MACSSA
Minnesota Association of County Social Service Administrators

MACSSA Draft 2022 Legislative Priorities/Recommendations to AMC HHS Policy Committee

Note: MACSSA membership voted in our August 2021 meeting to highlight these 4 issues for the AMC Policy Conference in September. These positions have not yet been written up as official MACSSA legislative positions and are subject to change and amendment by membership through MACSSA's legislative priority development process.

This document is a brief draft summary of the 4 priorities initially identified by MACSSA membership and is meant as a general overview of the topics – MACSSA will further refine our positions heading into 2022.

Targeted Case Management (TCM)Rate Setting:

- In 2022, we will enter into our first year of subcontracted rates being set by the State. It is important to monitor this process to assess for sustainability and for disparate impacts throughout the State.

Counties pay the non-federal share for all TCM except Relocation Services Coordination and TCM funded by health plans. While the State has floated the idea of the State taking over the non-federal share it is unlikely to happen in a sustainable way that does not cause Counties to lose additional resources elsewhere. Additionally, Counties' financial stake in case management and services often goes further than the non-federal share and goes to deep end services that must be funded like out-of-home placements, commitments, 72-hour holds, days that do not meet medical criteria for people in adult and children's facilities, and court ordered services for child protection cases. It is because of these factors counties should retain the decision-making influence that stems from counties paying the non-federal share

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- In the rate setting and payment process we want to move towards a Certified Public Expenditures (CPE) process and with that we support a reconciliation process.
- In the rate setting process it will be critical to understand which expenses are allowable to ensure that counties are able to capture reimbursement for the maximum activities possible,

including looking at allowing for the billing of administrative work done by case managers and others.

- As part of the Case Management Redesign process, Minnesota needs to invest State funds to address any significant loss in federal funding for counties to ensure that we can maintain an adequate and equitable system of care throughout the State. In order to do this, we need to see economic impact of rate changes county by county early enough to lobby for changes and additional funding where needed. Mitigation of the financial impact to counties of Case Management Redesign by the state was a commitment of DHS reaching back to their earliest conversations with MACSSA about TCM.

Family First Implementation:

Federal and state implementation requirements for Family First Prevention Services (FFPSA) become effective October 1. The design and implementation of these changes to the child protection system, along with a failure by DHS to adequately build out the needed infrastructure in our state to accommodate those changes, will cause service and financial challenges to counties and those children and families we serve.

- Qualified Residential Treatment Program (QRTP) development and access: this becomes effective October 1 and will impact counties' ability to collect IV-E funds:
    - What is the State doing to assist the current IV-E providers to become QRTPs if that is necessary for their placement type?
    - What is the State doing to ensure access to services for our vulnerable children and access to federal funding to cover the cost of mandated services?
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- Qualified Individual (QI): To qualify for Title IV-E dollars a QI must evaluate and approve the appropriateness of each out of home placement in a QRTP. There is not a comprehensive plan or clear guidance to counties for implementing this new infrastructure in Minnesota. We need the following questions answered:
    - What is the result of the state plan waiver requested from CMS that would allow county employees to serve as QIs if they are not a placement decision maker
    - Funding: it is estimated the evaluation and approval of each placement will take 8-12 hours and will cost $30/hour. What is the plan to fund this long term?
    - Training: What is the State's plan to ensure statewide access to training and ensure there are enough QIs to meet the need of the State?
    - What is the appropriate state infrastructure to administer this new requirement?
    - Federal Reimbursement for QI costs: what is the eligibility, plan and timeline for this?
- Out of Home Placement (OHP)costs: State funds to cover the loss of federal dollars for OHPs
    - We know that out of home placements costs will be shifted back to the counties in the following three circumstances:
        1. If there are not enough QRTPs to meet the need
        2. If there are not enough QIs to assess appropriateness for QRTP
        3. If facilities who are now eligible to receive IV-E funding opt out of QRTP because they cannot meet the threshold to be considered QRTPs

        - Challenges implementing FFPSA make all three of the circumstances highly likely resulting in negative impacts to services available and to county finances
        - MACSSA is working to track lost Title IV-E dollars and to make an ask for State General Funds to offset this cost shift (due to implementation challenges & FFPSA changes)
- What is the State's plan to develop and implement a comprehensive set of preventative services that counties have access to Statewide and that will meet the IV-E funding criteria?
    - Reimbursement for preventative services was touted by the State as a substitute for dollars lost in placement settings. What is the plan to achieve that, what are the services they are developing, and what is the timeline for that? How do they plan to ensure access throughout the State?
- Reimbursement for legal costs: Title IV-E dollars are now able to partially reimburse eligible Parental Representation costs - what is the process for this and how do counties access this?
- There is a shortage of appropriate OHP facilities in MN. What is the State's plan to address the recent closure of Psychiatric Residential Treatment Facilities (PRTFs) and the lack of additional PRTFs? Locating placement for children who need these services in Minnesota has reached a crisis point, with many children ending up out of state. This is not an appropriate solution to the needs of our children. What is the plan and timeline to open additional PRTFs?

Healthcare Procurement and County Based Purchasing

- Create a statutory separation for County Based Purchasing (CBP) in terms of operation and procurement.
- The most recent procurement process for metro counties reflected a partnership and transparency that has long been absent from the procurement process. DHS must maintain that standard with the greater Minnesota procurement. In order to do that, DHS needs to recognize the substantive differences in caseload size, access, and operational process that exists between greater Minnesota and metro counties.

Behavioral Health Fund

- With the changes in the Substance Use Disorder process under SUD Reform and Direct Access counties have been taken out of the decision-making role for many things.
    - Access to and level of service: Counties are no longer the gatekeeper to services and no longer have an ability to monitor for accuracy or appropriateness of SUD services approved.
    - Rule 25s will become obsolete in July 2022 thus taking many counties out of the service business for SUD. Many of those counties who remain in it will do so as providers.
- In accordance with the general direction the State is moving in, it seems appropriate that counties should not have a county share in costs that are paid through the Behavioral Health Fund, formerly CCDTF fund. We do not have any ability to regulate the expense or predict the cost to the county budget and we are no longer required to provide any level of SUD service.