



Minnesota Department of Human Services

2015 Community Supports End of Session Summary

Omnibus Health and Human Services Budget Bill

[Laws of Minnesota 2015, Chapter 71](#)

Items listed in this summary relate to work performed in the Community Supports administration at the Department of Human Services. These changes to the law are effective July 1, 2015, unless otherwise specified. Tracking line references are to the [Health & Human Services Finance spreadsheet](#).

Cross-administration provisions

Home and community-based services (HCBS) incentive pool (Invests \$1.6 million in FY16-17).

The law establishes a home and community-based services incentive pool. This pool provides incentives for innovation in achieving outcomes identified in the Olmstead plan. Outcomes include integrated, competitive employment and living in the most integrated setting in the community. This will involve a competitive bidding process. DHS must release the request for proposals by Oct. 1, 2016. Article 7, section 55 (*Tracking line 872*)

Jensen settlement administrative costs (Invests \$3.9 million in FY16-17)

The law authorizes funds for modernization of Rule 40. Resources will provide individual-specific technical assistance and training to lead agencies and providers. It will increase capacity of trained clinicians in the areas of positive-support practices. The state will use funds to develop training curriculum and manuals on positive support practices, build in-state training capacity for person-centered planning, and provide support for External Program Review committees. Tracking only (*Tracking line 550*)

HCBS scholarship program (Invests \$2 million in FY16-17)

The law reinstates the HCBS scholarship program. The Department of Health will run the program. Article 6, section 1 (*Tracking line 1058*)

Self-directed workforce contract ratification & rate increase (Invests \$16.2 million in FY16-17)

The self-directed workforce contract is ratified. The law provides a rate increase to implement the contract. Members of the self-directed workforce will receive training. Article 7, sections 52 and 53 (*Tracking line 878*)

Home and community-based settings (No cost)

The law replaces the definition of home and community-based settings for people with disabilities. The new language references the federal rule, federally approved waiver plans and federally approved transition plan. All exceptions to the definition are removed, except for the exception specific to settings that receive funding through the Housing Opportunities for People with AIDS (HOPWA) program. This section is effective on July 1, 2016. Article 7, Section 43

Disability services provisions

ABLE Act established (Invests \$105 thousand in FY16-17)

The law establishes ABLE accounts. ABLE accounts are an IRS tax-free savings account for individuals with disabilities, whose disability arose before age 26. The accounts must meet certain qualifications under section 529A of the Internal Revenue Code. The money in the accounts does not count when determining eligibility for means-tested federal programs, such as Medicaid, SSI, SNAP, MFIP, and others. It is modeled after the 529 education savings accounts. Article 7, sections 1, 44-51 (*Tracking line 930*)

Technical and policy changes to HCBS provider standards (245A and 245D) (No cost)

The law clarifies the intent of statute language. It:

- Modifies the timelines for when a provider must send the coordinated service and support plan addendum to the person receiving services
- Removes the requirement to obtain an annual reauthorization in order to administer medication or treatment
- Removes the requirement for CPR and first-aid training to be in-person
- Removes the requirement for annual first-aid training if staff has current certification.

Article 7, sections 5-7, and 10-23

Medical Assistance for Employed Persons with Disabilities (MA-EPD) premiums reduced (Invests \$5.3 million in FY16-17)

Recent cost increases for people on MA-EPD are undone. The change reduces MA-EPD premiums from \$65 to \$35. The amount of unearned income MA-EPD enrollees must pay in addition to the premium is reduced from 5 percent to 0.5 percent. Article 7, section 28 (*Tracking line 271*)
Disability waiver overspending and underspending and Disability Waiver Rate Setting (No cost in FY 16-17, saves \$1.4 million in FY 18-19)
(*Tracking line 1003*)

Disability waiver overspending and underspending

Law strengthens the criteria related to under- and over-spending of the disability home and community-based services waivers. These changes assure as many people receive supports as efficiently possible. It included:

- Changes the fiscal management for the BI, CAC and CADI waivers from allocation basis to spending basis in fiscal year 2019
- Allows county and tribal agencies two years to correct overspending or over-allocation
- Changes the commissioner's authority to recoup funds from a county or tribal agency only when the statewide spending exceeds the appropriation designated for the waivers
- Requires corrective action plans from county or tribal agencies if they spend less than 97 percent of their allocation while maintaining a waiting list for waiver services. The commissioner may determine a plan is unnecessary given the size of the allocation and capacity for new enrollment.

DHS must submit two reports to the legislature on the implementation of these changes by Feb. 15, 2018, and Feb. 15, 2019. Article 7, sections 30-34, 42, and 56

Disability waiver rate setting changes

These sections of the law add an additional year of banding for the implementation of the disability waiver rate management system. This change requires federal approval. DHS must now offer training to county and tribal agencies at least annually on the rate-setting framework. DHS must also maintain the online instruction manual. The law removes the requirement for a Monitoring Technology Review Panel. In addition, the DHS commissioner must consult with stakeholders to develop and implement a methodology sufficient to determine necessary shared staffing levels by July 1, 2016. It also requires the commissioner to respond to all exception requests in writing, and requires lead agencies to submit all exception requests with their recommendation to the commissioner. License holders may request that a lead agency submit an exception request. The change requires the commissioner to issue quarterly reports on exception requests and actions taken. Article 7, section 35-41

Consumer-directed community supports (CDCS) budget exception for high school graduates (No cost)

The change requires the commissioner to submit a waiver amendment by Sept. 30, 2015, to request an exception to the current CDCS budget methodology. This exception is for individuals who have graduated from high school and can demonstrate the need for employment supports beyond what the existing methodology can fund. This option is available to people whether or not they are currently receiving CDCS. This exception is effective Oct. 1, 2015, or upon federal approval, whichever is later. The current exception for individuals that graduate during particular years will expire once the new exception is available. Article 7, section 54 and 58

10 percent rate increase for home health therapies (Invests \$347 thousand in FY16-17)

New law increases rates for home health therapies, including physical therapy, occupational therapy and speech therapy 10 percent. Article 11, section 42 (*Tracking line 772*)

Community first services & supports (CFSS) legislative report (No cost)

The commissioner must submit a report to the legislature. It must include the number of people who DHS determined ineligible for CFSS because they do not require constant supervision and cuing to complete activities of daily living. Article 7, section 57

State Quality Council appropriation (Invests \$1.2 million in FY16-17)

The law provides funding for the State Quality Council. It must develop a way to provide technical assistance and monitor of person-centered outcomes related to inclusive community living and employment. It also must assure a statewide plan for systems change in person-centered planning that will achieve desired outcomes. Article 14 rider (*Tracking line 559*)

Deaf and hard of hearing services provisions

Enhanced funding for deaf and hard of hearing services (Invests \$2 million in FY16-17)

The law requires Deaf and Hard of Hearing Services Division to:

- Analyze the distribution of regional offices and delivery of deafblind services
- Hold regional advisory committee meetings quarterly
- Increase mental health services and deafblind services
- Update regional office technology labs.

Funding is split between grants and division direct service operational funding. Article 14 rider (*Tracking line 370*)

Chemical & mental health provisions

Assertive Community Treatment quality improvement and expansion (Invests \$1.3 million in FY16-17)

The law enhances and expands Assertive Community Treatment (ACT) services. It provides start-up funding to establish new ACT teams, including a specialized Forensic ACT team to support people with serious mental illnesses who are exiting the correctional system. It also clarifies services standards for ACT and provides for enhanced training and oversight to ensure quality and consistency in ACT services across the state. Article 2, sections 24 and 25 (*Tracking line 443*)

Beltrami County Jail Diversion Program (Invests \$2 million in FY16-17)

The law provides one-time start-up grants for Beltrami County to develop a comprehensive mental health program for:

- People who come into contact with law enforcement
- People who are experiencing a mental health crisis.

It requires the program use an integrated care model for to provide chemical and mental health treatment. The program also must collaborate with existing services. The law also requires Beltrami County to identify how the program will continue to be sustainable once start-up funding expires. Article 2, section 41 (*Tracking line 286*)

Behavioral Health Homes (Invests \$5.3 million in FY16-17, effective July 1, 2016)

This proposal authorizes implementation of the behavioral health home model, which will assure access to and coordinated delivery of primary care and behavioral health services for adults and children with serious mental illness. Behavioral health home will serve people who have serious mental illness. It will allow for their comprehensive physical and behavioral health needs to be addressed in a coordinated manner. These services include care planning to address:

- Chronic conditions
- Ongoing coordination of care between behavioral and physical health
- Coordination with medical and behavioral specialists not at the behavioral health home site.

Article 11, section 31 (*Tracking line 262*)

Build Community Capacity to Address Adverse Childhood Experience (Fiscal impact begins FY18)

This law provides funding for training on Adverse Childhood Experiences (ACE) for community partners, parents, and providers. It supports local efforts to provide earlier intervention. It will begin July 1, 2017. ACE describes a set of traumatic experience in a person's life that occurs before age 18. Research has shown that higher ACE scores increase the risk for health problems, such as alcohol and substance abuse, depression, anxiety, and smoking. (*Tracking line 382*)

Certified Behavioral Health Clinics (Invests \$398 thousand in FY16-17)

This law positions DHS to participate in a federal demonstration program to reform and rebuild the public behavioral health safety net. DHS seeks to become one of eight states to pilot “Certified Community Behavioral Health Clinics.” These clinics provide comprehensive services to individuals with serious mental illnesses and substance use disorders under a new payment model. Article 2, sections 16 and 38 (*Tracking line 376*)

Chemical Dependency Provider Rate Increase (Invests \$3.6 million in FY16-17)

This law increases reimbursement rates for chemical dependency treatment services by 2 percent over rates in effect Jan. 1, 2014. The rate increase applies to services provided on or after July 1, 2015. Article 2, section 36 (*Tracking line 537*)

Chemical Dependency Prevention (Invests \$300 thousand in FY16-17)

This law gives one-time grants to provide chemical dependency prevention programming in high schools. Eligible grantees must have demonstrated experience with outcomes and are required to provide matching funding. (*Tracking line 926*)

Children’s Mental Health Respite Care (Invests \$847 thousand in FY16-17)

Law expands children’s mental health respite care grants to serve 500-1,000 additional children and their families. Respite care providers offer temporary relief to families who are caring for children who have serious mental health needs and who might otherwise require an out-of-home placement. DHS also will investigate options for Medical Assistance coverage for children’s mental health respite care in order to facilitate further expansion and eventually statewide access. (*Tracking line 358*)

Clubhouse Services (Invests \$134 thousand in FY16-17)

This law requires DHS to develop Medical Assistance (MA) service standards and a payment methodology for “clubhouse” services and seek federal approval. Clubhouse is a peer-led model of community support services meaning that clients are actively involved in the operation of the program. Subsequent legislative action and funding would be required before this would become an available MA benefit. Article 2, section 37 (*Tracking line 320*)

Community Addiction Recovery Enterprise (Invests \$15.2 million in FY16-17)

This law downsizes and restructures the state-operated Community Addiction Recovery Enterprise (C.A.R.E.) program and creates incentives for private providers to treat more challenging clients. All C.A.R.E. sites will remain open, however sites in Carlton, Fergus Falls, St. Peter, and Willmar will downsize to 16-beds in order to capture federal matching funds. C.A.R.E. will focus on serving clients under civil commitment who other providers are not able to serve. C.A.R.E. programs, as well as private providers serving people under civil commitment who have complex needs, will receive an enhanced payment rate. Article 2, sections 20 and 21 (*Tracking line 516*)

Improve and Expand Mental Health Crisis Services (Invests \$8.6 million in FY16-17)

Law enhances and expands mental health crisis services for both children and adults. It:

- provides funding to establish a single statewide telephone number for mental health crisis services
- Expands mobile crisis services for both children and adults
- Improve the consistency and quality of mobile crisis services

- Expands the availability of telephone consultation to mobile crisis teams serving clients with co-occurring intellectual disabilities or traumatic brain injuries.
- Provides start-up funding to expand crisis residential services for adults
- Requires DHS to develop recommendations for children’s mental health crisis residential services models that do not require county authorization or a child welfare placement.
- Defines mental health crisis services as an “emergency service” for the purposes of private insurance coverage.

Article 2, sections 3, 42, and 43 (*Tracking line 350*)

Mental Health Data Sharing (No fiscal impact)

This law allows the sharing of private mental health data with personnel of the welfare system working in the same program or providing services to the same individual or family. It requires DHS to produce a report, in collaboration with Hennepin County, about any cost savings that result from this change. Article 2, sections 1, 2, 4, 12, 13, and 40

Mental Health Grant Reporting (No fiscal impact)

Law requires DHS to report to the legislature on a biannual basis about the programs and services funded through the children and adult mental health grants, including what programs and services were funded and their outcomes. This report also will include information about how each regional adult mental health initiative utilizes their grant funding to address the gaps in services that they have identified in their community. Article 2, sections 10, 11, 14, and 15

Mental Health Payment Structure (Invests \$5.5 million in FY16-17)

This law:

- Provides resources for DHS to contract with an outside agency to assist in conducting a comprehensive analysis of the current payment rate structure for mental health services and to develop proposals for reforms that will help ensure the long-term stability of Minnesota’s mental health system.
- Establishes “sustainability grants” for Intensive Residential Treatment Services (IRTS), Crisis Residential Services and Assertive Community Treatment (ACT) who are facing financial difficulty due to current payment rate structures and clarifies standards for these services.
- Provides a rate increase for mobile crisis services.

Article 2, sections 8, 22, 23, 26-33, and 39 (*Tracking line 403*)

Physician Assistant Mental Health Services in Outpatient Settings (No fiscal impact)

Law provides Medical Assistance (MA) coverage for physician assistants, supervised by a psychiatrist, to provide certain mental health services in outpatient settings after 2,000 hours of experience in mental health. Physician assistants previously were limited to providing mental health services under MA in inpatient hospital settings. Article 11, section 25

Psychiatric Consultation to Primary Care Providers (Invests \$285 thousand in FY16-17)

This law allows licensed independent clinical social workers and licensed marriage and family therapists to provide mental health consultation to primary care doctors under Medical Assistance. This was previously limited to psychiatrists, psychologists and advanced practice registered nurses who have a mental-health certification. Article 2, section 35 (*Tracking line 717*)

Psychiatric Residential Treatment Facilities and Extended-Stay Children’s Hospital Beds (Invests \$6.6 million in FY16-17)

Law establishes a Psychiatric Residential Treatment Facilities (PRTF) benefit under Medical Assistance and authorizes 150 PRTF beds, which start to come on-line July 1, 2017. PRTFs provide intensive inpatient treatment for children and adolescents who have very serious mental illness. The Children’s Mental Health Division of DHS will select PRTF providers through an RFP process and spread around the state. This proposal also establishes 20 new extended-stay children’s psychiatric hospital beds in the Twin Cities metro, which will serve children requiring a hospital level of care on a longer-term basis. A portion of these hospital beds will be operated under contract with the state and will be reserved for children with the most intensive needs. Article 2, sections 5 and 34 (*Tracking line 388*)

Reducing Incidence of Fetal Alcohol Spectrum Disorder (Invests \$500 thousand in FY16-17)

Law provides grant funding for at least three projects to provide comprehensive, gender-specific services to pregnant and parenting women suspected of or known to use or abuse alcohol or other drugs. The Minnesota Organization on Fetal Alcohol Syndrome (MOFAS) will administer the grants. (*Tracking line 922*)

Repeal Mental Health Specialty Treatment Services Grants (Saves \$2 million in FY16-17)

Law repeals authority for a grant program funded out of a dedicated revenue account, which could not be implemented successfully. Article 2, sections 9 and 17 (*Tracking line 455*)

School-Based Diversion Program for Students with Co-Occurring Disorders (Invests \$65 thousand in FY16-17, effective July 1, 2016)

This law pilots a new model to help schools provide better support to students with mental health and substance use disorders in order to reduce arrests, expulsions, and suspensions, while increasing referrals for treatment and services. (*Tracking Line 315*)

Services and Supports for First Episode Psychosis (Invests \$260 thousand in FY16-17, effective July 1, 2016)

Law provides grants to pilot evidenced-based early interventions programs for youth and young adults (16-26) who experience early onset psychosis. In addition, it provides resources to conduct a public awareness campaign on the signs and symptoms of early on-set psychosis and to enhance existing youth-serving programs, such as Youth Assertive Community Treatment, through the implementation of evidence-based practices. (*Tracking line 322*)

Southeast Asian Veteran’s Mental Health Services (Invests \$100 thousand in FY16-17)

This law provides grant funding to provide culturally specific mental health services to Southeast Asian veterans born before 1965 who do not qualify for veteran’s benefits. (*Tracking line 307*)

Supportive Housing for Adults with Serious Mental Illness (Invests \$4.7 million in FY16-17)

Law increases funding for the Housing with Supports for Adults with Serious Mental Illness grant program to help an additional 840 individuals experiencing serious mental illness access and maintain stable housing as well as connect to mental health care and other supportive services. (*Tracking line 435*)

Text for Life (Invests \$1 million in FY16-17)

Law provides grant funding to expand text message-based suicide prevention and counseling services. Funding will help expand the service to additional areas and to support outreach about the service within schools and communities. *(Tracking line 294)*

Withdrawal Management (No fiscal impact)

Law establishes service standards for a withdrawal management benefit under Medical Assistance (MA). Withdrawal management services are a medical model of detoxification services. The law requires DHS to develop a payment methodology and to seek federal approval for the new service. Subsequent legislative action and funding will be required before this becomes an available MA benefit. Article 3, sections 1-21

Housing provisions**Group Residential Housing Reform (Saves \$868,000 in FY16-17)**

Law provides quality assurance measures and makes some eligibility changes to the Group Residential Housing program under chapter 256I, including a requirement for background studies, defining terms and prospective budgeting. Article 1, Sections 3, 6, 9, 16-40; Article 14, Section 2. Sections 3 and 6 are effective July 1, 2016. Section 24 is effective Sept. 1, 2015. Sections 37, 38, 40 are effective April 1, 2016. *(Tracking line 479)*

Group Residential Housing (GRH) Legislative Report (No cost)

This law requires a report, due Dec. 15, 2016, to suggest ways build on the GRH reforms made in the 2015 legislative session. These reforms are related to program integrity and uniformity. Changes suggested include restructuring the payment rates, exploring assessment tools and proposing any other necessary modifications that will result in a more cost-effective program. Article 1, Section 120.

Stearns County Administrative Funding for GRH Facility (Invests \$170,000 FY16-17)

Law provides \$170,000 per biennium for administrative funding for to Stearns County's ongoing work with a Group Residential Housing provider. Article 14, Section 2. *(Tracking line 239)*

Long-term Homelessness Services and Supports (Invests \$2 million FY16-17)

Law gives increased funding for Long-term Homelessness Services and Supports. Article 14. *(Tracking line 918)*

Health & Human Services Omnibus Policy Bill

[Laws of Minnesota 2015, Chapter 78](#)

Effective Aug. 1, 2015, unless otherwise specified. The items in this bill do not spend or save money.

Cross-administration provisions**Personal Care Assistance (PCA) service verification**

The law requires PCA agencies to verify PCA services through random, unscheduled telephone calls at the location and time where PCA services are being provided. For each service recipient, the agency must conduct at least one service verification call every 90 days. The commissioner

may grant a variance to this requirement if the agency uses an electronic monitoring system to verify PCA services. Article 4, section 53

Tablets for waiver recipients

The law allows home and community-based services (HCBS) waiver recipients to use an electronic tablet purchased through Medical Assistance for a use not related to communication. In this situation, the tablet must be authorized through the waiver. Article 5, Section 2

Demissions from 245D-licensed providers

Law allows people receiving services from a 245D-licensed provider to appeal a notice of involuntary termination of services. The commissioner may delay an involuntary demission while an appeal is pending (up to 60 days). The provider must document all attempts to continue to provide services to the person leading up to (and possibly during) termination of services. Article 6, sections 1, 4-8

MnCHOICES clarifications

Changes to statute clarify:

- Certified assessors are certified specifically to complete the MnCHOICES assessment
- DHS' intent regarding assessment teams
- Lead agencies must complete a MnCHOICES assessment
- The community support plan is provided to every person who receives a MnCHOICES assessment, regardless of what service options the person chooses.

Article 6, sections 10-13.

Community First Services and Supports (CFSS)

Law establishes more support worker training and quality control measures for CFSS. Article 6, sections 3 and 22

Common Entry Point (CEP)

These sections of law align investigation and protective service referrals for vulnerable adults with the common entry point (CEP) for reporting suspected maltreatment. Additionally, these sections provide for cooperation and referrals between the CEP, agencies responsible for protective services and lead investigative agencies (LIA's). Process and timelines are created for when there are multiple locations and changing circumstances. These sections also change the definitions of facility and vulnerable adult to provide equal protections for people regardless of services or setting. This creates consistency with Centers for Medicare & Medicaid Services (CMS) health and safety assurances for waiver participants receiving HCBS. Article 6, sections 23-28

Nursing Facility Level of Care (NF LOC)

This section delays reports due on the status of implementation of the modification to the NF LOC criteria contained within Laws of Minnesota, 2013, Chapter 108, Article 7, Section 58. In early 2013, the Minnesota Legislature passed legislation requiring the commissioner of human services to report to the legislature about the impact of the modified NF LOC to be implemented on Jan. 1, 2014. In December 2013, Governor Dayton delayed the implementation of NF LOC by one year until Jan. 1, 2015. This section amends the implementation date and the report deadlines to reflect this one-year implementation delay. Article 6, section 29

Home and community-based settings transition plan

Upon federal approval, this law requires the commissioner to take initial steps to implement the HCBS transition plan for compliance with the federal home and community-based settings rule. The rule defines home and community-based setting requirements across HCBS programs, and it defines person-centered planning requirements for people in home and community-based settings. It requires annual reports to the legislature between January 2016 and March 2019. Article 6, section 30

Disability Services Division Provisions

CADI waiver name changed

The name of the Community Alternatives for Disabled Individuals waiver is changed to the “Community Access for Disability Inclusion” waiver. Article 6, section 31

Chemical and Mental Health Provisions

Certified Peer Specialists

This law allows certified peer specialists to serve as case manager associates. Also requires DHS to study the use of certified peer specialists and options for expanding their role. The study specifically will look at how peer specialists can be better utilized in hospital settings and Intensive Residential Treatment Service (IRTS) programs to support a person’s successful transition to the next level of care. Article 2, sections 2 and 15

Children’s Therapeutic Services and Supports (effective May 20, 2015)

Law updates and clarifies standards for Children’s Therapeutic Services and Supports (CTSS). It will make standards clearer, more enforceable, and align with current best practices for this service. Article 2, sections 4-14

Cross Reference for Culturally Specific Chemical Dependency Treatment

This law corrects a cross-reference in statute to the definition of a culturally specific substance use disorder treatment service. Article 2, section 3

Repeal of Obsolete Rule for Residential Mental Health Services

This law repeals an outdated rule (Rules 9535.2000 to 9535.3000 aka Rule 12)that governed the granting and use of funds to pay for residential services for adults with mental illnesses. The processes and requirements in these rules no longer are in use. Article 2, section 16

Requirements for Chemical Dependency Programs Offering Childcare

Law clarifies that chemical dependency treatment providers who offer on-site child care to their clients, but are not licensed as a child care provider, must meet the requirement under the:

- Minnesota Rule for chemical dependency programs that offer child care services (9530.6490)
- Minnesota statute for child care programs to be exempt from licensure (245A.03, subd. 2).

Article 2, section 3

Telemedicine for Chemical Dependency Services (effective May 20, 2015)

This law allows the use of telemedicine to deliver substance-use disorder treatment services as an alternative to face-to-face treatment. Article 2, section 3

Tobacco Inspection Vehicles

This law allows DHS tobacco inspection vehicles to use unmarked license plates when conducting unannounced tobacco compliance checks. The goal of the tobacco inspection program is to ensure that tobacco is not getting into the hands of minors. This will help ensure that tobacco checks are random, unannounced and valid. Article 2, section 1

Acronyms

ABLE	Achieving a Better Life Experience
ACE	Adverse Childhood Experiences
ACT	Assertive Community Treatment
BI	Brain Injury
CAC	Community Alternative Care
CADI	Community Access for Disability Inclusion
C.A.R.E.	Community Addiction Recovery Enterprise
CCOA	Continuing Care for Older Adults Administration
CDCS	Consumer-Directed Community Supports
CEP	Common Entry Point
CFSS	Community First Services and Supports
CMS	Centers for Medicare and Medicaid Services
CS	Community Supports
CS/SD	Community Service/Community Services Development Grants
CTSS	Children's Therapeutic Services and Supports
DD	Developmental Disabilities
DHS	Department of Human Services
EW	Elderly Waiver
FFP	Federal Financial Participation
FPG	Federal Poverty Guideline
FY	Fiscal Year
GRH	Group Residential Housing
HCBS	Home and Community-Based Services
HOPWA	Housing Opportunities for People with AIDS
IRTS	Intensive Residential Treatment Service
LIA	Lead Investigative Agency
LTCC	Long-Term Care Consultation
MA	Medical Assistance
MA-EPD	Medical Assistance for Employed Persons with Disabilities
MFIP	Minnesota Family Investment Program
MSA	Minnesota Supplemental Aid
NF	Nursing Facilities
NF LOC	Nursing Facility Level of Care
PCA	Personal Care Assistance
PRTF	Psychiatric Residential Treatment Facilities
SNAP	Supplemental Nutrition Assistance Program
SSI	Supplemental Security Income