

Position Statement

2020

Officer-Involved Community-Based Care Coordination

Proposal

Issue:

In 2017, the Legislature approved language that expanded MA coverage for service coordination between social services and law enforcement for individuals struggling with mental health and/or chemical health needs. The legislation focused specifically on individuals who have been detained by law enforcement who would typically have been incarcerated but based on a screening have been determined to be better served through community-based interventions for their chemical and mental health needs. These community-based interventions through social services are allowed for up to 60 days for eligible individuals. The passage of this bill resulted in the counties agreeing to pay the non-federal share of the Medical Assistance payment for services.

The original legislation was met with bi-partisan support, but the language that passed has presented Minnesota with some challenges to receiving approval from CMS on the necessary amendment to the State's Medicaid Plan. With DHS providing technical assistance, a bill to address these technical issues has been drafted.

Implementation Strategy:

Specifically, the updated language will satisfy CMS's concerns related to the State Plan Amendment. The changes will include:

- Adding alcohol and drug counselors, as well as recovery peers working under the supervision of alcohol and drug counselors, to the list of professionals who may provide care coordination services.
- Adds American Indian Tribes as an eligible entity to provide the service.
- Changes the non-federal share for payment to the State.

Systemic Priority Alignment (check all that apply and explain why)

Equity Service Integration Fiscal Framework

Comments:

Operational Priority Alignment (check all that apply and explain why)

Behavioral Health Case Management Child Well Being Community Based Settings & Services

Health Care Housing & Transportation Modernization Self Sufficiency

Comments:

Rationale/Background:

The bill, as introduced and passed in both the house and the senate in 2018 and 2019, did not ultimately pass due to unrelated circumstances. In 2018, the language was included in the HHS Omnibus bill that was ultimately vetoed by Governor Dayton. In 2019, the language was included in a larger, wide-sweeping policy section of the Omnibus bill that was taken out in the final edit of the bill. Members of both the house and senate have expressed support for the passage of this technical “clean-up.”

Additional Information:



Submitted by: Angela Youngerberg, Blue Earth County
Approved on: