



Legislative Report

Emergency Executive Order 20-12

**Preserving Access to Human Services Programs
during the COVID-19 Peacetime Emergency**

Final Report

March 3, 2022

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I. Executive summary

Due to the public health threat posed by COVID-19, Governor Walz declared a peacetime state of emergency on March 13, 2020. During this time it has been essential that services provided and managed by the Department of Human Services (DHS) continue to be delivered in a timely and safe manner during this time of crisis. DHS serves over a million Minnesotans, including many who are especially vulnerable to the impacts of COVID-19 such as older adults, individuals who have disabilities, families with children, and individuals with mental illness. Additionally, DHS services such as health care coverage, food and economic support, are particularly important at this time because of the significant economic distress caused by COVID-19 and measures to stop its spread.

Governor Walz signed [Emergency Executive Order 20-12](#) on March 20, 2020 to ensure that these critical services were maintained during this time. This executive order gives the Commissioner of Human Services flexibility to temporarily waive or modify laws and regulations that govern DHS programs. This ensures that the Department, counties, tribes and providers are able to continue delivering services, and keep the people we serve safe.

II. Executive Order

Emergency Executive Order 20-12

Preserving Access to Human Services Programs During the COVID-19 Peacetime Emergency

I, **Tim Walz, Governor of the State of Minnesota**, by the authority vested in me by the Constitution and applicable statutes, issue the following Executive Order:

The COVID-19 pandemic presents an unprecedented challenge to our State. Minnesota has taken proactive steps to ensure that we are ahead of the curve on COVID-19 prevention and response. On March 13, 2020, I issued Executive Order 20-01 and declared a peacetime emergency because this pandemic, an act of nature, threatens the lives of Minnesotans, and local resources are inadequate to address the threat. In Executive Order 20-01, I directed all state agencies to submit proposed orders and rules to protect and preserve public health and safety.

Pursuant to Minnesota Statutes 2019, section 12.21, subdivision 3(1), the Governor may “make, amend, and rescind the necessary orders and rules to carry out the provisions” of Minnesota Statutes, Chapter 12. When approved by the Executive Council and filed in the Office of the Secretary of State, such orders and rules have the force and effect of law during the pendency of a peacetime emergency. Any inconsistent rules or ordinances of any agency or political subdivision of the state are suspended during the pendency of the emergency.

Confirmed cases of COVID-19 in Minnesota are rapidly increasing. On March 15, 2020, Minnesota detected the first confirmed cases caused by “community spread”—infections not epidemiologically linked to overseas travel. This development requires Minnesota to take additional proactive measures, including enhanced community mitigation, to slow the spread of this pandemic. Slowing the spread of COVID-19 is critical to ensuring that our healthcare facilities remain able to accommodate those who require intensive medical intervention.

The Minnesota Department of Human Services (“DHS”) serves Minnesotans across the state. DHS provides health care coverage, programs, and services for over 1 million Minnesotans, including groups likely to be significantly impacted by COVID-19 such as older adults, individuals who have disabilities, families with children, and individuals with mental illness.

Tribal Nations, counties, and Minnesotans served by DHS face many challenges due to COVID-19. The public good is promoted by timely and safe access to, and delivery of, programs and services administered by DHS. Strict compliance with laws and regulations related to these programs and services during the peacetime emergency will limit the availability of essential programs and services for Minnesotans and increase the risk for spread of COVID-19. Providing for temporary waiver or modification of these requirements will allow DHS and its human services partners to continue to provide essential programs and services to Minnesotans safely and without undue delay during the peacetime emergency.

Current law and regulations prevent the temporary modification or waiver of laws related to programs and services administered by DHS.

For these reasons, I order as follows:

1. Effective immediately, the Commissioner of the Department of Human Services may temporarily waive or modify any of the following provisions, and applicable rules:
 - a. The Human Services Licensing Act in Minnesota Statutes 2019, chapter 245A, and accompanying program standards governed under Minnesota Statutes, chapters 245D through 245H;
 - b. The Human Services Background Study Act in Minnesota Statutes 2019, chapter 245C, except that the commissioner shall not waive or modify:
 - i. Disqualification standards in Minnesota Statutes 2019, section 245C.14 or 245C.15; or
 - ii. Any provision regarding the scope of individuals required to be subject to a background study conducted under Minnesota Statutes 2019, chapter 245C;
 - c. Provisions with respect to the use, licensing, certification, evaluation, or approval of facilities or programs within the commissioner's jurisdiction;
 - d. Provisions related to appeals;
 - e. Provisions with respect to background studies required to be conducted by the Department of Human Services; and
 - f. Provisions relating to the Minnesota state-operated community services ("MSOCS") program in Minnesota Statutes 2019, chapters 245D, 246, and 252.
2. Effective immediately, the Commissioner of the Department of Human Services may, upon finding that waiver will not endanger the public health, welfare, or safety, temporarily waive or modify any provisions of Minnesota Statutes 2019, chapters 119B, 245, 245A, 245D, 245E, 245F, 245G, 245H, 246, 252, 253, 254A, 254B, 256, 256B, 256D, 256E, 256I, 256J, 256K, 256L, 256M, 256P, 256R, 256S, 260C, 260D, 518A, and 626, and applicable rules, that govern:
 - a. Requirement of in-person assessment, application for services, or case management;
 - b. Application for eligibility and eligibility renewal time frames, processes, and verification, except that the commissioner shall establish processes to verify a client's eligibility as soon as practicable;
 - c. Reporting and verification requirements;
 - d. Assessment renewal timeframes, verifications, and processes;
 - e. Work or community engagement activity requirements for eligibility;
 - f. Limits on the use of telehealth or other restrictions on electronic communication with providers;

- g. Service delivery standards, locations, settings, or staff ratios;
 - h. Provider standards, including staffing ratios;
 - i. Timing of provider reporting requirements;
 - j. Payment procedures, including but not limited to the use of prepayments, partial payment for additional absent days, and payment for closed days;
 - k. Service agreement length; and
 - l. Provisions related to appeals.
3. Effective immediately, the Commissioner of the Department of Human Services may waive or modify any statutes or rules within the department's exclusive jurisdiction to comply with federal law, or obtain federal resources, related to the peacetime emergency.
 4. This Executive Order suspends the requirements for the Commissioner of the Department of Human Services to comply with Minnesota Statutes 2019, Chapter 14.
 5. The Commissioner of the Department of Human Services shall not issue any waiver or modification pursuant to paragraphs 1, 2, or 3 of this Executive Order that affects statutory provisions or requirements regarding matters outside the department's exclusive jurisdiction.
 6. Any waiver or modification issued pursuant to paragraphs 1, 2, or 3 of this Executive Order shall be posted on the department's website within 48 hours and shall include a plain language description of the waiver or modifications made and the rationale for the action.
 7. For any waiver or modification of Minnesota Statutes 2019, section 245D.04, or any other provision relating to long-term care services and supports under Minnesota Statutes 2019, chapter 256B, the Commissioner of the Department of Human Services shall communicate the waiver or modification and the corresponding plain language description in writing to:
 - a. Any provider affected by the waiver or modification; and
 - b. Any individual whose rights under Minnesota Statutes 2019, section 245D.04, are affected by the waiver or modification, or their legal representative, if applicable.
 8. No more than 48 hours after a waiver or modification under paragraphs 1, 2, or 3 of this Executive Order goes into effect, the Commissioner of the Department of Human Services shall provide written notice of the waiver or modification to the ombudsman for long-term care; the ombudsman for mental health and developmental disabilities; and the chairs and ranking minority members of the house of representatives and senate committees overseeing the Department of Human Services. If two or more of the chairs submit a written objection to a waiver or modification within seven days of receiving the notice, the Commissioner of the Department of Human Services shall cease all activities to implement the waiver or modification and it shall no longer be in effect. A chair submitting an objection under this paragraph may withdraw the objection.

9. Beginning 60 days after the declaration of a peacetime emergency, and every 60 days thereafter while the peacetime emergency is in effect, the Commissioner of the Department of Human Services shall submit a report to the chairs and ranking minority members of the house of representatives and senate committees overseeing the Department of Human Services describing the waivers and modifications made under this Executive Order.
10. The Commissioner of the Department of Human Services shall submit a final report to the chairs and ranking minority members of the house of representatives and senate committees overseeing the Department of Human Services by January 15, 2021, with specific details about state statutes and rules waived or modified as authorized in this Executive Order in response to a COVID-19 outbreak, and the cost to the Department of Human Services and to lead agencies to implement the waivers and modifications.

Pursuant to Minnesota Statutes 2019, section 4.035, subdivision 2, and section 12.32, this Executive Order is effective immediately upon approval by the Executive Council. It remains in effect until the peacetime emergency declared in Executive Order 20-01 is terminated or until it is rescinded by proper authority.

A determination that any provision of this Executive Order is invalid will not affect the enforceability of any other provision of this Executive Order. Rather, the invalid provision will be modified to the extent necessary so that it is enforceable.

Signed on March 20, 2020.

III. Introduction

The Minnesota Department of Human Services (DHS) helps provide essential services to Minnesota's most vulnerable residents. Working with many others, including counties, tribes and nonprofits, DHS helps ensure that Minnesota seniors, people with disabilities, children and others meet their basic needs and have the opportunity to reach their full potential.

Many of the over [1 million Minnesotans served by DHS](#) and our partners have faced significant challenges due to COVID-19. On March 20, 2020, the Governor signed [Executive Order 20-12](#), allowing the Commissioner of Human Services to waive or modify rules and regulations to ensure that programs and services could continue to be provided in a safe and effective manner in order to help Minnesotans during the COVID-19 pandemic.

Governor Walz also signed [Executive Order 20-11](#) on March 20, 2020 which directed DHS to seek all necessary federal approvals to implement COVID-19 changes under existing and forthcoming Executive Orders or legislative enactments. In addition to changes under these executive orders, [Minnesota Statute 12A.10](#) grants the commissioner limited authority to make payments in the event of a natural disaster or other event that threatens the health and safety of individuals. DHS has implemented 117 waivers under this statute and other existing authority.

Early on, changes focused on immediate needs to ensure health and safety of the people we serve such as continuing public healthcare coverage, supporting nursing facilities and ensuring the ability to capture additional federal funds. Additional changes focused on supporting workforce needs by providing flexibility so that childcare providers could support the healthcare workers critical to our COVID-19 response. Shortly after, the focus shifted to allowing a whole spectrum of medical, behavioral health, assessment, and case management services to be delivered remotely in order to continue access to care. As those needs were addressed, DHS focused on supporting social and emotional supports for people during the pandemic.

In June of 2020, the legislature met in special session and passed HF 105, which was signed into law as Laws of Minnesota, 2020, 1st Special Session, Chapter 7. This law provided for a 60 day period after the end of the peacetime emergency to transition out of a number of the waivers and modifications. Additionally, Chapter 7, extended some waivers and modifications into calendar year 2021 and allowed others to continue as allowed under federal law. By November of 2020 COVID-19 mitigation measures such as updated guidance on social distancing, and the statewide mask mandate, allowed DHS to take steps to transition some previously approved waivers to pre-pandemic operations. However, with cases surging and with many partners still not at pre-pandemic operations, other waivers were modified or remained in place.

By the end of 2020 it was clear that significant work would be required to transition back to permanent operations at the end of state and federal peacetime emergencies. Additionally DHS and local partners found that some waivers should be made permanent as they provided for a better experience for people served by Human Services Programs. The Governor's 2022-2023 Biennial Budget included the "Back to Better" proposal. This included continuous coverage for people served by Medical Assistance and MinnesotaCare, reduced paperwork requirements for cash assistance programs, additional time to return to regular eligibility and renewal timelines, as well as an extended time period to re-process background studies that were conducted without fingerprints.

On June 26, 2021 the Legislature passed HF 33 the 2021 Health and Human Services Omnibus Finance bill in special session. HF 33 was signed into law as Laws of Minnesota, 2021, 1st Special Session, Chapter 7. The bill included the Governor's "Back to Better" proposal allowing for extended waiver transition periods and flexibility, a telehealth reform package, and included provisions to make some of the DHS COVID-19 waivers into permanent changes. The Governor's peacetime emergency ended July 1, 2021.

As DHS transitions back to normal operations and implement provisions from Laws 2021, 1st SS, Chapter 7, we continue to evaluate opportunities to better serve Minnesotans impacted by Human Services programs, and strengthen collaboration with our partners: counties, tribes and nonprofits. While some of the changes in response to COVID-19 were made permanent, we realize that more work is needed to simplify programs. This work includes a study of telehealth services. The COVID-19 pandemic has presented a number of great challenges, but it has also been an opportunity for innovation and collaboration in order to ensure that Minnesota seniors, people with disabilities, children and others meet their basic needs and have the opportunity to reach their full potential.

IV. Fiscal Impact Summary

The total fiscal impact of changes to date is \$195.6 million across fiscal years 2020 and 2021, with \$171.1 million of that occurring in the general fund, and an impact of \$251.55 million in fiscal years 2022 and 2023 with \$240.82 occurring in the general fund.

Many of these costs are necessary to receive an enhanced federal match on Medical Assistance expenditures. The 6.2 percentage point enhanced federal match is estimated to generate an additional \$1.06 billion in federal resources for Medical Assistance from January 2020 through June 2021.

Most of the changes have no impact on the state budget forecast, and the total cost of actions taken under EO 20-12 and existing authority is more than covered by the enhanced federal matching funds. The fiscal impact of each item is outlined in the descriptions contained in this report and a spreadsheet with the fiscal detail can be found in the appendix.

V. Waivers under peacetime emergency authority, Executive Order 20-12

CV.02 – Modifying certain licensing enforcement requirements and extending licenses for family child care, child and adult foster care, and community residential and treatment settings

Description

The commissioner further amended her previous decision, which suspended or modified specific routine enforcement actions by DHS Licensing, to require license and certification holders to resume some ongoing training requirements. Beginning on Jan. 1, 2021, licensed and certified providers must resume completion of most annual and ongoing training requirements on the applicable timelines required in Chapter 245A. The commissioner continued the following modifications to increase flexibility for providers:

- DHS, county and private agency licensors may conduct licensing activities using remote technologies when necessary to support social distancing and community mitigation. Routine licensing and certification by OIG Licensing, county licensors and private placing agencies may continue to waive the statutory requirement to conduct unannounced annual licensing visits for licensed child care programs that are not in response to complaint investigations. Minn. Stat. §§ 245A.04, 245A.16.
- DHS, county and private agency licensors will continue to communicate with and provide technical assistance to providers to the greatest extent possible using remote technologies that support social distancing and community mitigation. Minn. Stat. §§ 245A.04, 245A.16.
- DHS, county, and private licensors will continue to provide corrective action that reflects the provider's current operation during the pandemic. Minn. Stat. §§ 245A.06, 245A.07.
- Family child care, child and adult foster care, and community residential settings licenses expiring through the peacetime emergency will automatically be extended for 3 additional months. Minn. Stat. §§ 245A.04, subdivision 7(a); 245A.16.

Affects Minnesota Statutes, Chapters [245A](#), [245D](#), [245G](#) and [245H](#).

Expiration

This change expired August 30, 2021

Fiscal Impact

This change had a fiscal impact of \$10 thousand in state fiscal year 2020.

CV.03 – Suspending application requirements for economic assistance and housing programs

Description

The commissioner waived certain requirements for economic assistance and housing programs, affecting procedures for applications and interviews, verification, changes to existing applications and reporting. The affected programs include General Assistance, Housing Support, Minnesota Supplemental Aid, the Minnesota Family Investment Program and the Diversionary Work Program. The changes also reduce barriers for families applying for cash assistance, relieve eligibility workers of after-the-fact verifications, and ensure that participants do not have to repay cash assistance overpayments caused by state, local agency or system errors. These changes will reduce the number of face-to-face contacts in county and tribal offices while making it easier for Minnesotans in sudden financial crisis to receive assistance.

Affects Minnesota Statutes, Chapters [256D](#), [256I](#), [256J](#), and [256P](#)

Related operational changes:

[Bulletin #20-68-12, issued April 10, 2020: Waiver of Requirements for cash programs during COVID-19 response](#)

Expiration

This change expired August 30, 2021

Fiscal Impact

This modification had no state fiscal impact

CV.04 – Suspending some rules to allow continuation of economic assistance – codified

Description

Under this waiver the commissioner temporarily waived a number of requirements, including the requirement for counties and tribes to conduct program recertifications for the Supplemental Nutrition Assistance Program (SNAP), General Assistance, Minnesota Family Investment Program (MFIP), Minnesota Supplemental Aid and Housing Support.

Program recertifications resumed June 1, 2021, but the following modifications remain in effect:

- Waive interviews for annual recertifications beginning June 2021 through December 2021 for General Assistance, Housing Support, Minnesota Supplemental Aid, and certain Minnesota Family Investment Program recertifications when all the necessary information has been submitted and verified.
- Certain requirements for reporting, documentation and signatures for Minnesota Family Investment Program, Diversionary Work Program, General Assistance, Minnesota Supplemental Aid and Housing Support; and that no overpayments caused by agency or system errors should be charged to participants, because no reasonable person could be expected to recognize errors as emergency program policies are implemented. These changes may remain in effect through Aug. 30, 2021, for purposes of transitioning back to operating without the waivers or modifications described above.

The following MFIP requirements will also be suspended:

- Enforcing work requirements
- Enforcing school attendance requirements for teen parents
- Imposing sanctions for not cooperating with child support
- Discontinuing assistance to any family reaching the 60-month lifetime limit or being due for a review of their extension status until the end of the emergency declaration.

Affects Minnesota Statutes, sections [256J.30, subs. 4 and 5](#); [256J.42](#); [256J.425](#); [256J.46](#); [256J.54, subd. 5](#); [256J.561](#); [256J.57](#); [256P.04, subd. 8s, 11, 12, and 15 \(4\)](#); [256P.07, subd. 4](#); and [256P.08](#).

Expiration

This change expired August 30, 2021

Fiscal Impact

This change has no state fiscal impact

CV.05 – Suspending referral requirement for Minnesota Family Investment Program

Description

The commissioner temporarily waived a requirement for MFIP participants experiencing family violence to meet with both an employment counselor and a family violence specialist if the family violence specialist cannot be reached. The commissioner also directed employment counselors to avoid requiring activities that participants indicate would be dangerous in their situation, such as face to face meetings. The Minnesota Family Investment Program requires employment plans for participants experiencing family violence to make safety the primary concern, and those plans normally must involve both an employment counselor and a family violence specialist.

Affects Minnesota Statutes, [section 256J.521, subdivision 3](#)

Related operational changes

[Bulletin #20-68-12, issued April 10, 2020: Waiver of Requirements for cash programs during COVID-19 response](#)

Expiration

This change expired August 30, 2021

Fiscal Impact

This change has no state fiscal impact.

CV.07 – Allowing child care assistance payments for a second child care provider when a program temporarily closes or is unavailable

Description

Prior to its expiration, this waiver and its amendments temporarily modified certain requirements under the Child Care Assistance Program (CCAP). The final amendment to this waiver allowed up to six weeks, or an additional six weeks if the provider was paid under prior waivers, of paying a second child care provider when the child's usual provider is closed due to the COVID-19 pandemic. This waiver and its amendments supported children, families, and providers by prioritizing child care needs during the COVID-19 peacetime emergency, and reducing the negative financial impacts on families and providers due to the COVID-19 pandemic. Affects Minnesota Statutes, sections [119B.09, subd. 6](#); [119B.097](#); [119B.13, subd. 7](#); Minnesota Rule [3400.0040, sub. 4\(B\)](#); and [45 C.F.R. Part 98](#).

Expiration

This waiver expired on June 27, 2021.

Fiscal Impact

This change spent \$4.9 million of Child Care Development Block Grant funding in state fiscal year 2020.

CV.08 – Paying CCAP Child Care Providers while Children Not Attending Care

Description

Prior to its expiration, this waiver and its amendments temporarily modified certain requirements under the Child Care Assistance Program (CCAP). The final amendment to this waiver provided the following temporary modifications:

- Allowed up to six weeks of child care to be paid if a provider temporarily closes due to COVID-19. The six-week payment policy modification also applies to providers who were temporarily closed and were paid under prior waivers.
- Modified existing absent day medical exemption waivers to allow local agencies to close service authorizations if data indicates that a child had not attended care for two consecutive biweekly periods.

This waiver and its amendments supported children, families and providers by prioritizing child care needs during the COVID-19 peacetime emergency.

Affected Minnesota Statutes, sections [119B.09, subd. 6](#); [119B.097](#) and [119B.13, subds. 4 and 7](#); and Minnesota Rules, part [3400.0120, subp. 1a\(C\)](#); [45 C.F.R. Part 98](#).

Expiration

This waiver expired on June 27, 2021.

Fiscal Impact

This change has no state fiscal impact.

CV.09 – Extending Child Care Assistance Program provider registration renewal dates

Description

The commissioner has extended redetermination due dates for families' eligibility for the Child Care Assistance Program by three months on cases with redeterminations due on or before June 30, 2020. This will allow families to continue to receive care until their new redetermination date and allow time to gather verifications.

Affects Minnesota Statutes, section [119B.025, subd. 3](#); and Minnesota Rule [3400.0040](#).

Related operational changes

- [Bulletin #20-68-22, issued May 15, 2020: Child Care Assistance Program temporary policy changes due to COVID-19](#)

Expiration

This change expired on June 30, 2020.

Fiscal Impact

This change had a general fund cost of \$388 thousand in state fiscal year 2020 and \$84 thousand in state fiscal year 2021 for a total of \$472 thousand.

CV.10 – Extending Child Care Assistance Program provider registration renewal dates

Description

The commissioner ordered that registration renewal due dates be extended by three months for Child Care Assistance Program providers with renewals due between March 20, 2020 and June 30, 2020. Without this action, families served by the Child Care Assistance Program would need to send their children to a different registered Child Care Assistance Program provider if their current provider's registration were to lapse. The commissioner took this action to ensure continuity of care for children served by the Child Care Assistance Program during the COVID-19 peacetime emergency. This modification is retroactive to March 20, 2020, and will remain in effect through June 30, 2020.

Affects Minnesota Statutes, [section 119B.011, subd. 19a](#).

Expiration

This change expired on June 30, 2020.

Fiscal Impact

This change has no state fiscal impact.

CV.11 – Allowing foster care caseworker visits by video

Description

The commissioner waived state requirements for foster care caseworkers to permit video conferencing or any similar technology to serve as the monthly visit between a child and their foster care caseworker, which aligns with federal guidance issued March 18, 2020. State and federal law have prohibited video conferencing and normally require that monthly caseworker visits be held face-to-face.

Affects Minnesota Statutes, section [260C.212, subdivision 4a](#)

Related Operational Changes

[Bulletin #20-68-11, issued April 28, 2020: Monthly Caseworker Visits Modified to Permit Video Conferencing](#)

Expiration

This change expired August 30, 2021

Fiscal Impact

This change has no state fiscal impact.

CV.12 – Suspending new actions for child support remedies

Description

The commissioner suspended new actions for child support remedies during the public health emergency. Parents who fall into arrears on child support may have driver's licenses and occupational licenses suspended and may be reported to credit bureaus. Due to pandemic closures, these parents currently have no access to the courts to challenge such actions.

Affects Minnesota Statutes, sections [518A.65](#), [518A.66](#), and [518A.685](#)

Expiration

This change expired August 30, 2021

Fiscal Impact

This change has no state fiscal impact.

CV.14 – Waiving recertification process for HIV/AIDS services and drug assistance program

Description

On March 27, 2020, the commissioner temporarily suspended the six-month and annual recertification processes for Minnesota's HIV/AIDS program, Program HH. Program HH includes the AIDS Drug Assistance Program as well as insurance, dental, mental health, nutrition, and medication therapy management programs.

The commissioner later amended her decision, resulting in Program HH resuming recertification requests to ensure people currently enrolled are assessed for and connected to the right services. To support ongoing access to these vital services during the peacetime emergency, people currently enrolled will not be closed to the program if they are unable to complete the recertification process. They will only be closed to the program if they report ineligibility due to income or residency changes.

Program HH will resume recertification requests in October 2020. Requests for recertification will continue monthly, following the regular program schedule.

Affects Minnesota Statutes, section [256.9365](#).

Expiration

This change expired August 30, 2021

Fiscal Impact

This change has no state fiscal impact.

CV.21 – Allowing telemedicine alternative for School-Linked Mental Health services and Intermediate School District Mental Health services for children and their families

Description

The commissioner temporarily waived certain requirements for School-Linked Mental Health and Intermediate School District Mental Health Innovation programs to allow for services via telemedicine. This action:

- Authorizes reimbursing school mental health providers for expanded telemedicine services through grant funds;
- Increases flexibility to no longer require the first visit be in person;
- Waives the three-day-per-week limit on telemedicine; and
- Allows telephone and other non-secured electronic communications platforms, such as Skype.

Affects Minnesota Statutes, sections [245.4901](#); [256B.0625, subd. 46](#); [256L.03, subd. 1](#).

Expiration

This waiver was extended until July 1, 2023 by Laws of Minnesota, 2021, 1st Special Session, Chapter 7, Article

Fiscal Impact

This change has no state fiscal impact.

CV.23 – Modifying certain background study requirements

Description

The commissioner temporarily modified certain statutory background study requirements for workers who serve vulnerable Minnesotans. Since the return to fingerprint-based studies on Oct. 21, 2020, many applicants have been unable to complete studies due to limited access to fingerprint sites. The department recognizes that the rapid increase of COVID-19 cases is causing significant staffing challenges for providers across Minnesota. The modifications assist health and human service providers to quickly respond to their changing workforce needs while maintaining the health and safety of the clients they serve. The modifications are effective beginning Nov. 19, 2020.

Modifications include:

- Waived the requirements for fingerprint-based background studies for all provider types except adoptions, guardian/conservator, and tribal foster care. DHS reserves the right to perform a fingerprint identity check with the BCA to determine if the study subject matches the record received, in accordance with 245C.08 subd. 1(d).
- Instituted a “Minnesota only” background study using the individual’s name and date of birth for maltreatment and criminal history for all provider types except adoptions, guardian/conservator, and tribal foster care.
- Limited required maltreatment checks to Minnesota registries and databases by waiving required Child Abuse and Neglect Registry (CANR) checks, except for foster care, adoption, legal guardianship and children’s residential facilities.
- Instituted a flat \$20 fee for all DHS statutory background study applications, except for foster care, adoptions, legal guardianship, and children’s residential facilities.

Waived the mandatory direct contact supervision requirements to permit most individuals to work without supervision while their background study is being processed. DHS maintains the ability to require supervision on a case-by-case basis.

These modifications permit the completion of a temporary emergency background study while still applying the same standards that would disqualify someone from passing a background study, including previous disqualification decisions.

The temporary modifications offers providers the flexibility they need to address workforce changes and affords optimal access to qualified and available direct care workers while still protecting the safety of clients.

Affects Minnesota Statutes, [Chapter 245C](#).

Expiration

DHS resumed fingerprint-based background studies on September 15, 2021 for 16 provider types with federal compliance requirements. Other provider types are expected to resume fingerprint-based studies for new subjects in phases from Oct. 6 through Nov. 10. Beginning Dec. 1, DHS will accept resubmissions for fully compliant studies for those with emergency studies.

During the COVID-19 pandemic, the Department of Human Services (DHS) temporarily modified background studies beginning April 6, 2020. This included temporarily suspending fingerprint and photo requirements. DHS has until July 2, 2022 to transition to fingerprint-based studies; emergency studies remain valid until that date.

Fiscal Impact

This change has no state fiscal impact.

CV.25 – Modifying certain requirements for licensed child care centers and certified child care centers

Description

The commissioner temporarily modified certain requirements for licensed child care centers and certified child care centers, whose services have been designated as essential during the peacetime emergency due to the COVID-19 pandemic. These modifications are necessary to provide additional flexibility to providers, mitigate the spread of the virus, and protect the health and safety of children and child care providers.

The modifications relate to guidance from the Minnesota Department of Health and the Centers for Disease Control, requirements for staffing, age category grouping, staff training, record-keeping, the use of public parks, and overnight care.

Affected Statutes and Rules: Minnesota Statutes, [Chapters 245A](#) and [245H](#); and Minnesota Rules, [Chapter 9503](#).

Expiration

This change expired August 30, 2021

Fiscal Impact

This change has no state fiscal impact.

CV.26 – Modifying certain license requirements for family child care

Description

The commissioner temporarily modified certain requirements for licensed family child care providers, whose services have been designated as essential during the peacetime emergency due to the COVID-19 pandemic. These modifications are necessary to provide additional flexibility to providers, mitigate the spread of the virus and protect the health and safety of children and child care providers.

The modifications relate to guidance from the Minnesota Department of Health and the Centers for Disease Control, age distribution, record-keeping, and outdoor space requirements.

Affects Minnesota Statutes, sections [Chapter 245A](#); and Minnesota Rules, [Chapter 9502](#).

Expiration

This change expired August 30, 2021

Fiscal Impact

This change has no state fiscal impact.

CV.27 – Allowing exemption for temporary absence policy in Housing Support

Description

The commissioner waived certain requirements for Housing Support recipients who would be vulnerable to service interruptions due to COVID-19.

Under current law, there is a limit to the number of days Housing Support recipients can be absent from their residence. By continuing Housing Support payments for people in quarantine or hospitalized due to the COVID-19 pandemic, these individuals will not lose their housing

Affects Minnesota Statutes, section [256I.05](#), subd. 1c (d).

Related operational changes

- [Bulletin #20-48-05, issued July 16, 2020: 2020 Legislative Changes Impacting Housing and Support Services](#)

Expiration

This extension of payments was authorized in state law until Dec. 30, 2020.

Fiscal Impact

This change had a general fund cost of \$207 thousand in state fiscal year 2020. This change was extended by Laws of Minnesota, 2020, 1st Special Session, Chapter 7, which appropriated \$1.14 of COVID-19 Relief Funds in state fiscal year 2021.

CV.29 – Waiving in-person requirement to allow fair hearings to take place by telephone or video

Description

The commissioner amended her previous temporary suspension of in-person fair hearings to allow some participants to appear for hearings in person when other hearing formats would not be effective due to a disability or technology barrier. All hearings that can be held by telephone or videoconference will still proceed using those methods. This temporary change aligns with guidance to limit in-person contact as much as possible.

Affects Minnesota Statutes, sections [256.045](#), subdivision 4(a); [256.0451](#), subdivision 10.

Expiration

This change expired August 30, 2021.

Fiscal Impact

This change has no state fiscal impact.

CV.31 – Allowing waiver of county cost when COVID-19 delays discharges from DHS-operated psychiatric hospitals

Description

The commissioner will temporarily allow counties to request not to be held financially responsible for increased charges incurred for patients who no longer require inpatient care when discharge from DHS-operated psychiatric hospitals is delayed because of the COVID-19 pandemic.

State law requires counties to pay the full cost of care for patients admitted to the Anoka-Metro Regional Treatment Center or one of the six Community Behavioral Health Hospitals once they no longer require inpatient care.

Community-based programs that normally accept patients discharged from DHS-operated psychiatric facilities may no longer admit new patients because of COVID-19 concerns, which could result in delayed discharges from DHS facilities and increased costs for counties.

The commissioner's action allows for administrative review and possible waiver of a portion of a county's increased financial responsibility when a delay in discharge is directly related to the coronavirus pandemic and is beyond county control. The action is retroactive to discharge delays occurring on or after the governor's declaration of the Peacetime State of Emergency, Executive Order 20-01, on March 13, 2020.

Affects Minnesota Statutes, section [246.54](#), subd.1a, 1b, and 3.

Related operational changes

- [Bulletin #20-76-01, issued April 29, 2020: County Portion of Cost of Care at Anoka-Metro Regional Treatment Center and Community Behavioral Health Hospitals](#)
- [Bulletin #21-76-01, issued June 10, 2021: County Portion of Cost of Care at Anoka-Metro Regional Treatment Center \(AMRTC\) and Community Behavioral Health Hospitals \(CBHHs\)](#)

Expiration

This change expired June 30, 2021.

Fiscal Impact

This change has no state fiscal impact.

CV.33 – Modifying timelines and face-to-face requirements for certain child protection responses to alleged maltreatment

Description

The commissioner temporarily modified timelines and face-to-face requirements for certain child protection responses to alleged child maltreatment by allowing additional time and alternative means of contact by county or tribal workers under limited circumstances, and where child safety can still be assured. These temporary measures will allow for maximum flexibility to respond to the most urgent needs, and to attend to the safety

and health of families and the child welfare workforce during the current peacetime emergency. The action is retroactive to discharge delays occurring on or after the governor's declaration of the Peacetime State of Emergency, Executive Order 20-01, on March 13, 2020.

Affects Minnesota Statutes, [section 626.556, subd.10\(j\)](#).

Related operational changes

[Bulletin #20-68-13, issued April 8, 2020: Modify timelines and face-to-face requirements for Child Protection responses to alleged maltreatment](#)

Expiration

This change expired June 30, 2021.

Fiscal Impact

This change has no state fiscal impact.

CV.35 – Modifying requirements for foster children's physical exams

Description

The commissioner modified the requirement under state law that the responsible social services agency must ensure an annual physical examination of a foster child and an exam within 30 days of the child's initial placement. To ensure a foster child's physical health during the peacetime emergency, the responsible social services agency must: (1) continue to seek the child's medical records from appropriate sources to determine if the child has had a physical examination within the 12 months preceding placement with the social services agency; (2) continue to take appropriate actions to ensure that the child's immediate health care needs are addressed; and (3) consider telemedicine as a temporary substitute for the face-to-face physical examination.

This modification recognizes that many clinics and health care facilities have suspended or limited the availability of routine health care.

Affects Minnesota Statutes, section [260C.219\(d\)](#).

Related operational changes

- [Bulletin #20-68-17, issued April 21, 2020: Suspension of physical exam requirements for foster children at placement and annually](#)

Expiration

This change expired August 30, 2021

Fiscal Impact

This change has no state fiscal impact.

CV.36 – Modifying time period to complete foster care placement plan and signature requirements

Description

The commissioner temporarily modified state law regarding the due date for out-of-home placement plans for children in foster care. The modification will extend the due date from 30 days to 60 days after a child is placed in foster care. The commissioner also modified signature requirements. Extending the deadline to coincide with the federal deadline and modifying signature requirements will ensure out-of-home placement plans continue to include appropriate and necessary services for families, while recognizing that certain services may be delayed and in-person communications may be unavailable during the current peacetime emergency.

These modifications do not alter a court's authority to require an out-of-home placement plan be filed within the regular 30-day timeframe, or the court's authority to require an out-of-home placement plan be signed.

Affects Minnesota Statutes, [260C.212, subd. 1](#).

Related operational changes

- [Bulletin #20-68-16, issued April 21, 2020: Temporary modification of out-of-home placement plans for foster children](#)

Expiration

This change expired August 30, 2021

Fiscal Impact

This change has no state fiscal impact.

CV.38 – Allowing flexibility in housing licensing requirements

Description

The commissioner waived certain licensing requirements for Housing Support settings to provide needed flexibility in response to the COVID-19 pandemic. The change allows people to move to another setting, approved by the department, in order to isolate and keep people safe.

Housing Support recipients currently live in a variety of group and individual settings. Some of the existing living arrangements may not meet social distancing guidelines, or quarantine/isolation guidelines needed to keep people safe and healthy. In addition, it may not be possible for licensors and inspectors to complete inspections during this time. This change is effective April 20, 2020, and remains in effect until June 30, 2021, or the end of the COVID-19 peacetime emergency declared by the governor, whichever occurs later.

Affects Minnesota Statutes, section [256I.04 subd. 2a and 2b](#).

Expiration

This change expired July 1, 2021.

Fiscal Impact

This change has no state fiscal impact.

CV.40 – Waiving signature requirements for certain medical equipment, transportation

Description

The commissioner waived the need for providers to get signatures when providing durable medical equipment (DME) and nonemergency medical transportation (NEMT) to Medical Assistance and MinnesotaCare enrollees.

This change supports the need for social distancing during the pandemic.

Affects Minnesota Statutes, section [256B.0625](#), subd. 17b, paragraph (b)(v).

Expiration

This change expired August 30, 2021

Fiscal Impact

This change has no state fiscal impact.

CV.45 – Modifying certain licensing requirements for substance use disorder treatment

Description

On Dec. 7, 2020, the commissioner amended her previous temporary modification of certain licensing requirements for substance use disorder treatment to require license holders to resume most trainings and annual staff performance evaluations while leaving the other modifications described below in effect. The Dec. 7, 2020 amendment eliminated the extension of deadlines to meet training and evaluation requirements under Chapter 245G and required providers to resume completion of orientation training, annual and biennial training, and annual staff performance evaluations effective Jan. 1, 2021, on the applicable timelines required in Chapter 245G.

The existing ongoing modification to first aid and CPR training requirements remains unchanged. Additionally, all other modifications, including modifications to treatment delivery, including by telehealth; ancillary services; documentation; and personnel requirements remains unchanged. These modifications were necessary to give providers additional flexibility to allow continuity of services, mitigate the spread of the COVID-19, and protect the health and safety of service recipients and providers.

Affects Minnesota Statutes, [Chapter 245G](#).

Expiration

This change expired August 30, 2021

Fiscal Impact

This change has no state fiscal impact.

CV.46 – Modifying certain licensing requirements for children’s residential facilities

Description

The commissioner amended her previous temporary modification of certain licensing requirements for children’s residential facilities to require license holders to resume orientation trainings, annual trainings, annual staff development and evaluation plans, and the annual staff training plan effective Jan. 1, 2021. All other modifications remain unchanged.

The ongoing modifications are necessary to provide additional flexibility to providers, mitigate the spread of COVID-19, and protect the health and safety of service recipients and providers. They apply to service delivery, documentation, and personnel requirements.

The modifications to regulations for children’s residential facilities were effective March 13, 2020.

Affects Minnesota Rules, [Chapter 2960](#).

Expiration

This change expired August 30, 2021

Fiscal Impact

This change has no state fiscal impact.

CV.47 – Modifying certain licensing requirements for intensive residential treatment service providers

Description

The commissioner amended her previous temporary modification of certain licensing requirements for intensive residential treatment service providers to require license holders to resume orientation trainings, annual performance evaluations, annual employee training reviews, and annual training schedule updates effective Jan. 1, 2021. All other modifications remain unchanged.

The ongoing modifications apply to treatment delivery, documentation, and personnel requirements. They are necessary to provide additional flexibility to providers to allow continuity of services, mitigate the spread of COVID-19, and protect the health and safety of service recipients and providers. These changes were retroactive to March 13, 2020.

Affects [Variance to Minnesota Rules, parts 9520.0500 to 9520.0690 \(Rule 36\) for Intensive Residential Treatment Services \(IRTS\)](#).

Expiration

This change expired August 30, 2021

Fiscal Impact

This change has no state fiscal impact.

CV.48 – Modifying requirements for child protection new worker training

Description

The commissioner temporarily waived a requirement for newly hired child protection workers to complete mandatory new worker training within six months of their hire date. Classroom-based training is suspended to comply with COVID-19 social distancing requirements. Delays to available training may result as DHS develops an online training curriculum for child protection workers.

Affects Minnesota Statutes, section [626.559, Subd. 1\(d\)](#).

Related operational changes

- [Bulletin #20-68-19, issued May 5, 2020: Modification to Timeline for Completion of Child Protection Worker Foundation Training](#)

Expiration

This change expired August 30, 2021

Fiscal Impact

This change has no state fiscal impact.

CV.49 – Modifying certain license requirements for adult day services

Description

The commissioner temporarily waived a requirement for newly hired child protection workers to complete mandatory new worker training within six months of their hire date. Classroom-based training is suspended to comply with COVID-19 social distancing requirements. Delays to available training may result as DHS develops an online training curriculum for child protection workers.

Affects Minnesota Statutes, section [626.559, Subd. 1\(d\)](#).

Related operational changes

- [Bulletin #20-68-19, issued May 5, 2020: Modification to Timeline for Completion of Child Protection Worker Foundation Training](#)

Expiration

This change expired August 30, 2021

Fiscal Impact

This change has no state fiscal impact.

CV.50 – Modifying certain requirements for Early Intensive Developmental and Behavioral Intervention (EIDBI) services

Description

The commissioner temporarily modified certain requirements for Early Intensive Developmental and Behavioral Intervention (EIDBI) services for people with autism spectrum disorder and related conditions. The changes allow more flexibility to provide services using phone and internet video tools, so that both the people receiving and providing services can practice social distancing during the peacetime emergency.

The modifications also:

- Clarify limits on the number of telemedicine visits allowed per week for EIDBI services, effective retroactively to March 19, 2020, the retroactive effective date determined by the U.S. Centers for Medicare and Medicaid Services (CMS)
- Waive the face-to-face requirement for EIDBI coordinated care conferences, effective April 30, 2020
- Waive the requirement to update the individual treatment plan to extend service authorizations, effective retroactively to March 13, 2020
Affects Minnesota Statute [256B.0949](#).

Related operational changes

- [Bulletin #20-48-02, issued May 5, 2020: Early Intensive Developmental and Behavioral Intervention \(EIDBI\) changes for telemedicine, coordinated care conferences and individual treatment plans](#)
- [Bulletin #20-56-03, issued May 5, 2020: Early Intensive Developmental and Behavioral Intervention \(EIDBI\) changes for telemedicine, coordinated care conferences and individual treatment plans](#)

Expiration

This change expired July 1, 2021.

Fiscal Impact

This change has no state fiscal impact.

CV.54 – Modifying certain licensing requirements for detoxification programs

Description

The commissioner amended her previous temporary modification to certain licensing requirements for detoxification programs to require license holders to resume orientation trainings, annual trainings, biennial trainings, and annual staff performance evaluations effective Jan. 1, 2021. All other modifications remain unchanged.

The ongoing modifications are necessary to provide additional flexibility to providers, mitigate the spread of COVID-19, and protect the health and safety of service recipients and providers. They apply to staff ratios and personnel requirements. These changes are approved retroactive to March 13, 2020.

Affects Minnesota Rules, [Chapter 9530](#).

Expiration

This change expired August 30, 2021

Fiscal Impact

This change has no state fiscal impact.

CV.53 – Allowing flexibility for personal care assistance (PCA) service oversight and hours

Description

The commissioner temporarily adjusted certain requirements related to personal care assistance (PCAs) to allow flexibility and ensure people can safely access services during the COVID-19 peacetime emergency. These changes:

- Allow qualified professionals to provide required in-person oversight of PCA workers via two-way interactive telecommunications (i.e., phone or video technology) for all people who receive PCA services, including people who are new to receiving services or transferring to a new agency.
- Increase the number of hours a PCA provider agency can bill for an individual worker to 310 hours per month, per worker. This exceeds the current 275-hour per month limit.

These changes affect PCA services authorized through:

- Medical Assistance state plan
- Alternative Care program
- Extended PCA authorized under Home and Community-Based Services waivers

Allowing qualified professionals to perform oversight remotely is retroactive to effective March 1, 2020, for PCA traditional, and will last for the duration of the peacetime emergency. The department will submit a state plan amendment to the Centers for Medicare & Medicaid Services for retroactive approval for PCA Choice.

Affects Minnesota Statutes, sections [256B.0659, subd. 14](#), paragraphs (b)-(c) and [256B.0659, subd. 11\(a\)\(10\)](#).

Expiration

The flexibility for qualified professional oversight of PCAs will expired Aug. 30, 2021. Allowance for individual PCAs to work 310 hours per month under the COVID authority was made permanent by was made permanent by Laws of Minnesota, 2020, 5th Special Session, Chapter 3, Article 10, Section 1.

Fiscal Impact

This change has a general fund impact of \$60 thousand in FY 2020 and \$436 thousand in FY 2021 for a total of \$496 thousand.

CV.55 – Modifying certain licensing requirements for adult foster care, community residential settings, child foster care and family adult day services

Description

The commissioner has temporarily modified certain licensing requirements for adult and child foster care, community residential settings and family adult day services. The modifications provide additional flexibility to existing requirements for licensed foster care services to ensure providers are able to continue to meet the needs of people needing services, focus on acute needs and meet anticipated increases in need during the COVID-19 pandemic.

These modifications apply to certain requirements for orientation, staffing and training. The changes were effective May 8, 2020.

Affects Minnesota Statutes, [Chapters 245A](#); and Minnesota Rules, Chapters [9555](#) and [2960](#).

Expiration

The changes may remain in effect through Aug. 30, 2021, for purposes of transitioning back to operating without the waivers or modifications described above.

Fiscal Impact

This change has no state fiscal impact.

CV.58 – Authorizing federal waiver request and modifying certain requirements for legal nonlicensed provider registration for the Child Care Assistance Program

Description

The commissioner temporarily modified requirements for legal, non-licensed provider registration for the Child Care Assistance Program, relating to monitoring visits, training and background studies. Extending deadlines for annual visits, allowing emergency background studies and providing flexible training options will ensure that families have access to legal, non-licensed child care providers while continuing to ensure children's health and safety during the peacetime emergency.

Affects Minnesota Statutes, section [119B.125](#); and [45 CFR §§ 98.42, 98.43, 98.44](#).

Expiration

This change expired August 30, 2021.

Fiscal Impact

This change has no state fiscal impact.

CV.61 – Modifying certain licensing requirements for the Minnesota Sex Offender Program

Description

The commissioner temporarily modified certain licensing requirements for the Minnesota Sex Offender Program (MSOP). These modifications are necessary to provide additional flexibility to the provider, mitigate the spread of the COVID-19 virus, and protect the health and safety of MSOP clients and providers. The modifications apply to treatment delivery and personnel requirements. The modifications apply to treatment delivery and personnel requirements. The changes are effective May 19, 2020.

Affects portions of Minnesota Rules, [Chapter 9515](#), parts 9515.3000 through 9515.3110; and the [Variance to the Rule 26 License for the Minnesota Sex Offender Program](#).

Expiration

This change expired August 30, 2021

Fiscal Impact

This change has no state fiscal impact.

CV.62 – Waiving vendor payment requirement for some MFIP participants

Description

The commissioner temporarily waived the vendor payment requirement for Minnesota Family Investment Program (MFIP) participants. MFIP requires that participants who have received more than one sanction over the lifetime of their case must have their cash benefits paid directly to cover their shelter costs (also known as “vendor paid”). County and tribal human services offices can also choose to pay vendors the remainder of the cash grants, after paying shelter costs, to cover families’ utilities. By statute, these vendor payments must continue for six months after the month in which the participant resolves the sanction and returns to program compliance. Waiving this requirement will allow county and tribal eligibility staff to focus on new applications, keep caseloads manageable and provide MFIP families with flexibility during the peacetime emergency.

Affects Minnesota Statutes, section [256J.46, subd. 1, paragraph \(c\), clause \(2\)](#).

Expiration

This change expired August 30, 2021

Fiscal Impact

This change has no state fiscal impact.

CV.63 – Modifying certain licensing requirements for the Forensic Mental Health Program (formerly the Minnesota Security Hospital)

Description

The commissioner temporarily modified certain licensing requirements for the Forensic Mental Health Program. These modifications are necessary to provide additional flexibility to the program, mitigate the spread of the virus, and protect the health and safety of service recipients and program staff. The modifications apply to treatment delivery, documentation and personnel requirements. The modifications to regulations for the Forensic Mental Health Program are effective May 19, 2020,

Affects Variance to Minnesota Rules, parts 9520.0500 to 9520.0690 (Rule 36) for Minnesota Security Hospital.

Expiration

This change expired August 30, 2021

Fiscal Impact

This change has no state fiscal impact.

CV.64 – Modifying certain certification requirements for mental health centers

Description

The commissioner temporarily modified certain certification requirements relating to treatment delivery, documentation, and personnel for mental health centers. These modifications were necessary to give providers additional flexibility to mitigate the spread of the virus and protect the health and safety of service recipients and providers.

Affects Minnesota Rule, [Chapter 9520](#).

Expiration

This change expired Aug. 30, 2021.

Fiscal Impact

This change has no state fiscal impact.

CV.65 – Modifying certain licensing requirements for Children’s Psychiatric Residential Treatment Facilities

Description

The commissioner amended her previous temporary modification of certain licensing requirements for psychiatric residential treatment facilities (PRTF) to require license holders to resume orientation trainings, annual staff trainings, annual staff training plans, and annual staff performance evaluations effective Jan. 1, 2021. All other modifications remain unchanged.

The ongoing modifications are necessary to provide additional flexibility to providers, mitigate the spread of COVID-19, and protect the health and safety of service recipients and providers. They apply to treatment delivery and documentation. The modifications were retroactive to March 13, 2020.

Affects [Variance to Minnesota Rules, Chapter 2960 for Children’s Psychiatric Residential Treatment Facilities](#).

Expiration

This change expired August 30, 2021

Fiscal Impact

This change has no state fiscal impact.

CV.70 – Waiving the county child support agency in-person payment location requirement

Description

The commissioner temporarily waived a requirement that counties provide a location for parents to make in-person child support payments. Alternative methods for payment are available, including paying online, by mail, or at retail cash locations via MoneyGram and PayNearMe. The change will support social distancing and public health during the peacetime emergency by allowing county leadership to appropriately manage their in-person services in response to the public health needs during the peacetime emergency.

Affects [Minnesota Statutes, section 518A.56, subdivision 2](#).

Expiration

This change expired August 30, 2021

Fiscal Impact

This change has no state fiscal impact.

CV.73 – Rescinding all prior modifications of licensing requirements for providers of day services for adults with disabilities

Description

Effective May 28, 2021, the commissioner of human services will rescind all prior modifications of licensing requirements for day services for adults with disabilities that had been made during the peacetime emergency.

Effective May 28, 2021, license holders will be required to follow the requirements of [Minnesota’s Stay Safe Plan](#), as outlined in [Executive Order 21-21 \(PDF\)](#). This includes a requirement to maintain a COVID-19 Preparedness Plan, provide the plan to its staff, ensure training is provided to staff on the contents of its plan, and make the plan available to regulatory authorities and public safety officers upon request. License holders will be required to follow and comply with MDH’s strong [recommendation](#) with regard to the indoor use of masks by unvaccinated participants and staff, and the use of masks by all people with a compromised immune system, regardless of their vaccination status.

During the COVID-19 pandemic, the commissioner made temporary modifications of certain licensing requirements that allowed day service providers for adults with disabilities to safely provide services at their facilities, and highlighted the ongoing right of each person to make an informed choice of participation and access to facility-based services.

The following temporary changes remain in place until May 28, 2021, as set forth in the waiver approved by the commissioner on February 17, 2021, which:

- Removed the licensing capacity limitation of 50%, allowing day service facilities to resume operations at 100% of their license capacity if the provider can maintain cohorts, social distancing, face covering, infection control and other elements of their COVID-19 Preparedness Plan and licensing requirements.
- Removed limits on hours that services may be delivered each day.
- Removed staff from the 10 person cohort limit.
- Continued to require providers to adhere to [Minnesota Department of Health](#) and [Centers for Disease Control and Prevention](#) guidelines and establish and implement a COVID-19 Preparedness Plan as set forth in Emergency Executive Order [21-01 \(PDF\)](#).
- Continued to require providers to follow guidance issued by MDH for responding to a confirmed case of COVID-19 at the facility and to update their COVID-19 Preparedness Plan to include policies for responding to confirmed COVID cases and temporary voluntary facility closure.

Affects Minnesota Statutes, sections [245D.04](#), [245D.28](#), [245D.29](#), and [245D.31](#).

Expiration

This waiver expired May 28, 2021.

Fiscal Impact

This change initially had a general fund cost of \$654 thousand in state fiscal year 2021. It was later amended to include an additional \$4.46 million in state fiscal year 2021, and \$7.9 million in the 2022-2023 biennium.

CV.78 – Extending recertification timelines for some mental health service providers

Description

The commissioner waived statutory requirements for when certain mental health providers must be recertified.

At many mental health services across the state, staff are working remotely during the peacetime emergency due to concerns surrounding social distancing, which makes recertification challenging. Additionally, some providers are experiencing staffing shortages and have limited capacity to complete the recertification process while continuing to serve individuals.

Extending the timeline for recertification of providers of Assertive Community Treatment (ACT), Adult Rehabilitative Mental Health Service (ARMHS), Dialectical Behavior Therapy (DBT), and Intensive Treatment in

Foster Care (ITFC) allows providers to continue to operate and meet the needs of the individuals they serve. Therefore:

- The timeline for recertification for ACT and ARMHS providers is extended beyond three years. It is retroactive to March 20, 2020.
- The timeline for recertification for DBT and ITFC providers is retroactive to March 20, 2020

The Department of Human Services will communicate with individual providers as recertification dates vary.

Affects Minnesota Statutes, sections [256B.0622, subdivision 3a\(a\)\(2\)](#) and [256B.0623, subdivision 4\(d\)](#).

Expiration

This change expired August 30, 2021

Fiscal Impact

This change has no state fiscal impact.

CV.80 – Modifying certain licensing requirements to require COVID-19 Preparedness Plan

Description

The commissioner has modified certain licensing requirements for programs and facilities licensed or certified by the Department of Human Services to establish and implement a COVID-19 Preparedness Plan by June 29, 2020. The changes are necessary to comply with the requirements of Emergency Executive Order 20-74. The plan must provide for implementation of Minnesota Department of Health and Center for Disease Control and Prevention guidelines on COVID-19. The commissioner has developed COVID-19 preparedness plan guidance and optional plan templates as a resource for providers. The changes are effective June 18, 2020.

Affects Minnesota Statutes, [Chapter 245A](#).

Expiration

This change expired August 30, 2021

Fiscal Impact

This change has no state fiscal impact.

CV.83 – Modifying certain licensing standards for DHS licensed children residential facilities, child care centers and family child care providers

Description

The commissioner temporarily modified certain training requirements for DHS-licensed children residential facilities, child care centers, and family child care providers. The modifications allow for greater program flexibility during the peacetime emergency.

The changes modify the in-person child passenger restraint systems training requirement for children's residential facilities and child care providers to allow an online option. The modifications also allow for alternative trainings on health, safety and supervision for applicants for family child care licenses.

These modifications are effective July 16, 2020.

Affects Minnesota Statutes, sections [245A.18](#), subdivision 2; [245A.40](#), subdivision 6; [245A.50](#), subdivisions 6 and 9(a).

Expiration

This change expired August 30, 2021

Fiscal Impact

This change has no state fiscal impact.

CV.89 – Modifying requirements to maintain long-term services and supports

Description

The commissioner temporarily modified a requirement for long-term services and supports (LTSS) so that older people and people with disabilities can continue to receive LTSS without interruption during the COVID-19 peacetime emergency. The modification allows lead agencies, including counties, tribal nations and managed care organizations, to obtain verbal or expressed approval of documents that typically require in-person signatures. It also waives the requirement to provide assessment and support planning documents to people and providers. These changes are effective retroactively to March 20, 2020.

DHS will provide operational instructions for lead agencies and providers in a bulletin.

Affects Minnesota Statutes, sections [256B.0911, Subd. 2b \(5\)](#); [256B.0911, Subd. 3a \(e\)](#); [256B.0911, Subd. 3a \(f\)](#); [256B.0911, Subd. 3a \(5\)](#); [256B.092, Subd. 1b](#); [256B.0922, Subd. 1](#); [256B.0913, Subd. 8](#); [Chapter 256S.10, Subd. 1](#); [256B.49, Subd. 13](#); [256B.0659, Subd. 12](#); [256B.0625, Subd. 17b](#); and [256B.0652, Subd. 12](#).

Expiration

This change expired August 30, 2021

Fiscal Impact

This change has no state fiscal impact.

CV.90 – Modifying certain licensing and certification standards for DHS-licensed and certified child care center-based programs

Description

The commissioner has modified certain requirements for DHS-licensed child care centers and certified child care centers to allow existing license or certification holders to temporarily expand and operate at satellite locations to serve school-age children to support their distance learning.

The changes will enable the license and certification holders to respond to a temporary need for additional school-age capacity due to schools implementing distance learning because of the COVID-19 pandemic. While many centers can accommodate these additional school-age children within their current program, others may need to temporarily use currently unlicensed space in their building, or elsewhere in the community (employer-based site or community-donated space, for example). The modifications allow the commissioner to authorize the license or certification holder to temporarily provide services for school-age children at a satellite location during the peacetime emergency using a streamlined approval process and without requiring payment of a license application fee. A license holder who is subject to or appealing a conditional license, a license revocation, or immediate suspension is not eligible for a satellite location.

The satellite location must be needed to respond to the peacetime emergency; may only serve children ages 5 and older who are enrolled in school, and the provider must not undertake construction or renovation to the satellite location in order to operate there. In addition, the provider must provide documentation of compliance with applicable fire and safety codes and health rules and documentation that the premises was inspected for compliance with the building code or that no inspection was deemed warranted, prior to the commissioner approving the satellite location. All services for school age children provided at the satellite location must comply with all applicable licensing and certification standards under the provider's primary license, and the provider must post the letter approving the satellite location in a conspicuous place. The approval to operate an additional program at the satellite location is valid for up to 60 days after the peacetime emergency ends or June 30, 2021, whichever occurs first. These changes are effective August 28, 2020.

Affects Minnesota Statutes, sections [245A](#) and [245H](#), and [Minnesota Rules, Chapter 9503](#).

Expiration

These changes expired on June 30, 2021.

Fiscal Impact

This change has no state fiscal impact.

CV.92 – Temporarily exempting certain programs from child care licensing to support distance learning

Description

The commissioner has modified licensing requirements to allow for a temporary exemption from licensure for the support and supervision of school-age children engaged in distance learning.

The change will allow individuals or organizations to provide support to children whose schools have implemented remote, hybrid or distance learning. Licensed child care programs can provide such support and supervision while children are engaged in distance learning with their school, but they may not be able to meet all of this temporary increased need for supervision of school age children during the typical hours of a child's school day.

The exemption is available to a nonresidential program operated by an individual or organization that serves only school-age children ages 5 and above enrolled in public or nonpublic educational settings. The program must provide support and supervision of learning as appropriate to the child's needs during the typical school hours of the child's day, and no more than one hour before and one hour after the start or end of the typical school hours of the children's day. Hours of support and supervision that exceed this amount must meet an existing exemption from licensure or the program must be licensed or certified by the commissioner as a child care program. The program must meet certain staffing and parental consent and notice requirements, and comply with health and safety guidelines established by the [Minnesota Department of Health \(PDF\)](#).

An individual or organization that also operates a licensed child care center or certified child care program must operate as a distinct program and cannot combine children, and cannot share staff or share space with the licensed or certified program when the programs operate at the same time. A program exempt under this modification is not eligible for the Child Care Assistance Program.

These changes are effective August 28, 2020, and may remain in effect for a 60-day transition period after the end of the COVID-19 peacetime emergency declared by the governor or through June 30, 2021, whichever occurs first.

Affects Minnesota Statutes, sections [245A](#) and [245H](#), and Minnesota Rules, [Chapter 9503](#).

Expiration

These changes expired on June 30, 2021.

Fiscal Impact

This change has no state fiscal impact.

CV.95 – Processing health care applications for incarcerated individuals who are conditionally released

Description

The commissioner temporarily modified certain requirements for county staff to process Medical Assistance applications for low-level offenders conditionally released from a correctional facility. During the peacetime emergency, the applications will instead be processed by Minnesota Department of Human Services employees.

During the COVID-19 peacetime emergency, the Department of Corrections will release certain low-level offenders who are at a high risk of contracting COVID-19 while in a correctional facility. These offenders will be released on a conditional medical release, which requires access to health care coverage before the person leaves the correctional facility.

This change is effective retroactive to May 1, 2020.

Affects Minnesota Statutes, sections [256B.05](#) and [256B.08](#).

Expiration

This change expired August 30, 2021

Fiscal Impact

This change has no state fiscal impact.

CV.99 – Modifying requirements for private rooms for certain Medical Assistance enrollees in skilled nursing facilities

Description

The commissioner temporarily waived the rule requiring a doctor’s order to provide a resident on Medical Assistance in a skilled nursing facility a private room for up to 14 days if there is a documented COVID infection control risk. This change is in line with guidelines on infection control risk factors from both the Minnesota Department of Health and the U.S. Centers for Disease Control.

The commissioner also waived the requirement that written notice of rate increases be given to residents 30 days prior to any rate change when a private room is needed for COVID infection control risk. Facilities will still be required to provide written notice to the resident of any increased cost associated with the private room, but only as soon as is feasible.

Affects Minnesota Statutes, [section 256R.06, subd. 5](#) and [section 256R.44](#).

Expiration

This waiver ended July 1, 2021.

Fiscal Impact

This change had a general fund cost of \$1.27 million in state fiscal year 2021.

CV.102 – Allowing Medical Assistance and MinnesotaCare coverage of investigational drugs, vaccines, devices and associated services when they are approved under a federal Emergency Use Authorization to treat or prevent COVID-19

Description

Effective Nov. 11, 2020, the commissioner temporarily allowed Medical Assistance and MinnesotaCare enrollees to receive coverage for investigational drugs, vaccines, devices and associated services that receive federal approval under an Emergency Use Authorization to treat or prevent COVID-19. Current state law prohibits Medical Assistance and MinnesotaCare coverage for investigational drugs, vaccines, devices and associated services.

Through an Emergency Use Authorization, the federal government approved the use of bamlanivimab in outpatient settings for patients experiencing mild to moderate COVID-19 symptoms. The federal government will purchase and distribute bamlanivimab, however this change allows the state to reimburse health care providers for the associated services of administering the drug, including the office visit and monitoring time. This change also ensures coverage for any COVID-19 vaccines, which will likely receive approval under a federal Emergency Use Authorization. Medical Assistance and MinnesotaCare enrollees already receive coverage for remdesivir, which was granted an Emergency Use Authorization, as remdesivir administration is restricted to inpatient settings, and providers receive bundled reimbursement payments to cover inpatient hospitalizations.

This temporary change ensures Minnesota receives the enhanced federal funding available under the Families First Coronavirus Act by meeting the requirement for Medicaid agencies to cover all COVID-19 treatments.

Affects Minnesota Statute [256B.0625, subd. 64](#).

Expiration

This change was made permanent by Laws of Minnesota, 2021, 1st Special Session, Chapter 7, Article 1, Section 32.

Fiscal Impact

This change had a cost of \$7 thousand in state fiscal year 2021

CV.107 – Extending cost reporting deadlines for nursing facilities

Description

The commissioner extended the statutory cost reporting deadline for nursing facilities from February 1, 2021, to April 1, 2021. Due to the COVID-19 outbreak and complications involved with different federal and state cost reporting deadlines, this extension provides additional time for nursing facilities to file their state cost report after filing their federal cost report (which accounts for their CARES Act expenditures). Having this information completed for federal cost reporting will result in more complete state cost reports and reduce the need to file amended cost reports.

Affects Minnesota Statutes, section [256R.09, subds. 1, 2](#).

Expiration

The commissioner extended the statutory cost reporting deadline for nursing facilities from February 1, 2021, to April 1, 2021.

Fiscal Impact

This change has no state fiscal impact.

CV.115 – Allowing verbal consent for individual treatment plans for certain behavioral health services

Description

The commissioner temporarily waived the requirement for written consent on individual treatment plans for certain mental health services to allow verbal consent when the provider is unable to obtain signatures due to the COVID-19 pandemic. Verbal consent from recipients or guardians must be documented consistent with applicable law. DHS will also issue guidance.

This waiver applies to the following services:

- Intensive Treatment in Foster Care (ITFC)
- Intensive Rehabilitative Mental Health Services (IRMHS/YouthACT)
- Adult Rehabilitative Mental Health Services (ARMHS)
- Children’s Therapeutic Services and Supports (CTSS)
- Adult and children’s mental health mobile crisis services
- Outpatient mental health services

Affects Minnesota Statutes, sections [256B.0623](#), [256B.0624](#), [256B.0943](#), [256B.0944](#), [256B.0946](#), [256B.0947](#) and Minnesota Rule [9505.0371](#).

Expiration

This change expired August 30, 2021

Fiscal Impact

This change has no state fiscal impact.

CV.117 – Reducing MinnesotaCare premiums to comply with the American Rescue Plan Act of 2021

Description

The commissioner temporarily reduced MinnesotaCare premiums in calendar years 2021 and 2022 to comply with the American Rescue Plan Act of 2021 (ARPA). ARPA allows for an increase in tax credits for individuals who seek health care coverage through Minnesota’s health care exchange. This temporary adjustment ensures MinnesotaCare premiums do not exceed the newly mandated federal premium amounts. Approved May 11, 2021, this reduction is retroactive to Jan. 1, 2021.

Affects [Minnesota Statutes, section 256L.15](#).

Expiration

This change was made permanent by Laws of Minnesota, 2021, 1st Special Session, Chapter 7, Article 1, Section 30.

Fiscal Impact

This change has no state fiscal impact.

VI. Federal waivers requested under peacetime emergency authority - Executive Order 20-11

CV.57 – Waiving non-electronic public notice of Community Access for Disability Inclusion Waiver

Description

The commissioner sought federal approval to waive the requirement for non-electronic public notice for renewal of the Community Access for Disability Inclusion (CADI) waiver. The CADI waiver provides home and community-based services to children and adults with disabilities who require the level of care provided in a nursing facility to help them live as independently as possible in a community setting.

Minnesota must submit its CADI waiver renewal to the Centers for Medicare & Medicaid Services by July 2, 2020. As part of the process, states are required to have a public notice process that includes non-electronic means of gathering feedback. Public spaces and gatherings have been closed or limited during the COVID-19 peacetime emergency in accordance with CDC social distancing guidelines. Because of this, it would not be safe or effective to post non-electric copies of the public notice. The department will continue to gather public feedback through electronic communications as part of the waiver renewal process.

The department received federal approval for this change, effective May 11, 2020.

Expiration

This change expired July 2, 2020.

Fiscal Impact

This change has no state fiscal impact.

CV.86 – Waiving non-electronic notice for Waiver Reimagine amendments and Brain Injury renewal public comment

Description

With federal approval, the commissioner has waived the requirement for a non-electronic public notice as part of the Waiver Reimagine waiver amendments and Brain Injury waiver renewal. DHS will provide only an electronic notice for the 30-day public comment period.

The following programs are affected by the Waiver Reimagine change:

- Brain Injury (BI) Waiver
- Community Alternative Care (CAC) Waiver

- Community Access for Disability Inclusion (CADI) Waiver
- Developmental Disabilities (DD) Waiver

The Waiver Reimagine waiver amendment begins January 1, 2021. Minnesota must submit its BI waiver renewal to the Centers for Medicare and Medicaid Services by December 31, 2020.

Because most agencies have closed their offices during the COVID-19 pandemic, this change:

- Waives the requirement for DHS to provide a non-electronic public notice;
- Means lead agencies (counties, tribal nations and managed care organizations) will not post hard copies of the public notice; and
- Allows DHS flexibility to gather meaningful feedback from people who receive services while also promoting social distancing.

Related operational changes

- [Bulletin #20-56-08, issued July 23, 2020: Non-electronic public notice requirement waived for Waiver Reimagine amendments](#)

Expiration

This change expired January 26, 2021.

Fiscal Impact

This change has no state fiscal impact.

CV.88 – Waiving non-electronic notice for Elderly Waiver amendments

Description

With federal approval, the commissioner has waived the requirement for a non-electronic public notice as part of Elderly Waiver amendments. DHS will provide only an electronic notice for the 30-day public comment period. The waiver of hard copy (non-electronic) public notice requirements will not affect access to existing services.

Because most agencies have closed their offices during the COVID-19 pandemic, this change:

- Waives the requirement for DHS to provide a non-electronic public notice;
- Means lead agencies (counties, tribal nations and managed care organizations) will not post hard copies of the public notice; and
- Allows DHS flexibility to gather meaningful feedback from people who receive services while also promoting social distancing.

Expiration

This change expired January 26, 2021.

Fiscal Impact

This change has no state fiscal impact.

CV.105 – Modifying requirements for certain evaluation reports prior to admission to a nursing facility

Description

The commissioner will seek federal approval to temporarily waive the requirement that an OBRA Level II evaluation must be completed before a person is admitted to a nursing facility. This change allows the evaluation to be completed either before or after admission to the nursing facility as long as it is within nine business days of a preadmission screening.

The OBRA Level II evaluation is critical to ensure continuity of care for persons with disabilities, older adults, and others in institutional settings. Requiring the OBRA Level II evaluation prior to admission can hinder timely admissions during the COVID-19 peacetime emergency. Waiving this requirement allows hospitals to discharge people at faster rates and free up needed hospital beds and staffing.

Expiration

This change expired June 30, 2021.

Fiscal Impact

This change has no state fiscal impact.

VII. Waivers under peacetime emergency authority, Executive Order 20-12: Federal Medicaid and MinnesotaCare approvals

CV.15 – Allowing phone or video visits for waiver programs

Description

The commissioner waived certain requirements for face-to-face visits for seniors and people with disabilities receiving long-term services and supports. For people receiving home and community-based services under Medical Assistance, this means that assessments for needs can be done by phone or online connection, and that case managers can conduct phone or video visits. The affected programs are Alternative Care (AC), Brain Injury (BI) waiver, Community Alternative Care (CAC) waiver, Community Access for Disability Inclusion (CADI) waiver, Developmental Disabilities (DD) waiver, Elderly Waiver (EW), Essential Community Supports (ECS), and Federal OBRA Level II Evaluations. Personal Care Assistance (PCA) programs include assessments but do not require case management. This change also applies to people served under Rule 185 case management who choose not to waive the annual reassessment. These actions will protect people receiving services and case managers during the pandemic.

Affected statutes and rules:

- Minnesota Statutes, sections [256B.0911](#), [256B.0922](#), [256B.0659](#), [256B.49](#), [256B.092](#), [256B.0913](#),
- Minnesota Statutes, [Chapter 256S](#)
- Minnesota Rules, [part 9525](#)

Expiration

This change is effective through the last day of the quarter in which the federal public health emergency ends.

Fiscal Impact

This change has no state fiscal impact.

CV.16 – Expanding access to telemedicine services for Children’s Health Insurance Program, Medical Assistance and MinnesotaCare enrollees

Description

The commissioner eased certain limits on receiving care and services through telephone and video visits that can instead be provided safely and effectively without a face-to-face visit by:

- Expanding the definition of telemedicine to include telephone calls so providers who have a telemedicine agreement in place with DHS can serve patients through telephone visits;

- Allowing a provider’s first visit with a patient to be conducted on the phone;
- Allowing Children’s Health Insurance Program (CHIP), Medical Assistance or MinnesotaCare enrollees to have more than three telemedicine visits in a week; and
- Requiring managed care plans to follow these policies.

These measures help enrollees and providers follow social distancing best practices.

DHS is also considering how best to provide flexibility for greater use of communications technology in specific settings and for certain types of treatment, including group therapy and residential treatment settings.

Affected statutes and rules:

- [Minnesota Statute 256B](#)

Expiration

This change, with the exception of telephone visits remains in place until July 1, 2023.

Fiscal Impact

This change has no state fiscal impact.

CV.17 – Preserving health care coverage for Medical Assistance and MinnesotaCare

Description

The commissioner continued enrollment in public health care programs to ensure that no one enrolled in Medical Assistance, including Medical Assistance for Employed Persons with Disabilities or MinnesotaCare, loses coverage during the pandemic, unless an enrollee requests that their coverage ends or moves out of Minnesota. This includes coverage for enrollees who are unable to pay their premiums. The department is not sending notices on the need to renew coverage or closure notices to Minnesotans on Medical Assistance and MinnesotaCare except for enrollee requested closures or no longer being a state resident.

The commissioner also continued enrollment in all Medical Assistance-funded home and community-based waiver programs. This includes the following programs:

- Alternative Care (AC)
- Brain Injury (BI) waiver
- Community Access for Disability Inclusion (CADI) waiver
- Community Alternative Care (CAC) waiver
- Developmental Disabilities (DD) waiver
- Elderly Waiver (EW)

A person cannot be terminated from any of these waiver programs, unless the person chooses to exit the program, the person has moved out of state, or the person has died. This includes coverage for waiver enrollees who have a monthly fee and are unable to pay.

These conditions are required for the State of Minnesota to receive a 6.2-percent increase to its Federal Medical Assistance Percentage under the Families First Coronavirus Response Act. The Centers for Medicare and Medicaid Services (CMS) updated those requirements with further limitations issued Oct. 28, 2020, and the Commissioner adjusted Minnesota's temporary policy accordingly. See the [updated CMS guidelines here](#).

All changes are retroactive to March 18, 2020, and will remain in effect through the last day of the month in which the national public health emergency ends.

Affects Minnesota Statutes, sections [256B.056, subd. 7a](#); [256B.0913](#); [256B.092](#); [256B.093](#); [256B.49](#); [256L.05, subd.3a](#); [256L.06, subd.3](#); [256L.07, subd. 1](#); [256L.15](#); and [256S](#); Minnesota Rule part [9505.0115, subpart2](#); part [9506.0040](#).

Related operational changes

- [Bulletin #20-21-02, issued April 29, 2020: DHS Announces Temporary Policy Changes to Minnesota Health Care Programs During the Covid-19 Peacetime Emergency](#)
- [Bulletin #20-21-04, issued May 1, 2020: DHS Explains Treatment of Federal Coronavirus Aid, Relief, and Economic Security Act Payments for Minnesota Health Care Programs](#)
- [Bulletin #20-21-05, issued May 4, 2020: DHS Explains Treatment of Federal Pandemic Unemployment Compensation Payments for Minnesota Health Care Programs](#)
- [Bulletin #20-21-06, issued June 5, 2020: DHS Explains Treatment of State, Local and Tribal COVID-19 Relief Payments for Minnesota Health Care Program](#)

Expiration

This change is effective through the last day of the quarter in which the federal public health emergency ends.

Fiscal Impact

This change has a general fund impact of \$3.2 million in state fiscal year 2020 and \$112.4 million in state fiscal year 2021 for a total of \$115.6 million in the biennium. It has a Health Care Access Fund impact of \$1.29 million in state fiscal year 2020 and \$12.15 million in state fiscal year 2021 for a total of \$13.4 million for the biennium. In the 2022-2023 biennium there this change is expected to have an impact of \$232.7 million to the general fund and \$10.6 million to the Health Care Access Fund.

CV.19 – Allowing 90-day refill limits for prescription maintenance medications

Description

The commissioner increased the prescription drug limits on maintenance medications from 34 days to 90 days for all Medical Assistance and MinnesotaCare enrollees for [certain therapeutic drug classes](#).

Affects Minnesota Statutes, [section 256B.0625, subdivision 13](#).

Expiration

This change was made permanent by Laws of Minnesota, 2021, 1st Special Session, Chapter 7, Article 1, Section 8.

Fiscal Impact

This change resulted in a savings of \$540 thousand in state fiscal year 2020 and \$4.17 million in state fiscal year 2021 for a total of \$4.71 million savings in the biennium. It is expected to result in a savings of \$2.5 million in the 2022-2023 biennium.

CV.20 – Eliminating cost-sharing for COVID-19 diagnosis, treatment

Description

The commissioner eliminated any cost-sharing, including co-pays and deductibles, for the diagnosis, testing and treatment of COVID-19 for all Medical Assistance and MinnesotaCare enrollees. This applies to enrollees in both fee for service and managed care. This helps ensure that financial concerns don't prevent someone from seeking testing, treatment or appropriate care, increasing public health risks. This change was effective as of March 19, 2020, but may apply to testing and treatment that occurred prior to that date. Further details about retroactive coverage will be announced later.

Affects Minnesota Statutes, sections [256B.0631](#); 256L.03, subd. 5.

Related operational changes

- [Bulletin #20-21-03, issued May 1, 2020: DHS Announces Medical Assistance for COVID-19 Testing of Uninsured Individuals](#)

Expiration

This change is effective through the last day of the quarter in which the federal public health emergency ends.

Fiscal Impact

This change has no state fiscal impact.

CV.22 – Postponing federally required provider screening and re-enrollment

Description

The commissioner allowed health care providers currently authorized to serve public health care program enrollees to continue doing so without requiring them to re-enroll with DHS. The commissioner requested and received a federal waiver to postpone the requirement to re-enroll health care providers every five years and personal care attendants every three years to avoid unnecessarily terminating enrolled providers and enabling

them to continue providing necessary services to enrollees during the COVID-19 peacetime emergency. DHS will make adjustments to accommodate the same activities within managed care.

To ease administrative burdens, the commissioner also postponed setting up new managed care-only providers in the Medicaid Management Information System for the purpose of getting encounter claims data. DHS will make adjustments to accommodate the same activities within managed care.

Affects federal laws [42 C.F.R. 455, Subpart E](#); and [42 U.S.C. § 1396b\(m\)\(2\)\(A\)\(xi\)](#)

Minnesota Statutes, section [256B.04, subds. 21, and 22](#) and [256B.69, subds. 9, 9c, and 9d](#).

Expiration

This change expired August 30, 2021

Fiscal Impact

This change has no state fiscal impact.

CV.24 – Removal of Face-to-Face Requirements for MN Medicaid Targeted Case Management

Description

The commissioner waived requirements temporarily for face-to-face visits for Minnesotans on Medical Assistance who receive certain targeted case management services. This means case managers can conduct targeted case management visits by phone or video with adults receiving services or their legal guardians and with children receiving services and their parents or legal guardians. The affected programs include:

- Child welfare targeted case management
- Children’s mental health targeted case management
- Adult mental health targeted case management
- Vulnerable adult or adult with developmental disabilities (VA/DD) targeted case management
- Relocation service coordination targeted case management

Affects Minnesota statutes, sections [256B.0625, subd. 20](#); [256B.0621, subd. 5\(b\)\(7\)\(i\)](#); [256B.094, subd. 6](#); and [256B.0925, subd. 4](#).

Related operational changes

- [Revised bulletin #20-69-02C, issued June 16, 2020: Targeted case management changes for face-to-face contact requirements](#)

Expiration

This change is effective through the last day of the quarter in which the federal public health emergency ends.

Fiscal Impact

This change has no state fiscal impact.

CV.30 – Expanding Telemedicine to Additional Health Care, Mental Health, and Substance Use Disorder Treatment Services – Codified

Description

The commissioner temporarily expanded access to telemedicine for Minnesotans enrolled in Medical Assistance and MinnesotaCare who receive health care, mental health treatment, or substance use disorder treatment. Specifically, the commissioner expanded the providers who are permitted to provide services through telephone and video visits to include the following providers and their tribal provider equivalents:

- Providers who are considered “licensed health care providers” under section 256B.0625, subdivision 3b, paragraph (e), and providers who licensed medical providers supervise;
- Mental health certified peer specialists and mental health certified family peer specialists where they are currently authorized to provide services;
- Mental health rehabilitation workers in Adult Rehabilitative Mental Health Services (ARMHS);
- Mental health behavioral aides in Children’s Therapeutic Support services (CTSS); and
- Alcohol and drug counselors, alcohol and drug counselor-temps, recovery peers, and student interns in licensed SUD programs.

The commissioner also temporarily expanded telemedicine (including telephone and video visits) to Rule 25 assessments, comprehensive assessments, and group therapy.

These measures help enrollees and providers follow social distancing best practices. DHS is received federal approval for these changes.

This change is effective March 19, 2020, and runs through the end of public health emergency.

Affects Minnesota Statutes sections [256B.0625, subd. 3b\(e\)](#); [256B.0625, subd. 46](#); [254B.05, subd. 5,\(f\)](#); and Minnesota Rules, part [9530.6615, sub. 3, item A](#)

Expiration

This change is effective through the last day of the quarter in which the federal public health emergency ends.

Fiscal Impact

This change has no state fiscal impact.

CV.43 – Expanding remote Home and Community Based Services waiver services for people with disabilities

Description

Effective April 29, 2020, the commissioner temporarily waived requirements to allow remote services by phone and other interactive technologies for people living in their own homes. This flexibility was needed to help combat isolation and strengthen the health and safety of older adults and people with disabilities who used to have daily contact in day services facilities.

On May 30, the commissioner approved additional flexibilities to allow services to be delivered remotely in provider-controlled settings, including licensed adult foster care settings, licensed community residential settings and registered housing with services settings.

This modification affects the following programs:

- Alternative Care (AC) program
- Brain Injury (BI) Waiver
- Community Alternative Care (CAC) Waiver
- Community Access for Disability Inclusion (CADI) Waiver
- Developmental Disabilities (DD) Waiver
- Elderly Waiver (EW)
- Essential Community Supports (ECS)

Federal approval has been received to allow certain home and community based waiver services to be provided remotely, by phone and other interactive technologies for people living in their own homes.

The department will seek federal approval to allow additional consumer directed community supports service categories to be delivered remotely and to allow the previously approved home and community waiver remote services in provider-controlled settings, retroactive to March 19, 2020.

Affects Minnesota's existing federally approved 1915(c) waiver plan, Appendix-K.

Related operational changes

- [Bulletin #20-48-01, issued May 4, 2020: Temporary expansion of remote support for home and community-based services \(HCBS\) waivers](#)
- [Bulletin #20-56-02, issued May 4, 2020: Temporary expansion of remote support for home and communitybased services \(HCBS\) waivers](#)
- [Bulletin #20-48-03, issued May 18, 2020: Non-electronic public notice requirement waived for the CADI Waiver renewal](#)
- [Bulletin #20-56-04, issued May 18, 2020: Non-electronic public notice requirement waived for the CADI Waiver renewal](#)

- [Bulletin #20-25-02, issued May 19, 2020: Customized living rate add-on payments for settings with confirmed cases of COVID-19](#)

Expiration

This change is effective through the last day of the quarter in which the federal public health emergency ends.

Fiscal Impact

This change had a general fund cost of \$1.35 million in state fiscal year 2020 and \$743 thousand in state fiscal year 2021 for a total of \$2.09 million.

CV.44 – Allowing remote delivery of adult day services

Description

The commissioner amended her previous temporary modification authorizing licensed adult day service providers who had been directed to close on March 29, 2020, to provide services remotely or in person to one individual at a time.

The previous change means:

- Adult day services can be delivered remotely, via 2-way interactive video or audio communication.
- Providers may deliver in-person services to people in their own homes or residences.
- Providers may deliver in-person services to one person at a time in their licensed setting, such as to receive a bath.

Providers may deliver the following services in alternative ways:

- Wellness checks and health-related services, including medication set-up and administration overseen by a nurse
- Socialization and companionship
- Activities
- Meals, delivered to participants' homes
- Assistance with Activities of Daily Living (ADLs), including bathing
- Individual support to family caregivers

Federal approval for these changes was received on April 29, 2020. Implementation of the changes coincides with DHS licensing modifications in CV49.

On Feb. 17, 2021, the commissioner approved further modifications:

- The maximum length of adult day services provided remotely or in person to one individual at a time will increase from four hours to six hours per day.

- The number of Elderly Waiver participants receiving remote adult day services during an online event will increase from six people to 18 people, while maintaining a staff ratio of 1:6.
- For people on disability waivers, the current policy for remote alternative day services continues; it does not cap the number of people for online events.

Affects Minnesota Statutes, section [245A](#) and Minnesota Rules sections [9555.9600](#) to [9555.9730](#).

Expiration

This change is effective through the last day of the quarter in which the federal public health emergency ends.

Fiscal Impact

This change had a general fund cost of \$44 thousand in state fiscal year 2021 and is expected to have a general fund cost of \$16 thousand in the 2022-2023 biennium.

CV.100 – Modifying requirements to support family caregivers and distance learning

Description

The commissioner temporarily modified two requirements to support family caregivers of people with disabilities and older adults.

The first modification lifts the 40-hour per week limit for eligible workers in home care nursing (HCN), consumer directed community supports (CDCS) and the Consumer Support Grant (CSG).

The second modification allows students to use IEP personal care assistance (PCA) services for health-related supports, as identified in their individual education plans (IEPs) or individualized family service plans (IFSPs), in their home to support their access to education and distance learning.

These modifications will allow flexibility to mitigate workforce shortages, prevent service disruptions and reduce the amount of in-person contact from non-family members. Changes are effective November 12, 2020.

Affects [Minnesota Statutes, section 256B.0654, subd. 4\(b\)](#).

Expiration

This change expired Aug. 30, 2021.

Fiscal Impact

This change has a general fund cost of \$31 thousand in state fiscal year 2021.

CV.103 – Expanding transportation of Medical Assistance and MinnesotaCare enrollees between health care facilities

Description

The commissioner temporarily allowed ambulance services to receive reimbursement for transferring Medical Assistance and MinnesotaCare enrollees between hospitals in order for the hospitals to balance their patient loads. Under current state law, interfacility transfers may be reimbursed only when the first facility lacks the ability to provide medically necessary treatment to an enrollee. This change helps health care facilities safely maintain patient care capacity and manage staffing while experiencing increased demand for services during the pandemic by giving them more ability to balance their patient loads.

Affects [Minnesota Statute 256B.0625](#) and Minnesota Rule [9505.0315 subpart 3, paragraph B](#).

Expiration

This change expired June 30, 2021.

Fiscal Impact

This change had a general fund cost of \$124 thousand in state fiscal year 2021.

VIII. Changes under existing authority to respond to COVID-19

CV.01 – Expediting payments to nursing homes

Description

The commissioner used existing authority under state law related to disasters and emergencies to provide immediate, expedited reimbursement to Minnesota’s 365 skilled nursing facilities for costs related to COVID-19 incurred on or after March 13, 2020. This is primarily a change in timing of payments so facilities can cover costs they are incurring during the pandemic.

DHS will authorize expedited, emergency payments to nursing facilities for costs such as:

- Reimbursement for costs of additional staffing, paid sick leave, and overtime for staff due to COVID-19;
- Extraordinary costs of medical care for a resident infected with COVID-19, including reimbursement for personal protection equipment (PPE) for staff;
- Remedial services due to the pandemic;
- Personal care services due to the pandemic; and
- Waiver of timelines so facilities can have increased access to unused nursing facility beds, when authorized by the commissioner of the Minnesota Department of Health.

Authority provided in Minnesota Statutes [12A.10](#).

Expiration

This change expired June 30, 2021.

Fiscal Impact

This change has a general fund cost of \$234 thousand in state fiscal year 2020 and \$4.17 million in state fiscal year 2021 for a total of \$4.4 million in the biennium. It is expected to result in a \$3.3 million dollar savings in the 2022-2023 biennium.

CV.06 – Suspending sanctions for some Minnesota Family Investment Program and Diversionary Work Program participants

Description

The commissioner temporarily ordered that participants in the Minnesota Family Investment Program and Diversionary Work Program will not be sanctioned or disqualified for failing to attend meetings, submit paperwork or comply with other specific requirements. The commissioner used existing authority under state law, which recognizes emergencies as good cause for failing to meet certain program requirements.

Authority provided in Minnesota Statutes, [section 256J.57](#)

Expiration

This change expired August 30, 2021

Fiscal Impact

This change has no state fiscal impact.

CV.18 – Implementation of federal changes to the Supplemental Nutrition Assistance Program: Waiving work requirements for certain SNAP participants

Description

The Minnesota Department of Human Services continues to implement federal changes to the Supplemental Nutrition Assistance Program (SNAP), Minnesota Family Investment Program (MFIP) and the Minnesota Food Assistance Program (MFAP). With a record number of Minnesotans seeking unemployment benefits since the peacetime emergency was declared, many of the same people are expected to apply for nutrition assistance.

Also see CV.39, CV.42

The commissioner used existing authority under federal law to direct that all able-bodied adults without children receiving SNAP benefits have good cause for not complying with work requirements.

Able-bodied adults without children are normally required to meet work requirements unless they give good cause, defined as circumstances beyond their control, such as illness, household emergency or unavailable transportation. States determine what qualifies as good cause, and the department considers the COVID-19 pandemic to be an emergency facing all Minnesota households.

Congress reinforced that decision when it suspended work requirements and time limits for able-bodied adults without children during the public health emergency.

This change is effective March 18, 2020.

Authority is provided in Federal Regulation [7 CFR 273.7 \(i\)](#)

Expiration

These changes may remain in effect for the period set out in federal law or for the period set out in any applicable federally approved waiver or state plan amendment, whichever is later.

Fiscal Impact

This change has no state fiscal impact.

CV.32 – Allowing additional reimbursement to Customized Living providers

Description

The commissioner extended the eligibility period for additional compensation for Customized Living providers where there have been one or more confirmed cases of COVID-19 (resident or staff).

About 18,000 older adults and people with disabilities receive Customized Living services. This Medicaid program includes both health-related and supportive services provided to people living in a customized living setting. People in these settings are at higher risk for COVID-19 due to their age, health and because they live in a group setting.

On June 30, the commissioner extended the last date a provider can become eligible for additional compensation from June 30, 2020 to July 31, 2020

The reimbursement increase will help providers stabilize staffing to meet the health and safety needs of Medicaid enrollees living in Customized Living settings and will cover:

- Additional Personal Protective Equipment (PPE);
- Additional staff and staff time to perform public health practices like social distancing, quarantining and screening for health concerns;
- Implementing infection control measures such as additional facility cleaning and disinfecting; and
- Additional staffing costs such as paid sick leave, replacement or overtime pay for staff.

Affected Minnesota Statutes, section [12A.10](#).

This change expired on July 31, 2020. However, providers who had at least one confirmed COVID-19 exposure on or before July 31, 2020 are eligible for the 45-day add-on payments. Eligible providers must submit an attestation to DHS by September 30, 2020. Please see [bulletin #20-25-02](#) for further information.

Expiration

This change expired on July 31, 2020.

Fiscal Impact

This change has a general fund cost of \$2.07 million in state fiscal year 2020 and \$6.1 in state fiscal year 2021 for a total of \$8.17 million in the biennium.

CV.34 – Cancelling RFP for Special Needs BasicCare in three counties

Description

The commissioner cancelled the request for proposals (RFP) to serve Special Needs BasicCare (SNBC) enrollees in Morrison, Todd, and Wadena counties. She is amending the current SNBC contracts with Medica and UCare to serve SNBC enrollees in these counties.

Medica and UCare are the only managed care organizations licensed to serve Morrison, Todd, and Wadena counties and, therefore, eligible to respond to the RFP. Enrollees in SNBC on average have 5 or more health conditions and are offered care coordination under managed care, a service even more crucial during the COVID emergency. Enrollees will have the option to select fee-for-service care. Additionally, the breadth and scope of managed care contracts requires detailed RFPs that demand significant resources from the managed care responders and the DHS and county staff that review and score the submitted proposals. During the pandemic, DHS and county resources are needed to ensure the health and safety of public health care program enrollees as well as the delivery of health care services.

This change does not waive any state or federal statute.

Expiration

The amended SNBC contracts with Medica and UCare to serve Morrison, Todd and Wadena counties have an effective date of May 1, 2020, and will last until the next RFP cycle.

Fiscal Impact

This change has no state fiscal impact.

CV.37 – Extending recertification dates for SNAP and MFAP

Description

The commissioner temporarily waived minimum certification periods for SNAP and MFAP recipients, who normally must verify their situations every six months to receive benefits. This waiver maintains uninterrupted benefits during the peacetime emergency even if recipients cannot submit otherwise required documentation. It also allows county and tribal eligibility staff to process new applications.

This waiver is retroactive to March 1, 2020, and extended the recertification dates through May 30, 2020. The waiver was amended to extend the recertification dates through June 30 and July 31, 2020, then amended again to extend the recertification dates through Aug. 31, 2020, when this change expires.

Affects Minnesota Statute sections [256D.0516](#) and [256D.053](#), and Federal Regulations [7 CFR 273.10\(f\)\(3\)\(i\)](#), [7 CFR 273.10\(f\)\(5\)](#), [7 CFR 273.10\(f\)\(1\)](#), [7 CFR 273.12\(a\)\(5\)\(iii\)\(B\)](#), and [7 CFR 273.14](#)

Expiration

This change expired August 31, 2021.

Fiscal Impact

This change has no state fiscal impact.

CV.39 – Implementation of federal changes to the Supplemental Nutrition Assistance Program: Providing emergency increases of SNAP and MFAP benefits

Description

All Minnesota SNAP and MFAP recipients will receive the maximum allowable nutrition assistance benefit for their household size until the end of May 2020. Minnesota received approval from USDA to issue these emergency benefits for June, July, August and September.

DHS began issuing the emergency supplements to qualifying households on April 28, 2020, and will continue throughout May on a staggered basis. The emergency supplements go to households that didn't receive the maximum amount of nutrition assistance in March-September 2020. Approval to issue emergency supplements may remain in effect after the COVID-19 peacetime emergency ends, for the period set out in federal law or for the period set out in any applicable federally approved waiver or state plan amendment, whichever is later.

Authorized by the Families First Coronavirus Response Act ([Public Law 116-127](#)) and the United States Department of Agriculture – Food and Nutrition Service for SNAP benefits. The state law for MFAP is Minnesota Statutes, section [256D.053](#).

Expiration

These changes may remain in effect for the period set out in federal law or for the period set out in any applicable federally approved waiver or state plan amendment, whichever is later.

Fiscal Impact

This change has a general fund impact of \$24 thousand in state fiscal year 2020 and \$36 thousand in state fiscal 2021 for a total of \$60 thousand for the biennium.

CV.42 – Implementation of federal changes to the Supplemental Nutrition Assistance Program: Streamlining the SNAP waiver process

Description

The commissioner authorized the Minnesota SNAP director to implement federal changes to SNAP rules and laws, accept SNAP waivers provided by the U.S. Department of Agriculture to all states, apply for federal SNAP waivers, and implement SNAP waivers approved by the USDA.

This authority ensures that Minnesotans can receive SNAP benefits in a safe and timely manner and that Minnesota can apply for, accept and implement waivers that will provide administrative relief and timely guidance to county and tribal human services agencies.

This authority is effective April 23, 2020, and may remain in effect for the time period set out in applicable federal law or for the time period set out in any applicable federally approved waiver or state plan amendment, whichever is later.

Note: The expiration of this waiver will not affect the ability of the Commissioner of Human Services to act within her existing authority under state and federal law.

Federal authority governing the SNAP program is in [7 U.S. Code Chapter 51](#) and [7 CFR Subchapter C](#). The Families First Coronavirus Response Act (P.L. 116-127) allows for emergency supplemental SNAP appropriations.

Expiration

These changes may remain in effect for the period set out in federal law or for the period set out in any applicable federally approved waiver or state plan amendment, whichever is later.

Fiscal Impact

This change has no state fiscal impact.

CV.51 – Modifying certain child care background studies

Description

The commissioner temporarily modified certain statutory background study requirements for child care providers. These temporary changes will help preserve the health, safety and well-being of children while discontinuing portions of background studies that are not feasible during the peacetime emergency. The modifications were effective beginning April 6, 2020.

The commissioner has applied for a temporary waiver from the federal Office of Child Care to allow child care providers the flexibility they need to maintain their workforce.

The federal requirements to be waived are a search of state criminal and sex offender registry or repository; a search of state-based child abuse and neglect registries and databases in each state where a child care staff member resided during the preceding five years; a search of the National Crime Information Center and the National Sex Offender Registry; and an FBI fingerprint check. These searches are difficult or impossible to complete as many other states are not processing requests during the COVID-19 pandemic.

The request for the temporary federal waiver is retroactive to April 6, 2020. These changes may remain in effect for a 60-day transition period after the end of the COVID-19 peacetime emergency declared by the governor.

Affects [42 U.S.C. § 9858f\(b\)](#).

Expiration

This change expired August 30, 2021.

Fiscal Impact

This change has no state fiscal impact.

CV.52 – Modifying certain child care licensing requirements

Description

On April 7, 2020, the commissioner modified specific licensing and certification requirements for child care providers during the peacetime emergency. These changes were in addition to modifications made March 20,

2020 for certain regulatory actions and requirements, which were revised on May 4, 2020. These waivers were necessary to provide additional flexibility to child care providers so that they can remain available to provide care to the children of essential workers during this peacetime emergency, mitigate the spread of the virus, and protect the health and safety of children and staff.

The commissioner has applied for a temporary waiver from the federal Office of Child Care to allow child care providers the flexibility they need to maintain their workforce.

The federal requirements to be waived are pediatric first aid and CPR training for all caregivers in licensed and certified child care centers, annual unannounced inspections for licensed child care providers and annual inspections for licensed-exempt certified centers.

Affects Minnesota Statutes, sections [245A.04](#), [245A.09](#), [245A.16](#), [245A.40](#), [245H.05](#) and [245H.14](#).

Expiration

The waiver for pediatric first aid and CPR training would be effective until September 30, 2021. The requirement for the state to conduct annual inspections of licensed and license-exempt child care providers would be waived to provide licensors time to catch up on any backlog of visits.

Fiscal Impact

This change has no state fiscal impact.

CV.59 – Modifying eligibility period for federally funded Refugee Cash Assistance Program

Description

The commissioner applied for and received a federal waiver for the federally funded Refugee Cash Assistance (RCA) program, allowing the benefit eligibility period to be extended from 8 months to 22 months, with the additional months not to extend beyond January 31, 2021. This change applies to people with refugee, asylee, victim of trafficking, Cuban/Haitian entrant, Amerasian, and special immigrant visa statuses who became eligible for RCA benefits after April 1, 2019, and who meet income guidelines. Recipients of RCA are not eligible for other cash public assistance programs.

This change will allow people who have lost employment or are unable to work and are not eligible for other supports to receive a minimum cash benefit to support their well-being during the COVID-19 pandemic.

This federal waiver is effective immediately.

Affects [45 CFR § 400.211](#).

Related operational changes

- [Bulletin #21-06-03, issued May 27, 2021: UPDATED COVID-19 Waiver to Extend Eligibility for Refugee Cash Assistance](#)

- [Bulletin #21-06-04, issued June 11, 2021: COVID-19 Waivers and Policy Clarifications for Resettlement Network Services](#)

Expiration

These changes may remain in effect for the period set out in federal law or for the period set out in any applicable federally approved waiver or state plan amendment, whichever is later.

Fiscal Impact

This change has no state fiscal impact.

CV.60 – Modifying eligibility period for federally funded Refugee Social Services Program

Description

The commissioner applied for and received a federal waiver to extend beyond the 60-month eligibility period for the federally funded Refugee Social Services Program, with additional months not to extend beyond January 31, 2021. This change applies to people with refugee, asylee, victim of trafficking, Cuban/Haitian entrant, Amerasian, and special immigrant visa statuses. The federal waiver also allows eligibility status to be confirmed through verbal attestation rather than written documentation.

The Refugee Social Services Program provides employment, orientation, mentoring and system navigation services to people in their first five years after arriving in the United States. These changes support people who have lost employment or are unable to work or need other assistance to support their well-being during the COVID-19 pandemic.

This federal waiver is effective immediately.

Affects 45 CFR §§ 400.43(a), [45 CFR 400.152\(b\)](#).

Related operational changes

- [Bulletin #21-06-03, issued May 27, 2021: UPDATED COVID-19 Waiver to Extend Eligibility for Refugee Cash Assistance](#)
- [Bulletin #21-06-04, issued June 11, 2021: COVID-19 Waivers and Policy Clarifications for Resettlement Network Services](#)

Expiration

These changes may remain in effect for the period set out in federal law or for the period set out in any applicable federally approved waiver or state plan amendment, whichever is later.

Fiscal Impact

This change has no state fiscal impact.

CV.75 – Confirming the availability of employment services and the right to make informed choices and during the peacetime emergency

Description

As Minnesota employers re-open their businesses within the requirements of applicable Executive Orders, people may also return to their jobs and receive employment supports. The commissioner issued guidance to confirm the availability of employment services for people with disabilities and the right of people to make an informed choice about whether or not it is safe to return to a community-based job during the peacetime emergency.

Lead agencies and providers should work with people to allow them to make informed choices, including considerations such as:

- People considered at high-risk – those over 65 or with underlying health conditions – are strongly encouraged to stay home.
- Employers should have a COVID-19 Preparedness Plan on file with the Department of Employment and Economic Development and the individual feels confident that the plan will be implemented effectively by the employer.
- Individuals should be prepared to protect themselves in the workplace by regular hand-washing, mask-wearing, not touching their faces, etc.

The communications are applicable beginning May 30, 2020, and may remain in effect for a 60-day transition period after the end of the COVID-19 peacetime emergency declared by the governor.

Affects Minnesota Statutes, section [245D.03](#) and 42 CFR § 440.180.

Related operational changes

- [Bulletin #20-56-01, issued June 9, 2020: Employment services and the right to make informed choices during the peacetime emergency](#)

Expiration

This change expired August 30, 2021.

Fiscal Impact

This change has no state fiscal impact.

CV.82 – Maintaining suspended interest on certain child support debt

Description

The commissioner temporarily modified policy to require that interest not accrue on certain child support debt. Parents paying child support who fail to make a timely and complete child support payment but who had previously made at least 12 complete and timely payments, and had interest suspended on their debt, will continue to have interest suspended.

This modification will support parents paying child support who had previously made timely and complete child support payments for at least 12 months, but who may now be facing COVID-related financial difficulties and limited access to courts. Counties would otherwise need to assess each individual case during the COVID-19 pandemic.

This temporary policy modification is effective July 1, 2020.

Affects Minnesota Statutes, section 548.091.

Expiration

This change expired Aug. 30, 2021.

Fiscal Impact

This change has no state fiscal impact.

CV.91 – Child Care Assistance Program (CCAP) guidance related to school-age child care

Description

In response to the COVID-19 pandemic, on July 30, 2020, Governor Walz issued [Executive Order 20-82](#), allowing school districts and charter schools to offer in-person, distance or hybrid learning models for the 2020-2021 school year. As part of the order, a district or charter school that reduces in-person instruction must provide child care for children of “Tier 1” workers as defined by [the Minnesota Department of Education Guidance for Minnesota Public Schools 2020-21 School Year Planning](#).

Under previous policy, CCAP did not cover hours of education based services or hours during a typical school day for school-aged children because school instruction hours are not allowed to be considered for child care purposes. However, CCAP does allow for increased hours to be authorized if a school day is condensed to less than a typical day. Additionally, federal guidance issued in response to COVID-19 provides the option to pay for school-age children for time in child care when the children are completing remote, virtual or online schoolwork

Therefore, to allow families needed flexibility and to support parental choice, the commissioner used existing authority to make the following changes for authorization and payment for school-aged care for children in families in the 2020-2021 school year to accommodate for distance learning, hybrid learning and in-person learning models throughout Minnesota:

- For distance learning hours, CCAP families may choose whether to send their child to a child care provider or to care provided by schools, such as the free care offered to Tier 1 families. If the provider meets CCAP requirements, CCAP will pay the child care provider and adjust the number of hours authorized to reflect parent needs.

- For distance learning hours, CCAP will allow child care hours and payments to be authorized for families if in-person school is in place and a parent chooses to keep the child in distance learning with the child care provider due to COVID-19 needs and concerns.

The commissioner used existing authority under Minnesota Statutes, section [119B.095, subs. 1 and 2\(b\)](#); Minn. Rules [3400.0110, subp. 3](#) and the Department of Health and Human Services Office of Child Care. For more information, see [CCDF Frequently Asked Questions in Response to COVID-19](#).

Expiration

These changes expired at the conclusion of the child’s school year or on June 30, 2021, whichever occurred first.

Fiscal Impact

This change has no state fiscal impact.

CV.94 – Modifying Individual Education Plan payment formula for store-and-forward telemedicine

Description

The commissioner allowed school districts to receive Medicaid payments for physical therapy, occupational therapy and speech language pathology services delivered via store-and-forward telemedicine to children with Individual Education Plans. Store-and-forward telemedicine means asynchronous, non-real-time communications between providers and patients to share health information. The store-and-forward telemedicine:

1. May be used only for children engaged in distance learning (hybrid or ongoing). Services must be delivered face to face for children physically in school.
2. Requires some real-time, two-way interactive video to follow up on the store-and-forward component.
3. Is limited to physical therapy, occupational therapy and speech language pathology services. Nursing services, transportation, assistive technology and personal care assistants are ineligible.

Affects Minnesota statutes, [sections 256B.0625, subdivision 3b and subdivision 26](#).

Expiration

This change was made in response to COVID-19 and the waiver expired August 30, 2021. However, DHS has elected to make this policy a permanent change. The change was made permanent under existing authority and did not require additional statutory changes.

Fiscal Impact

This change has no state fiscal impact.

CV.109 – Providing 15% increase for Minnesota Food Assistance Program and Minnesota Family Investment Program maximum food benefits – Codified

Description

The commissioner used existing authority to approve a 15% increase in maximum benefits for the Minnesota Food Assistance Program, and for the food portion of the Minnesota Family Investment Program, to align with the recent federal changes to the Supplemental Nutrition Assistance Program (SNAP) from Jan. 1, 2021 to Sept. 30, 2021.

The Consolidated Appropriations Act of 2021 increased maximum SNAP benefits by 15% for Jan. 1 through June 30, 2021. The American Rescue Plan Act of 2021 extended this 15% increase in SNAP benefits through Sept. 30, 2021. The commissioner approved a change on June 28, 2021, to extend the 15% increase in maximum benefits for the Minnesota Food Assistance Program, and for the food portion of the Minnesota Family Investment Program, to align with the federal changes to SNAP through Sept. 30, 2021.

In addition to the federally funded SNAP, Minnesota provides state-funded food benefits through the Minnesota Food Assistance Program to legal non-citizens age 50 and older who do not qualify for SNAP because of their citizenship status. The state also provides a food benefit as part of the Minnesota Family Investment Program, the state's cash benefit program for families.

The 15% increase in maximum SNAP benefits automatically impacts the Minnesota Food Assistance Program because state law mandates that benefit calculations for the two programs align. The increase also affects the Minnesota Family Investment Program because the food benefit that Minnesota provides through the program is, in almost all cases, federal SNAP benefits. Aligning the benefits for these programs will make sure Minnesotans in need receive their food benefits without delay.

Affects Minnesota statutes, sections [256D.053](#), [256J.24, subd. 5a](#), [256D.053, subd. 3\(a\)](#) and [256D.053, subd. 3\(b\)](#).

Expiration

These changes expire September 30, 2021

Fiscal Impact

This change has a general fund cost of \$18 thousand and a Temporary Aid for Needy Families (TANF) cost of \$35 thousand in state fiscal year 2021.

CV.113 – Temporarily suspending aging out of foster care

Description

The commissioner temporarily suspended requirements for youth to age out of foster care.

The federal Consolidated Appropriations Act (CAA) passed in December 2020 temporarily suspends requirements for youth to age out of foster care before October 1, 2021, solely due to age. If youth already left

foster care during the pandemic, they have the option to voluntarily re-enter foster care up to a certain point. Additionally, youth may not lose foster care eligibility for failure to meet education, training or work requirements before October 1, 2021. These changes will support youth age 18 and older who are in foster care, and also support youth who aged out of foster care during the COVID-19 pandemic and who choose to re-enter foster care.

Affects Minnesota Statutes, [section 260C.451](#).

Expiration

This temporary suspension of terminating foster care due to age or inability to meet education, training or work requirements is effective through September 30, 2021.

Fiscal Impact

This change has a general fund cost of \$1.08 million in state fiscal year 2021. It is expected to have a general fund cost of \$807 thousand in the 2022-2023 biennium.

IX. Commissioner Letter

March 3, 2022

Dear Health and Human Services Committee Chairs, Co-Chairs, and Ranking Members,

The COVID-19 pandemic has presented great challenges for all Minnesotans including those served by the Department of Human Services (DHS). COVID-19 claimed the lives of over 8,000 Minnesotans and has impacted almost every area of our lives. The pandemic changed how we work, how we meet with each other, and how we provide care. I am proud to submit the attached report as the final summary of the collective response of the Department under the authority granted by Executive Orders 20-11 and 20-12.

In March of 2020, when the first cases of COVID-19 in Minnesota were confirmed, our first priority was the safety of our employees, clients and the people served by human services programs. As the pandemic began to unfold, it became clear that we would need to radically re-design the rules, regulations, and processes governing how human services are delivered in Minnesota in order to maintain access to services and effectively respond to the direct and indirect impacts of COVID-19 on our communities.

Executive Orders 20-11 and 20-12 and subsequent authority granted by the legislature provided the Commissioner of Human Services the flexibility needed to adjust DHS program regulations and operations to effectively respond to the pandemic. Thanks to these efforts we were quickly able to stand up an internal process to develop and review modifications to policies and program requirements, so that DHS and our partners had the flexibility to continue operating and providing services.

Coming off a period of headlines about payment errors in the Department, and only having been on-board as Commissioner for 6 months, the thought of quickly waiving rules and regulations in an unprecedented way was daunting.

To facilitate this process we established a Policy Review Team representing a cross-sector of our work to ensure we were judicious in our use of the emergency authorities granted to the Department. The Policy Review Team consisted of myself, Deputy Commissioners Chuck Johnson and Nikki Farago, Chief of Staff Stacy Twite, General Counsel Amy Akbay, Chief Equity Officer Dr. Karen McKinney, Compliance Officer Shireen Gandhi, MNIT @ DHS CBTO Greg Poehling, and Chief Financial Officer Ahna Minge.

A very special shout out to Chief of Staff, Stacy Twite, who created the Policy Review process as we went along, developing a Decision Memo template for Assistant Commissioners to use in bringing decisions to the Review Team, standing up a tracking system to keep track of each and every waiver with its timing and re-starting requirements, and meeting all of our reporting requirements. We continue to use the process for key DHS decisions post-COVID waivers.

As Commissioner, I would not use my executive authority under our waivers until getting a “thumbs up” on the screen from the members of the Policy Review Team. In addition to helping us assist providers and partners through the COVID pandemic, our Policy Review Team had the added benefit of modeling a new manner of

“crossing our t’s and dotting our i’s” before making decisions for all of the Department of Human Services. As we added Process Control Champions across our Administrations, many of them emulated this process in their daily work, adding greater integrity and trustworthiness to our decision-making processes.

Since its inception, the Policy Review Team approved 117 waivers and modifications to respond to the pandemic. These changes impacted numerous human services programs with a general fund fiscal impact of \$422.65 million, though this is more than offset by the \$1.06 billion in enhanced federal Medicaid Participation the state has received. The ability of the DHS team and our partners to implement this staggering number of changes, and adapt to change is a testament to the creativity and resiliency of the human services sector.

I’m grateful for the many partners DHS has had in this process. I want to thank our county and tribal partners, as well as service providers for their adaptability, their thoughtful collaboration, their input to needed waivers, and for continuing to serve Minnesotans in a time of crisis. We certainly would not have been able to meet the needs of Minnesotans during these trying times without them.

I’d also like to thank our Health and Human Services legislative committee chairs – Rep. Tina Liebling, Rep. Jennifer Schultz, Rep. Dave Pinto, Sen. Michelle Benson, and Sen. Jim Abeler – for their partnership. One of the key elements of the authorities granted to DHS was the requirement that DHS notify the relevant chairs and ranking members within 48 hours of any decision to modify DHS rules and regulations and the ability for our legislative chairs to “veto” any changes within the first two weeks of implementation. Not only did our chairs not veto one decision we made, we developed the regular habit of checking in with them before, during, and after making our waiver decisions, often seeking their advice and even asking them to “vote” on appropriate levels of forecast spending in various sectors of our work.

DHS Legislative Director Matt Burdick and I spent many hours in discussion with our legislative chairs over the last year and a half, and our approach to collaborative decision-making has also become a way of life in our leadership of DHS – not just a COVID requirement.

Additionally, I’m so proud of all the people who work at DHS. From office workers who had to quickly shift to remote work, to our Direct Care and Treatment staff who’ve implemented world-class infection control measures to keep clients and one another safe, DHS employees have remained committed to serving Minnesotans. I’d especially like to thank the Policy Review Team, who met weekly throughout much of the past two years to review the changes outlined in this report. The careful review of these leaders allowed us to respond quickly in a rapidly changing environment, while still doing our due diligence to ensure we were complying with all relevant state and federal laws.

The DHS team and our county and tribal partners also did the yeoman’s work of standing back up our rules and regulations as each waiver became unnecessary – no small feat, and in fact, much more work than waiving requirements in the first place. As the federal emergency comes to an end, our statewide human services system will have to practically re-build the state’s Medicaid eligibility system from scratch as almost no one was dis-enrolled from Medicaid or Minnesota Care for two years. With potential outdated personal information, each one of 1.4 million enrollees will have to have their eligibility re-determined as if they were new enrollees.

And many of our statewide human service provider partners are re-processing fingerprint background checks for all of their employees, working with our new vendor with new processes. The good news is that we have been able to stand back up a few processes in sequential order over many months and not all at once.

Most of the changes in this report ended with the termination of the Governor's peacetime emergency, at the end of June 2021 or at the end of August 2021, after a 60-day transition period. While this is the final report on human services COVID-19 waivers and modifications, the pandemic is not over. To continue to respond to the pandemic as we transition back to normal operations some of the changes outlined in this report continue until the federal public health emergency ends, while the Legislature extended others to provide additional time to transition. Others still have worked out so well the Legislature made them permanent, helping the creativity and innovation found in the pandemic response power improvements to human services programs going forward, the most striking among them what we have come to call "tele-everything" and remote work in general – changes that will change the way we all work for decades going forward.

Let it be remembered that Minnesota rose effectively and efficiently to the occasion of this once-in-a-century pandemic time and continued its compassionate and competent work of "helping people meet their basic needs so they could live in dignity and achieve their highest potential."

This gives me hope as we transition back to regular operations at DHS and look forward to the future.

Sincerely,

Jodi Harpstead
Commissioner

X. Appendix

A. Fiscal Estimates Department of Human Services COVID-19 Changes

Reflects items approved as of 6/30/21; (\$ in thousands).

Line	Tracking #		Authority	Title	Fund	FY 2020-21	FY 2020	FY 2021	FY 2022-23
1	CV.01	3/23/2020	MS 12A.10	Expedited Reimbursement to Nursing Facilities under M.S. 12A.10	GF	4,400	234	4,166	(3,300)
2	CV.02	3/20/2020; 5/1/2020	EO	Suspension or Modification of Licensing Requirements	GF	10	10	-	-
3	CV.03	3/20/2020	EO	Economic Assistance Programs Applications	GF	-	-	-	-
4	CV.04	3/20/2020	EO	Economic Assistance Program Renewals and Recertifications (4/20 to 2/21)	GF	26,520	4,928	21,592	184
5	CV.04	3/20/2020	EO	Economic Assistance Program Renewals and Recertifications (4/20 to 2/21)	TANF	9,639	1,656	7,983	80
6	CV.04A	1/11/2021	EO	Economic Assistance Program Renewals and Recertifications (3/21 to 5/21)	GF	3,066	-	3,066	180
7	CV.04A	1/11/2021	EO	Economic Assistance Program Renewals and Recertifications (3/21 to 5/21)	TANF	1,420	-	1,420	84
8	CV.05	3/20/2020	EO	Family Violence Specialist Waiver in MFIP	GF	-	-	-	-
9	CV.06	3/20/2020	MS 256J.57	Good Cause Exemptions from MFIP Sanctions	GF	-	-	-	-
10	CV.07	3/24/2020	EO	Paying Second Child Care Assistance Providers if One Provider is Closed or Unavailable	GF	2,630	2,630	-	-
11	CV.07A2	5/26/2020	EO	Paying Second Child Care Assistance Provider if One Provider is Closed or Unavailable - Extension	CCDBG	[4,948]	[4,948]	-	-

Line	Tracking #		Authority	Title	Fund	FY 2020-21	FY 2020	FY 2021	FY 2022-23
12	CV.07A5	2/4/2021	EO	Paying Second Child Care Assistance Providers if One Provider is Closed or Unavailable	GF	-	-	-	-
13	CV.08	3/20/2020	EO	Pay Child Care Assistance Program Providers While Children Not Attending Care	GF	-	-	-	-
14	CV.08A5	2/4/2021	EO	Pay Child Care Assistance Program Providers While Children Not Attending Care	GF	-	-	-	-
15	CV.09	3/24/2020	EO	Waiving, Modifying and Suspending Certain Requirements for Child Care Assistance Redetermination	GF	472	388	84	-
16	CV.10	3/20/2020	EO	Child Care Assistance Program Provider Registration Renewals	GF	-	-	-	-
17	CV.11	3/20/2020	EO	Monthly Foster Care Caseworker Visits Videoconferencing	GF	-	-	-	-
18	CV.12	3/20/2020	EO	Waiving Prospective Mandatory Child Support Enforcement Remedies	GF	-	-	-	-
19	CV.14	3/23/2020	EO	Waiver Recertification for AIDS Drug Assistance Program	GF	-	-	-	-
20	CV.15	3/20/2020	EO	Waiver of Face-to-Face Requirement of Assessments and Case Management for HCBS Waiver Services	GF	-	-	-	-
21	CV.16	3/23/2020	EO	Increasing Access to Services via Telemedicine	GF	-	-	-	-
22	CV.17	3/20/2020; 4/13/2020; 6/16/2020	EO	Ensuring Uninterrupted Coverage & Services for State Public Program Enrollees*	GF	115,649	3,202	112,447	231,691
23	CV.17	3/20/2020; 4/13/2020; 6/16/2020	EO	Ensuring Uninterrupted Coverage & Services for State Public Program Enrollees*	HCAF	13,432	1,285	12,147	10,573

Line	Tracking #		Authority	Title	Fund	FY 2020-21	FY 2020	FY 2021	FY 2022-23
24	CV.18	3/20/2020	7 CFR 273.7(i)	Good Cause Exemption for Able-Bodied Adults without Dependents SNAP Participants	GF	-	-	-	-
25	CV.19	3/23/2020	EO	Allow 90 Day Refill Limits for Prescription Maintenance Medications	GF	(514)	(39)	(475)	(282)
26	CV.20	3/23/2020	EO	Eliminating Cost Sharing for COVID-19 Testing and Treatment	GF	-	-	-	-
27	CV.22	3/23/2020	EO	Suspend Provider Revalidation	GF	-	-	-	-
28	CV.21	3/24/2020	EO	Continuation of School-Linked and Intermediate School District Mental Health Services	GF	-	-	-	-
29	CV.23	3/27/2020	EO	Modify Certain Background Study Requirements	GF	-	-	-	-
30	CV.23A5	11/18/2020	EO	Adaptive Response to Background Studies Requirements for Health and Human Service Providers – Emergency COVID Background Studies		-	-	-	-
31	CV.24	3/27/2020	EO	Removal of Face-to-Face Requirements for MN Medicaid Targeted Case Management	GF	-	-	-	-
32	CV.25	4/3/2020	EO	Modify Certain License Requirements for Family Child Care	GF	-	-	-	-
33	CV.26	4/3/2020	EO	Modify Certain Requirements for Licensed Child Care Centers & Certified Child Care Centers	GF	-	-	-	-
34	CV.27	3/30/2020	EO	Allowing Exemption for Temporary Absence Policy in Housing Support	GF	207	207	-	-
35	CV.27	6/24/2020	Ch. 7		CRF	1,135	-	1,135	-

Line	Tracking #		Authority	Title	Fund	FY 2020-21	FY 2020	FY 2021	FY 2022-23
36	CV.29	3/31/2020	EO	Waiving In-person Requirement to Allow Fair Hearings to Take Place by Telephone or Video	GF	-	-	-	-
37	CV.30	4/6/2020	EO	Expanding Telemedicine in Health Care, Mental Health, and Substance Use Disorder Settings	GF	-	-	-	-
38	CV.31	4/27/2020	EO	Allowing Waiver of County Cost When COVID-19 Delays Discharges from DHS-operated Psychiatric Hospitals	GF	-	-	-	-
39	CV.32	5/1/2020	MS 12A.10	Allowing additional reimbursement to Customized Living providers	GF	8,169	2,066	6,103	-
40	CV.33	4/3/2020	EO	Modify Timelines & Face to Face Requirements for Certain Child Protection Responses to Alleged Maltreatment	GF	-	-	-	-
41	CV.34		MS 12A.10	Cancelling RFP for Special Needs BasicCare in three counties	GF	-	-	-	-
42	CV.35	4/8/2020	EO	Modifying Requirements for Physical Examinations of Foster Children	GF	-	-	-	-
43	CV.36	4/10/2020	EO	Modifying the Time Period to Complete an Out-of-Home Placement Plan After a Child is Placed in Foster Care and Signature Requirements	GF	-	-	-	-
44	CV.37	4/15/2020	CA	Extending Recertification Dates for SNAP and MFAP	GF	-	-	-	-
45	CV.38	4/15/2020	EO	Allowing Flexibility in Housing Licensing Requirements	GF	-	-	-	-
46	CV.39	4/17/2020	CA	Providing emergency increases of SNAP and MFAP benefits	GF	60	36	24	-
47	CV.42	4/17/2020	CA	Streamlining the SNAP waiver process	GF	-	-	-	-

Line	Tracking #		Authority	Title	Fund	FY 2020-21	FY 2020	FY 2021	FY 2022-23
48	CV.40	4/17/2020	EO	Waiving Signature Requirements for Medical Equipment and Transportation	GF	-	-	-	-
49	CV.44	4/23/2020	EO	Allowing Remote Delivery of Adult Day Services	GF	-	-	-	-
50	CV.44A1	2/17/2021	EO	Allowing Remote Delivery of Adult Day Services	GF	44	-	44	16
51	CV.43	4/22/2020; 5/26/2020	EO	Expanding Remote Home and Community Based Services Waiver Services for People with Disabilities	GF	2,094	1,351	743	-
52	CV.45	4/23/2020	EO	Modifying certain licensing requirements for substance use disorder treatment	GF	-	-	-	-
53	CV.46	4/23/2020	EO	Modifying Certain Licensing Requirements for Children's Residential Facilities	GF	-	-	-	-
54	CV.47	4/23/2020	EO	Modifying Certain Licensing Requirements for Intensive Residential Treatment Service Providers	GF	-	-	-	-
55	CV.48	4/22/2020	EO	Modifying Requirements for Child Protection New Worker Training	GF	-	-	-	-
56	CV.49	4/23/2020; 6/15/2020	EO	Modifying Certain License Requirements for Adult Day Services	GF	-	-	-	-
57	CV.49A5	2/17/2021	EO	Modifying Certain License Requirements for Adult Day Services	GF	130	-	130	3,617
58	CV.50	4/23/2020	EO	Modifying Certain Requirements for Early Intensive Developmental and Behavioral Intervention (EIDBI) Services	GF	-	-	-	-
59	CV.51		MS 12A.10	Modifying certain child care background studies	GF	-	-	-	-
60	CV.52		MS 12A.10	Modifying certain child care licensing requirements	GF	-	-	-	-

Line	Tracking #		Authority	Title	Fund	FY 2020-21	FY 2020	FY 2021	FY 2022-23
61	CV.53	5/6/2020	EO	Allowing Flexibility for Personal Care Assistance (PCA) Service Oversight and Hours	GF	496	60	436	-
62	CV.54	4/29/2020	EO	Modifying certain licensing requirements for detoxification programs	GF	-	-	-	-
63	CV.55	4/29/2020	EO	Modifying certain licensing requirements for adult foster care, community residential settings, child foster care and family adult day services	GF	-	-	-	-
64	CV.57		EO	Waiving non-electronic public notice of Community Access for Disability Inclusion Waive	GF	-	-	-	-
65	CV.58	5/6/2020	EO	Authorizing federal waiver request & modifying certain requirements for legal nonlicensed provider registration for CCAP	GF	-	-	-	-
66	CV.59		MS 12A.10	Modifying eligibility period for federally funded Refugee Cash Assistance Program	GF	-	-	-	-
67	CV.60		MS 12A.10	Modifying eligibility period for federally funded Refugee Social Services Program	GF	-	-	-	-
68	CV.61	5/7/2020	EO	Modifying Certain Requirements for the Minnesota Sex Offender Program	GF	-	-	-	-
69	CV.62	5/7/2020	EO	Waiving Vendor Payment Requirement for Certain MFIP Participants	GF	-	-	-	-
70	CV.63	5/6/2020	EO	Modify Certain Licensing Requirements for the Residential Facilities: Forensic Mental Health Program	GF	-	-	-	-
71	CV.64	5/12/2020	EO	Modifying Certain Certification Requirements for Mental Health Centers (Rule 29)	GF	-	-	-	-

Line	Tracking #		Authority	Title	Fund	FY 2020-21	FY 2020	FY 2021	FY 2022-23
72	CV.65	5/12/2020	EO	Modify Certain Licensing Requirements for Psychiatric Residential Treatment Facilities	GF	-	-	-	-
73	CV.70	5/28/2020	EO	Waiving the County Child Support Agency In-Person Payment Location Requirement	GF	-	-	-	-
74	CV.73	5/26/2020	EO	Modifying Certain Licensing Requirements for Providers of Day Services for Adults with Disabilities	GF	654	-	654	-
75	CV.73A5	2/17/2021	EO	Modifying Certain Licensing Requirements for Providers of Day Services for Adults with Disabilities	GF	4,459	-	4,459	7,905
76	CV.78	6/10/2020	EO	Extending Recertification Timelines for Community Mental Health Service Providers	GF	-	-	-	-
77	CV.80	6/15/2020	EO	Modifying Licensing Requirements for Licensed and Certified Providers to require COVID-19 Plan	GF	-	-	-	-
78	CV.82		MS 12A.10	Maintaining suspended interest on certain child support debt	GF	-	-	-	-
79	CV.83	7/16/2020	EO	Modifying certain licensing standards for DHS licensed & certified services	GF	-	-	-	-
80	CV.86		EO	Waiving non-electronic notice for Waiver Reimagine amendments and Brain Injury renewal public comment	GF	-	-	-	-
81	CV.88	8/14/2020	EO	Waive Non-Electronic Public Notice for Elderly Waiver Amendments	GF	-	-	-	-
82	CV.89	9/10/2020	EO	Modifications to assessment and support planning requirements to ensure people's LTSS is maintained.	GF	-	-	-	-
83	CV.90	8/28/2020	EO	Modifying Certain Licensing Standards for Child Care Centers to Operate at an Additional Location	GF	-	-	-	-

Line	Tracking #		Authority	Title	Fund	FY 2020-21	FY 2020	FY 2021	FY 2022-23
84	CV.91	9/15/2020	CA	CCAP School-Age Child Care	GF	-	-	-	-
85	CV.92	8/28/2020	EO	Temporary Child Care Licensing Exclusion	GF	-	-	-	-
86	CV.94	9/16/2020	CA	Modifying the IEP cost-based payment formula to account for IEP services via telemedicine using store-and-forward	GF	-	-	-	-
87	CV.97	9/23/2020	EO	Seeking federal waiver for Legal Nonlicensed Child Care Provider Requirements	GF	-	-	-	-
88	CV.95	10/8/2020	EO	DHS to Process Health Care Applications for Incarcerated Individuals Who are Receiving a Conditional Medical Release	GF	-	-	-	-
89	CV.99	11/24/2020	EO	Waiver of Medical Necessity Requirement for Nursing Facility Private Rooms	GF	1,273	-	1,273	-
90	CV.100	12/1/2020	EO	Support for family caregivers and distance learning	GF	31	-	31	-
91	CV.102	12/1/2020	EO	Coverage of Administration of Investigational Drugs	GF	7	-	7	-
92	CV.103	12/1/2020	EO	Coverage of Interfacility Transfers for Load Balancing	GF	124	-	124	-
93	CV.105	12/21/2020	EO	Performing OBRA Level II evaluation post admission instead of prior to nursing facility admission	GF	-	-	-	-
94	CV.107	12/21/2020	EO	Extending the statutory cost reporting deadline for SNFs for 60 days	GF	-	-	-	-
95	CV.109	1/27/2021	CA	Increase to MFAP and MFIP food to align with SNAP.	GF	18	-	18	-
96	CV.109	1/27/2021	CA	Increase to MFAP and MFIP food to align with SNAP.	TANF	36	-	36	-
97	CV.113	2/26/2021	Federal Supremacy	Changes to state law related to extended foster care	GF	1,076	-	1,076	807

Line	Tracking #		Authority	Title	Fund	FY 2020-21	FY 2020	FY 2021	FY 2022-23
98	CV.115	3/4/2021	EO	Allowing verbal consent for individual treatment plans for certain behavioral health services	GF	-	-	-	-
99	CV.117		EO	Reducing MinnesotaCare premiums to comply with the American Rescue Plan Act of 2021	HCAF	-	-	-	-
100				Total Forecast Costs Approved	GF	171,075	15,073	156,002	240,818
					HCAF	13,432	1,285	12,147	10,573
					TANF	11,095	1,656	-	164
101				Additional Forecast Changes to DHS Programs					
102				Enhanced Federal Matching Funds: January 2020 through June 2021	GF	(1,062,439)	(330,143)	(732,296)	(477,160)
103				FY 2020-21 General Fund Forecast Costs of Program Waivers After Enhanced Federal Match		(891,364)			(236,342)

B. Local Agency Impact Summary

The Governor's Executive Order 20- 12 requires DHS to report on the cost lead agencies to implement the waivers and modifications. DHS solicited feedback from the Minnesota Association of County Social Service Administrators (MACSSA). The attached document pg. 85 – 94 is the response from MACSSA.

Minnesota Association of County Social Service Administrators
COVID-19 Waiver Report
February 2022

Executive Summary

Due to the public health threat posed by COVID-19, on March 13, 2020, Governor Tim Walz formally declared a peacetime state of emergency. A week later, Governor Walz signed Emergency Executive Order 20-12 on March 20, 2020, to ensure that critical services, including those delivered by our state’s human services system, were maintained.

Minnesota counties agreed that essential services both provided and managed by the Department of Human Services (DHS) should continue to be delivered in a safe, timely manner, particularly in the face of a pandemic. The newly signed executive order officially gave Commissioner of Human Services Jodi Harpstead the flexibility to temporarily waive and/or modify laws and regulations governing DHS programs in ways that would allow counties, tribes, and providers to continue delivering services that keep people safe.

Through this rapidly transformative time, counties have realized the following themes:

- The emergency temporary authority to change administrative and regulatory requirements for public assistance, mental health, home care, public health care, and other state programs in response to the COVID-19 pandemic were badly needed and resulted in a continuation of necessary services during this challenging time.
- Counties were required to quickly navigate the changes resulting from the waivers and modifications and simultaneously adjust service practices to assure quality. The outcome was significant improvements in some areas and substantial implementation challenges in other areas. Local staff experience in the delivery of services was essential to measuring and assuring the success of these changes.
- The AMC Blue Ribbon Committee on County Operations was valuable for counties to evaluate the outcomes and lessons learned across all areas of county government during the pandemic. Specific to Human Services, the Committee was instrumental in advocating for continued state and federal waivers as well as other county operational changes to provide effective and efficient services to Minnesotans.
- The waivers allowed county staff to provide some services via video and/or phone which was critical to preserving access to needed services and guaranteeing adequate social distancing.
- In some case management programs, federal rules have allowed for virtual visits to continue as an alternative to face-to-face visits. To this day, counties continue to support a stronger integration of virtual and face-to-face visits for the longer term.
- One of the most striking but hard-to-quantify cost savings for counties was the way Minnesotans accessed remote services with greater efficiency. For example, during the height of the pandemic, it was surprising that individuals experiencing mental health crises expressed preferences for telemedicine.

- Increased engagement in services measured by a steep reduction in “no shows” for appointments across a wide spectrum of services and providers was an unexpected, yet positive, outcome.
- The concurrent, yet staggered, roll out of both state and federal waivers created extensive complexities with existing systems and policies resulting in additional work for county staff. This was especially true for the economic assistance programs, which highlights the need for extensive programmatic administrative simplification.
- Modernization of human services programs, processes, and technology is imperative to the effectiveness and sustainability of publicly funded human services. Our current system is complex, fragmented, and administratively burdensome, which impede outcomes Minnesotans need from these critical supports.
- COVID-19 interrupted services and staffing for facilities, counties, and service providers throughout the state. Workforce shortages continue to exacerbate this issue in unprecedented ways. Similar to the experience with waivers and changing business practices as a result of the pandemic, counties encourage support for new innovative approaches and pilot initiatives to gain experience on new approaches that focus on short-to intermediate-term enhancements that can improve staff and person served experiences.
- As partners in an extended technology enterprise architecture framework and “business owners” of the human services delivery system, counties stand ready to provide their expertise and partnership with the state to advance projects that improve user experience and reduce administrative burden.
- Counties are thankful for the “ramp down” that was passed in 2021 to transition away from many of the waivers, however counties had, and still have, backlogs in several program areas. The status of the pandemic and the federal Public Health Emergency Order coupled with high volumes of community need have left counties in a challenging position.
- As the local Mental Health Authorities, counties are seeing Minnesotan’s mental wellbeing suffer at unprecedented levels as we navigate this pandemic. Adult Mental Health Initiatives are the infrastructure that supports our state’s community mental health system, and reform efforts are jeopardizing this stability in many areas of the state. Now, more than ever, the mental health of Minnesotans depends on increasing and stable funding for community-based services, and a proper array of State-Operated safety net services for those at the highest levels of need.

Looking forward, the current state budget surpluses and one-time funding opportunities allow us the unique chance to mitigate some of the pandemic’s impacts on individuals and communities, while also bringing transformational change to our human services system. To achieve this, counties see the need for regular and continued engagement with DHS leadership to build relationships and move forward a joint vision on human services system needs and investments.

Minnesota County COVID Waiver Report

Due to the public health threat posed by COVID-19, on March 13, 2020, Governor Tim Walz formally declared a peacetime state of emergency. A week later, Governor Walz signed Emergency Executive Order 20-12 on March 20, 2020, to ensure that critical services, including those delivered by our state's human services system, were maintained.

Minnesota counties agreed that essential services both provided and managed by the Department of Human Services (DHS) should continue to be delivered in a safe, timely manner, particularly in the face of a pandemic. The newly signed executive order officially gave Commissioner of Human Services Jodi Harpstead the flexibility to temporarily waive and/or modify laws and regulations governing DHS programs in ways that would allow counties, tribes, and providers to continue delivering services that keep people safe.

The executive order required DHS to report on approved temporary changes to the leadership of the legislative committees with jurisdiction over human services every 60 days. It also required them to report further details on the implementation costs related to the state agency and other lead county agencies.

To fulfill this requirement, DHS staff invited the Association of Minnesota Counties (AMC) and the Minnesota Association of County Social Service Administrators (MACSSA) to share their insights on the total costs of implementing the waivers and modifications as part of the agency's final report to the Legislature.

County engagement on COVID-19 health and human services waivers

AMC and MACSSA would like to thank Governor Walz and DHS for quickly responding to the pandemic through executive orders that created the critical flexibility needed to serve vulnerable Minnesotans. The emergency temporary authority to change administrative and regulatory requirements for public assistance, mental health, home care, public health care, and other state programs in response to the COVID-19 pandemic were badly needed and resulted in the continuation services delivered during this challenging time. We would also like to thank the Legislature for its prompt response and appropriation of much-needed funds that assisted counties as they modified nearly every facet of staff and service delivery operations to ensure that no Minnesotan fell through the cracks.

As a state-supervised, county-administered human services system, it is our counties and tribes that serve as essential, on-the-ground partners to ensure that human services are effectively delivered, regardless of public health trends. The COVID-19 pandemic radically changed the world for everyone, but perhaps for no individuals more than our state's most vulnerable. In the days, weeks, and months since the virus originally hit our state, Minnesota Counties were required to quickly navigate the changes resulting from the waivers and modifications and simultaneously adjust service practices to assure quality. The outcome was significant improvements in some areas and substantial implementation challenges in other areas. Local staff experience in the delivery of services was essential to measuring and assuring the success of these changes

In some cases, these altered methods were improvements over the previous standard in-person delivery models. In other cases, these altered methods created implementation challenges for lead agencies and providers. It is not an understatement to say that in most cases, the transition from existing law to new practices (and the transition back) was challenging and cumbersome for counties. Based on county staff's unique experiences at the intersection of service to people and state guidance, they are in a special position to evaluate the COVID-19 human services waivers and modifications and their impact on how work was done.

Recognizing the gravity of the pandemic's impact and the historic nature of service waivers and modifications, counties first set out on the task of documenting how service delivery changed and sought ways to learn from this experience. The AMC organized a Blue Ribbon Committee on County Operations in the spring of 2020 to examine the lessons learned about county government operations during the COVID-19 emergency and walked away with the recommendation to continue state and federal waivers as well as county operational changes that provided more effective, efficient service to Minnesotans. The work of the AMC Blue Ribbon Committee can be found in a summary [here](#).

The AMC Blue Ribbon Committee first met on May 6, 2020. At that point, counties had been living through and responding to the impacts of COVID-19 for several months. After months of working under the new waivers and modifications, the committee looked to identify a short list of waivers that it would recommend (to the state) be extended beyond the peacetime emergency to help counties smoothly transition out of remote service delivery, as opposed to an abrupt and disruptive change (as had happened in the early pandemic days). Staff at AMC, MACSSA and the Local Public Health Association (LPHA) assisted the committee in building this list.

While the committee evaluated each of the waivers and modifications that had been extended, a special value was placed on those that also provided opportunity for innovation in the health and human services fields. It was the desire that extending these waivers may preserve that creativity until a time when the long-term consequences of the change could be thoroughly evaluated. It was the findings of this committee – combined with a simultaneous advocacy effort at the Legislature – that was instrumental in passing House File 105, which included a 60-day extension of all human services waivers beyond the end of the peacetime emergency in addition to other waiver-specific extensions.

It is this context and broad view in which counties contributed their thoughts on the impacts associated with implementing human services waivers and modifications in this legislative report. This report is not intended to submit comprehensive or scientific evaluation of the waivers and modifications – as a collective of 87 counties, we do not have the resources for an undertaking of such magnitude. In submitting this feedback, counties acknowledge that teasing an exact cost or impact associated with each waiver is incredibly challenging, as there is not one single variable but rather many that have affected our work over the last two years.

From the increased number and complexity of individuals served to employee turnover/labor shortage issues and health challenges for staff and people served, there are many factors influencing county costs and our staff's ability to flex between old and new operational models. We also know

that this analysis is far from over – as this report is finalized, the pandemic continues to rage on throughout our state.

What we can do, however, is point to specific examples of what has worked and where the pandemic has magnified our human services system’s shortcomings. It is our hope that this feedback highlighting general themes and future opportunities for county, tribe, and state partnership will help us move forward to innovate within our human services system to better serve all Minnesotans.

We recognize that significant innovations have been happening at the state and county levels throughout the pandemic. It is the goal of AMC and MACSSA to work in partnership with DHS and the Legislature to create a mutually led space that leverages our shared learnings to develop long-term innovations in human services delivery. Work like that of the appointed COVID-19 Waiver Evaluation Steering Committee is aimed toward this goal and we applaud it. For this work to be successful, we believe there should be additional dedicated leadership buy-in, commitment, and resources. To lose the insights and advances made during this crisis would be a disservice to the people we serve and to our human services system.

Using technology to support essential services for people served

Peacetime emergency waivers and modifications issued by DHS have permitted county staff to change the delivery method of services without sacrificing service quality by doing such things as conducting meetings via video and processing enrollment paperwork remotely.

Allowing staff to provide these services via video and/or phone has been critical to preserving service delivery and quality while guaranteeing adequate social distancing. Case managers could also significantly reduce travel time, save money, and in some cases, increase the frequency and amount of contact and support provided to those people we served. In some case management programs, federal rules have allowed virtual visits to continue as an alternative to face-to-face visits. To this day, counties continue to support a stronger integration of virtual and face-to-face visits for the longer term.

We are thankful that the Legislature explored this asset in the last legislative session. Several key program areas for virtual visits include:

- Mental health and substance use disorder services
- Targeted case management
- Waiver program services
- School-linked mental health services
- Early Intensive Developmental and Behavioral Intervention services

One of the most striking but hard-to-quantify cost savings for counties was the way Minnesotans accessed remote services with greater efficiency. During the height of the pandemic, many people experiencing mental health crises expressed preferences for telemedicine – even in the midst of crisis.

Remote services have led to many program benefits to people served, including:

- Fewer no shows/cancellations;
- The ability to reschedule more quickly in the case of no-shows and cancellations;
- The ability for people served to be seen despite changes in schedule, circumstances or locations; when on vacation; navigating changes of residence, as our foster kids often do; work or school changes; and general continuity of care;
- More sessions and services available per day, due to less or no travel/transitions to different locations;
- Time savings on drive time, allowing for more capacity for paperwork, addressing complex individual needs and increased caseload numbers;
- Virtual visits, which created a mechanism for more frequent check-ins with those who requested so; and
- Availability for waivers regarding redeterminations for SNAP, cash assistance, and health care, which allowed for the continuity of safety net benefits for individuals or families living in deep poverty.

During this time, the number of “no-shows” for appointments across a wide spectrum of providers plummeted. Our care system benefited from individuals receiving services when and how they were best able during the crisis. Quantifying the cost or benefit of an individual accessing mental health services in a timely way is difficult, particularly on a spreadsheet. While you can figure out the increased number of visits or a possible difference in billing rates for a remote visit in contrast to an in-person visit, our current data systems make it very challenging to quantify or track the positive impact of avoiding the need for crisis services with timely support or treatment.

Equally, the value of regular personal access to a case manager during an isolating pandemic is also difficult to quantify. For individuals who lacked normal engagement with their community, the services they received from counties and providers were often cited as a lifeline during this challenging time.

Administrative Simplification

One challenge that complicated the delivery of services was the complexity surrounding existing systems and policies. As state waivers started to take effect, so did waivers at the federal level; thus, creating conflicting policy as a result of different authorities over similar areas of work. This was especially true for the economic assistance programs.

For example, food support was under the direction of the United States Department of Agriculture Food Support and Nutrition while Health Care was under the Center for Medicare and Medicaid Services. Finally, the state’s cash programs fell under the DHS waivers. Different authorities for direction created different timelines, policies, procedures and multiple work arounds that needed to be tracked. This can be especially confusing to those who apply for cash, food and health care at the same time. In addition, it also required the creation of multiple iterations of both a COVID-19 guide and COVID-19 Q&A documents for staff, currently on versions 23 and 31 respectively, for a combined total of 61 pages. Staff administering those programs must reference each regularly to ensure they are correctly applying the most current policy for each of the programs. The past two years has emphasized the importance of finding ways to align and simplify statute and polices to

help decrease confusion for people served, ensure program integrity, and help support future modernization efforts.

Dependence on statewide technology systems

COVID 19 emphasized the importance of maintaining and advancing our technology infrastructure. Program staff and participants became reliant upon system access that was available outside of traditional business hours to help support the work. Furthermore, any disruption or issues with the state systems creates further hardships for staff and those who are served by these programs as they may not have access to information any other way.

Modernization of human services programs, processes, and technology is imperative to the effectiveness and sustainability of publicly funded human services. Our current system is complex, fragmented, administratively burdensome, which impede outcomes Minnesotans need from these critical supports.

Modernization efforts at the state level in recent years have not kept pace with the rapidly changing technology and service environment. There is now an opportunity to change that. Recent initiatives like the ongoing Gartner assessment of the state’s modernization approach paired with Code for America’s implementation of the MNbenefits application point to a promising path forward. They offer a new framework for modernization that emphasizes the agile, iterative delivery of tools that make service engagement easier and better for the people we serve, while also being attentive to the needs of county and tribal agencies.

Future investments need to consider strategic investments to support existing legacy systems, while also making mindful investments in operational funding and ongoing technology maintenance for DHS. Counties encourage support for pilot initiatives to gain experience on new approaches that focus on short-to immediate-term enhancements that can improve the experiences of staff and people served. There are opportunities on the horizon through federal recovery funds, dedicated state technology modernization resources, enhanced federal funding and local county innovation that can be leveraged to improve the human services technology ecosystem.

As partners in an extended technology enterprise architecture framework and “business owners” of the human services delivery system, counties stand ready to provide their expertise and partnership with the state to advance projects that improve user experience and reduce administrative burden. We have always known (which the pandemic has reinforced) improved technology systems can increase equity and ease of access to services for all Minnesotans. We look forward to working with the state and Legislature on this.

System efficiencies and workforce shortages

COVID-19 interrupted services and staffing for facilities, counties, and service providers throughout the state. Workforce shortages continue to exacerbate this issue in unprecedented ways. Moving forward the health and human service system will need to continue to innovate through identifying and implementing system efficiencies. This may also mean extending flexibility to be sure there is a continuity of services has been needed in several areas. Changes allowing counties to prioritize resources that protect the health and safety of vulnerable Minnesotans within their service

area – including the extension of timelines and streamlining eligibilities – is important for this continuity of services.

Well before COVID-19 hit Minnesota, counties have continually planned for and adjusted staffing and services to meet resident needs. Counties believe the successes experienced during the pandemic create an opportunity to further partner with the state to identify the support, tools, resources, and latitude necessary for accessing resources and delivering services that best address local need.

Transitions and timelines

It was not in the best interest of Minnesotans to simply “flip a switch” and return to business as usual when the peacetime state of emergency declaration ended. Transition time was needed to provide continuity in services, protect the health and safety of employees and people served, while also protecting economic stability for providers. Counties asked the Legislature to pass a “ramp down” of at least 60 days for the COVID-19-related waivers and modifications to ensure we could transition practices in a manageable, responsible way.

Counties are thankful for the “ramp down” that was passed in 2021 as a way to transition away from many of the waivers, however counties had, and still have, backlogs in several program areas. The current status of the pandemic and the federal Public Health Emergency Order coupled with high volumes of community need have left counties in a challenging position.

One example of a program requirement still in transition relates to background checks. Concerns remain that the ongoing transition from emergency background studies to the federal fingerprinting requirement for many in the health care and human services field will put additional strain on counties, providers, and their workforce.

An additional transition on the horizon is the continued extension of the federal public health emergency. While it continues to remain in effect, redeterminations for health care eligibility have not been on hold, as it is a condition of the federal emergency status. While the delay has ensured a continuity in coverage, it has also increased the number of people receiving medical assistance. At some point, the process of redetermining eligibility for a growing caseload of individuals on health care will need to begin, igniting the potential of overwhelming county workers as they process eligibility for new and existing residents on health care.

Minnesota’s mental health needs

As the local Mental Health Authorities, counties are seeing Minnesotan’s mental wellbeing suffer at unprecedented levels as we continue to navigate this pandemic. Adult Mental Health Initiatives are the infrastructure that supports our state’s community mental health system, and reform efforts are jeopardizing this stability in many areas of the state. Now, more than ever, the mental health of Minnesotans depends on increasing and stable funding for community-based services, and a proper array of State-Operated safety net services for those at the highest levels of need.

The negative experiences nourish despair and discouragement that can lead to depressive disorders and potentially self-destructive acts that can aggravate fears and precipitate anxiety disorders. Grief

and loss and financial stressors have also resulted in increased levels of anxiety, depression, and substance use among many Minnesotans. As the mental health authority in each community, each day counties are tasked with the safety and care of our families and individuals. Additional resources will be imperative to ensure quality care as mental health concerns continue to grow.

The regional public health collaborations known as Adult Mental Health Initiatives (AMHI) have taken seriously their duty to create sustainable services within their dedicated resources. These collaborations began under a pilot framework of creating of an infrastructure for community-based mental health services. Ever since, the AMHI structure has become essential to local mental health service delivery systems with Minnesota's residents increasingly reliant on this infrastructure, a reality exacerbated by current societal needs (the pandemic, criminal justice system pressures, inpatient hospital and secure bed shortages, waning workforce, etc.).

During the 2021 legislative session, the Legislature allocated a two-year funding increase to AMHIs. While this funding is greatly appreciated and will assist the system for two years, societal needs and stress on the mental health system is not going away. At the same time, there are also efforts underway to reform the AMHI funding formula. Counties strongly encourage full funding of all AMHIs to bring regions into alignment without creating a loss of funding.

Additionally, in a state-directed, county-administered system, the state must be the entity that provides safety net services for the most vulnerable adults and children residing in Minnesota. This finding was identified in a 2013 Legislative Auditor report and a 2015 Transitioning Minnesota State-Operated Community Services (MSOCS) Residential to a Safety Net Services Final report. Counties are experiencing significant difficulty in finding services for people with complex needs and those who are typically difficult to serve.

Without an adequate continuum of care and the state serving as a safety net provider, counties must search for services out of state. It is essential that the state provide safety net services for people unable to be serviced by community provider capacity and meet safety net criteria. This could include people currently unable to leave the Anoka Metro Regional Treatment Center (AMRTC), Community Behavioral Health Hospitals (CBHH), the Children and Adolescent Behavioral Health Hospital (CABHH), community acute care and/or psychiatric hospitals, or the Minnesota Security Hospital due to a lack of community provider capacity or a provider's ability to provide care to people with complex needs.

This issue compounds with the fact that counties are paying an increasing amount of county levy dollars each year to the state to cover the cost of placements in the Minnesota's Direct Care and Treatment (DCT) system after patients no longer need a hospital level of care. Counties would attest that one of the biggest challenges in discharging "Does Not Meet Medical Criteria" (DNMC) individuals in a timely manner is finding appropriate community placements. Currently, this is not an approved reason for waiving the county cost of care liability. Counties' goals have been to find the appropriate level of care for the individual while also avoiding DNMC charges that will significantly impact county human services budgets. COVID-19 has added additional challenges to

the already-stressed system and there are few alternatives for appropriate transition into the community.

It is well known that Minnesota's mental health system is not readily accessible to meet the demand of mental health treatment. In 2021, the Minnesota Rural Health Advisory Committee's report "Recommendations on Strengthening Mental Health Care in Rural Minnesota" highlighted the need for continued efforts to support and strengthen the mental health care system across the entire spectrum of care. The mental health work group recommended several actions to strengthen the rural mental health care system across the continuum of care, with recommendations on strengthening mobile crisis services, increasing the mental health workforce, enhancing services for youth, and increasing options for housing and residential placements. Further investments in the mental health care system across the entire spectrum of care are sorely needed.

Looking forward

Minnesota counties have continued to provide high-quality service in administering state programs during a time when our services may never have been more critical. Current state budget surpluses and one-time funding opportunities allow us the unique chance to mitigate some of the pandemic's impacts on individuals and communities, while also bringing transformational change to our human services system. We do not want to miss this opportunity to join forces, align our vision and create a significant lasting impact.

To achieve this, counties see the need for regular and continued engagement with DHS leadership to build relationships and move forward a joint vision on human services system needs and investments. As the front door for human services in Minnesota, county staff have been on the ground and identifying firsthand the pinch points, bottlenecks, public health risks, and challenges in safely providing services during this peacetime state of emergency. This includes in advocacy for time-limited needs during spikes of transmission throughout the pandemic and for long lasting changes to how we do business in human services. Counties seek to continue to be a valued resource to legislators and the state as we advance our human services system to truly meet the needs of all Minnesotans.