

One Minnesota Budget



FY 2024-25 Budget Recommendations

Our mission



The Minnesota Department of Human Services, working with many others, helps people meet their basic needs so they can live in dignity and achieve their highest potential.

A Package Centered Around People Served and Improving the Health & Human Services System



620,000+ children
48% of children in MN



930,000+ adults and parents
27% of adults in MN



150,000+ older adults
17% of older adults in MN



230,000+ people with disabilities
37% of people with disabilities in MN



DHS Budget Package Pillars



Summary of Total DHS Budget Package

Proposal Category	FY23	FY24/25	FY26/27	Total	Proposals
Children & Families		708,815	975,800	1,684,615	17
Long-Term Care & Workforce		554,859	799,610	1,354,469	18
Access to Healthcare	2,287	145,988	185,076	333,351	28
Housing & Homelessness		121,212	187,533	308,745	5
Behavioral Health		141,216	163,686	304,902	9
Direct Care & Treatment		107,486	124,314	231,800	3
Service Delivery Transformation		129,452	68,190	197,642	6
Agency Effectiveness		71,808	89,067	160,875	13
Other		8,815	16,682	25,497	4
Grand Total	2,287	1,989,651	2,609,958	4,601,896	103

Costs in thousands

Summary of Total DHS Package by Fund

Fund	FY23	FY24/FY25	FY26/FY27	Total
General Fund	351	1,025,458	1,961,679	2,987,488
Health Care Access Fund	1,936	913,212	565,515	1,480,663
Federal Fund		37,363	33,215	70,578
Federal TANF		3,537	39,026	42,563
Opiate Epidemic Response		9,277	5,816	15,093
Paid Family Medical Leave			3,635	3,635
State Government Special Revenue		804	1,072	1,876
Grand Total	2,287	1,989,651	2,609,958	4,601,896

Costs in thousands

DHS Budget Package: Health & Human Services Jurisdiction

Proposal Category	FY23	FY24/25	FY26/27	Total	Proposals
Children & Families		708,815	975,800	1,684,615	17
Access to Healthcare	2,287	145,988	185,076	333,351	28
Housing & Homelessness		121,212	187,533	308,745	5
Behavioral Health		88,000	107,117	195,117	3
Agency Effectiveness		71,808	89,067	160,875	13
Service Delivery		103,531	45,950	149,481	5
Grand Total	2,287	1,239,354	1,590,543	2,832,184	71

Budget overview

Service
Delivery
Transformation

Children and
Families

Workforce and
Long Term
Care

Housing Justice

Behavioral
Health

Access to
Healthcare

Direct Care and
Treatment

Agency
Effectiveness



Restructuring Our Work

Direct Care and Treatment Agency

Pg. 77



Investments

FY 2024-25 - \$7.8M

FY 2026-27 - \$7.5M

DC-40 DCT as a separate agency

- Positions DCT to operate more like other large health care systems
- Allows both DHS and DCT to focus on their different missions, goals, leadership and operational needs, workplaces and environments, regulatory requirements, budgetary priorities, and areas of expertise
- Individuals with deep experience and expertise in healthcare will provide DCT governance and leadership

Children, Youth and Families Agency

MMB Budget Book pg. 35



Brings together holistic supports for families to ensure every child has a safe place to call home, never goes hungry, and has the resources and supports to succeed inside and outside of the classroom.

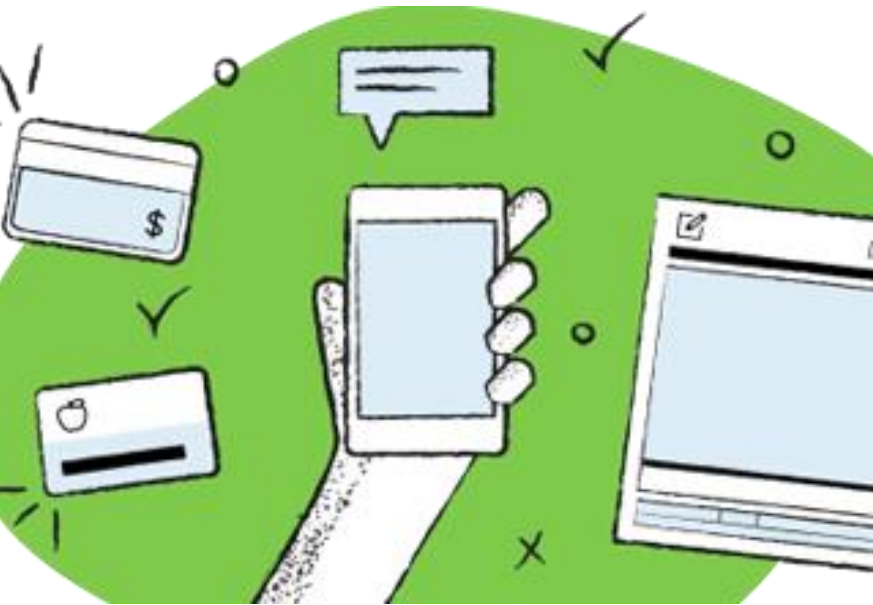
- Centers children, youth and families in state government
- Two-year process to move core support divisions starts July 2024
- The Governor's revised budget will include further planning for the new agency



Service Delivery Transformation

\$129.45M in FY 2024-25

DHS Service Delivery Transformation Goals



- Investigate **digital service options** to reduce administrative burden
- Support **innovation and efficiency** by providing more **direct access to DHS systems and data**
- **Improve our methods of measuring and tracking public outcomes** through ongoing system and service enhancements
- **Collaborate across teams and agencies** to meet the needs of all Minnesotans
- **Support equity** by including impacted populations in the decision-making process

Service Delivery Transformation

Pgs. 80, 172

Combined Investments
FY 2024-25 - \$129.5M
FY 2026-27 - \$68.2M

Transform interactions with human services systems to serve people in a more efficient, person-centered and holistic way.

OP-42 Service Delivery Transformation – Operational funding enables the implementation of an integrated, person-centered experience for individuals and families who access programs and adapt to ever-changing client needs. This proposal will provide the ongoing foundational infrastructure to stabilize, modernize, and/or replace 20-year-old systems and ensure timely, data-driven decision-making.

CF-41 Integrated Services for Children and Families – Stabilizes legacy systems, modernizes the child support system, improves child welfare data integration and sharing, and improves the eligibility experience, efficiency and client communications for health care, cash assistance, child care assistance and food support programs

Service Delivery Transformation *continued*

Pgs. 428, 358, 452

Combined Investments

FY 2024-25 - \$129.5M

FY 2026-27 - \$58.2M

Transform interactions with human services systems to serve people in a more efficient, person-centered and holistic way.

HC-63 MMIS Modernization – Enhance, modernize and stabilize the functionality of Minnesota’s Medicaid Management Information System (MMIS).

HC-70 Improving METS Functionality – Reduce administrative burden and prevent gaps in public health program coverage by simplifying and modernizing the eligibility, verification and enrollment processes for Minnesota Eligibility Technology System (METS)

OP-72 Licensing Systems Transformation – Implement and operate a Provider Licensing and Reporting Hub that will create a unified licensing experience for all human services licensed programs.

Service Delivery Transformation *continued*

Pg. 437



DC-45 DCT Electronic Health Record

- Implement a comprehensive, integrated and interoperable EHR system that will improve patient care and safety
- Makes it possible for care providers outside of DCT to quickly access important patient records to facilitate continuity of care
- Provides patients and guardians easy access to their own health information
- Puts DCT in compliance with state and federal regulations

Combined Investments

FY 2024-25 - \$129.5M

FY 2026-27 - \$58.2M



Agency Effectiveness

\$71.8M in FY 2024-25

Ensuring Service Delivery, Compliance, and Continuous Improvement

Pgs. 444, 447



OP-41 DHS Operating Adjustment

Operating increase to cover the increased costs of delivering the current level of services Minnesotans have come to depend on. Inflationary increases in operating costs, increased costs of goods and services, and significant amounts of new and complex work in recent years threatens program and service delivery to Minnesotans.

OP-85 Continuous Improvement and Compliance Expansion

Increases efficiency, reduces waste and address gaps in centralized business functions that contribute to audit findings. Increases fiscal oversight, contract compliance and grants oversight, and expands and improves programmatic controls.

Combined Investments

FY 2024-25 - \$50.5M

FY 2026-27 - \$62.7M

Supporting Timely Completion of Background Studies

Pgs. 469, 463

Combined Investments

FY 2024-25 - \$3.1M

FY 2026-27 - \$4.1M

OP-64 Background Studies Fee Changes

Increases background study fees from \$42 to 44 to align with costs; authorizes the department to raise background study fees by the amount the BCA increases fees in the future; and allocates general funds to recover the cost of studies conducted for tribal organizations for adoption and child foster care.

OP-70 Background Studies Operational Costs

Funds critical background studies positions to meet sharp increase in demand, supporting Minnesota’s workforce needs and the safety of children and vulnerable adults.

Critical Investments Supporting DHS Licensing

Pgs. 58, 491

Combined Investments

FY 2024-25 - \$13.3M

FY 2026-27 - \$18.4M

OP-76 Critical Resources for Licensing

Supports licensing and oversight of home and community-based services (HCBS), foster care and childcare center licensing activities; maltreatment and licensing complaint investigations; and costs associated with receivership. Critical to ensure health and safety, as well as to respond effectively to workforce challenges.

OP-78 Home and Community-Based Services Corporate License Application Fee

Increases license fees for non-individuals applying for a home and community-based services (HCBS) license to align the non-individual license application fee for an HCBS license with the Minnesota Department of Health's (MDH) application fee for a comprehensive home care provider license.

Critical Investments Supporting DHS Licensing *continued*

Pgs. 480, 389

Combined Investments

FY 2024-25 - \$13.3M

FY 2026-27 - \$18.4M

OP-79 Family Child Care Continuous Licenses

Implements a continuous license process for family childcare license holders to reduce redundant application requirements. This proposal would support the infrastructure needed to transition to a continuous license, including IT systems costs. To help with this transition, the department proposes to cover initial application and annual licensing fees for family childcare license holders for two years.

OP-81 Streamlining Behavioral Health Regulation

Begins the creation of a single comprehensive licensing structure for mental health service programs. This will improve the integration of behavioral health services, reduce the administrative regulatory burden on providers, and will ensure clients receive services under consistent requirements.

Enhancing Agency Program Integrity

Pgs. 483, 474

Combined Investments

FY 2024-25 - \$2M

FY 2026-27 - \$1.5M

OP-51 Financial Fraud and Abuse Investigations Division Program Integrity Enhancements

Allows DHS to disqualify a provider from receiving funding through any grant or program administered by DHS to providers disqualified or suspended from receiving funds administered by another state or federal agency; and funds the development and facilitation of provider training for county partners and Child Care Assistance Program (CCAP) providers around program integrity

OP-87 Fraud Prevention Investments for Tribal Nations

Funds a start-up grant for Red Lake Nation, White Earth Nation and Mille Lacs Band of Ojibwe to each hire a Fraud Prevention Investigator and develop their fraud prevention work. Also funds one DHS tribal liaison in the Office of Inspector General to facilitate dedicated partnership between Tribal Nations and DHS.



Children and families

\$708.8M in FY 2024-25

Helping Children and Families Thrive



Children and Family Services (CFS) supports families, keeps children safe, and helps low-income individuals, families and communities thrive.

- CFS and partners support roughly half a million people in Minnesota
- Services include:
 - Childcare services
 - Child support
 - Economic assistance, employment supports and homelessness prevention services
 - Food and nutrition assistance
 - Family preservation, prevention, child protection, foster care and adoption
 - Refugee resettlement supports

Supporting the Childcare Industry and Workforce



CF-52 Supporting the Childcare Industry

Provides permanent funding to strengthen the childcare sector through a Child Care Retention Program and other supports

- In 2024, this investment will benefit:
 - 230,000 children
 - 1,500 licensed/500 certified childcare centers
 - 4,700 family childcare programs
 - 35,000 early educators

Investments
FY 2024-25 - \$353.0M
FY 2026-27 - \$345.5M

Increasing Access to Affordable Childcare

Pgs. 31, 86, 141, 89



CF-45 Increases CCAP rates to the 75th percentile and updates rates every 3 years to the most recent market rate survey

CF-44 Permanently reprioritizes the Basic Sliding Fee childcare waiting list to serve more families

CF-47 Expands CCAP to include foster care families, relative custodians, successor custodians and guardians

CF-75 Increases funding for Basic Sliding Fee to increase the number of families served and reduce waiting lists

Combined Investments

FY 2024-25 - \$191.8M

FY 2026-27 - \$343.1M

Improving the CCAP Registration Process for Child Care Providers

Pg. 166



CF-46 Administrative Improvements for Child Care Providers

- Centralize and streamline provider registration and renewals for the Child Care Assistance Program (CCAP)
- Remove duplicative background studies for Legal Non licensed (LNL) providers in CCAP

Investments

FY 2024-25 - \$1.1M

FY 2026-27 - \$1.4M

Supporting Economic Stability for Minnesota Families

Pgs. 100, 119, 147



CF-68 Supporting Working Minnesotans – Make the Minnesota Family Investment Program (MFIP) and General Assistance more effective at supporting economic stability for low wage workers, and simplify program administration.

CF-63 Food Security for Minnesota Families – Support food security among Tribal Nations, increase base funding for the Minnesota Food Shelf Program, provide additional outreach for the Supplemental Nutrition Assistance Program (SNAP), and invest in emergency food distribution facilities across the state.

CF-64 Building Assets for Minnesota Families - Increase base funding for the Family Assets for Independence in Minnesota (FAIM) program, amend statute to allow Tribal Nations and nonprofits to administer the program, allow participants to contribute to an emergency savings or college savings account, and increase the financial match limit.

Combined Investments
FY 2024-25 - \$53.5M
FY 2026-27 - \$110.4M

Supporting American Indian Children, Families and Tribes

Pgs. 188, 113



CF-57 Preserving American Indian Families

- Expand the American Indian Well-Being Unit (AIW) at DHS
- Increase Indian Child Welfare grants to tribes and urban Indian agencies

CF-59 Supporting Tribal Child Welfare Agencies and the American Indian Child Welfare Initiative

- Enable Mille Lacs Band of Ojibwe to join the Initiative
- Increase funding for existing Initiative Tribes for child welfare programs
- Provide funding for non-Initiative Tribes to hire staff

Combined Investments

FY 2024-25 - \$34.0M

FY 2026-27 - \$41.3M

Support After Foster Care



CF-60 Support After Foster Care

Expands capacity and programming to better serve older youth, including Successful Transition to Adulthood for Youth (STAY) in the Community, Minor Connect, Support Beyond 21 (new program)

- Reduce caseloads for county and tribal case managers working with youth in extended foster care
- Expand Public Private Adoption Initiative services to include Transfer of Permanent Legal and Physical Custody (TPLPC) and child-specific recruitment services for kids ages 6 to 21
- Fund research and engagement on the use of Supplemental Security Income (SSI) and Retirement Survivors and Disability Insurance (RSDI) to meet the best interests of an eligible child in foster care

Investments
FY 2024-25 - \$17.1M
FY 2026-27 - \$17.9M

Community Resource Centers

Pg. 181



CF-73 Community Resource Centers

- Implement a network of sustainable Community Resource Centers that can:
 - Increase access to services
 - Make it easier for families to get what they need
 - Grow community engagement feedback loops

Investments

FY 2024-25 - \$15.0M

FY 2026-27 - \$34.0M

Family First Prevention Services Act Phase 3 Implementation and Operational Investments

Pg. 104



CF-58 FFPSA Phase 3 and Operational Investments

- Ensures the DHS Child Safety and Permanency Division has adequate staffing infrastructure to implement complicated new programs and policies established at the state and federal level.

Investments

FY 2024-25 - \$33.7M

FY 2026-27 - \$47.3M

New Non-Caregiver Sex Trafficking Response Path

Pg. 133



CF-72 New Non-Caregiver Sex Trafficking Response Path

- Establishes a new non-caregiver child protection response path for reports of child sex trafficking.
- With the new track, law enforcement will handle contact with an alleged non-caregiver trafficker, not the child welfare agency.
- Reports of caregiver sex trafficking would continue to be investigated by the child welfare agency to determine if maltreatment occurred.
- The new path will improve safety to better meet the needs of child victims and their families.

Investments

FY 2024-25 - \$102,000

FY 2026-27 - \$34,000



Housing Justice

\$121.2M in FY 2024-25

Ensuring Housing Justice



Housing programs at DHS assist nearly 125,000 people establish greater self-sufficiency and independence each year.

Recipients include seniors and people with disabilities, medical needs, and behavioral health conditions who are typically experiencing homelessness or are at risk of homelessness or institutionalization.

The combination of low wages, inadequate safety net programs and a lack of affordable housing contribute to the homelessness crisis.

BH-41 Addressing Deep Poverty for Minnesotans with Disabilities and Disabling Conditions

- Increases the General Assistance benefit amount (unchanged since 1986) to help people with disabilities and behavioral health conditions meet need their most basic needs
- Increases the required Social Security disability benefit application window from 30 to 90 days so people can more successfully transition to federal programs
- Makes drug-testing policies for cash assistance programs optional, removes sanctions and disqualifications for people with felony drug convictions

Investments

FY 2024-25 - \$48.6M

FY 2026-27 - \$59.9M

Addressing Homelessness for Minnesota Adults, Youth and Families

Pg. 68



Investments

FY 2024-25 - \$56.5M

FY 2026-27 - \$91.6M

CF-62 Addressing homelessness for MN adults, youth and families

- Increases funding for the Emergency Services Program, Transitional Housing Program, Homeless Youth Act, and Safe Harbor Shelter and Housing. Investments will:
 - Reduce financial strain on emergency shelters and improve services
 - Help more Minnesotans experiencing homelessness reach housing stability with transitional housing
 - Better support youth experiencing homelessness with youth-specific programming
 - Better support youth victims of sex trafficking

Advancing independence and housing stability

Pgs. 333, 338



Combined Investments

FY 2024-25 - \$16.1M

FY 2026-27 - \$36.0M

BH-40 Improvements to Housing Stabilization Services

Adjusts payment rate for Housing Stabilization Services MA benefit; supports local providers with a state share for the Heading Home Corps housing navigator program; service funding for HUD rental support program; and improves resources for people to understand housing and benefit options.

BH-42 Strengthening Adult Income Supports

Reforms outdated payment policies for Housing Support program to allow people to save by ensuring they only pay 30% of their income toward housing costs; excludes tribal per capita income and lived experience income from counted income for cash assistance and child care programs.



Combined Investments
FY 2024-25 - \$16.1M
FY 2026-27 - \$36.0M

BH-44 Reducing Recidivism through Evidence-Based Community Housing Interventions

Prevents homelessness, increases housing stability, and reduces recidivism for people re-entering the community after release from a Minnesota correctional facility by establishing Housing Support presumptive eligibility and ongoing funding for Bridging Benefits program.



Behavioral health

\$141.2M in FY 2024-25

Strengthening Minnesota's Behavioral Health System



Serving 300,000 children, youth, families and adults each year with prevention, early intervention and culturally responsive services that promote resilience and recovery.

Services include:

- Mental health and substance use disorder services provided in community-based, outpatient settings
- Residential psychiatric and substance use treatment services
- Certified community behavioral health clinics
- Early childhood services, school-linked behavioral health services
- Collaborative, integrative, and intensive care models
- Peer supports to support people in recovery

Addressing the Opioid Epidemic and Medical Assistance Substance Use Disorder Continuum

Pgs. 285, 325



BH-47, BH-57

- Modifying OERAC membership to more equitably represent populations most impacted
- Dedicating resources to disproportionately impacted communities
- Ongoing funding for traditional healing grants and overdose prevention
- Modifying Opioid Treatment Program (OTP) rates to ensure payment integrity
- Project ECHO hub for OTPs
- Funding to develop MA demonstrations for behavioral health services in correctional facilities, traditional healing, contingency management
- Start-up and capacity building grants for withdrawal management programs

Investments

FY 2024-25 - \$12.5M

FY 2026-27 - \$9M

Expedite Access to Behavioral Health Services

Pg. 291



BH-45 Expediting Access to Behavioral Health Services

- Hospitals, FQHCs, and RHCs as eligible vendors of comprehensive assessments
- County and Tribal administrative allowance study
- Public awareness campaign
- Expands eligibility for HSASMI and PATH grants to support people with substance use disorders
- Funding to the White Earth Nation for AMHI capacity building

Investments

FY 2024-25 - \$31.1M

FY 2026-27 - \$35.6M

Improving Quality of Services and Alleviating Administrative Burdens

Pg. 298



Investments

FY 2024-25 - \$2.2M

FY 2026-27 - \$2.4M

BH-46 Improving quality of service and alleviating administrative burdens

- Simplifies and streamlines regulations so providers can focus on people, not paperwork
- Ensures all programs meet evidence-based ASAM criteria and minimal co-occurring requirements
- Funding to support ongoing utilization management to support providers and improve outcomes for people
- Funding for data analysis and evaluation team for behavioral health

Improving Access to Behavioral Health Services

Pg. 268



Investments

FY 2024-25 - \$27.9M

FY 2026-27 - \$42.8M

BH-49 Improving access to Behavioral Health Services

- County and tribal funding for room and board expenses for accessing children's residential facilities (CRF) services via non-child protection entry points
- Increases the rates for Adult Day Treatment (ADT)
- Ongoing funding for an online tool to help people and families find behavioral health services
- Funding for School-Linked Behavioral Health (SLBH) grants
- Funding for transition to community initiative, expands eligibility to children

Expand Mental Health Crisis and Early Intervention Services

Pg. 277



BH-52 Mental Health Crisis and Early Intervention Service Expansion

- Funding for First Episode Psychosis (FEP)
- Establishes an Emerging Mood Disorders Program
- Pilots Mobile Response and Stabilization Services (MRSS) model
- Continues grant funding for mobile crisis teams
- Funds tribally-based Mobile Crisis Response teams in MN
- Expands the Infant and Early Childhood Mental Health Consultation program to include schools

Investments

FY 2024-25 - \$24.8M

FY 2026-27 - \$28.9M

Sustaining the Behavioral Health Workforce

Pg. 306



BH-51 Sustaining the Behavioral Health Workforce

- Increases funding for the Cultural and Ethnic Minority Infrastructure Grants (CEMIG)
- Increases funding for Provider Supervision grants
- Increases funding for Psychiatric Residential Treatment Facility (PRTF) start-up and specialization grants

Investments

FY 2024-25 - \$35.3M

FY 2026-27 - \$35.4M

Sober housing program regulation and consumer protections

Pg. 321



BH-56 Sober housing program regulation and consumer protections

- Codifies quality and consumer protections and ensures programs can meet basic mental health needs and people have access to their medications
- Creates a certification for sober housing programs
- Establishes a registry of certified sober homes

Investments

FY 2024-25 - \$407,000

FY 2026-27 - \$642,000

Reforming Behavioral Health Peer Support Benefits

Pg. 312

BH-50 Reforming Behavioral Health Peer Support Benefits

- Establishes funding for a state-based, community-led credentialing process for non-profit organizations seeking to become an RCO;
- Requires accreditation through a state-based credentialing entity, the Association for Recovery Community Organizations (ARCO), or the Council on Accreditation of Peer Recovery Support (CAPRSS) for an RCO to become an MA-eligible vendor;
- Integrates standards and training for recovery peers and mental health peers
- Establishes ongoing funding for peer training;
- Expands MA vendor eligibility for peer recovery services to counties;
- Adds base funding for RCO grants to pay for community-based recovery services that are not MA-eligible; and
- Provides start-up grant funding for culturally-specific RCOs

Investments

FY 2024-25 - \$7M

FY 2026-27 - \$8.9M

A photograph of a male doctor in a white coat using a stethoscope to examine a young child. A woman, presumably the mother, is smiling and looking on from behind the child. The scene is set in a bright, modern medical office.

Access to health care

\$148.3M in FY 2024-25

Access to healthcare



1.5 million Minnesotans (1 in 4 people) receive health care coverage through Medical Assistance and MinnesotaCare.

- Enrollee facts:
 - 67% are parents, children & pregnant people (25% of spending)
 - 15% are age 65+ or people with disabilities (60% of spending)
- Public health programs cover:
 - 40% of Minnesota's children
 - 4 out of 10 births
 - Half of Minnesota's nursing home costs
 - Half of substance use disorder treatments

Ensuring Eligible Minnesotans Retain Coverage

Pg. 362

Covered by Medical Assistance or MinnesotaCare?

Don't risk a gap in your health insurance

Keep your address, phone number and email updated.

Visit mn.gov/dhs/mycontactinfo



m DEPARTMENT OF HUMAN SERVICES

HC-64 Ensuring eligible Minnesotans retain coverage

- Ensures eligible Medical Assistance (MA) and MinnesotaCare enrollees maintain coverage and supports the transition back to normal eligibility policies and operations beginning in 2023.
- Funding would be a reinvestment of a portion of the enhanced federal funding received during the federal public health emergency (PHE).
- Allows MA enrollees who are blind, have a disability or are 65+ more time to spend down accumulated assets
- Support for navigator organizations and administrative resources

Investments

FY 2024-25 - \$22.8M

FY 2026-27 - \$0

Increasing Access to Health Insurance for Minnesotans

Pg. 352



HC-76 Increasing Access to Health Insurance for Minnesotans

- Allows additional Minnesotans to buy comprehensive health insurance coverage via the MinnesotaCare program
- Expands MinnesotaCare coverage to people with incomes over 200% FPL
- Includes undocumented noncitizens and people with access to employer-sponsored/other coverage

Investments

FY 2024-25 - \$20.9M

FY 2026-27 - \$11.4M

Medical Assistance Coverage for Children

Pg. 35



HC-66 Expanding MA Coverage for Children

- Implements up to 72 months of continuous eligibility for children under age 6, and 12-month continuous eligibility for children ages 6 - 21.
- Reduces disruptions in health care coverage for children, ensuring preventative and primary care
- Simplifies eligibility and enrollment in Medical Assistance
- Lessens administrative burden from churn

Investments

FY 2024-25 - \$21.1M

FY 2026-27 - \$94.5M

Improving Health Care Access for Minnesotans

Pg. 347



HC-65 Improving health care access for Minnesotans

- Expands MinnesotaCare eligibility to undocumented children in families with income at or below 200% FPL.
- Improves the experience for people applying for or enrolled in public health care programs
- Reduces language, accessibility, and technological barriers.
- Funds community-driven health care improvements.
- Expands the information available for parents of children with disabilities who are looking for coverage options.

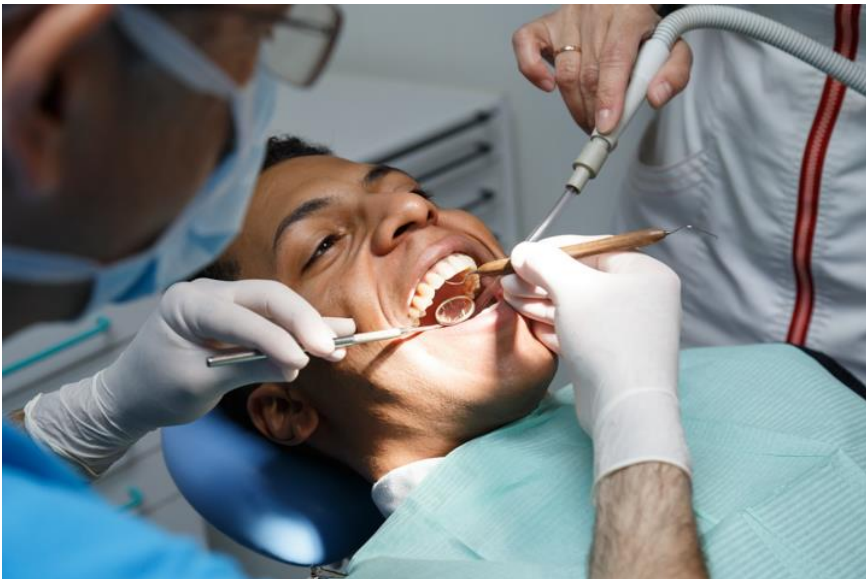
Investments

FY 2024-25 - \$6.4M

FY 2026-27 - \$26.2M

Continued Improvements to Oral Health Access

Pg. 372



HC-50 Continued Improvements to Access to Oral Health

- Reinstates the comprehensive adult benefit set (not covered in full since 2009)
- Rebases rates paid for dental services to reflect the cost of delivering care today and in the future
- Impacts an estimated 800,000 enrollees

Investments

FY 2024-25 - \$29.9M

FY 2026-27 - \$48.3M

Supporting Tribal Providers and Health Care Coverage and Transitions for Urban American Indians

Pgs. 355, 398



HC-81 Supporting Tribal Providers and Payments

Aligns Medical Assistance (MA) policies regarding tribal provider enrollment and payment with CMS requirements and explores new options for funding tribal health care systems

Allows IHS facilities or select tribal health centers to elect to enroll as a tribal Federal Qualified Health Center (FQHC) and allows the agency to establish an alternative payment methodology for tribal FQHCs.

Provides funding to explore alternate tribal financing mechanisms and to bolster ongoing support to tribal entities seeking reimbursement through MA.

HC-61 Supporting Health Care Coverage and Transitions for Urban Indians

Invests a total of \$3 million in the Indian Health Board (IHB) of Minneapolis to support continued access to health care coverage through MHCP, and improved access to quality care.

Combined Investments

FY 2024-25 - \$3.4M

FY 2026-27 - \$2.4M

Simplifying Access to Health Care and Improving Health Outcomes

Pgs. 375, 386



HC-77 Remove Doula Supervision Requirements

Removes supervision requirement for doulas in order to increase access to services that help reduce maternal and infant health disparities.

HC-51 Ensuring Access to Non-Emergency Medical Transportation (NEMT)

Implements dynamic fuel adjustor for payments to providers of non-emergency medical transportation (NEMT) benefits covered by MA; increases NEMT rates for modes 3-5; adjusts cumbersome documentation standards; increases reimbursements for meals and lodging when enrollees must travel to receive care.

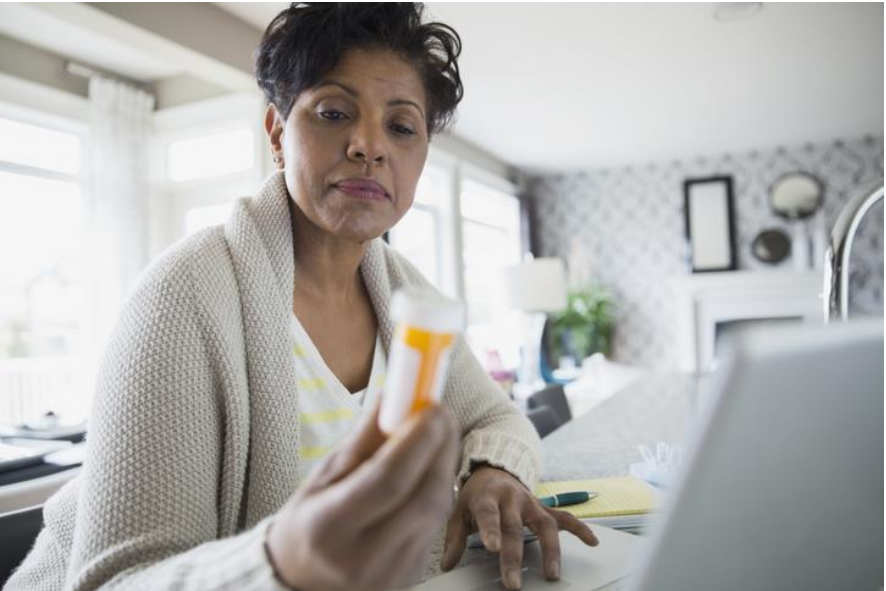
Combined Investments

FY 2024-25 - \$15.9M

FY 2026-27 - \$17.3M

Simplifying Access to Health Care and Improving Health Outcomes *continued*

Pg. 409, 407



HC-46 Value-Based Arrangements for Drug Purchasing
Allows DHS to obtain supplemental drug rebates outside of the Preferred Drug List (PDL), lowering health care spending for prescription drugs in public programs

HC-86 Modify Managed Care Quality Withhold Measures (budget neutral)
Amends state law to modify the withhold measures outlined in statute to give DHS more flexibility in addressing health outcomes

Investments
FY 2024-25 - \$529,000
FY 2026-27 - \$552,000

Simplifying Access to Health Care and Improving Health Outcomes *continued*

Pgs. 424, 378, 401, 433



HC-45 MA Rate Increase for Reproductive Services

Increases the Medical Assistance (MA) payment rates for reproductive health services by 10%; sustains access to these services while DHS completes a legislatively-directed rate study

HC-47 Elimination of Medical Assistance (MA) Cost Sharing

Shifts the obligation of all current cost-sharing (copays and deductibles) from the enrollee to the state

HC-78 Preserving Funding for Medical Education and Research Costs

Transitions funding for the Medical Education and Research Costs (MERC) grants from the managed care MA rates to the MA fee-for-service rates; complies with federal requirements while preserving MERC payments to providers

HC-87 Use of Audio-Only Telehealth in MHCP

Extends the authority for the use of audio-only telehealth in Minnesota Health Care Programs (MHCP) through June 30, 2025; allows DHS and MDH additional time to study the impacts and usage of audio-only telehealth and make recommendations for the use of audio-only telehealth going forward

Combined Investments
FY 2024-25 - \$72.7M
FY 2026-27 - \$53.3M

Simplifying Access to Health Care and Improving Health Outcomes *continued*

Pg. 395



HC-48 Drug Formulary Committee (DFC) Modifications

- Eliminates the sunset of the Drug Formulary Committee (DFC) and expands the representation of consumers and providers on the committee
- Expands membership to include an additional MHCP enrollee representative, and up to two additional provider representatives
- Allows for the continuation of a legislatively mandated report for the cost of dispensing survey

Savings

FY 2024-25 – (\$45.8M)

FY 2026-27 – (\$72.4M)

Thank You!