

Position Statement

2021

Program Waivers

Proposal

Issue: After Governor Walz signed EO 11-20 and 12-20, in relation to the peacetime emergency, the Department of Human Services granted waivers and modifications across its various programs and services. The result of the waivers thus far is that residents experienced limited disruption in their county benefits due to the COVID-19 pandemic. We have also found that the additional flexibility has resulted in the capability to provide greater flexibility in serving residents, and more choices for how they interact with the county and the community partners who share this work with us.

Systemic Priority: Service Integration, Equity, Fiscal Framework

Implementation Strategy: Allowance for some of the temporary waivers that have been in place due to the COVID-19 pandemic to become permanent and a new way of delivering services that is more efficient and effective in serving residents of Minnesota.

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

Rationale/Background:

After Governor Walz signed EO 11-20 and 12-20, in relation to the peacetime emergency, the Department of Human Services granted waivers and modifications across its various programs and services. The result of the waivers thus far is that residents experienced no disruption in their county benefits due to the COVID-19 pandemic. We have also found that the additional flexibility has resulted in better service for the people that we serve, and more choices for how they interact with the county and the community partners who share this work with us.

Caring for Minnesota's Vulnerable

Allowing Phone or Video Use for Targeted Case Management Visits

Seniors, people with disabilities and other vulnerable populations who are seeking or receiving home and community-based services and supports, can now participate in assessments and visits with their social workers and case managers by phone or videoconference. Recipients of services have responded positively to the increased flexibility in fulfilling their assessment requirements and service delivery. Post the COVID-19 pandemic, many of the people that we serve and staff are looking forward to resuming face-to-face visits, but also believe that allowance of some use of phone and videoconferencing, within an agreed upon standard of care, should be available to improve accessibility and efficiencies.

Telehealth

Recipients of services now have more options for how they receive health services. Counties have found that offering a range of options allows us to reach more residents, rather than forcing everyone to get their services the same way. Not only allowing alternatives to face-to-face visits, but allowing Counties/Providers to bill for telephone and virtual visits assists us in meeting the diverse and changing needs of the people that we serve and continues our work in reducing

disparities among our most vulnerable populations.

Maintaining Minnesotans' Financial Stability

Minnesotans who are applying for cash programs can complete their applications over the phone, rather than having to come into a county office for an in-person interview. This creates major time savings for residents, as well as savings in transportation time and cost. Minnesotans also can get approval for their applications right away, rather than having to wait for paperwork to travel through the system, allowing them to fulfill important responsibilities, such as staying up to date with rent payments. It is imperative that we can provide the most efficient and effective services for Minnesotans who are most impacted by the economic impact of the COVID-19 pandemic and are at the greatest risk of economic and housing instability.

Reduction in Disparities

A key factor in reducing disparities is to increase access to services and resources. Allowing greater flexibility in serving Minnesotans through phone and videoconferencing, provides increased access of services and resources for vulnerable and underrepresented populations, such as ethnic minorities and residents living in rural or provider shortage areas.

Additional Information:



Submitted by Jodi Wentland, Julie Hanson, & Kathy Johnson