



Minnesota Association of County Social Service Administrators



MACSSA LEGISLATIVE UPDATE

May 19, 2015

The last week has been a flurry of activity, as legislative leaders and the Governor negotiated a final budget compromise, conference committees raced to the finish line to complete their work, and the House and Senate met into the wee hours to pass final conference committee reports to Governor Dayton. The omnibus health and human services bill ([SF1458](#) - bill text, [spreadsheet](#)) was completed by the conference committee early Sunday morning, passed by the full Senate around midnight Monday morning, and passed by the House at 5:30am Monday morning. It will now be sent to the Governor.

Heading into conference committee, it seemed all but impossible for the House and Senate to find agreement. The House omnibus bill had a total budget target of -\$1.140 billion below projected base spending and included large reforms such as eliminating MinnesotaCare, finding savings through an audit of public program eligibility, and movement of MNSure into the federal healthcare exchange. For its part, the Senate passed an omnibus bill that totaled \$348 million over projected base spending and contained an increase in the MFIP cash grant, reduction of the Basic Sliding Fee child care waiting list, closure of Child & Adolescent Behavioral Health Services facilities, and county cost shares for both Anoka Regional Treatment Facility and MN Sex Offender Program's provisional discharges.

A detailed report of the omnibus health and human services finance bill and Departments of Health and Human Services policy bill will be provided at the MACSSA conference next week. In the meantime, here are some of the provisions of specific MACSSA interest in the bill.

In general, the bill reaches a budget target of -\$287.491 million below projected base spending. However, there is a fair amount of new spending or spending increases in the bill, mainly due to a \$455 million shift of funding from the Health Care Access Fund into the general fund and some savings measures throughout the bill.

- The bill does not eliminate or phase out MinnesotaCare but does allocate \$770,000 for a task force on health care financing intended to look at the future of this program and MNSure.
- The bill does not eliminate Statewide Health Improvement Program dollars. It does expand the use of these dollars and call for measurements of success for programs receiving SHIP dollars.
 - Family Home Visiting remains in the bill (details below).
- The bill does not contain additional county cost shares for the MN Sex Offender Program provisional

discharges.

- The bill does not move MNSure participants into a federal exchange but does direct the department to pursue federal waivers for tax credits for individuals purchasing plans outside of the exchange. The bill does not make any changes to the governance structure of MNSure (does not add county representation).
- This bill does not contain the full audit of public assistance programs originally contained in the House version of the bill.
 - Instead, the final bill contains a provision that calls for periodic data matching to evaluate continued eligibility for MinnesotaCare recipients and county grants related to this purpose.
 -

Major provisions of MACSSA interest included in SF1458:

- Administrative simplification funded in full
- \$52.18 million (2016-17) and \$52.144 million (2018-19) for child protection oversight
- \$38 million in new mental health funding (including funding for TXT4Life)
- Funding for reducing the Basic Sliding Fee (BSF) Child Care waiting list
- Family law modifications including child support and child support arrears changes

Article 1 - Children and Family Services

- Child care
 - Add attendance record requirements to overpayment claims submitted by commissioner or county
 - \$9.97 million in 2016-17 for reduction of BSF child care waiting list
 - \$3 million in one-time “savings” through recoupment of BSF underspending from 2015
- Background checks
 - Adds background check requirements for group residential housing providers
- Child protection
 - \$52.18 million (2016-17) and \$52.144 million (2018-19) for child protection oversight
 - Includes \$44 million for grants to counties and \$6 million for disparities grants over the biennium
 - Funding distribution formula:
 - 50 percent distributed based on child population within county
 - 25 percent distributed based on number of screen-in reports
 - 25 percent distributed based on number of open child protection case management cases
 - Includes a 10 percent withhold until commissioner has determined county performance rate of 90 percent threshold for face-to-face contacts with child victims, and a 10% withhold until commissioner has determined county performance rate of 90 percent threshold for face-to-face visits by case manager
 - Direction to commissioner to recommend an updated equitable distribution formula for staffing and services funding for counties, beginning in 2018
 - **To receive the funding, counties are required to demonstrate that they are performing background checks for all new employees with child protection duties or existing**

employees reassigned to child protection who had not previously been working with that population. Counties may use existing processes or work with DHS to conduct background studies. Counties will have discretion on how to use the information obtained through the study. This provision was a compromise that AMC and MACSSA worked out with legislators who clear that this would be required. The initial proposal would have required counties to utilize DHS to conduct background studies.

- Federal compliance for out of home placements
- Continues Governor's Task Force on the Protection of Children
- Group residential housing
 - Changes to agency-provider agreements, recipient termination and appeals process, and technical modifications
- Homeless Youth Act
 - \$2 million in biennial funding for homeless youth services
- Child support changes
 - \$100 child support disregard for MFIP families
 - Elimination of child support application fee
 - Changes to child support arrears
 - Continuation of child support working group

Article 2 - Chemical and Mental Health Services

- \$5.38 million (2016-17) and \$23.8 million (2018-19) for behavioral health homes
- \$1 million each biennium for Text for Life suicide prevention grants
- \$2 million one-time funding for Beltrami County mental health services grant
- \$8.5 million (2016-17) and \$9.5 million (2018-19) for mental health crisis services
- Funding for expansion of respite care
- \$6.6 million (2016-17) and \$23.7 million (2018-19) for Psychiatric Residential Treatment Facility
- No closure of Child & Adolescent Behavioral Health Services (CABHS)

Article 4 - Direct Care and Treatment

- Modifies the county portion of the cost of care for the Anoka Metro Regional Treatment Center
 - Changes the cost of care to 20 percent for 31 days or more, and 100 percent for each day the facility determines that it is clinically appropriate to discharge the client

Article 5 - Simplification of Public Assistance Programs

- Includes the entire MACSSA proposal for simplifying income considerations for public assistance programs
 - Language changed slightly to accommodate changes in child care requirements
 - Proposal has a cost of \$278,000 (2016-17) and \$420,000 (2018-19)

Article 6 - Continuing Care

- Funding for ABLE accounts for individual savings plans for individuals with direct care needs

- Competitive regional and local grants for initiatives targeted to increase awareness of Alzheimer’s and other dementias
- Modifications to developmental disability waiver allocations-**requires counties to spend 97% of their waiver allocation**

Article 7 - Health Department

- Expansion of SHIP-eligible projects and requirements for increased evidence-based approaches
- Increase in local public health grants for community health boards outside of the 11-county metro area
- Funding for a working group to address violence against Asian women and children

Article 10 - Health Care

- Nonemergency medical transportation (\$3.7 million in 2016-17 and \$14.6 million in 2018-19)
- Periodic data matching
 - In an effort to strike compromise on the public assistance programs audit originally contained in the House bill, the conference committee agreed to a section that directs DHS to conduct periodic data matching to identify MinnesotaCare recipients who may not meet eligibility criteria for the public health care program in which they are enrolled.
 - periodic data matching must occur at least once during a recipient’s 12-month medical assistance or MinnesotaCare eligibility
 - appropriates \$26,000 (2016) and \$1.276 million (2017) for grants to counties for costs related to the periodic data matching
 - language directs DHS to distribute the grants to counties in proportion to each county’s number of cases from prior year
- Managed care audits for savings used throughout the bill

Article 11 - MNSure

- Language ultimately adopted into the conference committee report was portions of the House position on MNSure
 - No provisions related to governance were adopted, including county representation on the board

For more information, please contact [Elizabeth Emerson](#).