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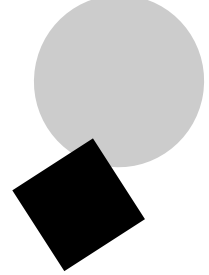
msssa

MINNESOTA SOCIAL SERVICE ASSOCIATION

2008 Public Policy
Agenda



Minnesota Social Service Association



MSSA is one of the oldest and largest member-run public interest groups in Minnesota. It was founded in 1893 as the Conference of Charities and Corrections.

We represent every aspect of the human service profession with approximately 3200 individual members and 150 human service agencies (and their staff) in Minnesota. This includes county and private agency social service directors, social workers, financial workers, child support officers, Department of Human Service professionals, foster parents, and county commissioners. Our members serve children, seniors, the disabled, and any individual or family in need. We help people become self-sufficient and protect vulnerable populations from harm.

Each year MSSA members rigorously debate legislative proposals brought to them from regions across Minnesota and decide on which of the proposals to include in the MSSA Public Policy Agenda. While there are many issues important to MSSA members, the nine general policy statements and five priorities for the 2008 Legislative Session are listed on the following page.

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Summary

The following is a summary of MSSA's eight General Policy Statements:

PROTECT STATE AID FOR HUMAN SERVICES (see page 1)
MSSA opposes any attempt to reduce state aid to local governments for health and human services as a means to balance the state budget. The state should look at any and all options for funding to balance the budget without cutting essential services including grants to human service providers.

PROTECT TANF/MFIP FUNDING FOR FAMILIES AT RISK (see page 1)
MSSA supports legislative initiatives under TANF/MFIP that will insure that families continue to move towards self-sufficiency, while recognizing that for some families, 60 months may not be sufficient to achieve this goal.

COMPREHENSIVE & QUALITY EARLY CHILDHOOD CARE & EDUCATION (see page 1)
Children are Minnesota's most important resource and it takes a strong, supportive community to raise our children. Therefore, MSSA believes a comprehensive approach to early childhood care and education will maximize the benefits obtained from each dollar spent by parents and federal, state and local governments.

FAMILY PRESERVATION (see page 3)
MSSA supports legislative initiatives aimed at increasing and maintaining funding for Minnesota family preservation act services.

ELDER JUSTICE (see page 3)
MSSA supports legislative initiatives to assure adequate resources to prevent, detect, treat, educate, intervene in and prosecute elder abuse, neglect and exploitation.

LONG-TERM CARE, COMMUNITY SUPPORT OVER INSTITUTIONAL MODELS (see page 4)
MSSA supports legislative initiatives to continue the commitment to a more common sense approach to services for seniors and persons with severe disabilities. We support the movements towards a sustainable system of long-term care that promotes cost-effective community supports over institutional models when possible.

MINNESOTA HEALTH CARE (see page 5)
MSSA supports a comprehensive approach to health care in Minnesota as the overall strategic focus that offers a single level of care for all citizens, that promotes a high level of health status among the population, and that creates incentives for cost containment and coverage inclusion.

CHILD WELFARE ISSUES IN MINNESOTA (see page 5)
MSSA recommends a number of broad strategies and activities to promote the safety, permanence, and well-being of children.

MEETING THE BASIC NEEDS OF ALL MINNESOTANS (see page 6)
MSSA supports the goals of the Legislative Commission to End Poverty by 2020.

The following is a summary of MSSA's Top Five Legislative Proposals:

MSSA'S TOP PRIORITY IS THE SAME AS OUR GENERAL POLICY STATEMENT #1 (see page 1)
MSSA opposes any attempt to reduce state aid and federal funding to local governments for health and human services as a means to balance the state budget.

CHILD WELFARE ISSUES IN MINNESOTA (see page 5)
In this priority, the Council combined all the elements of our General Policy statement #8, "Child Welfare Policy and Finance," and Legislative proposal # 16, "Investing in Child Protection." In light of recent federal cuts in Targeted Case Management, MSSA supports a full review of all funding options for child welfare/protection services. We support developing a plan for ongoing adequate funding of a model child welfare system that recognizes the state's responsibility to support basic child protection services statewide.

PROTECT TANF/MFIP FUNDING FOR FAMILIES AT RISK (see page 1)
MSSA is committed to the success of TANF/MFIP and its fundamental goal of ensuring that families leave assistance and achieve self-sufficiency by finding a job with a stable income. To accomplish this goal, MSSA urges the Legislature to consider the elements of our General Policy statement #2 and our Legislative proposals #47, #48 and #49. We also urge the Legislature to assure proper mental health services and support compliance of mental health objectives.

MEETING THE BASIC NEEDS OF ALL MINNESOTANS (see page 6)
In our General Policy statement #9, MSSA supports meeting all the basic needs for all Minnesotans. We support the Legislative intent of "ending poverty in Minnesota by 2020." A top goal of this effort should focus on universal health coverage for all Minnesotans, especially all of our children (see Legislative proposal #20) and this must include adequate dental care (see Legislative proposal #36).

FULL FUNDING FOR MINNESOTA'S COUNTY CHILD SUPPORT SYSTEM (see page 9)
In light of federal cuts, MSSA supports full funding for our County Child Support Programs as outlined in our Legislative proposal #6.

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General Policy Statements

1. Protect State Aid

MSSA opposes any attempt to reduce state aid and federal funding to local governments for health and human services as a means to balance the state budget.

The state should look at all funding options, including new revenue, to balance the state budget without cutting essential health and human services, including grants to human service providers.

MSSA urges the Governor and the Legislature to restore, at the earliest possible time, any past cuts in state aid and replace past cuts in federal funding.

2. TANF/MFIP

MSSA is committed to the success of Temporary Assistance for Needy Families (TANF) and Minnesota Family Investment Program (MFIP) and its fundamental goal of ensuring that families leave assistance and achieve self-sufficiency by finding a job with a stable income. We share the concern of the State of Minnesota and other organizations that some families will not achieve true self-sufficiency within the 60-month time limit of the MFIP program. Many MFIP families reach their 60-month time limit each year.

MSSA supports legislative initiatives that will insure that families continue to move towards self-sufficiency, while recognizing that for some families, 60 months may not be sufficient to achieve this goal and that an appropriate safety net must be provided to assist those who are unable to become fully self-supporting within the available period. Key elements in proposed self-sufficiency legislation should include the following:

- maintaining incentives for work,

- more training and educational resources,
- continued emphasis on high quality and available child care,
- a safety net for those doing the best they can,
- tougher sanctions to strengthen consequences for families that are not complying with program requirements as a means to motivate parents to go to work yet accomplished in a manner that will not penalize children in the process,
- teen pregnancy prevention,
- improved local capacity for early childhood care and educational needs,
- improved local capacity for needs of families at risk of child maltreatment,
- appropriate adequate state and TANF funds to ensure that these key elements can be implemented on a statewide basis.

3. Quality, Comprehensive Early Childhood Care & Education that is Affordable & Available to All Families with Children

MSSA believes that a comprehensive approach to early childhood care and education will maximize the benefits obtained from each dollar spent by parents, and the Federal, State and local governments. Early childhood care and education has many faces. It is an economic development program for businesses and communities, it is an education program and school readiness program for children, it is a work support program for parents and it is a child welfare program devoted to preventing both physical and developmental harm to children.

Children are Minnesota's most important resource

and, yes, it does take a strong, supportive community to raise children. Increasingly, cost benefit analyses have indicated that the early childhood period represents an area of significant public under-investment. Both Nobel Laureate economist James Heckman and Art Rolnick, Senior Vice President and Director of Research for the Minneapolis Reserve Bank, have concluded that the opportunity for positive returns in child achievement are the greatest for children in early learning settings and that society “should invest a significant share of public resources in the very young.” Instead of increasing investments, Minnesota’s fiscal support of early childhood education and care has been substantially reduced. Multiple Legislative changes in childcare licensing and childcare subsidy have destabilized the system. Minnesota children, families, businesses and communities will suffer for decades because of the failure of body politic to invest in its children. Research shows that funds invested in early childhood education return at a rate of \$8 for every dollar invested. Education is an area of private market failure. Education has long been recognized as a good that has external effects and public attributes. Without public support, the market will yield too few educated workers and too little basic research. This problem has long been understood in the United States and it is why our government, at all levels, has supported public funding for education. The status quo in early childhood is unacceptable and reform is necessary.

1. Childcare Funding: recognize that working parents have become the norm and that funding quality childcare/preschool education is beyond the means of low-income families and stresses the capacity of moderate and middle-income working families.
 - Eligibility for childcare assistance programs – restore eligibility for low and moderate-income families.
 - Funding - fully fund all eligible families.
 - Program/administrative simplification - support a childcare subsidy eligibility system that is simple, easy and understandable for the parents, providers, counties and the state.

2. Quality Care/School Readiness - MSSA supports policies that:
 - Enhance provider training and retention.
 - Integrate early childhood programs.
 - Reward care that supports positive child outcomes, such as safety and school readiness. This includes childcare assistance programs, state and federal tax credits and employer based pretax programs.
3. Economic Development: Early childhood development programs are rarely portrayed as economic development initiatives, and the Federal Reserve thinks that is a mistake. Such programs, if they appear at all, are at the bottom of the economic development lists for state and local governments. They should be at the top. Most of the numerous projects and initiatives that state and local governments fund in the name of creating new private businesses and new jobs result in few public benefits. In contrast, studies find that well-focused investments in early childhood development yield high public, as well as, private returns.
4. School Age Care - Before and after school and summers: While the primary focus in childcare is on early childhood, school age care is also important. Two reports in 2000 found the following: The Urban Institute found that Minnesota has the highest rate of “home-aloners” 17% for ages 6-9 and 56% for ages 10-14. National averages for home-aloners are 10% for ages 6-9, and 35% for ages 10-14. The U.S. Census Bureau found that nationally, 18% of children ages 5-14 regularly care for themselves.

According to the Casey Foundation, “research shows that after school and summer programs can reinforce and enrich classroom experience, resulting in higher achievement and more positive attitudes toward school, especially if they are aligned with school curricula. They also provide recreational activities and chances to explore areas that tend to get short shrift during the regular school day, such as the arts. But for most children, the out-of-school hours represent a lost opportunity.” The Minnesota

School-Age Care Alliance agreed, and said that school age care programs are also associated with better school attendance, behavior and academic performance. *Fight Crime: Invest in Kids*, a national coalition of law enforcement, child development specialists, and family advocates presented a report on the importance of childcare at a White House conference on April 28, 2000. The report, *America's Child Care Crisis: A Crime Prevention Tragedy*, highlighted the role that high quality school age care programs can play in preventing crime.

4. Family Preservation

In 1985, Minnesota Legislators enacted the Minnesota Family Preservation Act. The act is to assure that all children live in families that offer a safe, permanent relationship with nurturing parents or caretakers. The act states that in order to help assure children the opportunity to establish lifetime relationships public social services must strive to provide culturally competent services directed toward the following:

1. preventing the unnecessary separation of children from their families by identifying family problems, assisting families in resolving their problems and preventing breakup of the family if it is desirable and possible;
2. restoring to their families children who have been removed, by continuing to provide services to reunite children and their families;
3. placing children in suitable adoptive homes in cases where restoration to the biological family is not possible or appropriate; and
4. assuring adequate care of children away from their homes in cases where the child cannot be returned home or cannot be placed for adoption.

The Minnesota Family Preservation Act established federal and state allocations to counties for family preservation services. Family preservation services typically include home-based counseling/therapy, crisis-intervention response programs, family and life management skills and early intervention programs. Family preservation service providers perform a vital service to families and the community by working to keep children in their home environment not only by providing services to

the family to prevent initial placements, but also working to reunite families should placement occur and to prevent future placements of the child or their siblings. In the end this saves the community (and the state) money. It costs significantly more money to place and maintain a child in out-of-home placement (foster care, juvenile detention centers, etc.) than it does to provide a family with home-based services, which could prevent that placement by improving the child's home situation.

MSSA supports legislative initiatives aimed at increasing and maintain funding for family preservation and home-based services, especially preventative services. MSSA supports Family Preservation programs specifically addressed in the Children and Community Services Act (CCSA) and, as additional funding becomes available, a portion of these funds be dedicated to family preservation and home-based services versus having these services vie for funding with other family and community services. MSSA opposes cuts to family preservation and home-based services funding and to legislative initiatives that serve to redirect family preservation funding to non-family preservation programs and services.

5. Elder Justice

Minnesota Social Services Association has established a public policy that advocates fair and adequate services for families and disabled individuals who rely on the human services infrastructure for basic support. In Minnesota and the nation, the issue of elder abuse has been invisible to most of society and elder abuse, neglect and exploitation continues to grow as the population ages. Elder justice means assuring an adequate public-private infrastructure and resources to prevent, detect, treat, understand, intervene in and prosecute elder abuse, neglect and exploitation. Elder justice is the right of every older person to be free of abuse, neglect and exploitation.

Several policy initiatives and best practice recommendations are contained in the federal Elder Justice Act. The act provides federal resources to support state efforts and establishes a consistent

funding stream and national coordination for Adult Protective Services. New forensic expertise in elder abuse will develop and be provided to health professionals in geriatrics. "Safe havens" will be developed for seniors who are not safe where they live and victim assistance resources will be provided to law enforcement. All of these efforts will support increased prosecution of perpetrators of elder abuse.

The key to the success of this initiative is training, and will include individual disciplines and multi-disciplinary teams. As a statewide response to elder abuse, MSSA supports the creation and operation of Adult Protection Teams in every Minnesota County.

6. Long Term Care; Community Support over Institutional Models

MSSA supports continuing the commitment to a more common sense approach to services for seniors and persons with severe disabilities. MSSA supports the continued movement towards a sustainable system of long-term care that promotes cost effective community supports over institutional models when possible. This would include the following:

- Maintain adequate funding for community services.
- Maintain the Alternative Care Program to keep low-income elders in their own homes rather than more expensive congregate settings or nursing homes.
- Sufficient funding for Alternative Care programs and the CADI/TBI waiver programs, so counties can respond to the dual pressures of responding to growth in the aging and disabled population and the expectation that persons will move from nursing homes into community settings.
- As an alternative approach to reducing costs, reestablish the focus of Alternative Care to support people in the community in their own home and limit payments for persons in assisted living settings. Assisted Living is the most

expensive and fastest growing component of the program. Servicing people in homes they own is the least costly way to serve most clients.

- Support the work of AMC to improve the quality of housing with services for elderly people. This is largely an unregulated service although the public assumes there is governmental oversight of care practices.
- Revisit quickly enacted budget strategies that have had many unanticipated and unintended consequences, some of which may actually increase overall state costs.
- Implementation details are still evolving, however, it appears that items such as capping the number of persons receiving certain waivers is promoting the use of more expensive institutional care. Another example is the significant cost that has been incurred in assessing persons under 65 in nursing homes for which community care is not available or feasible (persons in comas or who have hospice in a nursing facility, etc).
- Promote long-term solutions that can reduce dependency on publicly funded programs.
- Encourage the state to join the counties in advocating for Federal Medical Assistance funding for the room and board costs of community alternatives, not just for institutional level care.
- Advocate for state affordable housing resources to be devoted in part to the development of affordable housing for seniors and persons with disabilities.
- Retain another \$10 million for new community care projects related to decreasing the use of nursing homes.
- Support the expansion of employer-based and other group purchasing approaches to long-term care insurance so that the general population is more self sufficient in older age.
- Promote the successful unsubsidized state employee program as a model for other public and private employers.
- Standardizing policies would be a major step towards enabling consumers to make good choices.

7. Minnesota Health Care Issues

County social service agencies are directly involved in the health care system as gatekeepers, providers, quality assurance watchdogs, and as purchasers. MSSA acknowledges that in addition to efforts made by county social service agencies, within and beyond MSSA's circle of influence, it is only through the actions of other interested parties and most specifically the Legislature that meaningful, comprehensive health care reform will occur. MSSA believes that a comprehensive approach to health care in Minnesota is the overall strategic focus that offers a single level of care for all citizens, that promotes a high level of health status among the population, and that creates incentives for cost containment and coverage inclusion.

The current environment for healthcare funding and delivery is a complex mixture of services and funding mechanisms yielding mixed results for consumers and providers while threatening to overwhelm the existing private and public systems financing health care. The current system also creates access issues because of affordability as well as uneven geographical coverage by health plans and providers. The health care system will continue to provide care that is unaffordable, inefficient and/or inaccessible to many Minnesotans. Health outcomes will continue to decline. The status quo is unacceptable and reform is necessary.

MSSA supports the work of others in the following areas, toward the goal of meaningful, comprehensive health care system reform:

1. Encourage the expansion of research and development of genomics enterprises such as the U of M/Mayo Partnership,
2. Support statewide policies to encourage smoking cessation and reduce exposure to secondhand smoke,
3. Investigate the benefits of joint purchasing strategies,
4. Streamline eligibility and standardize benefits,
5. Expand coverage and access to all Minnesotans, especially children,
6. Encourage, support and expand county base purchasing statewide as a sole source payor option.

8. Child Welfare Policy & Finance

As in 12 other states, Minnesota has a state-supervised, county-administered child welfare system. Therefore, the state sets policy, guides program development, provides some funding, acts as liaison to the federal government, provides training and technical assistance, and oversees quality assurance. The counties, non-profit community provides and tribal governments provide the services to families and their children.

County government retains statutory authority and responsibility for administering child welfare services in most cases. Non-profit providers develop services to respond to local and regional needs and have an important role in providing culturally appropriate services. Indian tribes have an increasing role in safeguarding the welfare of their own children.

MSSA believes child welfare services are a continuum of services ranging from screening, prevention, and targeted early intervention to maximum intervention, such as out-of-home placement. The goal of these services, as articulated by the federal government, is to promote the safety, permanency, and well-being of children.

MSSA believes that Minnesota should ensure that all our children are safe from abuse and neglect (safety); live in permanent and stable homes where they are nurtured (permanency); and have the opportunity to reach their potential (well being).

Well-being encompasses the physical, social, emotional, intellectual, and spiritual domains.

Current Challenges

Policy: There is a widely acknowledged desire to "breathe new life" into a system, that needs vision and renewed leadership. Any proposed policy changes should improve outcomes relative to child safety, permanency and well-being; improve the quality and consistency of the performance of systems; build a stable infrastructure to respond to threats to the well-being to our children now and in the future.

Financing: Minnesota's child welfare system is currently over-reliant on the county property tax as a funding source. As of calendar year 2005, the county share of the system is 47.7% (\$214.9 million) of the total. The federal government share is 35.6% (\$175 million) and the state's share is only 13.7% (\$80.7 million). Net tax capacity per child varies significantly by county in Minnesota. The ability to protect and nurture our children should not vary based on geography within the state.

Current federal support for child welfare services is waning, with dramatic cuts anticipated to Medicaid Targeted Case Management on the horizon. Child Welfare Targeted Case Management brings in \$47.2 million annually to the state, fully 10% of the total funding base.¹

Recommended Changes to the Child Welfare System

Policy: Support a Child Safety Act, which includes the following three components:

1. Child Safety System. Support equity among children from different geographic areas and cultural groups by measuring performance and encouraging continuous improvement in outcomes.
2. Tribal Participation. Enhance the ability of tribal governments to safeguard the well-being of their children by having the option to participate in the Child Safety System.
3. Child Safety Fund. Adopt an improved methodology for adequately funding and distributing state-appropriated child welfare funds.

Financing: Dramatically increase the state share of funding for child welfare services by approving \$110 million in new monies to accomplish the following:

1. Replace lost federal Targeted Case Management funds;
2. Respond to the reality of varying tax capacity and needs based on geography;
3. Improve consistency of service availability statewide;
4. Provide incentives for improvements in outcomes

5. Provide for a long term funding strategy that goes beyond a one-time replacement of lost federal funding.

9. Meeting the Basic Needs of All Minnesotans

The Legislative Commission to End Poverty in Minnesota by 2020 has the charge to "develop guidelines to end poverty" and to "prepare recommendations on how to end poverty in Minnesota". As an overall set of policy goals, we propose:

- poverty be eradicated in Minnesota by the year 2020;
- no Minnesotan go without the basics of food;
- no Minnesotan go without access to affordable basic health care;
- no Minnesotan go without access to safe, affordable, livable housing;
- Head Start programs be fully funded to serve all 3 and 4 year old Minnesotan children who are at or below 100% of poverty;
- full funding be restored to CSBG/MCAG with the addition of COLAs for the years under reduced funding;
- increase eligibility for childcare, so working poor families can afford quality childcare.

MSSA shall advocate for the set of goals outline above and other proposals that will return Minnesota to national leadership in responding to the needs of all Minnesota citizens.

¹All financing figures derive from *Briefing Book, Task Force on Financing the Future of Child Welfare* (2006, July). Minnesota Department of Human Services, Child Safety and Permanency Division, p. 12. Note: Sources of funds also include a "Mixed State/Federal" category, accounting for 2.7% of the total and a "Gift/Foundation" category totaling 0.3%.

Legislative Priorities

1. Basic Sliding Fee Allocation Management

Description: During late 2006 and early 2007, DHS requested that a short-term work group be appointed by MACSSA for the purpose of reviewing issues related to county management of Basic Sliding Fee allocations. The need for the work group was recognized by DHS and the MACSSA Early Childhood Committee due to uneven results of applying the existing funding formula for these allocations. Counties have experienced “feast or famine” in their allocations, depending on various factors, such as a county’s waiting list status in the month this factor is counted. The allocation formula has not resolved the issue of unspent allocations in many counties, while other counties have large waiting lists. In 2006, \$9,307,518 was not spent at the end of the year and 43 counties spent less than 90% of their allocations. Nineteen (19) counties spent more than their allocations, with a total of \$858,764 spent that exceeded allocations. All of these 19 counties were fully reimbursed for the spending above their allocations. However, very few counties will risk over spending when there is no guarantee of reimbursements, which leads to the unfortunate result in which thousands of families remain on waiting lists while the State has unspent funds exceeding \$9 million.

Fiscal Impact: Neutral

MSSA Proposed Action/Solution: The allocation formula work group analyzed many possible changes to the formula. There was no formula that solves the entire problem of uneven allocations. However, two changes have been proposed which would lead to improvements by reducing the major changes in allocations from one fiscal year to the next. These solutions involve using averages over a six-month period when applying two factors, rather than the current “point in time” numbers: First, MSSA supports modification of the allocation formula to use the average of the most current 6 months waiting list for the two waiting list factors of the Basic Sliding Fee allocation. Second, MSSA supports modification of the allocation formula to use the average number of transition year families over the most recent 6 months, rather than the most

recent quarter, for the Transition Year factor of the Basic Sliding Fee allocation. The proposed modifications would not have a fiscal impact to the state.

2. Basic Sliding Fee Entry Level

Description: Currently, to be eligible for basic sliding fee childcare, an applicant’s household income must be equal to or less than 175% of the federal poverty guidelines. Once found eligible, they remain income eligible until they are over 250% of the federal poverty guidelines. Any family applying for childcare assistance, whose income is between 175% and 250%, are denied assistance to help reduce their financial burden, thus being penalized for working more hours or receiving a higher rate of pay at entry level than those allowed to work their way off childcare assistance.

Affected Statutes/Rules: Health & Human Services Bill 2003- Sec. 14, Subd 1 (3), Bulletin # 03 -68-06 page 3

Consequences of No Change: In an effort to gain eligibility for childcare assistance, families may choose to reduce their work hours or quit their jobs. Families are more likely to choose unlicensed providers that may not be considered quality care or we may see an increase in children not receiving any child care while the parents are at work or in school.

Fiscal Impact: Yes.

MSSA Proposed Action/Solution: Change the basic sliding fee entry level to be equal to or less than 250% of federal poverty guidelines and increase state appropriation to allow for this change.

3. Transition Year Child Care Assistance & Education

Description: There are three childcare programs for low-income families: MFIP/DWP, Transition year and Basic Sliding Fee. MFIP/DWP covers job search, employment & education, Basic sliding fee covers job search, education & employment. Transition year should cover education-related costs also.

Consequence of No Change: People who are employed and in school have a tough choice to make for child care. If they chose their MFIP, they lose their childcare for education. There are also clients that would like to chose their MFIP but choose not to because of this policy.

MSSA Proposed Action/Solution: Bring transition year childcare into line with MFIP and Basic Sliding Fee child care so that all three programs cover education, job search & employment.

4. Automatic Administrative Redirection of Child Support

Description: In cases where a child (or children) is placed with another person or entity, either by court order or with the permission of the custodial parent, the public authority is required to continue sending child support, paid on behalf of the child (or children), to the former custodial parent unless the former custodial parent voluntarily authorizes the payments to be directed elsewhere. The public authority then has to seek court approval for the redirection, using resources and court time that are already limited.

Consequence of No Change: Public authorities most continue to seek redirection of child support via the court approval process, thus draining already limited resources and court time.

MSSA Proposed Action/Solution: Change Minnesota law to allow public authorities to administratively redirect child support to the person or entity having custodial care of the child; subject to the former custodial parent's right to object and request a hearing (process language should be developed in partnership with the State). Unless the custodial parent has provided voluntary written authorization, child support should not be redirected for up to 90 days.

5. Custodial Parent Overpayment & Recoupment

Description: If a custodial parent receives an overpayment on child support or medical support and we do not have current charging on the case or an open case, we cannot recoup that money and refund it to the non-custodial parent. If the case is open and we have current charging, we can recoup the overpayment of child support by taking 20% of the current child support each month until the overpayment is paid in full.

An example is when custody changes and income withholding is in place. We cannot stop income withholding without a court order. If custody changes and child support is not addressed, or if the child goes to live with the non-custodial parent and child support continues until the order changes, the custodial parent continue to receive child support.

Then when we get the new order stopping ongoing charging and there is an overpayment which results in a recoupment amount, we have no current charging to take the 20% out of, and no way to enforce repayment. If it is the non-custodial parent who is not paying support we several options including taking a driver's license, incarcerating them, attach their bank account, intercept tax refunds, etc. All we can do to the custodial parent is sending them a bill.

Consequence of no Change: An example is if there is a family where Bill is the non-custodial parent, Ann is the custodial parent, and Sally is the 14-year-old child. Sally decides she wants to live with Dad and she moves into Bill's household in January. Bill does not receive public assistance for Sally; however, he has a child support order to pay Ann \$500 per month for child support. Income withholding is in place. Bill and Ann decide in March to take the case back into court to change custody. Bill's attorney gets the case into court in July, and the judge sends out the order changing custody in October. We receive the order October 10. Because we cannot stop ongoing income withholding without a court order, and this is a non-public assistance case, we do not bring the case back into court. It is the parties' responsibility to bring it to court. Sally has been in Bill's household since January 1. We have collected \$500 per month from January through September and collect another \$250 on October 1. We have collected \$4750 and sent it to Ann. Ann refuses to return the money to Bill. The only thing our office can do is send her a bill every month. If the case is nonpublic assistance, we can close the case, but Bill has little chance of collecting this money.

The custodial parent can keep the money overpaid to him/her and there is no avenue for child support to force them to repay the money.

When we are talking to custodial and non-custodial parents about fairness in child support, this remains an issue.

We cannot close a case where there is a custodial parent overpayment until that account is paid in full. This means we have cases that are dead in the water and do nothing, yet we cannot close them.

Fiscal Impact: Modest positive to the county. Costs of reprogramming, therefore, neutral.

MSSA Proposed Action/Solution: Give child support the ability to enforce repayment of custodial parent overpayments by the same methods we have to enforce child support payments by the non-custodial parent. That would make the child support field fairer to both parties and allow us to close cases we would otherwise have to keep open.

6. Full Funding for County Child Support Program

Description: Loss of federal revenue to counties will dismantle the child support programs as counties lose staff due to the funding cuts. Though we received interim funding during the 2007 Legislative Session, we require continuous full funding of the statewide child support program.

Counties are currently facing reductions in federal funds for the administration of child support. Counties will be faced with increased caseload size with the reduction in county staff. This will jeopardize future federal incentive funding to the county and eventually the state, as it will become more difficult to meet required IV-D Program outcomes and activities. Failure to meet compliance thresholds will result in fiscal penalties to the state TANF program.

Consequence of No Change: Noncompliance with the federal regulations, standards and performance outcomes will reduce federal funding to the state and counties, increased caseload size will result in reduced child support payments to children. Failure to meet compliance thresholds will result in fiscal penalties to the state TANF programs.

Fiscal Impact: Yes

MSSA Proposed Action/Solution: The State needs to provide full funding to the counties to address the cuts counties are facing in federal funding.

7. Statute of Limitations on Child Support Judgments

Description: Statute requires that child support judgments be renewed 10 years from the date of docketing or entry is not docketed. We are asking that the judgments not expire unless paid in full or settled through equitable adjustment.

Affected Statute(s)/Rule(s): Statute 257.66 Subd. 4

Consequence of No Change: It will remain costly and time consuming to track child support judgment dates and prepare paper work to renew judgments. Administrative remedies will be lost when judgments expire.

Fiscal Impact: Children will not get the support that is due to them.

MSSA Proposed Action/Solution: The requirement to renew child support judgments should be eliminated. Child Support judgments should not expire unless they are paid in full or settled through equitable adjustment.

8. Adoption Subsidy

Description: Occasionally an adopted child requires placement outside of his/her adoptive home (foster care, group home, residential treatment). The counties have been informed by DHS that parent's monthly maintenance payments cannot be cut off, even if all contact with their adopted child is severed.

Affected Statute(s)/ Rules: MN Statutes 259.67 Adoption Assistance Program

Consequences of No Change: Some adoptive parents receive ongoing maintenance payments and counties continue to pay for all out-of-home placement expenses.

Fiscal Impact: Cost savings

MSSA Proposed Action/Solution: When adopted children are in out-of-home placement for more than 90 days, adoption subsidies should be redirected to the county paying for the out-of-home placement.

9. Child Welfare Concurrent Planning

Description: Child Welfare Concurrent Permanency Planning requires county child welfare services to

implement a timely reunification plan for children placed in foster care due to abuse and neglect. Further, child welfare services must also provide the family an alternative permanency plan for the child in the event that the parent is unable to remove barriers to reunification in a timely manner. The juvenile court determines a disposition for children less than eight years of age at a court hearing held six months following placement. The goal is to keep children safe and to secure a stable home in a timely manner. This is a significant child welfare reform focused at improving outcomes for children.

The 1998 Legislature directed the Commissioner of Human Services to establish a program for concurrent permanency planning for child protection services. \$10,000,000 was transferred to fund the program with a directive that \$9,300,000 was to be allocated to counties based on the family preservation allocation formula. Chapter 406 states, "The requirements of this section relating to concurrent permanency planning are effective only for state fiscal years when aid is distributed under section 256F.05 for concurrent permanency planning."

A reduction in state funding has compromised the implementation of concurrent permanency planning by county child welfare services. The 1999 Legislature allocated \$9.3 million for the biennium resulting in an annual reduction of \$4,650,000. Counties implementing concurrent permanency planning had their funding cut in half. The mandate remains that counties fully implement concurrent permanency planning at the reduced funding level.

The effective date for the requirement to provide concurrent permanency planning was August 1, 1998. Counties were required to submit program implementation plans and those submitting their plans by 9/30/1999 could earn their allocations dating back to the start of calendar year 1999. All 87 counties submitted program letters, so all 87 counties have qualifying programs. The initiation of a significant child welfare reform requires reasonable start up time for DHS and the counties to promote effective implementation. Counties established and implemented programs based on the original allocation of \$9.3 million. Counties cannot effectively implement concurrent permanency planning due to the reduction in allocated funds.

Affected Statute(s)/Rule(s): MN Statutes Chapters 256 and 257

Consequence of No Change: Many counties developed programs and hired staff based on the allocation established in August 1998. Counties have reduced or did not initiate full program implementation due to the reduction funds. The result of a reduction in funds is to shift the cost of full implementation to the county levy. Statewide implementation of concurrent permanency planning is compromised. The reduction in program capacity means that fewer children receive mandated service.

Fiscal Impact: Cost to the State – Yes

MSSA Proposed Action/Solution: MSSA supports restoration of full funding to the counties for concurrent permanency planning for families with children in foster care due to child abuse and neglect. This would mean a \$4.5 million increase in CCSA. Restoration of full funding would be accomplished through CCSA.

10. Develop Best Practices Treatment Approach for Dealing with Youthful Sexual Predators

Description: There are a growing number of children who are exhibiting sexual predatory behaviors. These children are often placed in residential treatment programs, an approach that is extremely costly and often not in close proximity to the family.

Consequence of No Change: Children who are sexually deviant do not receive appropriate and effective treatment, and many of the current funds are wasted.

Fiscal Impact: Yes.

MSSA Proposed Action/Solution: MSSA supports funding from the Legislature to conduct a study into, and the development of, best practices for dealing with youthful sexual predators.

11. Department of Human Services Shall Investigate Child Maltreatment Violations in Facilities Licensed, Supervised, & Monitored by the Department of Corrections

Description: MN statute 626.556, Subd 3c states "the county local welfare agency is the agency

responsible for assessing or investigating allegations of maltreatment in juvenile correctional facilities licensed under section 241.021 located in the local welfare agency's county" and "the Department of Human Services (DHS) is responsible for assessing or investigating allegations of maltreatment in facilities licensed under chapters 245A and 245B, except for child foster care and family child care."

All juvenile residential settings must comply with MN Rule 2960. Thus, the standards and requirements of a child residential facility licensed or certified through DHS are the same as a juvenile residential facility licensed or certified through the Department of Corrections. In 1995, DHS was given full responsibility to investigate residential settings and childcare centers because they were considered the expert in this area. Because DHS is considered the expert, they have an established process for investigating child maltreatment allegations in residential facilities they license. Local welfare agencies are considered the expert in investigating family settings and have an established process for investigating child foster care and childcare family settings, not residential facilities. DHS is the expert in investigating what MN Statute 626.556 Subd. 10e para (i) outlines for consideration when conducting a facility investigation. It states to determine who is responsible for the maltreatment, "the investigating agency shall consider at least the following mitigating factors: (1) whether the actions of the facility or the individual caregivers were according to and followed the terms of an erroneous physician order, prescription, individual care plan, or directive; (2) comparative responsibility between the facility, other caregivers, and requirements placed on an employee, including the facility's compliance with regulatory standards and the adequacy of facility policies and procedures, facility training, an individual's participation in the training, the caregiver's supervision, and facility staffing levels and the scope of the individual employee's authority and discretion; and (3) whether the facility or individual followed professional standards in exercising professional judgment." These factors in DOC facilities are complex and DHS has experience in assessing these factors in reports of DHS residential facilities. County agency personnel have not been trained to investigate residential facilities and to assess all of the above listed factors. It is logical that the agency with the expertise of residential facilities investigate all juvenile residential facilities regardless of which state agency issues the

license especially when all residential facilities have the same standards with which to comply.

Other factors that make county agencies investigating DOC juvenile facilities illogical include the determinations required of the county agency and the administrative reconsideration process. Local agencies are required to determine if maltreatment occurred and if services are needed. Typically, when this is determined, the services are provided by the agency in the county in which the family resides. The local social service agency is not the responsible or the appropriate agency to provide services in a DOC juvenile facility. The administrative process for reconsideration of maltreatment determinations is different for family settings compared to residential settings. The reconsideration process for family facilities is done through the county agency. The reconsideration process for facility determinations defined under MN statute 256.022 occurs at the state level. Having investigations of DOC facilities be conducted by DHS would provide a consistent appeals process for all residential settings regardless of what state agency issues the license. In addition, it would guarantee an expert committee for appeals of maltreatment determinations of residential settings.

Affected Statute(s)/Rule(s): MN Statute 626.556 Subd.3C

Consequence of No Change: Local welfare agencies will continue to investigate correctional facilities that they are not trained to do when the Department of Human Services is trained, has an established procedure, and is considered the expert in conducting investigations in residential settings. In addition, the disqualification and appeals process for all residential settings would continue to be inconsistent.

Fiscal Impact: Cost to state, savings to the county.

MSSA Proposed Action/Solution: The responsibility of investigating child maltreatment allegations that occur in DOC licensed juvenile facilities shall be with the Department of Human Services.

12. Emancipation of Minors

Description: Currently no Minnesota Statute allows for emancipation of minors. Some counties or courts have created their own process to allow independent living, however, the practice is not

standardized. Some youth are capable of successful independent living and due to dysfunction or absence of their family of origin ought to have a legal opportunity and right to live independently.

Consequence of No Change: Competent older youth will remain legally connected to families that are not providing them support or nurturance.

Fiscal Impact: Unknown.

MSSA Proposed Action/Solution: Mn Statute should be enacted that would provide a standardized legal process for the emancipation of minors.

13. Equalization of Foster Care, Adoption Subsidy, Relative Care Payments to Equalize Foster Care Rates

Description: Because Adoption and Relative Custody are favored permanency options and their payment amounts are lower than foster care, parents and relatives choosing these options have fewer resources to meet the needs of children, and children with higher needs may not be able to achieve permanency.

Affected Statute(s)/Rule(s): Foster Care; Adoption; Relative Custody.

Consequence of No Change: Some children will not receive permanency due to financial inequity.

Fiscal Impact: Cost to the State - Yes

MSSA Proposed Action/Solution: Increase reimbursement for Adoption Assistance and Relative Care payments to be equal to the foster care rates.

14. Early Childhood Family Education (ECFE)

Description: Because of cutbacks in early childhood home visits and the lack of programs for children ages 0-5, children are not entering Kindergarten prepared.

Consequence of No Change: Increased cost for remedial and other services for children.

MSSA Proposed Action/Solution: Advocate for a return to funding of preventative programs for children 0-5 years old.

15. Increased Insurance Coverage for Child & Adult Family Foster Care

Description: Current law requires that the state provide insurance coverage for child and adult foster home providers to cover bodily injury, property damage, or personal injury resulting from the foster parents' activities as a provider while the foster child or adult is in their care. At \$250,000 for each occurrence, current coverage limits are not consistent with Minnesota tort limitations, raising concern for foster care providers that insurance coverage is not sufficient for the level of risk involved. Recruitment of quality foster homes is problematic and retention of current providers is impacted by the low coverage level.

Fiscal Impact: yes

MSSA Proposed Action/Solution: MSSA supports amending Minnesota Statutes to increase insurance coverage for child and adult family foster care providers to the Minnesota tort limitations.

16. Investing in Child Protection

Description: Minnesota has developed a child welfare program that lacks reliable long term funding. Funding for programs is received from a variety of sources to meet the requirements of multiple state and federal laws. Inadequate funding at the state and federal level sets up an unstable system that is heavily dependent on both local tax capacity and priorities. Almost 48% of the funding is from county resources. Over one third of the funding is federal from block grants, Title IV-E, and Medicaid. The state contributes the smallest portion (less than 14% in CY 2005) to the child welfare program. Since 2002, the state has significantly reduced its commitment to child welfare services. Between 2002 and 2004, the state contribution dropped from 21.58% to 14.78%, or \$51 million. During the same period, local expenditures increased from 41.94% to 46.64%, or \$2 million, far less than required to maintain the programs. According to Children's Defense Fund Report "Child Welfare in Minnesota," total spending in Minnesota decreased by just over \$58 million for child welfare services between 2002 and 2004.

The trend in Minnesota has been to increase the reliance on non-state funding sources for child welfare services. In addition, sources other than local tax levy are not growing with the need or are even decreasing. The federal Social Service Block Grant has been decreased incrementally and Title

IV-E foster care reimbursement is decreasing. As a result of the 2005 Federal Deficit Reduction Act, Minnesota expects to lose \$44 to \$60 million annually in Medicaid case management funding. These losses along with cost shifts from the state since 2002 in mental health, developmental disabilities, long-term care, and financial assistance and the new MOE for mental health leave counties without the resources to increase funding and/or shift funding to child welfare services. The ability of counties to provide basic safety services to vulnerable children will be compromised without a substantial increase in state funding.

Fiscal Impact: none

MSSA Proposed Action/Solution: MSSA supports a full review of all funding options for child welfare services that:

- Develops a plan for ongoing adequate funding of a model child welfare system
- Recognizes a state responsibility to support basic child protection services statewide
- Provides adequate funding to replace the funds lost to counties since 2002
- Provides an inflation factor to assure continued future funding

17. Runaway & Homeless Youth Act

Description: According to the 2003 Wilder Homeless Survey, Minnesota has an estimated annual total of 22,410 runaway and homeless youth. Each night youth are turned away from shelter due to a lack of capacity. Youth homelessness is a statewide problem with many great Minnesota providers facing increased cost, insufficient infrastructure to meet needs, and ongoing funding challenges. Funding the Runaway and Homeless Youth Act will provide funding for a spectrum of services including: street outreach, drop-in centers, emergency shelter and transitional living programs. In addition, the Act requests a report from DHS on the situation facing runaway and homeless youth statewide.

Consequence of No Change: Early intervention with runaway and homeless youth can lead to family reunifications, stable housing, continued education, and positive development into healthy adulthood. Inaction can prompt an increase in illegal activities as a means for survival, acute danger for affected young people, and long-term homelessness.

Fiscal Impact: As of the writing of this proposal, the

Runaway and Homeless Youth Act does not have a determined appropriation. It is anticipated the request will range between \$6-10 million, will include an allocation of funds for technical assistance and capacity building and will be written for distribution via a competitive grant making process by the Office of Economic Opportunity at the Department of Human Services.

MSSA Proposed Action/Solution: MSSA supports funding for the Runaway and Homeless Youth Act.

18. Support for Emancipation & Living Functionally (SELF Funding)

Description: The Legislature is changing funding for SELF by cutting the amount given to each county. Children aging out of foster care need financial support to become successful adults.

Consequence of No Change: Counties provide less service for children 14-18 who are or have been in an Out of Home Placement. Children aging out of foster care do not have the “informal supports” that children raised in their legal families enjoy. These children will struggle with the transition to adulthood.

Fiscal Impact: Yes

MSSA Proposed Action/Solution: Increase or reinstate SELF funds to counties.

19. Shaken Baby Syndrome Training in Licensed Child Care & Child Foster Care Programs

Description of Problem: Current statutes aimed at reducing Shaken Baby Syndrome require training for those caring for infants. However, SBS affects children that are older than infants. The definition of “infant” varies for the programs covered under these statutes. Different sources identify varying ages of children affected by SBS, but the sources do recognize children affected by SBS include infants as well as young children.

The definition of “infant” for childcare centers are covered by MN Rule 9503.0005, Subd. 2 A and say a child six weeks old up to 16 months old. The definition for family childcare are covered by MN Statutes 245A.02 Subd. 19 (b) and (c) and say: (b) defines “newborn” as a child from birth to 6 weeks of age and (c) defines “infant” as a child six weeks old but less than 1 year old. The statute for child foster care is MN Rule 2960.3010, and it does not define “infant”.

Here are some examples:

1. Janet Swenson from Midwest Children's Resource Center, St. Paul, MN has training information that cites examples from children "infants to 3 years of age".
2. Minnesota Brain Injury Association training information cites victims as "babies from birth to 5 years of age."
3. The National Center for Injury Prevention and Control website information cites "children younger than 4 years are at greatest risk of severe injury.....accounted for 79% of child maltreatment fatalities (DHHS 2005)."

Affected Statute(s)/Rule(s): MN Statutes: 245A.144 and 245A.1445; MN Rules: 9503.0035, Subp. 1 and 4; MN Rules: 9502.0385, Subp. 3; MN Rules: 2960.3070, Subp. 1 and 2

Consequence of no Change: A great number of children in the age range affected by Shaken Baby Syndrome are cared for in licensed programs by persons not trained in reducing the incidence of Shaken Baby Syndrome.

Fiscal Impact: No net state fiscal impact

Proposed Action/Solution: Clarify the requirement for Shaken Baby Syndrome training to include those persons caring for all children less than 5 years of age.

20. Universal Health Insurance for All Minnesota's Children 0—18

Description: Estimate indicate 80,000 -100,000 children are uncovered by health insurance in the State of Minnesota.

Affected Statute(s)/Rule(s): Children's Health Security Act

Consequence of No Change: Health and dental care of children is severely neglected and long-term impact is poorer health.

Fiscal Impact: Initially yes, however in the long term there would be cost savings.

MSSA Proposed Action/Solution: MSSA supports the passage of the Children's Health Security Act. The Act proposes covering all children under one State/Private Plan, relieving small businesses from

the burden of total family coverage and making sure every child (0-18 years) has comprehensive health insurance coverage.

21. Kinship Caregiver Support Act (S661/HR2188)

Description: Approximately 2.5 million children are being cared for by grandparents and other relatives without either parent present. One in five of these children live below the poverty line and many of the caregivers live on fixed incomes, but only about 30% receive any public financial support. Of the more than half million children in foster care, about 25% are living with relatives. Research shows that children raised in foster care with relatives fare well. When compared with children in non-relative foster care, children in relative foster care are just as safe or safer, less likely to have multiple placements, more likely to stay connected with siblings and less likely to change schools. Unfortunately, under current federal law, the caregivers of these children are likely to lose the financial assistance they received as foster parents to meet the needs of the child if they become legal guardians and provide permanent homes for the children. S661/HR2188 provides access to important supportive services for relatives caring for children in foster care, and those helping to keep children out of foster care.

MSSA Proposed Action/Solution: Support the Kinship Caregiver Support Act and sign-on to the Congressional support letter sponsored by the National Association of County Human Services League of America, Children's Defense Fund, and Generations United.

22. County Based Purchasing

Description: MSSA supports expanding county-based health care purchasing to additional populations and geographic areas. MSSA supports this expansion through a) a single plan approach or, b) where competition is required by federal law, by following federal requirements whereby county-based purchasing competes with only one additional health plan for counties that fall within Metropolitan Statistical Areas.

Consequence of No Change: With the current preference for a multiple plan option, the complexity of administrative structures leads to higher costs for the taxpayer, counties and providers. Higher quality services may not be attained and consumer choice may be diminished. The options for expanded service integration for all consumers, especially

special needs populations, can be significantly impaired and made more confusing due to duplication of service delivery systems.

Fiscal Impact: More healthcare dollars can be redirected from health plan reserves to direct healthcare; better coordination and integration of services leads to earlier intervention and prevention vs. costlier treatments later on.

MSSA Proposed Action/Solution: Support expanding county-based health care purchasing to additional populations and geographic areas. MSSA supports this expansion through a) a single plan approach or, b) where competition is required by federal law, by following federal requirements whereby county-based purchasing competes with only one additional health plan for counties that fall within Metropolitan Statistical Areas.

23. Single Background Study

Description: Currently foster care agencies are required to complete background studies in each county an employee works, as well as a Minnesota State background study. The State of Minnesota Department of Human Services should develop an integrated single service for background studies.

Consequences of no-change: Employees will continue to need two background clearances if they work in one county.

Fiscal Impact: Savings

MSSA Proposed Action/Solution: Minnesota Department of Human Services should develop an integrated single source for background studies integrating state, local, and federal law enforcement resources.

24. County Cost for State Operated Services Hospitals

Description: The percentage that counties are required to pay has doubled, thus presenting a financial hardship to counties.

Consequence of No Change: This unreasonable burden on county budgets causes increases to local property taxes.

MSSA Proposed Action/Solution: Return the county cost percentage to the previous lower rate.

25. County Share of Certain Nursing Facility Stays

Description: Laws of Minnesota (2002, Chapter 220, Article 14, Section 7) state that beginning January 1, 2003 counties pay 20% of the non-federal share of costs for disabled individuals under 65 who remain in nursing facilities for over 90 days.

From a fiscal standpoint, in the early 1990's, counties collectively reached an agreement with the state to trade Homestead Agricultural Credit Aid (HACA) dollars in exchange for state funding of income maintenance programs, including Medical Assistance. For the state to establish a county share for nursing home costs for certain individuals reverses the agreement that was negotiated in good faith by both parties and enacted with the intent of reforming human services funding streams.

Beyond fiscal consideration, best practice and legal precedent dictate that consumers with disabilities receive treatment in the least restrictive environment possible. Consumers in hospice care and those with a Case Mix rating of F-K generally require a level of care that requires the safety inherent in highly regulated health facilities. This elevated treatment includes high-cost services and equipment. It is extremely difficult to maintain these individuals cost-effectively in community-based services while ensuring their health and safety. Counties should not be held financially responsible to move these individuals into community settings. In actual fact, it creates a fiscal incentive in direct conflict with Consumer Choice along with mandates in the areas of legal, practice, and safety issues.

Affected Statute(s)/Rule(s): Minnesota Statutes 256B.19 subd. 1

Consequence of No Change: This will result in the redirection of local County financial resources and a possible need to increase levies to pay for nursing home costs for these individuals. These are resources that are needed to pay for mandated services not funded by MA. Case Management revenues that might have going toward service development and enhancement will now be used for nursing facility payments. This could potentially result in lower quality of provision of long-term care services due to higher caseloads and more 65+ consumers waiting for services.

Fiscal Impact: Cost to the State - Yes

MSSA Proposed Action/Solution: MSSA supports the repeal of the statutory provision requiring a county share of nursing facility costs. If this cost share remains in place, MSSA supports exceptions to this provision consistent with legal, best practice, and safety considerations. County financial participation should be removed for a nursing facility resident who meets any of the following criteria: receiving hospice care; receiving relocation service coordination; expresses a desire to remain in the facility (consistent with the Olmstead decision), in spite of County offers of alternative placements; a resident of a Nursing Facility/Institution of Mental Disease or Rehabilitation Nursing Facility; or, is a Case Mix F-K (or similar levels under the new case mix system effective October 2002). County responsibility for the lower case mixes A-E, should be phased in over a period of two years, allowing for development of resources to ensure quality provision of care during the relocation process.

26. Persons Committed as Sex Offenders & Dangerously Mentally Ill

Description: As persons in the Corrections system near the end of their sentence in corrections, they are assessed for commitment to the Commissioner of Human Services. Once the person is committed, they are housed in a sex offender hospital. Counties are billed for a portion of the care. These costs are increasing because the number of committed offenders is increasing. This draws county dollars away from other human service programs, especially as no one has ever been released from their sex offender commitment.

Consequence of No Change: Costs to counties will increase beyond the capacity of county budgets.

MSSA Proposed Action/Solution: MSSA supports legislation that would make it clear that the state shall be responsible to fund the commitment process and ongoing care of sexual offenders, mentally ill and dangerous committed by the state.

27. County Hold Costs While Undergoing Psychosexual Commitment Process

Description: Counties at present pay 100% of the hold costs for persons held in regional treatment centers while undergoing the psychosexual commitment process. This is reduced to 10% of the costs after the commitment takes place. Over the last several years, hold costs have risen

dramatically for counties, often due to factors outside of counties' control. As a result, MSSA, MACSSA and AMC endorse a change in legislation that would effectively reduce counties' hold costs on those persons going through a court process for psychosexual commitment.

Fiscal Impact: \$1-10 million

MSSA Proposed Action/Solution: MSSA endorses a change in legislation that would effectively reduce counties' hold costs on those persons going through a court process for psychosexual commitment.

28. Adult Foster Care Capacity & Providing Services to Serious & Persistent Mentally Ill Clients

Description: Current law (MN Statute 245A) allows licensing for Adult Foster Care for up to 5 residents if all are age 55 and over and none have developmental disabilities or a serious and persistent mental illness. There are adult foster care providers who would consider providing care to individuals age 55 and over who have a serious and persistent mental illness if it would not limit their license capacity to 4 as is required in current statutes.

It is proposed that statutes be changed to allow a variance, with county recommended approval, to be granted to allow a provider to have up to 5 residents, including people age 55 and over with a serious and persistent mental illness.

Affected Statute(s)/Rule(s): 245A

Consequence of No Change: There are limited resources available for appropriate housing, especially in out state areas, for persons with serious and persistent mental illness. Without some flexibility in adult foster care, individuals who may be appropriate for placement will not be able to have a home with an adult foster care provider as it restricts the provider to 4 clients.

Fiscal Impact: No.

MSSA Proposed Action/Solution: Amend Statute 245A to allow a variance, with county recommended approval, to be granted to allow a provider to have up to 5 residents, including people age 55 and over with a serious and persistent mental illness.

29. Expanding Shelter Needy Provisions for MSA to Include Persons Moving Out of Corporate Foster Care Settings

Description: Minnesota Supplemental Aid currently allows for additional cash benefits, known as “Shelter Needy”, to SSI recipients under the age of 65 who move into the community from Regional Treatment Centers, nursing facilities, or ICFs-MR.

Fiscal Impact: None

MSSA Proposed Action/Solution: MSSA supports allowing otherwise eligible disabled persons under the age of 65 to access the shelter needy benefit under MSA when moving from a corporate foster care setting into a less restrictive setting. The shelter needy provisions of MSA increase the MA cash benefit to the food stamp maximum income. Eligible recipients must be on SSI. The current total benefit from SSI and MSA equals \$836. In addition, recipients are eligible for up to \$152 in food stamps.

30. Increase Rate for 24 Hour Facility/ Foster Care Based Respite Care Under the Elderly Waiver (EW) Program

Description: The Current EW rate for Respite Care is not adequate to pay or attract providers to do this service. It also has no considerations for the level of care needed.

Consequences of No Change: Limited access to providers for family members who need a break in care-giving responsibilities and to prevent burnout.

Fiscal Impact: Yes.

MSSA Proposed Action/Solution: Support an evaluation of the level of care considerations.

31. Adjustment to Group Residential Housing (GRH) Grant as Client Begins Paying Rep Payee Fee

Description: Current status is when a client is in a GRH there is no mechanism for the GRH grant to be adjusted to compensate for a rep payee fee (\$32/ mo) – when a client goes into a GRH with this fee already in place the GRH grant will then allow the deduction.

Affected Statute(s)/Rule(s): M.S 2561.03

Consequence of no Change: The fee will be taken out of the client's personal needs money. This is an inequity for those clients when rep payee has been established.

Fiscal Impact: Yes. Slight.

MSSA Proposed Action/Solution: Adjustment to GRH grant when client begins paying rep payee fee.

32. Increase Personal Needs for People Receiving Group Residential Housing (GRH)

Description: Incentive is needed to encourage people to convert from and avoid institutionalization. Increase minimum personal needs allowance from a minimum of \$72.00 to a minimum of \$132.00 for those living in a GRH with income at or under 75% of federal poverty guidelines (Supplemental Security Income -SSI/Federal Benefit Rate-FBR).

Consequences of No Change: Over use of nursing facilities. Penalty to county funds for the 20% of under 65 nursing home residents who could manage in the community.

Fiscal Impact: Yes.

MSSA Proposed Action/Solution: Establish an income limit applicable to GRH residents, such as 75% FPG (SSI/FBR) to determine personal needs amount.

33. Inequity for Group Residential Housing (GRH) Residents

Description: A person with income over the Special Income Standard Elderly Waiver who resides in a Group Residential Housing (GRH) unit must spend down their income to 75% of the Federal Poverty Guidelines. This leaves the person with \$82 in personal needs allowance to pay their medical and drug copayments.

A person with SSI income standard who receives GRH payments, has disregards that amount to \$114 personal needs to pay those copayments. A person within the Special Income Standard has to spend down to \$816, 100% Federal Poverty Guidelines. That person has \$263 left to pay copayments after paying for his own room and board.

Example: A person with \$2,000 net monthly income:
(613) income standard
(206) remedial care deduction
\$1,181 spend down
He pays \$737 room and board plus \$1,181 toward waived services and has \$82 left over for personal needs.

A person with \$1,000 net monthly income:
(\$816) income standard
(206) remedial care deduction
\$0 spend down
He pays \$737 room and board and has \$263 left over for personal needs.

A person with \$623 SSI standard gets MA with no spend down and receives a GRH grant to help pay room and board. He pays \$509 toward his own room and aboard. He gets \$102 for personal needs plus the \$12 community alliance for copayments.

The person who has income over the Special Income Standard for EW does not receive any additional disregards to help pay his medical copayments. In many cases, he has to continue to deplete his remaining assets or rely on family to pay the copayments.

Affected Statute(s)/Rule(s): MN 256B.0915 Subd 1d

Consequence of No Change: Persons with high income according to SIS-EW standards continue to have difficulty paying their medical copayments and could conceivably have to do without medication.

Fiscal Impact: Yes

MSSA Proposed Action/Solution: Require that everyone on Elderly Waivered service be allowed to use the 100% FPG standard as their income standard.

34. Increase Long-Term Homelessness Supportive Services Funding

Description: Supportive Housing combines essential supportive services and housing as a key strategy to break the cycle of homelessness for people who have been homeless long-term. The Long-Term Homeless Supportive Services Fund has enabled the development of 5 regional projects, encompassing 37 counties and 6 tribal groups,

aimed at providing individuals, families and youth access to affordable housing that includes a spectrum of support services for those with mental illness, chemical dependency, histories of domestic abuse, brain injuries and criminal histories.

Fiscal Impact: over \$10 million

MSSA Proposed Action/Solution: MSSA endorses continued, full funding of these projects as well as additional funding to enable the development of new supportive housing projects. Furthermore, MSSA supports new funding to ensure continuation of the two Supportive Housing and Managed Care pilot projects in Blue Earth and Ramsey counties that were instrumental in the creation of the Supportive Services Fund.

35. Expansion of COLA Legislation to Include Relocation Targeted Case Management (RSC) & Under 65 Long Term Care Consultation Services

Description: Relocation Targeted Case Management (RCS) and Under 65 Long Term Care Consultation Services were implemented in 2001. These services have never been included in COLA legislation. The rate for Under 65 Long Term Consultation still remains at \$20.43 and Relocation Service Coordination was reduced to \$15.53 this year. The services provided under these programs are similar to case management services provided under the Home and Community Based waivers, historically included in COLA legislation. In 2007, COLA legislation provided funding increases to other case management programs including grants for HIV/AIDS and children's/Adult Mental health case management services.

Affected Statute(s)/Rule(s): Minnesota Session Laws 2007- Chapter 147 Section 71

Consequence of No Change: Limited access to these services by Minnesota residents because counties and/or private vendors qualified to provide Relocation Services Coordination/Under 65 Long Term Care Coordination cannot pay competitive wages and/or cover the cost of the provision of the services resulting in limited case management services.

Fiscal Impact: Slight.

MSSA Proposed Action/Solution: Amend Minnesota Session Law 2007 Chapter 147(b) to include: (29) Relocation Service Coordination under Minnesota Statute 256B.0621 Subd. 10. (30) under 65 Long Term Care Consultation under Minnesota Statute 256B.0911 Subd. 5

36. Access to Dental Care

Description: Persons who are on Medical Assistance have little or no access to dental care because dentists no longer take Medical Assistance patients or they only take a quota. Dental reimbursements from Medical Assistance typically cover about 70 percent of the dentist's overhead and do not cover the procedure at all. Medical Assistance patients, especially those from other cultures, have a higher rate of failure to attend their appointments. Although private pay and insurance patients can be billed for missed appointments, MA patients cannot be billed.

In nursing homes, many elders are unable to obtain dental care. There are cases of patients having repeated infections and repeated rounds of antibiotics due to infections caused by lack of dental care. This lowers the physical health and quality of life for nursing home patients. Children are also not being seen for dental care, at a time when early dental efforts would pay large dividends for the future.

Dental access for a Medical Assistance client is already limited by those few providers willing to accept Medical Assistance patients; and that clients already meet federal poverty guidelines and are low income; and that limited and poor dental care can lead to debilitating physical illness and disease. All legislation that caps or limits dental coverage for people on Medical Assistance programs should be repealed at the earliest possible date.

Affected Statute(s)/Rule(s): The Medical Assistance payment system

Consequence of No Change: The health care of Medical Assistance recipients will deteriorate. Good dental status has been linked to a decrease in heart disease, dementia, infections, and results in an increase in medical care.

MSSA Proposed Action/Solution: It is proposed that MSSA advocate for an increase in dental fees

paid to dentists, in an effort to encourage more dentists to treat Medical Assistance patients.

37. Co-Payments for General Assistance Medical Care (GAMC) Program

Description: During the 2003 Legislative Session, a number of GAMC co-payments were implemented. These co-payments took effect on October 1, 2003. They include \$3.00 for non-preventive medical visits; \$25.00 for eyeglasses; \$25.00 for non-emergency visits to an emergency room; \$3.00 for brand name prescription drugs; \$1.00 for generic prescription drugs; and 50% co-pay for many dental services.

Affected Statute(s)/Rule(s): GAMC provides medical care to very low-income people who are not eligible for Medical Assistance.

Consequence of No Change: GAMC co-payments will continue to result in financial hardship for program participants. Some program participants will go without needed medical care and hospitals, medical professionals, and pharmacies will be forced to provide uncompensated services and/or turn away GAMC patients.

MSSA Proposed Action/Solution: Repeal the GAMC co-pays that took effect on October 1, 2003.

38. Co-Pays for Medical Assistance Consumers

Description: Effective Oct 1, 2003, medical co-pays were imposed on Medical Assistance recipients. Medical Assistance clients are eligible due to prescribed low monthly income. They have historical low levels of access to health care. They do not have financial resources or the ability to pay medical co-pays.

Affected Statute(s)/ Rules: MN Statutes 256B

Consequences of No Change: Medical co-pays will increase financial hardship and reduce medical care for MA recipients.

MSSA Proposed Action/Solution: Eliminate co-pays for those on MA.

39. Eliminate Dental Co-pays for General Assistance Medical Care (GAMC) Clients

Description: Co-pays for dental services have been removed for MNCARE to improve access to services within this population. GAMC individuals have lower incomes and the same access issues related to paying for services. Co-pays for dental services within this population often leaves providers with unpaid debt due to individuals that cannot pay their co-pay.

Consequence of No Change: Reduced dental services to our most financially challenged population.

MSSA Proposed Action/Solution: Eliminate GAMC co-pays for dental services.

40. State Funding for Day Habilitation Services for Persons Eligible for Rule 185 Services

Description: Approximately 600 developmentally disabled adults will graduate in the Spring of 2007 in the State of Minnesota. Funding to provide support services in the community is in question or not available. Historically, Rule 185 eligible developmentally disabled adults, upon graduation, have received day services funded by county levy, CSSA, or MR/RC Waiver. In 2003, legislation was passed that substantially limits counties mandate to provide day services to developmentally disabled adults. In addition, the CSSA funding was retargeted to children and families. This has resulted in many families and developmentally disabled consumers not having any service other than case management upon graduation.

The State has historically had funding participation in serving these consumers through CSSA funding. The cuts in CSSA and the re-targeting of the priority population have resulted in counties having to utilize property tax levy to support the provision of day services to developmentally disabled consumers. In addition, the State has not expanded access to the MR/RC Waiver for a number of years.

The State of Minnesota has had a historical commitment and responsibility to partially or fully funded day services for Rule 185 eligible developmentally disabled adults. The State should continue in that role.

Affected Statute(s)/Rule(s): 256M.60 Sec. 7 Subd. 2 Day Training and Habilitation Services

Consequence of No Change: Sole reliance on the county property tax levy, as a funding source for day services for persons with developmental disabilities, can result in uneven access of services.

Fiscal Impact: Yes

MSSA Proposed Action/Solution: The State of Minnesota should be the primary funding entity for Day Services to persons eligible for Rule 185 Services.

State Funding Options:

- The State of Minnesota should implement the option to expand the fee for service Medical Assistance Benefit set to include Day Training and Habilitation Services as outlined in the Federal Budget Deficit Reduction Act of 2005.
- The State of Minnesota should provide targeted Block funding for day services for persons that are Rule 185 eligible and ineligible for Medical Assistance.
- The State of Minnesota should increase the amount of state appropriations to accommodate the number of new consumers served under the MR/RC Waiver annually.

41. Minnesota Care Enrollment Sites, Funding from the State

Description: County enrollment sites receive state funding for staff and administrative costs when they agree to become Minnesota Care enrollment sites.

Consequence of No Change: Currently, counties do not have the staff to become enrollment sites for Minnesota Care. Poor customer service has resulted with Minnesota Care program, with long delays in switching from county administered healthcare programs to Minnesota Care. With adequate funding going to counties, staff levels could be increased to handle Minnesota Care locally with better customer service than is currently given to Minnesota Care clients.

Fiscal Impact: Yes, funding would be distributed to counties as counties take on Minnesota Care program, reducing state Minnesota Care caseloads. Additional funding may come from savings from eliminating GAMC and Transitional Minnesota Care programs.

MSSA Proposed Action/Solution: MSSA supports properly funding counties, so that can become Minnesota Care enrollment sites.

42. One Month Retroactive Coverage for General Assistance Medical Care (GAMC)/Hospital-Only (GHO) Program

Description: Currently, eligibility for GAMC/GHO begins the date the request/application is received by the county from the hospital. Hospitals are not always immediately able to determine who is uninsured at admission. This forces hospitals to begin the application process to set the application date for any adults whose identify is unknown or whose insurance is questionable. Establishing a retroactive period of one month will allow hospitals to identify their patients and any insurance coverage before the application process begins. This will eliminate the added administrative burden this program places on counties and providers to track unnecessary or incomplete information.

Consequence of No Change: Patients are in jeopardy of not receiving needed medical care because of lack of coverage and there is no way to obtain coverage when the need arises in the future.

Fiscal Impact: Yes

MSSA Proposed Action/Solution: Allow coverage for GAMC/GHO to begin one month retroactive to application date.

43. Remove Personal Care Attendant (PCA) Services from the List of Excluded Time Services

Description: PCA services are included as an Excluded Time Service. When a social service client with Medical Assistance (MA) paid PCA services moves to another county, the county of financial responsibility stays with the previous county until the client has not received PCA services for two full calendar months. This restricts the ability of the client to make smooth transitions to the new county, and does not allow for optimum case management. Many clients are fully maintained in the community with only PCA services. The definition of PCA services can be found in MN Statute 256B.0627 Subd 4 and 256B.0625 Subd 19a.

Affected Statute(s)/Rule(s): 256G. 02 Subd 4 County of Financial Responsibility; Subd 6, 256G.07 Subd 1 Effect of moving, 256G.10 Derivative Settlement.

Consequence of No Change: For example, the John Doe family lives in Sherburne County and has a child that is receiving Medical Assistance funded PCA Services assessed and authorized by the Public Health Department. The family is also receiving case management and county funded respite from Social Services because the child has a developmental disability. The family moves to another county and continues to receive PCA Services from a local provider and wants to continue to receive case management services and respite services. Under current law, Sherburne County could continue to be the responsible county for the case management, respite and other social services that may be needed by this child as long as the child continues to receive PCA services, which could be 20 to 30 years or more. This restricts the ability of the client to make smooth transitions to their county of residence. Further, the family could conceivably have multiple case managers, one from the original county for the child receiving PCA Services and a case manager from the county of residence for other family members who request and are eligible for services.

Fiscal Impact: Yes

MSSA Proposed Action/Solution: Since PCA Services are MA covered services/grant services, therefore not county paid services as with other excluded time services, they should be removed from the list of excluded time services.

44. Repeal Transitional Minnesota Care

Description: Currently people who would otherwise be eligible for GAMC, that do not have a GAMC qualifier, get put on Transitional MNCare and the county pays their premium for the first 6 months. After the 6 months, they transition to regular MNCare. If they do not pay their premium or go off MNCare for any reason, they can reapply and go back on Transitional MNCare for 6 months and the county will pay their premium for the first 6 months again.

Affected Statute(s)/Rule(s): B #06-21-12, Laws of Minnesota 2005, First Special Session, Chapter 4, Article 8, Sections 52, 66, 67, 72, 76, 77 (MN

Statutes Sections 256D.03, subdivision 3; 256L.05, subdivisions 1b, 3, 3a; 256L.07, subdivision 6; 256L.15, subdivision 4; and 256L.17 subdivision 7

Consequence of No Change: Clients will be bouncing back and forth from Transitional MNCare to regular MNCare and back to Transitional MNCare and the county will have the burden to pay the initial 6 months of premiums each time the client goes on Transitional MNCare.

Fiscal Impact:

MSSA Proposed Action/Solution: Repeal Transitional MNCare and let clients just be on GAMC.

45. Simplified Administrative System for All Health Plan Contracts

Description: Under the DHS managed care contracting arrangements that involve nine health plans and several county-based purchasing arrangements; both health care and social services providers are facing serious challenges in meeting new, massive administrative requirements. These requirements include consumer records, billing protocols, claims resolution and general reporting requirements. DHS needs to take a strong leadership position and simplify and standardize these administrative systems so resources stay focused on care-related matters and are not diverted into backroom administrative functions.

The Minnesota Department of Human Services (DHS) has extended its managed care contracting strategy beyond traditional Prepaid Medical Assistance Plan (PMAP) services and now serves dually-eligible seniors under Minnesota Senior Health Options (MSHO). Further, DHS has made it clear that they intend to move basic healthcare for all disabled persons into a voluntary, managed care purchasing arrangement, and are examining moving Home and Community Based Waiver services (MR/RC, CAHI) into such as arrangement as well. The expansion of managed care purchasing into community-based services has brought with it considerable growing pains for all providers – especially long-term care providers. One of the biggest problems is the proliferation and duplication of expensive administrative systems including claims processing and billing, enrollment, and health plan procedures. For example, each MCO has its own claims processing system, claim forms, specialized coding and classification systems, and

rules for coordination of benefits. Consequently, providers are being forced to divert scarce care resources into new, complex administrative functions. This is poor public policy.

Affected Statute(s)/Rule(s): None, DHS has the administrative authority to do this now under their contracting authority.

Consequence of No Change: Many health care reform studies identify administrative duplications and inefficiencies as a prime driver of health care inflation. At the state level, there has been considerable talk about administrative uniformity and simplification, but not enough progress. It is time to address this issue.

Fiscal Impact: Would result in efficiencies that could lower future health care inflation.

MSSA Proposed Action/Solution: The DHS needs to address the matter of increased administrative expectations and costs associated with the expansion of managed care in the public programs. By January 1, 2008, DHS shall have in place a detailed plan for moving towards a simplified administrative environment across all health plan contracts that includes uniform billing and coding procedures, simplified and uniform billing formats, and specific guidelines on prompt payment and issue resolution. The reformed administrative systems shall be operational by January 1, 2009 with DHS accountable to the Minnesota Legislature and the community for developmental progress in meeting this deadline.

46. Minnesota Family Investment Program (MFIP) Maximum Sanction Change from Seven Months to Four Months

Description: The MFIP program closes in the 4th month of sanction, which is a change from closure in the 7th month of sanction.

Consequence of No Change: TANF participation rates in Minnesota are not meeting the Federal requirement and there will be financial sanctions. During the first 3 months of MFIP sanction, the participation rate is not affected. Beginning with the 4th month of sanction, the client continues to not participate and the client contributes a negative participation rate for the county thus increasing the risk of Federal financial consequences.

Fiscal Impact: Participation rate may be increased, thus reducing negative financial consequences for Minnesota for not meeting TANF participation rate.

MSSA Proposed Action/Solution: Close the MFIP program in the 4th month of sanction so that further non-compliance with MFIP does not negatively affect the participation rate.

47. Coordination of Employment Services (ES) & Financial Services (FS) Ten Day Sanction Notification to be the Same as the Food Support Employment Rules (FSET)

Description: Minnesota Family Investment Program participants are required to have an employment plan. They need to follow this plan to continue to receive their full benefits. When the employment plan is not followed (for instance, they are not looking for employment) a Notice of Intent to Sanction is sent to the participant. The participant has 10 days to respond and come in to compliance with their employment plan. If they do not respond or comply with their Notice of Intent to Sanction, their financial worker is notified, and they are given another ten days to comply by the financial assistance unit. Therefore, a client has a minimum of 20 days to comply. If the non-compliance status does not happen before the last 10 days before the next month's benefits are issued, the participant receives their full benefits for another month. When a sanction is imposed, there is a reduction in benefits to the participant. Participants do not go into a sanction soon enough, which causes a negative impact on our Federal Participation Rates. A client has twenty days to comply. Currently the FSET and DWP Intent to Sanction is a ten-day notice, and action is taken immediately after the ten days, not twenty days like MFIP.

Consequence of No Change: Sanction change would save the county dollars on MFIP grants due to reduced benefits to the MFIP sooner. The state would also save money by increasing the participation rate.

Fiscal Impact: The change would not increase costs to the state. If the change is not imposed, there would be additional costs to the state and county.

MSSA Proposed Action/Solution: Coordination of ES and FS ten-day sanction notification to be the same as FSET and DWP programs.

48. Repeal Policy of Counting of \$50 Housing Subsidy as Income for Minnesota Family Investment Program (MFIP)

Description: Effective July 1, 2003, \$50 of housing subsidy is counted as income in the MFIP program. This policy should be reversed. The issue of counting \$100 of housing subsidy income in the MFIP program was first proposed due to cost constraints during the design of the new MFIP-S program. The implementation of this provision has been delayed several times. However, the 2003 Legislature lowered the amount to \$50 and allowed the provision to go into effect as of July 1, 2003. MSSA supports repeal of this policy due to concerns about the availability of affordable housing, new administrative burdens, and issues regarding the fairness of treating certain subsidies differently than others.

The lack of affordable housing is a critical concern in Minnesota. Housing subsidies help contribute to retaining jobs, more secure environment for children, and allowing for greater family stability. Individuals who have been targeted for additional assistance in obtaining housing should not be penalized. The counting of housing subsidies as income is work intensive for counties in a time of administrative reductions. Additionally, this would be an error-prone area, and therefore has the potential to be implemented unevenly. Other types of subsidies (e.g., EITC, or tuition payments) are not counted as income for MFIP, nor are certain types of housing subsidies. There is an inherent concern about the fairness of this policy.

Consequence of No Change: Housing stability may be threatened for some families, counties will experience additional administrative burdens during a time of budget reductions, and some families may be treated unfairly depending on the particular type of subsidy they receive.

Fiscal Impact: Yes.

MSSA Proposed Action/Solution: MSSA supports repeal of the policy requiring counties to count \$50 of certain housing subsidies as income.

49. Funding the Family Stabilization Services Program

Description: The 2007 Legislature established the Family Stabilization Services (FSS) program. This was established as a separate state funded program designed to serve families who are not making progress in MFIP due to having significant barriers to employment. This legislation requires counties to provide added case management services to FSS clients including extensive employment services plus the “preparation and implementation of a family stabilization plan.” This requires significant additional work in developing and establishing long-term self-sufficiency goals, assessments of strengths and barriers and identification of services and supports to reduce or overcome the existing barriers. The payments issued to clients in the Family Stabilization Services program also requires reprogramming of MAXIS. The Family Stabilization Services Program also requires counties to take on additional eligibility functions. Statewide counties would need to spend approximately \$16.59 million to assist all 6,200 cases that could be eligible for the program, according to the Local Impact Note completed by the Department of Finance. Ongoing funding to administer the Family Stabilization Services Program was not appropriated when this legislation was enacted in 2007. As a result, MSSA, MACSSA and AMC support the provision of adequate funding to enable counties to provide all the services required by this legislation. In lieu of ‘adequate funding’ MSSA, MACSSA and AMC support the provision of services for family stabilization be allowed to the extent funding is available.

Fiscal Impact: Over \$10 million

MSSA Proposed Action/Solution: MSSA supports the provision of adequate funding to enable counties to provide all the services required by this legislation. In lieu of ‘adequate funding’ MSSA supports the provision of services for family stabilization be allowed to the extent funding is available.

50. Need for Emergency Hospital Placements for Persons Mentally Ill & Dangerous

Description: There is a problem with dangerous mentally ill people having no place to go since the State RTCs were closed. The new 16 bed CBHHs will not accept persons who are mentally ill coming from jails unless they get a BCA check. They can

only get the BCA from 8-4 Monday through Friday. If there is a mental health emergency at night or on the weekend, it has to wait to the next business day and the jails have to cope. Although Counties can access the BCA 24/7, the CBHHs will not accept those. Jails do not want to keep mentally ill people because of the liability confirmed by various court lawsuits and the lack of active treatment or medical care in many jails. Even if the CBHH gets the BCA, they may still refuse the person as being too dangerous. Security Hospital will not accept someone unless they are committed or under a Rule 20 evaluation order. Anoka was supposed to be the RTC left to accept these patients, but they are back logged 3-4 weeks in accepting even committed patients. Steele County recently had a person living in an apartment building who they wanted to place in a hospital as he was decompensating. No place would accept him. He ended up seriously beating another resident in the building and that person died.

Affected Statute(s)/Rule(s): New CBHH programs

Consequence of No Change: No available services for persons with mental illness who are also dangerous. Risks to these persons and also to others when these persons are put in facilities inappropriate for their needs.

MSSA Proposed Action/Solution: Advocate for new secure hospital site for persons who are physically dangerous and/or being referred from jails.

51. Organization & Funding of Mental Health Services

Description: DHS has been reviewing the organization and funding of mental health services. A preliminary report proposes to fold mental health funding into HMO payments and make those organizations responsible for care.

Consequence of no Change: If this is implemented, mental health services will no longer be coordinated with social services, housing and other programs that are often needed by persons with chronic mental illness. There is also concern about cost shifting to counties.

Fiscal Impact: Neutral

Proposed Action/Solution: MSSA supports state funding to fully fund these services to prevent cost shifts to counties.

52. Allow Smoking on State Facility Grounds for Mental Health Chemically Dependent Patients

Description: State staff spend a great deal of time policing cigarettes coming in and out of the facility. A great deal of changes in behavior/anxiety/stress are seen within the patients and are counterproductive to treatment.

Consequences of No Change: Treatments become adversarial and the patients continue to focus on the negative. Studies have shown nicotine can have effects on medication. More often than not, the patient will begin smoking once they leave the facility, therefore affecting their medication.

Fiscal Impact: Yes.

MSSA Proposed Action/Solution: Allow smoking on the grounds of state facilities for chemically dependent and/or mental health patients.

53. Health Care Training for Social Worker/Care Coordinators

Description: Counties are using social workers as care coordinators extensively in services with older people, those facing mental health difficulties, people with developmental disabilities, people who are chemically dependent, clients who are chronically ill, etc., and in county-based purchasing, assessing and following health plan members with chronic conditions. There is a shortage of social workers trained in the health care competencies required to carrying out these critical services.

County social services administrators and staff and Merit System staff have identified the need to prepare social workers for care coordination responsibilities. Many of the most experienced care coordinators are retiring. Many staff available for replacing these retiring social workers lack training in medical or health care social work. Training opportunities in these areas are very limited. A recent survey by the Merit System indicated that 88% of county social workers perform care coordination functions, 61% need additional training in performing these functions, and 94% see the benefits of a CORE training in care coordination modeled after the Child Welfare Training System's CORE.

Consequence of No Change: Continuing and growing shortage of competent social workers to fill vacant and urgently needed care coordinator positions.

Fiscal Impact: DHS/county staff time, planning and developing RFP's for curriculum design, etc.

MSSA Proposed Action/Solution: The legislature should direct the Department of Human Services to establish and coordinate with county social service directors and staff (in consultation with the Minnesota Conference on Social Work Education, accredited social work programs, and the Board of Social Work as needed) a task force to plan and develop a training curriculum for social workers to learn the core competencies related to care coordination; DHS should then bring to the legislature in 2009 a proposal for funding such trainings.

54. Make Federal Tax Intercepts Available to Local Governments

Description: At the present time, local governments (counties and state) only have the ability to intercept state tax refunds to reimburse for county or state funded services. Services such as Foster Care Placements, Juvenile Corrections Services, Detox Fees, etc. are mandated to be offered by counties and states, yet when clients do not pay their assessed fee, only legal actions or state tax intercepts are available as a tool for collection.

If Federal Tax intercepts could be available to local governments (after all federal taxes are paid and child support is paid), counties could realize a much better collection rate on mandated services.

Example: Dakota County collected \$232,000 from state tax intercepts in 2006 that was applied to outstanding Foster Care and Detox Services that are county funded. If Federal Tax intercepts would be available, collections from Federal tax intercepts could double the collection amount and return more money to county coffers.

MSSA Proposed Action/Solution: Support US Congressional legislation to make Federal Tax intercepts available to local governments.

55. Eligibility Workers as a Profession

Description: Role of eligibility or financial workers has expanded over the last ten years. Eligibility workers need to work with clients to counsel them on meeting basic needs and working towards self-sufficiency. The financial worker or eligibility worker needs to have a larger set of work and educational experience.

MSSA Proposed Action/Solution: MSSA support eligibility work as a distinct professional level career.

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*to provide leadership to
enhance the lives of
Minnesotans by
supporting diversity,
impacting public policy,
educating and
communicating among
human service
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