

# Position Statement

For 2024 Session

MACSSA has an organizational priority of “Strategic Position Development” with the goal of addressing challenges and leading innovation through thoughtful analysis that incorporates fiscal implications, systemic policy concerns, and legislative strategies in the development of policy and legislative positions.

## Proposal to Eliminate the County Share of the Behavioral Health Fund

### Proposal

#### Issue:

Substance use disorder reform was passed during the 2017 legislative session. Substance Use Disorder (SUD) reform seeks to transform the service continuum from an acute episodic model to a chronic and longitudinal model. This reform establishes a specific model of “Direct Access” Comprehensive Assessment for SUD treatment services for Medical Assistance (MA).

The “Rule 25” process has been the method for eligible people to access publicly paid SUD treatment services in Minnesota and has been since the late 1980s.

Effective July 1, 2022, comprehensive assessments replaced the Rule 25 assessments, and the Rule 25 process is obsolete. Counties and Tribes cannot authorize treatment services using this process as of July 1, 2022. Those counties who can meet the credentialing requirements to provide services will do so as providers.

Counties must accept financial responsibility for individuals eligible for SUD treatment and maintain a cost share up to 22.95% under the Behavioral Health Fund (which replaces the Rule 24 funds) as payor only-counties and are no longer in a decision-making role, yet currently under statute remain financially responsible for eligible clients. Use of the Behavioral Health Fund has opened to also fund SUD treatment to persons needing access to SUD treatment while confined to a local jail. While this is a positive step to assist people in finding health, it has increased usage of the fund and has magnified the complexities of determining county of financial responsibility in the process. Individuals themselves are confused about what county is responsible for their care as many are experiencing homelessness or are in transition at the time, they need treatment.

Counties see their role of determining eligibility for the Behavioral Health Fund as an appropriate continuing role. The Administrative Allowance is instrumental in meeting a small portion of the staffing costs to do this work and should be continued.

#### Implementation:

Due to SUD Reform and changes to access and financial controls, Counties should no longer be financially responsible for a county share in costs that are paid through the Behavioral Health Fund. It would be a more equitable approach to streamline the process of determining eligibility to assure it is determined consistently across the state. This streamlined process could be implemented more easily if the task of determining the county of financial responsibility was eliminated.

- **Equity:** Promote racial equity and eliminate racial disparities in the human services system for all people across the state. *(systemic priority) Anyone who meets the eligibility requirements for the Behavioral Health fund should have eligibility opened expediently without regard to what the county of financial responsibility might be – those experiencing homelessness are especially affected by this impossible requirement.*
- **Workforce:** Advocate for strategies to sustain and equip the workforce, and simplify work given the forecasted labor shortages. *(systemic priority/paradigm trend)*
- **Technology:** Collaboratively seek state investment in systems transformation and modernization which must include appropriate county collaboration, oversight, and guidance. *(systemic priority/paradigm trend)*
- **Governance/Partnerships:** Co-create state/county governance that results in clear accountability, appropriate allocation of resources, stabilized service delivery, and improved outcomes for people served. *(systemic priority/paradigm trend)*
- **Resident Service:** Adapt to individual needs to support real choices *(paradigm trend)*

**Operational Priority (Committee) Alignment**  
 (highlight all that apply and explain why)

Adult Services Behavioral Health	Children’s Services Equity	Healthcare Modernization	Policy Self-Sufficiency
Why:			

**Rationale/Background:**

- With the changes in the Substance Use Disorder (SUD) process under SUD Reform and Direct Access, counties have been taken out of the decision-making role, yet currently under statute remain financially responsible for eligible clients.
- According to Minnesota Statute 254B.03 Subd. 4 the county share for SUD services payable through the former Consolidated Chemical Dependency Treatment Fund now termed the Behavioral Health fund up to 22.95%.
- The requirement to determine a county of financial responsibility complicates what is intended to be an efficient streamlined application process to get individuals treatment they need expediently. Many individuals will not receive treatment due to the delays in process given the increased volume in determining eligibility and County of Financial Responsibility.

**High-level, one paragraph description of the issue and its importance:**

Individuals needing Substance Use Disorder treatment should have an opportunity to access assistance in paying for treatment in a way that is fair, consistent and efficient. Often individuals who are ready to begin their recovery have a short window of time before their motivation to move forward is diminished. Providing a streamlined process to apply for the Behavioral Health Fund would allow for the intended “mirror” of rules for Medical Assistance eligibility (which involves no county of responsibility financial share) and will serve individuals well by eliminating the complexity in the process that exists today.



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Approved on: