



FY 2020 (July 1, 2019 – June 30, 2020) 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 2020 surveys are due April 30, 2021. Late responses may not be included in our FY 2020 annual report. Questions reference June 30, 2020 or the period from July 1, 2019 through June 30, 2020.

Long-Term Services and Supports Recipients: Parts 1 and 2 ask about the size and type of residences for people with IDD who receive one or more publicly funded long-term support or service (LTSS) in addition to case management or service coordination. LTSS includes in-home or residential supports but also includes 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. 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.

IDD Agency Caseload: Parts 3 and 4 include the LTSS recipients described in Parts 1 and 2. In addition, the **IDD Agency Caseload** includes people with IDD who receive only case management services, are waiting for LTSS, or are known to the **State IDD Agency** but are not receiving LTSS. It excludes people whose eligibility for services has not been determined.

Part 5 includes people with IDD living in **Nursing Homes** or **Psychiatric Facilities** 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:

1. **Funding authorities:** Two response options were added to the funding authority question.
 - a. Medicaid State Plan funded Targeted Case Management services
 - b. Other Medicaid State Plan Services such as community supported living arrangements; home and community based services; personal care services; adult day care; private duty nursing; speech, occupational, physical or other habilitation or rehabilitation therapies; and other services as approved by DHHS.
2. **Nursing homes and psychiatric facilities.** Do not report people with IDD in state-operated nursing homes or psychiatric facilities in part 1 unless they are in an ICF/IID certified unit. Report all people with IDD in nursing homes or psychiatric facilities regardless of ICF/IID certification or payment source in Part 5.
3. **Age:** People born on or before June 30, 1998 should be included in the 22 years or older category. People born July 1, 1998 or later should be included in the birth to 21-year old category.

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Addition:

4. **Deaths:** A set of questions have been added asking about deaths (by any cause) of people with IDD on the IDD agency caseload by age and fiscal year. We will compute the annual rate of deaths based the number of deaths amongst children and adults with IDD divided by the number of children and adults on the IDD caseload reported in Section 3 of the survey.

Changes:

5. **Section 5:** Reorganized questions dropping items no longer needed for Healthy People tracking but leaving core questions about nursing home and psychiatric facility residents by age, and tracking the number of people in nursing homes and psychiatric facilities who were on the IDD agency caseload.

General Instructions

- 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 non-state 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, 2020 or for a period other than July 1, 2019 through June 30, 2020, 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
- Light shaded boxes show totals that are automatically computed in the online version of the survey as part of the validation system. Please fill in these boxes if you do not use the online survey.
- Dark shaded boxes are assumed to be not applicable.
- On the Word version of the survey, heavy lines surround boxes requiring a response.
- Additional instructions can be found in the "[Operational Definitions](#)" document.

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 Longitudinal Data Project of National Significance.

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The RISP team (Sherri Larson, Lynda Anderson, Amy Gunty, Sandy Pettingell and Brittany Taylor)

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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, 2020.

- Please respond “yes” to indicate **Funding Authorities** for which you had expenditures in FY 2020 for people with IDD.
- Respond “no” if the **Funding Authority** was not used to fund LTSS for people with IDD in FY 2020. 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 Funding Authority to fund LTSS for people with IDD on June 30, 2020?		Yes/No
Medicaid Waiver	1115 Demonstration Waiver	
	1915 (a) (b) or (b/c) Managed Care Waiver with LTSS	
	1915 (c) Home and Community Based Services Waiver	
Medicaid State Plan Home and Community Based Services (HCBS)	1915(i) State plan Home and Community Based Services	
	1915(k) Community First Choice	
	Targeted Case Management	
	Other Medicaid State Plan Community LTSS: Community supported living arrangements; home and community based services; personal care services; adult day care; private duty nursing; speech, occupational, physical or other habilitation or rehabilitation therapies; and other services as approved by DHHS.	
Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID)	Medicaid-funded services in an ICF/IID certified or licensed facility or unit	
State (Non-Medicaid)	State funding not matched with Federal Medicaid funds	

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Part 1: State-Operated IDD Recipients and Settings on June 30, 2020

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, 2020 (by Facility Size and **Funding Authority**)?

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

*Include ICF/IID Certified units in nursing homes or psychiatric facilities. **Do not include state-operated nursing homes or psychiatric facilities unless they are Medicaid ICF/IID certified.

1B. How many people with IDD lived in **State-Operated** IDD Settings on June 30, 2020 (by Setting Size and **Funding Authority**)?

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

*Include ICF/IID Certified units in nursing homes or psychiatric facilities. **Do not include people with IDD in state-operated nursing homes or psychiatric facilities unless they are Medicaid ICF/IID Certified settings/units (report those people in part 5).

1C. Describe people with IDD and daily costs in **State-Operated IDD Settings** serving 16 or more people (Public Residential Facilities, **PRFs**) for the Year ending June 30, 2020 by **Funding Authority**

State Operated IDD Settings serving 16 or more people with IDD	Medicaid Waiver	Medicaid ICF/IID*	Other IDD Settings**	Total
ADMISSIONS/READMISSIONS between July 1, 2019 and June 30, 2020 (Do not include short-term respite or crisis admissions of 90 days or less or transfers between PRFs)				
SHORT-TERM respite or crisis ADMISSIONS to PRFs (for stays of 90 days or less)				
DISCHARGES number of people who moved out of the facility between July 1, 2019 and June 30, 2020 (excluding short-term respite or crisis stays and transfers between PRFs)				
DEATHS People who died between July 1, 2019 and June 30,				

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State Operated IDD Settings serving 16 or more people with IDD

	Medicaid Waiver	Medicaid ICF/IID*	Other IDD Settings**	Total
2020 while living in a PRF.				
AVERAGE DAILY RESIDENTS between July 1, 2019 and June 30, 2020.				
PER DIEM (average daily per person cost of care). Enter N/A if there were no PRFs in a Funding Authority category on June 30, 2020.				

*Include people in ICF/IID certified units of psychiatric facilities or nursing homes. **Do not include people with IDD in state-operated nursing homes or psychiatric facilities unless they are Medicaid ICF/IID Certified settings/units (report those people in part 5).

Part 1 Data date if not June 30, 2020

Respondent Name:

Phone:

Email:

Part 2. Nonstate-Operated LTSS Recipients and Settings on June 30, 2020

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, 2020. 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.

Nonstate-Operated Living Arrangements for LTSS recipients with IDD 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 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).

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2A. In how many different **Nonstate-Operated settings did **LTSS Recipients** with IDD live on June 30, 2020 (By Setting Size and Setting Type)?**

Nonstate-Operated Settings	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, 2020 (By Setting Size and Residence Type)?**

People in Nonstate-Operated Settings	Setting Size						Total People
	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							
VI. Other Setting*							
VII. Unknown Setting Type							
Total							

*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.

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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
I. ICF/IID		Not applicable	
II. IDD Group Home			
III. Host/ Foster Family Home			
IV. Own Home			
V. Family Home			
VI. Other Setting*			
VII. Unknown Setting Type			

*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, 2020:

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 other parts of the survey (for those using the online survey):

LTSS Recipients Living in State-Operated Settings (Part 1B)	Total Part 1B
LTSS Recipients in Non-state Settings (Part 2B)	Total Part 2B
LTSS Recipients in Nursing Homes (Part 5A)	Total Part 5A
LTSS Recipients in Psychiatric Facilities (Part 5B)	Total Part 5B
Total LTSS Recipients	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

3.1 How many people with IDD were on the **State IDD Agency Caseload** on June 30, 2020 (By Age)?

Provide an unduplicated total.

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

3.2 How many people with IDD on the **State IDD Agency Caseload** died during these fiscal years?

(Report the total deaths if you are unable to separate deaths by age group)

State IDD Agency Caseload	21 years or younger	22 years or older	Total All Ages
FY 2018 (7/1/2017 to 6/30/2018)			
FY 2019 (7/1/2018 to 6/30/2019)			
FY 2020 (7/1/2019 to 6/30/2020)			

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

Report recipients and expenditures for FY 2020 (July 1, 2019 through June 30, 2020) 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 non-state operated settings.

3A: Medicaid Waiver Recipients and Expenditures by Age for FY 2020

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 2020

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		21 years and younger	22 years and older	Total All Ages
1. State Plan Section 1915(i) or 1915(k) HCBS				
Recipients				
Expenditures				
Expenditures per person				
2. State Plan Targeted Case Management				
Recipients				
Expenditures (Optional)				
Expenditures per person (Optional)				
3. Other Optional State Plan LTSS Community supported living arrangements; home and community based services; personal care services; adult day care; private duty nursing; speech, occupational, physical or other habilitation or rehabilitation therapies; or other services as approved by DHHS				
Recipients				
Expenditures (Optional)				
Expenditures per person (Optional)				

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3D: Medicaid Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) Recipients and Expenditures by Age (Include State-Operated and Non-state Operated ICF/IID)

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

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, 2020

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, 2020:

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, 2020?

Include people who

- Lived with a family member or in their own home AND
- 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), (b/c), or 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, 2020?	
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 Data date if not June 30, 2020:

Respondent Name: Phone: Email:

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Part 5: Psychiatric Facilities and Nursing Homes

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 non-state-operated [Nursing Homes](#) or [Psychiatric Facilities](#) on June 30, 2020? Of those, how many were on the caseload of the IDD agency?

	Number of people with IDD	21 years and younger	22 years and older	Total	On IDD Caseload
5A	Nursing Homes				
5B	Psychiatric Facilities				

5C Of the people with IDD in [Psychiatric Facilities](#) (in question 5B) how many were in a state-operated facility?

Number of people with IDD in a state-operated psychiatric facility

Part 5 Data date if not June 30, 2020:

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) if you have questions.

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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.
- **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, 2020. 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.

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- 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 bottom 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.

RISP Project Staff Members

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

The RISP team can also be reached at 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.

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Abbreviations

“d”	Data are correct as of a date other than June 30, 2020
“e”	Estimate
DNF	Data not furnished
HCBS	Home and Community Based Services
HSRI	Human Services Research Institute
ICF/IID	Intermediate Care Facility for Individuals with Intellectual Disabilities
IDD	Intellectual or Developmental Disabilities
LTSS	Long-term supports and services
NASDDDS	National Association of State Directors of Developmental Disabilities Services
PD	Partial Data reported
PRF	Public residential facility (a state-operated IDD facility serving 16 or more individuals)
RISP	Residential Information Systems Project

Glossary

Alternate Date By default, we assume that the data you provide is correct as of June 30, 2020. 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, 2019 and June 30, 2020, 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

- 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.

FY 2020 (July 1, 2019 – June 30, 2020) Residential Information Systems Projects (RISP) Survey

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
- **Medicaid State Plan** funded **Targeted Case Management**
- Other **Medicaid State Plan Home and Community Based LTSS** (e.g., Community supported living arrangements; home and community based services; personal care services; adult day care; private duty nursing; speech, occupational, physical or other habilitation or rehabilitation therapies; or other services as approved by DHHS).
- **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
 - 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.

FY 2020 (July 1, 2019 – June 30, 2020) Residential Information Systems Projects (RISP) Survey

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, 2020, or a Fiscal Year ending on a date other than June 30, 2020.

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, 2020 (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.