

# 2017 Legislative Priorities

**Engagement. Leadership. Advocacy.**

MACSSA supports policies that will form a 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.

## Health & Human Services Finance Reform

- ▶ Minnesotans expect a health and human services financing model that reflects the principles of transparency, equity, and sustainability.
- ▶ Minnesota's current financing strategies have resulted in inequitable access to services across the state and an unsustainable reliance on property taxes.
- ▶ The areas with the most significant new costs for counties include child welfare, mental health and Medical Assistance administration.
- ▶ The governor and Legislature should convene a commission to develop recommendations for a future financing framework focused on alignment of investment responsibilities of all partners, equitable taxation and producing quality outcomes.
- ▶ Additionally, a moratorium on additional cost shares or shifts to counties should be instituted until a sustainable human services financing model is established.

## Resourcing improvements to the Minnesota Eligibility Technology System (METS) to manage Medical Assistance (MA) and integrate other human services programs.

- ▶ Minnesotans expect timely access to services. It is critical that Minnesota have a fully functional eligibility system to manage Medical Assistance so that eligible residents receive timely access to public health care programs.
- ▶ Too many individuals attempting to sign up for public health care programs experience unacceptable delays and challenges due to deficiencies in the METS system.
- ▶ Additionally, counties have incurred significant costs in staffing for medical assistance eligibility administration and will continue to do so long as system functionality is challenged.

## Reform Regional Treatment Center and Community Behavioral Health Hospital County Cost Shares

- ▶ In 2015 and 2016, legislation was passed that requires counties to pay up to 100% of care costs in regional treatment centers (Anoka Metro Regional Treatment Center) or a state nursing facility and to pay 100% of the cost of care in Community Behavioral Health Hospitals (CBHH) based on length of stay and clinical appropriateness for treatment
- ▶ Counties have little ability to control for these costs due to the shortage of community alternatives and services.
- ▶ The Legislature should repeal or at a minimum reinvest these cost shares into the development of community alternatives and services so that counties have the resources to move individuals back into the community.
- ▶ Additionally, the Legislature should require a formal notification process when an individual is nearing discharge from a state operated facility and consultation with county case managers as part of the utilization review process to ensure individuals are receiving the most appropriate level of care.

### For more information please contact:

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