



## FY 2019 (July 1, 2018 – June 30, 2019) Residential Information Systems Projects (RISP) Survey

**About:** The University of Minnesota's Residential Information Systems Project (RISP) is funded by the Administration on Community Living as a Project of National Significance, National Longitudinal Study. The study began in 1977, and tracks Medicaid and state-funded long-term supports and services for people with intellectual and developmental disabilities (IDD). This annual survey of State IDD Agencies is fielded in collaboration with the National Association of State Directors of Developmental Disabilities Services (NASDDDS). This survey is the basis for state and national profiles published in the annual RISP report and on the RISP website (risp.umn.edu).

**Timeline:** FY 2019 surveys are due March 30, 2020. Late responses may not be included in our FY 2019 annual report. Questions reference June 30, 2019, or the period from July 1, 2018 through June 30, 2019.

**Target Population:** Parts 1 and 2 ask about the size and type of residence for people with IDD on the caseload of the state IDD agency who receive one or more publicly funded long-term support or service (LTSS) in addition to case management or service coordination. All people living in Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) should be included even if the facility is licensed or monitored by an agency other than the State IDD Agency. This LTSS includes people receiving in-home or residential supports, as well as people only receiving personal care assistance, family supports, day or employment supports, behavioral supports, support for participant direction, therapeutic services, non-Medical transportation, equipment, technology and modifications, home delivered meals, community transition services, family and caregiver training, respite, and financial management services. This excludes people with IDD living in nursing homes or psychiatric facilities unless they live in a unit certified as an ICF/IID.

Parts 3 and 4 ask about people with IDD who are LTSS Recipients, as well as those who receive only case management services, are waiting for LTSS, or are known to the State IDD Agency but are not receiving LTSS. This excludes people whose eligibility for services has not been determined.

Part 5 includes people with IDD living in Nursing Homes, Psychiatric Facilities, or other Congregate Settings regardless of whether they are currently on the state IDD agency caseload.

**Respondent:** This survey should be completed by the state director of IDD services, or his or her designee. Please consult your state's Medicaid office, or other relevant state agencies, as needed to provide accurate responses.

### Survey Clarifications:

- Funding authorities:** Two response options were added to the funding authority question.
  - Medicaid State Plan funded Targeted Case Management services
  - Medicaid State Plan funded Home and Community-Based Services other than 1915 (i) or (k)
- Nursing homes and psychiatric facilities.** Do not report on people in nursing homes or psychiatric facilities in parts 1 and 2 unless they are in an ICF/IID certified unit. Report the number of people in nursing homes or psychiatric facilities other than ICF/IID certified units in Part 5.
- Age:** People born on or before June 30, 1997 should be included in the 22 years or older category. People born July 1, 1997 or later should be included in the birth to 21-year old category.

### General Instructions

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- Complete responses help ensure that your state’s system is accurately portrayed. If you do not furnish complete information, the charts and graphs for your state may be incomplete or inaccurate. If a precise value is not available, provide an estimate whenever possible.
- Answer all questions. Do not leave questions blank.
  - Enter “0” when there are no people/settings/expenditures in a particular category. Do not use “0” to indicate missing data.
  - Use “e” to designate estimated values.
  - Use “DNF” (Data Not Furnished) to indicate that you are unable to furnish a value, and a reasonable estimate cannot be made.
  - Provide totals, even if you are unable to provide breakdowns by type of operation, age, setting type, or setting size. For example, if you are able to report the total number of people living in nonstate group homes of six or fewer people but do not know how many of those people were in group homes of 1-3 people versus group homes of 4 to 6 people, enter the total in the 1-6 column, and “DNF” for 1-3 and 4-6.
- If you are reporting data for a date other than June 30, 2019 or for a period other than July 1, 2018 through June 30, 2019, please specify the alternate reporting period you used.
- Use notes
  - To explain anything readers of the technical report need to know to understand your response
  - To explain why a value has changed substantially from the previous year, or from the trend in recent years
  - If you used a definition different from the operational definition provided
  - If you used a different methodology, or categorized people differently, than in the past
  - To explain why you were only able to answer part of a question
  - To help the person completing the survey in subsequent years know how you arrived at the value
- Shaded boxes show values that are automatically computed in the online version of the survey.
- On the word version of the survey, boxes indicate items requiring a response.
- Additional instructions can be found in the “[Operational Definitions](#)” document.

### Online Survey Instructions

The RISP survey is designed for online use. The online survey offers many tools, such as access to responses to previous year surveys, notes about data sources and explanations about specific values, interactive and context based instructions, and automated validation checks to confirm the accuracy of the reported data.

- **Login.** The system automatically tracks all entries by login ID. Each person should have his or her own user name and password. If someone forgets their password or needs to initiate a new account password, please go to “Reset your password” at <https://risp.umn.edu/user/password> and enter your email address. An email will be sent to you to regenerate a password as long as your email is in the system. Please do not use another person's ID to log in.
- **Main Menu.** The main navigation menu is at the top of the screen. Click on the section name to open the screen to enter data for that section.
- **Save.** Click on the green save button on the top of each screen to save your work before moving to another screen. You will receive a reminder to save your work if you try to move to a different section of the survey without saving your work. It is best to save data frequently. Changes that have not been saved are outlined by a green box. Refresh or reload your browser to cancel changes without saving them.
- **Definition of Terms.** Definitions for selected terms can be viewed by moving your cursor over the term with a dotted underline.
- **Yes/No Questions.** To respond to yes/no questions click on the triangle and scroll down to select your answer.

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- **Numeric Questions.** To respond to numeric questions click on the response box and enter a number.
- **Total:** Entering a zero in the total for a row will often make the remaining cells in the row zero.
- **Computed values** have a shaded background and are generated automatically based on your responses. Many computed values are reported in the annual RISP report. Please review all computed totals to ensure that they are correct. If you find a computed value that is incorrect, review the data to confirm that they are correct. Some computed values use data from more than one section of the survey

### Expand Menu

Expand

Clicking the **Expand** button will open a new screen with additional data entry and proofing options.

- **Value:** Your response is shown in the value field.
- **Date:** By default, we assume that the data you provide is for June 30, 2019. If you are reporting data from a different date (such as data from a previous year), please enter the alternate date in the date box at the top of the expand screen.
- **Data Flags** can be used to specify that your response is an estimate, that you are not able to furnish a value, or to enter a note about your response.
- **Estimates.** To mark your response as an estimate, click on the “**estimate**” button in the “create as” section of the expand menu. Specifying that the value is an estimate will add code: “e” under the value.
- **Did not furnish.** If you leave the value for an item blank, the “**Expand**” menu will include a “Did not furnish” option. Click on the “**DNF**” button to indicate that you are not able to provide a response to the question. If you select the “did not furnish” button, “**DNF**” will appear as the value.
- **Notes.** To provide further explanation, type your explanation in either the private detail or the public detail box.
  - **Private detail** – not for publication, but helpful for RISP staff or state staff who enter data, or
  - **Public detail** – for publication in the state notes section of RISP reports and other products so that readers can correctly interpret your data.
  - In the “**create as**” menu on the lower right side of your screen click on a box to indicate whether your note is related to an “estimate”, a value you “did not furnish” or a “generic note.” Generic notes can be public or private.
  - Once a note is added, it can be selected from the “**Existing data-flag**” list by clicking on the note to apply it to other survey items. If you add a note, “**code: Generic**” will appear under the value you entered. To view the note, click on the expand button.
- **Warnings and validation checks.** Your survey responses are compared to previous years’ values and to responses to other survey items as they are saved.
  - If the value you entered is inconsistent with other responses on the current survey or is a large change from previous years, “**Warning**” will appear under the value.
  - If “**Warning**” appears, confirm that you entered the value correctly. Click on the **expand** screen and scroll to the bottom section to view responses to previous year’s surveys. Enter a different value if necessary and click on save. The warning will disappear if the revised value passes the validation check.
  - If a “**Warning**” is shown but you believe the value to be correct, add a generic public or private note explaining why the value is correct.
  - The RISP team will review all failed validations, warnings and notes during the proofing process and will contact you if we need more information.
- **Values from Previous Surveys** Values reported for your state from 2005 to the present can be viewed at the end of the **Expand** screen. If you would like to change data from previous years, notify the RISP team. We will update the database, and use the revised data for subsequent reports and products.
- **View Changes** All changes made to a value since the survey was released are shown at the bottom of the expand screen. The list shows the date a change was made, the previous value, and the new value.

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Your assigned RISP project staff member is available by phone or email, and will contact you during the editing process if we find missing or questionable values, or notice a change from previous years that has not been explained in your comments.

Thank you for your ongoing support of this Administration on Community Living's Longitudinal Data Project of National Significance.

The RISP team (Sherri Larson, Heidi Eschenbacher, and Brittany Taylor)

Sherri Larson, Principal Investigator, Residential Information Systems Project  
612-624-6024 [larso072@umn.edu](mailto:larso072@umn.edu)

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### Funding Authorities

This section asks about federal and state **Funding Authorities** used to finance **long-term supports and services** for people with IDD as of June 30, 2019.

- Please respond “yes” to indicate **Funding Authorities** for which you had expenditures in FY 2019 for people with IDD.
- Respond “no” if the **Funding Authority** was not used to fund LTSS for people with IDD in FY 2019. If you say “no,” you will not be able to enter recipients, settings, or expenditures for that authority anywhere in the survey. If you selected “no” by mistake, simply change your “no” to a “yes” to enable data entry in other parts of the survey.
- If you are unsure, please consult with your **State IDD Agency Director** or Medicaid office.

Did your state use the listed <b>Funding Authority</b> to fund LTSS for people with IDD on June 30, 2019?		Yes/No
<b>Medicaid Waiver</b>	1115 Demonstration Waiver	
	1915 (a) (b) or (b/c) Managed Care Waiver with LTSS	
	1915 (c) Home and Community Based Services Waiver	
<b>Medicaid State Plan Home and Community Based Services (HCBS)</b>	1915(i) State plan Home and Community Based Services	
	1915(k) Community First Choice	
	Other Medicaid State Plan Home and Community Based LTSS (e.g., home health care or personal care attendant services)	
	Targeted Case Management	
<b>Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID)</b>		
<b>State (Non-Medicaid)</b>	State funding not matched with Federal Medicaid funds	

### Part 1: State-Operated IDD Recipients and Settings on June 30, 2019

**State-Operated Settings** are residential settings staffed by people employed and paid directly by the state

- Include state-operated IDD facilities and ICF/IID certified units in Nursing Homes or Psychiatric Facilities.
- Multiple units, cottages, or homes located on a single campus should be counted as a single setting. Units, cottages, or homes located on different campuses should be counted separately.
- Setting size is based on number people with IDD living in the facility/on the campus as of June 30. Do not count “empty beds” in determining setting size (for example, a campus licensed to serve up to 20 people that has 12 people in residence on June 30 should be listed in the 7-15 people category).

#### 1A. How many **State-Operated Settings** served people with IDD on June 30, 2019 (by Facility Size and **Funding Authority**)?

Number of State-Operated IDD Settings	Settings by Size						
	1-3	4-6	1-6 Total	7-15	16+	Size Unknown	Total All Sizes
<b>Funding Authority</b>							
<b>Medicaid Waiver</b> 1115; 1915 (a) (b) (b/c); and 1915 (c)							
Medicaid ICF/IID*							
<b>Other **</b>							
Total							

\*Include ICF/IID Certified units in nursing homes or psychiatric facilities. \*\*Do not nursing homes or psychiatric facilities here.

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**1B. How many people with IDD lived in State-Operated IDD Settings on June 30, 2019 (by Setting Size and Funding Authority)?**

State-Operated IDD Settings	People by Setting Size						
	1-3	4-6	1-6 Total	7-15	16+	Size Unknown	Total People
Funding Authority							
Medicaid Waiver 1115; 1915 (a) (b) (b/c); and 1915 (c)							
Medicaid ICF/IID *							
Other **							
Total							

\*Include ICF/IID Certified units in nursing homes or psychiatric facilities. \*\*Do not include people living in other state-operated nursing homes or psychiatric facilities here (report them in Section 5).

**1C. Describe people with IDD and daily costs in State-Operated IDD Settings serving 16 or more people (also known as Public Residential Facilities, PRFs) for the Year ending June 30, 2019 by Funding Authority**

State Operated IDD Settings serving 16 or more people with IDD	Medicaid Waiver	Medicaid ICF/IID*	Other**	Total
<b>ADMISSIONS/READMISSIONS</b> between July 1, 2018 and June 30, 2019 (Do not include short-term respite or crisis admissions of 90 days or less or transfers between PRFs)				
<b>SHORT-TERM respite or crisis ADMISSIONS to PRFs</b> (for stays of 90 days or less)				
<b>DISCHARGES</b> number of people who moved out of the facility between July 1, 2018 and June 30, 2019 (excluding short-term respite or crisis stays and transfers between PRFs)				
<b>DEATHS</b> People who died between July 1, 2018 and June 30, 2019 while living in a PRF.				
<b>AVERAGE DAILY RESIDENTS</b> between July 1, 2018 and June 30, 2019.				
<b>PER DIEM</b> (average daily per person cost of care). Enter N/A if there were no PRFs in a Funding Authority category on June 30, 2019.				

\*Include people in ICF/IID certified units of psychiatric facilities or nursing homes. \*\*Do not include people living in other state-operated nursing homes or psychiatric facilities here (report them in Section 5).

**Part 1** Data date if not June 30, 2019:

Respondent Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Part 2. Nonstate-Operated LTSS Recipients and Settings on June 30, 2019**

**Nonstate-Operated** settings - LTSS settings staffed by employees of an entity other than the state.

**Setting Size** Number of service recipients living in the setting as of June 30, 2019. Do not count empty beds. For example, a campus licensed to serve 20 people with 12 people in residence on June 30 should be listed in the 7-15 people category.

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### Nonstate-Operated Living Arrangements for people on the IDD agency caseload

Type I: **ICF/IID**. Medicaid Intermediate Care Facilities for Individuals with Intellectual Disabilities.

Type II: **IDD Group Home**. A residence **owned, rented, or managed by the residential services provider, or the provider's agent**, to provide housing for persons with IDD in which staff provide care, instruction, supervision, and other support for residents with IDD. Include corporate foster care settings and provider-owned or controlled housing.

Type III: **Host/ Foster Family Home**. A home owned or rented by an individual or family in which they live and provide care for one or more unrelated persons with IDD.

Type IV: **Own Home**. A home **owned or leased by one or more persons with IDD** as the person(s)' own home, in which they receive personal assistance, instruction, supervision, and other supports. Do not include family homes, provider-owned group homes or host/foster family homes.

Type V: **Family Home**. A residence of a person(s) with IDD that is also the home of a related family member in which the person receives one or more long-term support or service such as respite care, personal assistance, day habilitation, or in-home supports in addition to case management services.

Type VI: **Other Setting Type**. Other residential settings such as hospitals, assisted living facilities, board and care facilities, farmsteads, intentional, or gated communities. Do not report on psychiatric facilities or nursing homes here (report on them in Part 5 of the survey).

Type VII: **Unknown Setting Type**. The type of setting in which a LTSS recipient with IDD lives is not known (for questions 2B and 2C).

### 2A. In how many different Nonstate-Operated settings did LTSS Recipients with IDD live on June 30, 2019 (By Setting Size and Setting Type)?

Nonstate Operated Settings by Residence Type	Setting Size						Total Settings
	1-3	4-6	1-6 Total	7-15	16+	Size Unknown	
I. ICF/IID							
II. IDD Group Home							
III. Host/ Foster Family Home							
IV. Own Home							
V. Family Home	Not requested						
VI. Other Settings							
Total							

\*Do not report on people living in nursing homes or psychiatric facilities (Report them in Part 5 of the survey).

### 2B. How many LTSS recipients with IDD on the caseload of the state IDD agency lived in nonstate operated settings on June 30, 2019 (By Setting Size and Residence Type)?

Nonstate-Operated Settings	People by Setting Size						
	1-3	4-6	1-6 Total	7-15	16+	Size Unknown	Total People
I. ICF/IID							
II. IDD Group Home							
III. Host/ Foster Family Home							
IV. Own Home							
V. Family Home	Not requested						
VI. Other Setting*							
VII. Unknown Setting Type	Not requested						
Total							

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\*Do not report on people living in nursing homes or psychiatric facilities (Report them in Part 5 of the survey).

**2C. Of the people with IDD living in each setting type, how many received services funded by a Medicaid Waiver Funding Authority (1115, 1915 (a), (b) or (b/c), 1915 (c)).**

**Optional:** How many LTSS recipients with IDD living in each setting type received services funded by **Medicaid State Plan** Home and Community Based Services (1915 (i) or 1915 (k)) Funding Authority?

**Optional:** For each setting type, note the unduplicated total people with IDD who services were funded by either **Medicaid Waiver** and/or **Medicaid State Plan** Home and Community Based Services funding authorities.

Residence Type	Number of People with IDD		Optional	
	Medicaid Waiver 1115; 1915 (a) (b) (b/c); 1915 (c)		Medicaid State Plan 1915(i) or 1915(k)	Unduplicated Total
<b>I. ICF/IID</b>	Not applicable			
<b>II. IDD Group Home</b>				
<b>III. Host/ Foster Family Home</b>				
<b>IV. Own Home</b>				
<b>V. Family Home</b>				
<b>VI. Other Setting*</b>				
<b>VII. Unknown Setting Type</b>				

\*Do not report on people living in nursing homes or psychiatric facilities (Report them in Part 5 of the survey).

**Part 2** Data date if not June 30, 2019:

Respondent Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Part 3: IDD Agency Caseload, LTSS Recipients, and Expenditures**

This section asks about Medicaid and State **LTSS** expenditures for people on the **State IDD Agency Caseload**, by **Funding Authority**, age, and living arrangement (family home or other).

This is what you reported in Parts 1 and 2 (for those using the online survey)

<b>LTSS Recipients</b> Living in <b>State-Operated</b> Settings (Part 1B)	Total Part 1
<b>LTSS Recipients</b> in <b>Nonstate</b> Settings (Part 2B)	Total Part 2
<b>LTSS Recipients in Nursing Homes</b> (Part 5B)	Total Part 5B
<b>LTSS Recipients in Psychiatric Facilities</b> (Part 5C)	Total Part 5C
<b>Total LTSS Recipients</b>	LTSS recipients

State IDD Agency Caseload includes people with IDD known to the state agency who are eligible for or receiving services through the state IDD agency regardless of whether they currently receive services

**Include**

- **People with IDD known to the State IDD Agency who receive one or more long-term support or service in addition to case management**
- People receiving only case management or service coordination services
- People waiting for services, and
- People known to the **State IDD Agency** but not receiving LTSS

**Do not include** people whose eligibility for services has not been determined



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**3. How many people with IDD were on the State IDD Agency Caseload on June 30, 2019 (By Age)? Provide an unduplicated total.**

State IDD Agency Caseload	21 years or younger	22 years or older	Total All Ages
Number of People			

**LTSS Recipients with IDD and Expenditures by Recipient Age and Living Arrangement**

Report recipients and expenditures for FY 2019 (July 1, 2018 through June 30, 2019) for each Funding Authority.

- For Medicaid funding authorities report both federal and state/local expenditures.
- Report total recipients and total expenditures if you are unable to separate expenditures by age.
- Include expenditures for both state-operated and nonstate-operated service settings.

**3A: Medicaid Waiver Recipients and Expenditures by Age for FY 2019**

Medicaid Waiver 1115, 1915 (a)(b)or (b/c), 1915 (c)	21 years and younger	22 years and older	Total All Ages	Recipients Parts 1 & 2
Recipients				
Expenditures				
Expenditures per person				

**3B. Medicaid Waiver Recipients and Expenditures by Living Arrangement and Age for FY 2019.**

Medicaid Waiver 1115, 1915 (a)(b)or (b/c), 1915 (c)		21 years and younger	22 years and older	Total All Ages
Home of a Family Member	Recipients			
	Expenditures			
	Expenditures per person			
Other (non-family) Setting	Recipients			
	Expenditures			
	Expenditures per person			

**3C: Medicaid State Plan Home and Community Based Services Recipients and Expenditures by Age**

Medicaid State Plan HCBS 1915(j) or 1915(k)	21 years and younger	22 years and older	Total All Ages	Recipients (Part 2)
Recipients				
Expenditures				
Expenditures per person				

**3D: Medicaid Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) Recipients and Expenditures by Age**

Medicaid ICF/IID		21 years and younger	22 years and older	Total All Ages	Recipients (Parts 1 and 2)
Total State-operated and nonstate-operated ICF/IID	Recipients				
	Expenditures				
	Expenditures per person				

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**3E: State-Funded Non-Medicaid LTSS Recipients and Expenditures by Age**

State-Funded Non-Medicaid	21 years and younger	22 years and older	Total All Ages
Recipients			
Expenditures			
Expenditures per person			

**3F: People with IDD on the State IDD Agency Caseload but not receiving funded LTSS on June 30, 2019 No Medicaid or State-Funded LTSS**

	21 years and younger	22 years and older	Total All Ages
People with IDD			

**Part 3** Data date if not June 30, 2019:

Respondent Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Part 4: Medicaid Waiver Waiting List**

**4. How many people with IDD living with a Family Member, or in Own Home settings, were waiting for any type of Medicaid Waiver-funded long-term supports and services on June 30, 2019?**

*Include people who*

- Lived with a family member or in their own home
- Received State-funded or Medicaid State Plan funded services or supports who were waiting for Medicaid Waiver-funded supports

*Do not include people*

- Living in an ICF/IDD, or in another non-family setting
- Already receiving Medicaid Waiver 1115, 1915 (a)(b) or (b/c) or (c) funded supports who are waiting for additional funding

People Waiting for Medicaid Waiver 1115, 1915 (a)(b) or (b/c), 1915 (c) funding	Number of People
How many people with IDD living in their own home or the home of family member were waiting for (but not receiving) Medicaid Waiver-funded LTSS on June 30, 2019?	
a. Of the people waiting, how many were receiving case management (including Targeted Case Management) services?	
b. Of the people waiting, how many were waiting to move to a setting other than the home of a family member?	

Part 4 Respondent Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Part 5 Psychiatric Facilities, Nursing Homes and other Congregate Settings**

*This section includes all people with IDD in your state whether they are served by the State IDD Agency or not.*

**5. How many people with IDD lived in state-operated or nonstate-operated Nursing Homes or Psychiatric Facilities on June 30, 2019?**

5A	Number of people with IDD	State-operated	Nonstate-Operated	Total
Nursing Homes	In nursing homes			
	Optional: On IDD agency caseload			
	Optional: NOT on IDD agency caseload			

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5B	Number of people with IDD	State-operated	Nonstate-Operated	Total
<b>Psychiatric Facilities*</b>	In psychiatric facilities			
	<b>Optional:</b> On IDD agency caseload			
	<b>Optional:</b> NOT on IDD agency caseload			

Congregate Settings are

- Non-family residential settings (state- or nonstate-operated) housing LTSS recipients regardless of type or funding authority
- In which rotating (or shift) staff members provide supports and services

**Congregate Settings** do not include settings serving people with IDD who:

- Live with birth or adoptive parents, or other family members (**Family Home**)
- Live in **Own Home Settings**
- Live in **Foster Family Settings** in which no shift staff work
- Live only part of the year in a residential PreK-12 school
- Live in correctional or juvenile justice facilities
- Receive only respite services
- Live in other states (do count people who live in your state whose services are paid by another state)

**5B: How many people with IDD in your state 21 years or younger lived in Nursing homes or other Congregate Settings of four or more people on June 30, 2019?**

Settings Housing 4 or more LTSS recipients	People with IDD ages 21 years or younger
<b>Nursing home</b>	
Other <b>Congregate Setting</b> housing four or more people	
Total	

**5C: How many people with IDD in your state 22 years or older lived in Nursing homes or other Congregate Settings of 16 or more people on June 30, 2019?**

Setting Housing 16 or more LTSS recipients	People with IDD ages 22 years or older
<b>Nursing homes</b>	
Other <b>Congregate Settings</b> housing 16 or more people	
Total	

**Part 5:** Data date if not June 30, 2019:

Respondent Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Thank you for completing the RISP survey. Please inform your RISP contact that you have completed the survey. The project team will review your responses. We will contact you if we have any questions. Contact your assigned RISP staff member individually or the RISP project team at ([RISP@umn.edu](mailto:RISP@umn.edu)) if you have questions.

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### RISP Project Staff Members

<p>Sherri Larson larso072@umn.edu 612-624-6024</p>	<p>Heidi Eschenbacher hje@umn.edu 612-625-0427</p>	<p>Brittany Taylor btaylor@hsri.org 503-924-3783 ext. 16</p>
<ul style="list-style-type: none"> <li>• Alaska</li> <li>• District of Columbia</li> <li>• Kansas</li> <li>• Louisiana</li> <li>• Vermont</li> <li>• Virginia</li> </ul>	<ul style="list-style-type: none"> <li>• Alabama</li> <li>• Arkansas</li> <li>• Delaware</li> <li>• Georgia</li> <li>• Iowa</li> <li>• Maryland</li> <li>• Michigan</li> <li>• Minnesota</li> <li>• Mississippi</li> <li>• Nebraska</li> </ul>	<ul style="list-style-type: none"> <li>• Nevada</li> <li>• New Hampshire</li> <li>• Ohio</li> <li>• Oklahoma</li> <li>• Pennsylvania</li> <li>• Rhode Island</li> <li>• South Dakota</li> <li>• Arizona</li> <li>• California</li> <li>• Colorado</li> <li>• Connecticut</li> <li>• Florida</li> <li>• Hawaii</li> <li>• Idaho</li> <li>• Illinois</li> <li>• Indiana</li> <li>• Kentucky</li> <li>• Maine</li> <li>• Massachusetts</li> <li>• Missouri</li> <li>• Montana</li> <li>• New Jersey</li> <li>• New Mexico</li> <li>• New York</li> <li>• North Carolina</li> <li>• North Dakota</li> <li>• Oregon</li> <li>• South Carolina</li> <li>• Tennessee</li> <li>• Texas</li> <li>• Utah</li> <li>• West Virginia</li> <li>• Washington</li> <li>• Wisconsin</li> <li>• Wyoming</li> </ul>

The RISP team can be reached at [risp@umn.edu](mailto:risp@umn.edu) Mailing Address: Institute on Community Integration, University of Minnesota, 210 Pattee Hall, 150 Pillsbury Drive SE, Minneapolis, MN 55455. Fax 612-625-6619.

### Abbreviations

<b>"d"</b>	The data are correct as of a date other than June 30, 2019
<b>"e"</b>	Estimate
<b>DNF</b>	Data not furnished
<b>HCBS</b>	Home and Community Based Services
<b>HSRI</b>	Human Services Research Institute
<b>ICF/IID</b>	Intermediate Care Facility for Individuals with Intellectual Disabilities
<b>IDD</b>	Intellectual or Developmental Disabilities
<b>LTSS</b>	Long-term supports and services
<b>NASDDDS</b>	National Association of State Directors of Developmental Disabilities Services
<b>PD</b>	Partial Data reported
<b>PRF</b>	Public residential facility (a state-operated IDD facility serving 16 or more individuals)
<b>RISP</b>	Residential Information Systems Project

### Glossary

**Alternate Date** By default, we assume that the data you provide is correct as of June 30, 2019. If you are reporting data from a different date (such as data from a previous year), please note that date in the Expand section.

**Annotate Data** Designate a value as an estimate, from a different date, or to record that a value cannot be furnished.

**Average Daily Residents** Computed as either the average of people in a setting on June 30, 2018 and June 30, 2019, or the running average number of residents between those dates.

**Computed values have a shaded background.** Some computed totals could only be changed by returning to the screen where the component value(s) were first entered. The computed values will appear when all component elements have been reported.

### Congregate Settings

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- Non-family residential settings (state or nonstate-operated regardless of Funding Authority) in which rotating or shift staff members provide supports and services.
- **People in Congregate Settings does not include people who:**
  - Live with birth or adoptive parents, or other family members
  - Live in family foster care settings in which no shift staff work
  - Live only part of the year in a residential PreK-12 school
  - Live in correctional or juvenile justice facilities
  - Receive only respite services in a **Congregate Setting**
  - Live in other states (do count people who live in your state whose services are paid by another state)

**Did Not Furnish** A value that is not available, and for which a reasonable estimate cannot be made.

**Estimate** An exact value is unavailable. The state's best approximation of what the value would be if it had been available. Estimates can be the value for the item in the previous or subsequent fiscal year, but an estimate can be carried forward for only one year.

**Expand** In the **Expand** menu, you can designate a value as an **estimate**, add notes, change the data date, or specify that you are unable to furnish a value (**DNF**). You can also see previous year data, **validation warnings** about possible data errors, and calculations used in the report.

- **Private Detail** A note that is not for publication, but is helpful for RISP staff or other people from your state who enter data.
- **Public Detail** A note for publication in the state notes section of the RISP technical report, and with state profiles, to help readers correctly interpret your data.

**Funding Authorities** Federal, state, or local statutes that authorize funding for long-term supports and services. The RISP survey asks about the following **Funding Authorities**

- **Medicaid Waiver** Funding authorized in Sections 1115; 1915 (a) (b) (b/c); or 1915 (c) of the Social Security Act
- **Medicaid State Plan Home and Community Based Services** Funding authorized in Sections 1915(i) or 1915(k) of the Social Security Act
- Other **Medicaid State Plan Home and Community Based LTSS** (e.g., home health care or personal care attendant services)
- **Medicaid State Plan** funded **Targeted Case Management**
- **Intermediate Care Facilities for Individuals with Intellectual Disabilities** (ICF/IID)
- **State Funded-Non-Medicaid** Funding authorized by state or local jurisdictions that are not matched with Federal Medicaid funds

**Home and Community-Based Services (HCBS)** Long-Term Supports and Services provided in community settings designed to prevent the need for institutional placement, or to support a person to move out of an institution.

**IDD** Intellectual or developmental disabilities as defined in your state for service eligibility purposes. Some states require service recipients to have a specific diagnosis such as an intellectual disability, autism, cerebral palsy, epilepsy, spina bifida, or a closely related condition. Other states define eligibility for IDD services based on the **Developmental Disabilities Assistance and Bill of Rights Act of 2000** definition, or based on the presence of significant functional limitations present before a specific age.

**IDD Agency Caseload** - people with IDD who are known to the state agency.

- **Include**
  - **People with IDD known to the State IDD Agency who receive one or more long-term supports and services in addition to case management**
  - People receiving only case management or service coordination
  - People waiting for services, and
  - People known to the **State IDD Agency** but not receiving LTSS
- **Do not include**
  - People whose eligibility for services has not been determined

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- People who receive services from another government agency, such as education or child welfare, unless they also are served by the State IDD Agency.

**Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID)** should be reported in parts 1 and 2 of the survey even if it is licensed or monitored by an agency other than the State IDD Agency. People with IDD living in ICF/IID units of nursing homes or psychiatric facilities should be counted as living in ICF/IID settings.

**Long-Term Supports and Services (LTSS)** can be provided in an institution such as an **ICF/IID**, Nursing Home or Psychiatric facility or in **Home and Community-Based Settings**. LTSS include, but are not limited to, residential supports, in-home supports, personal care assistance, family supports, day or employment supports, case management, behavioral supports, support for participant direction, therapeutic services, non-Medical transportation, equipment, technology and modifications, home delivered meals, community transition services, family and caregiver training, respite, and financial management services.

**LTSS Recipients** People with IDD served by **State IDD Agencies** who receive one or more Medicaid or state-funded LTSS in addition to case management or service coordination.

- **Include** people receiving LTSS such as day habilitation, vocational services, or transportation even if they do not also receive in-home or residential services and people served by or under the auspices of the **State IDD Agency**.
- **Do not include** people with IDD living in Nursing Homes or **Psychiatric Facilities** in parts 1 and 2. Instead, report on them in Part 5.

**Nonstate-Operated Settings** LTSS settings in which services are provided by people who are not employees of the state government.

**Nursing Homes** Nursing home admissions require completion of a Preadmission Screening and Resident Review (PASSAR)

**Other Date** A date other than June 30, 2019, or a Fiscal Year ending on a date other than June 30, 2019.

**Other Funding Authority - LTSS** funded by a source other than Medicaid Waiver or ICF/IID.

**Partial Data** Used in the RISP technical report to indicate that a state furnished some, but not all, of the data needed to compute a value.

**Psychiatric Facilities** Also known as Institutes for Mental Disease, serve people with a psychiatric disorder.

**Public Residential Facilities (PRF)** State-Operated IDD Facilities with 16 or more residents (includes IDD units in state-operated facilities serving other populations).

**Setting size** Number of long-term services and supports recipients living in the same home, facility, or campus as of June 30, 2019 (Categories include 1 to 3 people, 4 to 6 people, 7 to 15 people, or 16 or more people). Do not count “empty beds” in determining setting size.

**State IDD Agency** the state entity responsible for overseeing Medicaid or State-funded long-term supports and services for people with IDD.

**State-Operated IDD settings** residential facilities staffed by employees of the state government.

**State-Operated Settings, “Other” Funding Authority** – LTSS settings staffed by employees of the state-government that are funded by a source other than Medicaid **ICF/IID** or a **Medicaid Waiver**.

**Warnings** Validations and computation checks have been built into the RISP online survey. They alert users about values that are inconsistent with previous values or other survey responses, and about possible arithmetic or data entry errors.