

2019 Legislative Initiatives

Engagement. Leadership. Advocacy.

Resourced, Equitable and Integrated Health and Human Services System

MACSSA supports policies that will promote a sustainably resourced and equitable human services environment where contributing organizations and people are able to work together with a common purpose: to improve the health, safety, economic and social stability of Minnesota communities, families and individuals.

Policies that promote multi-generational and person-centered approaches, program uniformity and simplification, and the modernization of Minnesota's human services technology systems are critical components to strengthening the health and human services system.

MACSSA recommends legislative and policy solutions in the following areas:

Behavioral Health

- ▶ **Substance Abuse Disorder (SUD) Reform: County assessor certification process for comprehensive assessments.** Current law requires persons conducting comprehensive assessments to be licensed alcohol and drug counselors (LADC) by 2020. Many counties currently employ staff who are not LADCs to conduct chemical use assessments. Due to the significant shortage of LADCs, counties are very concerned about access to services if individuals are not able to have an assessment done by an LADC in a timely manner. MACSSA recommends providing for a certification process for county staff so that counties can continue to provide this service if they choose and promote timely access to treatment. Requiring an LADC for county staff will likely result in many counties no longer providing this service.
- ▶ **Substance Abuse Disorder Reform: Care Coordination.** Treatment Coordination Services are a critical component in the array of services necessary for the success of SUD reform. Counties are interested in providing these services and can provide staffing; however, the current required number of hours of supervision would be a barrier. An important piece of the reform includes a comprehensive approach to treatment of substance use disorder and mental health; this alignment will assure successful outcomes for individuals seeking treatment. The supervision requirements for treatment coordination services should mirror that of supervision requirements for mental health case managers
- ▶ **Substance Abuse Disorder Reform: Alcohol and Drug Counselor (LADC) Supervision Requirements.** Eliminate the requirement of three or more years of experience in individual and group counseling to qualify as an LADC supervisor. This added requirement will create workforce challenges where currently there is one LADC for every 7000 people in greater Minnesota and one for every 2000 in the metropolitan area. With LADC supervision tied to the ability to provide comprehensive assessments, the counseling requirement may create barriers to access for individuals needing treatment.
- ▶ **Remove the County Cost Share For Consolidated Chemical Dependency Treatment Fund (CCDTF).** If changes are not made to facilitate counties having the ability provide comprehensive assessments and care coordination, the county funding responsibility for chemical dependency services should be removed. Counties currently pay between 14-22% of CCDTF costs. Without county involvement in service provision or oversight on spending, counties should not have funding responsibility in this area.

- ▶ **Direct Care and Treatment Cost of Care and Policy Changes.** Counties are required to pay for costs of care for individuals at Anoka Metro Regional Treatment Center (AMRTC) and Community Behavioral Health Hospitals (CBHHs) for days of service that the individual Does Not Meet Criteria (DNMC) for psychiatric care. There are many factors that result in DNMC days being accrued, and counties should not have to bear the cost of care in instances when they are not able to influence the timeline on discharge. Additionally, other policy and operational barriers exist that can also have impacts on the quality and timeliness of placement or discharge planning. The state must develop a review process for discharges process and subsequent financial responsibility for DNMC days. Additionally, the state should develop tools to work in partnership with counties to reduce DNMC days at direct care and treatment facilities.
- ▶ **Statewide Access to a Common Telepresence Platform.** Public Health & Human Services, especially in the areas of mental health and substance use disorders, have rapidly increasing demands on person-centered service provision. Internet-based telepresence offers broad applications to assist in rapid innovation and statewide service implementation. MACSSA recommends leveraging the State of Minnesota's telepresence network to connect providers of critical services, especially in the areas of mental health and substance use disorders, with individuals that are not currently able to receive adequate services – possibly due to geographic location, lack of transportation or providers.
- ▶ **Expanding Mental Health Service Access through Integrated Behavioral Health In Primary Care.** It is estimated that 80% of mental health conditions are treated within the primary care setting with limited or no support from mental health professionals. Integrated Behavioral Health (IHB) practices allow for immediate, team-based approach to treating patients for both physical and behavioral health issues on the same visit in the same office. IHB has been well researched and found to greatly increases access to behavioral health services, improved outcomes, cost savings and improved experiences for both the consumer and the provider.
- ▶ **Traditional Healing.** MACSSA supports the efforts of tribal nations to secure sustainable funding to support and integrate traditional healing practices into the behavioral health continuum of care.

Child Well Being

- ▶ **Children's Intensive Mental Health Services: Residential Treatment and Community Alternatives.** A recent federal decision determined that Minnesota could no longer utilize Medicaid funding for children being served in residential facilities larger than 16 beds. In addition to creating a funding gap, the decision has highlighted the need for Minnesota to develop a broader continuum of care for children's mental health services. In 2017, the state designated funding to cover the cost previously paid by Medicaid. That funding will expire in March of 2019. Minnesota should extend that funding for the remainder of this biennium and into the next biennium while work is done to develop new types of residential treatment options and community-based alternatives. Additionally, the state should financially support the development, implementation and services of a broader continuum of care.
- ▶ **Eliminate the child protection staffing formula funding withholds.** In 2015, the Legislature appropriated new funding to counties to support reducing caseloads for child protection staff. The formula requires counties to earn 20% of that funding by meeting performance measures. Counties are not able to fully leverage this funding to support child protection staffing due to the uncertainty of whether the full funding will be received. MACSSA recommends removing the withholds and utilizing the Human Services Performance Management process to hold counties accountable for the performance measures included in the formula.
- ▶ **Families First Prevention and Services Act (FFPSA): Infrastructure Investment and Child Wellbeing Pilots.** The state of Minnesota is experiencing unprecedented growth and demand on its child protection system. At the same time, the system remains significantly underfunded and under resourced. Minnesota's current model is not sustainable without significant investment in prevention and a practice orientation that supports families as early as possible. The Families First Act provides significant opportunities for Minnesota to strategically position itself to proactively promote child wellbeing. MACSSA recommends the development of a roadmap that includes funding for planning and implementation and assesses both direct and indirect cost projections. Additionally, MACSSA supports the efforts of Hennepin County to secure authority and funding to pilot a child wellbeing model and recommends additional pilots to test the model in other parts of the state.

- ▶ **Supervisory discretion when children are safe.** Current law requires a 24-hour child protection response when certain criteria exist; however, there are times when children are safe at the time the report is made since they are no longer residing with the alleged offender. The allocation of staff resources when a child is safe diverts staff time away from other imminent safety matters. Authorizing a supervisory override in these special circumstances would allow resources to be allocated and directed more efficiently to assess and assure child safety.
- ▶ **Support resources to promote educational stability for children.** In 2016-17, legislation was passed to establish a \$1 million Educational Stability Pilot to provide incentives to school districts and counties to develop partnership agreements to help keep foster care students enrolled in their school of origin, as required by new federal law changes under the Every Student Succeeds Act (ESSA). MACSSA recommends development of a permanent funding stream to support school transportation costs and a comprehensive plan for DHS and MDE to support counties and school districts in implementation of ESSA.
- ▶ **Child Welfare Training Academy.** Recruitment, hiring, training and retaining child welfare workers continues to be a significant challenge for counties. Training and education is a critical step in stabilizing and supporting the child welfare workforce. The state should fund the child welfare training academy proposal developed by the University of Minnesota and the Department of Human Services. The proposed academy would provide foundational and advanced training for staff and supervisors through a regional delivery approach.

Health Care

- ▶ **Maintain the Health Care Access Fund.** The provider tax which funds the Health Care Access Fund (HCAF) is set to expire on December 31, 2019. The HCAF supplements Medical Assistance, MinnesotaCare and other critical services administered by the Minnesota Department of Health. The loss of this funding will result in a significant gap in the state budget, loss of critical services and potentially significant new costs to counties. The state should maintain this funding.
- ▶ **County Based Purchasing.** MACSSA supports the proposal of the Minnesota Association of County Based Purchasing plans to create a new chapter of state law for county based purchasing that recognizes CBP (CBP) as an alternative model for the administration of Minnesota Health Care Programs (MHCP).

Long Term Services and Supports

- ▶ **MnCHOICES Assessments: Resource and Promote Improved Experiences For Individuals.** The 2017 Legislature enacted a county cost share for the cost of administering MnCHOICES assessments for individuals needing Home and Community Based Services (HCBS). The intent was to improve program efficiency and improve the experience of individuals receiving assessments. However, the Legislature did not make significant changes to the program requirements and counties have been left under-resourced. To appropriately resource and improve the MnCHOICES assessment process the Legislature should 1) Sunset the county cost share by 2020 2) Reduce assessment processes by 50% by 2020 3) Removing Rule 185 and State Plan services of Personal Care Assistant (PCA)/Home Care Nursing from the process and 4) Develop a reassessment administrative option for lead agencies to validate ongoing eligibility for current HCBS recipients.
- ▶ **Development and Implementation of the Community Support Plan (CSP) and the Coordinated Service & Support Plan (CSSP) for Home and Community Based Services.** Current law requires case managers to complete a CSSP within 10 working days of receipt of a CSP from a certified assessor. The CSP must be completed within 40 calendar days. Extending the full process of completing the CSSP and CSP to 56 days will better align the process timelines and support staff's ability to best meet the needs of HCBS recipients.
- ▶ **Long Term Care Consultation Services: Legal Representative Participation Options Via Technology.** State law requires long term care consultation/Mn CHOICES assessments be conducted face to face with the person's legal guardian present. This can create scheduling delays and delayed access to services. Allowing for a person's legal guardian to have the option to attend remotely via technology facilitate quicker scheduling of assessments and access to services.

Modernization

- ▶ **Simplify and Streamline Health and Human Services Programs.** Minnesota's health and human services programs are governed by statutes and rules that have institutionalized complexity. Concurrently, services are delivered on antiquated computer systems that foster "siloed" approaches to serving people. Technical challenges to programming Minnesota's complex laws have impeded improvement. Additionally, "siloed" programs impede the state's vision to provide holistic services and use data to improve services and outcomes. It is essential to comprehensively simplify program requirements and processes to facilitate person-centered, integrated and efficient services.

Self-Sufficiency

- ▶ **Increase Access To Basic Sliding Fee Child Care.** Access to childcare is critical for families to maintain self-sufficiency. Funding levels have not been sufficient in this program, resulting in families being waitlisted for benefits and jeopardizing the states' ability to move more families to economic stability. MACSSA recommends additional resources for this program and simplifying the Basic Sliding Fee (BSF) Child Care Program by reordering the BSF wait list priorities to increase the use of forecast funds. Moreover, MACSSA supports sensible measures, supported by efficient IT solutions, that discourage, reduce, and where necessary investigate fraudulent activities on the part of providers and recipients.
- ▶ **Ending the Delegation of Authority to Counties to Issue Variances to Family Child Care Licensing Regulations.** MACSSA recommends that the state be designated with sole decision-making authority to issue child care licensing variances. Currently, each county has authority to issue variances (exceptions) to child care regulations. This would promote consistency in variance decisions across the state.
- ▶ **Support Real Time Employment Eligibility Authorizations Through the Work Number Program.** The Work Number is a company that provides wage and employment information that counties can access in real time for the purposes of determining public program eligibility. The Department of Human Services has recently determined that it can no longer fully fund this service on behalf of counties. Funding should be designated to ensure all counties can access this service. Utilization of The Work Number supports efficient eligibility determinations and promotes program integrity through access to accurate real time data.
- ▶ **Align Minnesota Statute with the Federal Statute Regarding Child Support Fees.** In 2018, federal law was enacted to increase the annual child support collections fee from \$25 to \$35 per case. Without a change to Minnesota statute to raise the fee, counties will lose more than half a million dollars in federal funding statewide. This funding is critical to counties' operation of this federally mandated program.
- ▶ **Clarifying that Income and Assets from Self-employment Count as Income and Assets for Purposes of Eligibility for the Economic Assistance Programs.** MACSSA recommends modifying statutes that cover MFIP, SNAP, Medical Assistance and Child Care to state that personal expenses paid by use of self-employment business funds, loans or co-mingled accounts are considered income and assets for determining eligibility for the programs. This change will reduce fraud in the programs by clarifying rules for county financial workers and prosecutors. This change will also assist in ensuring that resources are going to those truly in need.



For more information please contact:

Eric Ratzmann, MACSSA Director
ratzmann@mncounties.org
 651-789-4340

January 2019