



Bulletin

NUMBER

#14-25-03

DATE

July 7, 2014

OF INTEREST TO

County Social Services
Directors
County Public Health
Agency Directors
Tribal Chairpersons
Alternative Care
Program Administrative
Contacts
Social Services
Supervisors and Staff
County Fiscal
Administrative Staff
Community Health
Services Administration
Tribal Health Directors
Area Agencies on Aging

ACTION/DUE DATE

Please complete local AC program plan and budget for FY15 by July 31, 2014.

EXPIRATION DATE

The allocation policies in this bulletin are effective through June 30, 2015.

Alternative Care Program Allocates Funds for FY 2015

TOPIC

Alternative Care (AC) Program apportions state funds for fiscal year (FY) 2015, requires local AC program plan and budget submission, requires renewal of AC Discretionary Services budgets for participating agencies, and issues optional application for targeted funds.

PURPOSE

Notify lead agencies of state fiscal year 2015 changes to program appropriation. Allocate funds to support local AC access and service delivery. Provide information about requirements related to local AC program administration, including implementation of new budget limits for certain AC participants

CONTACT

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SIGNED

LOREN COLMAN
Assistant Commissioner
Continuing Care Administration

TERMINOLOGY NOTICE

The terminology used to describe people we serve has changed over time. The Minnesota Department of Human Services (DHS) supports the use of "People First" language.

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I. Introduction

Minnesota's 2014 State Legislature has approved Alternative Care (AC) Program funds for the state's 2015 fiscal year (FY), effective July 1, 2014. Local AC program administrators are responsible for actively and effectively ensuring continued program access and service delivery throughout the FY 2015.

II. Local Alternative Care Program Administration

AC program funds are authorized in the state's budget as a major program appropriation and are then allocated annually to local lead agencies (county social service, contracted public health agencies, or contracted tribal governments) in the form of a base allocation amount. Lead agency AC allocations are maintained within the state's Medicaid Management Information System (MMIS) and are distributed in the form of payments to AC service providers for authorized services delivered to eligible persons.

As part of Reform 2020, the 2013 Minnesota Legislature authorized the Minnesota Department of Human Services (DHS) to receive federal match for the Alternative Care program upon the Centers for Medicare and Medicaid Services (CMS) and Minnesota Management and Budget approval. DHS received final approval on November 1, 2013. This change will not impact the lead agency allocations. Laws of Minnesota, 2013, Chapter 108, Article 2.

DHS Aging and Adult Services Division, in partnership with the Disability Services Division, is undertaking multiple efforts to modernize its systems for managing, monitoring, and paying providers of Home and Community-Based Services (HCBS) waiver and Alternative Care services. These efforts are in response to concerns from the Centers for Medicare and Medicaid Services (CMS), as outlined in bulletin #13-56-02. DHS has implemented a new federally compliant system to manage and monitor providers. The new system will increase access to services and standardize service quality. Under the new system, county and tribal waiver and AC provider contracts have been eliminated as of January 1, 2014, and counties and tribes have transitioned to an alternative role in provider oversight functions (Minnesota Statutes, section 256B.4912, subdivision 5). DHS Aging and Adult Services Division has also issued guidance to counties and tribes regarding Elderly Waiver and Alternative Care program service rate methodologies (see memo issued April 24, 2014, Elderly Waiver/Alternative Care Program Service Rate Methodologies) which ensure uniform statewide service rate determination methods and standards as required by CMS.

Local lead agency activities occur under an AC program plan that ensures compliance with program policies and procedures, and a budget worksheet that estimates program expenditures for managing access and service delivery within the lead agency's base allocation amount for the fiscal year. The local AC program administrator (director) signs the completed AC program plan and budget worksheet on an annual basis to coincide with the allocation of funds for the lead agency (See Attachment B). The local AC administrator

is responsible for tracking, monitoring, and effectively managing the local AC program within the lead agency's base allocation amount throughout the fiscal year.

For resource needs beyond the base allocation, the Minnesota Department of Human Services (DHS) has the authority and flexibility to approve targeted funds for those local AC programs that require access to additional funds under certain circumstances. The level of projected targeted funds available for FY 2015 is a result of the program funds remaining following the statewide allocation process and the level of program revenue generated through client fees paid to the state between July 1, 2014 and June 30, 2015. Local lead agencies are responsible to determine, assess, and monitor the payment of fees and program access across the local AC client population. Technical resources to support the local administration of the program are listed in Section VIII; Section IX contains information about Targeted Funding.

III. Alternative Care Program Appropriation for the Current AC Program for Fiscal Year 2015

Budget Line Item	Amount
FY 2015 Base Funds - Direct	\$ 42,627,000
[Total Base Allocations for Local AC	\$ 29,056,016
[Targeted Funds]	\$ 13,570,984
Projected Revenue from Monthly Fees	\$ 1,052,000
Total	\$ 43,679,000

Laws of Minnesota 2014, Chapter 312, Article 27, Sec. 75(b) (12); Updated February 2014
DHS Forecast

AC funds allocated for AC lead agencies are known as the "base allocation amount" and are made available on July 1 of each state fiscal year. Base allocation amounts for lead agencies are calculated according to a formula authorized in the statute governing the AC program. The formula for FY15 applies each local AC program's service utilization history equal to the total amount of provider claims paid by June 1, 2014 for services delivered during dates April 1, 2013 through March 31, 2014.

AC lead agencies that demonstrated service utilization at or above 95% of their revised base allocation amount for FY14 receive base allocation amounts for FY15 that are equivalent to 100% of the adjusted base amount plus any inflation factors. AC lead agencies that demonstrated a service utilization below 95% of their revised base allocation amount for FY 14 receive base allocation amounts for FY15 that are adjusted beneath the

FY14 base allocation amount by the amount of unexpended program funds remaining below the 95% plus any inflation factors.

Lead Agency Base Allocation Amounts

Each lead agency's base allocation amount for state fiscal year 2015 is listed in Attachment A: Alternative Care Program / Lead Agency Base Allocation Amounts - FY 2015. The allocation amounts listed in the column "FY 2015 Adjusted Base Allocation" includes a provider rate adjustment as described in Section IV below.

IV. Provider Rate Changes

The 2013 Minnesota Legislature appropriated a 1% increase in HCBS services effective April 2014. The 2014 Minnesota Legislature appropriated a 5% increase in HCBS services effective July 1, 2014 as described in DHS bulletin 14-69-03. The overall adjustment to the FY15 base allocations is a 6.2% increase.

V. Local AC Program Plan and Budget Worksheet

The purpose of the AC Program is to meet the long term care needs of eligible seniors by funding the delivery of home and community-based services. AC services enable eligible seniors to live independently in the community and extend needed support to informal care givers. Further, the outcomes related to assisting seniors in the community include reducing Medical Assistance expenditures for nursing facility care and maintaining the moratorium on the new construction of nursing facility beds.

The AC program plan and budget are submitted annually to DHS at the beginning of the state fiscal year. The budget worksheet is used by local AC program administrators to evaluate the resources available to meet AC service needs in their communities by examining overall program expenditures and the number of clients served in FY 2014, estimating the number of clients lead agencies believe they will serve in FY 2015 and the average costs during the budget period.

Attachment B, AC Local Plan and Budget, is a fillable worksheet. You can either use the form included in this bulletin or the form available on edocs DHS 5771.

The local AC program administrator (director) of the lead agency must sign the completed Attachment B: Alternative Care Program Local Program Plan and Budget - FY 2015, and submit it to DHS by July 31, 2014.

VI. Local Programs Providing AC Discretionary Services Option

Discretionary services allow lead agencies to address special or unmet needs of a client or family caregiver that are not otherwise defined in the AC service menu. These services

may be used to improve access, choice and/or cost effectiveness of the AC program in order to address chronic care needs of the client and does not duplicate other funding streams. Discretionary services, as with other AC services, are necessary to delay or prevent nursing facility admission and are identified in the individual service plan. Up to 25% of a lead agency's annual base allocation may be used for discretionary services. Lead agencies who wish to use the discretionary services option must fill out *Attachment D: AC Application for Discretionary Services* and submit it to the Department of Human Services in care of the AC Program. This form is now available through edocs: DHS 5815.

Lead agencies that have already been approved to administer AC discretionary services need to complete *Part D: AC Discretionary Services* of the budget worksheet in Attachment B. The agency must enter the amount of total estimated annual expenditures for this service category, not to exceed the cap amount. The designation of funds for AC discretionary services creates an upper payment limit within the MMIS for payment of lead agency service claims, but does not remove funds from the total allocation amount supporting payments for all AC services the agency provides.

VII. Important Dates-FY 2015

Local AC program administrators need to be aware of certain dates during the fiscal year that represent important timelines for managing the service provider payments within the local AC base allocation amount. These include:

March 31, 2015	Final date of service; determines AC expenditure history to calculate the AC base allocation amount for FY16
June 1, 2015	Last date of payment; determines AC expenditure history to determine the AC base allocation amount in FY16
June 13, 2015	Last date to submit a request for AC targeted funds in FY15
June 30, 2015	Last date for electronic claim cut-off (11:59 p.m.) in AC FY15; claims must be submitted by this date to be decremented from FY15 allocation
June 30, 2015	Last warrant payment in the AC FY15
July 1, 2015	New fiscal year begins (unpaid or future provider claims will be deducted from FY16 base allocation amount)
July 31, 2015	Annual plan and budget due for FY16

VIII. Technical Resources for Administrators Agencies of Lead

Information is available to assist administrators in tracking and monitoring AC activity. Data such as the total amount of local AC services authorized for payment and the status of the lead agency's AC base allocation are readily available through the MMIS InfoPac reports (listed below) and provider file. Local administrators can submit report questions and request access to local agency-specific reports through the local agency's Infopac liaison. For reference, the MMIS payment and claim calendar can be found on the DHS website. The MMIS provider file, on the PFIN screen, provides each lead agency with a current status of its AC allocation USED amount to routinely monitor the rate of program expenditures, level of provider payment, and status of the lead agency's allocation amount. The AC allocation USED amount is updated every two weeks following the MMIS warrant payment. Each of these resources is used to complete the technical portions of *Attachments B and C*. The following reports are available through the state's MMIS InfoPac:

MMIS InfoPac Report No. & Title	Data Available
R2208 AC Cumulative Service Encumbrance And Payment (Using Date of Payment)	Use this report to identify the authorized and used service pattern by payment date. Services with more units or dollar amount used than encumbered were authorized in the previous year but paid in the current year. Data by county of fiscal responsibility (CFR) and tribal agency; by procedure code, unduplicated recipient, total units encumbered, total units used, total amount encumbered, total amount used, total days service agreement, total days eligible, lead agency average cost per recipient, lead agency average cost per unit, lead agency average units per recipient. Updated monthly.
R2239 Alternative Care Allocations by fiscal year	Identifies the current allocation cap, how much was used and the remaining funds. Also shows the percentage used to date. May be used to keep track of funds to determine if targeted funds may be necessary prior to the end of the year. Data by lead agency and provider, warrant date. Updated with each warrant cycle.
R2457 AC Cumulative Service Encumbrance And Payments (Using Date of Service)	Same information as report R2208 but data is by date of service. Identifies services that are authorized. Current and previous years are included for comparison purposes. Data by CFR and tribal agency; by procedure code, unduplicated recipient, total units encumbered, total units used, total amount encumbered, total amount used, total days SA, total days eligible, lead agency average cost per recipient, lead agency average cost per unit, lead agency average units per recipient. Updated monthly.

MMIS InfoPac Report No. & Title	Data Available
R2460 AC Cumulative Service Encumbrance And Payments (Using Date of Service)	Use this report to identify recipients with the most encumbered/paid amounts to the least encumbered/paid amounts. Data by service date and includes the previous and current years for comparison. Data by CFR and tribal agency; per person amount encumbered, amount paid, remaining balance, total days on SA, average monthly encumbered and paid. Updated monthly.
R2488 AC Cumulative Service Encumbrance And Payments (Using Date of Payment By Provider Number)	This report identifies those providers who may be having trouble with claim submissions or who are lax in submitting claims on a timely basis. Claims may be submitted up to 365 days of the date of service. This report compares the encumbered units/amounts to the used units/amounts. If more units are encumbered than used, and the reporting period is close to the end of the fiscal year, future claims will be paid out of next year's allocation if submitted after the last cut-off date for the last warrant. Data by CFR and tribal agency; by procedure code, unduplicated recipient, total units encumbered, total units used, total amount encumbered, total amount used, total days SA, total days eligible, lead agency average cost per recipient, lead agency average cost per unit, lead agency average units per recipient, by provider number. Updated bi-weekly.
R193 AC Client Information	This report identifies which recipients have a fee and the amount of the fee. Case managers should use it to assure that the fee amount is correct. If not, the service agreement AC required fee amount field must be changed for future dates, and DHS contacted to correct the current and previous months. See bulletin 12-25-05 for more details. Data on monthly client fee billing by PMI#, Swift #, name, address, billed fee, partial fee amount.
R190 AC Overdue Fees	This report identifies which recipients are past due in paying their fees by county of service and case manager. Open cases must be closed after 60 days of nonpayment unless other arrangements have been made for continued payments. See bulletin 12-25-05 for more details. Data on monthly overdue client fees by name, monthly fee amount, fee due date, Swift #, PMI# and status (O-Open, C-Closed, D-Deceased) and case manager.

IX. AC Targeted Funds for FY 2015

Each fiscal year, AC targeted funds are made available to lead agencies to improve outcomes for eligible seniors. The cumulative effects of legislative changes to the AC program over the past few years reduced allocations for many lead agencies in FY 2015. However, lead agencies can continue to apply for targeted funds to expand and improve the AC program in FY 2015. The amount of targeted funds available for FY 15 beginning on July 1, 2014 is approximately **\$13 million**, but is projected to increase by **\$1.0 million** through June 30, 2015, depending on the level of state revenue generated from client fees paid through June 30, 2015. The local AC administrator (director) may submit a request or revised request for targeted funds at any time throughout the fiscal year when a local AC program need has been identified through a local program analysis and the request meets certain criteria and requirements.

A. Criteria for AC Targeted Funds

AC targeted funds may be requested to address any of the following:

1. Local projects to divert community-based seniors from nursing home admission or to relocate nursing facility (NF) senior residents to community-based services.

Lead agencies requesting targeted funds need to submit plans on local project activities, time lines, and the estimated impact on the local need for AC services.

2. Growth due to demographic changes or unmet community needs.

Lead agencies requesting targeted funds need to submit plans that address local demographic changes or unmet needs affecting the local AC eligible population and need for services. Local administration of the AC program should not be utilizing a waiting list strategy when targeted funds are available.

3. AC programs that received FY91 base allocation amounts below FY90 base allocation amounts.

A limited number of local AC programs are affected and retain this priority status until the program's base allocation is equivalent to the FY90 base amount. Programs that retain this priority status through FY15 include: Cook County and Koochiching County.

4. AC programs that experienced underutilization of funds in the previous fiscal year.

AC programs attain this priority status when the FY15 base allocation amount is lower than the FY14 base allocation amount due to lower than estimated expenditures recorded by June 1, 2014. Programs that submit a request for targeted funds must document the degree of provider

billing, including a summation of the impact on the local program and a plan to resolve the provider discrepancies or delay in billing.

5. Funds for new AC program contracts with tribal governments.

Payment for AC services that are delivered under a new contract issued during the state fiscal year will be funded through the use of targeted funds. The base allocation amount will be specified in the contract document.

6. AC programs participating in or affected by DHS' long term care

(LTC) reform efforts. DHS is engaging in reform measures to “rebalance” Minnesota’s long term care from institutional to home and community-based service delivery models. Continued focus of this reform is to develop capacity to provide in-home service options for AC clients and their families. Lead agencies submitting requests for targeted funds should indicate local project involvement, plans for developing AC service capacity, and interagency collaboration.

B. Instructions for Submitting Request for Targeted Funds

All requests must be signed by the director of the lead agency administering the AC program. Requests should be submitted to DHS when a lead agency has a fiscal need. Local AC administrators should note that approved targeted funds are added to the identified base allocation amount and is then incorporated into the calculations for the base allocation amount for the following fiscal year. A lead agency may request targeted funds more than once during a fiscal year as needed.

The request must include a rationale for the targeted funds request based on the above criteria, and a brief summary of the current status of the local AC program and how it has changed from the initial fiscal year plan and budget. Relevant summary information specific to the local program may include noting the impact of belated service expenditures from the previous fiscal year, the level of service authorizations encumbered for AC provider payment, and the rate of provider payment that has occurred in relation to encumbered funds. In addition, changes in client access, average cost per client, provider capacity, or specific service expenditures may also be relevant to summarize the local program's status and resource needs. Information submitted should also include any statewide program changes and their impact on the local AC program.

Local AC administrators must submit Parts I and II of Attachment C: Alternative Care Program / Application for Targeted Funds and Budget - FY 2015. This form is also available through edocs: DHS 5814.

X. Contracts with Tribal Governments for Local AC Administrators

The 2001 Minnesota Legislature granted authority to the commissioner of the Minnesota Department of Human Services to contract with federally recognized Indian tribes with a reservation in Minnesota to serve as the lead agency responsible for the local administration of the Alternative Care Program. Technical assistance and training will be available through DHS' tribal liaison, the AC program administrator, and other staff as needed to work collaboratively with tribal governments and tribal health divisions that have an interest in administering the AC program in their communities.

For planning and budgeting activities, tribal governments can contact DHS for general information and data about current local AC program participation. Information about AC is available and includes, but is not limited to, service utilization data, average cost per client, and average level of need per client.

Tribal governments that are interested in participating as a lead agency for the program should contact Jolene Kohn, Aging and Adult Services at Jolene.Kohn@state.mn.us or 651-431-2579.

Submitting Replies and Requests

All replies and requests should be sent to DHS at the following address:

TO: Gail Carlson

Alternative Care Program, Aging and Adult Services Division,
Minnesota Department of Human Services
Elmer L. Anderson Human Services Building
540 Cedar Street, P.O. Box 64976
St. Paul, MN 55164-0976

Authority

Laws of Minnesota 2014, Chapter 312, Article 27, Section 75 (b) (12)
Laws of Minnesota 2013, Chapter 108, Article 14, Section 2, Subdivision 4
Laws of Minnesota 2013, Chapter 108, Article 7, Section 27
Laws of Minnesota 2013, Chapter 108, Article 7, Section 49, Sub. 3
Laws of Minnesota 2013, Chapter 108, Article 7, Sec 60 (b)
Laws of Minnesota 2013, Chapter 108, Article 7, Section 64
Laws of Minnesota 2012, Chapter 247, Article 4, Section 42
Laws of Minnesota First Special Session 2011, Chapter 9, Article 7, Section 51
Minnesota Statutes, section 256B.0913.

Americans with Disabilities Act (ADA) Advisory

This information is available in accessible formats for people with disabilities by calling (651) 431-2400 (voice) or toll free at (800) 747-5484 or by using your preferred relay service. For other information on disability rights and protections, contact the agency's ADA coordinator.

Attachments

Attachment A: Alternative Care Program / Lead Agency Base Allocation Amounts FY15

Attachment B: Alternative Care Program / Local Program Plan and Budget Worksheet
FY15

Attachment C: Alternative Care Program / Application for Targeted Funds and Budget FY15

Part I: Outline for Supporting Information

Part II: Supplementary Budget Worksheet

Attachment D: Alternative Care Program Application for Discretionary Services FY15

Alternative Care Program-Lead Agency Base Allocation Amounts – FY2015 Attachment A

Lead Agency	FY 2014 Adjusted Base Allocation in dollars	FY 2014 Approved Targeted Funds in dollars	FY 2014 Revised Base Allocation in dollars	Paid Service Claims for 4/01/13 to 3/31/14 in dollars	FY2015*1.0618 Cola Adjusted in dollars
Aitkin	43,009	-	43,009	25,992.80	29,883
Anoka	1,890,466	-	1,890,466	1,499,495.21	1,692,529
Becker	149,748	-	149,748	117,334.78	132,537
Beltrami	443,293	-	443,293	343,580.79	388,349
Benton	81,716	46,690	128,406	49,629.63	59,514
Big Stone	112,708	-	112,708	91,542.25	103,184
Blue Earth	112,304	68,458	180,762	137,370.40	155,457
Brown	30,591	10,000	40,591	30,890.73	34,955
Carlton	182,787	25,000	207,787	184,101.56	206,511
Carver	366,007	-	366,007	330,913.54	370,796
Cass	267,897	-	267,897	183,020.73	208,555
Chippewa	113,863	40,635	154,498	115,257.08	130,583
Chisago	506,523	-	506,523	332,708.80	380,162
Clay	129,528	30,000	159,528	131,069.85	147,640
Clearwater	29,669	9,000	38,669	22,841.96	26,307
Cook	25,190	5,000	30,190	21,270.41	26,545
Cottonwood	5,483	42,000	47,483	20,803.67	24,611
Crow Wing	276,843	25,000	301,843	266,418.47	298,908
Dakota	2,838,102	460,000	3,298,102	2,859,648.94	3,211,472
Dodge	68,479	2,000	70,479	63,805.56	71,491
Douglas	46,816	25,000	71,816	60,645.35	68,206
Faribault	28,577	-	28,577	23,393.81	26,357
Fillmore	53,599	20,000	73,599	46,828.17	53,630
Fond du Lac	20,152	-	20,152	-	21,236
Freeborn	497,712	30,000	527,712	474,544.16	531,888
Goodhue	285,391	35,000	320,391	284,850.49	319,464
Grant	47,312	-	47,312	34,574.90	39,224
Hennepin	5,055,860	715,934	5,771,794	4,834,275.53	5,439,459
Houston	80,988	10,000	90,988	81,170.70	91,018
Hubbard	346,651	-	346,651	203,240.41	234,205
Isanti	188,671	-	188,671	170,139.05	190,671
Itasca	314,344	-	314,344	260,874.48	293,686
Jackson	2,724	20,000	22,724	6,820.65	8,449
Kanabec	97,353	-	97,353	74,647.67	84,430
Kandiyohi	129,930	-	129,930	93,115.96	105,769
Kittson	11,165	11,000	22,165	16,204.71	18,383
Koochiching	44,722	-	44,722	16,581.39	47,486
Lac Qui Parle	73,425	15,000	88,425	78,919.65	88,492
Lake	206,848	-	206,848	159,624.42	180,471
Lake of the Woods	99,066	-	99,066	51,506.96	59,950

Lead Agency	FY 2014 Adjusted Base Allocation in dollars	FY 2014 Approved Targeted Funds in dollars	FY 2014 Revised Base Allocation in dollars	Paid Service Claims for 4/01/13 to 3/31/14 in dollars	FY2015*1.0618 Cola Adjusted in dollars
Leech Lake Tribe	30,228	86,068	116,296	46,112.42	55,137
Le Sueur	54,542	20,000	74,542	54,068.25	61,368
Lincoln	21,659	17,000	38,659	29,252.17	33,113
Lyon	61,185	-	61,185	43,429.88	49,363
Mahnomen	9,573	-	9,573	8,922.26	9,982
Marshall	80,706	-	80,706	70,109.00	78,727
Martin	43,949	35,000	78,949	61,284.45	69,264
McLeod	135,915	-	135,915	89,509.34	102,257
Meeker	196,590	54,333	250,923	189,424.00	214,452
Mille Lacs	165,145	40,000	205,145	182,048.99	204,191
Mille Lacs Tribe	20,152	-	20,152	-	21,236
Morrison	214,193	25,000	239,193	215,170.77	241,168
Mower	305,806	15,000	320,806	296,871.03	332,250
Murray	46,278	-	46,278	32,294.10	36,747
Nicollet	42,446	20,000	62,446	50,278.15	56,701
Nobles	11,755	14,400	26,155	18,194.64	20,708
Norman	26,122	-	26,122	15,420.56	17,761
Olmsted	467,498	94,012	561,510	487,909.09	547,873
Otter Tail	23,565	10,000	33,565	25,966.25	29,353
Pennington	80,406	-	80,406	38,691.97	45,352
Pine	391,523	25,000	416,523	371,644.28	416,726
Pipestone	20,534	12,000	32,534	23,066.96	26,220
Polk	405,260	150,000	555,260	406,018.37	460,590
Pope	67,767	-	67,767	31,225.41	36,753
Ramsey	3,467,004	-	3,467,004	3,154,967.97	3,534,009
Red Lake	19,142	-	19,142	14,069.91	15,956
Redwood	6,090	8,500	14,590	9,619.19	10,989
Renville	180,386	-	180,386	136,837.15	154,871
Rice	470,049	-	470,049	403,399.02	453,284
Rock	28,710	13,000	41,710	31,209.95	35,354
Roseau	48,235	-	48,235	39,220.52	44,206
Scott	232,028	70,000	302,028	242,050.39	273,044
Sherburne	287,900	142,100	430,000	344,470.46	388,588
Sibley	129,437	-	129,437	90,808.55	103,293
St. Louis	2,050,741	-	2,050,741	1,773,356.09	1,991,824
Stearns	347,877	70,000	417,877	372,716.24	417,936
Steele	93,112	-	93,112	73,937.17	83,450
Stevens	26,223	5,000	31,223	24,816.51	28,008
Swift	97,674	-	97,674	45,449.40	53,444
Todd	244,730	-	244,730	165,897.94	189,144
Traverse	32,730	-	32,730	9,148.34	11,452

Lead Agency	FY 2014 Adjusted Base Allocation in dollars	FY 2014 Approved Targeted Funds in dollars	FY 2014 Revised Base Allocation in dollars	Paid Service Claims for 4/01/13 to 3/31/14 in dollars	FY2015*1.0618 Cola Adjusted in dollars
Wabasha	81,593	50,000	131,593	103,307.48	116,679
Wadena	186,281	-	186,281	152,034.02	171,320
Waseca	65,974	-	65,974	54,202.58	61,055
Washington	1,227,792	75,000	1,302,792	1,143,358.35	1,283,184
Watonwan	55,053	20,000	75,053	61,329.20	69,104
White Earth*	60,383	-	60,383	43,101.70	48,972
Wilkin	10,202	-	10,202	2,059.17	2,729
Winona	234,379	-	234,379	196,375.03	220,955
Wright	430,113	-	430,113	370,825.25	416,577
Yellow Medicine	111,512	45,000	156,512	92,789.87	106,834
Totals	28,453,659	2,762,130	31,215,789	25,737,925	29,056,016



Alternative Care Program (AC) Local Plan and Budget – FY 2015



Budget worksheet

Enter Lead Agency:

A. Evaluating Final AC Expenditures – FY 14

1. Enter total AC expenditures for FY 14 (Provider File in MMIS, PFIN screen, AC-CAP-USED amount displayed in PREV row on June 30, 2014)
2. Enter base allocation for FY 14 (Attachment A: Alternative Care Program Lead Agency Base Allocation Amounts – FY 2015; first column, DHS Bulletin #14-25-03)
3. Calculate difference in expenditures (subtract item A.2. from item A.1.)
4. Percent of over expenditure or under expenditure (divide item A.3. by item A.1.)

B. Evaluating AC Program Access – FY 14

1. Enter total AC clients served in FY 14 (Total unduplicated recipients used from July 1, 2013 - June 30, 2014 on InfoPac R2208 dated July 2, 2014.)
2. Enter total estimated AC clients to be served (Item C.2., Attachment B: Local Plan and Budget FY 2014, DHS Bulletin #13-25-03)
3. Calculate the difference in number of clients accessing the AC program (subtract item B.2. from item B.1.)
4. Percent growth in AC caseload (divide item B.3. by item B.2.)
5. Average expenditure for AC services per client (divide item A.1. by item B.1.)

C. Local AC Program Budget – FY 15

1. Enter FY 15 base allocation amount (amount from Attachment A)
2. Estimate number of unduplicated AC clients in FY 15 (divide item C1. by item B.5.)

D. AC Discretionary Services Budget (authorized agencies only)

1. Enter FY 2015 base allocation amount from Attachment A
2. Multiply item D.1. by .25 (FY 2015 cap for discretionary service)
3. Estimate total expenditures for FY 2015 AC discretionary services

E. Local Lead Agency AC Administrator/Contact Information and Authorization

STAFF CONTACT PERSON:	TEL. NO:
STAFF EMAIL ADDRESS:	FAX NO:
LEAD AGENCY DIRECTOR:	
EMAIL ADDRESS:	TEL. NO:
DIRECTOR SIGNATURE:	DATE:

Attention. If you need free help interpreting this document, ask your worker or call the number below for your language.

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Pažnja. Ako vam treba besplatna pomoć za tumačenje ovog dokumenta, pitajte vašeg radnika ili nazovite 1-888-234-3785.

Thov ua twb zoo nyeem. Yog hais tias koj xav tau kev pab txhais lus rau tsab ntaub ntawv no pub dawb, ces nug koj tus neeg lis dej num los sis hu rau 1-888-486-8377.

ໂປຣດຊາບ. ຖ້າທາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ພຣີ, ຈົ່ງຖາມພະນັກງານກຳກັບການຊ່ວຍເຫຼືອຂອງທ່ານ ຫຼື ໂທໂທໂປທີ່ 1-888-487-8251.

Hubachiisa. Dokumentiin kun bilisa akka siif hiikamu gargaarsa hoo feete, hojjettoota kee gaafadhu ykn afaan ati dubbattuuf bilbilli 1-888-234-3798.

Внимание: если вам нужна бесплатная помощь в устном переводе данного документа, обратитесь к своему социальному работнику или позвоните по телефону 1-888-562-5877.

Digniin. Haddii aad u baahantahay caawimaad lacag-la' aan ah ee tarjumaadda qoraalkan, hawlwadeenkaaga weydiiso ama wac lambarka 1-888-547-8829.

Atención. Si desea recibir asistencia gratuita para interpretar este documento, comuníquese con su trabajador o llame al 1-888-428-3438.

Chú ý. Nếu quý vị cần được giúp đỡ dịch tài liệu này miễn phí, xin gọi nhân viên xã hội của quý vị hoặc gọi số 1-888-554-8759.

LB1-0001 (3-13)

ADA1 (12-12)

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Alternative Care Program (AC) Application for Targeted Funds – FY 2015

Part I: Outline for Supporting Information

Requests for targeted funds must be submitted with a brief summary of supporting information together with a supplementary budget worksheet (DHS-5814, Part II) to demonstrate the level of funds required. Both Parts I and Part II are required prior to DHS approval for AC targeted funds. Use the following questions as a guide for completing the supporting information.

- A.** Aside from the local program plan of fundamental program components submitted to the DHS, what additional activities or initiatives is the local program pursuing to further the state's purpose and goals for the AC program in local communities? An example may be that a need for additional access to waiver transportation service has been identified and expanding the capacity for service delivery in this area is being addressed.
- B.** How will additional funds be utilized? Examples (related to the example above) may be to negotiate a contract with a new vendor in the community, or to support higher access to waiver transportation service due to an increasing AC population. Include estimates on the related cost and number of clients that will be affected by this change.
- C.** What local change in the AC program is occurring that necessitate access to additional funds? An example may be that the local AC service population includes a greater number of clients with higher ADL needs, on the average, or the lead agency assisting more nursing facility residents to transition into community-based services. Include estimates on differences or variations in the profile of the local AC population, changes in the average cost per client, and the overall affect on the local AC program compared with the agency's fiscal year budget submitted in July 2014.
- D.** What provider issues are the local program experiencing that necessitate access to additional funds? An example may be that certain providers are exhibiting poor provider billing practices which were unanticipated in the original fiscal year budget. Provide detailed documentation on the impact to the local program's AC funds and the local plan to resolve provider discrepancies.
- E.** Specify whether the local program is involved in planning and development initiatives related to planned nursing facility closures, long term care reform, community capacity or service grants, or care-giver support programs. Indicate the time line, status, and interaction with any other DHS's approval or funding process. Attach a brief summary of the local planning and development information. Lead agencies are not required to resubmit gaps analysis information currently on file at the DHS.
- F.** Include other relevant information specific to the local program such as the effect of belated expenditures from the previous fiscal year, the level of encumbered amounts on service authorizations, and the level of provider payment in relation to encumbered amounts. In addition, include noted changes in specific service expenditures or statewide program changes and their impact on the local AC program.



Alternative Care Program (AC) Application for Targeted Funds – FY 2015

Part II: Supplementary Budget Worksheet

A supplementary budget worksheet must be included with the supporting summary information when a request for AC targeted funds is submitted to the Department.

A. Lead Agency

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B. Revised Local AC Budget – FY 2015

Local AC Base Allocation Amount	\$
Requested Targeted Funds Amount	\$
Revised Local AC Base Allocation Amount	\$

C. Lead Agency/Local AC Administrator Contact Information and Authorization

AC ADMINISTRATIVE CONTACT PERSON:	TEL. NO:
EMAIL ADDRESS:	FAX NO:
LEAD AGENCY DIRECTOR:	
DIRECTOR'S SIGNATURE:	DATE:

D. Department Approval of Targeted Funds Request (For Central Office Use Only)

	DATE RECEIVED:
Approved Allocation Amount (revised)	\$
AUTHORIZING SIGNATURE:	DATE:
Approved Allocation Amount (revised)	\$
AUTHORIZING SIGNATURE:	DATE:

AC Allocation Spreadsheet Revised	INITIAL:	DATE:	INITIAL:	DATE:
Allocation Amount Revised - MMIS				
Approval Letter Sent				

Note: Approved AC targeted funds are added to the lead agency's base allocation amount and affect the determination of the base allocation amount for the following fiscal year.

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កំណត់សំគាល់ ។ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះដោយឥតគិតថ្លៃ សូមសួរអ្នកកាន់សំណុំរឿង របស់អ្នក ឬហៅទូរស័ព្ទមកលេខ 1-888-468-3787 ។

Pažnja. Ako vam treba besplatna pomoć za tumačenje ovog dokumenta, pitajte vašeg radnika ili nazovite 1-888-234-3785.

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Chú ý. Nếu quý vị cần được giúp đỡ dịch tài liệu này miễn phí, xin gọi nhân viên xã hội của quý vị hoặc gọi số 1-888-554-8759.

LBI-0001 (3-13)

ADA1 (12-12)

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Alternative Care Program (AC) Application for Discretionary Services FY 2015

Discretionary services allow lead agencies to address special or unmet needs of a client or family caregiver that are not otherwise defined in the AC service menu. These services may be used to improve access, choice and/or cost effectiveness of the AC program in order to address chronic care needs of the client and does not duplicate other funding streams. Discretionary services, as with other AC services, are necessary to delay or prevent NF admission and are identified in the individual service plan. Up to 25% of a lead agency's annual allocation may be used for discretionary services. Lead Agencies must re-apply annually.

Lead Agency:	DATE
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- Desired Outcome: Improves consumer access or choice
 Expedites NF transfer into the community
 Supports family caregivers in providing care

Name of Service(s) *
(Attach service standard and provider qualifications)

Client(s) Served
(please list client by service):

Provider Name(s):*

Payment rate and units of service
(by service):

Total estimated expenditures for FY 15 discretionary services
(Attachment B Part D: Local Plan and Budget Worksheet FY 2015)

EFFECTIVE DATE	AUTHORIZED BY:
LEAD AGENCY DIRECTOR	

***Please attach service standards and provider qualifications and submit to:**

Alternative Care Program
 Minnesota Department of Human Services
 P.O. Box 64976
 St. Paul MN 55164-0976
 Fax: 651-431-7415

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