the availability of an independent appeal process. Movement of individuals who are currently in institutions to community-based settings is a priority and the steps necessary for the state to begin that activity are described.

In order for system modifications to be beneficial, there must be a support system in the community to support individuals who wish to be served in that setting. The MAC plan describes the primary support services necessary, without which the goals of the plan will not be met. Easily accessible transportation is very important to accessing services in the community. The MAC plan identifies a framework for creating a comprehensive transportation system based on current transportation programs. Accessible housing options are also a key focus of the plan. The MAC plan identifies several changes that will be needed in order for adequate housing options to be available.

Mississippi has a system of home and community based waivers that currently serve individuals in community-based settings. However, there is a need for changes in the delivery of those services as well as expansion of the waivers. The MAC plan identifies the increased number of individuals to be served as well as additional services and increased reimbursement rates to attract providers in the community.

The MAC plan also identifies other services that need to be available in the community in order to make the transition not only possible, but also successful. The plan identifies and explores those services in detail. Employment/vocational services, prevention and early intervention services, mental health services, services for the mentally retarded, group homes, flexible funding programs are a few of the primary focus areas.

During the plan development process, the MAC workgroup expressed a firm belief that this plan should not be a static document, but rather a fluid plan that will allow modifications to the plan

as our state's delivery system changes. Fundamentals to that process are identified and described.

The total state costs associated with MAC plan implementation are outlined in Appendix C.

## II. BACKGROUND AND OVERVIEW

### A. THE OLMSTEAD DECISION

On June 22, 1999, the United States Supreme Court held in *Olmstead v. L.C.* that the unnecessary segregation of individuals with disabilities in institutions may constitute discrimination based on disability. The Court ruled that the Americans with Disabilities Act may require states to provide community-based services for people with disabilities, who would otherwise be entitled to institutional services, when:

- (1) The state's treatment professionals reasonably determine that such placement is appropriate;
- (2) The affected person does not oppose such treatment; and
- (3) The placement can be reasonably accommodated, taking into account the resources available to the state and the needs of others who are receiving services.

**The Court suggested that a state may be able to meet its obligation under the ADA by demonstrating that it has a comprehensive, effectively working plan for placing qualified, persons with disabilities in the most integrated setting, and it has a waiting list that moves at a "reasonable" pace not controlled by the state's endeavors to keep its institutions fully populated.**

For states to meet their obligations under the *Olmstead* decision, they must have a process in place to assess the capacity of existing community services, to assess the number of person currently in institutional settings who desire and would benefit from community services for each targeted population group: persons with mental retardation, mental illness, and/or who are physically disabled (including elderly). This means that states have the obligation to:

- (1) Divert people from going into institutional placements in the first place if they can be served in a community setting;
- (2) Review those already in institutions to decide how many could be served in the home or community-based setting and how many want to be served in the community; and
- (3) Respond to individual requests by institutionalized people to leave the institutional setting for a home or community-based setting.

### B. PLAN DEVELOPMENT PROCESS

In June 2000, the Governor appointed the Division of Medicaid as the lead agency to develop, in coordination with the Department of Mental Health, Department of Health, Department of Education, Department of Human Services, and the Department of Rehabilitation Services, a comprehensive, effective plan for addressing the issues related to the *Olmstead* Supreme Court decision. In the summer of 2000, the six state agencies began discussions about their various roles in serving persons with disabilities and their families. The first goal of these discussions was to determine what services were currently available throughout the state to help persons with disabilities to live as independently as possible. Once the process of collecting that information had begun, the group's next goal was to determine what services are needed, but currently lacking, in order for persons with disabilities to achieve the greatest desired, independence possible. At that point, it became

clear that persons with disabilities needed to have a strong voice in these discussions. Therefore, in October 2000, Mississippi Access to Care (MAC) was formed. The first statewide work group composed of consumers, providers, and participants representing state agencies, advocacy groups, consumer groups, and other organizations held its first meeting in November 2000.

Participants in the MAC work group included:

- Mental health advocacy organizations, such as National Alliance for the Mentally Ill-MS, Mental Health Associations of MS and of the Capital Area, and MS Families as Allies;
- Advocacy organizations, such as the Coalition for Citizens with Disabilities, American Association of Retired Persons, State-wide Independent Living Council, The Association For Citizens with Disabilities of MS, MS Council on Developmental Disabilities, and Friends of the Mentally Retarded; and
- Other interested groups, such as MS Protection and Advocacy, Housing and Urban Development, community mental health centers, nursing home associations, planning and development districts, Area Agencies on Aging, MS Association for Home Care, MS Deaf-Blind Project, and Central MS Legal Services.

The MAC work group continued to meet monthly in December and January and began to put plan in phase to obtain information directly from individuals with disabilities by drafting and distributing a state-wide survey to identify needs and services available to persons with disabilities. During the month of February 2001, fourteen public meetings were held in seven locations around the state to provide additional opportunities for input and perspective on what services are needed to help individuals with disabilities live more independently. Over 250 interested persons attended the public meetings, participated in the public discussions, and were added to the MAC mailing list for receiving information surrounding the committee's continuing efforts. Many surveys were collected at the public meetings and by mid-March, five thousand, three hundred eighteen (5,318) surveys were received.

The information obtained from the public meetings and the survey data began to indicate common themes that should be the focus of plan development. Those common themes were presented to the MAC workgroup at the March meeting and the following focus groups were established:

- **Consumer Education**, to address accessibility of information about services for consumers.
- **Database Development**, to address the need to have a centralized tracking system for individuals with disabilities and a centralized resource directory.
- **Housing**, to address the lack of accessible housing opportunities in the community.
- **Population Identification**, to address the number currently accessing services and those waiting to access services.
- **Simplification/Standardization**, to address the need to have a more streamlined process for accessing services.
- **Transition: Institution to Community**, to address ways to support individuals moving from institutions to the community.
- **Transition: Children to Adult**, to address the needs of children with disabilities who are transitioning into adult services.
- **Transportation**, to address the need for accessible transportation to needed services.

Each focus group was assigned a chairperson and a technical advisor from a state agency. Some focus groups also chose to name co-chairpersons and/or break into sub-focus groups. Membership on the focus groups was voluntary and included individuals with a particular expertise or interest. The focus groups were charged with drafting goals and objectives to address specific issues within each broader focus group issue.

In an effort to affirm, support, and formalize the ongoing work of the MAC work group, the Mississippi Legislature passed House Bill 929 and the Governor signed the bill into law on March 23, 2001. The bill mandated the development of a comprehensive state plan to provide services to people with disabilities in the most integrated setting appropriate. The legislature specified items the plan should address, which include:

- An estimate of the number of people with disabilities in the state who need or will need services;
- An estimate of the amount of appropriations necessary over the course of the proposed schedule to accomplish the proposed plan;
- A goal of no later than June 30, 2011, for the state to have community services available for all people with disabilities that are recommended by professionals and requested by the person with disabilities.

The legislation also outlined the following principles to guide plan development:

- Individuals with disabilities and their families are best able to determine their own needs and should be empowered to make decisions concerning necessary, desirable and appropriate services.
- Individuals with disabilities should receive the support necessary to live as independently as possible at home, if recommended by their treatment team and if they choose.
- Family support should be responsive to the needs of the entire family unit.
- Supports should build on existing social networks and natural sources of support.
- Supports will usually be needed throughout the life span of the individual who has a disability.
- Supports should encourage the integration of people with disabilities into the community as much as possible and when recommended by their treatment team and if the consumer prefers that integration.
- Support services should be flexible enough to accommodate unique needs of individuals and families as they evolve over time.
- Support services should be consistent with the cultural preferences and orientations of individuals and families.
- Individuals and family home-based support services should be based on the principles for sharing ordinary places, developing meaningful relationships, learning things that are useful and making choices, as well as increasing the self-esteem and status, and enhancing the reputation of the individuals served.
- Supports should be developed and expanded in the state that are necessary, desirable and appropriate to support individuals and families.
- Supports and services should enhance the development of the individual with a disability and the family.



- A comprehensive, coordinated system of supports to families effectively uses existing resources and minimizes gaps in supports to families and individuals in all areas of the state.
- Services should be coordinated with other services.
- No individual who wishes to remain in, or requests services in an institutional setting will be forced to receive support services in a non-institutional or home-based setting, including any individual whose professional team determines that institutional setting is the most integrated and appropriate setting.

Supplementing the Olmstead decision issues and the Office of Civil Rights guidelines, HB 929 now provided the MAC work group with additional structure and focus for developing the state's comprehensive plan.

During March, April and May, the focus groups met to do the difficult work of putting together the framework for the final plan. At the May MAC meeting, each of the focus groups reported the status of their work to the full MAC work group. Focus group final recommendations were submitted in June and distributed to the entire MAC mailing list, consisting of approximately 166 individuals, for comment. Chairpersons received comments and considered those comments for the final focus group plan which was submitted in early July. The recommendations of each focus group formed the basis for the final plan. A plan drafting committee, composed of state agency representatives, advocacy group representatives, and a private consultant to help bring the plan together, utilized the focus group submissions, as well as other information, to develop a draft of the comprehensive plan. The draft was then reviewed at a public MAC meeting on August 30, 2001. Incorporating comments, suggestions, and questions received at the meeting, as well as input and comments from other sources, the plan drafting committee finalized the comprehensive MAC plan and submitted it to the state legislature in September 2001.

### C. PURPOSE AND VISION

**The overall purpose of this plan is to create an individualized service and support system that enables individuals with disabilities to live and work in the most integrated setting of their choice. It is our vision that all Mississippians with disabilities will have the services and supports necessary to live in the most appropriate and integrated setting possible.**

## III. CURRENT SYSTEM ASSESSMENT

### A. AGENCY SURVEY

A survey was developed and completed by the state agencies (Department of Mental Health, Department of Health, Department of Human Services, Department of Education, Department of Rehabilitation Services, and the Division of Medicaid) that provide services to persons with mental illness, mental retardation/developmental disabilities, or physical disabilities. The purposes of the survey were to determine the services available; to ascertain the current and future service needs of its citizens with disabilities; and to begin the planning process for service delivery through Mississippi Access to Care.

The results of the survey indicated the following:

- Most agencies do not have waiting lists for institutional services. However, individual providers may maintain some type of waiting list.
- Where waiting lists exist, most agencies record names on the list by date of referral/application and provide services as they become available. One agency prioritizes cases based on need. Sometimes prioritization is dependent upon funding, and sometimes the court makes the determination.
- Three (3) of the six (6) agencies assess for appropriateness of placement, the provider's ability to adequately meet the needs of the individual, and medical necessity for services.
- Three (3) of the six agencies accomplish the review and assessment process by performing needs assessments, three (3) obtain information by data analysis, and two (2) gather information by review of the clinical documentation.
- The agencies' utilization of the review and assessment information includes evaluation of provider compliance, evaluation of appropriateness of placement and medical necessity, discharge planning, program planning, and for funding analysis to reduce counselor caseloads or provide alternative treatment.
- Four (4) of the six (6) agencies have intake and assessment processes in place. Some of those include: Educational evaluations; review of the case record, which may include a psychological evaluation, social summary, educational information and recommendations; Use of risk assessment tools to determine the level of risk to the community; and establishing medical necessity.
- Utilization of the evaluation/assessment results range from determining appropriate placement, diverting from institutional settings and discharge planning to determining current and future funding needs.
- Every agency provides some type of home and community-based services to the target population they serve, and that the provision of home and community-based services was dependent upon the individual's need.
- A few agencies reported not having a process for informing people in institutions of home and community-based services. Some reported rather informal processes that must be initiated by the individual. Two (2) agencies reported meeting with the individual or their legal representative to determine what level of services are most appropriate.
- The process to inform people of services available is highly dependent upon the individual seeking services. Mass media and public hearings have been held to disseminate information regarding community-based services. A few agencies have community outreach programs and put information in the hands of the primary care providers in order to reach individuals. One toll-free information line is in place.
- The lack of comprehensive and current data describing all services provided, the number served by each, who provides it, and how much is spent is a major challenge or issue confronting the development and implementation of this plan. As discussed later, a primary goal therefore is to establish an ongoing comprehensive data collection and tracking system for individuals with disabilities.

*(See Appendix A for information regarding the number of people being served and on waiting lists in various programs.)*

**B. CONSUMER SURVEY**

The primary purposes of this consumer survey was to identify where individuals currently live and then ascertain the types of services would be necessary for individuals to live in the least restrictive environment possible. Five thousand three hundred eighteen completed surveys were returned and utilized in tabulating the following results:

- | <b>• Current Living Arrangements</b>                               | <b>% of Individuals Responding</b> |
|--|------------------------------------|
| ○ Home   | 30.9%                              |
| ○ Intermediate Care Facility<br>for the Mentally Retarded (ICF/MR) | 26.7%                              |
| ○ Psychiatric hospital   | 13.5%                              |
| ○ Group homes  | 9.3%                               |
| ○ Nursing home   | 9.3%                               |
| <b>• Current Support System</b>                                    |                                    |
| ○ Residential Facility   | 18.1%                              |
| ○ In-patient psychiatric care                                      | 15.9%                              |
| ○ Nursing home care  | 9.4%                               |
| ○ Community Mental Health Center                                   | 7.3%                               |
| ○ Interdisciplinary team   | 6.8%                               |
| ○ Written training program   | 6.0%                               |
| <b>• Supports Necessary for Current Living Environment</b>         |                                    |
| ○ Transitional living, psych. care                                 | 20.1%                              |
| ○ Training in activities of daily living                           | 16.3%                              |
| ○ ICF/MR programming   | 16.2%                              |
| ○ Psychosocial services  | 14.3%                              |
| <b>• Supports Necessary for Community Living</b>                   |                                    |
| ○ Transportation   | 52.7%                              |
| ○ Services are currently provided                                  | 21.5%                              |
| ○ In-home medical and nursing needs                                | 14.3%                              |
| ○ Case management  | 3.6%                               |

**C. PROJECTED NEED**

While it is difficult to determine exactly how many Mississippians with disabilities may experience a need for services, estimates based on prevalence rates can be established. The following table indicates the potential need for services based on released 2000 Census Data for Mississippi.

<b>Population Group</b>	<b>Projected # of Individuals</b>		
	<b>2000</b>	<b>2005</b>	<b>2010</b>
• Mental Retardation/Developmental Disabilities	42,386	43,330	44,313
• Adults with Serious Mental Illness	111,751	120,766	127,244
• Children with SED	43,702-51,647	44,007-52,009	45,077-53,273
• Transition Age (18-21)	13,434	12,773	12,765
Prevalence rates established using the federal methodology published by the National Center for Mental Health Services.			
• Physically disabled	628,558	634,844	641,192
Prevalence rates established using 1996 Model-Based Estimated Census Data On Mississippians with Physical Disabilities.			

## **IV. MAC ACTION PLAN**

### **A. CRITICAL SUCCESS FACTORS**

There were certain critical success factors (conditions that are deemed essential to optimum plan implementation) identified by the individual focus groups that should be addressed throughout the plan, they include:

- **Developing and implementing a tracking system**  
A tracking system design must be correlated to quality assurance and enhancement activities, data collection, aggregation and interpretation as related to the overall MAC plan performance and outcomes. Such a tracking system will enhance strategic planning across and among various state agencies.
- **Sustaining collaborative partnerships**  
The plan's success will ultimately rest on the substantial involvement of all stakeholders in the continuous review, revision and updating throughout its implementation.
- **Sustaining legislative support and advocacy**  
Clearly, to implement the MAC plan, additional financial resources will be needed from the legislature. Their understanding and support will be critical to achieving the desired results.
- **Achieving quality management**  
A quality management system must address major focus areas of the state plan and interface with existing quality management instruments now in use. Key system components must track state plan elements, goals, action steps, timelines and accountability for assigned responsibilities. Monitoring probes should be developed to reflect person-centered consumer outcomes, evaluation, and alteration of supports to ensure the quality of individualized services.
- **Creating a person-centered service delivery system**  
A person-centered service delivery system values direct action over process and individualized dignity over external controls. An individual's achievement of personal goals demands sustained, continual shaping of supports, and provision of flexible services to bring about the most integrated setting.
- **Attaining independence and inclusion**  
Attaining independence and inclusion rests in the combined partnership of all stakeholders who are, and remain committed to, a consumer's defined personal development goal.
- **Meeting challenges in a rural state**  
Our state's rural demographics work in direct opposition to desired service improvements for citizens with disabilities. Successful implementation of a community-based service delivery system that affords individuals with opportunities in the most appropriate setting must neutralize demographically-based constraints.

### **B. SYSTEM MODIFICATIONS**

To successfully address the issues brought forth through the MAC planning process, certain comprehensive and coordinated needs have been identified. These systemic needs, crossing over state agencies, providers, and advocacy organizations, are critical to creating a service delivery system that allows individuals with disabilities to live and work in the most integrated setting of their choice.

**1) Information/Data Development**

Lack of a comprehensive, unduplicated data collection system has been recognized as one of the primary barriers to serving individuals with all disabilities in the most integrated setting of their choice. Without knowing who needs/wants community-based services, the availability of services/supports, or the providers of such services and supports, it is difficult to ensure all people with disabilities will have the opportunity to transition into the most integrated environment. Therefore, one primary means of achieving the MAC goals is the development and maintenance of comprehensive, reliable data.

**Goal 1:** Develop an on-going, comprehensive data collection system for the identification of individuals with disabilities who are receiving or are in need of services and supports.

**Strategies:**

- a. Adopt a scientific methodology for collection and distribution of surveys and data analysis.
- b. Develop a multi-agency tracking system utilizing existing databases for persons who are receiving services, waiting on services, and who have left institutions.
- c. Launch a statewide media campaign to target those who are not currently receiving services.

**Goal 2:** Develop a comprehensive Electronic Service Resource Directory listing services, providers, agencies, types of assistance, eligibility requirements, service hours, location, and intake process, including a clear description of all current services and supports.

**Goal 3:** Receive Legislative mandate designating the responsible party for MAC plan ongoing data collection and disbursement.

**Strategies:**

- a. Recommend to State Legislature in MAC Plan.
- b. Request appropriations for the designated party.

<b>Fiscal Year</b>	<b>New Tracking System</b>	<b>Media Campaign</b>	<b>Services Resource Directory</b>
2003	0	\$50,000	\$50,000
2004	\$150,000	\$200,000	\$300,000
2005	\$100,000	\$100,000	\$300,000
2006	\$ 50,000	\$100,000	\$300,000
2007	\$ 50,000	\$200,000	\$300,000
2008	\$ 50,000	\$100,000	\$300,000
2009	\$ 50,000	\$100,000	\$300,000
2010	\$ 50,000	\$100,000	\$300,000
2011	\$ 50,000	\$100,000	\$300,000
<b>Total</b>	<b>\$550,000</b>	<b>\$1,100,000</b>	<b>\$2,450,000</b>

## **2) Communication and Education**

A system that is designed to broadly publicize and increase awareness of community-based services/supports, to specifically identify those individuals not currently being served that need/want services/supports in the most integrated setting, and to facilitate user-friendly, timely access to information is crucial to achieving the desired results identified by MAC.

**Goal 1:** Successfully promote the initiatives passed in House Bill 929 and the subsequent 10-year Plan designed to fulfill the requirements of the bill.

### **Strategies:**

- a. Announce passage of HB 929 and its impact on people with disabilities through newsletters, press conferences, news releases, and public service announcements.
- b. Announce the adoption of the 10-year plan, highlighting the specific goals and recommendations.
- c. Provide periodic public updates on the status of plan implementation.

**Goal 2:** Provide Mississippians with timely, accurately public education/information on available services and supports.

### **Strategies:**

- a. Establish a MAC statewide, toll-free assistance line.  
Action steps:
  - ❑ Create an interagency agreement (commitment) to provide a “standard” level of telephone assistance within each participating agency, including participation in a statewide MAC information assistance network regarding individual agency roles and responsibilities.
  - ❑ Designate a lead agency to provide initial “800” information and referral for all agencies.
  - ❑ Provide for a minimum level of assistance/response/follow-up by all participating agencies.
  - ❑ Assessment by each agency of its own existing telephone assistance resources needed to provide the minimum level of assistance agreed upon.
  - ❑ Provide comprehensive, ongoing training to client service representatives.
  - ❑ Provide scheduled and intentional evaluation of the assistance line to make needed and appropriate modifications for more effective delivery.
- b. Conduct a feasibility study for developing a network of kiosk-style information centers throughout the state.
- c. Establish an effective coordinated system of networking among public agencies and private providers.  
Action steps:
  - ❑ Develop “information sharing”(marketing of services) among agencies, organizations and private providers, specifically highlighting opportunities for referrals and coordination of services through directive from agency

heads to embrace a philosophy of working collaboratively with other state agencies.

- ❑ Conduct feasibility study for computer and other technological links among providers/agencies.
- ❑ Investigate coordination with the “MS Portal Project.”

<b>Fiscal Year</b>	<b>Plan Updates</b>	<b>Assistance Line</b>	<b>Kiosk Feasibility</b>	<b>Networking</b>
2003	\$ 25,000	\$1,190,000		
2004	\$ 25,000			\$ 50,000
2005	\$ 10,000			
2006	\$ 25,000		\$ 25,000	
2007	\$ 10,000			
2008	\$ 10,000			
2009	\$ 10,000			
2010	\$ 10,000			
2011	\$ 10,000			
<b>Total</b>	<b>\$135,000</b>	<b>\$1,190,000</b>	<b>\$ 25,000</b>	<b>\$ 50,000</b>

### 3) Training

The MAC goals are primarily about enhancing access and expanding capacity for services/supports. Ongoing training of public and private providers, advocacy groups, as well as state agency employees, is critical to compliance with the “spirit” of the MAC goals.

**Goal 1:** Provide continuous, effective staff development and training to public and private service providers regarding the philosophy, economics, appropriateness, and importance of providing choices of community-based services to people with disabilities (person-centered planning philosophy).

#### Strategies:

- a. Identify lead agency to coordinate the development of the curriculum and provide ongoing training.
- b. Require agency participation in training sessions.

**Goal 2:** Provide interagency training regarding the concept of coordinated support to individuals with disabilities.

<b>Fiscal Year</b>	<b>Required Training</b>
2003	\$75,000
2004	\$150,000
2005	\$150,000
2006	\$150,000
2007	\$150,000
2008	\$150,000
2009	\$150,000
2010	\$150,000
2011	\$150,000
<b>Total</b>	<b>\$1,275,000</b>

#### 4) Individual Assessment

An Evaluation/Assessment procedure working in concert with a single point of entry referral system will be key to identifying, assisting and developing comprehensive care plans based upon services in the least restrictive environment that are both desired and appropriate for the individual with disabilities.

**Goal 1:** Prevent premature or inappropriate out-of-home placement and facilitate the earliest possible re-entry into the community at the appropriate time and in an appropriate service.

**Strategies:**

- a. Recommend to the Legislature the establishment of a consumer-friendly, single point of entry referral system for individuals with disabilities who need assistance identifying and/or accessing appropriate and desired service(s). This will compliment such systems that currently exist in some agencies for individuals who are not sure which agency provides the services they need.
- b. Recommend that the Legislature require that each service providing agency develop and implement a comprehensive evaluation procedure ensuring where appropriate each individual with disabilities and/or their guardian will be involved in the assessment and planning process and that the assessment will be directed toward providing services in the “least restrictive most integrated setting possible” based upon professional recommendations and client/family choice.

<b>Fiscal Year</b>	<b>State \$</b>
2003	\$1,000,000
2004	\$2,000,000
2005	\$3,000,000
2006	\$3,000,000
2007	\$3,000,000
2008	\$3,000,000
2009	\$3,000,000
2010	\$3,000,000
2011	\$3,000,000
<b>Total</b>	<b>\$24,000,000</b>

#### 5) Transition from Institutions

Preventing premature or inappropriate out-of-home placement and facilitating the earliest possible re-entry into the community, when appropriate is the overall goal. Individuals with disabilities who are currently residing in institutions and could receive services in a more integrated setting have the right to be advised of the community-based alternatives available.

**Goal 1:** Identify those individuals with disabilities currently in nursing facilities, advise them of the community based alternatives available and allow them the option to choose the most integrated setting of their choice.



**Strategies:**

- a. Identify elderly individuals with disabilities over age 21 in nursing facilities who are able to perform many of the activities of daily living but require either supervision or prompting.
- b. Provide information about community based alternatives to those currently in nursing facilities who are able and choose to receive services in the community and to their families.
- c. Respond to requests by individuals currently in institutions who desire to leave the institutional setting through follow-up evaluations, identifying appropriate and desired community-based services, and facilitating access to those services.

<b>Fiscal Year</b>	<b># Individuals</b>	<b>State \$</b>
2003	60	\$400,000
2004	75	\$500,000
2005	90	\$600,000
2006	105	\$700,000
2007	120	\$800,000
2008	135	\$900,000
2009	150	\$1,000,000
2010	150	\$1,000,000
2011	150	\$1,000,000
<b>Total</b>	<b>1035</b>	<b>\$6,900,000</b>

**C. PRIMARY SUPPORT SERVICES**

The fundamental goal of MAC is enhancing access to services, providing more options for individuals with disabilities and increasing the capacity of community-based services and supports. Listed below are the supports and services identified as most needed and/or with the greatest opportunity for positive impact.

Unless otherwise specified, services under this section pertain to individuals with all types of disabilities. Budget projections are based on **NEW** money requested for each year. For example, in Fiscal Year 2003 the budget projection is \$100,000 and in Fiscal Year 2004 the budget projection is \$50,000. The actual amount needed for Fiscal Year 2004 would be \$150,000: \$50,000 in **NEW** money for that fiscal year.

**1. Transportation**

The majority of individuals with disabilities reported transportation needs as the most important support lacking in their lives, particularly in rural areas of the state. They reported the need for transportation to medical and social services as well as the need for transportation for meeting their primary needs and to recreational activities to increase the quality of life. The need for wheelchair accessible transportation should be considered. Both mass transit and personal mobility options should be addressed.

**Goal 1:** Create transportation opportunities for persons with disabilities.

**Strategies:**

- a. Establish creative transportation initiatives/demonstration projects by legislative mandate (or executive order, as appropriate) in FY 2003.

- b. Identify lead agency responsible for development and implementation of a comprehensive transportation plan in FY 2003 that will maximize existing resources and develop funding requests for FY 2006-2011.
- c. Perform a feasibility study in FY 2004 to determine options for an interagency, consolidated transportation plan.
- d. Develop/establish partnerships between program/ service providers to provide consolidated fixed route (mass transit) and flexible scheduling (personal mobility) opportunities by FY 2004.
- e. Appoint the MS Developmental Disabilities Council to provide further research, recommendations, and pilot programs, including the development of a "Transportation Guide" for all individuals with disabilities in FY 2003.

<b>Fiscal Year</b>	<b>Feasibility Study</b>	<b>DDC pilot projects</b>	<b>Total \$</b>	<b>State \$</b>
2002	\$0	\$215,000	\$215,000	\$0
2003	\$0	\$215,000	\$215,000	\$0
2004	\$ 25,000	\$261,000	\$286,000	\$175,000
2005	\$0	\$152,000	\$152,000	\$100,000
2006	\$0	\$52,000	\$52,000	\$ 0
<b>Total</b>	<b>\$ 25,000</b>	<b>\$895,000</b>	<b>\$920,000</b>	<b>\$275,000</b>

## **2. Community-Based Housing**

Appropriate housing options are necessary for people with disabilities to remain in the community. However, persons with disabilities have a difficult time locating and accessing safe, affordable, ADA compliant housing and the supports needed to remain in the environment of their choice. This is due to the lack of community supports such as attendant care, transitional care, skills training and case management. Another difficulty is financing. People with disabilities have a difficult time saving money for down payments, closing costs, repairs, and maintenance. Training in such things as maintenance and home living skills, socialization skills, and self-help skills is needed to assist the consumer with maintaining or increasing self-sufficiency in community-based housing. Before additional segregated facilities are built, those individuals currently living in facilities should be evaluated to determine if they could live in the community with proper supports.

To accomplish the goals set forth by MAC and allow people with disabilities the choice of where they live and where they receive their services, the state should address three major components: identification of people with disabilities needing/wanting community-based housing, support services needed by people with disabilities to live independently, and funding assistance for housing.

**Goal 1:** Increase available information regarding community-based housing options.

### **Strategies:**

- a. Identify a Lead Agency in FY 2003 responsible for development and coordination of a comprehensive housing plan for people with all types of disabilities.
- b. Establish a coalition of housing and service providers.

- c. Establish an independent mechanism by which persons with disabilities will be identified and monitored through their transition from institutional to community living.

**Goal 2:** Increase the availability of safe, affordable, accessible housing options.

**Strategies:**

- a. Encourage Mississippi Municipal Association and Mississippi Association of Supervisors to enforce building codes, especially those that follow ADA guidelines for multi-family dwellings. This will increase the availability of accessible housing in the private sector.
- b. Encourage Regional Housing Authorities to expand Section 8 Rental Voucher distribution and earmark a percentage for persons with disabilities.
- c. Encourage the expansion of the new Section 8 Voucher program across the state to improve the possibility of home ownership among persons with disabilities.

<b>Fiscal Year</b>	<b>State \$</b>
2003	\$100,000
2004	\$100,000
2005	\$100,000
2006	\$100,000
2007	\$100,000
<b>Total</b>	<b>\$500,000</b>

**Goal 3:** Provide support services for individuals with disabilities sufficient to support their living in community-based units.

**Strategies:**

- a. Train existing case managers from Department of Human Services, Department of Mental Health and Department of Rehabilitation Services in housing facilitation.
- b. Train service providers in techniques & best practices to work with individuals who have Traumatic Brain Injury so they can transition back into the community (Daily Living Skills, Social Skills, etc.).
- c. Expand menu of services of current programs and waivers to include: home modifications, home repair, special medical equipment and supplies, and assistive technology. (Addressed in Section 3, page 20.)
- d. Partner with existing nonprofit and volunteer organizations to establish a base of assistance to match with people who need supports (eg. Senior Citizens, LIFE, ARC, United Way). These support persons will be trained and supervised in their area of interest.
- e. Provide state funding to facilitate DRS in providing/expanding home modification and accessibility services (Addressed in C.1.Goal 4).
- f. Provide better education to the public, state and local agencies, lenders, and builders on fair housing laws, accessible housing, and ADA compliance.
- g. Expand Supported Living Services to individuals with Mental Retardation/Developmental Disabilities to an additional 400 individuals (from 400 to 800) by FY 2011.

<b>Fiscal Year</b>	<b>Training-Case Managers &amp; TBI</b>	<b>Educate Housing Agencies</b>	<b>Supported Living MR/DD</b>
2002			\$0
2003	\$100,000	\$100,000	\$0
2004	\$100,000	\$100,000	\$130,000
2005	\$100,000	\$100,000	\$130,000
2006	\$100,000	\$100,000	\$130,000
2007	\$100,000	\$100,000	\$130,000
2008	\$0	\$0	\$130,000
2009	\$0	\$0	\$130,000
2010	\$0	\$0	\$130,000
2011	\$0	\$0	\$130,000
<b>Total</b>	<b>\$500,000</b>	<b>\$500,000</b>	<b>\$1,040,000</b>

**Goal 4:** Increase funding sources for individuals with disabilities to enter/re-enter independent living in the community.

**Strategies:**

- a. Encourage Mississippi Development Authority to allocate 5-10% of all state housing funds granted to cities and counties to be used for individuals with disabilities.
- b. Bring housing agencies together to educate them on the funding needs of people with disabilities and encourage them to place these needs as a priority. Suggested agencies: MDA, MHC, MHI, Rural Development, HUD, Section 8, Regional Housing Authority.)
- c. Encourage Regional Housing Authorities to implement the new Section 8 voucher program and earmark 10% of those vouchers for people with disabilities. (Section 8 vouchers for mortgage payment and for rental assistance.)
- d. Expand model home ownership programs such as “Home of your Own” to serve additional individuals and individuals with **all** types of disabilities by increasing the funding (to cover down payment and closing costs for individuals) from MS Development Authority.

<b>Fiscal Year</b>	<b>State \$</b>
2003	\$50,000
2004	\$50,000
2005	\$50,000
2006	\$50,000
2007	\$50,000
2008	\$50,000
<b>Total</b>	<b>\$300,000</b>

- e. Allow individuals with assets to set aside exempt funds for services above basic services supplied by the programs. For example, persons with low income that have savings would set aside those funds for home repairs or special equipment not covered by other programs.

**Goal 5:** Expand other community-based housing options.

**Strategies:**

- a. Provide subsidized assistance to Personal Care Homes, in order to assist individuals who cannot afford existing rates.

<b>Fiscal Year</b>	<b># Adults</b>	<b>State \$</b>
2003	56	\$2,079,168
2004	50	\$1,856,400
2005	50	\$1,856,400
2006	50	\$1,856,400
2007	50	\$1,856,400
2008	50	\$1,856,400
<b>Total</b>	<b>306</b>	<b>\$11,361,168</b>

- b. Provide Emergency Care Shelters for vulnerable adults in need of immediate placement.

<b>Fiscal Year</b>	<b># Adults</b>	<b>State \$</b>
2003	20	\$1,485,120
2004	50	\$3,712,800
2005	50	\$3,712,800
2006	50	\$3,712,800
2007	50	\$3,712,800
2008	50	\$3,712,800
<b>Total</b>	<b>270</b>	<b>\$20,049,120</b>

- c. Provide an adequate number of group homes to meet the identified needs.

- Group Homes for individuals with Serious Mental Illness – add 17 homes by 2011

<b>Seventeen (17) group homes for those with Serious Mental Illness</b> operating cost \$561,000 per new home per year and construction costs of \$550,000 each				
<b>Fiscal Year</b>	<b># To Construct</b>	<b>Construct Cost</b>	<b># To Operate</b>	<b>State \$</b>
2003	1	\$550,000	0	
2004	2	\$1,100,000	1	\$561,000
2005	2	\$1,100,000	2	\$1,122,000
2006	2	\$1,100,000	2	\$1,122,000
2007	2	\$1,100,000	2	\$1,122,000
2008	2	\$1,100,000	2	\$1,122,000
2009	2	\$1,100,000	2	\$1,122,000
2010	2	\$1,100,000	2	\$1,122,000
2011	2	\$1,100,000	2	\$1,122,000
<b>Total</b>	<b>17</b>	<b>\$9,350,000</b>	<b>15</b>	<b>\$8,415,000</b>

- Intermediate Care Facilities for Mental Retardation and Bureau of Mental Retardation Group Homes – increase service to individuals with Mental Retardation/Developmental Disabilities by 136 (from 781 to 917) and elderly individuals with Mental Retardation/Developmental Disabilities by 88 (from 66 to 154) by FY 2011.

<b>ICF/MR and BMR Group Homes</b>					
<b>Fiscal Year</b>	<b>General/ Tobacco Funds for Construction</b>	<b>Medicaid Match for Operation</b>	<b>Federal Medicaid Match</b>	<b>Total Medicaid</b>	<b>Total State/ Tobacco Funds</b>
2003	\$1,100,000	\$1,209,000	\$3,828,000	\$5,037,000	\$2,309,000
2004	\$1,100,000	\$403,000	\$1,276,000	\$1,679,000	\$1,503,000
2005	\$1,100,000	\$403,000	\$1,276,000	\$1,679,000	\$1,503,000
2006	\$1,100,000	\$403,000	\$1,276,000	\$1,679,000	\$1,503,000
2007	\$1,100,000	\$403,000	\$1,276,000	\$1,679,000	\$1,503,000
2008	\$1,100,000	\$403,000	\$1,276,000	\$1,679,000	\$1,503,000
2009	\$1,100,000	\$403,000	\$1,276,000	\$1,679,000	\$1,503,000
2010	\$1,100,000	\$403,000	\$1,276,000	\$1,679,000	\$1,503,000
2011	\$1,100,000	\$403,000	\$1,276,000	\$1,679,000	\$1,503,000
<b>Total</b>	<b>\$9,900,000</b>	<b>\$4,433,000</b>	<b>\$14,036,000</b>	<b>\$18,469,000</b>	<b>\$14,333,000</b>

<b>State General Funds for Individuals not Eligible for Services through Medicaid</b>	
<b>Fiscal Year</b>	<b>State \$</b>
2004	\$109,500
2005	\$109,500
2006	\$109,500
2007	\$109,500
2008	\$109,500
2009	\$109,500
2010	\$109,500
2011	\$109,500
<b>Total</b>	<b>\$876,000</b>

- d. Provide an adequate number of supervised apartments to meet identified needs.
- Expand Supervised Apartments for individuals with Serious Mental Illness by 1264 new units by FY 2011.

<b>Community Living Alternatives for Serious Mentally Ill Adults</b>					
<b>Fiscal Year</b>	<b># To be Constructed</b>	<b>Total Construction Costs</b>	<b># To Operate</b>	<b>Operating Costs</b>	<b>Total Costs</b>
2003	7	\$7,280,000	0	\$0	\$7,280,000
2004	7	\$7,280,000	7	\$1,470,000	\$8,750,000
2005	8	\$8,320,000	7	\$1,470,000	\$9,790,000
2006	9	\$9,360,000	8	\$1,680,000	\$11,040,000
2007	9	\$9,360,000	9	\$1,890,000	\$11,250,000
2008	9	\$9,360,000	9	\$1,890,000	\$11,250,000
2009	9	\$9,360,000	9	\$1,890,000	\$11,250,000
2010	10	\$10,400,000	9	\$1,890,000	\$12,290,000
2011	11	\$11,440,000	10	\$2,100,000	\$13,540,000
<b>Total</b>	<b>79</b>	<b>\$82,160,000</b>	<b>68</b>	<b>\$ 14,280,000</b>	<b>\$96,440,000</b>

The 11 to be constructed in 2011 will open in 2012.  
Construction costs will be paid by HUD; operating costs will be state general funds.

- Expand the number of supervised apartments services for individuals with Mental Retardation/Developmental Disabilities by 204 (from 92 to 296) by FY 2011.

<b>Fiscal Year</b>	<b>State General Funds Construction</b>	<b>State General Funds Operation</b>	<b>Total State Funds</b>
2003	\$0	\$0	\$0
2004	\$1,440,000	\$76,000	\$1,516,000
2005	\$1,440,000	\$152,000	\$1,592,000
2006	\$1,440,000	\$152,000	\$1,592,000
2007	\$1,440,000	\$152,000	\$1,592,000
2008	\$1,440,000	\$152,000	\$1,592,000
2009	\$1,440,000	\$152,000	\$1,592,000
2010	\$1,440,000	\$152,000	\$1,592,000
2011	\$1,440,000	\$152,000	\$1,592,000
<b>Total</b>	<b>\$12,960,000</b>	<b>\$1,292,000</b>	<b>\$14,252,000</b>

### 3. Home and Community-Based Waiver Program

Home and Community-Based Waivers (HCBW) allow the state increased flexibility in the type of services that can be provided to those individuals who are Medicaid eligible. All waivers must be approved by the Center for Medicare and Medicaid Services (CMS) and are limited to target populations and number of “slots” approved by CMS in the waiver applications and renewals.

**Goal 1:** Expand the number individuals being served by HCBW services and expand the menu of services allowed under the five existing HCBWs by increasing the amount of current state general funds for Medicaid.

**a. Elderly and Disabled Waiver**

Administered by the Division of Medicaid, this waiver program provides case management, homemaker services, home delivered meals, adult day care, escorted transportation, respite, and extended home health services. To be eligible, an individual must be at least 21 years old, require nursing home level of care, and must need substantial human assistance of at least 3 of the following activities of daily living: eating, toileting, bathing, personal hygiene, dressing, ambulation, and transferring. Referrals may be made to the Division of Medicaid or directly to the local Area Agency on Aging. This waiver approved to serve up to 10,000 people.

**Objective:** Expand the Elderly/Disabled Waiver Program.

**Strategies:**

- a. Increase the number of individuals receiving services by 750 individuals/year for the next 5 years.
- b. Expand intensity and array of services
- c. Increase provider reimbursement rates

<b>Fiscal Year</b>	<b># Consumers</b>	<b>State \$</b>	<b>Total \$</b>
2003	750	\$2,640,000	\$11,000,000
2004	750	\$2,640,000	\$11,000,000
2005	750	\$2,640,000	\$11,000,000
2006	750	\$2,640,000	\$11,000,000
2007	750	\$2,640,000	\$11,000,000
<b>Total</b>	<b>3,750</b>	<b>\$13,200,000</b>	<b>\$55,000,000</b>

\* By FY 2007, 13,750 will be able to receive services under this waiver each year.

**b. Independent Living Waiver**

Administered by the Department of Rehabilitation Services, this waiver provides case management and personal care attendant services. To be eligible, an individual must require nursing home level of care, must have a diagnosis of severe neurological or orthopedic impairment, and must need assistance to live independently. Referrals may be made to the Division of Medicaid or directly to the Department of Rehabilitation Services. This waiver currently serves 650 people.

**Objective:** Increase services to an additional 500 individuals/year each year for the next 5 years and expand the menu of services offered.

<b>Fiscal Year</b>	<b># Consumers</b>	<b>State \$</b>	<b>Total \$</b>
2003	500	\$2,380,000	\$8,500,000
2004	500	\$2,380,000	\$8,500,000
2005	500	\$2,380,000	\$8,500,000
2006	500	\$2,380,000	\$8,500,000
2007	500	\$2,380,000	\$8,500,000
<b>Total</b>	<b>2500</b>	<b>\$11,900,000</b>	<b>\$42,500,000</b>

\*By FY2007, 3,150 will be able to receive services under this waiver each year.



**c. Mental Retardation/Developmental Disability Waiver**

Administered by the Department of Mental Health, Bureau of Mental Retardation, this waiver provides support coordination, in-home respite, Intermediate Care Facility for the Mentally Retarded respite, community respite, day habilitation, physical, occupational, speech, hearing and language therapy, prevocational services, specialized medical supplies, behavioral support, and attendant care services. To be eligible, an individual must have a diagnosis of mental retardation or developmental disability and require Intermediate Care Facility for the Mentally Retarded level of care. Referrals may be made to the Division of Medicaid or to one of the local Regional Centers. This waiver currently serves 1,700 people.

**Objective:** Increase service to an additional 1,600 individuals by FY 2011.

<b>Fiscal Year</b>	<b># Consumers</b>	<b>State \$</b>	<b>Total \$</b>
2003	500	\$2,070,000	\$8,623,000
2004	250	\$1,035,000	\$4,312,000
2005	250	\$1,035,000	\$4,312,000
2006	100	\$414,000	\$1,725,000
2007	100	\$414,000	\$1,725,000
2008	100	\$414,000	\$1,725,000
2009	100	\$414,000	\$1,725,000
2010	100	\$414,000	\$1,725,000
2011	100	\$414,000	\$1,725,000
<b>Total</b>	<b>1,600</b>	<b>\$6,624,000</b>	<b>\$25,872,000</b>

\* By FY2011, a total of 3,300 individuals will be served by this waiver.

**d. Assisted Living Waiver**

Administered by the Division of Medicaid, this waiver provides personal care services, homemaker services, chore services, attendant care services, medication oversight, therapeutic, social and recreational programming, medication administration, skilled nursing services, transportation, and attendant call systems. To be eligible, an individual must be at least 21 years old, require nursing home level of care, and need assistance with a minimum of 3 of the 7 Activities of Daily Living or have a diagnosis of Alzheimer’s or other dementia and need help with at least 2 of the ADL’s. Referrals may be made to the Division of Medicaid, but currently the facility must be in one of the 7 pilot counties (Bolivar, Sunflower, Lee, Hinds, Newton, Forrest, Harrison). This waiver currently serves 700 people.

**Objective:** Increase service to an additional 100 individuals/year for 5 years.

<b>Fiscal Year</b>	<b># Consumers</b>	<b>State \$</b>	<b>Total \$</b>
2003	100	\$194,280	\$809,500
2004	100	\$194,280	\$809,500
2005	100	\$194,280	\$809,500
2006	100	\$194,280	\$809,500
2007	100	\$194,280	\$809,500
2007	100	\$194,280	\$809,500
<b>Total</b>	<b>500</b>	<b>\$971,400</b>	<b>\$4,047,500</b>

\* By FY 2007, 1,200 individuals will be served by this waiver.

**e. Traumatic Brain/Spinal Cord Injury Waiver**

Administered by the Department of Rehabilitation Services, this waiver provides case management, respite care, environmental accessibility adaptation, specialized medical equipment and supplies, and attendant care services. Referrals may be made to the Division of Medicaid or to the Department of Rehabilitation Services. This waiver currently serves 400 people.

**Objective:** Extend the traumatic brain injury/spinal cord injury waiver to serve 500 consumers by FY 2004.

<b>Fiscal Year</b>	<b># Consumers</b>	<b>State \$</b>	<b>Total \$</b>
2003	50	\$176,026	\$733,443
2004	50	\$176,026	\$733,443
2005	500	\$537,037	\$2,148,148
2006	500	\$537,037	\$2,148,148
2007	500	\$537,037	\$2,148,148
<b>Total</b>	<b>2000</b>	<b>\$1,718,517</b>	<b>\$6,891,968</b>

**Note: Personal assistance services is provided by all 5 waivers and described in terms such as: homemaker services, home health aid services, personal care attendant services, attendant care services, or personal care services.**

**Goal 2:** Apply for waiver to serve populations not served by current waivers.

**a. Serious Emotional Disturbance Waiver (for children under age 21)**

The Division of Medicaid has authorization to apply to the Center for Medicare and Medicaid Services (CMS) for a waiver to provider services to children with serious emotional disturbances (SED), which may include home and community-based services, case management or managed care services. The Division will work with the Interagency Coordinating Council for Children and Youth as well as other state and private child serving agencies to determine the needs that should be addressed by such waiver.

<b>Fiscal Year</b>	<b>Number of Children</b>	<b>State \$</b>	<b>Total \$</b>
2004	100	\$360,000	\$1,500,000
2005	200	\$720,000	\$3,000,000
2006	200	\$720,000	\$3,000,000
2007	500	\$1,800,000	\$7,500,000
2008	500	\$1,800,000	\$7,500,000
<b>Total</b>	<b>1500</b>	<b>\$5,400,000</b>	<b>\$22,500,000</b>

**D. OTHER SUPPORT SERVICES**

In order for individuals with disabilities to be able to live in the most integrated setting possible and to keep individuals with disabilities from feeling they have to choose an institutional setting, there must be a system of services in the community that will support them.

**1. Employment and Vocational Services**

There is a need for more programs designed to provide training that will enable individuals to function more independently and become as self-sufficient as possible.

**Goal 1:** Increase the number of individuals with mental retardation/developmental disabilities participating in work activity services to an additional 250 clients (from 700 to 950) by FY 2011.

<b>Fiscal Year</b>	<b># Clients</b>	<b>State \$</b>
2004	50	\$150,000
2005	50	\$150,000
2006	25	\$75,000
2007	25	\$75,000
2008	25	\$75,000
2009	25	\$75,000
2010	25	\$75,000
2011	25	\$75,000
<b>Total</b>	<b>250</b>	<b>\$750,000</b>

**Goal 2:** Increase supported employment services to individuals with mental retardation/developmental disabilities (non HCBW) to serve an additional 500 clients (from 216 to 716) by FY 2011.

<b>Fiscal Year</b>	<b># Clients</b>	<b>State \$</b>
2004	100	\$110,000
2005	100	\$100,000
2006	50	\$55,000
2007	50	\$55,000
2008	50	\$55,000
2009	50	\$55,000
2010	50	\$55,000
2011	50	\$55,000
<b>Total</b>	<b>500</b>	<b>\$ 550,000</b>

**Goal 3:** Expand vocational education opportunities to assist all students in all school districts for whom these services are appropriate as determined by the Individualized Education Plan (IEP) Committee and based on student preferences and interests.

<b>Fiscal Year</b>	<b># Districts</b>	<b>State \$</b>
2004	50	\$1,500,000
2005	51	\$1,500,000
2006	51	\$1,500,000
<b>Total</b>	<b>152</b>	<b>\$4,500,000</b>

**Goal 4:** Increase the number of persons who receive employment/vocational services through the MS Department of Rehabilitation Services *Supported Employment* program.

<b>Fiscal Year</b>	<b># Served</b>	<b>State \$</b>	<b>Total \$</b>
2003	605	\$75,000	\$352,113
2004	611	\$77,250	\$362,676
2005	617	\$79,568	\$373,556
2006	623	\$81,955	\$384,763
2007	630	\$84,413	\$396,306
2008	636	\$86,946	\$408,195
2009	642	\$89,554	\$420,441
2010	649	\$92,241	\$433,054
2011	655	\$95,008	\$446,046
<b>Total</b>	<b>5668</b>	<b>\$761,935</b>	<b>\$3,577,150</b>

**Goal 5:** Increase the total number of persons served through the MS Department of Rehabilitation Services *Supported Employment* program.

<b>Fiscal Year</b>	<b># Served</b>	<b>State \$</b>	<b>Total \$</b>
2003	904	\$105,435	\$1,210,485
2004	913	\$108,598	\$1,222,590
2005	922	\$111,856	\$1,234,816
2006	931	\$115,212	\$1,247,164
2007	941	\$118,668	\$1,259,636
2008	950	\$122,228	\$1,272,232
2009	960	\$125,895	\$1,284,954
2010	969	\$129,672	\$1,297,804
2011	979	\$133,562	\$1,310,782
<b>Total</b>	<b>8469</b>	<b>\$1,071,126</b>	<b>\$11,340,463</b>

**Goal 6:** Increase the number of persons who receive employment/vocational services through the MS Department of Rehabilitation Services *Vocational Rehabilitation* program.

<b>MDRS Vocational Rehabilitation Program For Persons with General (Non-Visual) Disabilities</b>			
<b>Fiscal Year</b>	<b># Served</b>	<b>State \$</b>	<b>Total \$</b>
2003	17,556	\$6,590,552	\$30,941,559
2004	17,732	\$6,788,269	\$31,869,805
2005	17,909	\$6,991,917	\$32,825,900
2006	18,088	\$7,201,674	\$33,810,677
2007	18,269	\$7,417,724	\$34,824,997
2008	18,452	\$7,640,256	\$35,869,747
2009	18,636	\$7,869,464	\$36,945,839
2010	18,822	\$8,105,548	\$38,054,214
2011	19,011	\$8,348,714	\$39,195,841
<b>Total</b>	<b>164,475</b>	<b>\$66,954,118</b>	<b>\$314,338,579</b>

<b>MDRS Vocational Rehabilitation Program for Persons with Visual Disabilities</b>			
<b>Fiscal Year</b>	<b># Served</b>	<b>State \$</b>	<b>Total \$</b>
2003	2,150	\$807,110	\$3,789,249
2004	2,172	\$831,323	\$3,902,926
2005	2,193	\$856,263	\$4,020,014
2006	2,215	\$881,951	\$4,140,615
2007	2,237	\$908,409	\$4,264,833
2008	2,260	\$935,662	\$4,392,778
2009	2,282	\$963,732	\$4,524,561
2010	2,305	\$992,643	\$4,660,298
2011	2,328	\$1,022,423	\$4,800,107
<b>Total</b>	<b>20,142</b>	<b>\$8,199,516</b>	<b>\$38,495,381</b>

**2. Prevention and Early Intervention Services**

Services designed to intervene as early as possible in a person's life with the intent of preventing and/or abating identified problems.

**Goal 1:** Increase mental health prevention/early intervention preventive services by 400 additional children (from 800 to 1200) by FY 2005.

<b>Fiscal Year</b>	<b># Children</b>	<b>State \$</b>
2003	135	\$47,250
2004	135	\$47,500
2005	130	\$45,500
<b>Total</b>	<b>400</b>	<b>\$140,000</b>

**Goal 2:** Increase Early Intervention/Child Development Services for Children with Mental Retardation/Developmental Disabilities by 400 (from 651 to 1051) by FY 2011.

<b>Fiscal Year</b>	<b># Children</b>	<b>State \$</b>
2004	50	\$250,000
2005	50	\$250,000
2006	50	\$250,000
2007	50	\$250,000
2008	50	\$250,000
2009	50	\$250,000
2010	50	\$250,000
2011	50	\$250,000
<b>Total</b>	<b>400</b>	<b>\$2,000,000</b>

**Goal 3:** Increase the number of children served through the First Steps Infant and Toddler Program's early intervention and child development services from 2500 to 3500 by FY 2011.

<b>Fiscal Year</b>	<b># Children</b>	<b>State \$</b>
2003	150	\$300,000
2004	150	\$300,000
2005	100	\$200,000
2006	100	\$200,000
2007	100	\$200,000
2008	100	\$200,000
2009	100	\$200,000
2010	100	\$200,000
2011	100	\$200,000
<b>Total</b>	<b>1,000</b>	<b>\$2,000,000</b>

**Goal 4:** Increase EPSDT screening services for Medicaid-eligible children and youth under 21 to reach a 90% participation rate by 2011.

**Strategies:**

- a. Rebuild the EPSDT education/tracking and monitoring process.
- b. Facilitate coordination and collaboration among state agencies and providers that serve this target population.
- c. Encourage the partnering between community health clinics and local school districts to increase the number of school-based clinics.
- d. Process provider claims accurately and in a timely manner.
- e. Continue public education of EPSDT importance and availability

**Goal 5:** Improve the functioning of the Child Find Program, through which children are identified for services provided by local schools, by providing a state funded district transition coordinator responsible for transitioning children through First

Steps to preschool. This individual will be responsible for identification, evaluation and tracking of this population.

<b>Fiscal Year</b>	<b># School Districts</b>	<b>State \$</b>
2004	50	\$1,800,000
2005	50	\$1,800,000
2006	49	\$1,800,000
<b>Total</b>	<b>149</b>	<b>\$5,400,000</b>

### 3. Diagnosis and Evaluation

In order for individuals suspected of having a serious and persistent mental illness or a serious emotional disturbance to receive appropriate services, there must first be an assessment and evaluation conducted.

**Goal 1:** Expand available psychological evaluation service through the Community Mental Health Centers to 37,800 clients by FY 2011.

<b>Psychological Evaluations</b>				
\$80 per hour, 4 hours per evaluation				
<b>Fiscal Year</b>	<b>Incremental Evaluations</b>	<b>24% State</b>	<b>76 % Federal</b>	<b>Total</b>
2003	12,600	\$967,680	\$3,064,320	\$4,032,000
2004	3,150	\$241,920	\$766,080	\$1,008,000
2005	3,150	\$241,920	\$766,080	\$1,008,000
2006	3,150	\$241,920	\$766,080	\$1,008,000
2007	3,150	\$241,920	\$766,080	\$1,008,000
2008	3,150	\$241,920	\$766,080	\$1,008,000
2009	3,150	\$241,920	\$766,080	\$1,008,000
2010	3,150	\$241,920	\$766,080	\$1,008,000
2011	3,150	\$241,920	\$766,080	\$1,008,000
<b>Total</b>	<b>37,800</b>	<b>\$2,903,040</b>	<b>\$9,192,960</b>	<b>\$12,096,000</b>

Note: In addition, the Division of Medicaid currently provides \$600,000 for evaluations provided to children in the state.

**Goal 2:** Provide flexible funding and WRAP around services (as piloted in MS Connections Project) for children with SED throughout the state.

<b>Fiscal Year</b>	<b># of Child Slots</b>	<b>State \$</b>
2004	150	\$2,000,000
2005	150	\$2,000,000
2006	150	\$2,000,000
2007	150	\$2,000,000
<b>Total</b>	<b>600</b>	<b>\$8,000,000</b>

**Goal 3:** Provide funding for review of at least 47,000 service plans for both children and adults with mental illness/emotional disturbance by FY 2004.

<b>Treatment Plan Review-Increase for children and adult review</b>			
<b>Fiscal Year</b>	<b>24% State</b>	<b>76% Federal</b>	<b>Total</b>
2003	\$349,680	\$1,107,320	\$1,457,000
2004	\$349,680	\$1,107,320	\$1,457,000
<b>Total</b>	<b>\$699,360</b>	<b>\$2,214,640</b>	<b>\$2,914,000</b>

Note: The Department of Mental Health, Bureau of Mental Retardation (DMH/BMR) is also requesting additional state funds for Medicaid match for an array of services now available for individuals with mental retardation/developmental disabilities including treatment or service plan review; individual/family/group/multi-family therapy; case management- mental illness management services (MIMS), school based services and individual therapeutic support; day support services; psychosocial rehabilitative services for elderly persons; day treatment (child); acute partial hospitalization; medication evaluation and monitoring; acute partial hospitalization; medication evaluation and monitoring; nursing assessment; and medication injection.

**Goal 4:** Provide additional time for intake/bio-psychosocial assessment.

This service is currently provided, but additional funding is necessary to conduct a thorough assessment. There is a need to serve 8,000 clients (1600 non-Medicaid/6400 Medicaid) for 2 hours each at \$62/hour.

<b>Intake/Bio-psychosocial Assessment</b>						
<b>Fiscal Year</b>	<b>Non Med. Clients</b>	<b>Medicaid Clients</b>	<b>Cost of 100% State</b>	<b>Cost of Medicaid</b>		<b>Total</b>
				<b>24% State</b>	<b>76% Federal</b>	
2003	800	3,200	\$ 99,200	\$ 95,232	\$301,568	\$396,800
2004	800	3,200	\$ 99,200	\$ 95,232	\$301,568	\$398,800
<b>Total</b>	<b>1,600</b>	<b>6,400</b>	<b>\$198,400</b>	<b>\$190,464</b>	<b>\$603,136</b>	<b>\$793,600</b>

See note re: additional DMH/BMR funding on page 31.

#### **4. Day Treatment**

Day treatment is a non-residential therapeutic program for children in need of more intensive treatment services in the community. It is typically provided in schools by CMHC staff.

**Goal 1:** Provide school-based day treatment services in every school system in the state with demonstrated need by 2011. Currently 217 programs serve 3,102 children with serious emotional disturbance. Service to an additional 2000 children will be required to reach the goal.



<b>Fiscal Year</b>	<b># Children</b>	<b>State \$</b>	<b>Total \$</b>
2003	222	\$141,192	\$588,300
2004	222	\$141,192	\$588,300
2005	222	\$141,192	\$588,300
2006	222	\$141,192	\$588,300
2007	222	\$141,192	\$588,300
2008	222	\$141,192	\$588,300
2009	222	\$141,192	\$588,300
2010	222	\$141,192	\$588,300
2011	224	\$141,192	\$593,600
<b>Total</b>	<b>2,000</b>	<b>\$1,272,000</b>	<b>\$5,300,000</b>

See note re: additional DMH/BMR funding on page 31.

## 5. Outpatient Therapy

Outpatient therapy services are non-residential, community-based mental health services to individuals with serious emotional or mental disorders that allow the consumer to remain in the family home while receiving treatment.

**Goal 1:** Expand existing outpatient therapy services to 10,000 more children with mental illness (from 17,000 to 27,000) by FY 2011.

<b>Children's Outpatient Therapy</b>						
add 10,000 children with mental illness, 500 non-Medicaid and 9,500 Medicaid evenly over the 9 years						
				<b>Cost of Medicaid</b>		
<b>Fiscal Year</b>	<b>Non Med. Children</b>	<b>Medicaid Children</b>	<b>Cost of 100% State</b>	<b>24% State</b>	<b>76% Federal</b>	<b>Total</b>
2003	56	1,056	\$22,400	\$101,376	\$321,024	\$422,400
2004	56	1,056	\$22,400	\$101,376	\$321,024	\$422,400
2005	56	1,056	\$22,400	\$101,376	\$321,024	\$422,400
2006	56	1,056	\$22,400	\$101,376	\$321,024	\$422,400
2007	56	1,056	\$22,400	\$101,376	\$321,024	\$422,400
2008	56	1,056	\$22,400	\$101,376	\$321,024	\$422,400
2009	56	1,056	\$22,400	\$101,376	\$321,024	\$422,400
2010	56	1,056	\$22,400	\$101,376	\$321,024	\$422,400
2011	52	1,052	\$20,800	\$100,992	\$319,808	\$420,800
<b>Total</b>	<b>500</b>	<b>9,500</b>	<b>\$200,000</b>	<b>\$912,000</b>	<b>\$2,888,000</b>	<b>\$3,800,000</b>

See note re: additional DMH/BMR funding on page 27.

**Goal 2:** Increase resources needed to provide outpatient therapy to an additional 13,400 individuals/families (from 26,000 to 39,400) by FY 2011.

<b>Outpatient Therapy for Adults with Serious Mental Illness</b>					
<b>Fiscal Year</b>	<b>State Medicaid Match (24%)</b>	<b>Federal Medicaid Match (76%)</b>	<b>Total Medicaid</b>	<b>Non-Medicaid Eligible</b>	<b>Total</b>
2003	\$137,600	\$435,733	\$573,333	\$24,000	\$161,600
2004	\$137,600	\$435,733	\$573,333	\$24,000	\$161,600
2005	\$137,600	\$435,733	\$573,333	\$24,000	\$161,600
2006	\$137,600	\$435,733	\$573,333	\$24,000	\$161,600
2007	\$137,600	\$435,733	\$573,333	\$24,000	\$161,600
2008	\$137,600	\$435,733	\$573,333	\$24,000	\$161,600
2009	\$137,600	\$435,733	\$573,333	\$24,000	\$161,600
2010	\$137,600	\$435,733	\$573,333	\$24,000	\$161,600
2011	\$137,888	\$436,645	\$574,533	\$8,000	\$145,888
<b>Total</b>	<b>\$1,238,688</b>	<b>\$3,922,512</b>	<b>\$7,161,200</b>	<b>\$200,000</b>	<b>\$1,438,688</b>

See note re: additional DMH/BMR funding on page 27.

#### 6. Medication Evaluation/Monitoring

Medication evaluation and monitoring is provided by a physician or nurse practitioner to assess the need for psychotropic medication, prescribe medication, and provide regular monitoring of the medications prescribed for effect and safety.

**Goal 1:** Increase resources to expand the number of children receiving medication evaluation and monitoring by 5,000 (from 9,500 to 14,500) by FY 2004.

<b>Fiscal Year</b>	<b># Children</b>	<b>State \$</b>	<b>Total \$</b>
2003	2500	\$51,000	\$212,500
2004	2500	\$51,000	\$212,500
<b>Total</b>	<b>5000</b>	<b>\$102,000</b>	<b>\$425,000</b>

See note re: additional DMH/BMR funding on page 27.

**Goal 2:** Increase resources to expand from medical evaluation/monitoring services to adults with seriously mentally ill by 10,000 (from 24,000 to 34,000) by FY 2011.

<b>Fiscal Year</b>	<b># Adults</b>	<b>State \$</b>	<b>Total \$</b>
2003	1111	\$32,400	\$116,000
2004	1111	\$32,400	\$116,000
2005	1111	\$32,400	\$116,000
2006	1111	\$32,400	\$116,000
2007	1111	\$32,400	\$116,000
2008	1111	\$32,400	\$116,000
2009	1111	\$32,400	\$116,000
2010	1111	\$32,400	\$116,000
2011	1111	\$32,400	\$116,000
<b>Total</b>	<b>10,000</b>	<b>\$ 278,000</b>	<b>\$1,044,000</b>

See note re: additional DMH/BMR funding on page 31.

## 7. Therapeutic Nursing Service

Nurses provide community-based therapeutic health interventions services as part of an individualized treatment plan.

**Goal 1:** Increase available therapeutic nursing services to additional 2500 children with mental illness (from 2,176 to 4,676) by 2004.

Fiscal Year	# Children	State \$	Total \$
2003	1250	\$21,000	\$87,500
2004	1250	\$21,000	\$87,500
<b>Total</b>	<b>2,500</b>	<b>\$42,000</b>	<b>\$175,000</b>

See note re: additional DMH/BMR funding on page 21.

**Goal 2:** Ensure that every school building has a funded position for a school nurse so that every child has access to a nurse while at school by providing approximately 60 additional nurses.

Fiscal Year	# School Nurses	State \$
2004	250	\$8,000,000
2005	250	\$8,000,000
2006	260	\$8,320,000
<b>Total</b>	<b>760</b>	<b>\$24,320,000</b>

Note: This is for 100% state funding. There is a possibility this could be covered or expanded under Medicaid.

## 8. Respite Services

Respite services are planned temporary services that provide family members and/or primary caretakers a break from the stress of caring for a child with serious emotional disturbances.

**Goal 1:** Provide intensive respite care to an additional 803 consumers by FY 2011. Currently 186 youth are receiving intensive respite care through 76 respite providers in 8 counties.

Fiscal Year	# Served	State \$	Total \$
2003	70	\$46,368	\$193,200
2004	74	\$49,150	\$204,792
2005	79	\$52,099	\$217,080
2006	83	\$55,225	\$230,104
2007	88	\$58,539	\$243,911
2008	94	\$62,051	\$258,545
2009	99	\$65,774	\$274,058
2010	106	\$70,214	\$292,560
2011	110	\$72,864	\$303,600
<b>Total</b>	<b>803</b>	<b>\$ 532,284</b>	<b>\$2,217,849</b>

\*requires Medicaid state plan amendment

## 9. Therapeutic Foster Care

The model employs trained therapeutic foster parents with only one child with SED placed in each home to provide the child with the intensive special attention needed to adapt to a new home environment.

**Goal 1:** Expand services and service providers for therapeutic foster care to 450 additional children by 2006.

<b>Fiscal Year</b>	<b># Children</b>	<b>State \$</b>
2004	150	\$ 1,260,000
2005	150	\$ 1,260,000
2006	150	\$ 1,260,000
<b>Total</b>	<b>450</b>	<b>\$3,780,000</b>

**Goal 2:** Expand and provide therapeutic/treatment foster family homes needed by children (ages birth through 20) with Serious Emotional Disturbances (SED), Medically Fragile Conditions, Mental Retardation, and/or Developmental Delays, who are in the legal custody of MDHS/DFCS.

<b>Fiscal Year</b>	<b># Children</b>	<b>State \$</b>	<b>Federal \$</b>	<b>Total \$</b>
2003	50	\$570,000	\$1,806,000	\$2,376,000
2004	50	\$570,000	\$1,806,000	\$2,376,000
2005	50	\$570,000	\$1,806,000	\$2,376,000
2006	50	\$570,000	\$1,806,000	\$2,376,000
2007	50	\$570,000	\$1,806,000	\$2,376,000
2008	50	\$570,000	\$1,806,000	\$2,376,000
2009	50	\$570,000	\$1,806,000	\$2,376,000
2010	50	\$570,000	\$1,806,000	\$2,376,000
2011	50	\$570,000	\$1,806,000	\$2,376,000
<b>Total</b>	<b>450</b>	<b>\$5,130,000</b>	<b>\$16,254,000</b>	<b>\$21,384,000</b>

## 10. Therapeutic Group Homes

The primary function is to provide individualized services to youth who are in need of intensive therapeutic treatment in a structured home environment through an array of community-based intervention services.

**Goal 1:** Increase the number of children served by 120 (from 370 to 490) by adding 40 therapeutic group home beds by 2005.

<b>Fiscal Year</b>	<b># Group home beds</b>	<b># Children</b>	<b>State \$</b>
2004	20		\$42,000
2005	10		\$21,000
2006	10		\$21,000
<b>Total</b>	<b>40</b>	<b>120</b>	<b>\$84,000</b>

**Goal 2:** Increase the availability of therapeutic group homes for adolescents with substance abuse problems (including dual diagnosis) by serving an additional 80 children (from 156 to 236) by FY 2006.

<b>Fiscal Year</b>	<b># Children</b>	<b>State \$</b>
2003	20	\$53,500
2004	20	\$53,500
2005	20	\$53,500
2006	20	\$53,500
<b>Total</b>	<b>80</b>	<b>\$214,000</b>

**Goal 3:** Expand and provide therapeutic group homes needed by children (ages birth through 20) with Serious Emotional Disturbances (SED), Medically Fragile Conditions, Mental Retardation, and/or Developmental Delays, who are in the legal custody of MDHS/DFCS.

<b>Fiscal Year</b>	<b># Children</b>	<b>State \$</b>	<b>Federal \$</b>	<b>Total \$</b>
2003	50	\$570,000	\$1,806,000	\$2,376,000
2004	10	\$114,000	\$361,200	\$475,200
<b>Total</b>	<b>60</b>	<b>\$684,000</b>	<b>\$2,167,200</b>	<b>\$2,851,200</b>

### 11. Making A Plan (MAP) Teams

MAP teams employ a comprehensive (holistic) approach in developing a family-centered multi-disciplinary plan for youth with SED and a high risk or history of hospitalization.

**Goal 1:** Increase available resources for MAP team to provide at a minimum \$200,000 per team (\$100,000 from DMH, \$50,000 from DOE, and \$50,000 from DHS) in each of the 15 regions by 2006, to allow for purchase of services such as Respite and others to maintain the client in the community.

<b>Fiscal Year</b>	<b>State \$</b>
2003	\$750,000
2004	\$750,000
2005	\$750,000
2006	\$750,000
<b>Total</b>	<b>\$3,000,000</b>

### 12. Psychosocial Rehabilitation/Day Support Programs

A day program with an emphasis on enabling individuals with serious mental illness to function in society as independently as possible, psychosocial rehabilitation includes the addition of a rehabilitation component to treatment models.

**Goal 1:** Expand the Clubhouse model to serve an additional 1500 (from 4212 to 5,712) adults with serious mental illness by FY 2011.

<b>Fiscal Year</b>	<b># Clients</b>	<b>State \$</b>	<b>Total \$</b>
2003	166	\$286,380	\$751,500
2004	166	\$286,380	\$751,500
2005	166	\$286,380	\$751,500
2006	166	\$286,380	\$751,500
2007	166	\$286,380	\$751,500
2008	166	\$286,380	\$751,500
2009	166	\$286,380	\$751,500
2010	166	\$286,380	\$751,500
2011	164	\$269,460	\$738,000
<b>Total</b>	<b>1,500</b>	<b>\$2,560,500</b>	<b>\$6,750,000</b>

**Goal 2:** Increase Day Support programs to an additional 2000 individuals with serious mental illness by FY 2011.

<b>Fiscal Year</b>	<b># Clients</b>	<b>State \$</b>	<b>Total \$</b>
2003	225	\$443,100	\$1,181,250
2004	225	\$443,100	\$1,181,250
2005	225	\$443,100	\$1,181,250
2006	225	\$443,100	\$1,181,250
2007	225	\$443,100	\$1,181,250
2008	225	\$443,100	\$1,181,250
2009	225	\$443,100	\$1,181,250
2010	225	\$443,100	\$1,181,250
2011	200	\$371,700	\$1,050,000
<b>Total</b>	<b>2000</b>	<b>\$3,916,500</b>	<b>\$10,500,000</b>

### **13. Case Management**

A system designed to facilitate access to services for individuals who meet the criteria of serious mental illness or mental retardation/developmental disabilities and who reside in the community.

**Goal 1:** Effectively and appropriately utilize existing levels of case management based upon individual need.

#### **Strategies:**

- a. Expand case management services (including crisis intervention and intensive therapy) to an additional 6,000 (from 16,000 to 22,000) children with serious emotional disturbance by FY 2011.

<b>Case Management- SED Children</b> Including school-based services/crisis intervention/ individual therapeutic support				
<b>Fiscal Year</b>	<b># Children</b>	<b>24% State</b>	<b>76% Federal</b>	<b>Total</b>
2003	667	\$108,854	\$344,706	\$453,560
2004	667	\$108,854	\$344,706	\$453,560
2005	667	\$108,854	\$344,706	\$453,560
2006	667	\$108,854	\$344,706	\$453,560
2007	667	\$108,854	\$344,706	\$453,560
2008	667	\$108,854	\$344,706	\$453,560
2009	667	\$108,854	\$344,706	\$453,560
2010	667	\$108,854	\$344,706	\$453,560
2011	667	\$108,854	\$344,706	\$453,560
<b>Total</b>	<b>6000</b>	<b>\$979,689</b>	<b>\$3,102,351</b>	<b>\$4,082,040</b>

- b. Expand case management services to an additional 7,700 (from 16,300 to 24,000) adult with SMI by FY 2011.

<b>Case Management-SMI Adults</b>					
<b>Fiscal Year</b>	<b>Medicaid funding</b>			<b>Non-Medicaid</b>	<b>Total State funds</b>
	<b>State (24%)</b>	<b>Federal (76%)</b>	<b>Total Medicaid</b>		
2003	\$133,272	\$422,028	\$555,300	\$216,000	\$349,272
2004	\$133,272	\$422,028	\$555,300	\$216,000	\$349,272
2005	\$133,272	\$422,028	\$555,300	\$216,000	\$349,272
2006	\$133,272	\$422,028	\$555,300	\$216,000	\$349,272
2007	\$133,272	\$422,028	\$555,300	\$216,000	\$349,272
2008	\$133,272	\$422,028	\$555,300	\$216,000	\$349,272
2009	\$133,272	\$422,028	\$555,300	\$216,000	\$349,272
2010	\$133,272	\$422,028	\$555,300	\$216,000	\$349,272
2011	\$132,624	\$419,976	\$552,600	\$207,000	\$339,624
<b>Total</b>	<b>\$1,198,800</b>	<b>\$3,796,200</b>	<b>\$4,995,000</b>	<b>\$1,935,000</b>	<b>3,133,800</b>

- c. Expand Mental Illness Management Services (intensive case management) to 7050 clients with mental illness by FY 2005.

<b>Fiscal Year</b>	<b># Clients</b>	<b>State \$</b>	<b>Total \$</b>
2003	2,350	\$1,258,848	\$5,245,200
2004	2,350	\$1,258,848	\$5,245,200
2005	2,350	\$1,258,848	\$5,245,200
<b>Total</b>	<b>7,050</b>	<b>\$3,776,544</b>	<b>\$15,735,600</b>

- d. Expand case management services to individuals with MR/DD by 400 clients (from 1887 to 2287) by FY 2011. (For those not eligible to receive services through Medicaid.)

<b>Fiscal Year</b>	<b># Clients</b>	<b>State \$</b>
2004	40	\$50,000
2005	80	\$100,000
2006	80	\$100,000
2007	40	\$50,000
2008	40	\$50,000
2009	40	\$50,000
2011	40	\$50,000
<b>Total</b>	<b>400</b>	<b>\$500,000</b>

- e. Expand case management services to children with SED through the EPSDT program by 2011.

<b>Fiscal Year</b>	<b># Children</b>	<b>Total \$</b>	<b>State \$</b>
2003	50	\$35,000	\$8,400
2004	100	\$70,000	\$16,800
2005	100	\$70,000	\$16,800
2006	100	\$70,000	\$16,800
2007	100	\$70,000	\$16,800
2008	100	\$70,000	\$16,800
2009	100	\$70,000	\$16,800
2010	100	\$70,000	\$16,800
2011	100	\$70,000	\$16,800
<b>Total</b>	<b>850</b>	<b>\$595,000</b>	<b>\$142,800</b>

- f. Provide Targeted Case Management services to children in MDHS custody.

<b>Fiscal Year</b>	<b># Children</b>	<b>State \$</b>	<b>Total \$</b>
2003	150	\$151,200	\$630,000
2004	110	\$110,880	\$462,000
2005	100	\$100,800	\$420,000
2006	100	\$100,800	\$420,000
2007	100	\$100,800	\$420,000
2008	100	\$100,800	\$420,000
2009	100	\$100,800	\$420,000
2010	100	\$100,800	\$420,000
2011	100	\$100,800	\$420,000
<b>Total</b>	<b>960</b>	<b>\$967,680</b>	<b>\$3,732,000</b>



#### 14. Medication Purchase

A program designed to support the purchase of psychotropic medication for indigent individuals with mental illness.

**Goal 1:** Provide an additional \$1.5 million by FY 2005, to Community Mental Health Centers to expand the medication purchase program to indigent seriously mentally ill consumers.

<b>Fiscal Year</b>	<b>State \$</b>
2003	\$500,000
2004	\$500,000
2005	\$500,000
<b>Total</b>	<b>\$1,500,000</b>

#### 15. Family Education and Support

Provides positive support for families whose members have long-term disabilities and helps establish linkages with services.

**Goal 1:** Expand family and consumer education/training programs by 8,550 new contacts/events/projects by 2011.

<b>Fiscal Year</b>	<b># New Programs/Projects</b>	<b>State \$</b>
2003	950	\$47,500
2004	950	\$47,500
2005	950	\$47,500
2006	950	\$47,500
2007	950	\$47,500
2008	950	\$47,500
2009	950	\$47,500
2010	950	\$47,500
2011	950	\$47,500
<b>Total</b>	<b>8,500</b>	<b>\$427,500</b>

## 16. Services for Elderly Persons with Serious Mental Illness

**Goal 1:** Increase the number of elderly individuals with mental illness receiving community-based psychosocial services by 3000 by FY 2011.

<b>Fiscal Year</b>	<b># Consumers</b>	<b>State \$</b>	<b>Total \$</b>
2003	500	\$537,000	\$2,237,500
2004	500	\$537,000	\$2,237,500
2005	500	\$537,000	\$2,237,500
2006	250	\$268,500	\$1,118,750
2007	250	\$268,500	\$1,118,750
2008	250	\$268,500	\$1,118,750
2009	250	\$268,500	\$1,118,750
2010	250	\$268,500	\$1,118,750
2011	250	\$268,500	\$1,118,750
<b>Total</b>	<b>3000</b>	<b>\$3,916,500</b>	<b>\$13,425,000</b>

## 17. Adult Day Care Services

**Goal 1:** Expand adult day care services to 180 additional persons with Alzheimer's disease or other Dementia by FY 2011.

<b>Fiscal Year</b>	<b># Clients</b>	<b>Total \$</b>	<b>State \$ (w/o waiver)</b>	<b>State \$ (waiver)</b>
2003	20	\$250,000	\$250,000	\$70,000
2003	20	\$250,000	\$250,000	\$70,000
2004	20	\$250,000	\$250,000	\$70,000
2005	20	\$250,000	\$250,000	\$70,000
2006	20	\$250,000	\$250,000	\$70,000
2007	20	\$250,000	\$250,000	\$70,000
2008	20	\$250,000	\$250,000	\$70,000
2009	20	\$250,000	\$250,000	\$70,000
2010	20	\$250,000	\$250,000	\$70,000
2011	20	\$250,000	\$250,000	\$70,000
<b>Total</b>	<b>180</b>	<b>\$2,250,000</b>	<b>\$2,250,000</b>	<b>\$630,000</b>

## 18. Crisis Centers

These centers provide more immediate access to crisis services for short-term emergency mental health treatment and can serve to divert placement in a state mental health facility.

**Goal 1:** Fund, construct, and operate seven 17-bed crisis center programs to serve adults with serious mental illness.

<b>Fiscal Year</b>	<b>Crisis Centers To Open</b>	<b>Bonded Construction Cost</b>	<b>Operating Cost</b>
2003	3	\$7,000,000	\$2,280,425
2004	2	\$5,000,000	\$6,841,275
2005			\$4,560,850
<b>Total</b>	<b>7</b>	<b>\$17,00,000</b>	<b>\$13,682,550</b>

**Goal 2:** For children and youth with serious emotional disturbance, add three additional comprehensive crisis response programs by 2005, including 24-hour availability, triage capacity, mobile crisis response, 24-hour crisis respite service, and in-home intensive family crisis intervention.

<b>Fiscal Year</b>	<b># Programs</b>	<b>State \$</b>
2004	1	\$500,000
2005	1	\$500,000
2006	1	\$500,000
<b>Total</b>	<b>3</b>	<b>\$1,500,000</b>

### 19. Intensive Residential Treatment

A time-limited program designed to serve individuals who are having a severe mental health episode that if not addressed would likely result in the need for in-patient care. Follow-up outreach and aftercare services are provided as an adjunct. Expand and fund one additional crisis service as described above.

<b>Fiscal Year</b>	<b>State \$</b>
2003	\$600,000
<b>Total</b>	<b>\$600,000</b>

### 20. Intensive In-Home Treatment

**Goal 1:** Expand and provide intensive in-home treatment needed by children (ages birth through 20) with Serious Emotional Disturbances (SED), Medically Fragile Conditions, Mental Retardation, and/or Developmental Delays, who are in the legal custody of MDHS/DFCS.

<b>Fiscal Year</b>	<b># Children</b>	<b>State \$</b>	<b>Federal \$</b>	<b>Total \$</b>
2003	50	\$570,000	\$1,806,000	\$2,376,000
2004	50	\$570,000	\$1,806,000	\$2,376,000
2005	50	\$570,000	\$1,806,000	\$2,376,000
2006	50	\$570,000	\$1,806,000	\$2,376,000
2007	50	\$570,000	\$1,806,000	\$2,376,000
2008	50	\$570,000	\$1,806,000	\$2,376,000
2009	50	\$570,000	\$1,806,000	\$2,376,000
2010	50	\$570,000	\$1,806,000	\$2,376,000
2011	50	\$570,000	\$1,806,000	\$2,376,000
<b>Total</b>	<b>450</b>	<b>\$5,130,000</b>	<b>\$16,254,000</b>	<b>\$21,384,000</b>

**21. Education**

**Goal 1:** The Mississippi Department of Education will continue to promote a free and appropriate public education in the least restrictive environment and will continue to meet its responsibilities and obligations as outlined in the Individuals with Disabilities Education Act (IDEA), Section 504 of the Rehabilitation Act, and other federal and state statutes, rules and regulations.

**Goal 2:** MDE will continue to pursue full federal funding for IDEA by working through Mississippi’s Congressional delegation and the U.S. Department of Education.

**Goal 3:** MDE will ask for state dollars to fully fund a Secondary Transition coordinator position in each school district to be responsible for transitioning high school age youth into appropriate adult vocational, mental health, and other necessary services.

<b>Fiscal Year</b>	<b># Districts</b>	<b>State \$</b>
2004	50	\$1,800,000
2005	51	\$1,836,000
2006	51	\$1,836,000
<b>Total</b>	<b>152</b>	<b>\$5,472,000</b>

**Goal 4:** MDE Office of Parent Outreach will provide continued collaboration with parents of school age children with disabilities to continue to provide technical assistance and training.

**22. Home and Vehicle Modifications**

**Goal 1:** Increase the number of individuals served by MDRS through home/vehicle modifications.

<b>Fiscal Year</b>	<b>#Added</b>	<b>State \$</b>	<b>Total \$</b>
2003	31	\$52,080	\$217,000
2004	33	\$55,440	\$231,000
2005	36	\$60,480	\$252,000
2006	38	\$63,840	\$266,000
2007	40	\$67,200	\$280,000
2008	43	\$72,240	\$301,000
2009	46	\$77,280	\$322,000
2010	50	\$84,000	\$350,000
2011	53	\$89,040	\$371,000
<b>Total</b>	<b>370</b>	<b>\$621,600</b>	<b>\$2,590,000</b>

### 23. Division of Community Services (Department of Human Services) Programs

**Goal 1:** Expand services to individuals with disabilities in the 8 program areas this division administers. It currently serves 41,637 individuals.

Fiscal Year	Home Modification	Self-Advocacy Training	Specialized Nutrition	Utility Cost	Transportation	Vocational Supports	Crisis Intervention	Housing
2003	\$855,000	\$500,000	\$200,000	\$2,000,000	\$500,000	\$200,000	\$500,000	\$500,000
2004	\$855,000	\$500,000	\$200,000	\$2,000,000	\$500,000	\$200,000	\$500,000	\$500,000
2005	\$855,000	\$500,000	\$200,000	\$2,000,000	\$500,000	\$200,000	\$500,000	\$500,000
2006	\$855,000	\$500,000	\$200,000	\$2,000,000	\$500,000	\$200,000	\$500,000	\$500,000
2007	\$855,000	\$500,000	\$200,000	\$2,000,000	\$500,000	\$200,000	\$500,000	\$500,000
2008	\$855,000	\$500,000	\$200,000	\$2,000,000	\$500,000	\$200,000	\$500,000	\$500,000
2009	\$855,000	\$500,000	\$200,000	\$2,000,000	\$500,000	\$200,000	\$500,000	\$500,000
2010	\$855,000	\$500,000	\$200,000	\$2,000,000	\$500,000	\$200,000	\$500,000	\$500,000
2011	\$855,000	\$500,000	\$200,000	\$2,000,000	\$500,000	\$200,000	\$500,000	\$500,000
<b>Total</b>	<b>\$7,695,000</b>	<b>\$4,500,000</b>	<b>\$1,800,000</b>	<b>\$18,000,000</b>	<b>\$4,500,000</b>	<b>\$1,800,000</b>	<b>\$4,500,000</b>	<b>\$4,500,000</b>

### 24. Services to Vulnerable Adults

The Department of Human Services is responsible for providing services for vulnerable adults, including adult protective services, homemaker services, sitter services, shelters, and personal care homes.

**Goal 1:** Expand services provided by the Department of Human Services for vulnerable adults by providing specialized social workers throughout the state.

Fiscal Year	# Social Workers	State \$
2003	4	\$98,743
2004	4	\$98,743
2005	4	\$98,743
2006	4	\$98,743
2007	5	\$123,430
2008	5	\$123,430
2009	5	\$123,430
2010	5	\$123,430
2011	5	\$123,430
2012	5	\$123,430
<b>Total</b>	<b>46</b>	<b>\$1,135,552</b>

**Goal 2:** Expand homemaker services to address the needs of vulnerable adults, ages eighteen (18) and older.

<b>Fiscal Year</b>	<b># Adults</b>	<b>State \$</b>
2003	50	\$884,000
2004	50	\$884,000
2005	50	\$884,000
2006	50	\$884,000
2007	50	\$884,000
2008	50	\$884,000
2009	50	\$884,000
<b>Total</b>	<b>350</b>	<b>\$6,188,000</b>

**Goal 3:** Provide In-Home Sitter Services for vulnerable adults who cannot afford these services.

<b>Fiscal Year</b>	<b># Adults</b>	<b>State \$</b>
2003	50	\$884,000
2004	50	\$884,000
2005	50	\$884,000
2006	50	\$884,000
2007	50	\$884,000
2008	50	\$884,000
<b>Total</b>	<b>300</b>	<b>\$5,304,000</b>

**Goal 4:** Create “Public Guardianship Assistance Program” to be utilized who cannot afford to retain a private attorney, in order to seek conservatorship on behalf of a vulnerable adult in need of a court appointed guardian.

<b>Fiscal Year</b>	<b># Adults</b>	<b>State \$</b>
2003	45	\$45,000
2004	50	\$50,000
2005	50	\$50,000
2006	50	\$50,000
2007	50	\$50,000
2008	50	\$50,000
2009	50	\$50,000
2010	50	\$50,000
<b>Total</b>	<b>395</b>	<b>\$395,000</b>

## 25. Department of Rehabilitation Services

**Goal 1:** Increase the numbers of persons served through the MS Department of Rehabilitation Services *State Attendant Care* program.

<b>MDRS State Attendant Care Program</b>			
<b>Fiscal Year</b>	<b># Served</b>	<b>State \$</b>	<b>Total \$</b>
2003	56	\$633,962	\$633,962
2004	59	\$667,924	\$667,924
2005	62	\$701,866	\$701,866
2006	65	\$735,848	\$735,848
2007	68	\$769,810	\$769,810
2008	71	\$803,722	\$803,722
2009	75	\$849,055	\$849,055
2010	79	\$894,338	\$894,338
2011	83	\$939,621	\$939,621
<b>Total</b>	<b>618</b>	<b>\$6,996,146</b>	<b>\$6,996,146</b>

**Goal 2:** Increase the number of persons served through the MS Department of Rehabilitation Services *Independent Living* services program.

<b>MDRS Independent Living Program For persons with General (Non-Visual) Disabilities</b>			
<b>Fiscal Year</b>	<b># Served</b>	<b>State \$</b>	<b>Total \$</b>
2003	1,372	\$28,812	\$288,120
2004	1,440	\$30,240	\$302,400
2005	1,512	\$31,752	\$317,520
2006	1,587	\$33,270	\$333,270
2007	1,667	\$35,007	\$350,070
2008	1,750	\$36,750	\$367,500
2009	1,838	\$38,598	\$385,980
2010	1,930	\$40,530	\$405,300
2011	2,026	\$42,546	\$425,460
<b>Total</b>	<b>15,122</b>	<b>\$317,505</b>	<b>\$3,175,620</b>
<b>MDRS Independent Living Services Part B Program for Blind</b>			
<b>Fiscal Year</b>	<b># Served</b>	<b>State \$</b>	<b>Total \$</b>
2003	150	\$6,944	\$94,436
2004	152	\$7,152	\$97,269
2005	153	\$7,367	\$100,187
2006	155	\$7,588	\$103,193
2007	156	\$7,816	\$106,289
2008	158	\$8,050	\$109,477
2009	159	\$8,291	\$112,762
2010	161	\$8,540	\$116,144
2011	162	\$8,796	\$119,629
<b>Total</b>	<b>1406</b>	<b>\$70,544</b>	<b>\$959,386</b>

<b>MDRS Independent Living Services Program for Older Blind</b>			
<b>Fiscal Year</b>	<b># Served</b>	<b>State \$</b>	<b>Total \$</b>
2003	800	\$25,750	\$300,750
2004	808	\$26,523	\$309,773
2005	816	\$27,318	\$319,066
2006	824	\$28,138	\$328,638
2007	832	\$28,982	\$338,497
2008	841	\$29,851	\$348,652
2009	849	\$30,747	\$359,111
2010	858	\$31,669	\$369,885
2011	866	\$32,619	\$380,981
<b>Total</b>	<b>7494</b>	<b>\$261,597</b>	<b>\$3,055,353</b>



## V. MAC PLAN IMPLEMENTATION AND REVIEW

The Legislature will designate a MAC Oversight Committee to coordinate the funding, implementation, and needed revision of the MAC plan. The recommended committee should be comprised of the chair and vice chair-persons of the Appropriations Committee and the Public Health and Welfare Committee of both chambers of the Mississippi Legislature and a representative of the Governor's Office at a minimum and other members, (persons with disabilities, advocates, state agency representatives) as deemed appropriate. The MAC Oversight Committee would require that at least twice annually, the provider agencies supply them with a report specifying the agency's budgetary and program implementation response to the MAC plan. Those reports will be detailed as follows:

1<sup>st</sup> Report: Due to the special committee after the development of the agency budget and before the beginning of the Legislative Budget Committee hearing schedule (LBC usually schedules hearing in September/October), the first report of the year would detail what the agency's budget request contained that would be directed toward the implementation of the MAC plan; including number of citizens to be served and the specific service(s) to be provided, the amount of money required to provide the service and the source of the funding. For example:

<b>MAC Goal</b>	<b>MAC Objectives</b>	<b>Service</b>	<b># Citizens to be Served</b>	<b>Cost for Services</b>	<b>State Funding Required</b>	<b>Federal/Other Funding Required</b>
IV.	IV- 14	Home & Community Based Waiver	225	\$4,000,000	\$1,000,000	\$3,000,000
V.	V- 4	Therapeutic Group Home/Child	40	\$130,000	\$130,000	

2<sup>nd</sup> Report: Submitted to the special joint committee not later than 30 days after the close of the Legislative Session, this report would include the same information except detailing what the Legislature funded of the proposed budget. Included in the second plan would be a more detailed narrative of what services must be carried forward to the next budgetary cycle and which require amendment due to the funding made available.

The Legislature should also identify an individual specifically designated for and assigned to coordinating, facilitating, and supporting the work of the MAC Oversight Committee in carrying out it's stated purpose.

Specific duties of the MAC Oversight Committee include:

- ❑ Identify, collect, and disburse data regarding the number and status of individuals with disabilities and the availability and quality of community services and supports,
- ❑ Monitor the development/expansion of community services and waiting list movement,

- ❑ Actively and continuously review and recommend modifications to the plan,
- ❑ Provide individuals with disabilities a process for independent review and appeal of decisions made by treating professionals.
- ❑ Develop the specific criteria and tools to measure the effectiveness of the MAC plan strategies, submit them to the responsible agency(s) for concurrence, and make an annual public report to the legislature of the outcomes,
- ❑ Hold periodic public meetings to provide information and opportunities for input, and
- ❑ Establish a single point of intake for individuals with disabilities to provide an independent identifying, screening and referring process.
- ❑ Identify specific steps for the provision of a comprehensive system of support services to individuals once they are identified.
- ❑ Establish a baseline for existing waiting time for each service, define what constitutes a “reasonable pace” for providing community services, and design/implement a plan to move from current waiting time to what is “reasonable”.

The designated MAC Oversight Committee will ultimately be responsible for MAC plan implementation. It will continually review and assess the three-part test for states and the three risk zones for states to fulfill the state’s obligation to: **Divert** people from going into institutional placements in the first place; **Review** those already in institutions to determine how many could be and want to be served in a home and community-based setting; and **Respond** to individual requests by institutionalized people to leave the institutional setting to go to a community-based setting.

**APPENDIX A  
Existing Services**

CURRENTLY AVAILABLE SERVICES

<b>SERVICE</b>	<b># OF PEOPLE SERVED/WAITING</b>
<b>Department of Health</b>	
Personal care home- beds, licensed*	4,804
Personal care home- beds NOT re-licensed	643
Skilled nursing facility beds*	18,585
Intermediate Care Facility for People with Mental Retardation (ICF-MR) beds*	2,619
Psychiatric Residential Treatment Facility- beds*	203
Psychiatric Hospitals- beds*	2,058

\* Please note that these are beds licensed and may not accurately reflect the total occupancy rate of those beds.

<b>Department of Education</b>	
MS School for the Deaf	112 (31 day students)
MS School for the Blind	56
MS School for the Deaf/SKI-HI Early Intervention Program (Sensory Impaired Home Intervention)	29 / 5 waiting
Total children (3-21) with disabilities served in state based on December 1, 2000 child count	62,269
<b>Department of Rehabilitation Services</b>	
Addie McBride Center for the Blind	201 / 0 waiting
Allied Enterprises	2,675 / 0 waiting
Allied personal Adjustment Center	51 / 0 waiting
Independent Living Services for Blind	191 / 40 waiting
Independent Living for Older Blind	650 / 100 waiting
Supported Employment	904 / 0 waiting

CURRENTLY AVAILABLE SERVICES  
(continued)

<b>SERVICE</b>	<b># OF PEOPLE SERVED/WAITING</b>
Vocational Rehabilitation	17,556 / 0 waiting
Vocational Rehab for Blind	2,150 / 0 waiting
<b>Department of Mental Health</b>	
Institution Programs (MR)	1,361 / 126 waiting
Inpatient Psychiatric- adults	1,260 / 39 waiting
Inpatient Psychiatric-Child/adolescent	110 / 13 waiting
Community Homes (ICF/MR)	467 / 30 waiting
Alternative living arrangements (BMR certified)	328 / 51 waiting
Adult residential (MI)	272
Child/Adolescent Residential Community (non-residential) Programs Case management (MR/DD)	180 / 28 waiting 1,910 / 15 waiting
Early intervention (MR/DD)	634 / 16 waiting
Employment related services (MR/DD)	1,669
Home & Community Based Services (MR/DD)	1,400
Outpatient Services- adults	39,934*
Outpatients Services- child/adolescent	17,301*
* This number is an annual number of persons served through the community mental health services program.	
<b>Department of Human Services</b>	
Therapeutic Group Homes	186 / 23 waiting
Therapeutic Foster Care	125 / 25 waiting
Intensive In-home Treatment	40 / 10 waiting
<b>Division of Medicaid</b>	
Elderly and Disabled Waiver	6823 / 3754 waiting

**APPENDIX B**  
**Activity Expense, Timeline, Source of Funds, and Responsible Party**

ACTIVITY	RESPONSIBLE PARTY	TOTAL ESTIMATED COST/TIME FRAME	PROPOSED SOURCE OF FUNDING
<b>SYSTEM MODIFICATIONS</b>			
<b>1. Information/Data Development</b>			
a. New Tracking System	MAC Oversight Committee	\$550,000 / 2004-2011	State General Funds
b. Media Campaign	MAC Oversight Committee	\$1,100,000 / 2003-2011	State General Funds
c. Service Resource Directory	MAC Oversight Committee	\$2,450,000 / 2003-2011	State General Funds
Sub-total		\$4,100,000 / 2003-2011	
<b>2. Communications and Education</b>			
a. MAC Plan Updates/Reviews	MAC Oversight Committee	\$135,000 / 2003-2011	State General Funds
b. Assistance Line	MAC Oversight Committee	\$1,190,000 / 2003-2011	State General Funds
c. Kiosk Feasibility Study	MAC Oversight Committee	\$25,000 / 2006	State General Funds
d. Networking feasibility study	MAC Oversight Committee	\$50,000 / 2004	State General Funds
Sub-total		\$1,400,000 / 2003-2011	
<b>3. Training</b>			
Staff Development-Individual Planning and Coordinated Care Training	MAC Oversight Committee	\$1,275,000 / 2003-2011	State General Funds
<b>4. Individual Assessment</b>			
	MAC Oversight Committee	\$24,000,000 / 2003-2011	State General Funds
<b>5. Transition from Institutions</b>			
	MAC Oversight Committee	\$6,900,000 / 2003-2011	State General Funds
<b>PRIMARY SUPPORT SERVICES</b>			
<b>1. Transportation</b>			
a. Estimated initiatives/projects	D.D. Council	\$895,000 / 2003-2006	Federal Funds
b. Feasibility Study	D.D. Council	\$25,000 / 2004	State General Funds
c. Transportation Guide	D.D. Council	\$275,000 / 2004-2005	State General Funds
<b>2. Housing</b>			
a. Section 8 Voucher		\$500,000 / 2003-2007	State General Fund
b. Training/Case Management		\$500,000 / 2003-2007	State General Fund
c. Educate Housing Agencies		\$500,000 / 2003 –2007	State General Fund
d. Expand home of your own program	MDA	\$300,000 / 2003-2011	State General Fund
e. Expand MR/DD supported living services	DMH	\$1,040,000 / 2004-2011	State General Fund
f. Personal Care Homes	DHS	\$11,361,000 / 2003-2008	State General Fund
g. Emergency Care Shelters	DHS	\$20,049,120 / 2003-2008	State General Fund
h. Expand SMI Group Home	DMH	\$17,765,000 / 2003-2011	State General Fund

<b>ACTIVITY</b>	<b>RESPONSIBLE PARTY</b>	<b>TOTAL ESTIMATED COST/TIME FRAME</b>	<b>PROPOSED SOURCE OF FUNDING</b>
i. Expand ICF/MR and BMR Group Homes	DMH	\$33,676,000 / 2003-2011	\$15,209,000-State \$18,469,000-Medicaid
j. Expand SMI Supervised Apartments	DMH	\$96,440,000 / 2003-2011	\$82,160,000-HUD \$14,280,000-State General Funds
k. Expand MR/DD Supervised Apartments	DMH	\$14,252,000 / 2003-2011	State General Fund
<b>3. Home &amp; Community Based Waiver Programs</b>			
a. Elderly and Disabled Waiver	DOM	\$55,000,000 / 2003-2007	24% State, 76% Federal
b. Independent Living Waiver	DOM / MDRS	\$42,500,000 / 2003-2007	24% State, 76% Federal
c. Mental Retardation/Developmentally Delayed Waiver	DOM / DMH	\$25,872,000 / 2003-2007	24% State, 76% Federal
d. Assisted Living Waiver	DOM / MDRS	\$4,047,500 / 2003-2007	24% State, 76% Federal
e. Traumatic Brain Injury/Spinal Cord Injury Waiver	DOM / MDRS	\$6,891,968 / 2003-2007	24% State, 76% Federal
f. Serious Emotional Disturbance Waiver	DOM / DMH	\$22,500,000 / 2004-2008	24% State, 76% Federal
Sub-total		\$156,811,468	
<b>OTHER SUPPORT SERVICES</b>			
<b>1. Employment/Vocational Services</b>			
MR/DD Work Activity	DMH	\$750,000 / 2004-2011	State General Funds
MR/DD Supported Employment	DMH	\$550,000 / 2004-2011	State General Funds
Vocational education opportunities in schools	SDE	\$4,500,000 / 2004-2006	State General Funds
Employment/vocational through supported employment	MDRS	\$3,577,150 / 2003-2011	24% State, 76% Federal
All supported employment	MDRS	\$11,340,463 / 2003-2011	24% State, 76% Federal
Employment/vocational through voc rehab	MDRS	\$325,401,416 / 2003-2011	24% State, 76% Federal
<b>2. Prevention/Early Intervention Services</b>			
Mental Health Prevention/Early Intervention	DMH	\$140,000 / 2003-2005	State General Funds
Early Intervention MR/DD Services	DMH	\$2,000,000 / 2004-2011	State General Funds
First Steps	SDH	\$2,000,000/ 2003-2011	State General Funds
Child Find	SDE	\$5,400,000/ 2004-2006	State General Funds
<b>3. Diagnosis and Evaluation</b>			
Psychological Evaluation	DMH	\$12,096,000 / 2003-2011	24% State, 76% Federal
Flexible funding for WRAP Around	DMH	\$8,000,000 / 2004-2007	State General Funds
Service Plan Review	DMH	\$2,914,000 / 2003-2004	24% State, 76% Federal
Intake/Assessment Services	DMH	\$992,000 / 2003-2011	24% State, 76% Federal \$198,400 State
<b>4. Day Treatment Services</b>	DMH	\$5,300,000 / 2003-2011	24% State, 76% Federal

<b>ACTIVITY</b>	<b>RESPONSIBLE PARTY</b>	<b>TOTAL ESTIMATED COST/TIME FRAME</b>	<b>PROPOSED SOURCE OF FUNDING</b>
<b>5. Outpatient Therapy Services</b>			
Children's Outpatient Therapy	DMH	\$4,000,000 / 2003-2011	24% State, 76% Federal \$200,000 State
Adult Outpatient Therapy-SMI	DMH	\$1,438,688 / 2003-2011	24% State, 76% Federal \$200,000 State
<b>6. Medication Evaluation &amp; Monitoring</b>			
Medication Monitoring (children)	DMH	\$425,000 / 2003-2004	State General Funds
Medication Monitoring (adults)	DMH	\$1,044,000 / 2003-2011	24% State, 76% Federal
<b>7. Therapeutic Nursing Services</b>	DMH	\$175,000 / 2003-2004	24% State, 76% Federal
School Nurses	SDH	\$24,320,000 / 2004-2006	State General Funds
<b>8. Respite Services</b>	DMH	\$2,217,849 / 2003-2011	24% State, 76% Federal
<b>9. Therapeutic Foster Care</b>	DMH / DHS	\$25,174,000 / 2004-2006	State General Funds
<b>10. Therapeutic Group Homes</b>	DMH / DHS	\$4,554,000 / 2003-2005	State General Funds
Therapeutic Group Homes- Substance Abuse	DMH	\$214,000 / 2003-2006	State General Funds
<b>11. MAP Teams</b>	DMH	\$3,000,000 / 2004-2007	State General Funds
<b>12. Psychosocial Rehab/Day Support Programs</b>			
Psychosocial Rehab "Clubhouse Model"	DMH	\$6,750,000 / 2003-2011	24% State, 76% Federal
Day Support	DMH	\$10,500,000 / 2003-2011	24% State, 76% Federal
<b>13. Case Management</b>			
SED Children	DMH	\$4,082,040 / 2003-2001	24% State, 76% Federal
SMI Adults	DMH	\$6,930,000 / 2003-2011	3,796,000-Federal 3,134,000-State
MIMS (intensive case mgmt.)	DMH	\$15,735,000 / 2003-2005	24% State, 76% Federal
MR/DD	DMH	\$500,000 / 2004-2011	State General Funds
ESPDT for SED Children	DOM	\$595,000/ 2003-2011	24% state, 76% federal
Targeted CM for DHS Custody	DHS	\$3,732,000 / 2003-2011	24% State, 76% Federal
<b>14. Medication Purchase (SMI)</b>	DMH	\$1,500,000 / 2003-2005	State General Funds
<b>15. Family Education and Support</b>	DMH	\$427,500 / 2003-2011	State General Funds
<b>16. Elderly with SMI</b>	DMH	\$13,425,000 / 2003-2011	24% State, 76% Federal
<b>17. Adult Day Care Services</b>	DMH	\$2,250,000 / 2003-2011	24% State, 76 % Federal
<b>18. Crisis Centers</b>	DMH	\$25,682,700 / 2003-2011	State General Funds
<b>19. Intensive Residential Treatment</b>	DMH	\$600,000 / 2003	State General Funds
<b>20. Intensive In-Home Treatment</b>	DHS	\$21,384,000 / 2003-2011	24% State, 76% Federal

<b>ACTIVITY</b>	<b>RESPONSIBLE PARTY</b>	<b>TOTAL ESTIMATED COST/TIME FRAME</b>	<b>PROPOSED SOURCE OF FUNDING</b>
<b>21. Education</b>			
IDEA - Secondary transition coordinators	SDE	\$5,472,000 / 2004-2006	State General Funds
<b>22. Home/Vehicle Modifications</b>	DRS	\$2,590,000 / 2003-2011	24% State, 76% Federal
<b>23. Div. of Community Services programs</b>	DHS	\$47,295,000 / 2003-2011	State General Funds
<b>24. Services to Vulnerable Adults</b>	DHS	\$13,022,552 / 2003-2012	State General Funds
<b>25. Department of Rehabilitation Services</b>			
Attendant Care Program	MDRS	\$6,996,146 / 2003-2011	State General Funds
Independent Living Services	MRDS	\$3,175,620 / 2003-2011	10% State, 90% Federal
For Blind	MRDS	\$959,386 / 2003-2011	7.35% State, 92.65% Federal
For Older Blind	MRDS	\$3,055,353 / 2003-2011	7.56% State, 92.44% Federal



**APPENDIX C**  
**Total Expenditures by Fiscal Year**

<b>STATE DOLLARS ONLY</b>										
<b>in 1,000's</b>										
		<b>2003</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>
<b>SYSTEM MODIFICATIONS</b>										
<b>1. Information/Data Development</b>		100	650	500	450	450	450	450	450	450
<b>2. Communication/Education</b>		1,215	75	10	50	10	10	10	10	10
<b>3. Training</b>		75	150	150	150	150	150	150	150	150
<b>4. Individual Assessment</b>		1,000	2,000	3,000	3,000	3,000	3,000	3,000	3,000	3,000
<b>5. Transition from Institutions</b>		400	500	600	700	800	900	1,000	1,000	1,000
<b>PRIMARY SUPPORT SERVICES</b>										
<b>1. Transportation</b>			175	100						
<b>2. Housing</b>										
a. Section 8 Voucher		100	100	100	100	100				
b. Training/Case Management		100	100	100	100	100				
c. Educate Housing Agencies		100	100	100	100	100				
d. Expand Home of Your Own		50	50	50	50	50	50			
e. Expand MR/DD Supported Living			130	130	130	130	130	130	130	130
f. Personal Care Homes		2,079	1,859	1,856	1,856	1,856	1,856			
g. Emergency Care Shelters		1,485	3,713	3,713	3,713	3,713	3,713			
h. Expand SMI Group Homes		550	1,661	2,222	2,222	2,222	2,222	2,222	2,222	2,222
i. Expand ICF/MR & BMR Group Homes		2,419	1,613	1,613	1,613	1,613	1,613	1,613	1,613	1,613
j. Expand SMI Supervised Apartments			1,470	1,470	1,680	1,890	1,890	1,890	1,890	2,100
k. Expand MR/DD Supervised Apartments		1,516	1,592	1,592	1,592	1,592	1,592	1,592	1,592	1,592
<b>3. Home &amp; Community Based</b>										
a. Elderly/Disabled Waiver		2,640	2,640	2,640	2,640	2,640				
b. Independent Living Waiver		2,380	2,380	2,380	2,380	2,380				
c. MR/DD Waiver		2,070	1,035	1,035	414	414	414	414	414	414
d. Assisted Living Waiver		194	194	194	194	194				
e. TBI/SCI Waiver		176	176	537	537	537				
f. Serious Emotional Disturbance Waiver			360	720	720	1,800	1,800			

**STATE DOLLARS ONLY**  
**in 1,000's**

	2003	2004	2005	2006	2007	2008	2009	2010	2011
<b>OTHER SUPPORT SERVICES</b>									
<b>1. Employment/Vocational Services</b>									
MR/DD Work Activity		150	150	75	75	75	75	75	75
MR/DD Supported Employment		110	100	55	55	55	55	55	55
Vocational opportunities in Schools		1,500	1,500	1,500					
Employment/Voc through Supported Emp.	75	77	80	82	84	87	90	92	95
All Supported Employment	105	109	112	115	119	122	126	130	134
Vocational Rehabilitation	7,398	7,620	7,848	8,084	8,326	8,576	8,833	9,098	9,371
<b>2. Prevention/Early Intervention Services</b>									
Mental Health Prevention/Early Intervention	47	48	46						
Early Intervention MR/DD Services		250	250	250	250	250	250	250	250
First Steps	300	300	200	200	200	200	200	200	200
Child Find		1,800	1,800	1,800					
<b>3. Diagnosis/Evaluation</b>									
Psychological Evaluation	968	242	242	242	242	242	242	242	242
Flexible Funding for WRAP Around		2,000	2,000	2,000	2,000				
Service Plan Review	350	350							
Intake/Assessment Services	195	195							
<b>4. Day Treatment</b>	141	141	141	141	141	141	141	141	141
<b>5. Outpatient Therapy</b>									
Children's Outpatient Therapy	124	124	124	124	124	124	124	124	124
Adult Outpatient Therapy- SMI	161	161	161	161	161	161	161	161	161
<b>6. Medication Evaluation &amp; Monitoring</b>									
Medication Monitoring (children)	51	51							
Medication Monitoring (adult)	32	32	32	32	32	32	32	32	32
<b>7. Therapeutic Nursing Services</b>		21	21						
School Nurses		8,000	8,000	8,000					
<b>8. Respite</b>	46	49	52	56	59	62	66	70	73
<b>9. Therapeutic Foster Care</b>	570	1,830	1,830	1,830	570	570	570	570	570
<b>10. Therapeutic Group Homes</b>	623	210	75	75					
<b>11. MAP Teams</b>	750	750	750	750					
<b>12. Psychosocial Rehab/Day Support</b>									
Psychosocial Rehab "Clubhouse Model"	286	286	286	286	286	286	286	286	286
Day Support	443	443	443	443	443	443	443	443	372

**STATE DOLLARS ONLY**  
**in 1,000's**

	2003	2004	2005	2006	2007	2008	2009	2010	2011
<b>13. Case Management</b>									
SED Children	109	109	109	109	109	109	109	109	109
SMI Adults	350	350	350	350	350	350	350	350	340
MIMS (intensive case mgmt)	1259	1259	1259						
MR/DD		50	100	100	50	50	50	50	50
EPSDT for SED Children	8	17	17	17	17	17	17	17	17
Targeted CMH for DHS Custody	151	111	101	101	101	101	101	101	101
<b>14. Medication Purchase (SMI)</b>	500	500	500						
<b>15. Family Education &amp; Support</b>	47	48	47	48	47	48	47	48	47
<b>16. Elderly with SMI</b>	537	537	537	268	268	268	269	269	269
<b>17. Adult Day Care Services</b>	70	70	70	70	70	70	70	70	70
<b>18. Crisis Centers</b>	9,280	11,841	4,561						
<b>19. Intensive Residential Treatment</b>	600								
<b>20. Intensive In-Home Treatment</b>	570	570	570	570	570	570	570	570	570
<b>21. Education- IDEA Transition</b>		1,800	1,836	1,836					
<b>22. Home/vehicle modifications</b>	52	55	60	64	67	72	77	84	89
<b>23. Div. of Community Services</b>	5,255	5,255	5,255	5,255	5,255	5,255	5,255	5,255	5,255
<b>24. Services to Vulnerable Adults</b>	1,912	1,917	1,917	1,917	1,941	1,941	1,057	173	173
<b>25. Department of Rehabilitation</b>									
Attendant Care	634	668	702	736	770	804	849	894	940
Independent Living	29	30	32	33	35	37	29	41	43
For Blind	7	7	7	8	8	8	8	9	9
For Older Blind	26	27	27	28	29	30	31	32	33
<b>TOTAL</b>	<b>52,710</b>	<b>74,793</b>	<b>69,112</b>	<b>62,202</b>	<b>48,595</b>	<b>40,946</b>	<b>33,054</b>	<b>32,512</b>	<b>32,977</b>