

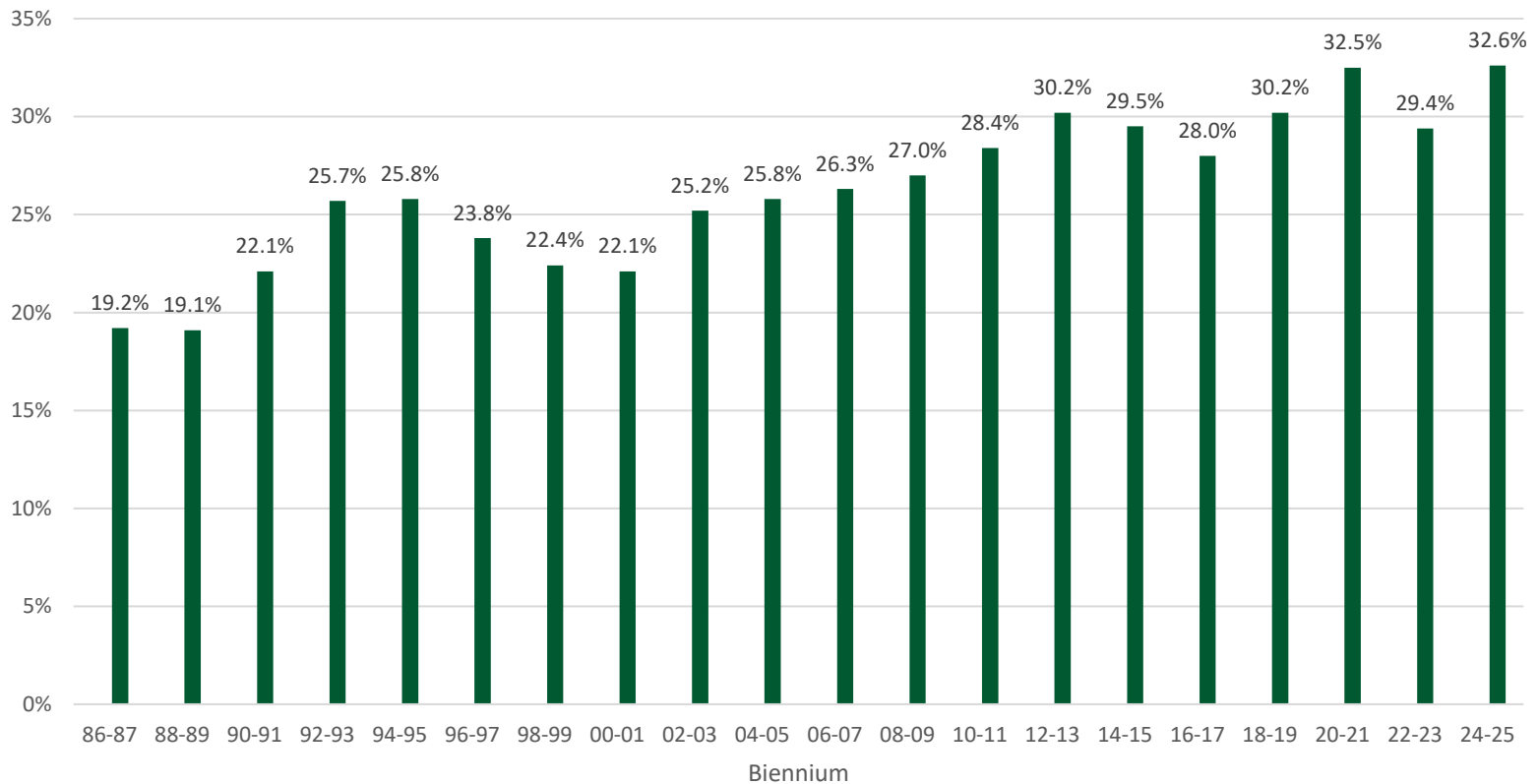
Human Services Finance and Policy

OVERVIEW OF COMMITTEE JURISDICTIONS

JANUARY 2023

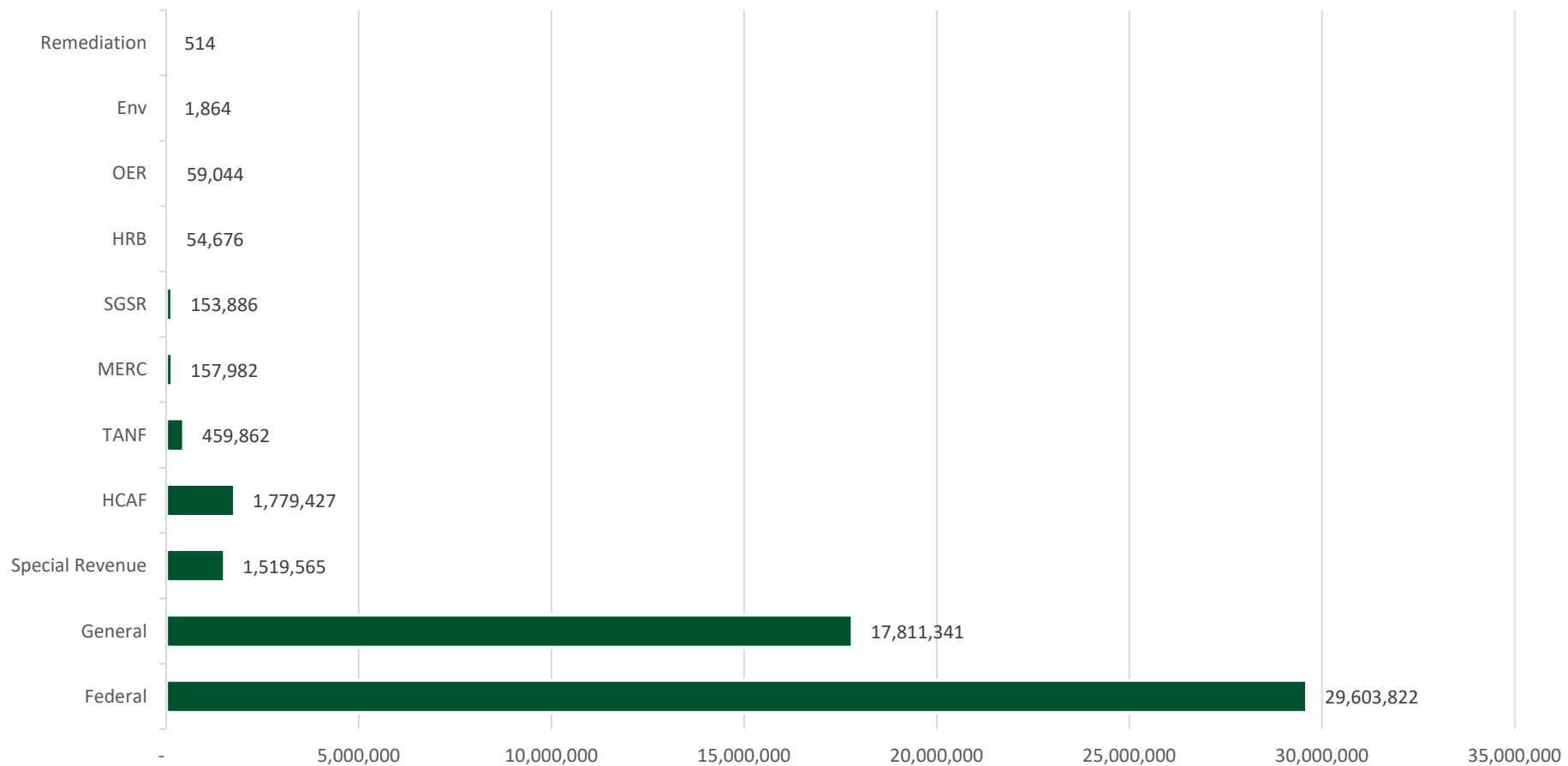
Health and Human Services Share Of Biennial General Fund Spending

Source State General Fund Balance Statements

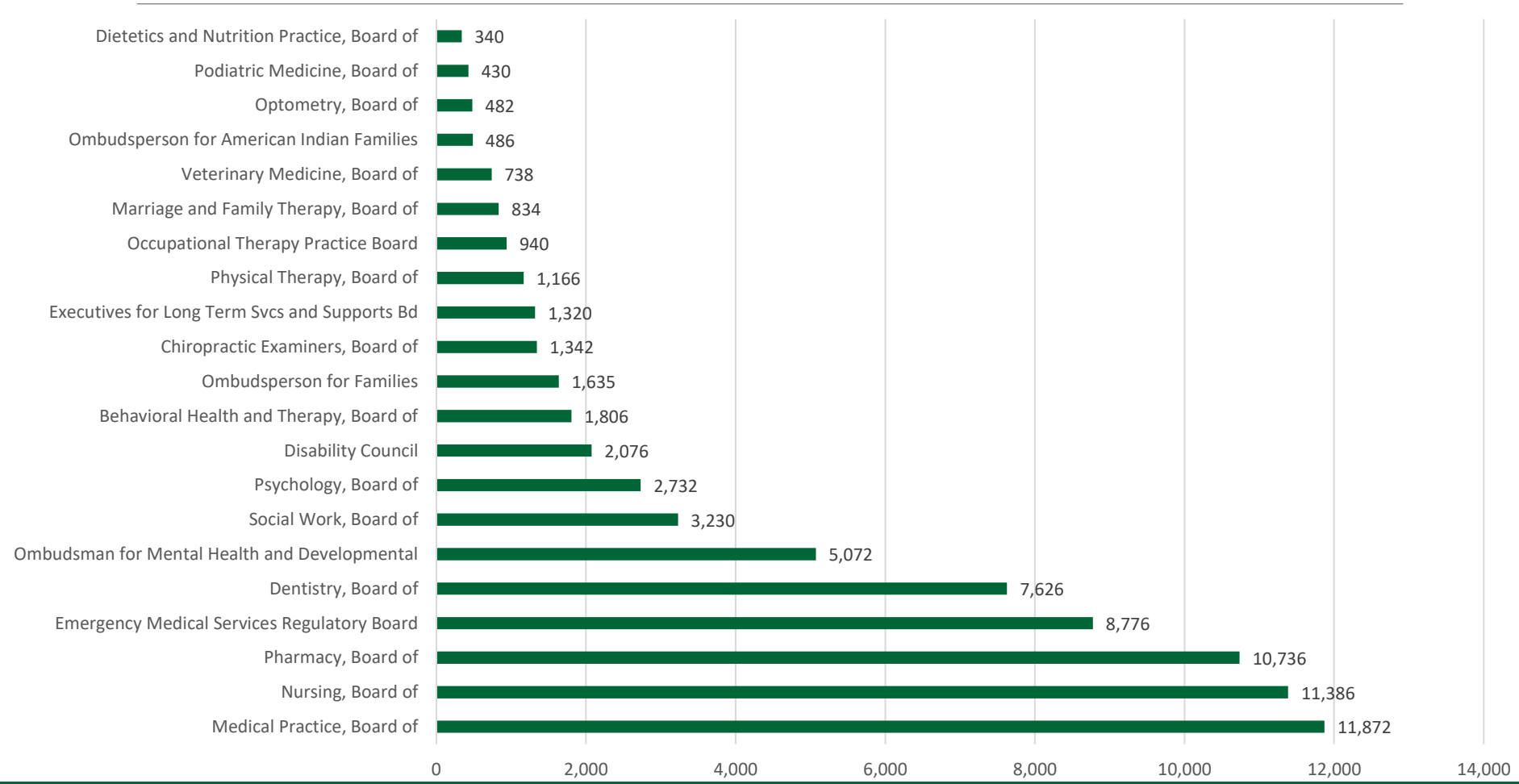


FY24-25 Net Base Expenditures by Fund: All HHS (000s) (BPAS)

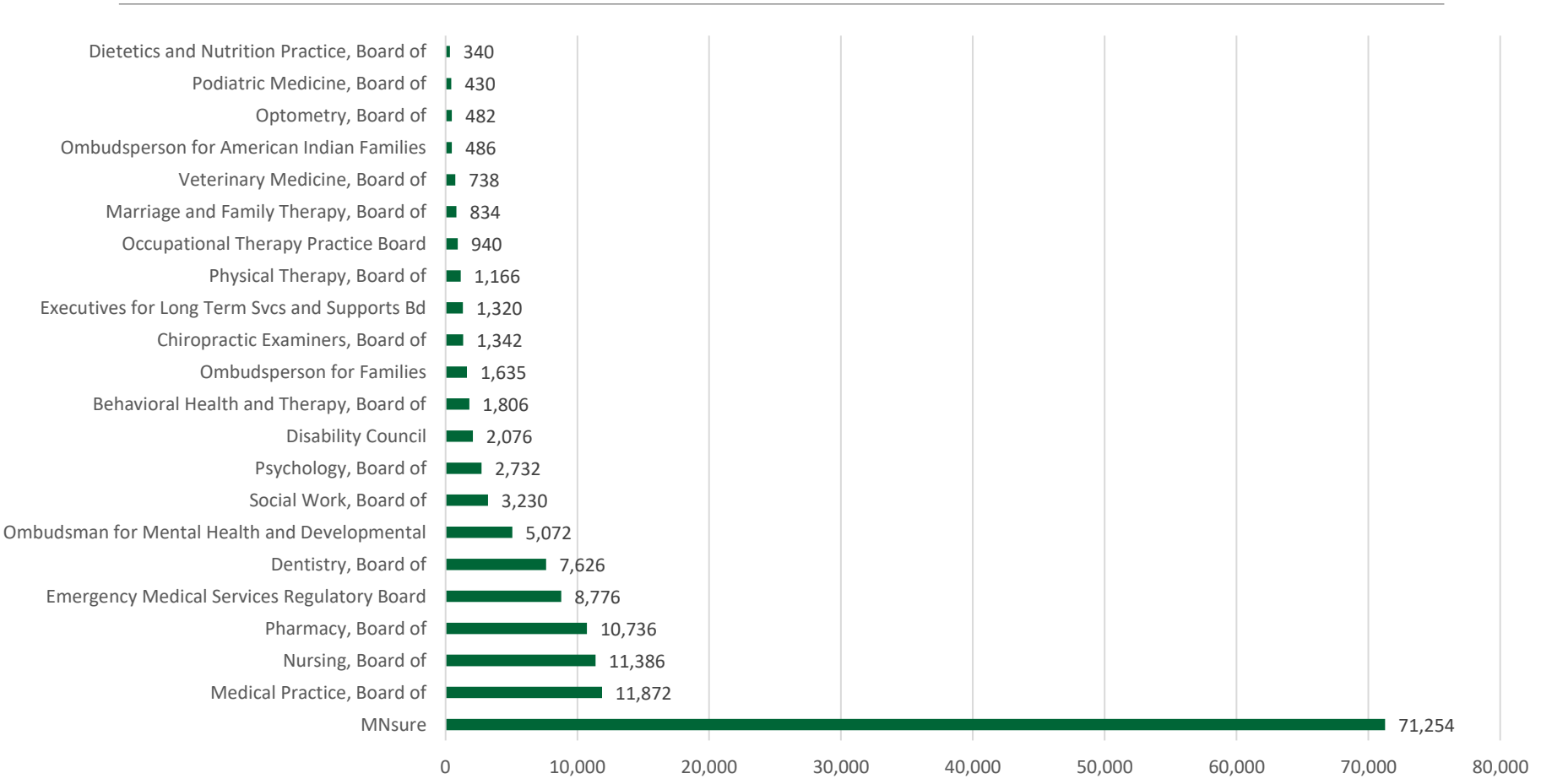
FY24-25 Net Base Expenditures by Fund: All Health and Human Services



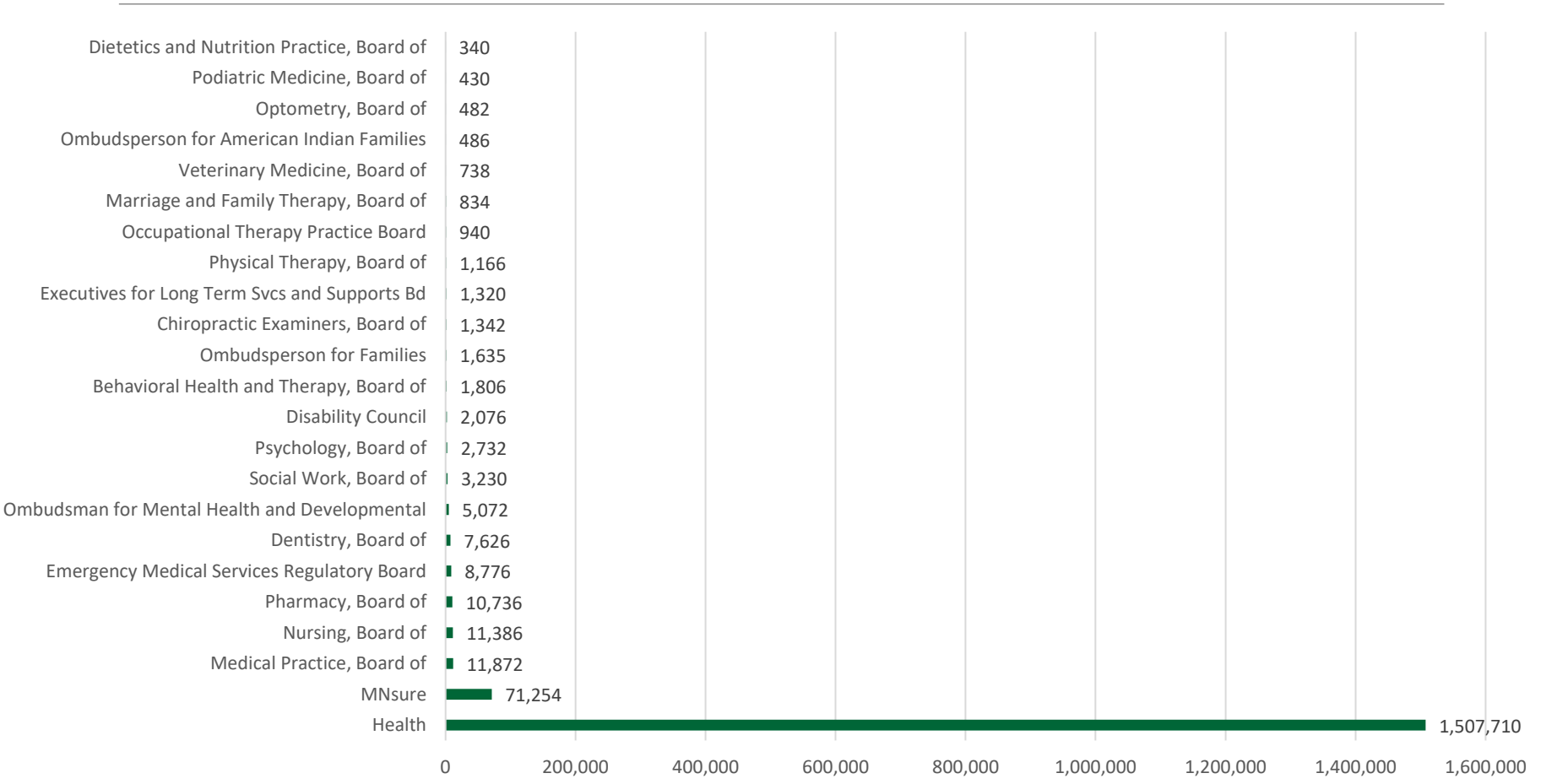
FY24-25 Base Expenditures: All Agencies, All Funds (000s) (BPAS)



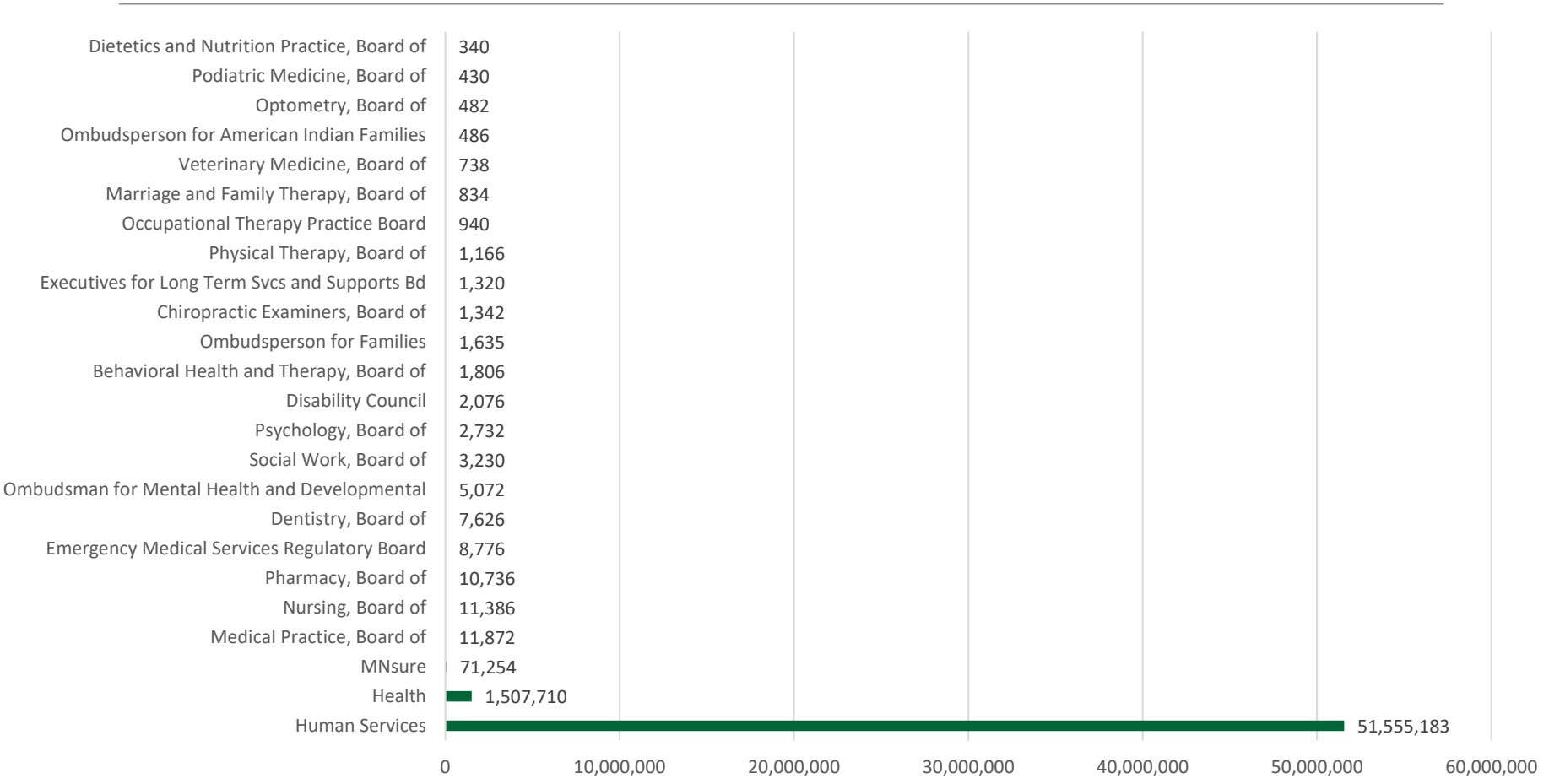
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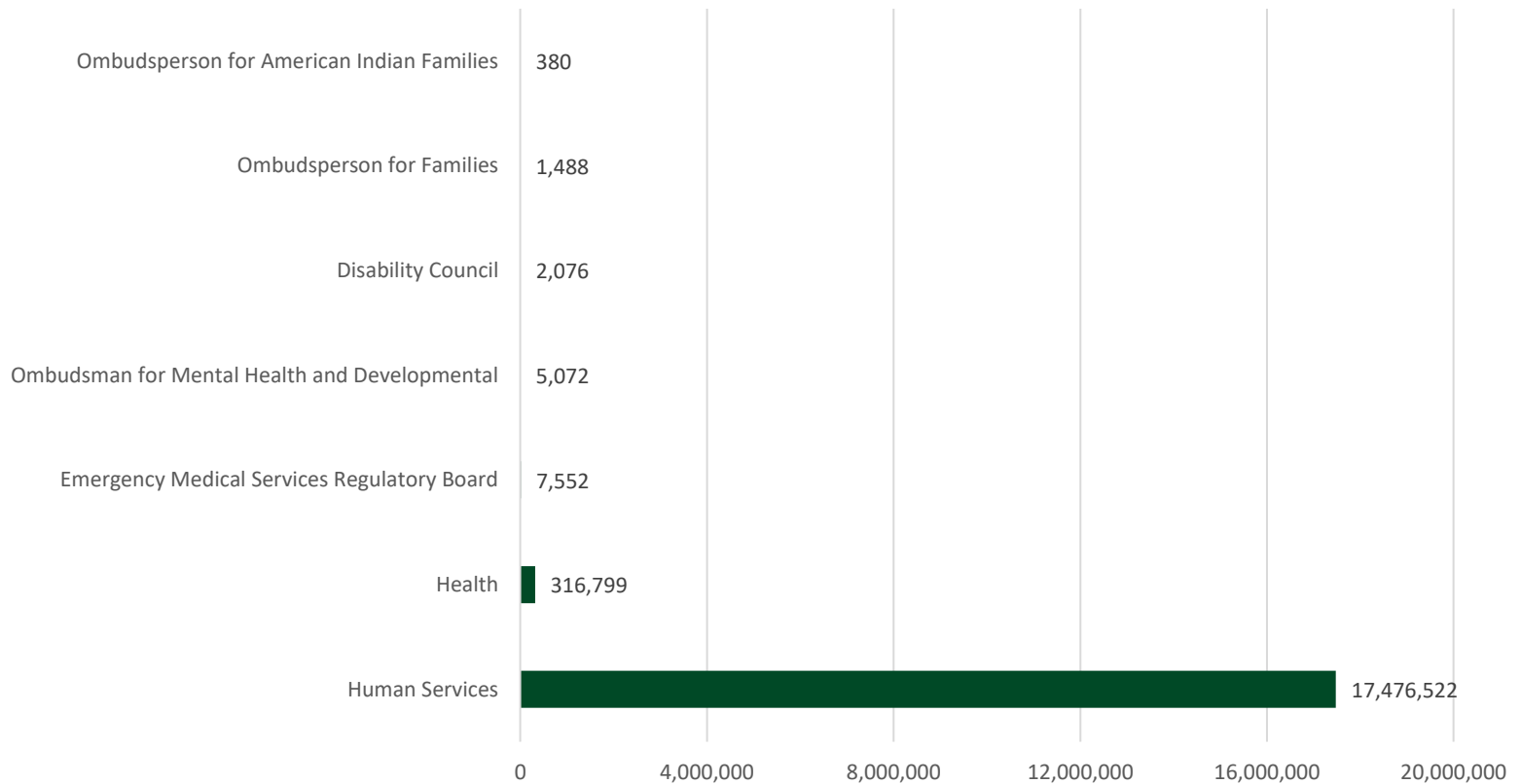
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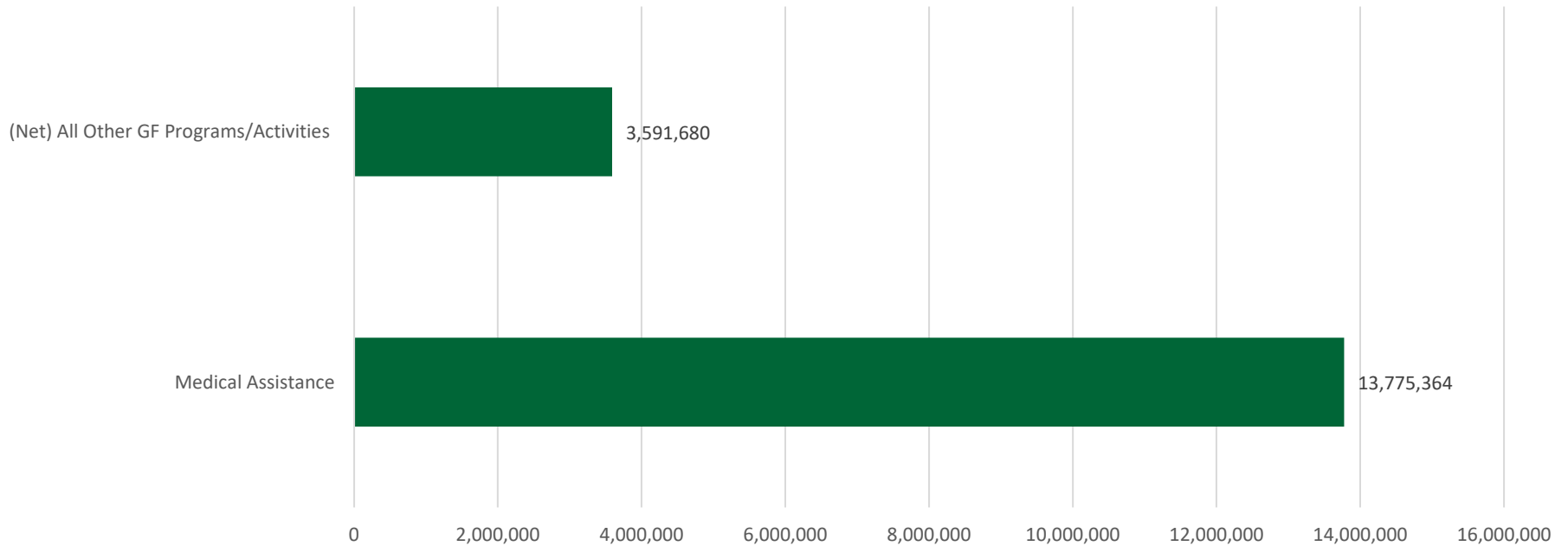
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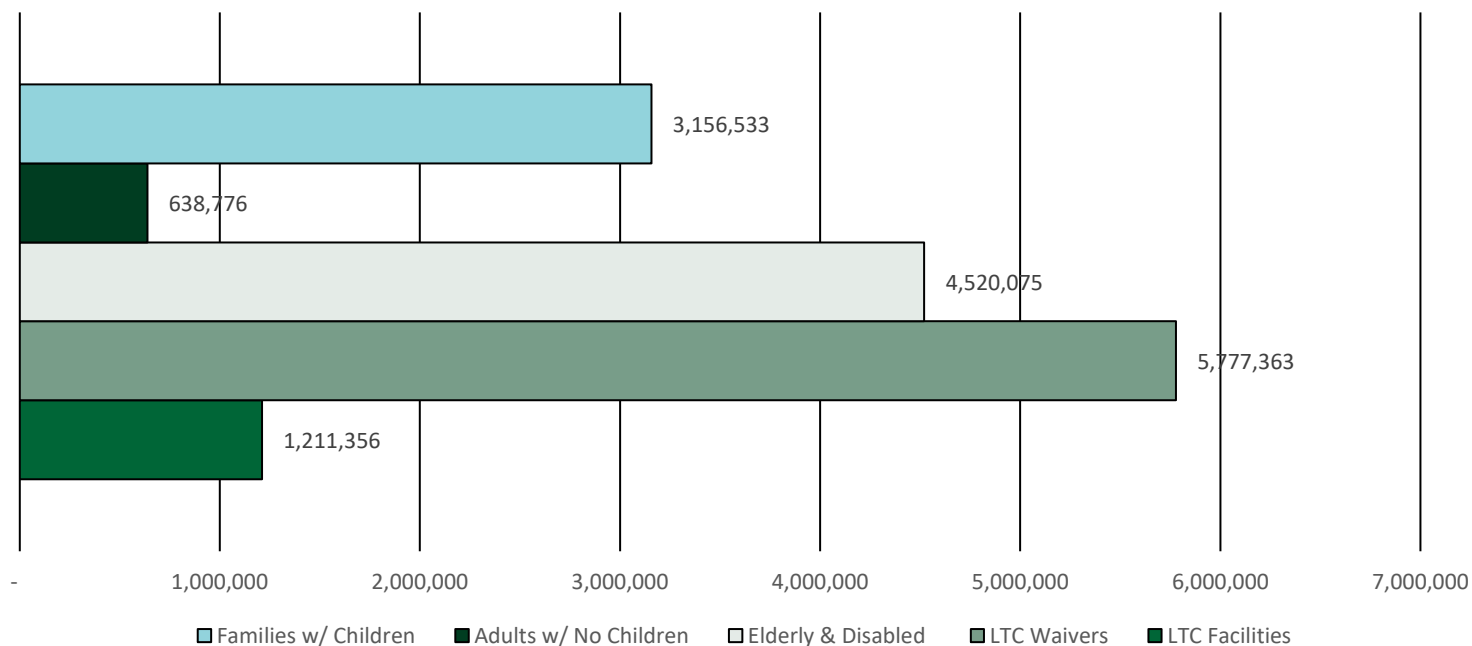
FY24-25 Base Expenditures: All Agencies, General Fund (000s) (General Fund Statement)



FY24-25 Base Net General Fund Expenditures: MA vs. All Other GF Programs/Activities (000s) (General Fund Statement/DHS Forecast Documents)

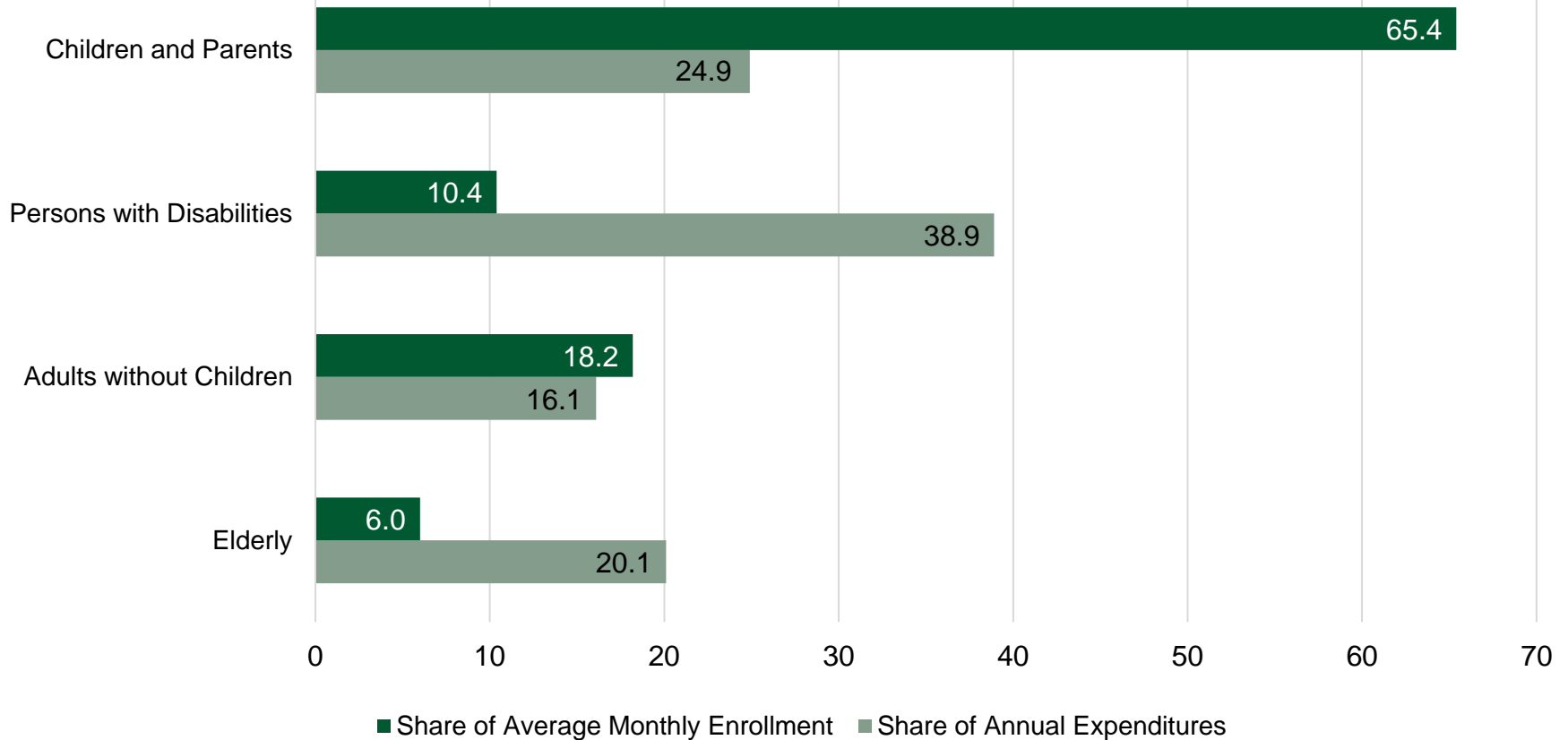


FY24-25 Forecast Base MA Expenditures by Category (000s)



MA Enrollees and Expenditures

FY 2020 Medical Assistance Enrollees and Expenditures by Enrollee Type



Source: House Research. Data provided by DHS.

Health Care and Human Services Programs

- Focus on health care, economic assistance, and social service programs.
- In general, programs are state-supervised (**Department of Human Services (DHS)**) and county-administered.
- Congress sets broad standards and requirements for human services programs and appropriates funds.
- The Minnesota Legislature sets human services policy for the state.

Long-Term Care

Long-term care services are available to the elderly and disabled through:

- MA;
- state programs; and
- programs administered by the Board on Aging.

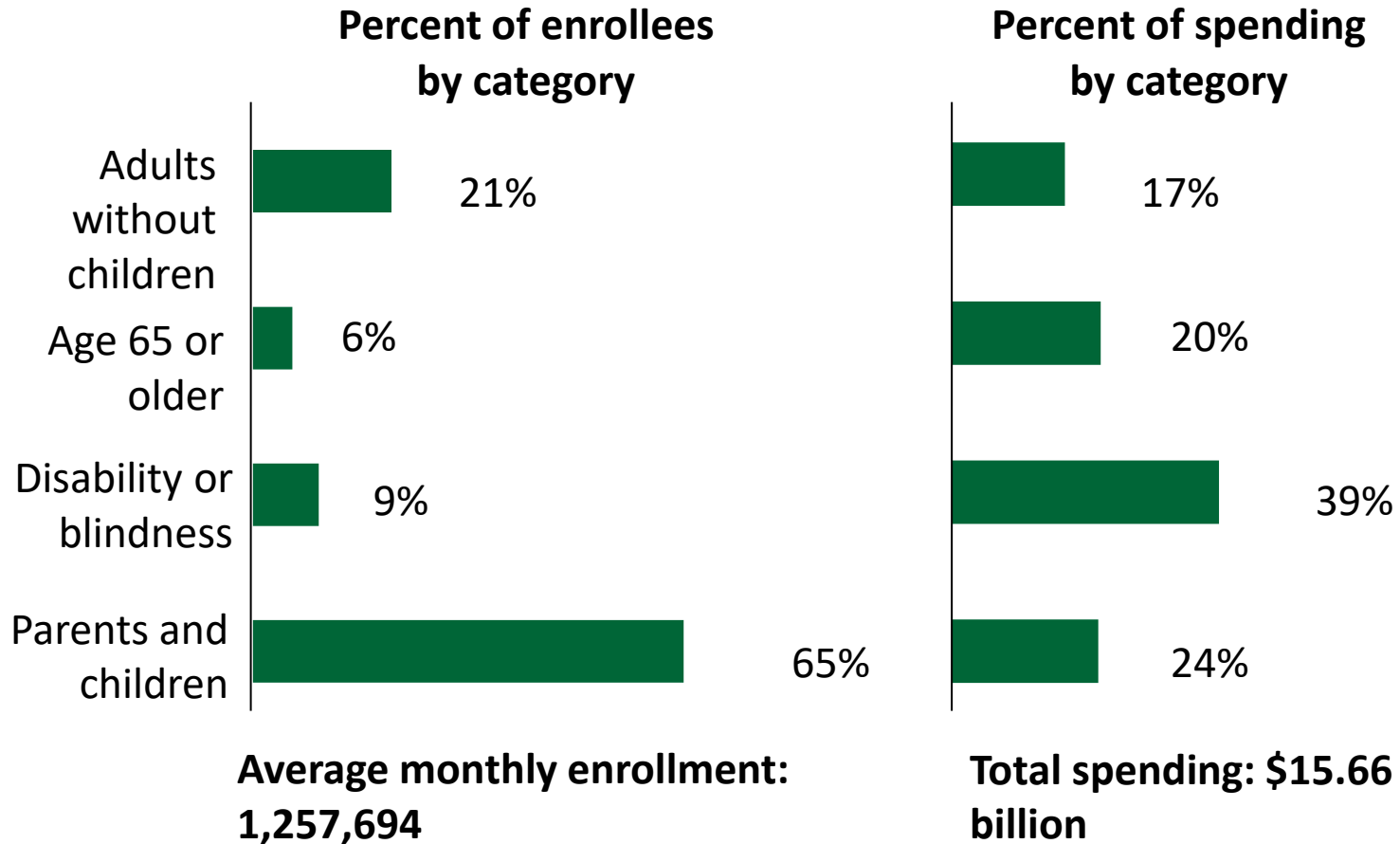
Long-Term Care

Long-Term Care Services Provided Under MA

Program	Monthly Average Recipients	FY 2022 Federal Funds	FY 2022 State Funds
Nursing Facility Services	11,573	\$579,625,340	\$404,086,757
ICF/DD	849	50,435,921	37,703,109
Home Health Care	1,929	7,762,616	4,060,051
Home Care Nursing	751	73,546,105	36,323,968
Personal Care Assistance	25,507	583,640,902	274,913,339
Alternative Care	2,612	24,758,116	12,408,452
HCBS Waivers	83,912	2,837,972,935	1,564,916,623

Source: November 2022 Forecast, Department of Human Services background data tables

MA Enrollees and Expenditures



Source: House Research. Data provided by DHS, SFY 2021.

Long-Term Care

Long-term care programs provided by the state include:

- Long-Term Care Consultation Services
- Family Support Grants
- Consumer Support Grants
- Semi-Independent Living Services (SILS)
- Essential Community Support Services

Long-Term Care

Programs administered by the Board on Aging include:

- Senior LinkAge Line and related information services
- MinnesotaHelp
- Senior Nutrition Services
- Caregiver Grants
- Dementia Grants
- Minnesota Senior Corps
- Ombudsman for Long-Term Care

Health Department Long-Term Care Activities

Regulation of long-term care facilities and providers

- Nursing homes and boarding care homes
- Housing with services establishments
- Home care providers
- Assisted living facilities (beginning August 1, 2021)

Office of Health Facility Complaints

Long-term care workforce programs

Initiatives to prevent or address COVID-19 in long-term care facilities

Behavioral Health

Substance Use Disorder (SUD) Treatment

Assessment

- Interview to evaluate a person's substance use and SUD treatment needs and placement.

Treatment

- Detoxification/withdrawal management
- Residential and nonresidential
- Sober homes
- Extended care

Recovery community organizations, peer-based recovery support services, and service coordination.

Behavioral Health

Substance Use Disorder Treatment

Counties and Tribes are responsible for:

- Determining financial eligibility for publicly funded treatment
- Coordinating placement in treatment services for clients enrolled in managed care organizations
- Paying the state for 22.95% of the cost of services for individuals not enrolled in MA

Behavioral Health

Substance Use Disorder Treatment

Publicly funded SUD treatment is provided via either managed care (MA, MinnesotaCare, or a prepaid medical plan), or through the **Behavioral Health Fund (BHF)**.

- BHF recipients must be enrolled in a public health care program or meet BHF income and household guidelines and have insufficient insurance coverage.
- Recipients must meet clinical requirements.

Behavioral Health

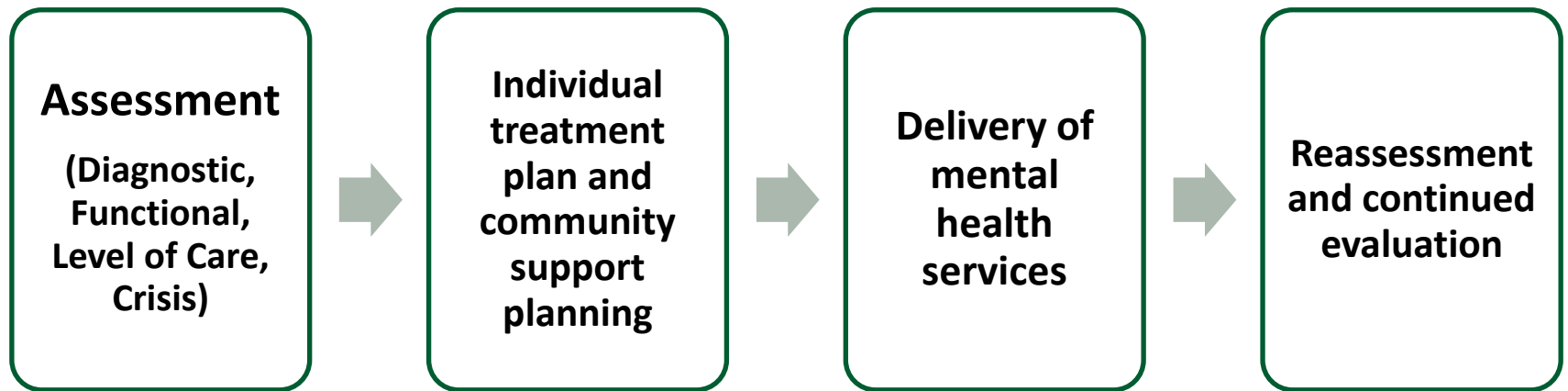
Mental Health

- Counties are responsible for developing publicly provided mental health services for children and adults.
- Funding comes from federal, state, and county sources.
- Public health care programs and private insurance pay for some mental health services.

Behavioral Health

Mental Health

Components of mental health service delivery



Behavioral Health

Types of Adult Mental Health Services

Crisis and Emergency services

- Suicide and crisis lifeline number - 988
- Mobile crisis response and intervention
- Residential crisis response and stabilization

Behavioral Health

Types of Adult Mental Health Services

Residential services

- Short-term inpatient hospital treatment
- Intensive Residential Treatment Services (IRTS)
- State-operated treatment facilities

Behavioral Health

Types of Adult Mental Health Services

Community-based (nonresidential) services

- Assertive community treatment (ACT)
- Adult rehabilitative mental health services (ARMHS)
- Targeted case management
- Partial hospitalization
- Adult day treatment
- Intensive outpatient treatment
- Certified community behavioral health clinic (CCBHC) services
- Behavioral health home services

Behavioral Health

Adult Mental Health Continuum of Services



ARMHS—Adult Rehabilitative Mental Health Services

IRTS—Intensive Residential Treatment Services

ACT—Assertive Community Treatment

MH-TCM — Mental Health Targeted Case Management

Behavioral Health



ARMHS—Adult Rehabilitative Mental Health Services IRTS—Intensive Residential Treatment Services ACT—Assertive Community Treatment
 CTSS—Children's Therapeutic Support Services PRTF—Psychiatric Residential Treatment Facility

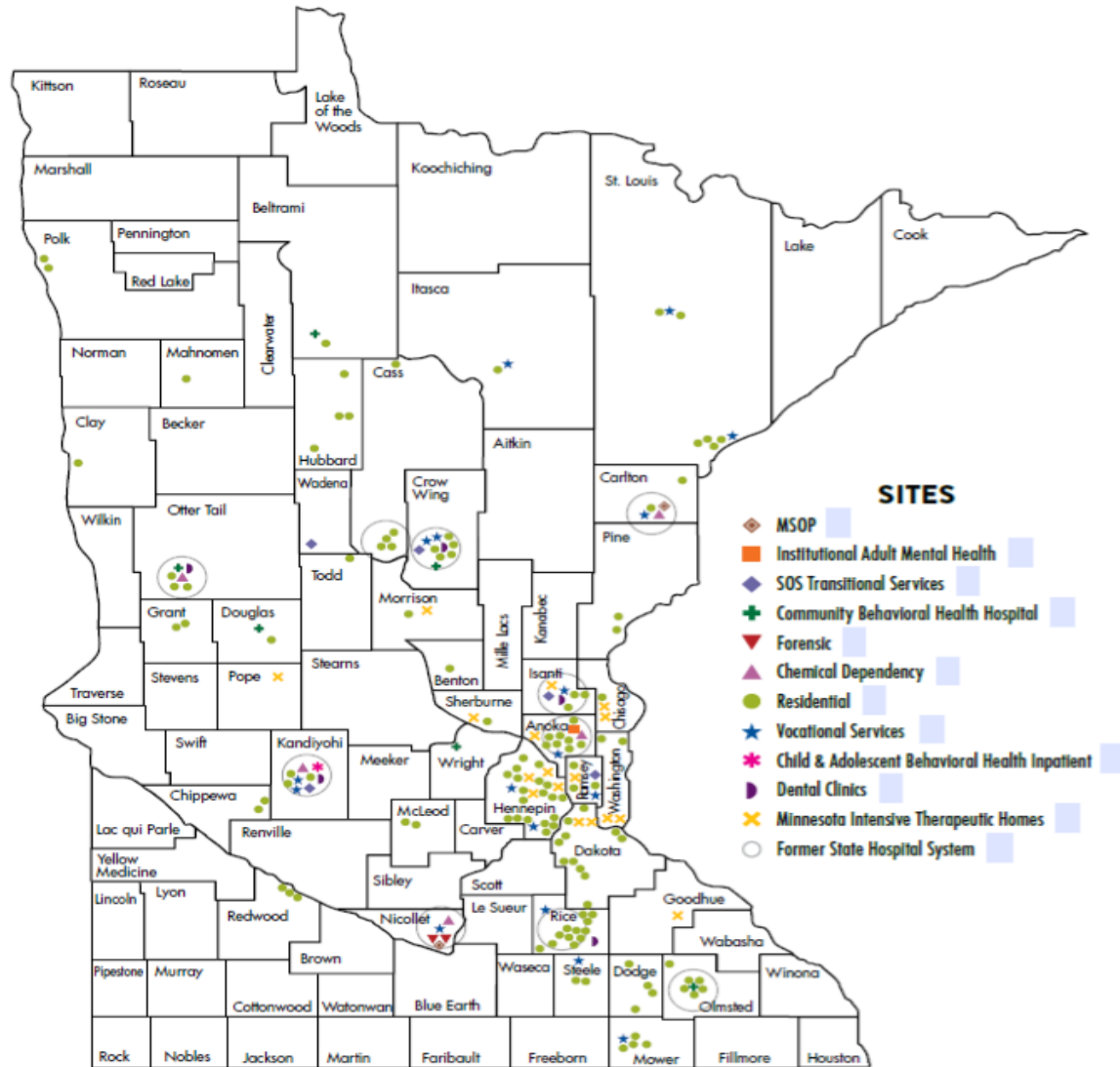
Behavioral Health

Direct Care and Treatment

State-operated health care services for individuals with complex needs related to:

- mental illness
- substance use disorder
- developmental disabilities
- traumatic brain injury
- those committed as mentally ill and dangerous

Direct Care and Treatment Sites



Behavioral Health

Direct Care and Treatment

Adult Mental Health

- Community behavioral health hospitals; Anoka Metro Regional Treatment Center
- Minnesota Specialty Health System

Child and Adolescent Behavioral Health Services

- Community-based and residential services in Willmar
- Minnesota Intensive Therapeutic Homes (MITH)

Community Addiction Recovery Enterprise (CARE)

Community Support Services

Rehabilitation Services

Forensic Services

- Minnesota sex offender program
- Minnesota Security Hospital
- Forensic nursing home
- Transition services
- Competency restoration program

Special Care Dental Clinics

Behavioral Health

Minnesota Sex Offender Program (MSOP)

- Court-ordered treatment program for individuals civilly committed by the court as sexually dangerous persons or as having a sexual psychopathic personality.
- As of October 1, 2022, 741 individuals were receiving treatment in Moose Lake and St. Peter.
- **Provisional discharge** can be granted by the Special Review Board and the Supreme Court Appeal Panel.

Programs for People Experiencing Homelessness

Emergency Services Grants: Provides homeless persons essential services and emergency shelter

Transitional Housing: Provides housing for a homeless person or family at a rental rate of 25% of family income for a period of up to 36 months

Homeless Youth Act: Provides street outreach, drop-in programs, emergency shelter programs, and integrated supportive housing and transitional living programs for homeless youth and youth at risk of homelessness

Long-term homeless supportive services: Provides integrated services to stabilize individuals, families, and youth living in supportive housing

Protection of Children and Vulnerable Adults

Services for Vulnerable Adults

Individuals who are age 18 and older who are:

- impaired physically, mentally, or emotionally and unable to protect themselves from maltreatment
- residents or inpatients of a facility
- receive certain outpatient services
- receive certain home care services

Protection of Children and Vulnerable Adults

Services for Vulnerable Adults

- Maltreatment = abuse, neglect, or financial exploitation.
- Certain people are required to report suspected maltreatment (“mandated reporters”). Any person may report suspected maltreatment.
- Reports of suspected maltreatment must be made to the common entry point (MAARC), which must be available 24 hours a day to accept reports.

Protection of Children and Vulnerable Adults

Services for Vulnerable Adults

- Reports are screened and referred to the appropriate lead investigative agency within 2 working days.
- Counties, law enforcement, DHS, and MDH assess and investigate allegations of maltreatment, within statutory timelines.
- Counties provide protective services when needed.

Program Integrity and Operations

Provider Fraud Prevention

- The DHS Office of Inspector General (OIG) oversees fraud prevention and recovery efforts for DHS-administered public programs.
- DHS procedures and initiatives aim to reduce provider fraud and improper payments.
- DHS contracts with outside entities to conduct post-payment provider audits, to identify and recover overpayments and identify underpayments.

Program Integrity and Operations

Recipient Fraud Prevention

Minnesota Restricted Recipient Program: recipients placed in program after reviews show abuse or misuse of medical services.

- Recipients are restricted to one primary care provider, clinic, hospital, and pharmacy for 24 or 36 months, to reduce costs.

Fraud prevention programs prevent and reduce improper payments by resolving eligibility questions for caseworkers.

Program Integrity and Operations

Fraud Prevention Investigations

Fraud investigators:

- In CY 2018, completed 9,137 public assistance recipient fraud investigations, identified approx. \$7,000,000 in overpayments
- In CY 2018, reviewed 3,923 MinnesotaCare eligibility cases
- In CY 2020, opened 443 MA provider investigations, identified over \$13,000,000 in overpayments
- In CY 2020, opened 239 CCAP provider investigations, identified over \$1,000,000 in overpayments, and issued 4 administrative disqualifications to non-compliant providers

Program Integrity and Operations

DHS Program Regulation Licensing

- DHS issues licenses or certifications for approximately 20,000 programs and providers at any given time.
- Certain licensing functions are delegated to counties.
- Some private agencies perform licensing functions related to child placement and child foster care.
- DHS directly licenses and monitors all other programs and issues correction orders or other licensing actions for violations.

Program Integrity and Operations

DHS Program Regulation Investigations

DHS receives and investigates allegations of maltreatment of children or vulnerable adults served by licensed programs or providers.

Between October 2021 and September 2022:

- 7,683 maltreatment reports received
- 8% of reports assigned for investigation; maltreatment substantiated in 29.11% of those investigated.

DHS also investigates alleged licensing violations.

Program Integrity and Operations

Background Studies

DHS conducts background studies on all individuals who provide **direct contact** services to children or vulnerable adults in licensed programs.

Also required for others, such as guardians and conservators, foster care providers, people seeking adoption, and people over age 13 living in the household where a licensed program is located.

Program Integrity and Operations

Background Studies

NetStudy 2.0 is the health and human services background study system.

- Requires **fingerprint** and **photographs**
- Searches wide range of records
- Electronic updates of study subjects' criminal records; electronic employer notifications

Disqualifying conduct and crimes listed in Minn. Stat. § 245C.15.

In CY 2020, DHS received 429,284 background study applications, with 9,659 disqualified (2%).

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