

DHS & the Human Services Budget

Senate Human Services Committee

Elyse Bailey, Budget Director

The new DHS identity is taking shape



MISSION

In collaboration with community and partners, DHS supports people to thrive in community and live their healthiest and fullest lives.

VISION

All people in Minnesota have what they need to thrive in community with no disparities.

DHS Updates Since 2024 Session



Forming 3 separate agencies (DHS, DCYF, and DCT)

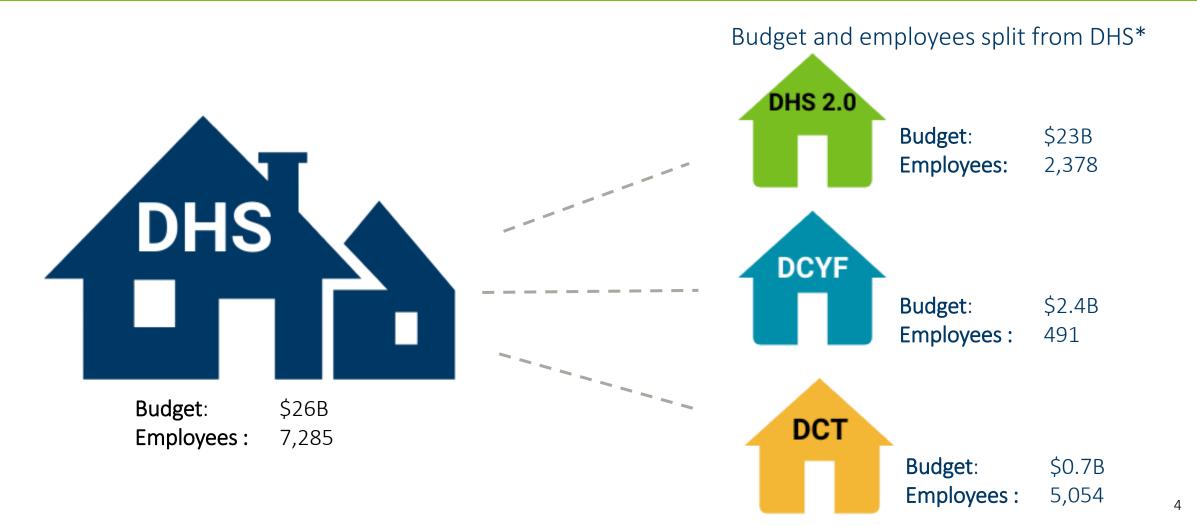
Implementing 2023/2024 investments

Completion of the Unwinding project

Implementation of MnChoices 2.0

Transitioning PCA to CFSS program

Leading an impactful transformation



^{*}Data as of FY2024. Includes only budget and employees coming from DHS, does not include any budget or employees coming from DOE or other agencies.

Only employees at DHS immediately prior to the split were included in DHS 2.0 and DCYF counts.

The New DHS – DHS Administrations



Aging & Disability Services



Behavioral Health



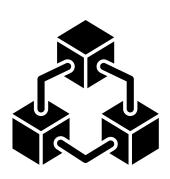
Health Care



Homelessness, Housing & Support Services

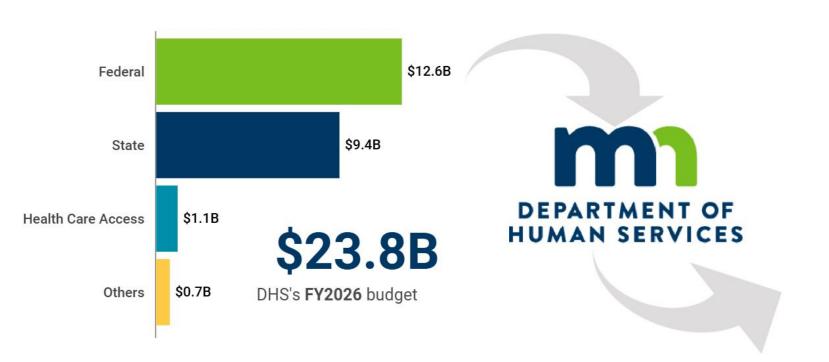


Office of Inspector s General

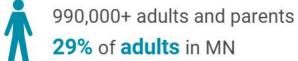


Central Office

DHS directly impacts more than 25% of people living in Minnesota











Who we serve: Average Monthly People (FY24)

1.3 Million

Medicaid Enrollees

102,000

MinnesotaCare Enrollees

12,000

People receiving LTC in Nursing Facilities 89,000

People receiving LTC in their homes & communities

34,000

People receiving behavioral health services (BHF)*

*Annual unduplicated recipients

837,000

Families with Children enrollees in MA

23,000

People receiving General Assistance (GA)

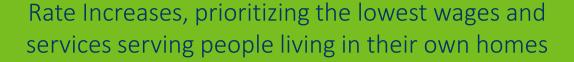
21,000

People receiving Housing Support

Important Investments in 23/24 Legislative Sessions



Low Direct Care Wages and Workforce Shortage





Challenges in Navigating the System





Escalating Opioid Epidemic

Investments in Substance Use Disorder services and overdose prevention

DHS continues to be a top state in health and human services

Minnesota is the fifth state nationally for overall health (America's Health Rankings, 2023)



Keeping over 1.3M people in Minnesota covered by public health insurance, including 42% of children.

"11th nationally in health care access, quality and outcomes"

(The Commonwealth Fund, 2023)



Providing quality services and supports for older adults and people with disabilities.



Providing high quality supports for children mental health in the appropriate setting including schools.

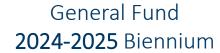
"1st nationally in services for older adults and people with disabilities"

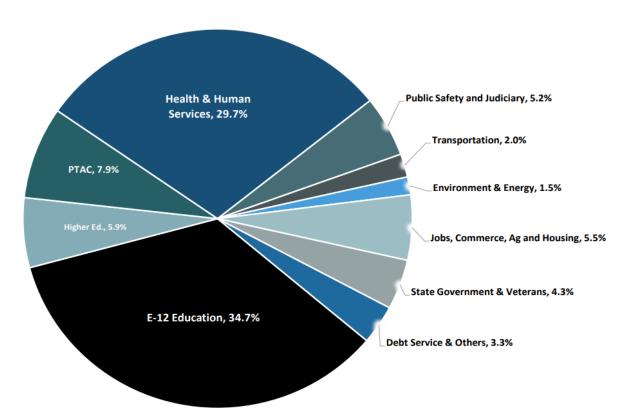
(AARP, The Commonwealth Fund and the SCAN Foundation, 2024)

"5th nationally in child well-being"

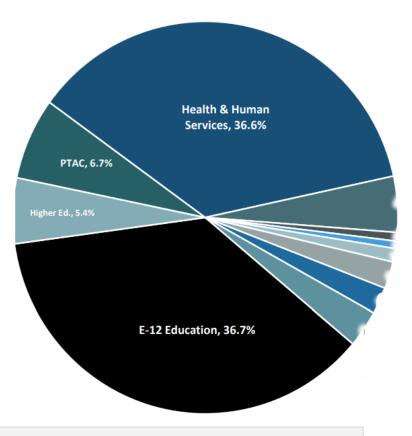
(Annie E. Casey Foundation, 2024)

Health and Human Services will continue to be one of the largest expenditures in the General Fund





General Fund **2028-2029** Biennium

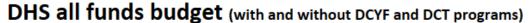


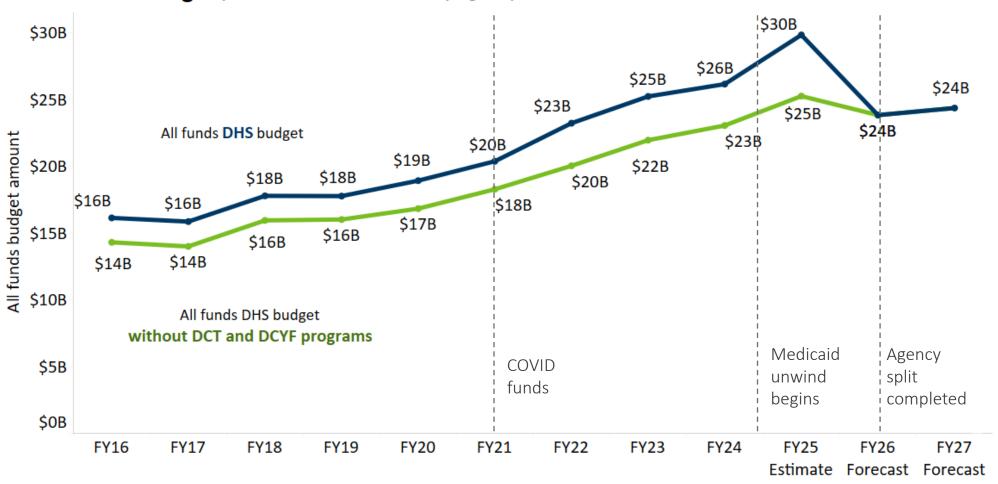
In addition, Health and Human Services is also the largest ALL FUNDS expenditure for the state representing 46% of the FY 2024-25 Biennium budget

More than half of DHS' budget comes from federal sources

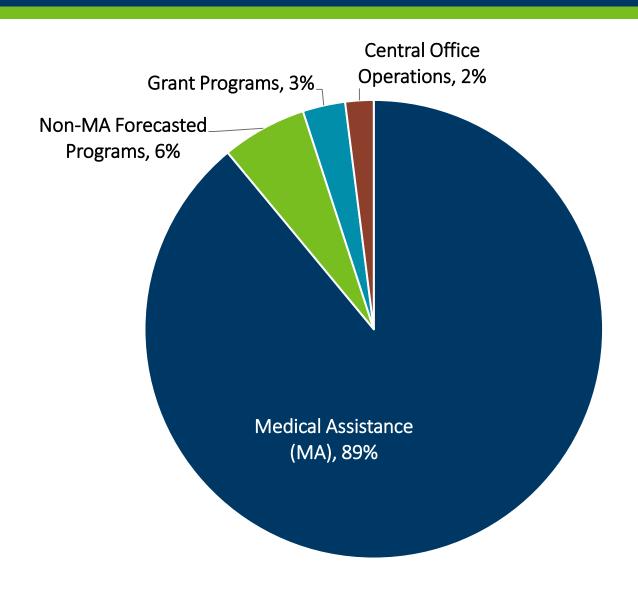


DHS Budget Over Time

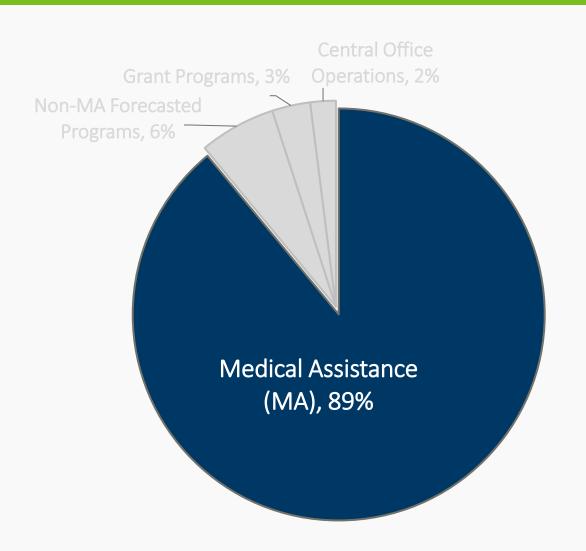




DHS FY 2026 expenditures all funds



DHS FY 2026 expenditures: Medical Assistance (MA)

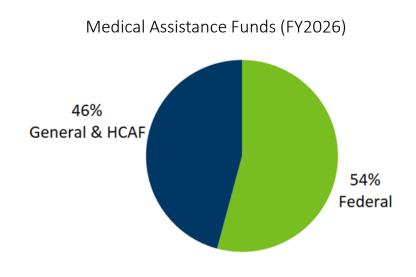


Medical Assistance (MA)

Health insurance for low-income Minnesotans for:

- **Preventive** and primary health care
- Behavioral Health supports, including mental health and substance use disorder services
- Long-term care services and supports
 for people with disabilities and older adults
 so that they can continue living in
 the community
- Nursing facility care for older adults and intermediate care facilities for people with developmental disabilities

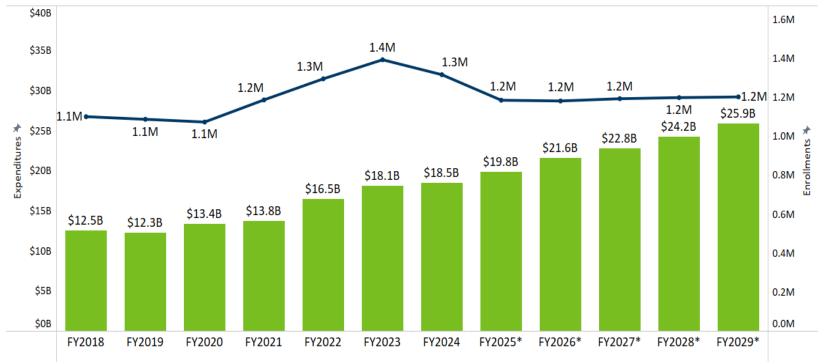
Medical Assistance (MA) overview



42%

of **children** in the state have their health care covered by Medicaid



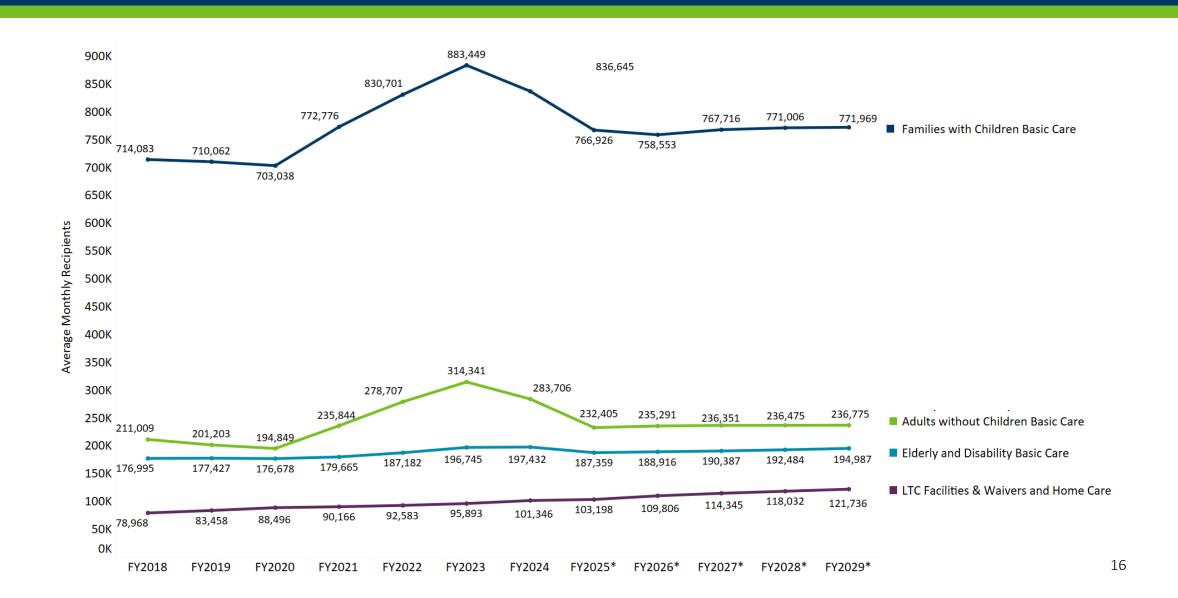


1.3 Million

Minnesotans have access to health care (2024)

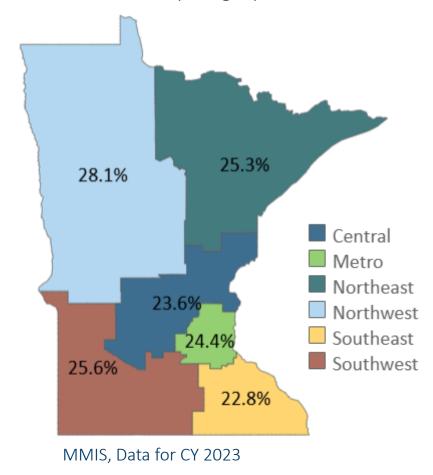
\$18.9B total MA expenditures (2024)

MA average monthly recipients



MA enrollment regional distribution

Percent of the **total population** within the region enrolled in MA (all ages)



Medical Assistance (Actuals FY2024)

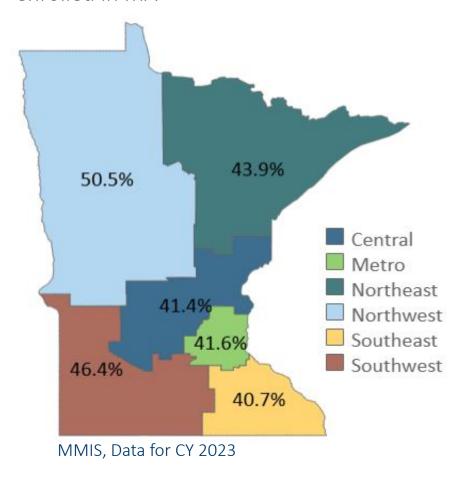
- \$18.5 billion total (\$6.9 billion state)
- 1.3 million people enrolled per month

MinnesotaCare (Actuals FY2024)

- \$663 million total (\$80 million state)
- 102,000 people enrolled per month

MA children enrollment distribution

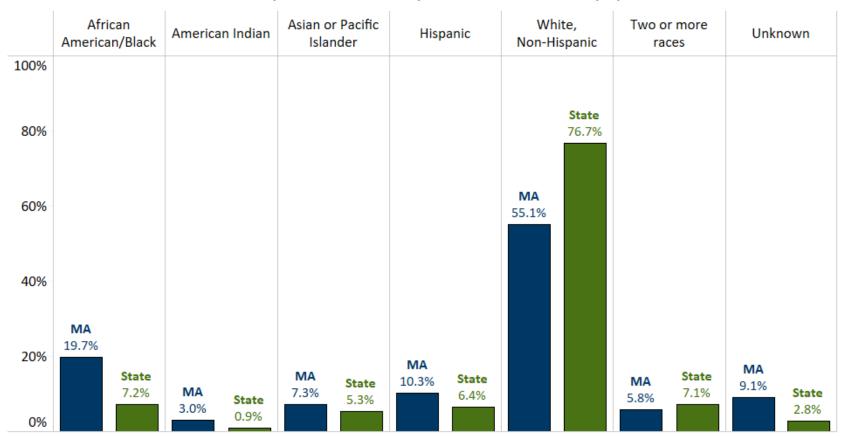
Percent of **children** within the region enrolled in MA





MA race and ethnicity compared to MN (CY2023)

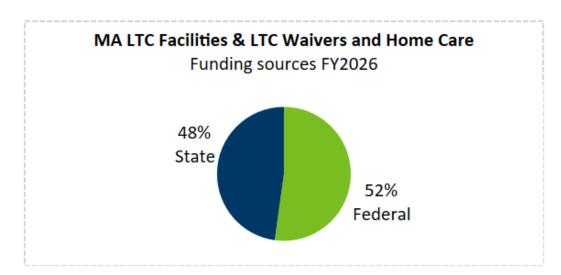
MA enrollee racial and ethnic representation compared to Minnesota's population as a whole

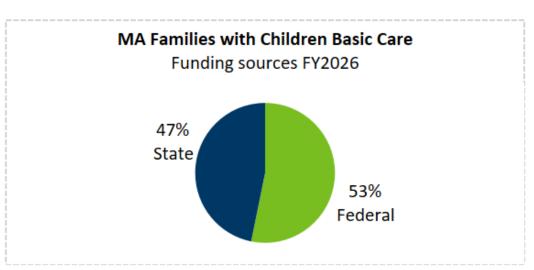


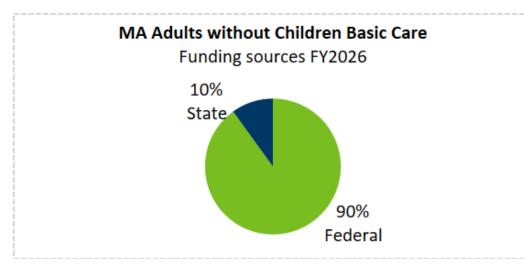
MA total annual expenditures by category – FY 2026

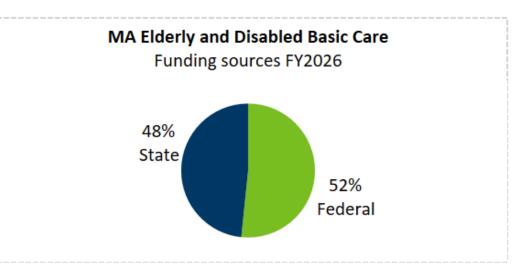


Medical Assistance expenditures by funding source







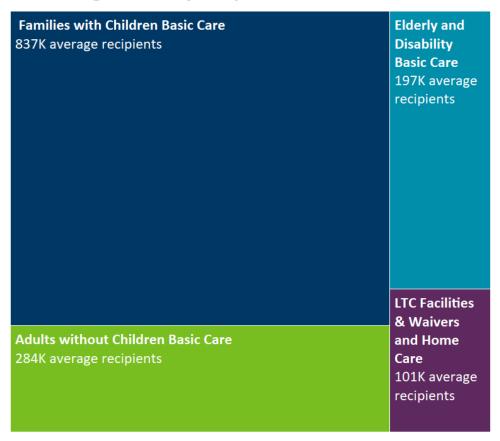


MA current expenditures vs recipients

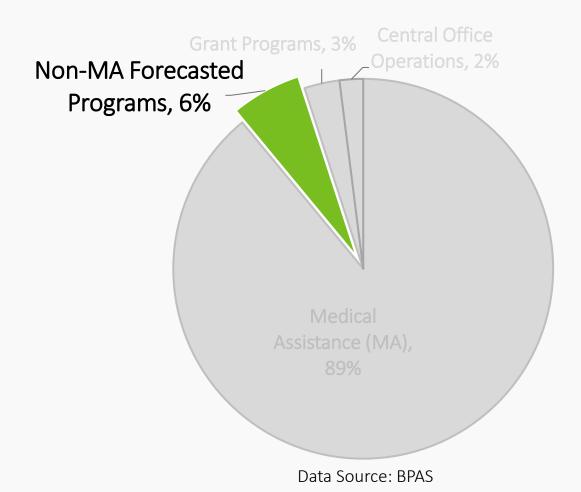
MA annual expenditures



MA average monthly recipients



DHS FY 2026 expenditures: Non-MA forecasted programs



Non-MA forecasted programs

The Behavioral Health Fund pays for mental health and residential and outpatient substance use disorder services

MinnesotaCare provides health care for low-income recipients who don't qualify for MA

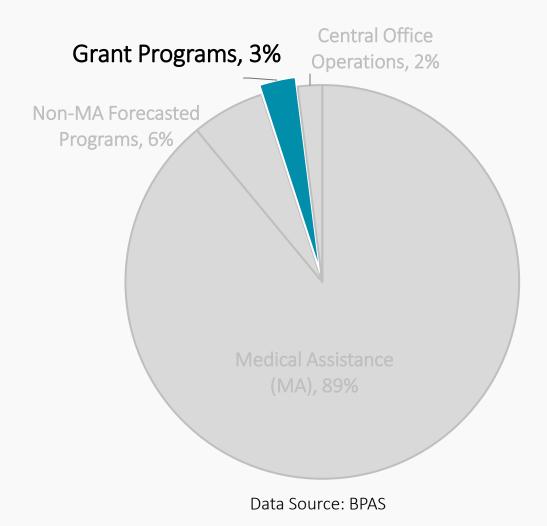
Housing Support (HS) pays for housing and some services for individuals placed by the local agencies in a variety of residential settings

This category also includes Minnesota Supplemental Aid (MSA) and General Assistance (GA)

Non-MA Forecasted Programs Expenditures – FY 2026



DHS FY 2026 expenditures: **Grant Programs**

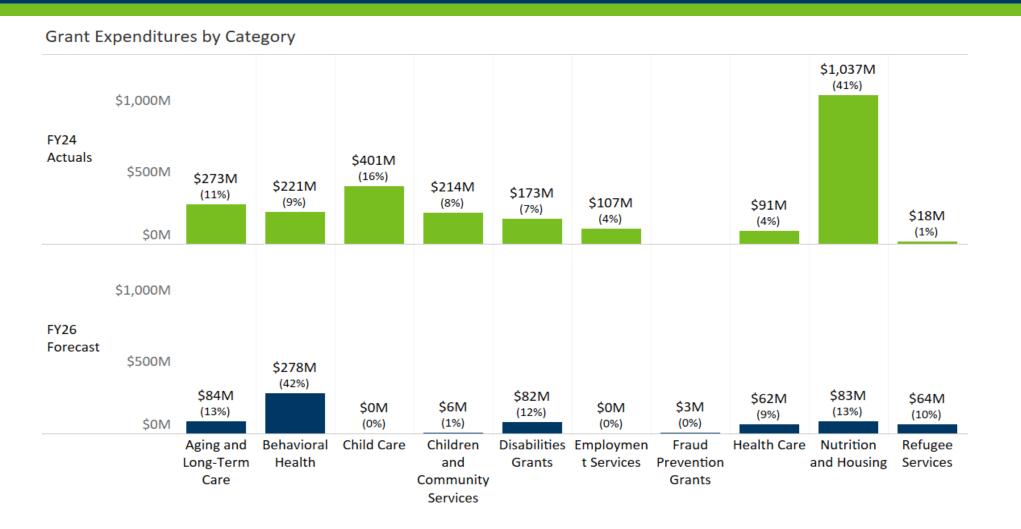


Grant Programs

Provides supports for local providers, community, counties, Tribes, and families in areas related to:

- Safety services for vulnerable adults and children
- Health care quality and access projects
- Services in community-based settings
- Non-medical social services for older adults
- Services and support for deaf, deafblind and hard of hearing
- Support housing for low-income Minnesotans with disabilities
- State-wide support services for people with alcohol, or drug addiction
- And many more....

Grant expenditures all funds FY2024 vs FY2026



Before DCYF separation

\$2.5B
Grant
expenditures in
FY2024

After DCYF separation

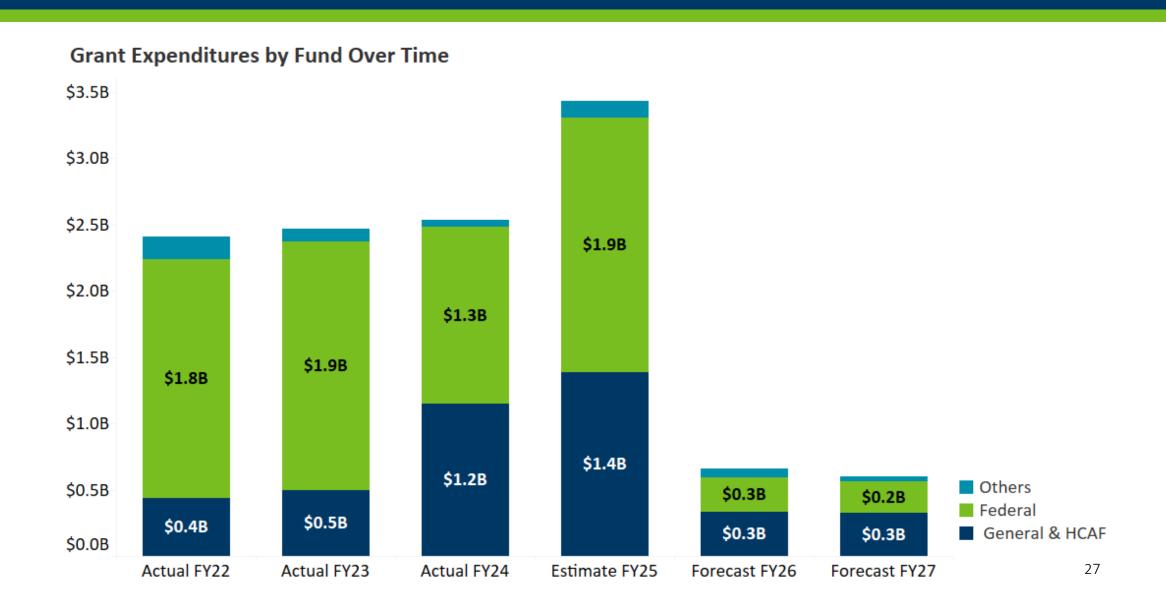
\$0.6B

Grant Forecasted

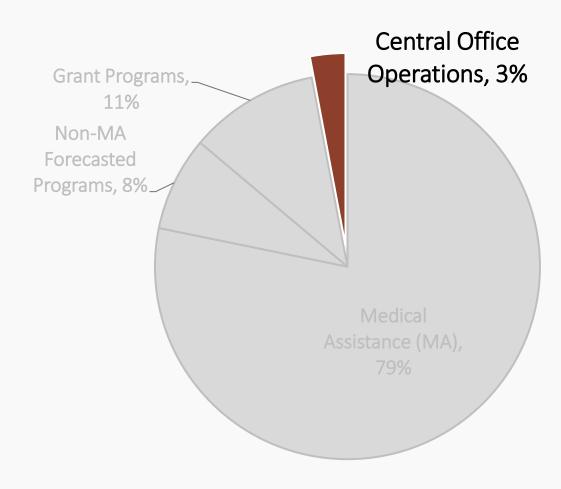
expenditures in

FY2026

DHS Grant Expenditures Over Time



DHS FY 2026 expenditures: Central Office Operations



Data Source: BPAS

Central Office Operations

License service providers and conduct background studies to protect our most vulnerable citizens

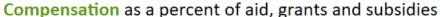
Ensures integrity in spending of public resources

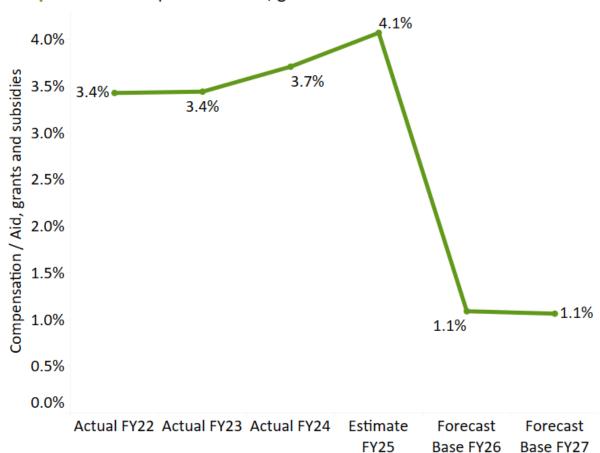
Oversees and provides administrative support to counties, Tribal Nations, and social service agencies

Administers publicly funded programs and oversee services delivery systems

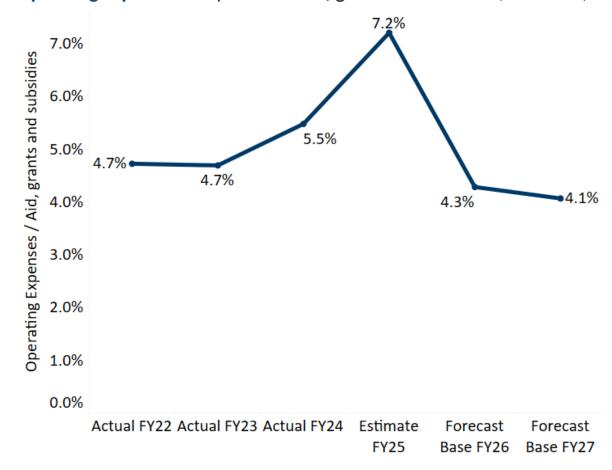
Provide human resources services, financial management, legal services, technology planning and facilities management for employees

Compensation operating expenses as a percent of aid, grants and subsidies





Operating expenses as a percent of aid, grants and subsidies (Includes IT)

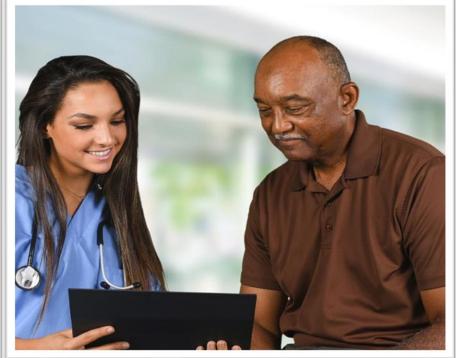


FY Increase in DHS FTEs and DHS Budget





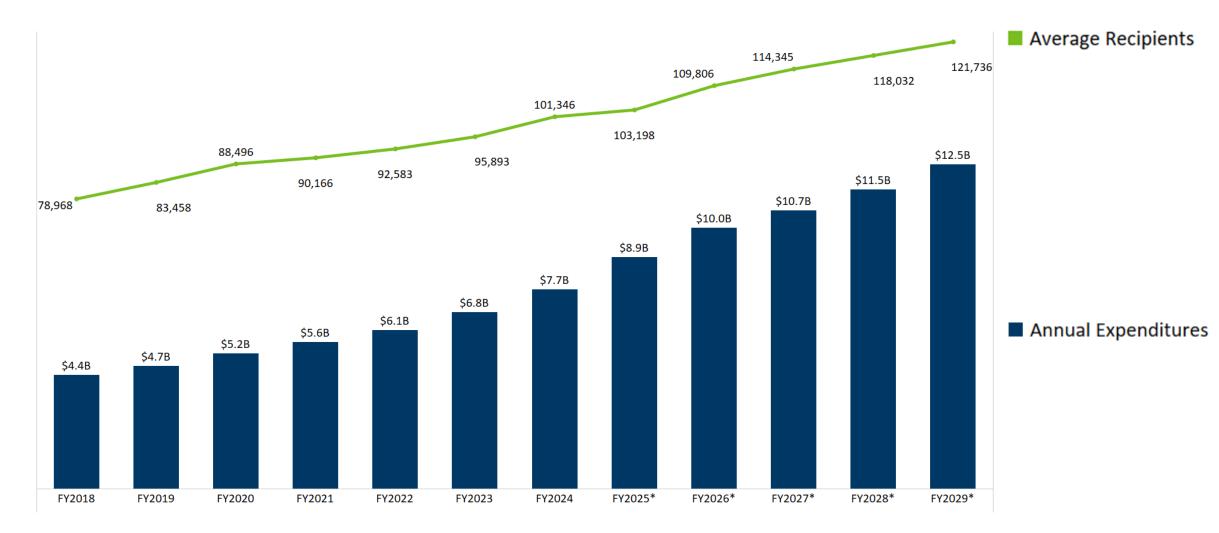




Long Term Services & Supports



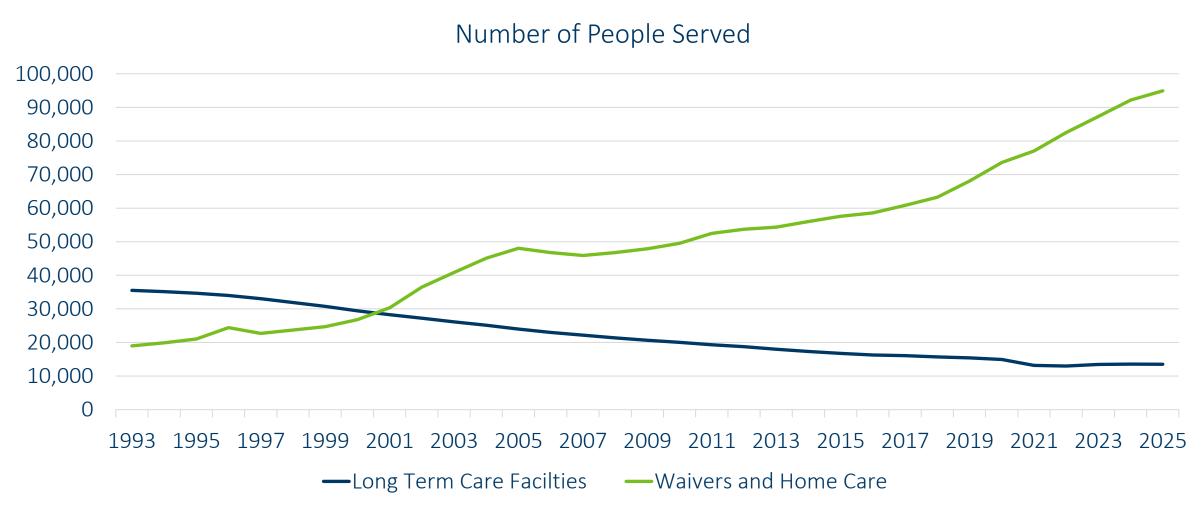
Long Term Care Recipients and Expenditures



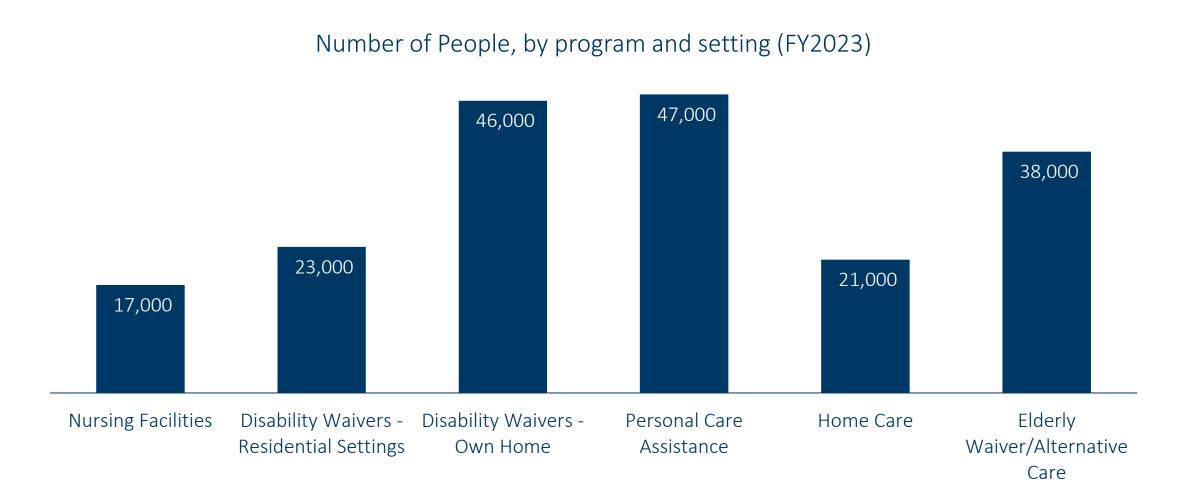
LTC average monthly payment per recipient



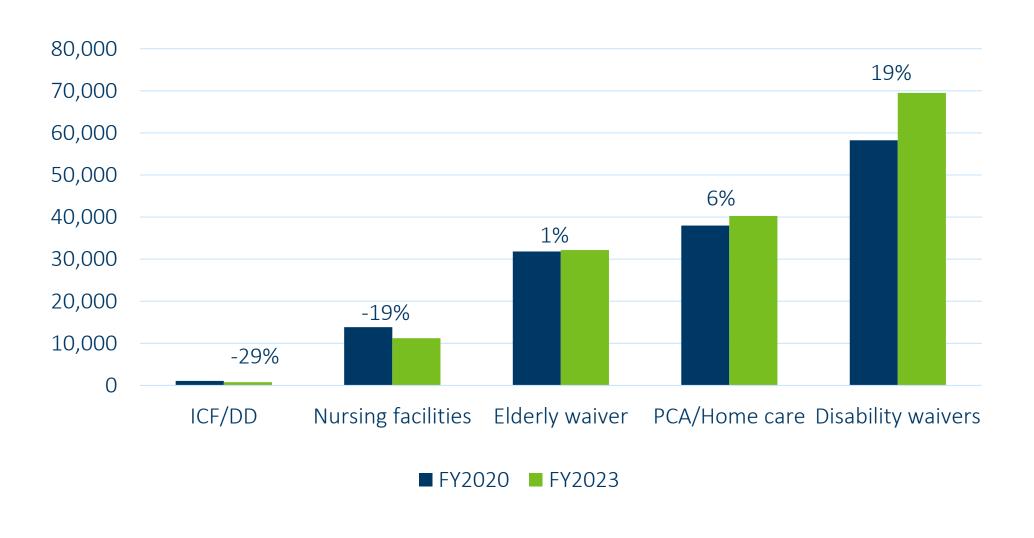
Changes in how long-term care services are delivered



How people choose to receive long term care support

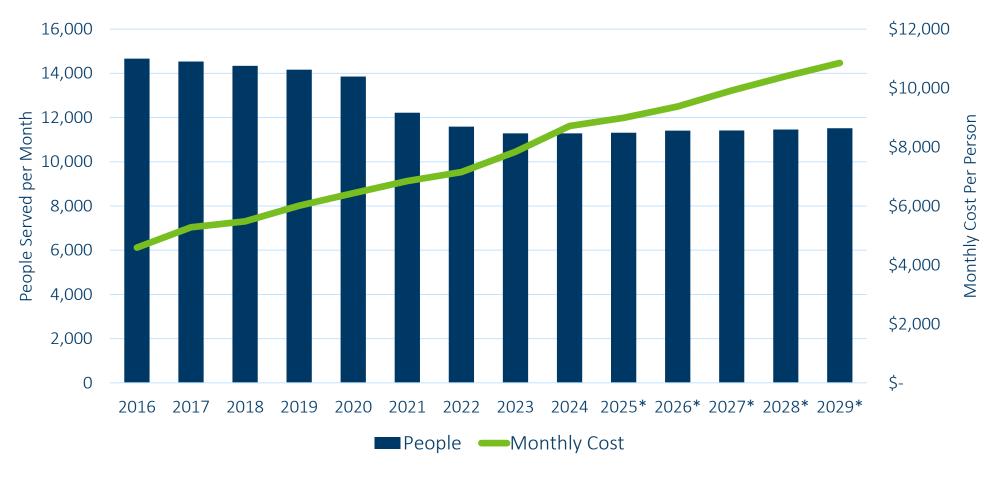


Changes in the Number of People Served



November Forecast: 25% of the increase in disability waivers is from caseload growth higher than previous projections.

Nursing Facilities



Nursing Home rates have increased over 100% since 2017

^{*} Projected

Disability Waiver Spending Over Time



Disability Waiver Increases



People

- More people are accessing the waivers
- Increases in younger people and older people accessing waiver services
- Increases in racial diversity
- Increases in the prevalence of disability or diagnoses of disability nationally



Services

- Increases in the number/type of services authorized
- Increases in the volume of units authorized and subsequently billed
- Increases in non-residential (individualized home supports, night supervision, crisis respite, transportation)
- Residential services continue to be a large cost driver in the waiver programs



Payments

- Increases in payment rates
- DWRS rate increases are projected to be higher than previously anticipated
- Increases in use of rate exceptions, especially in residential services

More older adults are being served

Older Adults Trends in MN

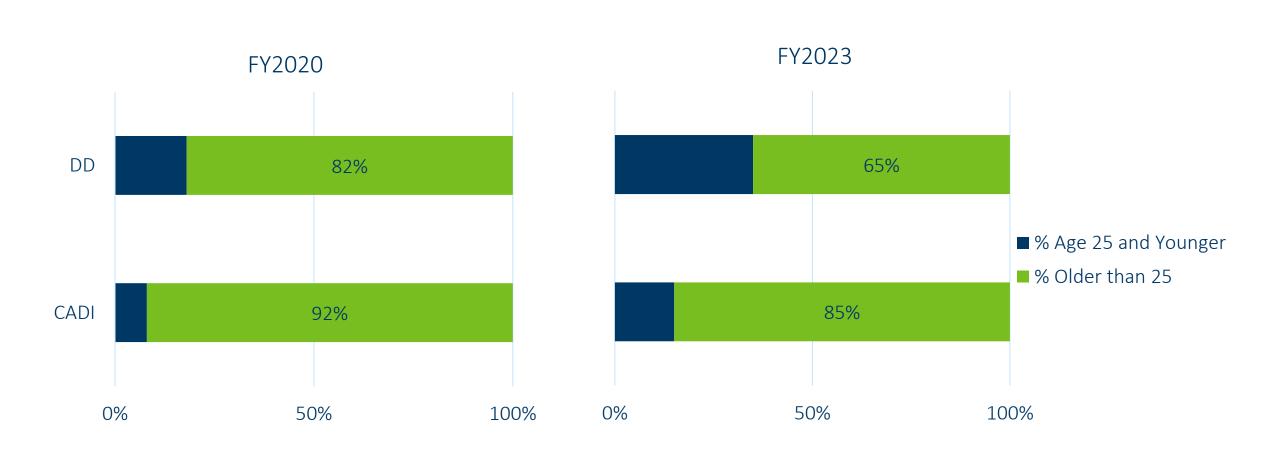
Baby boomer demographic shifts are expected to have a significant trend impact on Nursing Facility and Elderly Waiver program projections.

The number of Minnesotans turning 65 in this decade (about 285,000) will be greater than the past four decades combined.

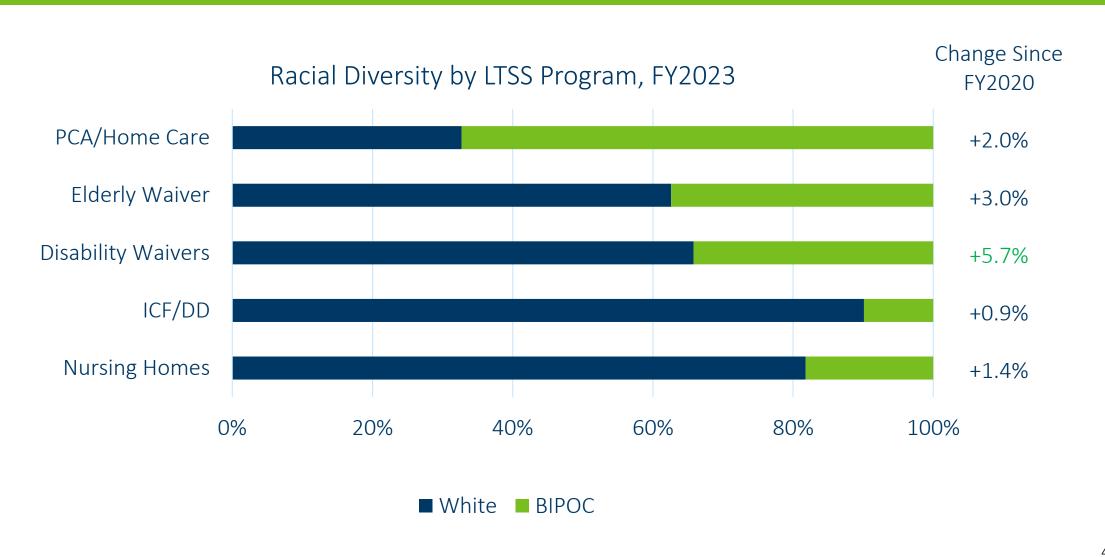
The total number of **older adults** (65+) is anticipated to **double** between 2010 and 2030.

- While we're still early in this demographic shift, it has been notable that so far we've seen less growth in the nursing facility and elderly waiver caseloads than expected.
- CADI use explains some of the difference for the elderly in the age 65-75 bracket.
- In January 2023, there were almost as many CADI enrollees in the age 65-70 age group as there were in EW (both about 3,700).
- Among all people age 65-70 receiving long-term care services through Medicaid (NF, EW or CADI):
 - In 2015, 23% were enrolled in CADI
 - In 2023, 43% were enrolled in CADI

More children are being served



Waiver programs are serving more diverse populations



Changes in Costs Over Time



November Forecast: 75% of the increase in disability waivers is from average monthly costs increasing.

Changes in Costs Over Time

More services are being authorized

- On CADI and DD, 167% more units were billed per person in FY24 than FY21
- Authorized to billed ratio relatively unchanged (83%)

Different services are being authorized; residential services still the highest cost

- Growth in non-residential services (ie. individualized home support, night supervision, crisis respite, and transportation)
- Residential services costs 3-4 times more than non-residential services
- Decreases in the percentage of DD recipients receiving residential; unchanged percentage of CADI recipients receiving residential, which means there is growth in total amount given increases in the number of CADI recipients

Decreasing use of lower-cost MA state plan services

• Since FY21, 10% fewer people are using HCBS services through the state plan, while CADI is serving 27% more people

Rates are increasing

- DWRS inflationary adjustments higher than previously anticipated
- Exception rates increasing Exceptions now make up 22.5% of all DWRS spending; 90% in residential services

Growth in Waiver Service Rates

Changes in the Most Used Services from FY202 to FY2023

Waiver Service	Average rate FY20	Average rate FY23	Percent Change
Community Residential Services	\$305.47	\$388.07	27%
Family Residential Services	\$256.72	\$358.45	40%
Customized Living Services	\$213.28	\$287.89	35%
Independent Living Skills with Training	\$11.48	\$11.99	4%

Supporting Direct Care Workers: CY2023

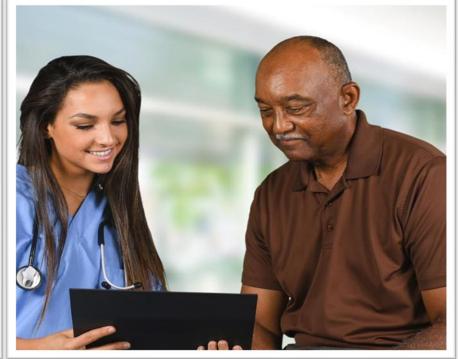
Reference group



	Personal Care Aides	Home Health Aides	Nursing Assistants	Registered Nurses
% BIPOC	39%	42%	47%	17%
% Female	79%	72%	83%	93%
% On Medical Assistance	32%	52%	31%	6%
% On SNAP	24%	15%	18%	3%
% with kids under 17	40%	38%	43%	44%



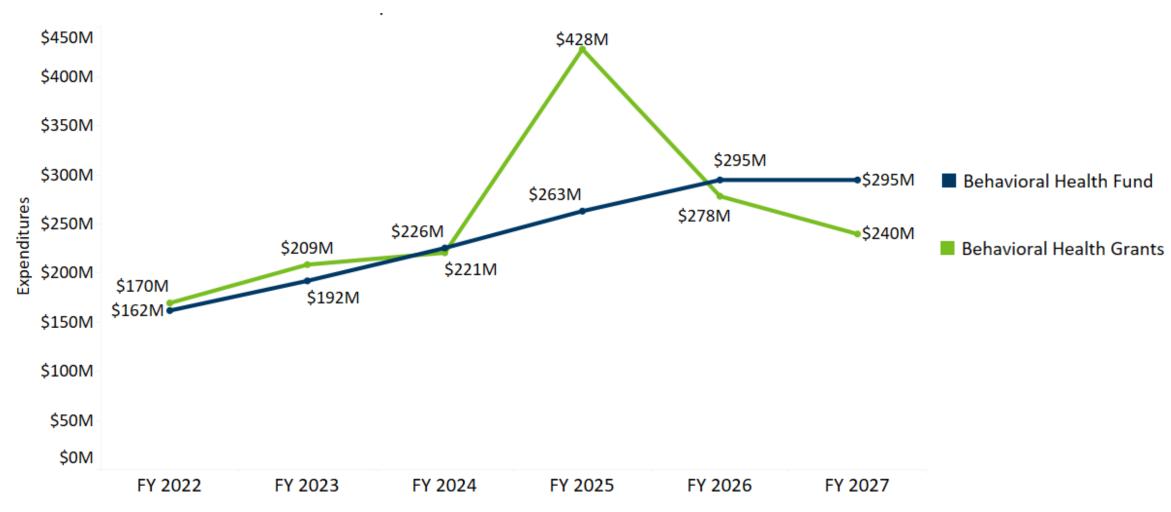




Behavioral Health

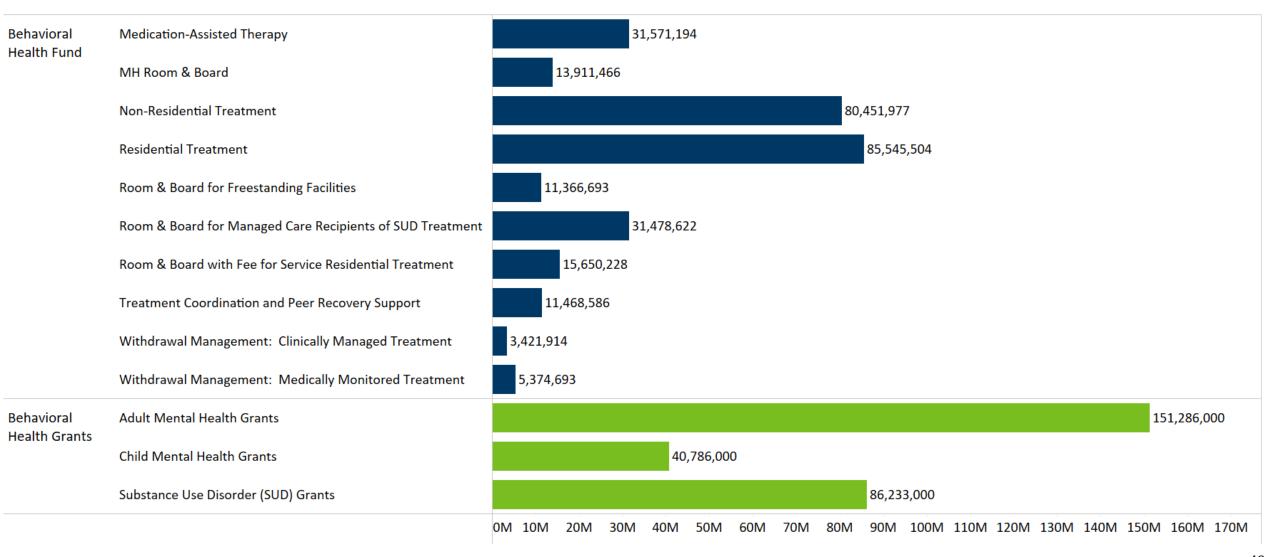


Behavioral health expenditures (excludes MA)



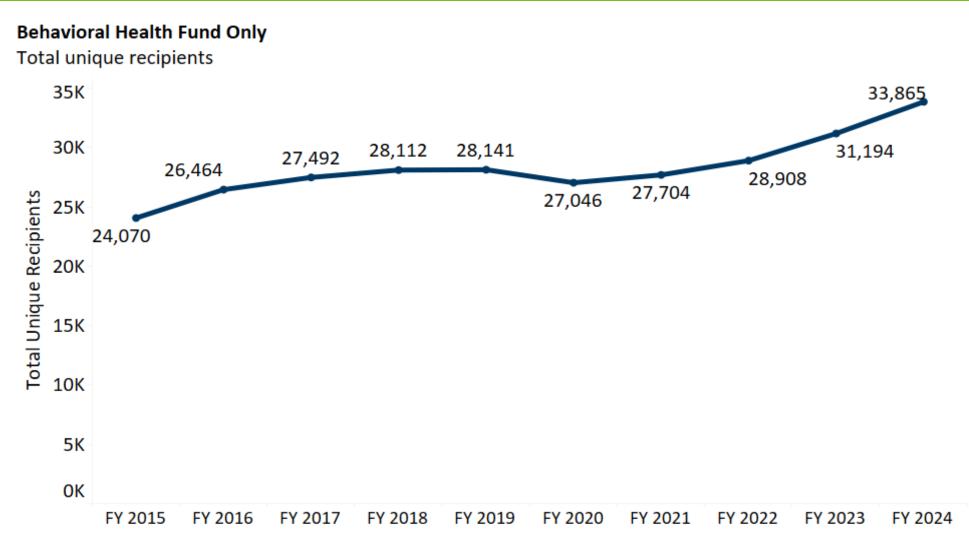
^{*}Does not include mental health or SUD expenditures through Medical Assistance Basic Care

Behavioral health expenditures (excludes MA)



Behavioral health fund recipients

Forecasted Program



^{*}Only includes Behavioral Health Fund expenditures

Resources

- Department of Human Services November 2024 Forecast
- Department of Human Services FY26-27 Biennium Budget Book
- DHS Fiscal Reports & Forecasts
- DHS Legislative Information