

## Table of Contents

### Human Services

Agency Profile .....	1
Agency Expenditure Overview .....	4
Agency Financing by Fund .....	6
Agency Change Summary .....	12
<b>Program</b> .....	17
<b>Central Office Operations</b> .....	17
<u>Activity</u> .....	17
<b>Operations</b> .....	17
<i>Activity Narrative</i> .....	17
Activity Expenditure Overview .....	22
Activity Financing by Fund .....	23
<b>Children &amp; Families</b> .....	26
<i>Activity Narrative</i> .....	26
Activity Expenditure Overview .....	29
Activity Financing by Fund .....	30
<b>Health Care</b> .....	32
<i>Activity Narrative</i> .....	32
Activity Expenditure Overview .....	36
Activity Financing by Fund .....	37
<b>Continuing Care for Older Adults</b> .....	39
<i>Activity Narrative</i> .....	39
Activity Expenditure Overview .....	43
Activity Financing by Fund .....	44
<b>Community Supports</b> .....	47
<i>Activity Narrative</i> .....	47
Activity Expenditure Overview .....	50
Activity Financing by Fund .....	51
<b>Central IT</b> .....	54
<i>Activity Narrative</i> .....	54
Activity Expenditure Overview .....	56
Activity Financing by Fund .....	57
<b>Program</b> .....	58
<b>Forecasted Programs</b> .....	58
<u>Activity</u> .....	58
<b>MFIP Diversionary Work Program</b> .....	58
<i>Activity Narrative</i> .....	58
Activity Expenditure Overview .....	60
Activity Financing by Fund .....	61
<b>MFIP Child Care Assistance</b> .....	62
<i>Activity Narrative</i> .....	62
Activity Expenditure Overview .....	65
Activity Financing by Fund .....	66
<b>General Assistance</b> .....	67

<i>Activity Narrative</i> .....	67
Activity Expenditure Overview .....	69
Activity Financing by Fund .....	70
<b>MN Supplemental Assistance</b> .....	71
<i>Activity Narrative</i> .....	71
Activity Expenditure Overview .....	73
Activity Financing by Fund .....	74
<b>Housing Support</b> .....	75
<i>Activity Narrative</i> .....	75
Activity Expenditure Overview .....	77
Activity Financing by Fund .....	78
<b>Northstar Care for Children</b> .....	79
<i>Activity Narrative</i> .....	79
Activity Expenditure Overview .....	81
Activity Financing by Fund .....	82
<b>MinnesotaCare</b> .....	83
<i>Activity Narrative</i> .....	83
Activity Expenditure Overview .....	85
Activity Financing by Fund .....	86
<b>Medical Assistance</b> .....	87
<i>Activity Narrative</i> .....	87
Activity Expenditure Overview .....	94
Activity Financing by Fund .....	95
<b>Alternative Care</b> .....	96
<i>Activity Narrative</i> .....	96
Activity Expenditure Overview .....	99
Activity Financing by Fund .....	100
<b>Chemical Dependency Treatment Fund</b> .....	101
<i>Activity Narrative</i> .....	101
Activity Expenditure Overview .....	103
Activity Financing by Fund .....	104
<b><u>Program</u></b> .....	105
<b>Grant Programs</b> .....	105
<b><u>Activity</u></b> .....	105
<b>Support Services Grants</b> .....	105
<i>Activity Narrative</i> .....	105
Activity Expenditure Overview .....	108
Activity Financing by Fund .....	109
<b>BSF Child Care Assistance Grants</b> .....	110
<i>Activity Narrative</i> .....	110
Activity Expenditure Overview .....	113
Activity Financing by Fund .....	114
<b>Child Care Development Grants</b> .....	115
<i>Activity Narrative</i> .....	115
Activity Expenditure Overview .....	117
Activity Financing by Fund .....	118
<b>Child Support Enforcement Grants</b> .....	120
<i>Activity Narrative</i> .....	120

Activity Expenditure Overview .....	123
Activity Financing by Fund .....	124
<b>Children's Services Grants</b> .....	125
<i>Activity Narrative</i> .....	125
Activity Expenditure Overview .....	127
Activity Financing by Fund .....	128
<b>Child &amp; Community Service Grants</b> .....	130
<i>Activity Narrative</i> .....	130
Activity Expenditure Overview .....	132
Activity Financing by Fund .....	133
<b>Child &amp; Economic Support Grants</b> .....	134
<i>Activity Narrative</i> .....	134
Activity Expenditure Overview .....	136
Activity Financing by Fund .....	137
<b>Refugee Services Grants</b> .....	139
<i>Activity Narrative</i> .....	139
Activity Expenditure Overview .....	141
Activity Financing by Fund .....	142
<b>Health Care Grants</b> .....	143
<i>Activity Narrative</i> .....	143
Activity Expenditure Overview .....	145
Activity Financing by Fund .....	146
<b>Other Long Term Grants</b> .....	147
<i>Activity Narrative</i> .....	147
Activity Expenditure Overview .....	150
Activity Financing by Fund .....	151
<b>Aging &amp; Adult Services Grants</b> .....	153
<i>Activity Narrative</i> .....	153
Activity Expenditure Overview .....	156
Activity Financing by Fund .....	157
<b>Deaf &amp; Hard of Hearing Grants</b> .....	158
<i>Activity Narrative</i> .....	158
Activity Expenditure Overview .....	161
Activity Financing by Fund .....	162
<b>Disabilities Grants</b> .....	163
<i>Activity Narrative</i> .....	163
Activity Expenditure Overview .....	166
Activity Financing by Fund .....	167
<b>Housing &amp; Support Services Grants</b> .....	168
<i>Activity Narrative</i> .....	168
Activity Expenditure Overview .....	170
Activity Financing by Fund .....	171
<b>Adult Mental Health Grants</b> .....	172
<i>Activity Narrative</i> .....	172
Activity Expenditure Overview .....	175
Activity Financing by Fund .....	176
<b>Child Mental Health Grants</b> .....	178
<i>Activity Narrative</i> .....	178

Activity Expenditure Overview .....	181
Activity Financing by Fund .....	182
<b>Substance Use Disorder Treatment Support Grants</b> .....	183
<i>Activity Narrative</i> .....	183
Activity Expenditure Overview .....	187
Activity Financing by Fund .....	188
<b><u>Program</u></b> .....	190
<b>Direct Care and Treatment</b> .....	190
<b><u>Activity</u></b> .....	190
<b>Mental Health &amp; Substance Abuse Trtmt Svcs</b> .....	190
<i>Activity Narrative</i> .....	190
Activity Expenditure Overview .....	193
Activity Financing by Fund .....	194
<b>Community Based Services</b> .....	196
<i>Activity Narrative</i> .....	196
Activity Expenditure Overview .....	198
Activity Financing by Fund .....	199
<b>Forensic Services</b> .....	201
<i>Activity Narrative</i> .....	201
Activity Expenditure Overview .....	204
Activity Financing by Fund .....	205
<b>Minnesota Sex Offender Program</b> .....	206
<i>Activity Narrative</i> .....	206
Activity Expenditure Overview .....	209
Activity Financing by Fund .....	210
<b>DCT Administration</b> .....	212
<i>Activity Narrative</i> .....	212
Activity Expenditure Overview .....	214
Activity Financing by Fund .....	215
<b><u>Program</u></b> .....	218
<b>Fiduciary Activities</b> .....	218
<b><u>Activity</u></b> .....	218
<b>Fiduciary Activities</b> .....	218
<i>Activity Narrative</i> .....	218
Activity Expenditure Overview .....	220
Activity Financing by Fund .....	221
<b><u>Program</u></b> .....	222
<b>Technical Activities</b> .....	222
<b><u>Activity</u></b> .....	222
<b>Technical Activities</b> .....	222
<i>Activity Narrative</i> .....	222
Activity Expenditure Overview .....	224
Activity Financing by Fund .....	225

[mn.gov/dhs](http://mn.gov/dhs)

### AT A GLANCE

- Health care programs (Medical Assistance, MinnesotaCare) — 1,168,680 people on average enrolled per month in 2019
- Supplemental Nutrition Assistance Program (SNAP) — over 426,000 people received help each month in 2019
- Minnesota Family Investment Program and Diversionary Work Program — about 29,000 families with low incomes assisted per month in 2019
- Child support — more than 332,000 custodial and noncustodial parents and their 230,000 children receive services
- Child care assistance — more than 15,349 families assisted in a month in 2019
- Adults receiving publicly funded mental health services — 16,493 people per month in 2019<sup>1</sup>
- Children and youth receiving publicly funded mental health services — 7,479 per month in 2019<sup>2</sup>
- DHS Direct Care and Treatment provided services to more than 12,000 individuals in 2019
- In FY 2019 DHS all funds spending was \$17.8 billion<sup>i</sup>

### PURPOSE

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

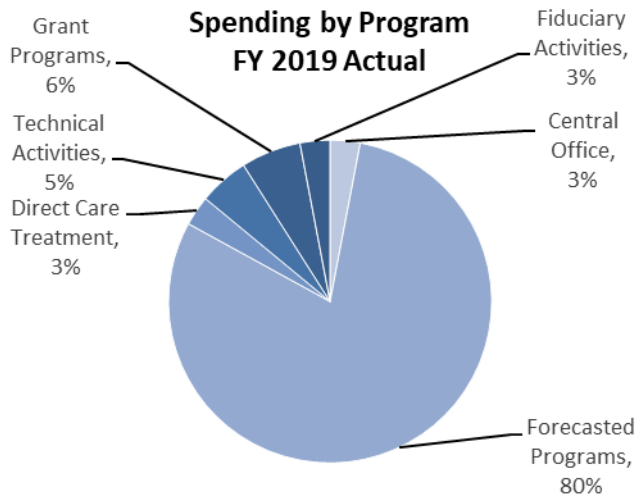
- We focus on people, not programs.
- We provide ladders up and safety nets for the people we serve.
- We work in partnership with others; we cannot do it alone.
- We are accountable for results, first to the people we serve and, ultimately, to all Minnesotans.

---

<sup>1</sup> 2019 URS report, MH-CLD

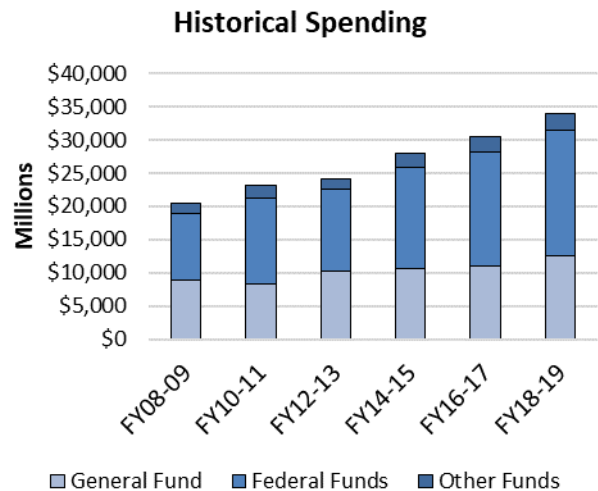
<sup>2</sup> Ibid.

## BUDGET



**Represents all funds spending. Forecasted Programs includes: Medical Assistance 89%, MinnesotaCare 3%, Economic support programs 6%, and other health care programs 2%. Direct Care and Treatment (DCT) includes Minnesota Sex Offender Program and State-Operated Services**

**Source: Budget Planning & Analysis System (BPAS)**



**Source: Consolidated Fund Statement**

Minnesota has a strong tradition of providing human services for people in need so they can live as independently as possible, and of working to ensure that Minnesotans with disabilities are able to live, work and enjoy life in the most integrated setting desired. DHS provides oversight and direction for most health and human services programs, making sure providers meet service expectations. Most services are delivered directly to people by counties, tribes, health care providers or other community partners. Some DHS employees provide direct care and treatment to people with mental illness, chemical dependency and developmental disabilities as well as to individuals civilly committed for sex offender treatment. Examples of our work include:

- Health care programs which purchase medical care and related home- and community-based services for children, seniors, people with disabilities and people with low incomes.
- Economic assistance programs which provide assistance to low-income Minnesotans to help them move toward greater independence.
- Services to children who have suffered abuse or neglect, to assure their safety and well-being, and early intervention services to children at-risk of abuse or neglect.
- Grant programs to support local delivery of human services for populations in need, including recent refugee immigrant populations, adults and children with mental illness or substance abuse problems, people who are deaf or hard of hearing, seniors and vulnerable adults.
- Direct care provided through a statewide array of institutional and community-based services. Services are targeted to people experiencing mental illness, chemical dependency, developmental disabilities and/or an acquired brain injury, some of whom are civilly committed by the court because they may pose a risk to themselves or others.
- Residential services and treatment to people who are committed by the court as a sexual psychopathic personality or a sexually dangerous person.

## STRATEGIES

We have launched the DHS Strategic Plan 2020-2022, with three key initiatives and nine goals. Work on 31 strategies under the goals will shape improved programs and services for the people DHS serves and will create a brighter future for Minnesota.

### **Key Initiative: Our Stand**

Better health, fuller life and lower cost for Minnesotans working to achieve their highest potential.

#### **Goals:**

1. Extend the reach and impact of our programs across all communities.
2. Reduce disparities and make access to services easy.
3. Increase partnership, engagement and public confidence in our services.

### **Key Initiative: Culture of Equity**

Commitment to a culture of equity that advances equitable outcomes for communities across Minnesota.

#### **Goals:**

1. Institutionalize equity practices across the agency.
2. Provide employees with the tools and skills to establish equity in the workplace.

### **Key Initiative: Operational Excellence**

National ranking as a well-run state agency.

#### **Goals:**

1. Rebuild trust with our partners, with the people we serve and with all Minnesotans.
2. Improve workplace culture and employee experience.
3. Improve the delivery of technology across the human services system.
4. Reduce DHS's carbon footprint.

---

The Department of Human Services' overall legal authority comes from Minnesota Statutes chapters 245 (<https://www.revisor.mn.gov/statutes?id=245>) and 256. (<https://www.revisor.mn.gov/statutes/?id=256>) We list additional program-specific legal authority at the end of each budget activity narrative.

---

<sup>i</sup> Excludes Fiduciary and Technical Activities

# Human Services

# Agency Expenditure Overview

(Dollars in Thousands)

	Actual FY18	Actual FY19	Actual FY20	Estimate FY21	Forecast Base	
					FY22	FY23
<b><u>Expenditures by Fund</u></b>						
1000 - General	6,286,751	6,322,373	6,439,370	6,372,297	7,858,126	8,014,003
1200 - State Government Special Rev	3,917	4,188	4,311	4,310	4,299	4,299
1251 - COVID-19 Minnesota			114	3,905		
2000 - Restrict Misc Special Revenue	352,425	390,702	300,396	141,165	152,773	144,217
2001 - Other Misc Special Revenue	425,570	422,655	365,636	605,254	543,334	547,333
2005 - Opiate Epidemic Response				8,389	10,674	12,577
2360 - Health Care Access	445,196	509,568	664,428	691,818	868,959	847,983
2403 - Gift	19	7	3	71	1,271	68
3000 - Federal	9,259,699	9,057,619	10,082,930	11,621,888	11,651,632	11,657,284
3001 - Federal TANF	268,270	264,459	228,844	254,303	277,221	272,169
3010 - Coronavirus Relief			24,057	247,480		
4100 - SOS TBI & Adol Ent Svcs	1,544	1,496	1,432	1,465	1,465	1,465
4101 - DHS Chemical Dependency Servs	15,367	14,179	16,378	19,038	19,070	19,070
4350 - MN State Operated Comm Svcs	111,722	113,473	111,996	116,344	111,163	95,394
4503 - Minnesota State Industries	1,562	1,148	1,164	1,606	1,606	1,606
4800 - Lottery	1,787	1,816	1,553	1,958	1,896	1,896
6000 - Miscellaneous Agency	33,964	26,664	16,859	215,893	214,492	214,492
6003 - Child Support Enforcement	591,132	587,214	615,778	640,415	640,415	640,415
<b>Total</b>	<b>17,798,924</b>	<b>17,717,559</b>	<b>18,875,249</b>	<b>20,947,599</b>	<b>22,358,396</b>	<b>22,474,271</b>
Biennial Change				4,306,364		5,009,819
Biennial % Change				12		13

## **Expenditures by Program**

Central Office Operations	590,078	578,427	586,516	698,432	561,643	531,585
Forecasted Programs	14,171,148	14,056,010	15,071,521	16,260,968	18,104,531	18,425,883
Grant Programs	1,141,249	1,139,764	1,369,587	1,739,690	1,485,662	1,327,078
Direct Care and Treatment	485,908	507,104	523,308	555,862	531,216	515,444
Fiduciary Activities	621,844	610,831	629,799	851,088	849,687	849,687
Technical Activities	842,130	876,375	746,147	895,638	879,707	878,644
DHS Federal Admin Reimbursement	(53,432)	(50,952)	(51,630)	(54,079)	(54,050)	(54,050)
<b>Total</b>	<b>17,798,924</b>	<b>17,717,559</b>	<b>18,875,249</b>	<b>20,947,599</b>	<b>22,358,396</b>	<b>22,474,271</b>



# Human Services

# Agency Expenditure Overview

(Dollars in Thousands)

	Actual FY18	Actual FY19	Actual FY20	Estimate FY21	Forecast Base	
					FY22	FY23
<b><u>Expenditures by Category</u></b>						
Compensation	594,792	637,612	684,219	724,019	684,358	666,625
Operating Expenses	1,076,924	1,061,727	963,447	1,189,467	788,842	760,772
Grants, Aids and Subsidies	15,564,104	15,462,613	16,643,054	18,431,220	20,282,133	20,443,811
Capital Outlay-Real Property	8,783	1,820	607			
Other Financial Transaction	607,754	604,739	635,552	656,972	657,113	657,113
<b>Total Before DHS Federal Admin Reimbursement</b>	<b>17,852,356</b>	<b>17,768,511</b>	<b>18,926,879</b>	<b>21,001,678</b>	<b>22,412,446</b>	<b>22,528,321</b>
DHS Federal Admin Reimbursement	(53,432)	(50,952)	(51,630)	(54,079)	(54,050)	(54,050)
<b>Total</b>	<b>17,798,924</b>	<b>17,717,559</b>	<b>18,875,249</b>	<b>20,947,599</b>	<b>22,358,396</b>	<b>22,474,271</b>
Total Agency Expenditures	17,798,924	17,717,559	18,875,249	20,947,599	22,358,396	22,474,271
Internal Billing Expenditures			68,310	95,125	94,430	94,311
<b>Expenditures Less Internal Billing</b>	<b>17,798,924</b>	<b>17,717,559</b>	<b>18,806,939</b>	<b>20,852,474</b>	<b>22,263,966</b>	<b>22,379,960</b>
<b><u>Full-Time Equivalents</u></b>	<b>6,749.17</b>	<b>6,995.97</b>	<b>7,122.24</b>	<b>7,091.22</b>	<b>6,931.92</b>	<b>6,715.67</b>

# Human Services

# Agency Financing by Fund

(Dollars in Thousands)

	Actual FY18	Actual FY19	Actual FY20	Estimate FY21	Forecast Base	
					FY22	FY23
<b>1000 - General</b>						
Balance Forward In	1,370	280,735	5,354	25,806		
Direct Appropriation	6,822,805	6,582,854	7,221,020	6,588,381	8,110,963	8,284,765
Receipts	754	896	794	935	1,280	1,380
Transfers In	117,076	151,405	121,355	90,193	47,022	23,191
Transfers Out	338,971	387,407	356,806	295,380	265,030	259,224
Cancellations	237,442	270,832	490,841	1,500		
Balance Forward Out	43,620	3,064	25,807			
<b>Expenditures</b>	<b>6,321,972</b>	<b>6,354,587</b>	<b>6,475,069</b>	<b>6,408,435</b>	<b>7,894,235</b>	<b>8,050,112</b>
DHS Federal Admin Reimbursement	(35,221)	(32,214)	(35,699)	(36,138)	(36,109)	(36,109)
<b>Expenditures after Federal Admin Reimbursement</b>	<b>6,286,751</b>	<b>6,322,373</b>	<b>6,439,370</b>	<b>6,372,297</b>	<b>7,858,126</b>	<b>8,014,003</b>
Biennial Change in Expenditures				202,543		3,060,462
Biennial % Change in Expenditures				2		24
Full-Time Equivalents	3,915.24	4,121.31	4,297.23	4,319.41	4,257.95	4,224.67

## 1200 - State Government Special Rev

Balance Forward In		375		11		
Direct Appropriation	4,274	4,287	4,299	4,299	4,299	4,299
Open Appropriation	18	19	22			
Transfers In		13				
Transfers Out		13				
Cancellations		492				
Balance Forward Out	375		11			
<b>Expenditures</b>	<b>3,917</b>	<b>4,188</b>	<b>4,311</b>	<b>4,310</b>	<b>4,299</b>	<b>4,299</b>
Biennial Change in Expenditures				516		(23)
Biennial % Change in Expenditures				6		(0)
Full-Time Equivalents	37.31	37.82	37.00	37.99	37.99	37.99

## 1251 - COVID-19 Minnesota

Balance Forward In				1,905		
Direct Appropriation			2,018	2,000	0	0
Balance Forward Out			1,904			
<b>Expenditures</b>			<b>114</b>	<b>3,905</b>		
Biennial Change in Expenditures				4,019		(4,019)

# Human Services

# Agency Financing by Fund

(Dollars in Thousands)

	Actual FY18	Actual FY19	Actual FY20	Estimate FY21	Forecast Base	
					FY22	FY23
Biennial % Change in Expenditures						(100)
Full-Time Equivalents				1.00		

## 2000 - Restrict Misc Special Revenue

Balance Forward In	51,676	58,611	73,764	30,017	24,917	23,237
Direct Appropriation	2,913					
Receipts	229,547	266,283	156,750	135,544	150,408	142,334
Transfers In	127,951	135,722	140,916	7,222	6,950	7,147
Transfers Out	7,254	11,165	41,132	6,701	6,265	6,462
Balance Forward Out	52,407	62,240	29,903	24,917	23,237	22,039
<b>Expenditures</b>	<b>352,425</b>	<b>390,702</b>	<b>300,396</b>	<b>141,165</b>	<b>152,773</b>	<b>144,217</b>
Biennial Change in Expenditures				(301,565)		(144,571)
Biennial % Change in Expenditures				(41)		(33)
Full-Time Equivalents	194.48	206.70	157.73	165.07	163.25	162.84

## 2001 - Other Misc Special Revenue

Balance Forward In	136,110	123,783	31,027	20,267	17,544	17,544
Receipts	244,323	213,900	225,321	405,401	323,967	311,865
Transfers In	278,616	309,436	331,967	513,382	427,033	421,895
Transfers Out	176,631	197,109	202,410	316,252	207,666	184,981
Balance Forward Out	56,849	27,355	20,268	17,544	17,544	18,990
<b>Expenditures</b>	<b>425,570</b>	<b>422,655</b>	<b>365,636</b>	<b>605,254</b>	<b>543,334</b>	<b>547,333</b>
Biennial Change in Expenditures				122,665		119,777
Biennial % Change in Expenditures				14		12
Full-Time Equivalents	468.69	494.77	529.91	536.54	536.04	536.04

## 2005 - Opiate Epidemic Response

Direct Appropriation				13,828	10,674	12,577
Transfers Out				5,439		
<b>Expenditures</b>				<b>8,389</b>	<b>10,674</b>	<b>12,577</b>
Biennial Change in Expenditures				8,389		14,862
Biennial % Change in Expenditures						
Full-Time Equivalents				2.00	2.00	2.00

# Human Services

# Agency Financing by Fund

(Dollars in Thousands)

	Actual FY18	Actual FY19	Actual FY20	Estimate FY21	Forecast Base	
					FY22	FY23

## 2360 - Health Care Access

Balance Forward In	12	4,221	124	49		
Direct Appropriation	446,453	509,613	663,293	682,914	858,615	839,967
Open Appropriation	158	159	177	158	158	158
Receipts	36,577	35,552	30,816	37,386	38,264	35,309
Transfers In	14,177	20,963	3,863	3,806		
Transfers Out	27,443	34,843	15,061	14,554	10,137	9,510
Cancellations	5,964	7,359	2,802			
Balance Forward Out	564	1	50			
<b>Expenditures</b>	<b>463,407</b>	<b>528,306</b>	<b>680,359</b>	<b>709,759</b>	<b>886,900</b>	<b>865,924</b>
DHS Federal Admin Reimbursement	(18,211)	(18,738)	(15,931)	(17,941)	(17,941)	(17,941)
<b>Expenditures after Federal Admin Reimbursement</b>	<b>445,196</b>	<b>509,568</b>	<b>664,428</b>	<b>691,818</b>	<b>868,959</b>	<b>847,983</b>
Biennial Change in Expenditures				401,483		360,696
Biennial % Change in Expenditures				42		27
Full-Time Equivalents	348.90	340.22	332.69	336.32	336.32	336.32

## 2400 - Endowment

Balance Forward In	61	62	64	65	66	67
Receipts	1	1	1	1	1	1
Balance Forward Out	62	64	65	66	67	68

## 2403 - Gift

Balance Forward In	83	78	74	76	71	66
Receipts	10	3	4	66	1,266	66
Balance Forward Out	73	74	75	71	66	64
<b>Expenditures</b>	<b>19</b>	<b>7</b>	<b>3</b>	<b>71</b>	<b>1,271</b>	<b>68</b>
Biennial Change in Expenditures				49		1,265
Biennial % Change in Expenditures				190		1,703

## 3000 - Federal

Balance Forward In	169,679	358,972	487,789	357,814	38,938	87
Receipts	9,359,557	9,183,676	9,952,953	11,303,012	11,612,781	11,657,284

# Human Services

# Agency Financing by Fund

(Dollars in Thousands)

	Actual FY18	Actual FY19	Actual FY20	Estimate FY21	Forecast Base	
					FY22	FY23
Transfers In	200		50			
Transfers Out	200		50			
Balance Forward Out	269,538	485,029	357,812	38,938	87	87
<b>Expenditures</b>	<b>9,259,699</b>	<b>9,057,619</b>	<b>10,082,930</b>	<b>11,621,888</b>	<b>11,651,632</b>	<b>11,657,284</b>
Biennial Change in Expenditures				3,387,500		1,604,098
Biennial % Change in Expenditures				18		7
Full-Time Equivalents	187.40	196.06	216.90	223.69	216.94	216.94

## 3001 - Federal TANF

Balance Forward In	62,989	61,366	60,907	92,800	99,523	83,328
Receipts	261,295	261,069	260,737	261,026	261,026	261,026
Balance Forward Out	56,014	57,976	92,800	99,523	83,328	72,185
<b>Expenditures</b>	<b>268,270</b>	<b>264,459</b>	<b>228,844</b>	<b>254,303</b>	<b>277,221</b>	<b>272,169</b>
Biennial Change in Expenditures				(49,582)		66,243
Biennial % Change in Expenditures				(9)		14
Full-Time Equivalents	11.89	14.92	16.30	17.46	17.46	17.46

## 3010 - Coronavirus Relief

Balance Forward In				105		
Direct Appropriation			24,162	246,471	0	0
Receipts				904		
Balance Forward Out			105			
<b>Expenditures</b>			<b>24,057</b>	<b>247,480</b>		
Biennial Change in Expenditures				271,537		(271,537)
Biennial % Change in Expenditures						(100)

## 4100 - SOS TBI & Adol Ent Svcs

Balance Forward In	369	339	302	540	542	544
Receipts	1,506	1,458	1,670	1,467	1,467	1,467
Balance Forward Out	331	301	540	542	544	546
<b>Expenditures</b>	<b>1,544</b>	<b>1,496</b>	<b>1,432</b>	<b>1,465</b>	<b>1,465</b>	<b>1,465</b>
Biennial Change in Expenditures				(143)		33
Biennial % Change in Expenditures				(5)		1

# Human Services

# Agency Financing by Fund

(Dollars in Thousands)

	Actual FY18	Actual FY19	Actual FY20	Estimate FY21	Forecast Base	
					FY22	FY23
Full-Time Equivalents	23.93	23.17	21.40	20.50	20.05	19.84

## 4101 - DHS Chemical Dependency Servs

Balance Forward In	465	1,519	2,469	1,648		
Receipts	9,507	8,605	9,119	9,952	12,632	12,632
Transfers In	6,438	6,438	6,438	7,438	6,438	6,438
Balance Forward Out	1,043	2,383	1,648			
<b>Expenditures</b>	<b>15,367</b>	<b>14,179</b>	<b>16,378</b>	<b>19,038</b>	<b>19,070</b>	<b>19,070</b>
Biennial Change in Expenditures				5,870		2,724
Biennial % Change in Expenditures				20		8
Full-Time Equivalents	121.08	122.98	141.33	145.97	142.97	141.46

## 4350 - MN State Operated Comm Svcs

Balance Forward In	1,208	2,744	6,396	8,992	6,596	
Receipts	104,064	106,102	102,895	98,919	98,445	89,272
Transfers In	9,090	10,981	11,697	15,029	6,122	6,122
Balance Forward Out	2,640	6,355	8,992	6,596		
<b>Expenditures</b>	<b>111,722</b>	<b>113,473</b>	<b>111,996</b>	<b>116,344</b>	<b>111,163</b>	<b>95,394</b>
Biennial Change in Expenditures				3,145		(21,783)
Biennial % Change in Expenditures				1		(10)
Full-Time Equivalents	1,439.25	1,436.33	1,369.51	1,282.72	1,198.40	1,017.56

## 4503 - Minnesota State Industries

Balance Forward In	1,507	1,946	2,286	2,625	2,269	1,913
Receipts	1,920	1,454	1,502	1,250	1,250	1,250
Balance Forward Out	1,864	2,252	2,625	2,269	1,913	1,557
<b>Expenditures</b>	<b>1,562</b>	<b>1,148</b>	<b>1,164</b>	<b>1,606</b>	<b>1,606</b>	<b>1,606</b>
Biennial Change in Expenditures				60		442
Biennial % Change in Expenditures				2		16

## 4800 - Lottery

Balance Forward In		81		62		
Direct Appropriation	1,896	1,896	1,896	1,896	1,896	1,896

# Human Services

# Agency Financing by Fund

(Dollars in Thousands)

	Actual FY18	Actual FY19	Actual FY20	Estimate FY21	Forecast Base	
					FY22	FY23
Open Appropriation	1	0	1			
Cancellations	28	161	282			
Balance Forward Out	81		62			
<b>Expenditures</b>	<b>1,787</b>	<b>1,816</b>	<b>1,553</b>	<b>1,958</b>	<b>1,896</b>	<b>1,896</b>
Biennial Change in Expenditures				(92)		281
Biennial % Change in Expenditures				(3)		8
Full-Time Equivalents	1.00	1.00	1.08	1.00	1.00	1.00

## 6000 - Miscellaneous Agency

Balance Forward In	3,289	3,848	4,612	4,400	3,400	3,373
Receipts	34,503	27,367	16,648	214,893	214,465	214,465
Transfers In	107					
Transfers Out	107					
Balance Forward Out	3,828	4,550	4,401	3,400	3,373	3,346
<b>Expenditures</b>	<b>33,964</b>	<b>26,664</b>	<b>16,859</b>	<b>215,893</b>	<b>214,492</b>	<b>214,492</b>
Biennial Change in Expenditures				172,124		196,232
Biennial % Change in Expenditures				284		84
Full-Time Equivalents		0.69	1.16	1.55	1.55	1.55

## 6003 - Child Support Enforcement

Balance Forward In	10,624	10,279	9,695	20,037	20,037	20,037
Receipts	590,826	586,630	626,121	640,415	640,415	640,415
Balance Forward Out	10,318	9,695	20,037	20,037	20,037	20,037
<b>Expenditures</b>	<b>591,132</b>	<b>587,214</b>	<b>615,778</b>	<b>640,415</b>	<b>640,415</b>	<b>640,415</b>
Biennial Change in Expenditures				77,848		24,637
Biennial % Change in Expenditures				7		2

# Human Services

# Agency Change Summary

(Dollars in Thousands)

	FY21	FY22	FY23	Biennium 2022-23
<b>Direct</b>				
<b>Fund: 1000 - General</b>				
FY2021 Appropriations	7,280,910	7,280,910	7,280,910	14,561,820
<b>Base Adjustments</b>				
All Other One-Time Appropriations		(1,735)	(1,735)	(3,470)
Current Law Base Change		752,849	1,003,578	1,756,427
Approved Transfer Between Appropriation		0	0	0
Forecast Open Appropriation Adjustment		(16,029)	(16,029)	(32,058)
November Forecast Adjustment	(692,529)	94,968	18,041	113,009
<b>Forecast Base</b>	<b>6,588,381</b>	<b>8,110,963</b>	<b>8,284,765</b>	<b>16,395,728</b>
<b>Fund: 1200 - State Government Special Rev</b>				
FY2021 Appropriations	4,299	4,299	4,299	8,598
<b>Forecast Base</b>	<b>4,299</b>	<b>4,299</b>	<b>4,299</b>	<b>8,598</b>
<b>Fund: 1251 - COVID-19 Minnesota</b>				
FY2021 Appropriations	2,000	2,000	2,000	4,000
<b>Base Adjustments</b>				
All Other One-Time Appropriations		(2,000)	(2,000)	(4,000)
<b>Forecast Base</b>	<b>2,000</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Fund: 2005 - Opiate Epidemic Response</b>				
FY2021 Appropriations	13,828	13,828	13,828	27,656
<b>Base Adjustments</b>				
Current Law Base Change		5,379	5,379	10,758
November Forecast Adjustment		(8,533)	(6,630)	(15,163)
<b>Forecast Base</b>	<b>13,828</b>	<b>10,674</b>	<b>12,577</b>	<b>23,251</b>
<b>Fund: 2360 - Health Care Access</b>				
FY2021 Appropriations	721,802	721,802	721,802	1,443,604
<b>Base Adjustments</b>				
Current Law Base Change		155,495	91,454	246,949
Approved Transfer Between Appropriation		0	0	0
November Forecast Adjustment	(38,888)	(18,682)	26,711	8,029
<b>Forecast Base</b>	<b>682,914</b>	<b>858,615</b>	<b>839,967</b>	<b>1,698,582</b>
<b>Fund: 3010 - Coronavirus Relief</b>				
FY2021 Appropriations	246,471	246,471	246,471	492,942
<b>Base Adjustments</b>				
All Other One-Time Appropriations		(246,471)	(246,471)	(492,942)



# Human Services

# Agency Change Summary

(Dollars in Thousands)

	FY21	FY22	FY23	Biennium 2022-23
Forecast Base	246,471	0	0	0
<b>Fund: 4800 - Lottery</b>				
FY2021 Appropriations	1,896	1,896	1,896	3,792
Base Adjustments				
Approved Transfer Between Appropriation		0	0	0
Forecast Base	1,896	1,896	1,896	3,792
<b>Open</b>				
<b>Fund: 2360 - Health Care Access</b>				
Base Adjustments				
Forecast Open Appropriation Adjustment	158	158	158	316
Forecast Base	158	158	158	316
<b>Dedicated</b>				
<b>Fund: 1000 - General</b>				
Planned Spending	2,769	1,280	1,380	2,660
Forecast Base	2,769	1,280	1,380	2,660
<b>Fund: 2000 - Restrict Misc Special Revenue</b>				
Planned Spending	141,165	152,773	144,217	296,990
Forecast Base	141,165	152,773	144,217	296,990
<b>Fund: 2001 - Other Misc Special Revenue</b>				
Planned Spending	605,254	543,334	547,333	1,090,667
Forecast Base	605,254	543,334	547,333	1,090,667
<b>Fund: 2360 - Health Care Access</b>				
Planned Spending	37,395	38,264	35,309	73,573
Forecast Base	37,395	38,264	35,309	73,573
<b>Fund: 2403 - Gift</b>				
Planned Spending	71	1,271	68	1,339
Forecast Base	71	1,271	68	1,339
<b>Fund: 3000 - Federal</b>				
Planned Spending	11,621,888	11,651,632	11,657,284	23,308,916
Forecast Base	11,621,888	11,651,632	11,657,284	23,308,916

# Human Services

# Agency Change Summary

(Dollars in Thousands)

	FY21	FY22	FY23	Biennium 2022-23
<b>Fund: 3001 - Federal TANF</b>				
Planned Spending	254,303	277,221	272,169	549,390
Forecast Base	254,303	277,221	272,169	549,390
<b>Fund: 4100 - SOS TBI &amp; Adol Ent Svcs</b>				
Planned Spending	1,465	1,465	1,465	2,930
Forecast Base	1,465	1,465	1,465	2,930
<b>Fund: 4101 - DHS Chemical Dependency Servs</b>				
Planned Spending	19,038	19,070	19,070	38,140
Forecast Base	19,038	19,070	19,070	38,140
<b>Fund: 4350 - MN State Operated Comm Svcs</b>				
Planned Spending	116,344	111,163	95,394	206,557
Forecast Base	116,344	111,163	95,394	206,557
<b>Fund: 4503 - Minnesota State Industries</b>				
Planned Spending	1,606	1,606	1,606	3,212
Forecast Base	1,606	1,606	1,606	3,212
<b>Fund: 6000 - Miscellaneous Agency</b>				
Planned Spending	215,893	214,492	214,492	428,984
Forecast Base	215,893	214,492	214,492	428,984
<b>Fund: 6003 - Child Support Enforcement</b>				
Planned Spending	640,415	640,415	640,415	1,280,830
Forecast Base	640,415	640,415	640,415	1,280,830
<b>DHS Federal Admin Reimbursement</b>				
<b>Fund: 1000 - General</b>				
Forecast Federal Administrative Reimbursement	(36,138)	(36,109)	(36,109)	(72,218)
<b>Fund: 2360 - Health Care Access</b>				
Forecast Federal Administrative Reimbursement	(17,941)	(17,941)	(17,941)	(35,882)
<b>Revenue Change Summary</b>				
<b>Dedicated</b>				
<b>Fund: 1000 - General</b>				

# Human Services

# Agency Change Summary

(Dollars in Thousands)

	FY21	FY22	FY23	Biennium 2022-23
Forecast Revenues	935	1,280	1,380	2,660
<b>Fund: 2000 - Restrict Misc Special Revenue</b>				
Forecast Revenues	135,544	150,408	142,334	292,742
<b>Fund: 2001 - Other Misc Special Revenue</b>				
Forecast Revenues	405,401	323,967	311,865	635,832
<b>Fund: 2360 - Health Care Access</b>				
Forecast Revenues	37,386	38,264	35,309	73,573
<b>Fund: 2400 - Endowment</b>				
Forecast Revenues	1	1	1	2
<b>Fund: 2403 - Gift</b>				
Forecast Revenues	66	1,266	66	1,332
<b>Fund: 3000 - Federal</b>				
Forecast Revenues	11,303,012	11,612,781	11,657,284	23,270,065
<b>Fund: 3001 - Federal TANF</b>				
Forecast Revenues	261,026	261,026	261,026	522,052
<b>Fund: 4100 - SOS TBI &amp; Adol Ent Svcs</b>				
Forecast Revenues	1,467	1,467	1,467	2,934
<b>Fund: 4101 - DHS Chemical Dependency Servs</b>				
Forecast Revenues	9,952	12,632	12,632	25,264
<b>Fund: 4350 - MN State Operated Comm Svcs</b>				
Forecast Revenues	98,919	98,445	89,272	187,717
<b>Fund: 4503 - Minnesota State Industries</b>				
Forecast Revenues	1,250	1,250	1,250	2,500
<b>Fund: 6000 - Miscellaneous Agency</b>				
Forecast Revenues	214,893	214,465	214,465	428,930
<b>Fund: 6003 - Child Support Enforcement</b>				

# Human Services

# Agency Change Summary

(Dollars in Thousands)

	FY21	FY22	FY23	Biennium 2022-23
Forecast Revenues	640,415	640,415	640,415	1,280,830
<b><i>Non-Dedicated</i></b>				
<b>Fund: 1000 - General</b>				
Forecast Revenues	445,504	448,432	458,581	907,013
<b>Fund: 1200 - State Government Special Rev</b>				
Forecast Revenues	4,395	4,395	4,395	8,790

**Program: Central Office Operations**

**Activity: Operations**

#### AT A GLANCE

- Conducts more than 14,000 administrative appeals per year (FY 2019).
- Reviews and approves more than 6,000 contracts of different types and amendments per year.
- Provides human resource management for about 7,140 state staff and about 4,100 county staff.
- Resolves more than 100 requests for disability accommodations, investigates over 50 employment discrimination complaints, and resolves over 300 complaints relating to service delivery per year.
- Sponsors development, accreditation, and engagement opportunities for all 7,140 DHS employees.
- Promotes continuous improvement and accountability across the 11 essential human services in all 87 counties.
- Licenses approximately 23,000 service providers.
- Conducts healthcare program integrity activities. CY2019 resulted in 377 healthcare provider investigations, more than \$18.7 million in overpayments identified, and 297 administrative actions taken.
- Conducts child care program integrity activities. CY2019 resulted in 109 child care provider investigations, more than \$126,000 in overpayments identified, and 51 administrative actions taken.
- Conducts recipient program integrity activities including fraud prevention grants for tribes and counties and involvement in over 16,000 recipient investigations (CY 2019).
- Receives 5,592 maltreatment and 3,596 licensing reports; investigates 850 maltreatment allegations and 1,275 licensing reports (FY2019).
- All funds spending for Operations activities for FY 2019 was \$129 million. This represents 0.6% of the Department of Human Services overall budget.

#### PURPOSE & CONTEXT

The Operations area within the Department of Human Services (DHS) serves external customers, internal staff, and ensures integrity in spending of public resources. To external customers, we license service providers and conduct background studies – key activities that keep Minnesotans safe and protect our most vulnerable citizens. We also provide appeals processes, tribal, county, and community relations, and communication resources.

To internal staff, we provide human resources services, financial management, legal services, technology planning and facilities management.

Finally, we work to ensure the prudent use of public dollars by investigating, preventing, and stopping fraudulent uses of state and federal money.

#### SERVICES PROVIDED

Our Compliance Office is responsible for legal and compliance activities throughout the agency:

- The **Appeals Division** conducts administrative fair hearings for applicants and recipients appealing the denial, reduction, sanction or termination of benefits in cash and food programs, health care programs, social services programs and residential programs. We also hold administrative hearings when a state or county agency has determined a person committed program fraud, maltreated a child or vulnerable adult,

or believes a person should be disqualified from having access to or working with vulnerable populations in a program licensed by the department.

- The **Contracts, Purchasing and Legal Compliance Division** is the agency wide facilitator of DHS goods and services acquisitions including agency-wide asset management, commodities procurements, professional and technical services, and services delivered directly to program clients through grant contracts. The Division provides legal analysis and advice regarding contract development and vendor and grantee management.
- The **Internal Audits Office** tests, analyzes, evaluates and maintains the overall internal control environment at DHS. The Office has of three primary functions: Internal Audits, Program Compliance and Audits, and the Digital Forensics Lab. Our staff conducts audits of DHS grantees, contractors, vendors, and counties.
- The **General Counsel's Office** provides legal advice, counsel, and direction for all of DHS' legal activities.
- The **Management and Policy Division** oversees prevention, providing counsel on ethics, risk management, business continuity, records management, agency internal administrative policies, Commissioner Delegations of Authority, and policy bulletins.

Our **External Relations Office** oversee and provides direction to communications and key stakeholder relation efforts across the agency.

- Our **Office of Indian Policy** helps implement and coordinate programs with Tribes and provides ongoing consultation for program development for the delivery of services to American Indians living both on and off reservations. This office promotes government-to-government relations, and works to enhance tribal infrastructure, reduce disparities, and design effective programs.
- Our **Communications Office** leads agency communications efforts. We respond to inquiries from the news media and prepare information that helps the general public understand the agency's services and human services policies.
- Our **Legislative Relations** area participates in all aspects of legislative session planning and activities. We serve as a resource to managers and staff regarding the legislative process, prepare information for lawmakers, budget recommendations and position statements, as well as monitoring, tracking and analyzing legislative bills.
- Our **Community Relations** area supports, develops, and facilitates relationships between DHS and the community.
- Our **County Relations** area takes a lead role in the agency's relationships with Minnesota's 87 counties. These counties administer most of the human services system that the agency oversees.

Our **Human Resources Division** provides human resources management services for 7,140 staff at the agency and for approximately 4,100 county human services employees. This division provides staffing, health, safety, compensation, job classification, labor relations, management consulting, benefits administration, workers compensation and employee assistance services to managers and employees. The division is also responsible for the agency's continuous improvements training and initiatives, and for recycling, facilities management, mail processing, security, information desk services, and vehicle management.

Our **Office for Strategy and Performance (OSP)** provides consultation on performance measurement and continuous improvement, data analytics, survey development, and guides strategic planning.

- The **Human Services Performance Management** unit works to improve counties service delivery performance in the Minnesota human services system by building connections, measuring and reporting performance, providing data-informed improvement assistance, advancing equity to reduce disparities, and advocating for system change.

- The **Strategy & Analytics** team supports DHS leadership's long term planning. Key services are leadership development, organizational design and change management, strategic planning, evaluation, research, and performance management.

The **DHS Office of Inspector General** (<http://mn.gov/dhs/general-public/office-of-inspector-general/>) manages financial fraud and abuse investigations; licenses programs, such as family child care, adult foster care, and mental health centers; and conducts background studies on people who apply to work in health and human services settings:

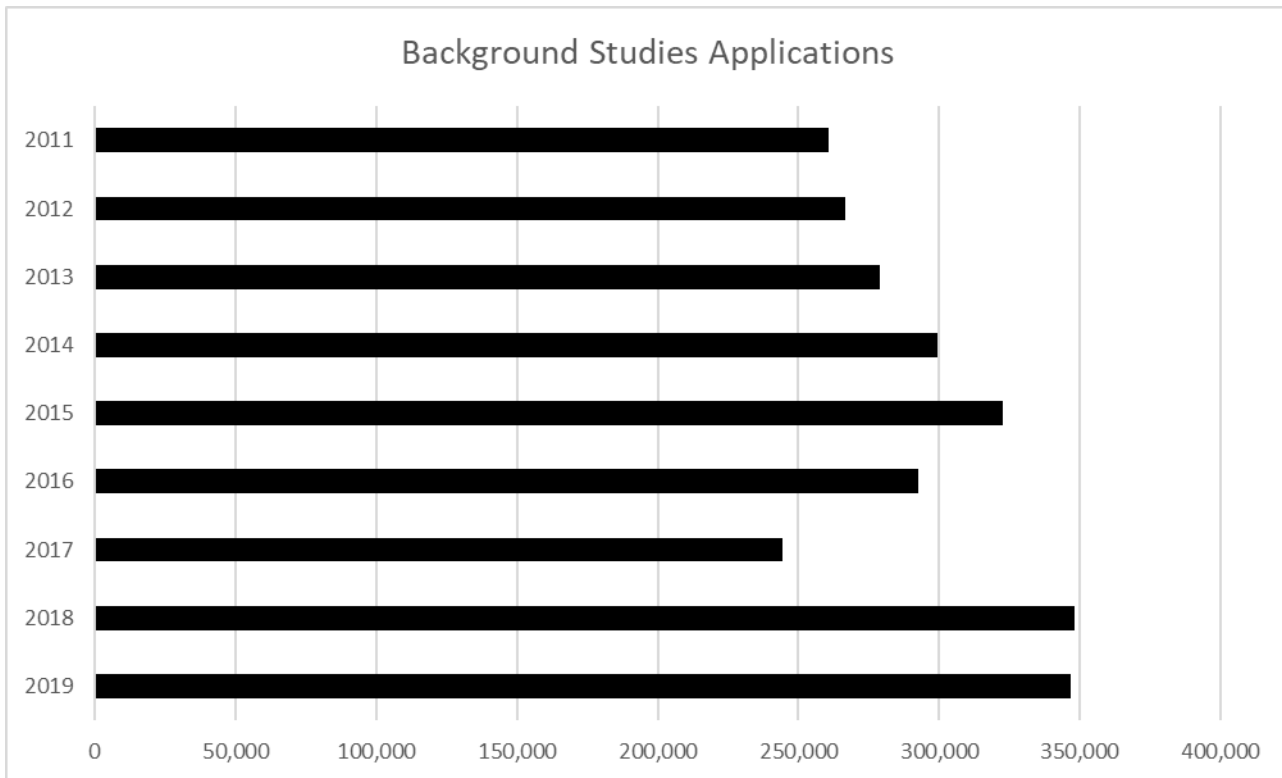
- Our Licensing Division (<https://mn.gov/dhs/general-public/licensing/>) licenses residential and nonresidential programs for children and vulnerable adults to ensure that the programs meet the requirements and the law. These programs include child care centers, family child care (via counties), foster care, adoption agencies, and services for people with developmental disabilities, chemical dependency and mental illness. Our staff also completes investigations of maltreatment of vulnerable adults and children receiving services licensed by DHS.
- Our Background Studies Division (<https://mn.gov/dhs/general-public/background-studies/>) annually conducts over 345,000 background studies on people working with children or vulnerable adults.
- Our Financial Fraud and Abuse Investigations Division is responsible for program integrity activities for health care, economic assistance, child care assistance and food support programs to ensure that public programs are utilized for the delivery of high-quality, needed services free of fraud, waste and abuse.

Our **Office of the Chief Financial Officer** provides fiscal services and controls the financial transactions of the agency, including the Central Office and Direct Care and Treatment. Core functions include preparing budget information, paying agency obligations, providing federal fiscal reporting, conducting patient revenue generation and collections, administering the Parental Fee program, processing agency receipts and preparing employees' payroll. The Reports and Forecasts Division (<http://mn.gov/dhs/general-public/publications-forms-resources/reports/financial-reports-and-forecasts.jsp>) is responsible for meeting federal reporting requirements for economic assistance programs, Minnesota Health Care Programs, and the Supplemental Nutrition Assistance Program. Our staff provides forecasts of program caseloads and expenditures, provides fiscal analyses of proposed legislation affecting these programs, and responds to requests for statistical information on the programs.

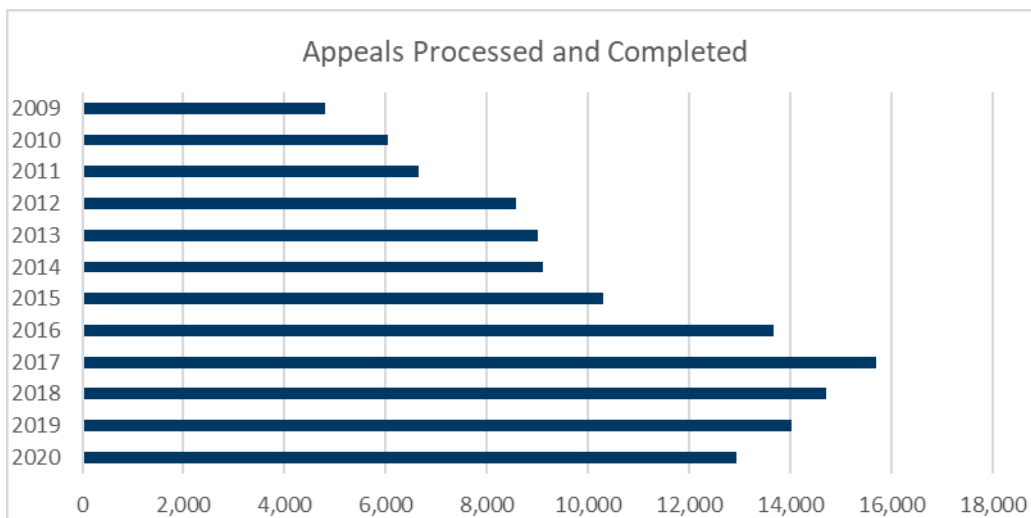
The **Business Solutions Offices** works across the agency and with external stakeholders to partner with MNIT in providing technology systems that support the delivery of human services. Staff in this office develop the business architecture to support system design, serve as the business owners for enterprise applications, coordinate the submission of federal funding applications, align data strategies, work throughout the agency and with external stakeholders on business readiness efforts and implement governance oversight for information management and technology work of the agency.

## RESULTS

### Number of background studies submitted per calendar year: Individuals who provide direct contact services to clients



### Number of Appeals processed and completed by fiscal year



Operations' legal authority is in several places in state law: M.S. chapter 245A (Human Services Licensing); chapter 245C (Human Services Background Studies) and sections 144.057, 144A.476, and 524.5-118; and chapter 245D (Home and Community-Based Services Standards), M.S. Chapter 43A, sections 43A.19, 43A.191 (Affirmative Action), M.S. Chapter 363A (Human Rights), M.S. Chapter 402A (Human Services Performance Management).



Additional statutes give the agency authority to investigate fraud: M.S. sections 119B.125, 152.126, 256.987, 256D.024, 256J.26, 256J.38, 609.821, 626.5533, and chapter 245E (Child Care Assistance Program Fraud Investigations).

M.S. chapter 260E and section 626.557 authorize the agency's work conducting background studies and investigating reports related to maltreatment of minors and of vulnerable adults.

M.S. chapter 256 (Human Services) provides authority for many of the agency's general administrative activities. M.S. sections 256.045 to 256.046 give authority for the agency's appeals activities.

# Operations

# Activity Expenditure Overview

(Dollars in Thousands)

	Actual FY18	Actual FY19	Actual FY20	Estimate FY21	Forecast Base	
					FY22	FY23
<b><u>Expenditures by Fund</u></b>						
1000 - General	63,057	73,321	77,550	83,215	79,031	77,249
1200 - State Government Special Rev	3,777	4,044	4,163	4,185	4,174	4,174
1251 - COVID-19 Minnesota				10		
2000 - Restrict Misc Special Revenue	7,959	9,476	6,267	8,400	7,807	7,809
2001 - Other Misc Special Revenue	26,647	28,699	27,154	34,166	28,666	27,860
2360 - Health Care Access	5,996	6,174	6,187	6,254	6,829	7,456
3000 - Federal	1,742	4,216	7,023	7,197	11,277	6,977
3001 - Federal TANF	99	104	3	100	100	100
3010 - Coronavirus Relief			2,625	3,837		
<b>Total</b>	<b>109,276</b>	<b>126,035</b>	<b>130,972</b>	<b>147,364</b>	<b>137,884</b>	<b>131,625</b>
Biennial Change				43,025		(8,827)
Biennial % Change				18		(3)

## **Expenditures by Category**

Compensation	64,800	74,144	80,907	82,015	77,449	75,806
Operating Expenses	42,717	49,737	49,216	65,293	60,379	55,763
Grants, Aids and Subsidies	124	100	191			
Capital Outlay-Real Property	3	1,224	217			
Other Financial Transaction	1,632	830	440	56	56	56
<b>Total</b>	<b>109,276</b>	<b>126,035</b>	<b>130,972</b>	<b>147,364</b>	<b>137,884</b>	<b>131,625</b>

Total Agency Expenditures	109,276	126,035	130,972	147,364	137,884	131,625
Internal Billing Expenditures				65	65	65
<b>Expenditures Less Internal Billing</b>	<b>109,276</b>	<b>126,035</b>	<b>130,972</b>	<b>147,299</b>	<b>137,819</b>	<b>131,560</b>

## **Full-Time Equivalent**

	<b>658.75</b>	<b>728.16</b>	<b>753.14</b>	<b>783.66</b>	<b>783.66</b>	<b>783.66</b>
--	---------------	---------------	---------------	---------------	---------------	---------------

# Operations

# Activity Financing by Fund

(Dollars in Thousands)

	Actual FY18	Actual FY19	Actual FY20	Estimate FY21	Forecast Base	
					FY22	FY23
<b>1000 - General</b>						
Balance Forward In		6,129		1,542		
Direct Appropriation	137,610	138,040	154,894	151,339	151,842	153,878
Transfers In	13,337	30,935	22,153	24,940	11,113	11,113
Transfers Out	82,516	100,074	97,955	94,606	83,924	87,742
Cancellations		1,708				
Balance Forward Out	5,375		1,542			
<b>Expenditures</b>	<b>63,057</b>	<b>73,321</b>	<b>77,550</b>	<b>83,215</b>	<b>79,031</b>	<b>77,249</b>
Biennial Change in Expenditures				24,387		(4,485)
Biennial % Change in Expenditures				18		(3)
Full-Time Equivalents	437.85	496.15	524.62	539.16	539.16	539.16

## 1200 - State Government Special Rev

Balance Forward In		372		11		
Direct Appropriation	4,149	4,162	4,174	4,174	4,174	4,174
Transfers In		13				
Transfers Out		13				
Cancellations		490				
Balance Forward Out	372		11			
<b>Expenditures</b>	<b>3,777</b>	<b>4,044</b>	<b>4,163</b>	<b>4,185</b>	<b>4,174</b>	<b>4,174</b>
Biennial Change in Expenditures				528		0
Biennial % Change in Expenditures				7		(0)
Full-Time Equivalents	36.18	36.75	35.97	36.99	36.99	36.99

## 1251 - COVID-19 Minnesota

Balance Forward In				10		
Direct Appropriation			10			
Balance Forward Out			10			
<b>Expenditures</b>				<b>10</b>		
Biennial Change in Expenditures				10		(10)
Biennial % Change in Expenditures						

## 2000 - Restrict Misc Special Revenue

Balance Forward In	3,609	1,848	3,754	772	768	768
--------------------	-------	-------	-------	-----	-----	-----

# Operations

# Activity Financing by Fund

(Dollars in Thousands)

	Actual FY18	Actual FY19	Actual FY20	Estimate FY21	Forecast Base	
					FY22	FY23
Receipts	7,282	7,577	7,619	9,335	8,740	8,740
Transfers In	784	4,051	77	75	77	79
Transfers Out	1,912	326	4,412	1,014	1,010	1,010
Balance Forward Out	1,805	3,674	772	768	768	768
<b>Expenditures</b>	<b>7,959</b>	<b>9,476</b>	<b>6,267</b>	<b>8,400</b>	<b>7,807</b>	<b>7,809</b>
Biennial Change in Expenditures				(2,768)		949
Biennial % Change in Expenditures				(16)		6
Full-Time Equivalents	74.76	78.62	66.28	74.46	74.46	74.46

## 2001 - Other Misc Special Revenue

Balance Forward In	2,272	2,768	2,880	1,749	1,749	1,749
Receipts	17,704	19,467	23,880	21,888	21,904	21,920
Transfers In	13,406	14,097	12,778	17,987	12,471	11,649
Transfers Out	4,392	4,862	10,633	5,709	5,709	5,709
Balance Forward Out	2,343	2,772	1,751	1,749	1,749	1,749
<b>Expenditures</b>	<b>26,647</b>	<b>28,699</b>	<b>27,154</b>	<b>34,166</b>	<b>28,666</b>	<b>27,860</b>
Biennial Change in Expenditures				5,975		(4,794)
Biennial % Change in Expenditures				11		(8)
Full-Time Equivalents	53.65	57.03	55.48	59.85	59.85	59.85

## 2360 - Health Care Access

Balance Forward In		186		24		
Direct Appropriation	21,019	21,118	20,709	20,724	16,966	16,966
Transfers In	119	12		30		
Transfers Out	15,024	14,392	14,498	14,524	10,137	9,510
Cancellations		750				
Balance Forward Out	118		24			
<b>Expenditures</b>	<b>5,996</b>	<b>6,174</b>	<b>6,187</b>	<b>6,254</b>	<b>6,829</b>	<b>7,456</b>
Biennial Change in Expenditures				270		1,844
Biennial % Change in Expenditures				2		15
Full-Time Equivalents	34.32	35.24	34.31	36.39	36.39	36.39

## 3000 - Federal

# Operations

# Activity Financing by Fund

(Dollars in Thousands)

	Actual FY18	Actual FY19	Actual FY20	Estimate FY21	Forecast Base	
					FY22	FY23
Balance Forward In	6		17			
Receipts	1,747	4,216	7,006	7,197	11,277	6,977
Balance Forward Out	12					
<b>Expenditures</b>	<b>1,742</b>	<b>4,216</b>	<b>7,023</b>	<b>7,197</b>	<b>11,277</b>	<b>6,977</b>
Biennial Change in Expenditures				8,262		4,034
Biennial % Change in Expenditures				139		28
Full-Time Equivalents	21.19	23.57	36.42	36.75	36.75	36.75

## 3001 - Federal TANF

Balance Forward In	0	0	0			
Receipts	99	104	3	100	100	100
Balance Forward Out	0	0	0			
<b>Expenditures</b>	<b>99</b>	<b>104</b>	<b>3</b>	<b>100</b>	<b>100</b>	<b>100</b>
Biennial Change in Expenditures				(101)		97
Biennial % Change in Expenditures				(49)		94
Full-Time Equivalents	0.80	0.80	0.06	0.06	0.06	0.06

## 3010 - Coronavirus Relief

Direct Appropriation			2,625	3,837	0	0
<b>Expenditures</b>			<b>2,625</b>	<b>3,837</b>		
Biennial Change in Expenditures				6,462		(6,462)
Biennial % Change in Expenditures						(100)

**Program: Central Office Operations**

**Activity: Children & Families**

[mn.gov/dhs/people-we-serve/children-and-families/](https://mn.gov/dhs/people-we-serve/children-and-families/)

### AT A GLANCE

- Provides child support services to more than 346,000 custodial and non-custodial parents and 240,000 children annually.
- Provides child care assistance to an average of 29,000 children per month.
- 2,018 children were either adopted or had a permanent transfer of legal custody to a relative in 2019.
- Facilitates Supplemental Nutrition Assistance Program (SNAP) payments to more than 426,000 Minnesotans every month.
- All funds Children and Families administrative spending for FY 2019 was \$51 million. This represented 0.3 percent of the Department of Human Services budget.

### PURPOSE & CONTEXT

Children and Families oversees and provides administrative support to counties, tribes and social service agencies for child safety and well-being services and for economic assistance programs serving low-income families and children. These services help ensure that low-income people receive the support they need to be safe and help build stable families and communities.

Programs administered in this area seek to:

- Keep more people fed and healthy by increasing nutrition assistance participation
- Keep more children out of foster care and safely with their families
- Decrease the disproportionate number of children of color in out-of-home placements
- Increase access to high quality child care

Our statewide administration of these programs ensures that funds are used according to federal regulations, resources and services are distributed equitably across the state, and quality standards are maintained.

### SERVICES PROVIDED

The Children and Family Services Administration is organized into five principal divisions:

- Child Safety and Permanency
- Child Support
- Community Partnerships and Child Care Services
- Economic Assistance and Employment Supports
- Management Operations

In the Children and Families Services Administration our staff provides administrative direction and supports to counties, tribes and community agencies. Our work includes:

- Researching, recommending and implementing statewide policy and programs
- Managing grants
- Providing training and technical assistance to counties, tribes and grantees
- Evaluating and auditing service delivery
- Conducting quality assurance reviews to ensure that services are delivered effectively, efficiently and consistently across the state

Our areas of responsibility include administering several forecasted programs: the Minnesota Family Investment Program (MFIP), Diversionary Work Program (DWP), and MFIP Child Care Assistance. Our staff also support grant programs that fund housing, food and child welfare services. We also administer the federal Supplemental Nutrition Assistance Program (SNAP). We review approximately 2,600 SNAP cases annually to see if benefits and eligibility were correctly determined. In addition, we review overall county and tribal administration and management of SNAP in 30-35 agencies each year. We provide oversight of statewide child welfare services that focus on ensuring children’s safety while supporting families. We ensure that core safety services focus on preventing or remedying neglect, and providing basic food, housing and other supports to the most at-risk adults and children. In 2019, we provided more than 700 classroom trainings and over 5,100 online trainings on SNAP, family cash assistance, and child care assistance for county and tribal staff.

Funding for our programs comes from a combination of state and federal sources. Major federal block grants include Temporary Assistance for Needy Families, the Child Care and Development Fund, the Social Services Block Grant and the Community Services Block Grant. Funding from these four federal sources totaled \$444 million in fiscal year 2019.

## RESULTS

We provide administrative support to a broad array of programs and services for low-income families and adults and children.

Key Measures for programs serving families and children:

<i>Type of Measure</i>	<i>Description of Measure</i>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>
Quality	Percent of children not experiencing repeated abuse or neglect within 12 months of a prior report	94.3%	94.5%	91.8%	91.0%	91.0%	93.8%
Quality	Percent of all children who enter foster care in the previous year that are discharged to permanency (i.e., reunification with parents, caregivers, living with relative, guardianship, adoption) within 12 months	60.0%	56.1%	50.6%	47.5%	48.6%	49.5%
Quality	Percent of all children in foster care who had been in care between 12 and 23 months on the first day of the year that were discharged to permanency within 12 months of the first day of the year	50.0%	44.8%	48.1%	51.2%	58.9%	55.5%
Quality	Percent of all children in foster care who had been in care for 24 months or more on the first day of the year that were discharged to permanency within 12 months of the first day of the year	17.4%	23.1%	25.2%	28.8%	34.0%	33.3%

Data for quality measures provided by the Children and Family Services Administration at the Department of Human Services.

The two key measures in MFIP/DWP are:

- The **Self-Support Index**, which is a results measure. The Self-Support Index shows the percentage of adults eligible for MFIP or DWP in a quarter who have left assistance or are working at least 30 hours per week three years later. Customized targets are set for each county or tribe using characteristics of the people served and local economic conditions. State law requires the Department of Human Services to use the Self-Support Index to allocate performance bonus funds. The following chart shows that about two-thirds of participants have left MFIP or DWP and/or are working at least 30 hours per week three years after a baseline period.

<i>Year ending in March of:</i>	<i>S-SI</i>
2016	68.0%
2017	65.9%
2018	64.6%
2019	64.4%

- The federal Work Participation Rate (WPR) is a process measure and counts the number of parents engaging in a minimum number of hours of federally-recognized work activities. The measure does not count households who discontinue assistance when getting a job.

<i>Federal Fiscal Year</i>	<i>WPR</i>
2015	37.9%
2016	39.4%
2017	38.9%
2018	37.2%

Another employment-related, state-mandated performance measure tracked is:

- **MFIP/DWP Median Placement Wage**, a quality measure that reflects the number of people getting jobs and the median wage. The chart shows the statewide median hourly starting wage. (Tribes are not included.)

<i>Calendar Year</i>	<i>Median Placement Wage Per Hour for MFIP Clients</i>	<i>Median Placement Wage Per Hour for DWP Clients</i>
2015	\$11.00	\$11.00
2016	\$11.50	\$11.50
2017	\$12.00	\$12.00
2018	\$12.50	\$13.00



# Children & Families

# Activity Expenditure Overview

(Dollars in Thousands)

	Actual FY18	Actual FY19	Actual FY20	Estimate FY21	Forecast Base	
					FY22	FY23
<b><u>Expenditures by Fund</u></b>						
1000 - General	10,582	11,671	11,490	12,704	12,704	12,704
2000 - Restrict Misc Special Revenue	160	316	205	667	95	95
2001 - Other Misc Special Revenue	22,244	24,279	28,772	32,762	29,789	29,924
3000 - Federal	12,066	16,448	15,899	21,516	19,528	19,461
3001 - Federal TANF	1,848	2,160	2,468	2,582	2,582	2,582
3010 - Coronavirus Relief			2,589	1,437		
<b>Total</b>	<b>46,900</b>	<b>54,875</b>	<b>61,421</b>	<b>71,668</b>	<b>64,698</b>	<b>64,766</b>
Biennial Change				31,315		(3,625)
Biennial % Change				31		(3)
<b><u>Expenditures by Category</u></b>						
Compensation	32,401	36,438	39,088	43,299	40,790	40,534
Operating Expenses	13,893	16,770	21,197	27,145	22,947	23,271
Grants, Aids and Subsidies	544	1,485	1,120	1,193	933	933
Capital Outlay-Real Property		155				
Other Financial Transaction	62	27	16	31	28	28
<b>Total</b>	<b>46,900</b>	<b>54,875</b>	<b>61,421</b>	<b>71,668</b>	<b>64,698</b>	<b>64,766</b>
Total Agency Expenditures	46,900	54,875	61,421	71,668	64,698	64,766
Internal Billing Expenditures			(8)			
<b>Expenditures Less Internal Billing</b>	<b>46,900</b>	<b>54,875</b>	<b>61,429</b>	<b>71,668</b>	<b>64,698</b>	<b>64,766</b>
<b><u>Full-Time Equivalent</u></b>	<b>324.07</b>	<b>355.23</b>	<b>365.33</b>	<b>376.58</b>	<b>375.08</b>	<b>375.08</b>

# Children & Families

# Activity Financing by Fund

(Dollars in Thousands)

	Actual FY18	Actual FY19	Actual FY20	Estimate FY21	Forecast Base	
					FY22	FY23
<b>1000 - General</b>						
Balance Forward In		738		177		
Direct Appropriation	10,438	10,821	13,948	14,814	15,566	15,819
Transfers In	1,254	1,562	3,168	4,350	915	915
Transfers Out	633	1,368	5,449	6,637	3,777	4,030
Cancellations		82				
Balance Forward Out	477		177			
<b>Expenditures</b>	<b>10,582</b>	<b>11,671</b>	<b>11,490</b>	<b>12,704</b>	<b>12,704</b>	<b>12,704</b>
Biennial Change in Expenditures				1,940		1,214
Biennial % Change in Expenditures				9		5
Full-Time Equivalents	75.86	95.21	93.60	96.58	96.58	96.58

## 2000 - Restrict Misc Special Revenue

Balance Forward In	672	754	396	285	61	61
Receipts	0	68	53	381	33	33
Transfers In	42	112	41	62	62	62
Transfers Out		0				
Balance Forward Out	554	617	285	61	61	61
<b>Expenditures</b>	<b>160</b>	<b>316</b>	<b>205</b>	<b>667</b>	<b>95</b>	<b>95</b>
Biennial Change in Expenditures				396		(682)
Biennial % Change in Expenditures				83		(78)
Full-Time Equivalents	1.63	2.03	1.14	1.50	0.50	0.50

## 2001 - Other Misc Special Revenue

Balance Forward In	2,588	1,207	1,487	611	594	594
Receipts	3,009	4,199	6,521	7,251	6,590	6,780
Transfers In	17,806	20,268	22,021	26,940	24,575	24,520
Transfers Out	82	172	645	1,446	1,376	1,376
Balance Forward Out	1,077	1,224	612	594	594	594
<b>Expenditures</b>	<b>22,244</b>	<b>24,279</b>	<b>28,772</b>	<b>32,762</b>	<b>29,789</b>	<b>29,924</b>
Biennial Change in Expenditures				15,010		(1,821)
Biennial % Change in Expenditures				32		(3)
Full-Time Equivalents	142.10	144.58	148.52	151.22	150.72	150.72

# Children & Families

# Activity Financing by Fund

(Dollars in Thousands)

	Actual	Actual	Actual	Estimate	Forecast Base	
	FY18	FY19	FY20	FY21	FY22	FY23

## 3000 - Federal

Balance Forward In	169	56	128	76	76	76
Receipts	11,955	16,438	15,796	21,516	19,528	19,461
Transfers In			50			
Balance Forward Out	59	46	76	76	76	76
<b>Expenditures</b>	<b>12,066</b>	<b>16,448</b>	<b>15,899</b>	<b>21,516</b>	<b>19,528</b>	<b>19,461</b>
Biennial Change in Expenditures				8,901		1,574
Biennial % Change in Expenditures				31		4
Full-Time Equivalents	93.39	99.29	105.83	109.88	109.88	109.88

## 3001 - Federal TANF

Balance Forward In		184	184			
Receipts	1,848	1,976	2,284	2,582	2,582	2,582
<b>Expenditures</b>	<b>1,848</b>	<b>2,160</b>	<b>2,468</b>	<b>2,582</b>	<b>2,582</b>	<b>2,582</b>
Biennial Change in Expenditures				1,043		114
Biennial % Change in Expenditures				26		2
Full-Time Equivalents	11.09	14.12	16.24	17.40	17.40	17.40

## 3010 - Coronavirus Relief

Balance Forward In				55		
Direct Appropriation			2,644	1,382	0	0
Balance Forward Out			55			
<b>Expenditures</b>			<b>2,589</b>	<b>1,437</b>		
Biennial Change in Expenditures				4,026		(4,026)
Biennial % Change in Expenditures						(100)

**Program: Central Office Operations**

**Activity: Health Care**

#### AT A GLANCE

- **Medical Assistance** provided coverage for an average of 1,098,867 people each month during FY 2019.
- **MinnesotaCare** provided coverage for an average of 79,944 people each month during FY 2019.
- In FY 2019, our Health Care Consumer Support team received 671,527 telephone calls from recipients.
- In FY 2019, our Provider Call Center received 302,374 calls from providers.
- All funds administrative spending for the Health Care activity for FY 2019 was \$104 million. This represents 0.7 percent of the Department of Human Services overall budget.

#### PURPOSE & CONTEXT

The Minnesota Department of Human Services (DHS) Health Care Administration administers the following two health care programs for low-income Minnesotans:

**Medical Assistance** (MA) is Minnesota's Medicaid program which provides health coverage for low-income people including children and families, people 65 or older, people who have disabilities and adults without dependent children.

**MinnesotaCare** provides coverage for those who do not have access to affordable health care coverage but whose income is too high for Medical Assistance.

Our goals are to:

- Increase the number of insured Minnesotans by helping eligible people get MA or MinnesotaCare coverage
- Improve and streamline Medicaid processes through the way we administer and deliver programs
- Improve the health outcomes, beneficiary experience and value of care delivered through Minnesota Health Care Programs (MHCP)
- Reform payment and delivery models by designing rates and models to reward quality and emphasize transparency
- Use research, data and analysis to develop policy recommendations, support DHS health care programs and evaluate results
- Encourage stakeholder communication to support our clients, partners and programs

#### SERVICES PROVIDED

The Health Care Administration's (HCA) divisions and operational units include the following:

##### Office of the Assistant Commissioner

This office performs central functions including:

- Managing the partnership between DHS and the federal Centers for Medicare and Medicaid Services for all Medicaid state plan and waiver services
- Conducting care delivery and payment reform projects including the Integrated Health Partnerships and the CMS State Innovation Models

- Ensuring that benefit and payment policies are supported by best clinical practices through the Office of the Medical Director
- Coordinating the development of recommendations on health care policy and legislation

### **Health Care Eligibility Operations**

- Processes paper applications for MinnesotaCare and the Minnesota Family Planning Program
- Provides ongoing case maintenance and processes changes in enrollee circumstance that may influence eligibility
- Provides in-person and online training, responds to system-related questions from counties and tribes, and provides systems support.
- Operates the Health Care Consumer Support team (member help desk) and responds to enrollee phone calls regarding eligibility, covered services, and provider availability

### **Health Care Eligibility and Access**

- Administers all eligibility policy for the Medical Assistance and MinnesotaCare programs including long term care services.
- Provides policy support for county social service agencies, tribal governments, and other entities processing applications for MHCP
- Conducts disability determinations to determine Medical Assistance eligibility under a disability basis via the State Medical Review Team (SMRT)
- Develops business requirements for eligibility systems including MAXIS, Medicaid Management Information System (MMIS), and the Minnesota Eligibility Technology System (METS)

### **Purchasing and Service Delivery (PSD)**

- Coordinates the purchasing and delivery of services in state health care programs and administers coverage and benefit policies
- Establishes payment policies and calculations for fee-for-service and managed care rates
- Negotiates and manages annual contracts between DHS and managed care organizations

### **Medicaid Payments and Provider Services (MPPS)**

- Supports MHCP members and providers, conducts benefits recovery and claims processing, runs the provider call center, enrolls health care providers, and manages all provider training and communication regarding the health care programs
- Assures that Medical Assistance program remains the payer of last resort by billing any insurers or other parties with primary responsibility for paying medical claims
- Ensures the timely and accurate payment of health care services
- Operates the Provider Call Center and responds to provider phone calls regarding member eligibility, enrollment, billing, coverage policies, and payment.

### **Healthcare Research and Quality**

- Conducts data analysis, research, and data reporting responsibilities for the MHCP and oversees quality assurance activities for the managed care organizations contracting with DHS
- Uses health care claims data to inform policy and program development and monitors the quality of health care services purchased by DHS

HCA staff shares some health care coverage policy and rates development functions with the Community Supports and Continuing Care for Older Adults Administrations for the services under the purview of those other administrations.

HCA work supports the following strategies:

- Improve access to affordable health care
- Integrate primary care, behavioral health, and long-term care
- Maintain a workforce committed to fulfilling the agency mission
- Expand the number of providers and enrollees participating in Integrated Health Partnerships
- Modernize eligibility and enrollment systems
- Reduce disparities so that cultural and ethnic communities have the same access to outcomes for health care
- Hold managed care plans accountable for health equity outcomes related to depression, diabetes, and well child visits

## RESULTS

DHS works to make Minnesota a national leader in promoting and implementing policy and payment initiatives that improve access, quality, and cost-effectiveness of services provided through publicly funded health care programs. DHS contracts with managed care organizations to serve enrollees in Minnesota's public health care programs.

As part of Minnesota's commitment to deliver quality health care more effectively, DHS began a new payment model in 2013 that prioritizes quality preventive care and rewards providers for reducing the cost of care for enrollees in MA and MinnesotaCare programs. This nation-leading reform effort has saved \$422 million in health care costs between 2013 and 2018, and continues to show how financial incentives and value-based payment can lower costs, maintain or improve health care quality and outcomes, and lead to innovative methods of delivering health care and other services tailored to a specific community's needs. Providers participating in the program currently serve more than 430,000 Minnesotans.

In 2010, DHS was directed to develop and implement a demonstration testing alternative health care delivery systems, including accountable care organizations (ACOs). This led to the development of the Integrated Health Partnerships (IHP) program in 2013. The goal of the program is to improve the quality and value of care provided to Medicaid and MinnesotaCare enrollees while lowering the cost through innovative approaches to care and payment.

The program allows participating providers to enter into an arrangement with DHS to care for enrollees under a payment model that holds the participants accountable for the costs and quality of care their Medicaid patients receive. Providers who participate work together to better coordinate and manage care, resulting in better outcomes.

IHP providers have experienced better health outcomes for their Medicaid and MinnesotaCare populations; for example, they had readmissions rates that were 4 percent lower and emergency department visits that were 2.5 percent lower than the IHP comparable population in 2019. IHPs also perform better than other Medicaid providers on several quality measures. For example, on outcomes measures related to diabetes, asthma, and vascular care, IHPs perform significantly better than other providers. Further, while a provider's Medicaid population typically shows worse outcomes than their commercial population on these metrics, this gap is narrower for the population served by the IHPs. Finally, IHPs also perform better than other providers on ensuring adolescents are screened for mental health issues. Those IHPs with explicit behavioral health focused interventions have shown high levels of relative improvement since 2017, with typical year-to-year relative improvement of 30 percent to 40 percent.

The IHP program continues to expand. Providers that deliver care for less than the targeted cost are eligible to share in the savings; some providers also share the downside risk if costs are higher than targeted. As IHPs

progress into their second and third contract years, a portion of their payment is tied to their performance on quality metrics.

In 2018, the most recent period with a final performance calculation, IHP savings to the health care system totaled nearly \$98 million. This comes on top of savings of \$107 million in 2017, \$49.5 million in 2016, \$87.5 million in 2015, \$65.3 million in 2014 and \$14.8 million in 2013. These savings are shared by providers, managed care organizations, the federal government, and the state.

Beginning in 2018, DHS expanded and enhanced the IHP model in several important ways. DHS introduced multiple tracks to accommodate a diverse set of provider systems, added a quarterly population-based payment to providers to support their care coordination and infrastructure needs, modified the quality measurements methodology, and increased accountability for nonmedical social factors affecting the health of and disparities found within the IHP population. As part of the accountability model tied to this population-based payment, IHPs are required to implement and evaluate specific initiatives that address a variety of social risk factors that impact the health of their patients and/or community. These innovative initiatives include programs that address food insecurity, unmet mental health needs, housing insecurity, the health needs of individuals recently released from jail or prison, and other social determinants of health.

<i>Type of Measure</i>	<i>Name of Measure</i>	<i>Previous</i>	<i>Current</i>	<i>Dates</i>
Quality	Percent of electronically submitted claims paid within two days <sup>1</sup>	98.36%	98.59%	FY2017 and FY2019
Quantity	Number of Integrated Health Partnerships <sup>2</sup>	24	26	2018 and 2020
Quantity	Total MA Benefit Recoveries (excluding fraud and cost avoidance) <sup>3</sup>	\$61 million	\$61.6 million	FY2017 and FY2019

Performance Measure Notes:

1. Source: FY 2017 Member and Provider Services Operational Statistics. Compares Fiscal year 2017 (Previous) to Fiscal year 2019 (Current). Our goal is to pay 98 percent of electronically submitted claims within two days. The trend is stable.
2. Measure is the number of provider systems or collaboratives of independent practices voluntarily contracting with DHS as an IHP to serve MA and MinnesotaCare recipients. Compares 2018 (Previous) to 2020 (Current)
3. Source: Member and Provider Services Operational Statistics. Measure is the total amount of recoveries conducted by the benefit recovery unit at DHS and contractors performing recovery activities on its behalf. Compares FY 2017 (Previous) and FY 2019 (Current).

---

M.S. chapter 256 (Human Services) provides authority for many of the agency’s general administrative activities. Some of the authority to administer MA is also in that chapter. Additional legal authority to administer MA is in M.S. chapter 256B (Medical Assistance for Needy Persons). Our authority to administer MinnesotaCare is in M.S. chapter 256L.

# Health Care

# Activity Expenditure Overview

(Dollars in Thousands)

	Actual FY18	Actual FY19	Actual FY20	Estimate FY21	Forecast Base	
					FY22	FY23
<b><u>Expenditures by Fund</u></b>						
1000 - General	19,589	22,575	18,431	18,948	18,888	18,888
2000 - Restrict Misc Special Revenue	2,526	831	1,305	2,135	2,119	2,119
2001 - Other Misc Special Revenue	49,955	58,326	56,061	67,190	57,129	55,273
2360 - Health Care Access	25,090	24,528	28,347	28,168	28,168	28,168
3000 - Federal	8,214					
3010 - Coronavirus Relief			591	493		
<b>Total</b>	<b>105,373</b>	<b>106,260</b>	<b>104,735</b>	<b>116,934</b>	<b>106,304</b>	<b>104,448</b>
Biennial Change				10,035		(10,917)
Biennial % Change				5		(5)

## **Expenditures by Category**

Compensation	62,591	65,786	66,835	70,565	64,336	63,910
Operating Expenses	41,850	39,403	37,652	46,333	41,938	40,508
Grants, Aids and Subsidies	903	1,022	188			
Other Financial Transaction	30	49	59	36	30	30
<b>Total</b>	<b>105,373</b>	<b>106,260</b>	<b>104,735</b>	<b>116,934</b>	<b>106,304</b>	<b>104,448</b>

Total Agency Expenditures	105,373	106,260	104,735	116,934	106,304	104,448
Internal Billing Expenditures				18	18	18
<b>Expenditures Less Internal Billing</b>	<b>105,373</b>	<b>106,260</b>	<b>104,735</b>	<b>116,916</b>	<b>106,286</b>	<b>104,430</b>

## **Full-Time Equivalent**

	731.29	738.15	715.64	690.77	690.77	690.77
--	--------	--------	--------	--------	--------	--------



# Health Care

# Activity Financing by Fund

(Dollars in Thousands)

	Actual FY18	Actual FY19	Actual FY20	Estimate FY21	Forecast Base	
					FY22	FY23
<b>1000 - General</b>						
Balance Forward In		809		747		
Direct Appropriation	20,719	21,249	22,769	23,738	20,740	20,740
Transfers In	703	4,464	1,730	1,169		
Transfers Out	1,449	3,510	5,321	6,706	1,852	1,852
Cancellations		437				
Balance Forward Out	384		747			
<b>Expenditures</b>	<b>19,589</b>	<b>22,575</b>	<b>18,431</b>	<b>18,948</b>	<b>18,888</b>	<b>18,888</b>
Biennial Change in Expenditures				(4,785)		397
Biennial % Change in Expenditures				(11)		1
Full-Time Equivalents	152.44	149.59	120.23	98.14	98.14	98.14

## 2000 - Restrict Misc Special Revenue

Balance Forward In	5	5		16		
Receipts	1,614	635	855	1,619	1,619	1,619
Transfers In	912	196	466	500	500	500
Transfers Out		5				
Balance Forward Out	5		16			
<b>Expenditures</b>	<b>2,526</b>	<b>831</b>	<b>1,305</b>	<b>2,135</b>	<b>2,119</b>	<b>2,119</b>
Biennial Change in Expenditures				83		798
Biennial % Change in Expenditures				2		23
Full-Time Equivalents	12.37	14.29	8.34	5.00	5.00	5.00

## 2001 - Other Misc Special Revenue

Balance Forward In	4,406	5,128	6,020	1,289	1,289	1,289
Receipts	6,002	5,316	3,193	4,790	4,790	4,790
Transfers In	45,091	53,625	54,579	62,400	52,339	50,483
Transfers Out	862		6,442			
Balance Forward Out	4,682	5,743	1,288	1,289	1,289	1,289
<b>Expenditures</b>	<b>49,955</b>	<b>58,326</b>	<b>56,061</b>	<b>67,190</b>	<b>57,129</b>	<b>55,273</b>
Biennial Change in Expenditures				14,970		(10,849)
Biennial % Change in Expenditures				14		(9)
Full-Time Equivalents	249.50	269.29	288.69	287.70	287.70	287.70

# Health Care

# Activity Financing by Fund

(Dollars in Thousands)

	Actual FY18	Actual FY19	Actual FY20	Estimate FY21	Forecast Base	
					FY22	FY23
<b>2360 - Health Care Access</b>						
Balance Forward In		337		16		
Direct Appropriation	23,697	23,804	25,063	24,406	28,168	28,168
Transfers In	2,058	911	3,700	3,776		
Transfers Out	419	411	400	30		
Cancellations		113				
Balance Forward Out	246		16			
<b>Expenditures</b>	<b>25,090</b>	<b>24,528</b>	<b>28,347</b>	<b>28,168</b>	<b>28,168</b>	<b>28,168</b>
Biennial Change in Expenditures				6,897		(179)
Biennial % Change in Expenditures				14		(0)
Full-Time Equivalents	314.58	304.98	298.38	299.93	299.93	299.93

## 3000 - Federal

Balance Forward In	20					
Receipts	8,194					
<b>Expenditures</b>	<b>8,214</b>					
Biennial Change in Expenditures				(8,214)		0
Biennial % Change in Expenditures						
Full-Time Equivalents	2.40					

## 3010 - Coronavirus Relief

Direct Appropriation			591	493	0	0
<b>Expenditures</b>			<b>591</b>	<b>493</b>		
Biennial Change in Expenditures				1,084		(1,084)
Biennial % Change in Expenditures						(100)

**Program: Central Office Operations**

**Activity: Continuing Care For Older Adults**

[mn.gov/dhs/people-we-serve/seniors/](http://mn.gov/dhs/people-we-serve/seniors/)

### AT A GLANCE

- Oversees services to over 400,000 older Minnesotans each year with a value \$1.4 billion in state and federal funds.
- Covered nursing facility services for 14,168 people per month in FY 2019.
- Covered Elderly Waiver services for 35,880 people per month in FY 2019.
- Performs statewide human services planning and develops and implements policy.
- Obtains, allocates, and manages resources, contracts, and grants.
- Senior Nutrition grants provide congregate dining to 38,000 people and home delivered meals to 12,000 people.
- Provides comprehensive assistance and individualized help to more than 123,000 individuals through over 285,000 calls in 2019 through the Senior LinkAge Line®.
- Administer \$53.569 million of grants to providers under Aging and Adult Services grants and \$3.538 million under Other Long Term Care grants in FY 2019.
- Sets standards for, and evaluates, service development and delivery, and monitors compliance
- Provides technical assistance and training to county and tribal agencies and supports local innovation and quality improvement efforts.
- All funds administrative spending for the Continuing Care Administration activity for FY 2019 was \$18.2 million. This represented 0.10 percent of the Department of Human Services overall budget.

### PURPOSE & CONTEXT

The Continuing Care for Older Adults Administration administers Minnesota's publicly funded long-term care programs and services for older Minnesotans and their families. Our Administration's mission is to improve the dignity, health and independence of the people we serve.

We have four goals:

- Support and enhance the quality of life for older people;
- Manage an equitable and sustainable long-term care system that maximizes value;
- Continuously improve how we administer services; and
- Promote professional excellence and engagement in our work.

### SERVICES PROVIDED

The Continuing Care for Older Adults Administration is composed of the following Divisions and units, each charged with particular areas of responsibility:

- Aging and Adult Services Division;
- Fiscal Analysis and Results Management;
- Nursing Facility Rates and Policy Division;
- Operations and Central Functions; and
- Planning and Aging 2030.

Our work includes:

- Administering Medical Assistance long-term services and supports waiver programs and state plan services. This includes developing, seeking authority for and implementing policies, projects, and research. We also oversee state and federal grants and contracts, including Senior Nutrition Grants.
- Working with the Community Supports Administration to administer the Moving Home Minnesota program, a federal Money Follows the Person Rebalancing Demonstration Program which serves both seniors and people with disabilities.
- Providing training, education, assistance, advocacy and direct services, including overseeing the state's adult protective services system.
- Monitoring service quality by program evaluation and measuring results using lead agency waiver reviews.
- Staffing of the Governor-appointed Minnesota Board on Aging (<http://www.mnaging.org>), a state board administratively placed within DHS with oversight of the Office of Ombudsman for Long-Term Care;
- Working to improve the quality of services and share best practices across providers;
- Providing administrative, financial, and operational management and support for both the Continuing Care for Older Adults Administration and the Community Supports Administration;
- Providing legislative coordination with the department, legislature and stakeholders;
- Supporting both Continuing Care for Older adults and Community Supports administrations on IT modernization projects, IT project portfolio oversight, and business process improvement efforts; and
- Providing outreach, staff support and technical assistance to stakeholders and stakeholder workgroups; and
- Auditing 365 nursing facility annual cost reports to ensure DHS and providers are maintaining compliance with federal and state requirements and timely publication of accurate payment rates.

Direct services we provide include:

- Providing statewide referrals to services, care transitions support, health insurance and long-term benefits counseling through the Senior LinkAge Line® to older Minnesotans and their caregivers so that they can get answers about long-term care and how to pay for it, assistance resolving issues with Medicare and prescription drugs, connections with volunteer opportunities, or help finding resources;
- Providing long-term care ombudsman services, which help people resolve complaints and keep their services; and
- Developing, maintaining, and publishing provider quality rankings for consumers using the nursing home and HCBS report cards.

Since the 2019 legislative session, new functions are being implemented:

- Hiring additional ombudsman through FY 2021 to assist with issues throughout the State; and
- The Assisted Living report card is planned to be implemented in calendar year 2022. However, COVID has impacted the work plan and may result in delays in implementation -

In addition, starting in March 2020, additional work is being conducted to address the COVID-19 pandemic:

- The Board on Aging received directly allocated funding from the federal Coronavirus Act, Relief, and Economic Security (CARES) act. The funding will mainly be used food security for home-bound for older adults who have disabilities, multiple chronic illnesses, and caregivers of older adults. Additional funding includes funding for the Office of Ombudsman for Long-Term Care. The Board also received funding from the Administration for Community Living for the Senior LinkAge Line and Disability HUB to provide critical access functions to serve populations most at risk of COVID-19. The total funding available for these funds is about \$13.888 million and is available until September 30, 2021.

- In addition, \$11.3 million was received from the Coronavirus Relief Fund for senior meals throughout the state and \$1.063 million for an enhanced homecare benefit. This funding expires December 31, 2020.
- Under state law governing disasters (Minn. Stat. sec. 12A.10), DHS administers expedited reimbursement to nursing facilities to support efforts to limit COVID-19 exposure and to prevent the spread of COVID-19 within facilities. Costs that are eligible for expedited reimbursement are those necessary to ensure the health and safety of residents during the COVID-19 federal emergency declaration including PPE, additional staff hours and wages, and staff testing costs. The expedited reimbursement program began in March 2020 and will be available up to 60 days following the termination of the COVID-19 federal emergency declaration.

## RESULTS

We use several information sources and data to monitor and evaluate quality outcomes and provider performance. Much of the information we analyze is from the DHS Data Warehouse or from surveys of consumers, providers, and lead agencies. More explanation of these measures is in the performance notes below the table.

<i>Type of Measure</i>	<i>Name of Measure</i>	<i>Previous</i>	<i>Current</i>	<i>Dates</i>
Quality	1. Average statewide risk-adjusted nursing facility quality of care score out of a possible 100 points	63.5	68.2	Jan. 2015 to Dec. 2019
Result	2. Percent of older adults served by home and community-based services	71.3%	74.9%	FY 2015 to FY 2019
Result	3. Difference between total weighted average daily payment rate as reported on the cost reports and the November 15 <sup>th</sup> published rate.	Reported: \$248.34 Published: \$246.12 % Change: -1% MA Impact: (\$11M)	Reported: \$265.94 Published: \$261.40 % Change: -2% MA Impact: (\$22M)	CY 2018 to CY2019
Result	Annual total of net nursing facility audit adjustments to reported costs	(\$33.3M)	(\$40.3M)	CY 2018 to CY 2019

More information is available on the Long-Term Service and Support Performance Dashboards ([mn.gov/dhs/ltss-program-performance](http://mn.gov/dhs/ltss-program-performance)).

### Performance Notes:

1. Measure one compares data from the one year period July 2015 to June 2016, to data from the one year period January 2019 to December 2019. (Source: Minimum Data Set resident assessments)
2. This measure shows the percentage of older adults receiving publicly-funded long-term services and supports who receive home and community-based services through the Elderly Waiver, Alternative Care, or home care programs instead of nursing home services. (Source: DHS Data Warehouse)
3. Nursing facility daily payment rates are based on an annual cost report filed by facilities. The Nursing Facility Rates and Policy division audits these reports in order to ensure accuracy. The difference between reported and published rates in this measure represents corrections made a result of these audits. Without these audits, payment rates and MA payments would be higher. (Source: Nursing Facility Rates and Policy Division)

4. This measure represents audit adjustments to annual nursing facility cost reports. (Source: Nursing Facility Rates and Policy Division)

---

M.S. chapter 256 (Human Services) provides authority for many of the agency's general administrative activities. Some of the authority to administer MA is also in that chapter. Additional legal authority to administer MA is in M.S. chapter 256B (Medical Assistance for Needy Persons). For other activities administered under Continuing Care for Older Adults, we list legal citations that apply to the program at the end of each budget narrative.

# Continuing Care for Older Adults

# Activity Expenditure Overview

(Dollars in Thousands)

	Actual FY18	Actual FY19	Actual FY20	Estimate FY21	Forecast Base	
					FY22	FY23
<b><u>Expenditures by Fund</u></b>						
1000 - General	12,928	13,749	14,045	19,571	17,261	17,261
1200 - State Government Special Rev	122	126	125	125	125	125
1251 - COVID-19 Minnesota				10		
2000 - Restrict Misc Special Revenue	44	486	138	248	187	187
2001 - Other Misc Special Revenue	510	955	2,078	4,512	3,432	1,347
2403 - Gift	6			15	15	15
3000 - Federal	3,921	3,318	3,282	4,637	3,581	3,581
3010 - Coronavirus Relief			471	13,756		
<b>Total</b>	<b>17,531</b>	<b>18,635</b>	<b>20,139</b>	<b>42,874</b>	<b>24,601</b>	<b>22,516</b>
Biennial Change				26,847		(15,896)
Biennial % Change				74		(25)
<b><u>Expenditures by Category</u></b>						
Compensation	12,315	12,653	14,368	17,702	15,553	15,698
Operating Expenses	4,817	5,447	5,574	25,137	9,013	6,783
Grants, Aids and Subsidies	383	515	166			
Other Financial Transaction	16	20	32	35	35	35
<b>Total</b>	<b>17,531</b>	<b>18,635</b>	<b>20,139</b>	<b>42,874</b>	<b>24,601</b>	<b>22,516</b>
Total Agency Expenditures	17,531	18,635	20,139	42,874	24,601	22,516
Internal Billing Expenditures			22	27	27	27
<b>Expenditures Less Internal Billing</b>	<b>17,531</b>	<b>18,635</b>	<b>20,117</b>	<b>42,847</b>	<b>24,574</b>	<b>22,489</b>
<b><u>Full-Time Equivalent</u></b>	<b>119.73</b>	<b>120.01</b>	<b>131.07</b>	<b>152.41</b>	<b>151.41</b>	<b>151.41</b>

# Continuing Care for Older Adults

# Activity Financing by Fund

(Dollars in Thousands)

	Actual FY18	Actual FY19	Actual FY20	Estimate FY21	Forecast Base	
					FY22	FY23
<b>1000 - General</b>						
Balance Forward In		1,705		3,088		
Direct Appropriation	15,359	15,113	18,703	19,297	17,261	17,261
Transfers In	459	146	1,456	2,623		
Transfers Out	1,264	3,067	3,026	5,437		
Cancellations		149				
Balance Forward Out	1,626		3,088			
<b>Expenditures</b>	<b>12,928</b>	<b>13,749</b>	<b>14,045</b>	<b>19,571</b>	<b>17,261</b>	<b>17,261</b>
Biennial Change in Expenditures				6,939		906
Biennial % Change in Expenditures				26		3
Full-Time Equivalents	85.54	89.37	95.85	113.00	113.00	113.00

## 1200 - State Government Special Rev

Balance Forward In		3				
Direct Appropriation	125	125	125	125	125	125
Transfers In		1				
Cancellations		3				
Balance Forward Out	3					
<b>Expenditures</b>	<b>122</b>	<b>126</b>	<b>125</b>	<b>125</b>	<b>125</b>	<b>125</b>
Biennial Change in Expenditures				2		0
Biennial % Change in Expenditures				1		0
Full-Time Equivalents	1.13	1.07	1.03	1.00	1.00	1.00

## 1251 - COVID-19 Minnesota

Balance Forward In				10		
Direct Appropriation			10			
Balance Forward Out			10			
<b>Expenditures</b>				<b>10</b>		
Biennial Change in Expenditures				10		(10)
Biennial % Change in Expenditures						
Full-Time Equivalents				1.00		

## 2000 - Restrict Misc Special Revenue

Balance Forward In	2,143	3,763	4,960	458	458	458
--------------------	-------	-------	-------	-----	-----	-----



# Continuing Care for Older Adults

# Activity Financing by Fund

(Dollars in Thousands)

	Actual FY18	Actual FY19	Actual FY20	Estimate FY21	Forecast Base	
					FY22	FY23
Receipts	123	148	111	248	187	187
Transfers In	1,541	1,487				
Transfers Out			4,475			
Balance Forward Out	3,763	4,912	458	458	458	458
<b>Expenditures</b>	<b>44</b>	<b>486</b>	<b>138</b>	<b>248</b>	<b>187</b>	<b>187</b>
Biennial Change in Expenditures				(144)		(12)
Biennial % Change in Expenditures				(27)		(3)
Full-Time Equivalents	0.60	1.75	1.70	2.30	2.30	2.30

## 2001 - Other Misc Special Revenue

Balance Forward In	96	199	122	5,806	5,803	5,803
Receipts	53	172	203	2,783	1,623	907
Transfers In	472	761	7,559	1,726	1,809	440
Balance Forward Out	112	177	5,807	5,803	5,803	5,803
<b>Expenditures</b>	<b>510</b>	<b>955</b>	<b>2,078</b>	<b>4,512</b>	<b>3,432</b>	<b>1,347</b>
Biennial Change in Expenditures				5,124		(1,811)
Biennial % Change in Expenditures				350		(27)
Full-Time Equivalents			6.65	7.32	7.32	7.32

## 2403 - Gift

Balance Forward In	15	16	16	16	16	16
Receipts	6	0	0	15	15	15
Balance Forward Out	16	16	16	16	16	16
<b>Expenditures</b>	<b>6</b>			<b>15</b>	<b>15</b>	<b>15</b>
Biennial Change in Expenditures				9		15
Biennial % Change in Expenditures						

## 3000 - Federal

Balance Forward In	55	24	25	9	9	9
Receipts	3,894	3,313	3,266	4,637	3,581	3,581
Balance Forward Out	27	18	9	9	9	9
<b>Expenditures</b>	<b>3,921</b>	<b>3,318</b>	<b>3,282</b>	<b>4,637</b>	<b>3,581</b>	<b>3,581</b>
Biennial Change in Expenditures				679		(757)

## Continuing Care for Older Adults

## Activity Financing by Fund

(Dollars in Thousands)

	Actual FY18	Actual FY19	Actual FY20	Estimate FY21	Forecast Base	
					FY22	FY23
Biennial % Change in Expenditures				9		(10)
Full-Time Equivalents	32.46	27.82	25.84	27.79	27.79	27.79

### 3010 - Coronavirus Relief

Direct Appropriation		471	13,756	0	0
<b>Expenditures</b>		<b>471</b>	<b>13,756</b>		
Biennial Change in Expenditures				14,227	(14,227)
Biennial % Change in Expenditures					(100)

**Program: Central Office Operations**

**Activity: Community Supports**

[mn.gov/dhs/people-we-serve/people-with-disabilities/](http://mn.gov/dhs/people-we-serve/people-with-disabilities/)

#### AT A GLANCE

- Provided 54,561 people with disability home and community-based services waivers in FY2019.
- Provided 44,025 people with Personal Care Assistance (PCA) services in FY2019.
- Provided 4,221 people living with HIV/AIDS medical and support services in FY2019.
- 10,812 people received assistance from the Deaf and Hard of Hearing Services Division in FY2019.
- In FY 2019, lead agencies administered over 187,000 assessments for long-term services and supports. (This includes MnCHOICES, legacy LTCC and DD screenings, and PCA Assessments)
- 270,651 adults received mental health services through Minnesota Health Care Programs (MHCP) in CY 2017.
- 88,000 children and youth receive publicly funded mental health services each year.
- 7,707 individuals at risk of or experiencing long-term homelessness received supportive services in FY 2019.
- All funds administrative spending for the Community Supports Budget Activity for FY 2019 was \$41 million. This represented 0.23% of the Department of Human Services overall budget.

#### PURPOSE & CONTEXT

The Community Supports Administration (CSA) within the Department of Human Services oversees service delivery systems for people with disabilities, behavioral health problems, people who are deaf, deafblind and hard of hearing, and people needing housing and income supports. This includes prevention, treatment, long-term services and supports, including home and community based services, other Medical Assistance benefits specialized grant programs.

CSA trains, develops capacity and provides guidance and oversight for community partners including tribes, health plans, counties and community-based providers. Our current work encourages and supports research-informed practices and expanded use of successful models.

CSA goals are to support people to achieve meaningful outcomes, improve our operational excellence, and to manage an equitable and sustainable service delivery system.

#### SERVICES PROVIDED

We have four divisions within the Community Supports Administration (CSA):

- Behavioral Health Division (combination of former Alcohol and Drug Abuse and Mental Health Divisions)
- Disability Services Division
- Deaf and Hard of Hearing Services Division
- Housing Supports Division

Our administration also houses and provides administrative support infrastructure to the independent Minnesota Commission for Deaf, Deafblind and Hard of Hearing.

Collaborating both with partners within state agencies and in local communities, our administration shapes and implements public policy on mental health, substance use disorder treatment and prevention services, home and community based services, services for people who are deaf, deafblind and hard of hearing and housing supports.

Specifically, our staff:

- Lead efforts to shape and implement public policy directed towards prevention, early intervention, and treatment of persons with a mental illness or substance use disorder.
- Administer payment policy and manage grant programs for mental health and substance use disorder services, such as the Consolidated Chemical Dependency Treatment Fund, Minnesota Health Care Programs, Adult Mental Health Grants, Child Mental Health Grants and Substance Use Disorder Treatment Support Grants.
- Manage and administer the four disability home and community-based services waivers, home care services (including Personal Care Assistance), intermediate care facilities for people with developmental disabilities, and various grant programs that support people with disabilities living in the community.
- Administer programs to assure access to services, facilitate community engagement, provide technical assistance on best practices, develop local service capacity, and provide general program oversight and guidance.
- Promote access to core medical and support services to people living with HIV/AIDS by paying premiums to maintain private insurance, co-payments for HIV-related medications, mental health services, dental services, nutritional supplements, and case management.
- Promote equal access to communication and community resources for Minnesotans who are deaf, deafblind and hard of hearing by delivering direct services through statewide regional offices, the Telephone Equipment Distribution (TED) program and the DHHSD mental health program.
- Manage grant programs for services to adults and children who are deafblind, mentors for families with very young children who have hearing loss, Certified Peer Support Specialists and other mental health services for people with hearing loss who use American Sign Language and have mental health challenges, psychological assessments for children and youth with hearing loss, increasing capacity of interpreting services in Greater Minnesota.
- Facilitate many stakeholder groups, including the Governor-appointed Commission of Deaf, DeafBlind and Hard of Hearing, a state agency housed within DHS (<http://mn.gov/deaf-commission>);
- Provide housing assistance support and related services to people experiencing homelessness or who are in danger of becoming homeless.
- Work to encourage the development of local service capacity, including related professional workforce development activities.
- Train and guide service delivery partners on best practices.
- Provide supervision, guidance, and oversight to service delivery partners including counties, tribes and non-profit providers.
- Partner with stakeholders to improve prevention and early intervention efforts and the service delivery system.
- Secure funding outside of state appropriations and seek such opportunities to leverage goals.

## RESULTS

<i>Type of Measure</i>	<i>Name of Measure</i>	<i>Previous</i>	<i>Current</i>	<i>Dates</i>
Quantity	The percent of adults in Assertive Community Treatment (ACT) who receive an annual comprehensive preventative physical exam. <sup>2</sup>	74.0%	67.1%	2016 vs. 2019
Result	1. Past 30 day use of alcohol by youth in communities receiving prevention funding. <sup>3</sup>	11.2%	13.3%	2016 vs. 2019
Result	2. Percentage of babies born with negative toxicology reports. <sup>4</sup>	58.9%	80%	2017 vs. 2019

<i>Type of Measure</i>	<i>Name of Measure</i>	<i>Previous</i>	<i>Current</i>	<i>Dates</i>
Result	3. Percent of working age adults on certain Medical Assistance programs earning \$600 or more per month <sup>5</sup>	16%	18%	FY 2017 to FY 2019
Result	4. Percent of people with disabilities who receive home and community-based services at home. <sup>6</sup>	53.7%	61.2%	2015 to 2019
Result	5. Percent of long term service and support spending for people with disabilities in home and community-based services rather than institutions. <sup>7</sup>	89.8%	91.7%	2015 to 2019
Quality	61. Percent of consumers in DHHS grant-funded programs who are satisfied with quality of services they received.. <sup>8</sup>	94%	89%	2014 to 2019

Performance Measure Notes:

1. This measure consists of data as reported in the Minnesota Student Survey for 9th grade users. Previous represents calendar year CY 2013 and Current represents CY 2016.
2. The percentage of babies with negative toxicology results during a 12-month period, born to women served by the state Women's Recovery grants. Previous represents FY 2014 and Current represents FY 2017.
3. Measure compares monthly earnings for people age 18-64 who receive services from one of the following Medical Assistance programs: Home and Community-Based Waiver Services, Mental Health Targeted Case Management, Adult Mental Health Rehabilitative Services, Assertive Community Treatment and Medical Assistance for Employed Persons with Disabilities (MA-EPD). More information is also available on the Employment First Dashboard ([mn.gov/dhs/employment-first-dashboards](http://mn.gov/dhs/employment-first-dashboards))Source: DHS Data Warehouse.
4. This measure compares people who receive disability waiver services in their own home rather than residential services. More information is available on the Long-Term Service and Support Performance Dashboards ([mn.gov/dhs/ltss-program-performance](http://mn.gov/dhs/ltss-program-performance)). Source: DHS Data Warehouse.
5. This measure compares spending of long term service and support for people with disabilities in home and community-based services rather than institutions. More information is available on the Long-Term Service and Support Performance Dashboards ([mn.gov/dhs/ltss-program-performance](http://mn.gov/dhs/ltss-program-performance)). Source: DHS Data Warehouse.
6. Data source: Consumer satisfaction surveys and grantee reports.

---

M.S. chapter 256 (Human Services) provides authority for many of the agency's general administrative activities. Some of the authority to administer MA is also in that chapter. Additional legal authority to administer MA is in M.S. chapter 256B (Medical Assistance for Needy Persons). For other activities administered under Community Supports, we list legal citations that apply to the program at the end of each budget narrative.

# Community Supports

# Activity Expenditure Overview

(Dollars in Thousands)

	Actual FY18	Actual FY19	Actual FY20	Estimate FY21	Forecast Base	
					FY22	FY23
<b><u>Expenditures by Fund</u></b>						
1000 - General	27,032	27,449	30,991	32,611	32,264	32,264
2000 - Restrict Misc Special Revenue	5,350	6,112	4,575	8,789	8,837	9,045
2001 - Other Misc Special Revenue	3,957	4,091	5,603	7,846	5,289	4,810
2005 - Opiate Epidemic Response				309	309	309
2403 - Gift	3	0		13	13	13
3000 - Federal	6,222	7,639	7,652	9,850	9,496	8,976
3010 - Coronavirus Relief			1,054	749		
4800 - Lottery	82	86	101	225	163	163
<b>Total</b>	<b>42,645</b>	<b>45,379</b>	<b>49,976</b>	<b>60,392</b>	<b>56,371</b>	<b>55,580</b>
Biennial Change				22,344		1,583
Biennial % Change				25		1
<b><u>Expenditures by Category</u></b>						
Compensation	30,682	34,063	38,694	42,498	39,516	39,732
Operating Expenses	8,973	7,955	8,051	16,596	13,534	13,477
Grants, Aids and Subsidies	2,915	3,293	3,081	1,154	3,027	2,077
Capital Outlay-Real Property	1					
Other Financial Transaction	74	67	150	144	294	294
<b>Total</b>	<b>42,645</b>	<b>45,379</b>	<b>49,976</b>	<b>60,392</b>	<b>56,371</b>	<b>55,580</b>
Total Agency Expenditures	42,645	45,379	49,976	60,392	56,371	55,580
Internal Billing Expenditures			(5)			
<b>Expenditures Less Internal Billing</b>	<b>42,645</b>	<b>45,379</b>	<b>49,981</b>	<b>60,392</b>	<b>56,371</b>	<b>55,580</b>
<b><u>Full-Time Equivalent</u></b>						
	<b>307.44</b>	<b>332.20</b>	<b>359.00</b>	<b>381.58</b>	<b>374.83</b>	<b>374.83</b>

# Community Supports

# Activity Financing by Fund

(Dollars in Thousands)

	Actual FY18	Actual FY19	Actual FY20	Estimate FY21	Forecast Base	
					FY22	FY23
<b>1000 - General</b>						
Balance Forward In	95	4,026	213	1,527		
Direct Appropriation	29,546	29,381	36,031	35,772	32,205	32,205
Receipts	59	59	59	59	59	59
Transfers In	2,910	2,569	429	120		
Transfers Out	2,276	7,996	4,213	4,867		
Cancellations		376				
Balance Forward Out	3,302	213	1,528			
<b>Expenditures</b>	<b>27,032</b>	<b>27,449</b>	<b>30,991</b>	<b>32,611</b>	<b>32,264</b>	<b>32,264</b>
Biennial Change in Expenditures				9,121		926
Biennial % Change in Expenditures				17		1
Full-Time Equivalents	198.25	210.24	239.36	256.50	256.50	256.50

## 2000 - Restrict Misc Special Revenue

Balance Forward In	12,790	19,741	24,530	1,128	686	686
Receipts	14,712	16,891	1,132	4,374	4,422	4,435
Transfers In	1,295	2,205	5,698	4,555	4,655	4,850
Transfers Out	3,927	8,393	25,656	582	240	240
Balance Forward Out	19,520	24,332	1,129	686	686	686
<b>Expenditures</b>	<b>5,350</b>	<b>6,112</b>	<b>4,575</b>	<b>8,789</b>	<b>8,837</b>	<b>9,045</b>
Biennial Change in Expenditures				1,902		4,518
Biennial % Change in Expenditures				17		34
Full-Time Equivalents	46.79	51.71	39.45	42.63	42.63	42.63

## 2001 - Other Misc Special Revenue

Balance Forward In	676	609	365	860	843	843
Receipts	1,266	1,135	1,267	1,918	2,019	2,019
Transfers In	2,647	2,817	4,946	6,026	3,385	2,906
Transfers Out	130	154	115	115	115	115
Balance Forward Out	503	316	860	843	843	843
<b>Expenditures</b>	<b>3,957</b>	<b>4,091</b>	<b>5,603</b>	<b>7,846</b>	<b>5,289</b>	<b>4,810</b>
Biennial Change in Expenditures				5,401		(3,350)
Biennial % Change in Expenditures				67		(25)
Full-Time Equivalents	23.44	23.87	30.57	30.45	30.45	30.45

# Community Supports

# Activity Financing by Fund

(Dollars in Thousands)

	Actual FY18	Actual FY19	Actual FY20	Estimate FY21	Forecast Base	
					FY22	FY23

## 2005 - Opiate Epidemic Response

Direct Appropriation				309	309	309
<b>Expenditures</b>				<b>309</b>	<b>309</b>	<b>309</b>
Biennial Change in Expenditures				309		309
Biennial % Change in Expenditures						
Full-Time Equivalents				2.00	2.00	2.00

## 2403 - Gift

Balance Forward In	12	10	11	12	12	12
Receipts	1	1	0	13	13	13
Balance Forward Out	10	11	11	12	12	12
<b>Expenditures</b>	<b>3</b>	<b>0</b>		<b>13</b>	<b>13</b>	<b>13</b>
Biennial Change in Expenditures				10		13
Biennial % Change in Expenditures				343		

## 3000 - Federal

Balance Forward In	9	25	11			
Receipts	6,213	7,625	7,642	9,850	9,496	8,976
Balance Forward Out		11				
<b>Expenditures</b>	<b>6,222</b>	<b>7,639</b>	<b>7,652</b>	<b>9,850</b>	<b>9,496</b>	<b>8,976</b>
Biennial Change in Expenditures				3,641		970
Biennial % Change in Expenditures				26		6
Full-Time Equivalents	37.96	45.38	48.54	49.00	42.25	42.25

## 3010 - Coronavirus Relief

Direct Appropriation			1,054	749	0	0
<b>Expenditures</b>			<b>1,054</b>	<b>749</b>		
Biennial Change in Expenditures				1,803		(1,803)
Biennial % Change in Expenditures						(100)

## 4800 - Lottery

Balance Forward In		81		62		
--------------------	--	----	--	----	--	--



# Community Supports

# Activity Financing by Fund

*(Dollars in Thousands)*

	Actual FY18	Actual FY19	Actual FY20	Estimate FY21	Forecast Base	
					FY22	FY23
Direct Appropriation	163	163	163	163	163	163
Cancellations		158				
Balance Forward Out	81		62			
<b>Expenditures</b>	<b>82</b>	<b>86</b>	<b>101</b>	<b>225</b>	<b>163</b>	<b>163</b>
Biennial Change in Expenditures				158		0
Biennial % Change in Expenditures				94		(0)
Full-Time Equivalents	1.00	1.00	1.08	1.00	1.00	1.00

**Program: Central Office Operations**

**Activity: Central IT**

<https://mn.gov/mnit/about-mnit/who-we-are/>

### AT A GLANCE

- Operate and maintain over 393 active computer applications serving over 2.8 million people across all programs and used by 31,000 county, tribal, and state workers, more than 200,000 providers, other client assistors and DHS and MNSure business partners
- Oversee approximately 750 IT employees
- Manage over 90 active IT projects
- Total all funds spending for this budget activity in FY 2019 was \$222 million, which represents approximately 1.5 percent of the agency budget.

### PURPOSE & CONTEXT

The Central IT budget activity funds MNIT support for DHS to provide IT solutions that support agency business goals, and build and maintain the computer applications that automate the delivery of agency programs. MNIT provides secure and cost-effective information technology systems that support individuals who participate in DHS social services, health care, public assistance and direct care programs across the state. The work of MNIT helps DHS meet their mission to provide essential services to Minnesota's most vulnerable residents.

Please refer to the Office of MNIT Services Agency Profile for more information about the central MNIT organization.

### SERVICES PROVIDED

MNIT provides the following services to DHS:

1. Leadership and planning support in the delivery of IT services to DHS at a high-value and cost-effective manner. This includes:
  - Implementation and participation in the DHS IT governance structure which allocates funding and guides IT program design, including the sequence/prioritization of IT work
  - Ensure that user experience design, accessibility and plain language are incorporated into DHS technology solutions
2. Program management activities to develop and operate the DHS IT project and portfolio management. This includes:
  - Portfolio and project management,
  - Business architecture,
  - Business analysis, and
  - Quality assurance
3. Application development and support to automate and maintain DHS services and operations. This includes:
  - Enterprise architecture,
  - Release management,
  - Methodologies to determine technology solutions,
  - Programming and coding, and
  - Ongoing maintenance to help ensure availability of DHS IT systems, and federal/state/industry compliance for DHS IT systems

4. IT services, including all of the computing, telecommunications and wide area network (WAN) services that underlie and support DHS program applications. This includes:
- Cyber security,
  - Desktop, server and network support,
  - Operations support,
  - Firewall support & incident management,
  - Contact center support, and
  - Telephony, telepresence support

MNIT support provided for DHS is funded through a combination of state general fund, health care access fund and dedicated federal revenues administered within the state systems account.

### RESULTS

MNIT contributes to the State’s results-based outcome of efficient and accountable government services and supports the State’s results-based outcomes for Community, Health, and Safety, by delivering technology solutions in order connect the people of MN to services provided by DHS, in order to support the DHS mission, vision, and values.

<i>Type of Measure</i>	<i>Name of Measure</i>	<i>Previous</i>	<i>Current</i>	<i>Dates</i>
Quantity	New projects added to the Project Portfolio	66 projects added in CY 2019 *	9 projects added through June 2020*	Ongoing
Quantity	Projects completed	89 projects completed in CY 2019 *	33 projects completed through June 2020*	Ongoing

\*MNIT has been working with DHS to review and reduce the size of the project portfolio to enable better oversight and management, and ultimately, faster completion for priority projects.

---

MS § 256.014 provides the authority for DHS operation of systems necessary to operate its programs and the creation of the state systems account.

(Dollars in Thousands)

	Actual FY18	Actual FY19	Actual FY20	Estimate FY21	Forecast Base FY22 FY23	
<b><i>Expenditures by Fund</i></b>						
2001 - Other Misc Special Revenue	268,352	227,244	219,273	259,200	171,785	152,650
<b>Total</b>	<b>268,352</b>	<b>227,244</b>	<b>219,273</b>	<b>259,200</b>	<b>171,785</b>	<b>152,650</b>
Biennial Change				(17,122)	(154,038)	
Biennial % Change				(3)	(32)	

***Expenditures by Category***

Operating Expenses	259,336	227,168	219,151	259,200	171,785	152,650
Grants, Aids and Subsidies	0					
Capital Outlay-Real Property	8,498		84			
Other Financial Transaction	517	76	38			
<b>Total</b>	<b>268,352</b>	<b>227,244</b>	<b>219,273</b>	<b>259,200</b>	<b>171,785</b>	<b>152,650</b>

(Dollars in Thousands)

	Actual FY18	Actual FY19	Actual FY20	Estimate FY21	Forecast Base	
					FY22	FY23
<b>2001 - Other Misc Special Revenue</b>						
Balance Forward In	43,684	50,241	16,893	2,582	35	35
Receipts	212,627	182,111	187,610	262,721	164,879	140,442
Transfers In	185,796	201,054	201,597	302,643	207,096	191,152
Transfers Out	169,791	191,815	184,246	308,711	200,190	177,498
Balance Forward Out	3,966	14,348	2,582	35	35	1,481
<b>Expenditures</b>	<b>268,352</b>	<b>227,244</b>	<b>219,273</b>	<b>259,200</b>	<b>171,785</b>	<b>152,650</b>
Biennial Change in Expenditures				(17,122)		(154,038)
Biennial % Change in Expenditures				(3)		(32)

**Program:** Forecasted Programs

**Activity:** MFIP Diversionary Work Program

[mn.gov/dhs/people-we-serve/children-and-families/economic-assistance/income/programs-and-services/](https://mn.gov/dhs/people-we-serve/children-and-families/economic-assistance/income/programs-and-services/)

#### AT A GLANCE

- About 70 percent of those people served through the Minnesota Family Investment Program (MFIP) and Diversionary Work Program (DWP) are children.
- In an average month, the programs serve about 80,000 children and their parents or caretakers in almost 29,000 households.
- Families receive an average of \$979 a month of a combined cash assistance and food support through MFIP and \$393 a month of cash assistance through the Diversionary Work Program.
- All funds spending for the MFIP/DWP activity for FY 2019 was \$264 million. This represented 1.5 percent of the Department of Human Services overall budget.

#### PURPOSE & CONTEXT

MFIP and DWP provide temporary financial support to help meet the basic needs of low-income families with children and low-income pregnant women.

The majority of parents enrolling in MFIP or DWP were employed in the three months before they turned to the program for assistance. The majority are workers in one of four industries: hotel/restaurant, retail, temp agencies and health care. Another significant portion of families receiving assistance have significant barriers to stable employment, including serious mental illness, chronic and incapacitating illness, or intellectual or developmental disabilities.

The goal of these programs is to stabilize families and improve economic outcomes through employment. Without these benefits, families have little or no other resources available to help meet their basic needs.

These programs are funded with a combination of state and federal Supplemental Nutrition Assistance Program (SNAP) funds, and federal Temporary Assistance for Needy Families (TANF) funds. Counties and tribes administer the MFIP and DWP programs.

#### SERVICES PROVIDED

The Minnesota Family Investment Program provides job counseling, cash assistance and food assistance. Families cannot receive assistance for more than 60 months in their lifetime, unless a significant impairment identified in state law qualifies them for extended assistance. The amount of assistance is based on family size and other sources of income. A family of three with no other income can receive \$632 in cash assistance and \$412 in SNAP benefits per month. The benefits are structured to reward families who work and are gradually reduced as income rises. Parents are required to participate in employment services. Families may also be eligible for child care assistance and for health care coverage under Medical Assistance. Most families are also eligible for the MFIP housing assistance grant of \$110 per month if they do not already receive a rental subsidy through the federal Department of Housing and Urban Development.

The Diversionary Work Program is a four-month long program for families who are applying for cash assistance, who have not received cash assistance in the last 12 months and who meet other eligibility criteria. The program includes intensive, up-front job search services. A family receives cash benefits based on its housing, utility costs and personal needs up to the same maximum as the Minnesota Family Investment Program, based on the

number of people in the family. Housing and utility costs are paid directly to the landlord or utility company. The maximum that a family of three – a parent with two children – can receive is \$632 in financial assistance. Most families are also eligible for SNAP benefits, child care assistance and for health care coverage under Medical Assistance.

## RESULTS

The two key measures in MFIP are:

- The **Self-Support Index** is a results measure. The Self- Support Index gives the percentage of adults eligible for MFIP or DWP during a given quarter who have left assistance or are working at least 30 hours per week three years later. Customized targets are set for each county or tribe using characteristics of the people served and local economic conditions. State law requires the Department of Human Services to use the Self-Support Index to allocate performance bonus funds. The following chart shows that about two-thirds of participants have left MFIP and/or are working at least 30 hours per week three years after a baseline period.

<i>Year ending in March of:</i>	<i>S-SI</i>
2010	67.0%
2011	65.2%
2012	65.3%
2013	66.9%
2014	68.5%
2015	68.8%
2016	68.0%
2017	65.9%
2018	64.6%
2019	64.4%

- The federal **Work Participation Rate** (WPR) is a process measure and counts the number of parents engaging in a minimum number of hours of federally-recognized work activities. The measure does NOT count households who discontinue assistance when getting a job.

<i>Federal Fiscal Year</i>	<i>WPR</i>
2010	40.2%
2011	43.9%
2012	45.3%
2013	45.1%
2014	46.2%
2015	37.9%
2016	39.4%
2017	38.9%
2018	37.2%

---

The state legal authority for the Minnesota Family Investment Program (MFIP) and Diversionary Work Program (DWP) is under M.S. chapter 256J (<https://www.revisor.mn.gov/statutes/?id=256J>).

# MFIP Diversionary Work Program

# Activity Expenditure Overview

(Dollars in Thousands)

	Actual FY18	Actual FY19	Actual FY20	Estimate FY21	Forecast Base	
					FY22	FY23
<b><u>Expenditures by Fund</u></b>						
1000 - General	85,181	78,890	91,486	128,374	89,597	88,251
2000 - Restrict Misc Special Revenue	197	151		750	750	750
3000 - Federal	129,219	116,551	118,640	153,525	119,249	109,497
3001 - Federal TANF	87,382	68,468	59,873	72,848	98,884	94,776
<b>Total</b>	<b>301,979</b>	<b>264,060</b>	<b>269,999</b>	<b>355,497</b>	<b>308,480</b>	<b>293,274</b>
Biennial Change				59,458		(23,742)
Biennial % Change				11		(4)

## **Expenditures by Category**

Operating Expenses	167					
Grants, Aids and Subsidies	301,226	263,578	269,593	354,697	307,680	292,474
Other Financial Transaction	585	481	407	800	800	800
<b>Total</b>	<b>301,979</b>	<b>264,060</b>	<b>269,999</b>	<b>355,497</b>	<b>308,480</b>	<b>293,274</b>



# MFIP Diversionary Work Program

# Activity Financing by Fund

(Dollars in Thousands)

	Actual FY18	Actual FY19	Actual FY20	Estimate FY21	Forecast Base	
					FY22	FY23
<b>1000 - General</b>						
Balance Forward In		3,749				
Direct Appropriation	88,930	78,890	91,486	128,374	89,597	88,251
Cancellations		3,749				
Balance Forward Out	3,749					
<b>Expenditures</b>	<b>85,181</b>	<b>78,890</b>	<b>91,486</b>	<b>128,374</b>	<b>89,597</b>	<b>88,251</b>
Biennial Change in Expenditures				55,789		(42,012)
Biennial % Change in Expenditures				34		(19)

## 2000 - Restrict Misc Special Revenue

Balance Forward In				145		
Receipts	197	151	145	605	750	750
Balance Forward Out			145			
<b>Expenditures</b>	<b>197</b>	<b>151</b>		<b>750</b>	<b>750</b>	<b>750</b>
Biennial Change in Expenditures				402		750
Biennial % Change in Expenditures				116		

## 3000 - Federal

Balance Forward In	21,958			7		
Receipts	107,260	116,551	118,647	153,518	119,249	109,497
Balance Forward Out			7			
<b>Expenditures</b>	<b>129,219</b>	<b>116,551</b>	<b>118,640</b>	<b>153,525</b>	<b>119,249</b>	<b>109,497</b>
Biennial Change in Expenditures				26,396		(43,419)
Biennial % Change in Expenditures				11		(16)

## 3001 - Federal TANF

Balance Forward In	11,714	56,338	54,403	92,800	99,523	83,328
Receipts	84,424	70,106	98,271	79,571	82,689	83,633
Balance Forward Out	8,755	57,976	92,800	99,523	83,328	72,185
<b>Expenditures</b>	<b>87,382</b>	<b>68,468</b>	<b>59,873</b>	<b>72,848</b>	<b>98,884</b>	<b>94,776</b>
Biennial Change in Expenditures				(23,129)		60,939
Biennial % Change in Expenditures				(15)		46

**Program:** Forecasted Programs

**Activity:** MFIP Child Care Assistance

[mn.gov/dhs/people-we-serve/children-and-families/economic-assistance/child-care/programs-and-services/child-care-assistance.jsp](http://mn.gov/dhs/people-we-serve/children-and-families/economic-assistance/child-care/programs-and-services/child-care-assistance.jsp)

#### AT A GLANCE

- In 2019 MFIP Child Care Assistance paid for child care for 16,689 children in 8,065 families in an average month.
- The average monthly assistance per family was \$1,547.
- All funds spending for the MFIP Child Care Assistance activity for FY 2019 was \$157 million. This represented 0.9 percent of the Department of Human Services overall budget.

#### PURPOSE & CONTEXT

In order to work, families need safe and reliable child care. The annual cost of full time licensed care for one child can exceed \$10,000. Many low-income families struggle to find affordable child care that fits their needs. Minnesota Family Investment Program (MFIP) Child Care Assistance provides financial subsidies to help low-income families pay for child care. To support quality child care experiences and school readiness, the program can pay a higher subsidy rate when a child is being cared for in a setting that meets quality standards.

#### SERVICES PROVIDED

The program provides supports to help improve outcomes for the most at risk children and their families by increasing access to high quality child care.

The following families are eligible to receive MFIP child care assistance or Transition Year child care assistance once they leave MFIP:

- MFIP and Divisionary Work Program (DWP) families who are employed, pursuing employment, or participating in employment, training or social services activities authorized in approved employment plans
- Employed families who are in their first year off MFIP or DWP (this is known as the “transition year”)
- Families in counties with a Basic Sliding Fee (BSF) child care waiting list who have had their transition year extended
- Parents under age 21 who are pursuing a high school or general equivalency diploma (GED), do not receive MFIP benefits, and reside in a county that has a BSF waiting list that includes parents under age 21

When family income increases, the amount of child care expenses paid by the family in the form of copayments also increases. All families receiving child care assistance and earning 75 percent or more of the federal poverty guideline make copayments based on family income. A family of three leaving MFIP and earning 115 percent of the federal poverty level (\$24,978) would have a total biweekly child care provider payment of \$25 for all children in child care.

The MFIP child care assistance activity is part of the state’s Child Care Assistance Program. Maximum rates in the Child Care Assistance Program are set in state law. Maximum rates are set for each type of care: child care centers, family child care and legal non-licensed child care. Providers are paid at the rate they charge private pay families, up to the maximum rate. The program pays a higher rate to providers who meet quality standards through Parent Aware, are accredited, or hold certain educational credentials.

Child care must be provided by a legal child care provider over the age of 18 years. Allowable providers include legal non-licensed family child care, license-exempt centers, licensed family child care and licensed child care centers. Families choose their providers in the private child care market. Counties administer the Child Care Assistance Program.

All families who meet eligibility requirements may receive this help. MFIP child care assistance is funded with state and federal funds that include the federal Child Care and Development Fund and the Temporary Assistance for Needy Families (TANF) fund.

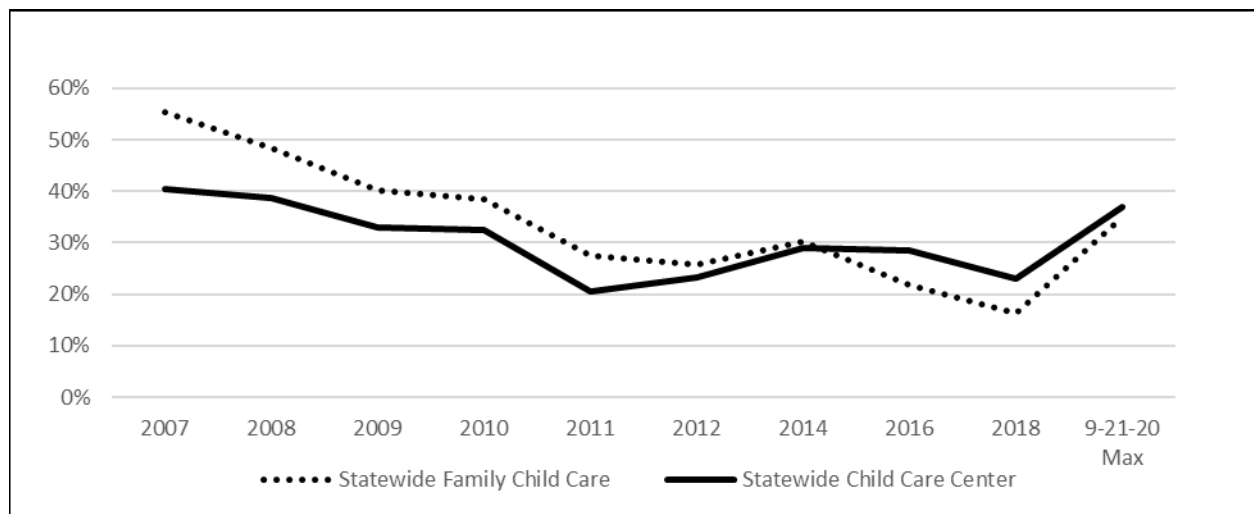
Various measures were taken during the Governor’s Peacetime Emergency Declaration to address the impact of the coronavirus (COVID-19) pandemic. For example, the Commissioner approved a waiver temporarily allowing payments to closed child care providers for up to one month. Another waiver allowed child care assistance payments to a second child care provider when a child’s regular program temporarily closed or was unavailable.

## RESULTS

PERCENT OF PROVIDER PRICES FULLY COVERED BY CHILD CARE ASSISTANCE PROGRAM - Maximum rates paid to providers under the Child Care Assistance Program may not cover the full cost of child care. This may be a barrier for some families, if the family cannot find a provider in their community whose prices are covered by the maximum allowed under the program. **The percent of child care provider prices that are fully covered by the Child Care Assistance Program increased when the maximum rates were raised in the 2020 legislative session, but the maximum rate paid remains low compared to prices in the market.**

This quality measure shows approximately 35 percent of all family child care providers and approximately 37 percent of child care centers charge prices that are fully covered by the Child Care Assistance Program maximum rates.

**Provider prices fully covered by Standard Maximum Rates statewide, by percent**

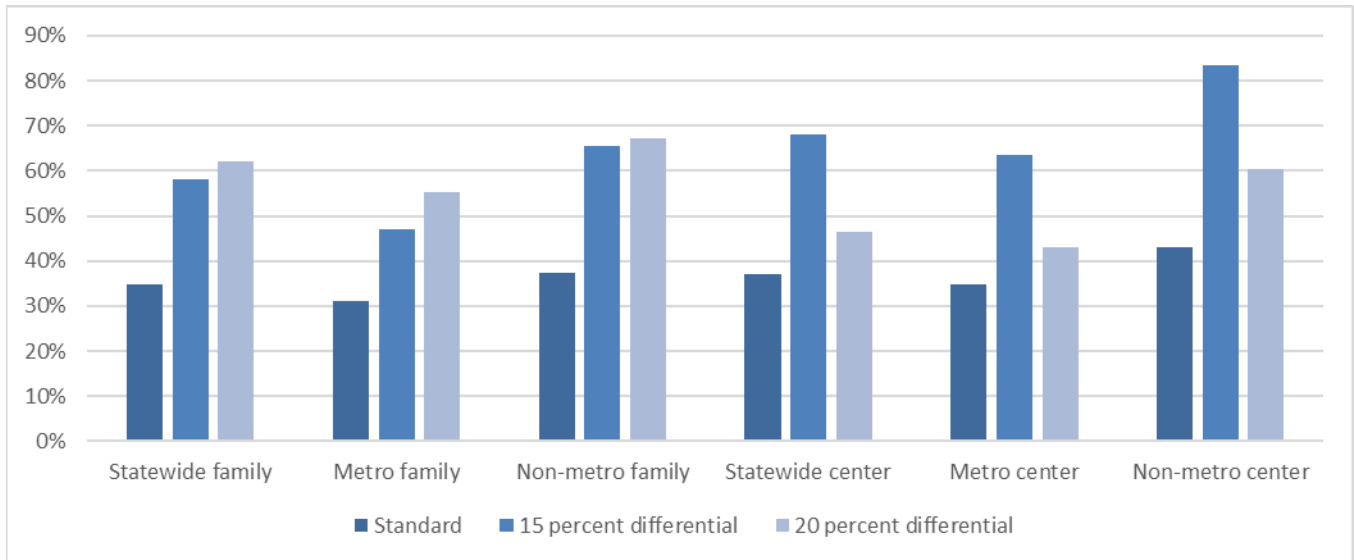


QUALITY DIFFERENTIAL IMPACT - Parent Aware is Minnesota’s rating tool for helping parents select high quality child care and early education programs. The Child Care Assistance Program allows for a maximum rate up to a 15 percent higher for providers with a Parent Aware 3-star rating, or who hold certain accreditation or education standards established in statute. Up to a 20 percent higher maximum rate can be paid to providers with a 4-star Parent Aware rating.

**This quality measure shows that higher maximum rates may increase families’ access to high quality providers by allowing the maximum rate paid by the Child Care Assistance Program to fully cover more (or an equivalent**

proportion) of their prices as compared to the prices charged by all providers. This measure indicates the impact of quality differentials by type of care. It is first presented as a statewide total, and then broken out by metro and non-metro counties.

**Prices fully covered by Standard and Quality Differential Maximum Rates, by percent (Sept. 2020)**



Specifically, the 20 percent differential allows the prices charged by center based four-star rated metro providers to be fully covered by the maximum subsidy at a higher proportion compared to the prices of all metro center providers. The higher maximum rates offer coverage of the prices charged by all other types of quality providers at higher levels than the standard maximum rates.

Use of High Quality Care - Children who participate in high quality early care and education are more likely to experience school success and positive life-long outcomes. This quality measure shows that the percent of all children receiving child care assistance through providers eligible for the higher subsidy rates for quality has increased from 37.5 percent in July of 2016 to 51.8 percent in July of 2019.

**Percent of Children Receiving Child Care Assistance in Quality Settings**

	2016	2017	2018	2019
<b>Standard Care</b>	53.2%	52%	48.4%	40.5%
<b>Provider holds Accreditation*</b>	3.8%	4.5%	3.9%	3.5%
<b>Provider holds Parent Aware 1-2 Star</b>	9.3%	6.6%	7.0%	7.7%
<b>Provider holds Parent Aware 3-4 Star*</b>	33.7%	36.9%	40.7%	48.3%

\* These providers are eligible for CCAP higher rates for quality. Data representative of services provided in July of each year.

The data source for the prices charged by providers is a biennial survey of provider prices conducted by the Department. To assess the portion of provider prices fully covered, provider prices are compared to the applicable maximum subsidy rates. The data source for children in care with provider's eligible for the higher rates for quality is from MEC<sup>2</sup>, Minnesota's child care electronic eligibility and payment system.

The legal authority for the MFIP/TY Child Care Assistance program is in M.S. chapter 119B

(<https://www.revisor.mn.gov/statutes/?id=119B>)

# MFIP Child Care Assistance

# Activity Expenditure Overview

(Dollars in Thousands)

	Actual FY18	Actual FY19	Actual FY20	Estimate FY21	Forecast Base	
					FY22	FY23
<b><u>Expenditures by Fund</u></b>						
1000 - General	93,298	96,394	73,445	74,084	103,589	110,619
3000 - Federal	71,877	61,081	73,465	98,803	102,310	101,712
<b>Total</b>	<b>165,175</b>	<b>157,475</b>	<b>146,910</b>	<b>172,887</b>	<b>205,899</b>	<b>212,331</b>
Biennial Change				(2,854)		98,433
Biennial % Change				(1)		31
<b><u>Expenditures by Category</u></b>						
Grants, Aids and Subsidies	165,175	157,475	146,910	172,887	205,899	212,331
<b>Total</b>	<b>165,175</b>	<b>157,475</b>	<b>146,910</b>	<b>172,887</b>	<b>205,899</b>	<b>212,331</b>

# MFIP Child Care Assistance

# Activity Financing by Fund

(Dollars in Thousands)

	Actual FY18	Actual FY19	Actual FY20	Estimate FY21	Forecast Base	
					FY22	FY23
<b>1000 - General</b>						
Balance Forward In		7,995				
Direct Appropriation	101,293	95,289	77,400	74,084	103,589	110,619
Cancellations		6,890	3,955			
Balance Forward Out	7,995					
<b>Expenditures</b>	<b>93,298</b>	<b>96,394</b>	<b>73,445</b>	<b>74,084</b>	<b>103,589</b>	<b>110,619</b>
Biennial Change in Expenditures				(42,163)		66,679
Biennial % Change in Expenditures				(22)		45

## 3000 - Federal

Balance Forward In	78	5	34,430	20,650		
Receipts	71,805	95,506	59,685	78,153	102,310	101,712
Balance Forward Out	5	34,430	20,650			
<b>Expenditures</b>	<b>71,877</b>	<b>61,081</b>	<b>73,465</b>	<b>98,803</b>	<b>102,310</b>	<b>101,712</b>
Biennial Change in Expenditures				39,309		31,754
Biennial % Change in Expenditures				30		18

**Program:** Forecasted Programs

**Activity:** General Assistance

[mn.gov/dhs/people-we-serve/people-with-disabilities/economic-assistance/income/programs-and-services/](https://mn.gov/dhs/people-we-serve/people-with-disabilities/economic-assistance/income/programs-and-services/)

### AT A GLANCE

- In FY2019, the General Assistance (GA) program supported a monthly average of 23,176 people.
- The typical monthly benefit is \$203 for an individual and \$260 for a couple.
- All funds spending for General Assistance activity for FY 2019 was \$50.3 million, which represented 0.3% of the overall agency budget.

### PURPOSE & CONTEXT

General Assistance (GA) is the primary safety net for very low-income people without children who are unable to work and do not have enough money to meet their basic needs. The most common reason people are eligible is illness or incapacity. GA helps people meet some of their basic and emergency needs, commonly while they are homeless, transitioning out of homelessness, or receiving treatment.

Many people receive GA while they wait for more stable assistance such as Supplemental Security Income (SSI), a federal income supplement program that helps people who are aged, blind or have a disability and have little or no income. For most recipients, GA is a transitory, short-term benefit. In response to the COVID-19 pandemic and the resulting public health measures that created barriers to renewing eligibility, the Commissioner used her authority under Executive Order 20-12 to provide for continuous GA eligibility during the peacetime emergency declared by the Governor.

### SERVICES PROVIDED

General Assistance provides state-funded, monthly cash grants to people without children who have a serious illness, disabilities or other issues that limit their ability to work and are unable to fully support themselves.

The maximum monthly benefit is \$203 for a single adult (about 19 percent of the Federal Poverty Guideline of \$1,063 per month for one person), \$260 for a couple, and \$104 for a person living in a residential facility or receiving Housing Support benefits.

In 2019, nearly 40 percent of GA recipients received the lower benefit amount as a personal needs allowance while residing in residential facilities, such as mental health or substance use disorder treatment, and nursing facilities, or while receiving Housing Support.

The Emergency General Assistance (EGA) program provides additional emergency funds, no more than once in a twelve-month period, if a recipient cannot pay for basic needs and the person's health or safety is at risk.

Counties and tribes administer the General Assistance program on behalf of the Department of Human Services.

### RESULTS

GA is a safety net program that helps people stabilize crisis situations, avoid homelessness and connect to other resources. It is intended to be short-term while recipients apply for other longer-term, stable benefits, or return to employment. It is not intended as a long-term solution to meet a person's basic needs. As mentioned above, a substantial number of GA recipients are living in a facility, including a mental health or substance use disorder

treatment facility, or receiving Housing Support benefits, while receiving GA benefits. The table below shows that a substantial percent of GA recipients also receive benefits while experiencing homelessness.

<i>Type of Measure</i>	<i>Name of Measure</i>	<i>Previous</i>	<i>Current</i>	<i>Dates</i>
Quantity	Percent of GA recipients that are homeless	25.1%	25.2%	Dec. 2018 Dec. 2019
Quantity	Percent of GA recipients receiving Housing Support benefits	26.8%	27.9%	Dec. 2018 Dec. 2019
Quantity	Percent of GA recipients living in a mental health facility	7.7%	7.6%	Dec. 2018 Dec. 2019
Quantity	Percent of GA recipients living in a substance use disorder treatment facility	2.7%	2.6%	Dec. 2018 Dec. 2019

The source for these outcomes is the December 2019 General Assistance Report: Households and enrollees (<https://edocs.dhs.state.mn.us/lfserver/Public/DHS-6128L-ENG>)

---

The legal authority for the General Assistance program is M.S. chapter 256D (<https://www.revisor.mn.gov/statutes/?id=256D>)



## General Assistance

## Activity Expenditure Overview

(Dollars in Thousands)

	Actual FY18	Actual FY19	Actual FY20	Estimate FY21	Forecast Base	
					FY22	FY23
<b><u>Expenditures by Fund</u></b>						
1000 - General	48,883	50,302	49,778	54,287	52,867	52,819
2000 - Restrict Misc Special Revenue		8		50	50	50
<b>Total</b>	<b>48,883</b>	<b>50,310</b>	<b>49,778</b>	<b>54,337</b>	<b>52,917</b>	<b>52,869</b>
Biennial Change				4,922		1,671
Biennial % Change				5		2
<b><u>Expenditures by Category</u></b>						
Operating Expenses	0					
Grants, Aids and Subsidies	48,883	50,310	49,778	54,337	52,917	52,869
<b>Total</b>	<b>48,883</b>	<b>50,310</b>	<b>49,778</b>	<b>54,337</b>	<b>52,917</b>	<b>52,869</b>

# General Assistance

# Activity Financing by Fund

(Dollars in Thousands)

	Actual FY18	Actual FY19	Actual FY20	Estimate FY21	Forecast Base	
					FY22	FY23
<b>1000 - General</b>						
Balance Forward In		6,653				
Direct Appropriation	55,536	49,293	51,071	54,287	52,867	52,819
Transfers In	6,730	6,730	6,730	6,730	6,730	6,730
Transfers Out	6,730	6,730	6,730	6,730	6,730	6,730
Cancellations	6,653	5,644	1,293			
<b>Expenditures</b>	<b>48,883</b>	<b>50,302</b>	<b>49,778</b>	<b>54,287</b>	<b>52,867</b>	<b>52,819</b>
Biennial Change in Expenditures				4,880		1,621
Biennial % Change in Expenditures				5		2
<b>2000 - Restrict Misc Special Revenue</b>						
Balance Forward In			2	45		
Receipts		9	44	5	50	50
Balance Forward Out		1	45			
<b>Expenditures</b>		<b>8</b>		<b>50</b>	<b>50</b>	<b>50</b>
Biennial Change in Expenditures				42		50
Biennial % Change in Expenditures						

**Program:** Forecasted Programs

**Activity:** MN Supplemental Aid

[mn.gov/dhs/people-we-serve/people-with-disabilities/economic-assistance/income/programs-and-services/](https://mn.gov/dhs/people-we-serve/people-with-disabilities/economic-assistance/income/programs-and-services/)

### AT A GLANCE

- In FY2019, the Minnesota Supplemental Aid program supported a monthly average of 31,782 people.
- The typical benefit is \$81 for an individual and \$111 for a couple.
- This supplements a typical monthly federal Supplemental Security Income (SSI) benefit of \$783 for an individual living alone.
- All funds spending for Minnesota Supplemental Aid activity for FY2019 was \$41.1 million, which represented 0.23% of the overall agency budget.

### PURPOSE & CONTEXT

Minnesota Supplemental Aid (MSA) is a state-funded program that supports adults who receive, or are eligible for, federal Supplemental Security Income (SSI) benefits. MSA benefits help cover basic personal, home, and transportation needs. The majority of MSA recipients have a disabling condition (79%), are older adults (15%) or blind (0.4%), and over half of recipients are age 60 or older. This program is a critical component in helping Minnesotans with disabilities or older adults achieve longer-term housing and economic stability.

### SERVICES PROVIDED

MSA provides a state-funded monthly cash supplement to help people who are older adults, blind or have a disability, and who receive SSI benefits. The average grant amount is \$109, but over 20% of MSA recipients receive a special needs increase to their grant, usually to accommodate medically necessary special diets. MSA also supports recipients by partially offsetting the expenses of having a representative payee, guardian, or conservator. In response to the COVID-19 pandemic and the resulting public health measures that created barriers to renewing eligibility, the Commissioner used her authority under Executive Order 20-12 to provide for continuous MSA eligibility during the peacetime emergency declared by the Governor.

Recipients can receive MSA benefits while living in their own home, or a reduced amount if they are residing in a nursing or intermediate care facility. As of December 2018, 4 percent of enrollees lived in a facility.

In addition, MSA housing assistance is available to qualified recipients, adding \$392 to the MSA benefit to help pay high housing costs. To be eligible for housing assistance, applicants must:

- Be under age 65 at the time of application
- Have total housing costs in excess of 40 percent of their total income, and
- Meet one of the following criteria: (1) relocating from an institution, (2) eligible for Medical Assistance personal care attendant services, (3) receiving waived services and living in their own place, or (4) transitioning from a Housing Support setting.

A person who receives federal or state rental assistance or lives in subsidized housing is not eligible for MSA Housing Assistance.

The Department of Human Services works with counties, tribes, the Social Security Administration, service providers, and other nonprofit agencies to identify people eligible for the program, and to advise and administer MSA program policy.

## RESULTS

The MSA program has had stable enrollment of around 30,200 individuals over time. MSA benefits help low-income individuals with disabilities, or who are older, live successfully in the community and maintain longer-term economic stability. As shown in the table below, many people stay on MSA benefits for extended periods of time.

<i><b>Name of Measure</b></i>	<i><b>Number of Months</b></i>	<i><b>Number of Years</b></i>
Average cumulative amount of time a person receives MSA benefits	107 months	8.9 years

Many MSA recipients also receive an increase to their grant amount to ensure that they are able to meet the requirements of a medically-prescribed diet. The table below shows the number and percentage of recipients who benefit from this program.

<i><b>Name of Measure</b></i>	<i><b>Number</b></i>	<i><b>Percent</b></i>
Number and percent of MSA recipients who receive additional funds for medically necessary dietary needs	6,618	21.0%

MSA provides additional money to help people who qualify and have high housing costs move into affordable housing or be able to afford their current housing costs. This is consistent with the One Minnesota goal of providing access to affordable housing and to enabling people with disabilities to live in community-based settings.

<i><b>Name of Measure</b></i>	<i><b>Number</b></i>	<i><b>Percent</b></i>
Number and percent of MSA recipients who receive MSA housing assistance	1,384 households /cases	4.4%

All of these tools help advance the goal of meeting people’s needs and promote stability.

The source for these outcomes are from data used for the DHS report, December 2018 Minnesota Supplemental Aid: Households and enrollees, and the forthcoming December 2019 report, along with the Social Security Administration report on SSI Recipients by State and County 2018 ([https://www.ssa.gov/policy/docs/statcomps/ssi\\_sc/2018/ssi\\_sc18.pdf](https://www.ssa.gov/policy/docs/statcomps/ssi_sc/2018/ssi_sc18.pdf)).

The legal authority for the Minnesota Supplemental Aid program is in M.S. chapter 256D: sections 256D.33 (<https://www.revisor.mn.gov/statutes/?id=256D.33>) to 256D.54.

# MN Supplemental Assistance

# Activity Expenditure Overview

(Dollars in Thousands)

	Actual FY18	Actual FY19	Actual FY20	Estimate FY21	Forecast Base	
					FY22	FY23
<b><u>Expenditures by Fund</u></b>						
1000 - General	39,066	41,128	43,503	51,469	51,582	52,515
2000 - Restrict Misc Special Revenue	1	1	3	5	5	5
<b>Total</b>	<b>39,066</b>	<b>41,129</b>	<b>43,506</b>	<b>51,474</b>	<b>51,587</b>	<b>52,520</b>
Biennial Change				14,784		9,127
Biennial % Change				18		10
<b><u>Expenditures by Category</u></b>						
Grants, Aids and Subsidies	39,066	41,129	43,506	51,474	51,587	52,520
<b>Total</b>	<b>39,066</b>	<b>41,129</b>	<b>43,506</b>	<b>51,474</b>	<b>51,587</b>	<b>52,520</b>

# MN Supplemental Assistance

# Activity Financing by Fund

(Dollars in Thousands)

	Actual FY18	Actual FY19	Actual FY20	Estimate FY21	Forecast Base	
					FY22	FY23
<b>1000 - General</b>						
Balance Forward In		1,418				
Direct Appropriation	40,484	41,085	43,521	51,469	51,582	52,515
Cancellations	1,418	1,375	18			
<b>Expenditures</b>	<b>39,066</b>	<b>41,128</b>	<b>43,503</b>	<b>51,469</b>	<b>51,582</b>	<b>52,515</b>
Biennial Change in Expenditures				14,778		9,125
Biennial % Change in Expenditures				18		10
<b>2000 - Restrict Misc Special Revenue</b>						
Receipts	1	1	3	5	5	5
<b>Expenditures</b>	<b>1</b>	<b>1</b>	<b>3</b>	<b>5</b>	<b>5</b>	<b>5</b>
Biennial Change in Expenditures				7		2
Biennial % Change in Expenditures				589		26

**Program: Forecasted Programs**

**Activity: Housing Support**

[mn.gov/dhs/people-we-serve/people-with-disabilities/economic-assistance/housing/programs-and-services/housing-support.jsp](http://mn.gov/dhs/people-we-serve/people-with-disabilities/economic-assistance/housing/programs-and-services/housing-support.jsp)

**AT A GLANCE**

- In FY2019, the Housing Support program served a monthly average of 20,488 participants.
- The current room and board rate limit is \$934.
- The average monthly payment per recipient in FY 2019 was \$674.
- All funds spent for the Housing Support activity for FY2019 was \$165.6 million, which represented 0.9% of the overall agency budget.

**PURPOSE & CONTEXT**

Housing Support is a state-funded income support that pays for housing related costs for adults with disabilities, or who are age 65 or older, and who have low income and live in authorized settings. Payments are made directly to a housing provider authorized by a county or tribe. Recipients may receive Housing Support in a licensed facility, or an authorized community-based setting, such as their own home. The program aims to reduce and prevent institutional residence or homelessness.

**SERVICES PROVIDED**

The Housing Support room and board rate is currently \$934 per month. This amount is used to pay for rent, utilities, food, household supplies and other items needed to provide room and board to a recipient. Recipients are required to pay a portion of their income directly to providers toward the room and board rate. Housing Support can pay for additional supportive services in some settings if a recipient is not eligible for home-and community- based waiver services or personal care assistance.

Individuals can receive Housing Support benefits in a wide range of eligible settings, with the most common being adult foster care, assisted living, board and lodges, and scattered-site and site-based supportive housing. These numbers are shown in Table 1.

Table 1: Housing Support Setting Type and Number of People Served as of 12/31/2018 and 12/31/2019

SettingType	Total # of People as of Dec 31, 2018	Total # of People as of Dec 31, 2019
Adult Foster Care	8,832	8,805
Assisted Living	2,973	3,187
Board and Lodges	4,656	4,574
Boarding Care Homes	373	372
Homeless Supportive Housing	3,394	3,723
Supervised Living Facility	254	212
<b>Total</b>	<b>20,482</b>	<b>20,873</b>

Counties and tribes manage Housing Support agreements with providers. County human services agencies process eligibility and payments for people in the program.

The Commissioner used the authority provided under Executive Order 20-12 to waive the limit on the number of days a person can be temporarily absent from their housing and maintain their eligibility for the Housing Support

program if they are hospitalized due to COVID-19. The Legislature appropriated \$1,135,000 in FY2021 from the Coronavirus Federal Fund to extend the modification to the Housing Support temporary absence policy until December 30, 2020.

## RESULTS

While Housing Support recipients are eligible to live in a wide range of settings, an increasing percentage of recipients live in community settings with a lease. This trend, shown in the chart below, aligns with a vision statement for housing from Minnesota’s 2020 Olmstead Plan:

*“People with disabilities will choose where they live, with whom, and in what type of housing. They can choose to have a lease or own their own home and live in the most integrated setting appropriate to their needs. Supports and services will allow sufficient flexibility to support individuals’ choices on where they live and how they engage in their communities.”*

The Housing Support program is used to support people with disabilities to move out of institutional settings and into more integrated settings.

<b>Type of Measure</b>	<b>Name of Measure</b>	<b>CY2018</b>	<b>CY2019</b>
Quantity	Number of moves out of institutions into setting using Housing Support	927	929

The percent of Housing Support recipients living in the community has grown over the past three years.

<b>Type of Measure</b>	<b>Name of Measure</b>	<b>Dec. 2017</b>	<b>Dec. 2018</b>	<b>Dec. 2019</b>
Quantity	Percent of recipients living in community settings with a lease	18%	19%	21%

Housing Support resources support people to move out of homelessness.

<b>Type of Measure</b>	<b>Name of Measure</b>	<b>CY2018</b>	<b>CY2019</b>
Quantity	Number of moves out of homelessness into setting using Housing Support (does not include shelter or crisis stays)	3,759	3,931

Homelessness disproportionately impacts people of color and American Indians in Minnesota. Data below shows how Housing Support is used to address those disparities with permanent housing solutions. Data sources include: American Community Survey, DHS MAXIS eligibility system.

<b>Type of Measure</b>	<b>Name of Measure</b>	<b>General population in Minnesota</b>	<b>Adults homeless on public assistance Dec. 2019</b>	<b>Permanent Supportive Housing Dec. 2019</b>
Quantity	Percent of adults who are Black	6.8%	41.9%	43.9%
Quantity	Percent of adults who are American Indian	1.1%	15.1%	11.4%

The legal authority for the Housing Support program is M.S. chapter 256I (<https://www.revisor.mn.gov/statutes/?id=256I>).



## Housing Support

## Activity Expenditure Overview

(Dollars in Thousands)

	Actual FY18	Actual FY19	Actual FY20	Estimate FY21	Forecast Base	
					FY22	FY23
<b><u>Expenditures by Fund</u></b>						
1000 - General	159,027	166,696	181,977	181,867	182,536	189,611
2000 - Restrict Misc Special Revenue	2,330	2,131	2,655	2,475	2,475	2,475
3010 - Coronavirus Relief				1,135		
<b>Total</b>	<b>161,357</b>	<b>168,827</b>	<b>184,631</b>	<b>185,477</b>	<b>185,011</b>	<b>192,086</b>
Biennial Change				39,924		6,989
Biennial % Change				12		2
<b><u>Expenditures by Category</u></b>						
Operating Expenses	2,374	3,968	4,995	4,860	4,860	4,860
Grants, Aids and Subsidies	158,983	164,859	179,637	180,617	180,151	187,226
Other Financial Transaction	0					
<b>Total</b>	<b>161,357</b>	<b>168,827</b>	<b>184,631</b>	<b>185,477</b>	<b>185,011</b>	<b>192,086</b>

# Housing Support

# Activity Financing by Fund

(Dollars in Thousands)

	Actual FY18	Actual FY19	Actual FY20	Estimate FY21	Forecast Base	
					FY22	FY23
<b>1000 - General</b>						
Balance Forward In		11,042				
Direct Appropriation	169,312	165,807	180,495	181,867	182,536	189,611
Transfers In			6,200			
Cancellations	10,285	10,153	4,718			
<b>Expenditures</b>	<b>159,027</b>	<b>166,696</b>	<b>181,977</b>	<b>181,867</b>	<b>182,536</b>	<b>189,611</b>
Biennial Change in Expenditures				38,120		8,303
Biennial % Change in Expenditures				12		2

## 2000 - Restrict Misc Special Revenue

Balance Forward In				17		
Receipts	2,330	2,131	2,672	2,458	2,475	2,475
Balance Forward Out			17			
<b>Expenditures</b>	<b>2,330</b>	<b>2,131</b>	<b>2,655</b>	<b>2,475</b>	<b>2,475</b>	<b>2,475</b>
Biennial Change in Expenditures				669		(180)
Biennial % Change in Expenditures				15		(4)

## 3010 - Coronavirus Relief

Direct Appropriation				1,135	0	0
<b>Expenditures</b>				<b>1,135</b>		
Biennial Change in Expenditures				1,135		(1,135)
Biennial % Change in Expenditures						

**Program:** Forecasted Programs

**Activity:** Northstar Care for Children

[mn.gov/dhs/people-we-serve/children-and-families/services/foster-care/](http://mn.gov/dhs/people-we-serve/children-and-families/services/foster-care/)

<http://mn.gov/dhs/people-we-serve/children-and-families/services/adoption/>

#### AT A GLANCE

- 15,297 children experienced an out-of-home placement in 2019.
- 2,018 children were either adopted or had a permanent transfer of legal custody to a relative in 2019.
- All fund spending for the North Star Care for Children activity for FY 2019 was \$139 million. This represented 0.8 percent of the Department of Human Services overall budget.

#### PURPOSE & CONTEXT

Northstar Care for Children is designed to help children who are removed from their homes. It supports permanency through adoption or transfer of custody to a relative if the child cannot be safely reunified with parents. Financial support is provided to adoptive and foster parents to encourage permanent placement of children in safe homes. The benefit varies with the child's age but averages about \$12,000 annually per child. Northstar Care for Children consolidates and simplifies administration of three existing programs: Family Foster Care, Kinship Assistance (which replaced Relative Custody Assistance) and Adoption Assistance. Northstar Care for Children will help more children grow up in safe and permanent homes.

#### SERVICES PROVIDED

The comprehensive, simplified Northstar Care for Children program:

- Combines three child welfare programs — Family Foster Care, Adoption Assistance and Kinship Assistance — into a single program with uniform processes and unified benefits.
  - Northstar Foster Care is for family foster care, in which children might become permanent members of families. It is not used for group housing or residential treatment.
  - Northstar Kinship Assistance replaced the previous Relative Custody Assistance program, simplifying ongoing requirements for caregivers and using federal Title IV-E foster care funds.
  - Northstar Adoption Assistance allows more decision-making by adoptive parents, rather than requiring detailed state review and approval.
- Provides a monthly basic benefit based on children's age.
- Uses a uniform assessment for all children to determine needs beyond the basic payment. The assessment results in one of 15 levels of monthly supplemental difficulty of care payments.
- Maintains the highest range of the current foster care benefits for children with the highest need.
- Grandfathers children in existing programs unless they specifically transition into Northstar Care for Children (The current programs are phased out as children exit them).
- Reduces barriers to permanency by eliminating disparities in benefits across existing programs.
- Reduces racial disparities among children who remain in long-term foster care.

Funding for Northstar Care for Children comes from state general fund appropriations, federal payments for foster care and adoption assistance, and county and tribal spending on foster care. Northstar Care for Children

spending is eligible for the temporary 6.2 percent Federal Medical Assistance Percentage (FMAP) increase authorized by the Families First Coronavirus Response Act (FFCRA).<sup>1</sup>

## RESULTS

The Minnesota Department of Human Services monitors the performance of counties and tribes in delivering child welfare services, including services provided under Northstar Care for Children.

<i>Type of Measure</i>	<i>Name of Measure</i>	<i>Previous</i>	<i>Current</i>	<i>Dates</i>
Quality	<b>Rate of Relative Care:</b> Of all days that children spent in family foster care settings during the given period, what percentage of days were spent with a relative?	53.1%	60.4%	2016 to 2019
Quality	<b>Placement Stability:</b> Of all children who enter foster care in the year, what is the number of placement moves per 1,000 days spent in foster care?	4.0 per 1,000	3.9 per 1,000	2016 to 2019
Quality	<b>Permanency, 12-23 months:</b> Of all children in foster care who had been in foster care between 12 and 23 months on the first day of the year, what percent discharged from foster care to permanency within 12 months of the first day of the year?	48.1%	55.5%	2016 to 2019
Quality	<b>Permanency, 24 months:</b> Of all children in foster care who had been in foster care for 24 months or more on the first day of the year, what percent discharged to permanency within 12 months of the first day of the year?	25.2%	33.3%	2016 to 2019

Performance Measures notes:

Measures provided by the Child Safety and Permanency Division at the Department of Human Services.

Also see the DHS Child Welfare Dashboard

([http://www.dhs.state.mn.us/main/idcplg?IdcService=GET\\_DYNAMIC\\_CONVERSION&RevisionSelectionMethod=LATESTRELEASED&dDocName=dhs16\\_148137](http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LATESTRELEASED&dDocName=dhs16_148137)).

---

Northstar Care for Children is established in M.S. section 256N.20

(<https://www.revisor.mn.gov/statutes/?id=256N.20>).

---

<sup>1</sup> The Families First Coronavirus Response Act (FFCRA) (Pub. L. 116-127). Section 6008 of the FFCRA provides a temporary 6.2 percentage point increase to each qualifying state's Federal Medical Assistance Percentage (FMAP) beginning January 1, 2020, and through the last day of the calendar quarter in which the COVID-19 public health emergency declared by the Secretary of Health and Human Services terminates.

(Dollars in Thousands)

	Actual FY18	Actual FY19	Actual FY20	Estimate FY21	Forecast Base	
					FY22	FY23
<b><u>Expenditures by Fund</u></b>						
1000 - General	65,798	83,558	91,064	95,829	113,029	121,196
3000 - Federal	53,593	55,788	60,072	93,964	81,939	90,582
<b>Total</b>	<b>119,392</b>	<b>139,346</b>	<b>151,136</b>	<b>189,793</b>	<b>194,968</b>	<b>211,778</b>
Biennial Change				82,191		65,817
Biennial % Change				32		19
<b><u>Expenditures by Category</u></b>						
Operating Expenses		2	2			
Grants, Aids and Subsidies	119,392	139,344	151,134	189,793	194,968	211,778
<b>Total</b>	<b>119,392</b>	<b>139,346</b>	<b>151,136</b>	<b>189,793</b>	<b>194,968</b>	<b>211,778</b>

# Northstar Care for Children

# Activity Financing by Fund

(Dollars in Thousands)

	Actual FY18	Actual FY19	Actual FY20	Estimate FY21	Forecast Base	
					FY22	FY23
<b>1000 - General</b>						
Balance Forward In		14,744				
Direct Appropriation	80,542	77,406	94,647	95,829	113,029	121,196
Cancellations	14,744	8,591	3,583			
<b>Expenditures</b>	<b>65,798</b>	<b>83,558</b>	<b>91,064</b>	<b>95,829</b>	<b>113,029</b>	<b>121,196</b>
Biennial Change in Expenditures				37,536		47,332
Biennial % Change in Expenditures				25		25
<b>3000 - Federal</b>						
Balance Forward In	87		8			
Receipts	53,506	55,795	60,065	93,964	81,939	90,582
Balance Forward Out		8				
<b>Expenditures</b>	<b>53,593</b>	<b>55,788</b>	<b>60,072</b>	<b>93,964</b>	<b>81,939</b>	<b>90,582</b>
Biennial Change in Expenditures				44,655		18,485
Biennial % Change in Expenditures				41		12

**Program: Forecasted Programs**

**Activity: MinnesotaCare**

[mn.gov/dhs/people-we-serve/adults/health-care/health-care-programs/programs-and-services/minnesotacare.jsp](https://mn.gov/dhs/people-we-serve/adults/health-care/health-care-programs/programs-and-services/minnesotacare.jsp)

#### AT A GLANCE

- In FY 2019, MinnesotaCare had an average monthly enrollment of 81,000.
- Total MinnesotaCare program expenditures reached \$438 million in FY 2019. This represented 2.7 percent of the Department of Human Services overall budget.
- The Minnesota state share of total MinnesotaCare program expenditures in FY2019 was \$22 million.

#### PURPOSE & CONTEXT

The MinnesotaCare Program was established in 1992 to provide affordable health coverage for people with incomes too high for Medicaid but unable to afford other health insurance. It provided a subsidized program for children and parents and later expanded to include adults. In 2017, MinnesotaCare coverage was expanded to include Deferred Action for Childhood Arrivals (DACA) grantees who meet program eligibility requirements.

Passage of the Affordable Care Act (ACA) in 2010, and subsequent state legislation, made many MinnesotaCare enrollees eligible for Medical Assistance (MA). Under the authority of the ACA, Minnesota established MinnesotaCare as a Basic Health Plan to provide health coverage for people with incomes between 138 percent and 200 percent of federal poverty guidelines. As a Basic Health Program (BHP), Minnesota receives federal funds equal to 95 percent of the advanced premium tax credits that would otherwise be available to eligible people enrolled in commercial health care coverage through MNsure rather than in MA where federal funding is tied to expenditures. In fiscal year 2019, federal Basic Health Plan funding covered 86 percent of MinnesotaCare's costs. The amount of federal funding varies year to year based on individual market premiums, enrollment, the geographic distribution of enrollees, and federal regulatory action. Federal BHP revenues are deposited into the BHP Trust Fund and used to fund eligible expenditures in the MinnesotaCare program. Historically, the BHP Trust Fund has had a surplus which has resulted in reductions to state expenditures.

Today, MinnesotaCare provides comprehensive health care coverage for more than 81,000 Minnesotans who pay no more than \$80 per month in premiums. The program also includes additional benefits not necessarily available or as affordable on MNsure, including dental, vision, and a broad array of behavioral health benefits.

During the coronavirus (COVID-19) pandemic MinnesotaCare coverage has been maintained for all individuals enrolled on and after March 18, 2020, through the end of the month in which the federal public health emergency ends, unless the individual requests a voluntary closure of their coverage, ceases to be a resident of the state, or has died. This was done in order to align it with coverage requirements in Medical Assistance required under the Families First Coronavirus Response Act (FFCRA). Coverage for these enrollees has continued regardless of whether or not the enrollee has paid their monthly premium.

#### SERVICES PROVIDED

MinnesotaCare covers a broad range of health care services including:

- primary and preventive care,
- inpatient and outpatient hospital care,
- coverage for prescription drugs,
- chemical dependency treatment,
- mental health services, and

- oral health services.

People seeking coverage under MinnesotaCare can apply directly through the MNsure website or by submitting a paper application to MNsure, to DHS, or to their county human services or tribal office. Applicants are not eligible if they have access to affordable health insurance coverage through an employer. There are no health condition barriers for eligibility, but applicants must meet income guidelines and pay a premium (if applicable) to receive coverage<sup>1</sup>. Premiums are based on income and are charged for each enrollee, up to a maximum of \$80 per month.

## RESULTS

<i>Type of Measure</i>	<i>Name of Measure</i>	<i>Previous</i>	<i>Current</i>	<i>Dates</i>
Result	Percent of Minnesotans without health insurance <sup>1</sup>	4.3%	6.3%	2015 to 2017
Result	Percent of Low Income Minnesotans without Health Insurance <sup>2</sup>	8.5%	11.3%	2015 to 2017
Quantity	Total number of MHCP enrollees served by an IHP <sup>3</sup>	460,000	428,664	2017 to 2020
	Number of MinnesotaCare enrollees served by an IHP	NA	20,764	
Quality	Estimated reduction in health care expenditures (below projections) for providers in Integrated Health Partnership demonstration project <sup>4</sup>	\$107.5 million	\$97.8 million	2017 to 2018

### Performance Measure Notes:

1. Measure is the percent of Minnesotans that do not have health insurance. Source: Minnesota Health Access Survey, Minnesota Department of Health. Compares 2015 (Previous) and 2017 (Current)
2. Measure is the percentage of uninsured Minnesotans with family income below 200 percent of poverty. Source: Minnesota Health Access Survey, Minnesota Department of Health. Compares 2015 (Previous) and 2017 (Current)
3. Measure is the number of enrollees served by an IHP provider. Compares 2017 (Previous) and 2020 (Current).
4. Measure is an estimated reduction in annual medical costs below projections for 2017 and 2018 for the providers enrolled in the IHP demonstration. IHP provider contracts require this measure be calculated in the same manner each year. The lower health care spending does not result in savings to the state of the same amount. This number includes savings to providers, health plans, the federal government, and the state. Integrated Health Partnerships (IHPs) allow participating providers to enter into an arrangement with DHS to care for enrollees under a payment model that holds the participants accountable for the costs and quality of care their Medicaid patients receive. The goal of the program is to improve the quality and value of care provided to Medicaid and MinnesotaCare enrollees while lowering the cost through innovative approaches to care and payment.

---

Minnesota Statutes, chapter 256L provides the legal authority to operate the MinnesotaCare program. Many of the covered services, provider rates, and other elements of the MinnesotaCare program overlap with the Medical Assistance program and are detailed in the Medical Assistance statute. The statutory authority for Medical Assistance is located in M.S., chapter 256B.

---

<sup>1</sup> Income eligibility guidelines (<https://edocs.dhs.state.mn.us/lfserver/Public/DHS-3182-ENG>) and estimated premium amounts (<https://edocs.dhs.state.mn.us/lfserver/Public/DHS-4139A-ENG>) by income are available on the DHS web site.



(Dollars in Thousands)

	Actual FY18	Actual FY19	Actual FY20	Estimate FY21	Forecast Base	
					FY22	FY23
<b><u>Expenditures by Fund</u></b>						
2360 - Health Care Access	45,379	56,969	57,016	69,131	237,102	214,578
3000 - Federal	369,224	380,858	395,615	522,334	379,360	405,354
<b>Total</b>	<b>414,602</b>	<b>437,827</b>	<b>452,631</b>	<b>591,465</b>	<b>616,462</b>	<b>619,932</b>
Biennial Change				191,667		192,298
Biennial % Change				22		18
<b><u>Expenditures by Category</u></b>						
Grants, Aids and Subsidies	414,602	437,827	452,631	591,465	616,462	619,932
<b>Total</b>	<b>414,602</b>	<b>437,827</b>	<b>452,631</b>	<b>591,465</b>	<b>616,462</b>	<b>619,932</b>

(Dollars in Thousands)

	Actual FY18	Actual FY19	Actual FY20	Estimate FY21	Forecast Base	
					FY22	FY23
<b>2000 - Restrict Misc Special Revenue</b>						
Balance Forward In	20	31	12	10		
Receipts	(18)	(31)	(2)	(10)		
Balance Forward Out	2		10			
<b>2360 - Health Care Access</b>						
Balance Forward In	12	3,699	124	9		
Direct Appropriation	12,363	21,628	27,097	31,736	198,838	179,269
Receipts	36,577	35,552	30,816	37,386	38,264	35,309
Transfers In	12,000	20,040	163			
Transfers Out	12,000	20,040	163			
Cancellations	3,374	3,910	1,011			
Balance Forward Out	200	1	9			
<b>Expenditures</b>	<b>45,379</b>	<b>56,969</b>	<b>57,016</b>	<b>69,131</b>	<b>237,102</b>	<b>214,578</b>
Biennial Change in Expenditures				23,800		325,533
Biennial % Change in Expenditures				23		258
<b>3000 - Federal</b>						
Balance Forward In	146,032	329,163	411,956	271,240	38,851	
Receipts	464,804	463,581	254,899	289,945	340,509	405,354
Balance Forward Out	241,612	411,886	271,240	38,851		
<b>Expenditures</b>	<b>369,224</b>	<b>380,858</b>	<b>395,615</b>	<b>522,334</b>	<b>379,360</b>	<b>405,354</b>
Biennial Change in Expenditures				167,867		(133,235)
Biennial % Change in Expenditures				22		(15)

**Program: Forecasted Programs**

**Activity: Medical Assistance**

[mn.gov/dhs/people-we-serve/adults/health-care/health-care-programs/programs-and-services/medical-assistance.jsp](https://mn.gov/dhs/people-we-serve/adults/health-care/health-care-programs/programs-and-services/medical-assistance.jsp)

#### AT A GLANCE

- In FY 2019, MA served a monthly average of 1,100,000 people. This is 19.4 percent of the state’s population.
- In FY 2019, MA provided coverage for:
  - 28,570 births in (about 4 in 10 of all live births in Minnesota)
  - 251,322 people receiving mental health services
  - 477,796 people receiving dental services
- In FY 2019, the families with children group made up 65 percent of total MA enrollment, but only 24.4 percent of total program expenditures.
- In FY 2019, coverage for the elderly and disabled made up 16 percent of total enrollment, but 61 percent of total program expenditures.
- MA is funded with state general funds, the health care access fund, federal Medicaid funds, and local shares for a several services.
- All funds spending for the Medical Assistance activity for FY 2019 was \$12.3 billion. This represented 69.4 percent of the Department of Human Services overall budget.
- The Minnesota state share of total MA expenditures in FY 2019 was approximately \$5.2 billion.

#### PURPOSE & CONTEXT

Medical Assistance (MA) is Minnesota’s Medicaid program. MA is Minnesota's largest public health care program and serves children and families, pregnant women, adults without children, seniors and people who are blind or have a disability. It covers one out of every five Minnesotans. As the third largest insurer in the state after self-insured employer-based coverage and Medicare, it makes up nearly 16 percent of the state’s health insurance market.<sup>1</sup>

MA provides basic health care, home-and community-based services and long-term care services. Most people who have MA get health care through health plans. You can choose a health plan from those serving MA members in your county. Members who do not get health care through a health plan get care on a fee-for-service basis, with providers billing the state directly for services they provide.

On July 30, 1965, President Lyndon B. Johnson signed into law legislation that led to the establishment of Medicare and Medicaid. Medicaid serves 24 percent of the nation’s population. Medicaid contributes significantly to the financing of the U.S. health care system, supporting local public health infrastructure, hospitals, mental health centers, at-home care, community clinics, nursing homes, physicians and many other health professions. Medicaid — not Medicare — is the primary source of coverage for people who need long-term care services, such as nursing home services. In 1966, Minnesota implemented Medical Assistance (MA).

Currently, the federal government shares financial responsibility for the Medicaid program by matching state costs with federal dollars. While certain federal requirements outline who and what must be covered in each

<sup>1</sup> “Medicaid Matters: The Impact of Minnesota’s Medicaid Program.” Available at <https://www.leg.state.mn.us/docs/2018/other/180391.pdf>.

program, states generally have flexibility to tailor and expand their Medicaid program to meet the needs of their population and state budgets.

The Minnesota Department of Human Services (DHS) is the state Medicaid agency and partners with all 87 Minnesota counties and several Minnesota Indian Tribes to administer MA. DHS contracts with both health plans and health care providers across the state to deliver basic health care to MA enrollees.

Minnesotans may enroll in MA if they meet certain eligibility requirements under the following categories: (a) parents and children; (b) age 65 or older, blind or have disabilities; (c) adults without dependent children.

An individual's eligibility is determined by factors such as household income, family size, age, disability status, and citizenship or immigration status. These criteria are set by federal and state law and vary by category. Enrollees must demonstrate their program eligibility at least once a year. All individuals who meet federal eligibility requirements are guaranteed coverage. States can expand upon the minimum federal requirements, add optional or special populations to their programs or increase the income eligibility limits. Individuals eligible for Medicaid are guaranteed a basic set of benefits covering specific services and settings.

Minnesota is known for its comprehensive approach to providing Medicaid coverage. Minnesota covers a broad group of people and services beyond the minimum standards set in federal law. This includes expanding coverage to higher-income children and adults and covering long-term services and supports in the home and community instead of an institutional setting. Minnesota also covers many special populations in need of services who would otherwise be ineligible for Medicaid because of their income level, including children with disabilities whose parents are given the option to access Medicaid by paying a parental fee, women who have been diagnosed with breast or cervical cancer through the state's cancer screening program, and families in need of family planning services.

MA provides coverage for preventive and primary health care services for low-income Minnesotans. MA differs from the state's other health care program, MinnesotaCare, in that it has lower income eligibility guidelines, does not have premiums, and pays for previously incurred medical bills up to three months prior to the month of application. Additionally, MA can pay for nursing facility care and intermediate care facilities for people with developmental disabilities. It can also cover long term services and supports for people with disabilities and older adults so that they can continue living in the community.

Home and community-based services (HCBS) waivers were established under section 1915(c) of the federal Social Security Act of 1981. These waivers are intended to correct the institutional bias in Medicaid by allowing states to offer a broad range of HCBS to people who may otherwise be institutionalized. Minnesota began serving people under the HCBS waiver in 1984, and these services have facilitated Minnesota's shift away from institutional care.

Minnesota's MA program has expanded since the mid-1980s. The expansions have focused on low-income, uninsured, or under-insured children as well as eligibility changes to better support seniors and people with disabilities in their own homes or in small, community-based settings. During this time, a moratorium was placed on nursing facilities and intermediate care facilities for people with developmental disabilities as efforts to develop home and community-based alternatives gained momentum.

The most significant recent changes to the Minnesota MA program followed legislative action during the 2013 session and applied to people without an aged, blind, or disabled basis of eligibility. These changes included an elimination of asset tests and an increase to the income eligibility limits for adults without children, parents and relative caretakers, children, and pregnant women. Under the higher income standards, people formerly eligible for MinnesotaCare including pregnant women and children with income up to 275 percent of poverty and adults below 133 percent of poverty became eligible for MA, resulting in over 110,000 former MinnesotaCare recipients transitioning to coverage under MA in January of 2014.

During the coronavirus (COVID-19) pandemic, DHS has preserved access to health care programs in accordance with Emergency Executive Orders [20-11](#) and [20-12](#), and to qualify for a temporary 6.2 percent Federal Medical Assistance Percentage (FMAP) increase authorized by the Families First Coronavirus Response Act (FFCRA).<sup>2</sup> To qualify for the FMAP increase, the state must maintain Medicaid (MA in Minnesota) for all individuals enrolled on and after March 18, 2020, through the end of the month in which the federal public health emergency ends, unless the individual requests a voluntary closure of their coverage, ceases to be a resident of the state or has died. During the 2020 Legislative Session, the Minnesota Legislature codified and extended DHS authority to maintain continuous coverage for MA programs in order to continue receiving enhanced FMAP in the event the Governor’s peacetime emergency expires, terminated or is rescinded.<sup>3</sup>

During the COVID-19 pandemic, the 2020 Minnesota legislature also passed a law authorizing a new Medicaid coverage group for COVID-19 testing of the uninsured. The new coverage group was effective May 1, 2020, and ends when the COVID-19 peacetime emergency ends.

In addition, DHS’s pandemic response includes expedited reimbursement to nursing facilities and customized living settings (in accordance with [Minn. Stat. sec. 12A.10](#)) to support aggressive efforts to limit COVID-19 exposure and to prevent the spread of COVID-19 within facilities.

## SERVICES PROVIDED

MA enrollees fall under one of five general categories, and receive either long term care services and supports, basic health care, or both long term care and basic care. The five categories include the following:

### **MA Coverage of Long-Term Services and Supports (LTSS)**

Thirty years ago, people who needed help with daily living tasks, such as bathing, dressing, eating and preparing meals, and going to the bathroom, were faced with the choice of when, not if, they would move from their home into an institution or similar setting. Today, older Minnesotans and people with disabilities have many options and services available. This approach provides a higher quality of life for people as they have access to the right service at the right time, and it leads to more cost-effective services over time.

LTSS are a spectrum of health and social services that support Minnesotans who need help with daily living tasks. The services generally consist of ongoing care or supports that a person needs to manage a chronic health condition or disability. The services can be provided in institutional settings, such as hospitals and nursing homes, or in people’s homes and other community settings. Federal law requires all state Medicaid programs to cover these services when provided in an institutional setting or nursing facility.

### *MA Coverage of Long-Term Care Facilities*

A nursing home provides 24-hour care and supervision in a residential facility setting. Nursing homes provide an all-inclusive package of services that covers: nursing care, help with activities of daily living and other care needs, housing, meals and medication administration. Alternatively, an intermediate care facility for persons with developmental disabilities (ICF/DD) provides 24-hour care, active treatment, training and supervision to people with developmental disabilities. Additionally, day training and habilitation (DT&H) services help people living in an ICF/DD develop and maintain life skills, and take part in the community. DT&H services include supervision, training and assistance in self-care, communication, socialization, behavior management, and supported employment and work-related activities, among others.

---

<sup>2</sup> The Families First Coronavirus Response Act (FFCRA) (Pub. L. 116-127). Section 6008 of the FFCRA provides a temporary 6.2 percentage point increase to each qualifying state’s Federal Medical Assistance Percentage (FMAP) beginning January 1, 2020, and through the last day of the calendar quarter in which the COVID-19 public health emergency declared by the Secretary of Health and Human Services terminates.

<sup>3</sup> Laws 2020, Special Session 1, Chapter 7

MA pays for long-term care services for people who reside in facilities. In FY 2019, over 15,400 people per month received facility based long term care services. Total spending on this group was about \$1.1 billion FY 2019, about \$577 million of which came from state funds. Care provided under this segment of MA includes 24-hour care and supervision in nursing facilities or intermediate care facilities for persons with developmental disabilities (ICF/DD). It also includes day training and habilitation (DT&H) services for people who live in an ICF/DD.

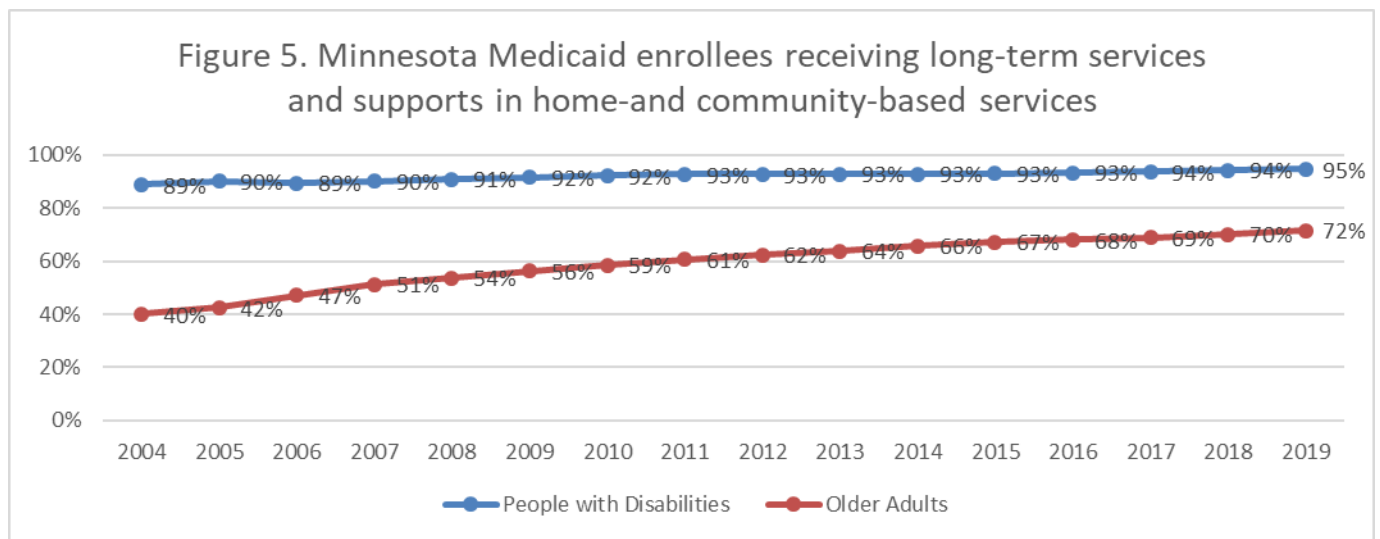
To receive MA long-term care services, a person must have income and assets that are below allowable limits and have an assessed need for the services. DHS works with community providers, counties and tribes, and the Department of Health in administering and monitoring services in these long-term care settings. More information is available at <https://edocs.dhs.state.mn.us/lfserver/Public/DHS-5961-ENG>.

*MA Coverage of Care Through Home and Community-Based Services*

Home and community-based services are long-term services and supports delivered in homes or communities and not institutional settings. Congress established home and community-based services waivers in 1983 in section 1915(c) of the Social Security Act, giving states the option to seek a waiver of Medicaid rules governing institutional care to allow them to expand Medicaid services to home and community settings.

Minnesota has a long history of working to help all people live with dignity and independence. For more than 35 years, Minnesota has expanded long-term services and supports coverage to individuals receiving services in their homes and communities, which is often more effective and desirable than an institutional setting. In order to ensure that people with disabilities and older adults enjoy the same quality of life as other Minnesotans, the services and supports that they depend on must be available in the homes and communities where they choose to live.

By 1995, Minnesota had shifted from predominantly institution-based care to predominantly home- and community-based care. Home and community-based services are generally more cost effective and preferred by the people who rely on services. The chart below shows that more enrollees receiving LTSS choose home and community-based services in Minnesota each year.



Minnesota began offering some home and community based care as a Medicaid state plan option in 2005. The state also receives federal approval to use Medicaid dollars to pay for other home and community based services through its home and community-based services waiver programs. These programs allow Medicaid to pay for services for people in their homes and communities if the services would otherwise be eligible for coverage in nursing facilities or hospitals.

DHS administers waiver programs in collaboration with county and tribal social services and public health programs. The vast majority of Minnesota’s Medicaid spending on long-term care services and supports goes to enrollees in home- and community-based waiver programs. For example, around 92 percent of Medicaid long-term care spending for people with disabilities in Minnesota goes toward services provided in the community.

In FY 2019, an average of nearly 92,000 people received home care and waived services per month. Total spending on waiver and home care services was just over \$3.9 billion in FY2019, and roughly half of this was from state funds.

Minnesota operates five home and community-based waivers:

- **Brain Injury (BI):** Allows Medicaid to cover services for people with a brain injury who need the level of care provided in a nursing facility or neurobehavioral hospital and choose to receive such care in home and community-based service settings.
- **Community Alternative Care (CAC):** Allows Medicaid to cover services for people who are in need of the level of care provided at a hospital and choose to receive such care in home or community-based service settings.
- **Community Access for Disability Inclusion (CADI):** Allows Medicaid to cover services for people who need the level of care provided in nursing facilities and choose to receive such care in home and community-based service settings.
- **Developmental Disabilities (DD):** Allows Medicaid to cover services for people with developmental disabilities who need the level of care provided at an intermediate care facility for people with developmental disabilities and choose to receive such care in home and community-based service settings.
- **Elderly Waiver (EW):** Allows Medicaid to cover services for those age 65 and older who need the level of care provided in a nursing facility and choose to receive such care in home and community-based service settings.

These waivers can offer:

- in-home and residential supports
- medical and behavioral supports
- customized day services
- employment supports
- Consumer-Directed Community Supports (a self-directed option)
- caregiver supports
- transitional services to support people to move out of institutions or other congregate settings
- transportation
- home modifications and assistive technology
- case management
- other goods and services

### Medical Assistance Basic Health Care

MA also provided comprehensive coverage outside of long-term care to over one million Minnesotans in FY 2019. Total spending for basic health care services reached about \$7.6 billion in FY 2019, with \$2.9 billion coming from state funds. The enhanced federal share available with the MA expansion in 2014 reduced the overall share of basic care expenditures to just over 38 percent in FY 2019, a decrease from about 50 percent in FY 2013.

Basic health care services covered in the MA benefit include:

- primary and preventive care
- inpatient hospital benefits
- mental health and chemical dependency treatment
- medical transportation
- medical equipment
- prescription drugs
- dental care
- coverage for eyeglasses and eye care

### *MA Coverage of Basic Health Care for Elderly and Disabled*

People receiving these services are low-income elderly (65 years or older) and people who are blind or have a disability. Their income and assets must be below allowable limits. As MA enrollees, they receive health care coverage or financial assistance to help them pay for their Medicare premiums and cost sharing/copayments. This latter approach is often less expensive for the state than if the state provided their health coverage under MA alone.

This segment of the MA program also includes the Medical Assistance for Employed Persons with Disabilities (MA-EPD) program. MA-EPD enables working individuals with disabilities to receive the full MA benefit set. This program encourages people with disabilities to work and enjoy the benefits of being employed. It allows working people with disabilities to qualify for MA without an income limit and under higher asset limits than standard MA. Most MA-EPD enrollees are subject to paying a premium of at least \$35 per month. Premiums are calculated on a sliding fee scale based on the enrollee's income and family size. More information on MA-EPD is available in the Medical Assistance for Employed Persons with Disabilities brochure (<http://edocs.dhs.state.mn.us/lfserver/public/DHS-2087L-ENG>).

In FY 2019, this segment of MA funds supported an average of 177,200 people per month, many of whom are also enrolled in Medicare and therefore are "dual eligible beneficiaries." Total spending on this group was over \$2.8 billion in FY 2019, about half of which came from state funds.

### *MA Coverage of Basic Health Care for Families with Children*

Enrollees in this eligibility category include low income pregnant women, children, parents and caretaker relatives. This segment of the MA program also includes funding for the Minnesota Family Planning Program (MFPP) and the MA Breast and Cervical Cancer Treatment program (MA-BC). MFPP provides coverage of family planning and related health care services for people not currently enrolled in MA or MinnesotaCare. MA-BC covers treatment costs for breast cancer, cervical cancer, or a precancerous cervical condition for women without health insurance. In FY 2019, this segment of MA funds supported an average of 709,600 people per month. Total spending on this group was nearly \$3 billion, about half of which came from state funds.

### *MA Coverage of Basic Health Care for Adults without Children*

In FY 2019, MA covered an average of 201,000 adults without dependent children people per month. Under the Affordable Care Act the federal government pays 90 percent of the expenditures for this population. Total spending on this group was about \$1.8 billion, with about \$116 million coming from state funds.

A full list of Medical Assistance populations, income and asset limits is in a Minnesota Health Care Programs brochure (<https://edocs.dhs.state.mn.us/lfserver/Public/DHS-3182-ENG>).

Today, Minnesota's Medicaid program is a cornerstone of our state's system of health and long-term care coverage, with more than one million people covered in 2019, including children, parents, people with disabilities and older adults.

## RESULTS

<i>Type of Measure</i>	<i>Name of Measure</i>	<i>Previous</i>	<i>Current</i>	<i>Dates</i>
Quality	Percent of older adults served by home and community-based services <sup>1</sup>	71.3%	74.9%	FY2015 to FY2019
Quality	Percent of people with disabilities served by home and community-based services <sup>2</sup>	94.8%	95.8%	FY2015 to FY2019
Result	Percent of Minnesotans without health insurance <sup>3</sup>	4.3%	6.3%	2015 to 2017



<i>Type of Measure</i>	<i>Name of Measure</i>	<i>Previous</i>	<i>Current</i>	<i>Dates</i>
Result	Percent of Low Income Minnesotans without Health Insurance <sup>4</sup>	8.5%	11.3%	2015 to 2017
Quantity	Total number of MHCP enrollees served by an IHP <sup>5</sup>	460,000	428,664	2017 to 2020
	Number of MA program enrollees served by an IHP	NA	407,900	
Quality	Estimated reduction in health care expenditures (below projections) for providers in Integrated Health Partnership demonstration project <sup>6</sup>	\$107.5 million	\$97.8 million	2017 to 2018

Performance Measure Notes:

1. This measure reflects the percentage of older adults receiving publicly-funded long-term care services who receive HCBS services through the Elderly Waiver or Alternative Care program instead of services in nursing homes. More information is also available at [mn.gov/dhs/ltss-program-performance](http://mn.gov/dhs/ltss-program-performance) (Source: DHS Data Warehouse)
2. This is the percent of people with disabilities receiving publicly-funded long-term care services who receive HCBS services through disability waiver or home care programs instead of services in nursing homes or Intermediate Care Facilities. More information is also available at [mn.gov/dhs/ltss-program-performance](http://mn.gov/dhs/ltss-program-performance) (Source: DHS Data Warehouse)
3. Measure is the percent of Minnesotans that do not have health insurance. Source: Minnesota Health Access Survey, Minnesota Department of Health. Compares 2015 (Previous) and 2017 (Current)
4. Measure is the percentage of uninsured Minnesotans with family income below 200 percent of poverty. Source: Minnesota Health Access Survey, Minnesota Department of Health. Compares 2015 (Previous) and 2017 (Current)
5. Measure is the number of enrollees served by an IHP provider. Compares 2017 (Previous) and 2020 (Current).
6. Measure is an estimated reduction in annual medical costs below projections for 2017 and 2018 for the providers enrolled in the IHP demonstration. IHP provider contracts require this measure be calculated in the same manner each year. The lower health care spending does not result in savings to the state of the same amount. This number includes savings to providers, health plans, the federal government, and the state. Integrated Health Partnerships (IHPs) allow participating providers to enter into an arrangement with DHS to care for enrollees under a payment model that holds the participants accountable for the costs and quality of care their Medicaid patients receive. The goal of the program is to improve the quality and value of care provided to Medicaid and MinnesotaCare enrollees while lowering the cost through innovative approaches to care and payment.

---

Minnesota Statutes, chapter 256B provides the legal authority for the Medical Assistance program. An example of legislative directives to improve and innovate in Medical Assistance is M.S., section 256B.021 (Medical Assistance Reform Waiver).

# Medical Assistance

# Activity Expenditure Overview

(Dollars in Thousands)

	Actual FY18	Actual FY19	Actual FY20	Estimate FY21	Forecast Base	
					FY22	FY23
<b><u>Expenditures by Fund</u></b>						
1000 - General	4,973,905	4,930,043	4,960,899	4,800,378	6,309,330	6,469,431
2000 - Restrict Misc Special Revenue	89,028	112,421	68,951	86,160	100,551	99,537
2360 - Health Care Access	385,159	438,848	586,959	602,583	611,178	612,099
3000 - Federal	7,226,322	7,055,198	7,930,368	8,922,100	9,174,679	9,285,406
<b>Total</b>	<b>12,674,414</b>	<b>12,536,511</b>	<b>13,547,178</b>	<b>14,411,221</b>	<b>16,195,738</b>	<b>16,466,473</b>
Biennial Change				2,747,475		4,703,812
Biennial % Change				11		17
<b><u>Expenditures by Category</u></b>						
Operating Expenses	235,510	240,665	233,600	262,226		
Grants, Aids and Subsidies	12,438,904	12,295,846	13,313,578	14,148,995	16,195,738	16,466,473
<b>Total</b>	<b>12,674,414</b>	<b>12,536,511</b>	<b>13,547,178</b>	<b>14,411,221</b>	<b>16,195,738</b>	<b>16,466,473</b>

# Medical Assistance

# Activity Financing by Fund

(Dollars in Thousands)

	Actual FY18	Actual FY19	Actual FY20	Estimate FY21	Forecast Base	
					FY22	FY23
<b>1000 - General</b>						
Balance Forward In		198,778				
Direct Appropriation	5,174,139	4,950,484	5,436,831	4,839,872	6,335,016	6,468,420
Transfers In	40,052	42,645	31,446	2,100	1,384	1,533
Transfers Out	41,509	47,183	46,336	41,594	27,070	522
Cancellations	196,480	214,681	461,042			
Balance Forward Out	2,297					
<b>Expenditures</b>	<b>4,973,905</b>	<b>4,930,043</b>	<b>4,960,899</b>	<b>4,800,378</b>	<b>6,309,330</b>	<b>6,469,431</b>
Biennial Change in Expenditures				(142,671)		3,017,484
Biennial % Change in Expenditures				(1)		31

## 2000 - Restrict Misc Special Revenue

Balance Forward In	1,055	2,110	2,648			
Receipts	88,541	111,358	66,303	86,160	100,551	99,537
Balance Forward Out	569	1,047				
<b>Expenditures</b>	<b>89,028</b>	<b>112,421</b>	<b>68,951</b>	<b>86,160</b>	<b>100,551</b>	<b>99,537</b>
Biennial Change in Expenditures				(46,338)		44,977
Biennial % Change in Expenditures				(23)		29

## 2360 - Health Care Access

Direct Appropriation	385,159	438,848	586,959	602,583	611,178	612,099
<b>Expenditures</b>	<b>385,159</b>	<b>438,848</b>	<b>586,959</b>	<b>602,583</b>	<b>611,178</b>	<b>612,099</b>
Biennial Change in Expenditures				365,535		33,735
Biennial % Change in Expenditures				44		3

## 3000 - Federal

Balance Forward In	443	28,351	24,245	52,457		
Receipts	7,253,155	7,048,563	7,958,581	8,869,643	9,174,679	9,285,406
Transfers In	200					
Balance Forward Out	27,476	21,717	52,457			
<b>Expenditures</b>	<b>7,226,322</b>	<b>7,055,198</b>	<b>7,930,368</b>	<b>8,922,100</b>	<b>9,174,679</b>	<b>9,285,406</b>
Biennial Change in Expenditures				2,570,949		1,607,617
Biennial % Change in Expenditures				18		10

**Program: Forecasted Programs**

**Activity: Alternative Care**

[mn.gov/dhs/people-we-serve/seniors/services/home-community/programs-and-services/alternative-care.jsp](https://mn.gov/dhs/people-we-serve/seniors/services/home-community/programs-and-services/alternative-care.jsp)  
[mn.gov/dhs/people-we-serve/seniors/services/home-community/programs-and-services/essential-community-supports.jsp](https://mn.gov/dhs/people-we-serve/seniors/services/home-community/programs-and-services/essential-community-supports.jsp)

#### AT A GLANCE

- The Alternative Care Program served 3,713 people, averaging 2,580 enrollees per month with an average monthly benefit of \$1,072 in FY 2019.
- Enrolled consumers contributed a total of \$1.9 million towards their cost of care.
- The Essential Community Supports program is included as part of the Alternative Care Budget activity and served 196 enrollees each month with an average monthly benefit of \$231 in FY 2019.
- All funds spending for the Alternative Care activity for FY 2019 was \$33.71 million. This represented 0.19 percent of the Department of Human Services overall budget.

#### PURPOSE & CONTEXT

The Alternative Care (AC) Program is a cost-sharing program that provides certain home and community-based services for Minnesotans age 65 and over. AC services support seniors, their families, caregivers and communities to help seniors to stay in their homes and communities and avoid costly institutionalization.

The program is a cost-effective strategy to prevent or delay people from moving onto Medical Assistance (MA) long-term services and supports (LTSS), such as Elderly Waiver and nursing home care. The program helps prevent the impoverishment of eligible seniors and maximizes the use of their own resources by sharing the cost of care with clients. AC is available to individuals who need the level of care provided in a nursing home but choose instead to receive services in the community, and whose income and assets would be inadequate to fund a nursing home stay for more than 135 days.

#### SERVICES PROVIDED

Alternative Care (AC) services are used in a person's own home. AC covers the following services: adult day services, caregiver services, case management, chore services, companion services, consumer-directed community supports, home health aides, home-delivered meals, homemaker services, environmental accessibility adaptations, nutrition services, personal emergency response system, personal care, respite care, skilled nursing, specialized equipment and supplies, and transportation.

Some people who have a lower level of need for long-term care services do not qualify for Alternative Care or Medical Assistance LTSS. Those people are instead served by the Essential Community Supports (ECS) program. ECS covers the following services: adult day services, service coordination (case management), chore services, home delivered meals, homemaker services, personal emergency response, caregiver education/training, and community living assistance. People can qualify for up to \$452 a month for these services. This program is included as part of the Alternative Care budget activity. DHS partners with community providers, counties, Tribal Nations and the Department of Health in providing and monitoring services.

The AC program is currently funded with state and federal money along with monthly fees paid by the person receiving services. Payments made by the state for AC services are also subject to estate recovery. ECS is state funded only.

During the coronavirus (COVID-19) pandemic, DHS has preserved access to health care programs in accordance with Emergency Executive Orders [20-11](#) and [20-12](#), and to qualify for a temporary 6.2 percent Federal Medical Assistance Percentage (FMAP) increase authorized by the Families First Coronavirus Response Act (FFCRA).<sup>1</sup> To qualify for the FMAP increase, the state must maintain Medicaid (MA in Minnesota) for all individuals enrolled on and after March 18, 2020, through the end of the month in which the federal public health emergency ends, unless the individual requests a voluntary closure of their coverage, ceases to be a resident of the state or has died. This change applies similarly to Alternative Care. During the 2020 Legislative Session, the Minnesota Legislature codified and extended DHS authority to maintain continuous coverage for MA and Alternative Care programs in order to continue receiving enhanced FMAP in the event the Governor’s peacetime emergency expires, terminated or is rescinded.<sup>2</sup> Additionally, Executive Order [20-12](#) prevented AC enrollees from losing coverage due to a failure to pay premiums.

More information is available on the Alternative Care fact sheet (<https://edocs.dhs.state.mn.us/lfserver/Public/DHS-4720-ENG>).

## RESULTS

The agency monitors performance measures that show how this program is working. One key measure is how well people who are eligible for publicly funded long-term services and supports access the services in their homes and community rather than in nursing facilities.

<i>Type of Measure</i>	<i>Name of Measure</i>	<i>Previous</i>	<i>Current</i>	<i>Dates</i>
Result	Percent of older adults served by home and community-based services <sup>1</sup>	71.3%	74.9%	2015 to 2019
Quantity	Percent of long-term services and support expenditures for older adults spent on home and community-based services <sup>2</sup>	50.9%	48.6%	2015 to 2019
Quantity	Percent of AC spending on Consumer-Directed Community Supports (CDCS) <sup>3</sup>	8.3%	15.3%	FY 2015 to FY 2019

More information is available on Long-Term Service and Support Performance Dashboards ([mn.gov/dhs/ltss-program-performance](http://mn.gov/dhs/ltss-program-performance) )

### Performance Notes:

1. This measure shows the percentage of older adults receiving publicly-funded long-term services and supports who receive home and community-based services through the Elderly Waiver, Alternative Care, or home care programs instead of nursing home services. (Source: DHS Data Warehouse)
2. This measure shows the percentage of public long-term service and support funding for older adults that is spent on Elderly Waiver, Alternative Care or home care services instead of nursing home services. (Source: DHS Data Warehouse).

<sup>1</sup> The Families First Coronavirus Response Act (FFCRA) (Pub. L. 116-127). Section 6008 of the FFCRA provides a temporary 6.2 percentage point increase to each qualifying state’s Federal Medical Assistance Percentage (FMAP) beginning January 1, 2020, and through the last day of the calendar quarter in which the COVID-19 public health emergency declared by the Secretary of Health and Human Services terminates.

<sup>2</sup> [Laws 2020, Special Session 1, Chapter 7](#)

3. CDCS gives persons more flexibility and responsibility for directing their services and supports—compared to services provided through the traditional program – including hiring and managing direct care staff.  
(Source: DHS Data Warehouse)
- 

More information is available on the DHS Dashboard (<http://dashboard.dhs.state.mn.us/>).

The Alternative Care and Essential Community Support programs are authorized by Minnesota Statutes, sections 256B.0913 (<https://www.revisor.mn.gov/statutes/?id=256B.0913>) and 256B.0922 (<https://www.revisor.mn.gov/statutes/?id=256B.0922>).

## Alternative Care

## Activity Expenditure Overview

(Dollars in Thousands)

	Actual FY18	Actual FY19	Actual FY20	Estimate FY21	Forecast Base	
					FY22	FY23
<b><u>Expenditures by Fund</u></b>						
1000 - General	14,555	15,672	15,611	45,655	45,483	45,177
2000 - Restrict Misc Special Revenue	1,495	1,455	1,498	2,047	2,164	2,211
3000 - Federal	15,463	16,587	18,926	26,173	22,374	23,552
<b>Total</b>	<b>31,513</b>	<b>33,714</b>	<b>36,035</b>	<b>73,875</b>	<b>70,021</b>	<b>70,940</b>
Biennial Change				44,682		31,051
Biennial % Change				69		28
<b><u>Expenditures by Category</u></b>						
Operating Expenses			(147)			
Grants, Aids and Subsidies	31,513	33,714	36,182	73,875	70,021	70,940
<b>Total</b>	<b>31,513</b>	<b>33,714</b>	<b>36,035</b>	<b>73,875</b>	<b>70,021</b>	<b>70,940</b>

## Alternative Care

## Activity Financing by Fund

(Dollars in Thousands)

	Actual FY18	Actual FY19	Actual FY20	Estimate FY21	Forecast Base	
					FY22	FY23
<b>1000 - General</b>						
Direct Appropriation	44,258	44,976	45,246	45,655	45,483	45,177
Transfers In	86	118				
Transfers Out	29,789	29,126	29,635			
Cancellations		296				
<b>Expenditures</b>	<b>14,555</b>	<b>15,672</b>	<b>15,611</b>	<b>45,655</b>	<b>45,483</b>	<b>45,177</b>
Biennial Change in Expenditures				31,038		29,394
Biennial % Change in Expenditures				103		48

### 2000 - Restrict Misc Special Revenue

Balance Forward In	294	197	290			
Receipts	1,226	1,270	1,208	2,047	2,164	2,211
Balance Forward Out	25	12				
<b>Expenditures</b>	<b>1,495</b>	<b>1,455</b>	<b>1,498</b>	<b>2,047</b>	<b>2,164</b>	<b>2,211</b>
Biennial Change in Expenditures				595		830
Biennial % Change in Expenditures				20		23

### 3000 - Federal

Balance Forward In	29	24	58	53		
Receipts	15,458	16,590	18,921	26,120	22,374	23,552
Balance Forward Out	24	27	53			
<b>Expenditures</b>	<b>15,463</b>	<b>16,587</b>	<b>18,926</b>	<b>26,173</b>	<b>22,374</b>	<b>23,552</b>
Biennial Change in Expenditures				13,049		827
Biennial % Change in Expenditures				41		2



**Program:** Forecasted Programs

**Activity:** Chemical Dependency Treatment Fund

<https://mn.gov/dhs/people-we-serve/adults/health-care/alcohol-drugs-addictions/programs-and-services/>

#### AT A GLANCE

- In the United States, 20.3 million people aged 12 and older had substance use disorders (CY 2019) according to the Substance Abuse and Mental Health Services Administration (SAMHSA).
- About 277,000 people aged 12 or older in Minnesota were estimated to have a substance use disorder in the past year, according to 2018-2019 National Survey on Drug Use and Health data.
- Statewide, there were 64,166 admissions for substance use disorder treatment in 2019, an increase from 2018 (60,398).
- The CD Treatment Fund paid for about 33.5 percent of all admissions for substance abuse disorder treatment in Minnesota in 2019.
- The percentage of people completing substance use disorder was 50.5 percent in 2019.
- All funds spending for the CD Treatment Fund activity for FY 2019 was \$219 million, which represents 1.2 percent of the Department of Human Services overall budget.

#### PURPOSE & CONTEXT

The Chemical Dependency (CD) Treatment Fund activity pays for residential and outpatient substance use disorder (SUD) treatment services for eligible low-income Minnesotans.

People access the SUD treatment services paid by the fund by first being assessed as needing treatment for Substance Use Disorder, and second by meeting financial eligibility guidelines. Financial eligibility standards are similar to those for Medical Assistance, the state's Medicaid program.

Counties and tribes are responsible for providing assessments (known as "Rule 25" assessments) to individuals seeking access to these funds. These assessments not only determine an individual's eligibility for services paid for by the CD Treatment Fund but also determine the appropriate level or intensity of services the person may need based on their condition and circumstances. Through legislation passed in 2017, Minnesota is transitioning from Rule 25 assessments to provider-based comprehensive assessments. This allows for direct access to placement for people in need of SUD treatment services. The 2017 legislation allows providers to be reimbursed for comprehensive assessment, treatment coordination and/or peer support services, in addition to formal treatment services, while delivering long term care to the recipient.

#### SERVICES PROVIDED

The Consolidated Chemical Dependency Treatment Fund (CCDTF) is the single fee-for-service public payment source that funds residential and outpatient substance use disorder treatment services for eligible low-income Minnesotans. The CCDTF combines multiple funding sources – state appropriations, county funding, federal Medicaid funding and the federal Substance Abuse, Prevention and Treatment block grant – into a single fund with common eligibility criteria and a single process for evaluating treatment need and placement options. Federal Medicaid matching funds are collected on eligible treatment services provided to Medical Assistance recipients. Counties also contribute a share toward the cost of treatment. Counties pay 30 percent of the non-federal share of treatment costs for Medical Assistance (MA) recipients and 22.95 percent for non-MA recipients (this amount was reduced to 20.2 percent for FY 2017). The CCDTF pays for services that are part of a licensed residential or non-residential SUD treatment program. The CCDTF ensures that all clients have the same access to high quality, effective treatment programs.

All of these programs provide a continuum of effective, research-based treatment services for individuals who need them. Treatment services include individual and group therapy in outpatient or residential settings, and may also include treatment for a mental illness, other medical services, medication-assisted therapies (with or without adjunct behavioral services), and service coordination.

SUD treatment providers use a variety of evidence-based practices, such as the twelve-step facilitation program, cognitive behavioral therapies, specialized behavioral therapy, motivational interviewing and motivational enhancement therapy as methods to ensure success.

**RESULTS**

<i>Type of Measure</i>	<i>Name of Measure (1)</i>	<i>Previous (CY2017)</i>	<i>Current (CY2019)</i>	<i>Dates</i>
Quantity	Number of treatment admissions to substance use disorder treatment	60,357	64,166	2017 to 2019
Result	Percent of persons completing substance use disorder treatment	52%	50.5%	2017 to 2019
Result	Effect of recovery environment on non-completion rates in substance use disorder treatment (2) No severity vs. extreme severity	N/A	5% vs. 25.7%	2018

Measure Notes:

1. This indicator is from the Drug and Alcohol Abuse Normative Evaluation System (DAANES) in the Performance Measurement & Quality Improvement section in the Alcohol and Drug Abuse Division of the Minnesota Department of Human Services.
2. Recovery environment (encompassing health, home, community and purpose) is a predictable measure of successful treatment and continued recovery. CY18 baseline data to compare moving forward.

---

Minnesota Statutes chapter 254B (<https://www.revisor.mn.gov/statutes/?id=254B>) provides the legal authority for the CD Treatment Fund. M.S. section 254B.01, Subd.3 (<https://www.revisor.mn.gov/statutes/?id=254B.01>) defines chemical dependency services payable by the CD Treatment Fund. This definition applies to a wide variety of services within a planned program of care to treat a person’s chemical dependency, or substance use disorder.

## Chemical Dependency Treatment Fund

## Activity Expenditure Overview

(Dollars in Thousands)

	Actual FY18	Actual FY19	Actual FY20	Estimate FY21	Forecast Base	
					FY22	FY23
<b><u>Expenditures by Fund</u></b>						
2000 - Restrict Misc Special Revenue	214,765	226,811	189,716			
2001 - Other Misc Special Revenue				174,942	223,448	253,680
<b>Total</b>	<b>214,765</b>	<b>226,811</b>	<b>189,716</b>	<b>174,942</b>	<b>223,448</b>	<b>253,680</b>
Biennial Change				(76,918)		112,470
Biennial % Change				(17)		31
<b><u>Expenditures by Category</u></b>						
Grants, Aids and Subsidies	214,765	226,811	189,716	174,942	223,448	253,680
<b>Total</b>	<b>214,765</b>	<b>226,811</b>	<b>189,716</b>	<b>174,942</b>	<b>223,448</b>	<b>253,680</b>

# Chemical Dependency Treatment Fund

# Activity Financing by Fund

(Dollars in Thousands)

	Actual FY18	Actual FY19	Actual FY20	Estimate FY21	Forecast Base	
					FY22	FY23
<b>1000 - General</b>						
Direct Appropriation	117,226	118,621	113,748	77,471	106,797	123,468
Transfers Out	117,226	118,621	107,943	77,471	106,797	123,468
Cancellations			5,805			

## 2000 - Restrict Misc Special Revenue

Balance Forward In	2,605	260	6,154	164		
Receipts	94,934	104,569	50,978			
Transfers In	117,226	118,621	132,748			
Transfers Out		129		164		
Balance Forward Out			164			
<b>Expenditures</b>	<b>214,765</b>	<b>226,811</b>	<b>189,716</b>			
Biennial Change in Expenditures				(251,860)		(189,716)
Biennial % Change in Expenditures				(57)		

## 2001 - Other Misc Special Revenue

Receipts				97,307	116,651	130,212
Transfers In				77,635	106,797	123,468
<b>Expenditures</b>				<b>174,942</b>	<b>223,448</b>	<b>253,680</b>
Biennial Change in Expenditures				174,942		302,186
Biennial % Change in Expenditures						

**Program:** Grant Programs

**Activity:** Support Services Grants

[dhs.state.mn.us/main/id\\_004112](https://dhs.state.mn.us/main/id_004112)

<http://mn.gov/dhs/people-we-serve/children-and-families/economic-assistance/food-nutrition/programs-and-services/e-and-t.jsp>

#### AT A GLANCE

- Provides MFIP/DWP employment services to approximately 26,500 people per month.
- Provides Supplemental Nutrition Assistance Program employment services to approximately 700 people per month.
- All funds spending for the Support Services Grants activity for FY 2019 was \$104 million. This represented 0.59 percent of the Department of Human Services overall budget.

#### PURPOSE & CONTEXT

The Minnesota Family Investment Program (MFIP) and Diversionary Work Program (DWP) primary focus is on self-sufficiency through employment.

Support Services Grants cover the cost of services to address barriers, help stabilize families and adults, and build skills that ensure participants are prepared to find and retain employment.

#### SERVICES PROVIDED

The Support Services Grants activity provides funding for the MFIP Consolidated Fund and for the SNAP Employment and Training Program:

- **MFIP Consolidated Fund:** Support Services Grants are allocated to counties and tribes, and are funded with a combination of state and federal funds, including from the federal Temporary Assistance for Needy Families (TANF) block grant. Counties and tribes use the MFIP Consolidated Fund to provide an array of employment services including job search, job placement, training and education. The Consolidated Fund also provides other supports such as emergency needs for low-income families with children.

Workforce Centers, counties, tribes and community agencies provide employment services. Service providers evaluate the needs of each participant and develop an individualized employment plan that builds on strengths and addresses areas of need. Services include:

- Referrals to housing, child care, and health care coverage, including any needed chemical and mental health services, to aid in stabilizing families
- Basic education, English proficiency training, skill building and education programs to prepare participants for the labor market
- Job search assistance and job placement services to help participants locate employment that matches their skills and abilities
- Innovative programs to address special populations or needs such as: a single point of contact for teen parents that includes public health home visits, subsidized work experiences, integrated services for families with serious disabilities and support for the FastTRAC program, which links education and credentials to high demand careers

Support Services Grants also fund a portion of county and tribal costs to administer MFIP and DWP.

**SNAP Employment and Training:** Federal SNAP Employment and Training funds are allocated to counties and used to provide a basic foundation of employment services that if enhanced with local or other state funds can earn a 50 percent reimbursement to build greater capacity. Support Services Grants to SNAP Employment and Training programs are matched through federal reimbursement.

## RESULTS

The two key measures in MFIP/DWP are:

- The **Self-Support Index** is a results measure. The Self-Support Index shows the percentage of adults eligible for MFIP or DWP in a quarter who have left assistance or are working at least 30 hours per week three years later. Customized targets are set for each county or tribe using characteristics of the people served and local economic conditions. State law requires the Department of Human Services to use the Self-Support Index to allocate performance bonus funds. The chart following shows that about two-thirds of participants have left MFIP or DWP and/or are working at least 30 hours per week three years after a baseline period.

<i>Year ending in March of:</i>	<i>S-SI</i>
2010	67.0%
2011	65.2%
2012	65.3%
2013	66.9%
2014	68.5%
2015	68.8%
2016	68.0%
2017	65.9%
2018	64.6%
2019	64.4%

- The federal Work Participation Rate (WPR) is a process measure and counts the number of parents engaging in a minimum number of hours of federally-recognized work activities. The measure does not count households who discontinue assistance when getting a job.

<i>Federal Fiscal Year</i>	<i>WPR</i>
2008	29.9%
2009	29.8%
2010	40.2%
2011	43.9%
2012	45.3%
2013	45.1%
2014	46.2%
2015	37.9%
2016	39.4%
2017	38.9%
2018	37.2%

Another employment-related, state-mandated performance measure tracked is:

- **MFIP/DWP Median Placement Wage**, a quality measure that reflects the number of people getting jobs and the median wage. The chart shows the statewide median hourly starting wage. (Tribes are not included.)

<i>Calendar Year</i>	<i>Median Placement Wage Per Hour for MFIP Clients</i>	<i>Median Placement Wage Per Hour for DWP Clients</i>
2008	\$9.00	\$9.39
2009	\$9.00	\$9.30
2010	\$9.50	\$9.50
2011	\$9.50	\$9.50
2012	\$9.95	\$10.00
2013	\$10.00	\$10.00
2014	\$10.29	\$10.00
2015	\$11.00	\$11.00
2016	\$11.50	\$11.50
2017	\$12.00	\$12.00
2018	\$12.50	\$13.00

---

The legal authority for Support Services Grants is M.S. sections 256J.626 (<https://www.revisor.mn.gov/statutes/?id=256J.626>) and 256D.051 (<https://www.revisor.mn.gov/statutes/?id=256D.051>)

## Support Services Grants

## Activity Expenditure Overview

(Dollars in Thousands)

	Actual FY18	Actual FY19	Actual FY20	Estimate FY21	Forecast Base	
					FY22	FY23
<b><u>Expenditures by Fund</u></b>						
1000 - General	8,697	8,688	8,693	8,715	8,715	8,715
2000 - Restrict Misc Special Revenue				114		
3000 - Federal	2,503	4,312	3,054	9,200	9,200	9,200
3001 - Federal TANF	94,759	94,329	94,701	96,311	96,311	96,311
<b>Total</b>	<b>105,959</b>	<b>107,330</b>	<b>106,449</b>	<b>114,340</b>	<b>114,226</b>	<b>114,226</b>
Biennial Change				7,500		7,663
Biennial % Change				4		3
<b><u>Expenditures by Category</u></b>						
Operating Expenses	1,900	629	1,136			
Grants, Aids and Subsidies	104,059	106,700	105,312	114,340	114,226	114,226
<b>Total</b>	<b>105,959</b>	<b>107,330</b>	<b>106,449</b>	<b>114,340</b>	<b>114,226</b>	<b>114,226</b>



# Support Services Grants

# Activity Financing by Fund

(Dollars in Thousands)

	Actual FY18	Actual FY19	Actual FY20	Estimate FY21	Forecast Base	
					FY22	FY23
<b>1000 - General</b>						
Direct Appropriation	8,715	8,715	8,715	8,715	8,715	8,715
Cancellations	18	27	22			
<b>Expenditures</b>	<b>8,697</b>	<b>8,688</b>	<b>8,693</b>	<b>8,715</b>	<b>8,715</b>	<b>8,715</b>
Biennial Change in Expenditures				23		22
Biennial % Change in Expenditures				0		0

## 2000 - Restrict Misc Special Revenue

Balance Forward In				114		
<b>Expenditures</b>				<b>114</b>		
Biennial Change in Expenditures				114		(114)
Biennial % Change in Expenditures						

## 3000 - Federal

Receipts	2,503	4,312	3,054	9,200	9,200	9,200
<b>Expenditures</b>	<b>2,503</b>	<b>4,312</b>	<b>3,054</b>	<b>9,200</b>	<b>9,200</b>	<b>9,200</b>
Biennial Change in Expenditures				5,439		6,146
Biennial % Change in Expenditures				80		50

## 3001 - Federal TANF

Balance Forward In		40				
Receipts	94,759	94,289	94,701	96,311	96,311	96,311
<b>Expenditures</b>	<b>94,759</b>	<b>94,329</b>	<b>94,701</b>	<b>96,311</b>	<b>96,311</b>	<b>96,311</b>
Biennial Change in Expenditures				1,924		1,610
Biennial % Change in Expenditures				1		1

**Program:** Grant Programs

**Activity:** Basic Sliding Fee Child Care Assistance Grants

[mn.gov/dhs/people-we-serve/children-and-families/economic-assistance/child-care/programs-and-services/basic-sliding-fee.jsp](https://mn.gov/dhs/people-we-serve/children-and-families/economic-assistance/child-care/programs-and-services/basic-sliding-fee.jsp)

### AT A GLANCE

- In 2019 Basic Sliding Fee Child Care Assistance paid for child care for 13,995 children in 7,284 families in an average month.
- As of June 2020 there was a waiting list of 3,341 families eligible for assistance, but who could not be served at the current funding levels.
- The average monthly assistance per family was \$1,145.
- All funds spending for the BSF Child Care Assistance Grants activity for FY 2019 was \$103 million. This represented 0.6 percent of the Department of Human Services overall budget.

### PURPOSE & CONTEXT

In order to work, families need safe and reliable child care. The annual cost of full time licensed care for one child can exceed \$10,000. Many low-income families struggle to find affordable child care that fits their needs. Basic Sliding Fee (BSF) Child Care Assistance provides financial subsidies to help low-income families pay for child care through the Child Care Assistance Program. Families earning no more than 47 percent of the state median income (\$41,070 in 2020 for a family of three) are eligible to enter the Basic Sliding Fee program. Families leave the Child Care Assistance Program when their earnings are greater than 67 percent of state median income (\$58,547 in 2020 for a family of three) or when their copayment exceeds their cost of care.

### SERVICES PROVIDED

BSF child care assistance grants provide support to help improve outcomes for the most at-risk children and their families by increasing access to high quality child care.

Families must be working, looking for work or attending school to be eligible for the Basic Sliding Fee Program. The program helps families pay child care costs on a sliding fee basis. As family income increases, so does the amount of child care expenses (copayment) paid by the family. All families receiving child care assistance and earning 75 percent or more of the federal poverty guideline make copayments based on their income. A family of three earning 55 percent of the state median income (\$48,060) would have a total biweekly copayment of \$155 for all children in care.

The BSF child care assistance grants activity is part of the state's Child Care Assistance Program. Maximum rates for provider payment in the Child Care Assistance Program are set in state law. Maximum rates are set for each type of care: child care centers, family child care and legal non-licensed child care. Providers are paid at the rate they charge in the private child care market, up to this limit. The program pays a higher rate to providers who have met quality standards through Parent Aware, are accredited, or hold certain educational credentials.

Child care must be provided by a legal child care provider over the age of 18 years. Allowable providers include legal non-licensed family child care, license-exempt centers, licensed family child care and licensed child care centers. Families choose their providers in the private child care market. Counties administer the Child Care Assistance Program.

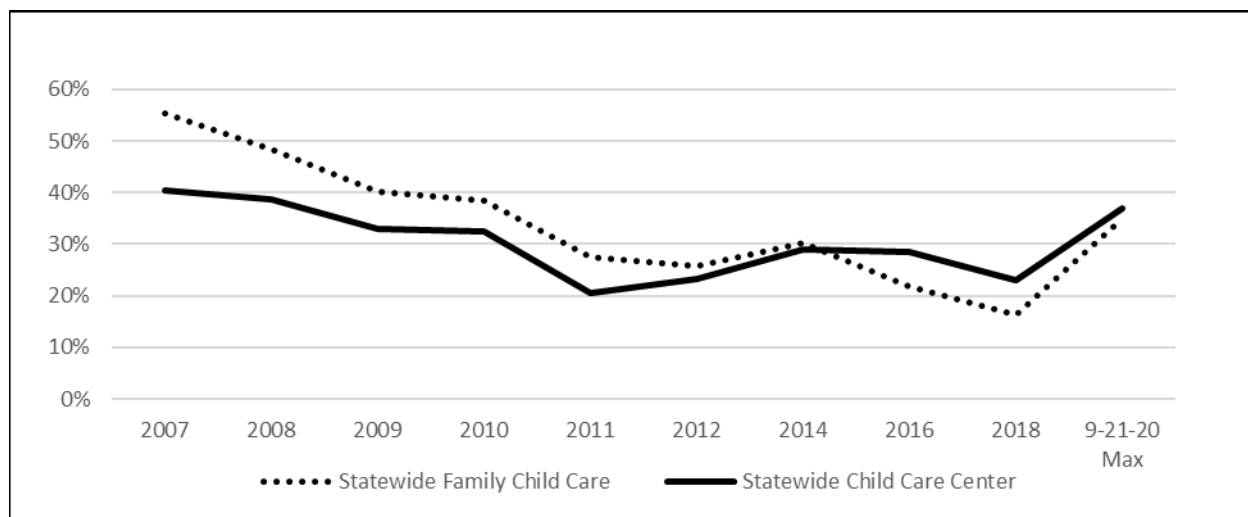
BSF funding is a capped allocation. It includes a combination of state funds and federal Child Care and Development and Temporary Assistance for Needy Families (TANF) funding. The agency allocates funding to counties, who administer the program. Because the funding is capped, not everyone who is eligible for the program may be served. As of June 2020, there was a waiting list for BSF child care assistance of 3,341 families.

## RESULTS

**Percent of Provider Prices Fully Covered by CCAP** - Maximum rates paid to providers under the Child Care Assistance Program may not cover the full cost of child care. This may be a barrier for some families if they cannot find a provider in their community whose prices are covered by the maximum allowed under the program. **The percent of child care providers who charge prices that are fully covered by the Child Care Assistance Program increased when the maximum rates were raised in the 2020 legislative session, but the maximum rate paid remains low compared to prices in the market.**

This quality measure shows approximately 35 percent of family child care providers and approximately 37 percent of child care centers charge prices that are fully covered by the Child Care Assistance Program maximum rates.

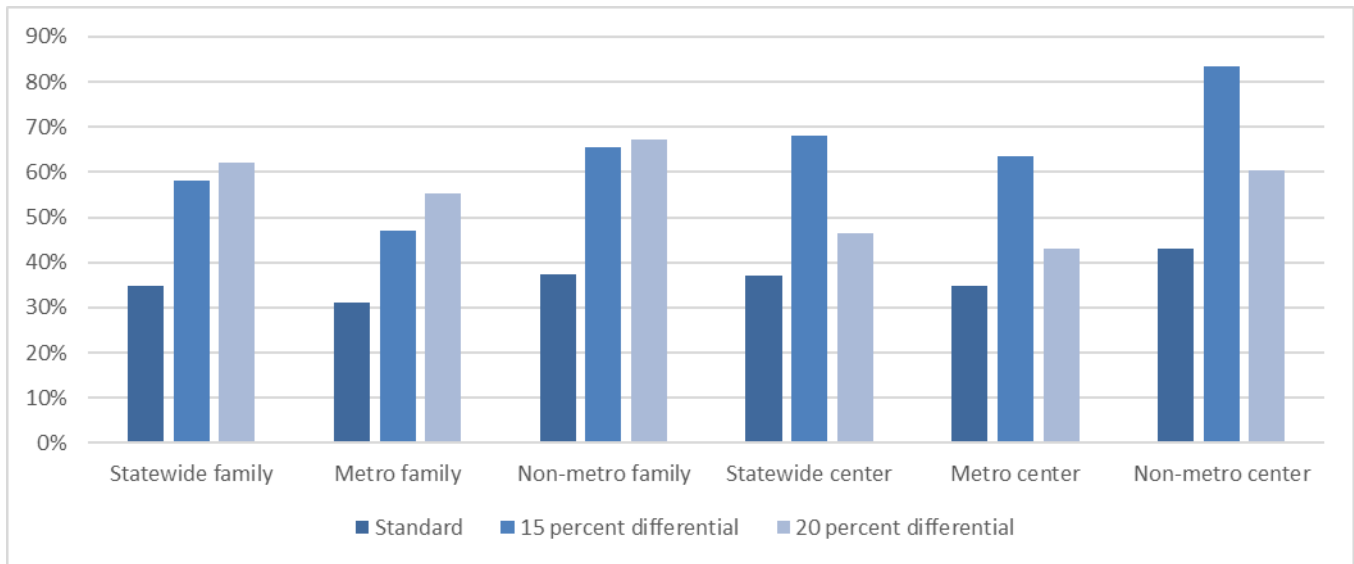
**Provider prices fully covered by Standard Maximum Rates statewide, by percent**



Quality Differential Impact - Parent Aware is Minnesota’s rating tool for helping parents select high quality child care and early education programs. The Child Care Assistance Program allows up to a 15 percent higher maximum rate to be paid to providers with a Parent Aware 3-star rating, or who hold certain accreditation or education standards established in statute. Up to a 20 percent higher maximum rate can be paid to providers with a 4-star Parent Aware rating.

This quality measure shows that higher maximum rates may increase families’ access to high quality providers by allowing the maximum rate paid by the Child Care Assistance Program to fully cover more (or an equivalent proportion) of their prices as compared to the prices charged by all providers. This measure indicates the impact of quality differentials by type of care. It is first presented as a statewide total, and then broken out by metro and non-metro counties.

### Prices fully covered by Standard and Quality Differential Maximum Rates (Sept. 2020)



Specifically, the 20 percent differential allows the prices charged by center based four-star rated metro providers to be fully covered by the maximum subsidy at a higher proportion compared to the prices of all metro center providers. The higher maximum rates offer coverage of the prices charged by all other types of quality providers at higher levels than the standard maximum rates.

**Use of High Quality Care** - Children who participate in high quality early care and education are more likely to experience school success and positive life-long outcomes. This quality measure shows that the percent of all children receiving child care assistance through providers eligible for the higher subsidy rates for quality has increased from 37.5 percent in July of 2016 to 51.8 percent in July of 2019.

### Percent of Children Receiving Child Care Assistance in Quality Settings

	2016	2017	2018	2019
<b>Standard Care</b>	53.2%	52%	48.4%	40.5%
<b>Provider holds Accreditation*</b>	3.8%	4.5%	3.9%	3.5%
<b>Provider holds Parent Aware 1-2 Star</b>	9.3%	6.6%	7.0%	7.7%
<b>Provider holds Parent Aware 3-4 Star*</b>	33.7%	36.9%	40.7%	48.3%

\* These providers are eligible for CCAP higher rates for quality. Data representative of services provided in July of each year.

The data source for the prices charged by providers is a biennial survey of provider prices conducted by the Department. To assess the portion of provider prices fully covered, provider prices are compared to the applicable maximum subsidy rates. The data source for children in care with provider's eligible of the higher rates for quality is from MEC<sup>2</sup>, Minnesota's child care electronic eligibility and payment system.

The legal authority for the Basic Sliding Fee (BSF) Child Care Assistance program is in M.S. chapter 119B. (<https://www.revisor.mn.gov/statutes/?id=119B>)

# BSF Child Care Assistance Grants

# Activity Expenditure Overview

(Dollars in Thousands)

	Actual FY18	Actual FY19	Actual FY20	Estimate FY21	Forecast Base	
					FY22	FY23
<b><u>Expenditures by Fund</u></b>						
1000 - General	44,043	53,214	44,655	53,616	53,616	53,616
3000 - Federal	54,490	49,629	63,364	56,429	56,429	56,429
<b>Total</b>	<b>98,533</b>	<b>102,844</b>	<b>108,019</b>	<b>110,045</b>	<b>110,045</b>	<b>110,045</b>
Biennial Change				16,687		2,026
Biennial % Change				8		1
<b><u>Expenditures by Category</u></b>						
Grants, Aids and Subsidies	98,533	102,844	108,019	110,045	110,045	110,045
<b>Total</b>	<b>98,533</b>	<b>102,844</b>	<b>108,019</b>	<b>110,045</b>	<b>110,045</b>	<b>110,045</b>

## BSF Child Care Assistance Grants

## Activity Financing by Fund

(Dollars in Thousands)

	Actual FY18	Actual FY19	Actual FY20	Estimate FY21	Forecast Base	
					FY22	FY23
<b>1000 - General</b>						
Direct Appropriation	44,690	53,413	44,655	53,616	53,616	53,616
Cancellations	647	199				
<b>Expenditures</b>	<b>44,043</b>	<b>53,214</b>	<b>44,655</b>	<b>53,616</b>	<b>53,616</b>	<b>53,616</b>
Biennial Change in Expenditures				1,014		8,961
Biennial % Change in Expenditures				1		9
<b>3000 - Federal</b>						
Balance Forward In	196	219	16,141	12,496		
Receipts	54,506	65,551	59,719	43,933	56,429	56,429
Balance Forward Out	212	16,141	12,496			
<b>Expenditures</b>	<b>54,490</b>	<b>49,629</b>	<b>63,364</b>	<b>56,429</b>	<b>56,429</b>	<b>56,429</b>
Biennial Change in Expenditures				15,673		(6,935)
Biennial % Change in Expenditures				15		(6)

**Program:** Grant Programs

**Activity:** Child Care Development Grants

[mn.gov/dhs/people-we-serve/children-and-families/services/child-care/](http://mn.gov/dhs/people-we-serve/children-and-families/services/child-care/)

### AT A GLANCE

- As of December 2019, 2,872 child care and early education programs and 28 percent of all eligible programs have a Parent Aware rating.
- 2,756 family child care providers and 11,373 child care center staff are active users on Develop, Minnesota's Quality Improvement and Registry Tool.
- 3,043 individuals received coaching and support services to increase quality of care to children in calendar year 2019.
- All funds spending for the Child Care Development Grants activity for FY 2019 was \$ 22.4 million. This represented 0.1 percent of the Department of Human Services overall budget.

### PURPOSE & CONTEXT

Child Care Development Grants provide a system of quality improvement supports for licensed child care programs, professional development supports for the child care workforce, and information and supports for prospective child care business owners to improve the supply of child care. They also support families to find care and education to meet their needs.

These grants are foundational to DHS' strategy for addressing Minnesota's child care scarcity. The lack of quality child care, especially in Greater Minnesota, has a tangible economic impact because communities with an adequate supply of child care are better positioned to attract and retain employees.

In addition, there are too few individuals with the qualifications needed to work in child care programs, which also contributes to the child care shortage. These grants help new child care workforce members gain needed qualifications, and provide grants, loans, training, coaching and technical assistance that help retain and support the current child care workforce.

### SERVICES PROVIDED

The Department of Human Services (DHS) provides grants to public and private partners who specialize in providing services for child care providers, families, and individuals working on starting new child care businesses, to increase the supply and quality of child care in Minnesota. Services include:

- Information for parents searching for quality child care and early education for their children through Parent Aware, an online search tool (Parent Aware website, <http://www.parentaware.org/>) and other parent education services provided by Child Care Aware of Minnesota
- Grants, loans, financial supports and other incentives to encourage current and prospective child care providers and teachers to enter the care and education field, stay in it, advance in their profession, and improve their programs through participation in the voluntary Parent Aware Quality Rating and Improvement System
- Training, coaching, professional development advising, and other workforce supports for early childhood and school-age care providers to increase their business skills, knowledge of child development, and instructional practices to meet the needs of individual children
- Reimbursement to child care programs and providers to cover some of the fees charged to complete a nationally recognized child care accreditation program

Child Care Development Grants are funded primarily with federal Child Care and Development block grant funds and some state funds.

## RESULTS

**Use of Quality Child Care** - Children who participate in quality child care and early education are more likely to experience school success and positive life-long outcomes. This measure shows that the percent of all children receiving child care assistance through providers with Parent Aware Ratings has increased from 34 percent in December 2014 to 62 percent in July 2019.

**Number of Programs Rated by Parent Aware** – Parent Aware improves children’s outcomes by improving families’ access to high quality child care. This measure shows that the percentage of child care and early education programs with a Parent Aware rating increased from 2018 to 2019.

**Provider Education Levels** – Child care and early education professionals with degrees or credentials are needed to provide the kind of early learning opportunities that will make a difference for children’s outcomes. This measure shows that the education level of early childhood educators has continued to grow over time, as reported by those educators volunteering to verify their education level.

**Searches for Quality Care through Parent Aware** - A new and improved website for parents was launched in FY2015 to better meet parents’ needs in choosing child care. After this launch, the website experienced a large increase in visitors in a short period of time. From 2018 to 2019, unique visitors have grown on Parent Aware.

<i>Type of Measure</i>	<i>Description</i>	<i>Previous</i>	<i>Current</i>	<i>Dates</i>
Result	Percent of children receiving child care assistance in high quality settings <sup>1</sup>	34%	62%	2014 & 2019
Quantity	Percent of child care and early education programs with a Parent Aware rating <sup>2</sup>	25%	28%	2018 & 2019
Quantity	Number of family child care providers and teachers working directly with children with a Credential, CDA or Degree (AAS, BA/BS or higher) <sup>3</sup>	4,785	5,267	2018 & 2019
Quantity	Number of unique visitors on Parent Aware.org <sup>4</sup>	85,706	86,359	2018 & 2019

Performance Measures notes:

- Data is from the Department of Human Services (DHS) and includes the number of children receiving child care assistance served in Parent Aware Rated settings in December 2014, and the number of children receiving child care assistance served in Parent Aware Rated settings in July 2019.
- Data on Parent Aware Rated Programs is from DHS and includes licensed child care programs (DHS and tribally licensed family child care and child care centers), Head Start/Early Head Start programs, and public schools prekindergarten sites as of Dec. 31.
- Data is from Develop on Aug. 13, 2018, for SFY18, and Aug. 3, 2020 for SFY19. This included only persons identifying as Teachers or Family child care providers. It is not a requirement for members of the child care and early education workforce to verify education or employment type in Develop.
- Data is collected via Google Analytics reports from Parent Aware.org using calendar year information.

---

The legal authority for the Child Care Development Grant activities is M.S. chapter 119B (<https://www.revisor.mn.gov/statutes/?id=119B>).



# Child Care Development Grants

# Activity Expenditure Overview

(Dollars in Thousands)

	Actual FY18	Actual FY19	Actual FY20	Estimate FY21	Forecast Base	
					FY22	FY23
<b><i>Expenditures by Fund</i></b>						
1000 - General	2,961	2,952	32,917	2,962	2,962	2,962
2000 - Restrict Misc Special Revenue	7					
2001 - Other Misc Special Revenue		267	413	2,000	2,000	2,000
3000 - Federal	16,843	19,484	30,719	23,503	20,492	20,492
3010 - Coronavirus Relief				109,707		
<b>Total</b>	<b>19,812</b>	<b>22,703</b>	<b>64,049</b>	<b>138,172</b>	<b>25,454</b>	<b>25,454</b>
Biennial Change				159,706		(151,313)
Biennial % Change				376		(75)
<b><i>Expenditures by Category</i></b>						
Operating Expenses	848	752	899	100		
Grants, Aids and Subsidies	18,964	21,952	63,150	138,072	25,454	25,454
<b>Total</b>	<b>19,812</b>	<b>22,703</b>	<b>64,049</b>	<b>138,172</b>	<b>25,454</b>	<b>25,454</b>
Total Agency Expenditures	19,812	22,703	64,049	138,172	25,454	25,454
Internal Billing Expenditures			(10)			
<b>Expenditures Less Internal Billing</b>	<b>19,812</b>	<b>22,703</b>	<b>64,059</b>	<b>138,172</b>	<b>25,454</b>	<b>25,454</b>

# Child Care Development Grants

# Activity Financing by Fund

(Dollars in Thousands)

	Actual FY18	Actual FY19	Actual FY20	Estimate FY21	Forecast Base	
					FY22	FY23
<b>1000 - General</b>						
Balance Forward In		6	0			
Direct Appropriation	1,737	1,737	31,701	1,737	1,737	1,737
Transfers In	1,225	1,225	1,225	1,225	1,225	1,225
Cancellations	1	16	9			
<b>Expenditures</b>	<b>2,961</b>	<b>2,952</b>	<b>32,917</b>	<b>2,962</b>	<b>2,962</b>	<b>2,962</b>
Biennial Change in Expenditures				29,965		(29,955)
Biennial % Change in Expenditures				507		(83)

## 2000 - Restrict Misc Special Revenue

Balance Forward In	7	0				
Transfers Out		0				
<b>Expenditures</b>	<b>7</b>					
Biennial Change in Expenditures				(7)		0
Biennial % Change in Expenditures						

## 2001 - Other Misc Special Revenue

Balance Forward In				9	9	9
Receipts		267	422	2,000	2,000	2,000
Balance Forward Out			9	9	9	9
<b>Expenditures</b>		<b>267</b>	<b>413</b>	<b>2,000</b>	<b>2,000</b>	<b>2,000</b>
Biennial Change in Expenditures				2,146		1,587
Biennial % Change in Expenditures						66

## 3000 - Federal

Receipts	16,843	19,484	30,719	23,503	20,492	20,492
<b>Expenditures</b>	<b>16,843</b>	<b>19,484</b>	<b>30,719</b>	<b>23,503</b>	<b>20,492</b>	<b>20,492</b>
Biennial Change in Expenditures				17,894		(13,238)
Biennial % Change in Expenditures				49		(24)

## 3010 - Coronavirus Relief

Direct Appropriation				109,707	0	0
<b>Expenditures</b>				<b>109,707</b>		

# Child Care Development Grants

# Activity Financing by Fund

*(Dollars in Thousands)*

	Actual FY18	Actual FY19	Actual FY20	Estimate FY21	Forecast Base	
					FY22	FY23
Biennial Change in Expenditures				109,707		(109,707)
Biennial % Change in Expenditures						

**Program: Grant Programs****Activity: Child Support Enforcement Grants**[mn.gov/dhs/people-we-serve/children-and-families/services/child-support/](http://mn.gov/dhs/people-we-serve/children-and-families/services/child-support/)

### AT A GLANCE

- County and state child support offices provide services to more than 332,000 custodial and non-custodial parents and their 230,000 children.
- In FY 2019, the child support program collected and disbursed \$575 million in child support payments.
- Access and visitation funds served 622 children in 2019.
- All Funds spending for the Child Support Enforcement Grants Activity for FY 2019 was \$1.7 million dollars. This represented less than 0.1 percent of the Department of Human Services overall budget.

### PURPOSE & CONTEXT

Every child needs financial and emotional support, and every child has the right to support from both parents. Minnesota's child support program benefits children by enforcing parental responsibility for their support.

The State of Minnesota collected \$575 million in child support payments in FY 2019. The MN child support program plays an active role in reducing the reliance on other state income maintenance programs given the significant amount of child support that is collected and sent directly to families.

Child support represents a high proportion of income for low income custodial parents. Ten percent of cases are currently on public assistance and 48.5 percent of cases were formerly on public assistance. Eighty-seven percent of custodial parents who are eligible for child support are women.

Child Support Enforcement Grants help strengthen families by providing financial supports. Child support helps families become self-sufficient.

### SERVICES PROVIDED

Under state direction and supervision, child support activities are administered by counties and tribes. Staff provide assistance for custodial parents in obtaining basic support, medical support and child care support for children, through locating parents and establishing paternity and support obligations. Without this assistance, many families would not have the financial resources to remain self-sufficient.

The following activities help to support and stabilize families:

- Establish paternity through genetic testing, Recognition of Parentage or other means;
- Establish and modify court orders for child support, medical support and child care support, based on statutory guidelines;
- Enforce court orders to assure payment through remedies established in federal regulation and state law, such as income withholding, driver's license suspension and passport denial; and
- Collect and process payments from employers, parents, counties and other states and issue support funds to families.

Additional grants provide federal funding to improve non-custodial parents' access to their children. Funding is a mix of federal funds, state general funds and fees.

## RESULTS

The federal government funds state child support programs in part through performance incentives. These are calculated by measuring the state’s performance in core activities: paternity establishment, order establishment, collection of current support, collection of arrears (past due support) and program cost effectiveness. States are ranked by their scores on the measures and earn higher incentives as performance increases. Each percentage measurement has a threshold of 80 percent to earn the maximum incentive for that measure. To maximize the incentive for cost-effectiveness, states must collect five dollars for every dollar spent on the child support program.

Minnesota’s child support performance has increased in all measures over the last five years. Minnesota ranks among the top five states on child support collections measures. In 2015, Minnesota earned \$12 million dollars in federal incentives. The federal incentives are passed on to counties to help cover their administrative costs of the program.

<i>Type of Measure</i>	<i>Performance Measures<sup>1</sup></i>	<i>FFY<sup>2</sup> 2019</i>	<i>FFY 2018</i>	<i>FFY 2017</i>	<i>FFY 2016</i>	<i>FFY 2015</i>
Quantity	Paternities established: percent of children born outside marriage for whom paternity was established in open child support cases for the year	100%	101% <sup>3</sup>	101%	100%	99%
Quantity	Orders established: percent of cases open at the end of the year with orders established	88%	88%	88%	88%	88%
Quantity	Collections on current support: percent of cases with current support due within the year that had a collection on current support	75%	74%	74%	74%	73%
Quantity	Collections on arrears: percent of cases with arrears due within the year that had a collection on arrears	72%	72%	72%	72%	72%
Quality	Cost effectiveness: dollars collected per dollar spent	\$3.14	\$3.26	\$3.30	\$3.30	\$3.54

**Notes on Performance Measures:**

1. Federal performance measures are listed in the 2019 Minnesota Child Support Performance Report (<https://www.leg.state.mn.us/docs/2020/other/200610.pdf>).
2. FFY = federal fiscal year
3. Paternities established can be higher than 100 percent because the results include children born in prior years for whom paternity has been established in that year.

The legal authority for Child Support Enforcement Grants comes from federal and state laws.

Federal law 42 U.S.C. secs. 651-669b requires that states establish a child support program and gives general guidelines for administering the program. (Title 42 651; <https://www.govinfo.gov/content/pkg/USCODE-2011-title42/html/USCODE-2011-title42-chap7-subchapIV-partD.htm>).

State law:

Requires a person receiving public assistance to assign child support rights to the state and cooperate with child support services (M.S. sec. 256.741, <https://www.revisor.mn.gov/statutes/?id=256.741>)

Provides legal authority to establish child support (M.S. sec. 256.87, <https://www.revisor.mn.gov/statutes/?id=256.87>) and to establish paternity (M.S. sec. 257.57, <https://www.revisor.mn.gov/statutes/?id=257.57>)

Provides legal authority to set and collect fees for child support services (M.S. sec. 518A.51, <https://www.revisor.mn.gov/statutes/?id=518A.51>), and requires the state to establish a central collections unit (M.S. sec. 518A.56, <https://www.revisor.mn.gov/statutes/?id=518A.56>).

## Child Support Enforcement Grants

## Activity Expenditure Overview

(Dollars in Thousands)

	Actual FY18	Actual FY19	Actual FY20	Estimate FY21	Forecast Base	
					FY22	FY23
<b><u>Expenditures by Fund</u></b>						
2000 - Restrict Misc Special Revenue	1,534	1,539	1,663	1,543	1,543	1,543
2001 - Other Misc Special Revenue	(17)	(5)	(43)	50	50	50
3000 - Federal	132	165	168	612	911	138
<b>Total</b>	<b>1,649</b>	<b>1,699</b>	<b>1,788</b>	<b>2,205</b>	<b>2,504</b>	<b>1,731</b>
Biennial Change				645		242
Biennial % Change				19		6
<b><u>Expenditures by Category</u></b>						
Operating Expenses	(275)	(256)	(270)	170	170	
Grants, Aids and Subsidies	1,923	1,956	2,058	2,035	2,334	1,731
<b>Total</b>	<b>1,649</b>	<b>1,699</b>	<b>1,788</b>	<b>2,205</b>	<b>2,504</b>	<b>1,731</b>

# Child Support Enforcement Grants

# Activity Financing by Fund

(Dollars in Thousands)

	Actual FY18	Actual FY19	Actual FY20	Estimate FY21	Forecast Base	
					FY22	FY23
<b>1000 - General</b>						
Direct Appropriation	50	50	50	50	50	50
Transfers Out	50	50	50	50	50	50
<b>2000 - Restrict Misc Special Revenue</b>						
Balance Forward In	0	60	60	60		
Receipts	1,628	1,573	1,697	1,483	1,543	1,543
Transfers Out	34	34	34			
Balance Forward Out	60	60	60			
<b>Expenditures</b>	<b>1,534</b>	<b>1,539</b>	<b>1,663</b>	<b>1,543</b>	<b>1,543</b>	<b>1,543</b>
Biennial Change in Expenditures				133		(120)
Biennial % Change in Expenditures				4		(4)
<b>2001 - Other Misc Special Revenue</b>						
Balance Forward In	229	300	356	449	449	449
Receipts	3	0	0			
Transfers In	50	50	50	50	50	50
Balance Forward Out	299	355	449	449	449	449
<b>Expenditures</b>	<b>(17)</b>	<b>(5)</b>	<b>(43)</b>	<b>50</b>	<b>50</b>	<b>50</b>
Biennial Change in Expenditures				29		93
Biennial % Change in Expenditures				(133)		1,289
<b>3000 - Federal</b>						
Receipts	132	165	168	612	911	138
<b>Expenditures</b>	<b>132</b>	<b>165</b>	<b>168</b>	<b>612</b>	<b>911</b>	<b>138</b>
Biennial Change in Expenditures				483		269
Biennial % Change in Expenditures				163		35



**Program: Grant Programs**

**Activity: Children's Services Grants**

<https://mn.gov/dhs/people-we-serve/children-and-families/services/child-protection/>

### AT A GLANCE

In 2019:

- 29,736 reports of child abuse and neglect involving 38,298 children were assessed.
- Of these, 6,953 unique children were determined to be victims of child maltreatment.
- 15,297 children experienced an out-of-home placement.
- All funds spending for the Children's Services Grants activity for FY 2019 was \$55 million. This represented 0.3 percent of the Department of Human Services overall budget.

### PURPOSE & CONTEXT

Strong families and communities are an effective first line of defense for keeping children safe, especially in times of stress. Children who have been abused and neglected are more likely to perform poorly in school, become involved in criminal activities and abuse or neglect their own children. Long-term intervention costs for crime, corrections, truancy, hospitalization, special education and mental health care are also minimized when programs and services support strong families and communities. Research provides compelling evidence that strength-based child welfare interventions, such as those funded with Children's Services Grants, result in safer children and more stable families. Without these services, children and families remain at risk.

### SERVICES PROVIDED

The Children's Services Grants fund county, tribal and community-based child welfare services around the state, including Indian child welfare services, child protection, homeless youth services, and child abuse and neglect services. These grants help keep children out of foster care and safely with their families and reduce disparities in the number of children of color in out-of-home placements. Recently these grants have been used to:

- Reform the child welfare system to focus on ensuring children's safety while supporting families.
- Improve the Minnesota Child Welfare Training System.
- Design and develop tribal approaches that ensure child safety and permanency.
- Transfer responsibility from counties to tribes to deliver a full continuum of child welfare services to American Indian children and families on two reservations.
- Expand the Parent Support Outreach Program (PSOP <https://edocs.dhs.state.mn.us/lfserver/Public/DHS-4472A-ENG>) by doubling the number of counties in the program.

These services are essential to keep children safe and families stable. Children's Services Grants include state and federal funding for child welfare services.

### RESULTS

The Department of Human Services monitors the performance of counties and tribes in delivering child welfare services. Minnesota outcomes meet or exceed most federal standards. Efforts to engage families early and collaboratively with evidence-based interventions have resulted in improved safety and timely permanency outcomes.

<i>Type of Measure</i>	<i>Name of Measure</i>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>
Quality	Percent of children not experiencing repeated abuse or neglect within 12 months of a prior report	94.3%	94.5%	91.8%	91.0%	91.0%	93.8%
Quality	Percent of all children who enter foster care in the previous year that are discharged to permanency (i.e., reunification with parents, caregivers, living with relative, guardianship, adoption) within 12 months	60.0%	56.1%	50.6%	47.5%	48.6%	49.5%
Quality	Percent of all children in foster care who had been in care between 12 and 23 months on the first day of the year that were discharged to permanency within 12 months of the first day of the year	50.0%	44.8%	48.1%	51.2%	58.9%	55.5%
Quality	Percent of all children in foster care who had been in care for 24 months or more on the first day of the year that were discharged to permanency within 12 months of the first day of the year	17.4%	23.1%	25.2%	28.8%	34.0%	33.3%

Performance Measures notes:

Measures from the Child Safety and Permanency Division at the Department of Human Services.

Also see the DHS Child Welfare Dashboard

([http://www.dhs.state.mn.us/main/idcplg?IdcService=GET\\_DYNAMIC\\_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs16\\_148137](http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs16_148137)).

Several state statutes provide the legal authority for the Children’s Services Grants activity:

Provisions for reasonable efforts, Interstate Compact on Placement of Children and Minnesota Indian Preservation Act are in M.S. chapter 260 (<https://www.revisor.mn.gov/statutes/?id=260>)

Provisions for juvenile protection are in M.S. chapter 260C (<https://www.revisor.mn.gov/statutes/?id=260C>)

Provisions for voluntary foster care for treatment are in M.S. chapter 260D (<https://www.revisor.mn.gov/statutes/?id=260D>)

Reporting of Maltreatment of minors is under M.S. section 626.556 (<https://www.revisor.mn.gov/statutes/?id=626.556>)

## Children's Services Grants

## Activity Expenditure Overview

(Dollars in Thousands)

	Actual FY18	Actual FY19	Actual FY20	Estimate FY21	Forecast Base	
					FY22	FY23
<b><u>Expenditures by Fund</u></b>						
1000 - General	36,735	37,198	42,455	48,825	50,501	50,216
2000 - Restrict Misc Special Revenue	628	539	283	617	617	617
2001 - Other Misc Special Revenue	2,620	2,386	2,129	2,928	2,858	2,858
2403 - Gift	8	3		24	24	24
3000 - Federal	14,047	15,937	21,795	28,058	30,985	31,782
3001 - Federal TANF	140	140	140	140	140	140
<b>Total</b>	<b>54,180</b>	<b>56,203</b>	<b>66,801</b>	<b>80,592</b>	<b>85,125</b>	<b>85,637</b>
Biennial Change				37,010		23,369
Biennial % Change				34		16
<b><u>Expenditures by Category</u></b>						
Operating Expenses	1,058	803	606	678	678	678
Grants, Aids and Subsidies	53,121	55,400	66,196	79,914	84,447	84,959
<b>Total</b>	<b>54,180</b>	<b>56,203</b>	<b>66,801</b>	<b>80,592</b>	<b>85,125</b>	<b>85,637</b>

# Children's Services Grants

# Activity Financing by Fund

(Dollars in Thousands)

	Actual FY18	Actual FY19	Actual FY20	Estimate FY21	Forecast Base	
					FY22	FY23
<b>1000 - General</b>						
Balance Forward In	733	937	806	1,022		
Direct Appropriation	39,240	39,165	44,207	49,285	51,983	51,698
Transfers In	937		334	636		
Transfers Out	2,419	1,482	1,816	2,118	1,482	1,482
Cancellations	819	615	54			
Balance Forward Out	937	806	1,022			
<b>Expenditures</b>	<b>36,735</b>	<b>37,198</b>	<b>42,455</b>	<b>48,825</b>	<b>50,501</b>	<b>50,216</b>
Biennial Change in Expenditures				17,346		9,437
Biennial % Change in Expenditures				23		10

## 2000 - Restrict Misc Special Revenue

Balance Forward In	916	1,063	1,116	1,553	1,553	1,553
Transfers In	640	683	760	685	685	685
Transfers Out	46	118	41	68	68	68
Balance Forward Out	882	1,088	1,553	1,553	1,553	1,553
<b>Expenditures</b>	<b>628</b>	<b>539</b>	<b>283</b>	<b>617</b>	<b>617</b>	<b>617</b>
Biennial Change in Expenditures				(267)		334
Biennial % Change in Expenditures				(23)		37

## 2001 - Other Misc Special Revenue

Balance Forward In	1,544	802	66	64	64	64
Receipts	1,428					
Transfers In	1,482	1,650	2,127	2,928	2,858	2,858
Transfers Out	1,230					
Balance Forward Out	604	66	64	64	64	64
<b>Expenditures</b>	<b>2,620</b>	<b>2,386</b>	<b>2,129</b>	<b>2,928</b>	<b>2,858</b>	<b>2,858</b>
Biennial Change in Expenditures				51		659
Biennial % Change in Expenditures				1		13

## 2403 - Gift

Balance Forward In	8	5	1	1	1	1
Receipts	0	0	0	24	24	24
Balance Forward Out	0	1	1	1	1	1

# Children's Services Grants

# Activity Financing by Fund

(Dollars in Thousands)

	Actual FY18	Actual FY19	Actual FY20	Estimate FY21	Forecast Base	
					FY22	FY23
<b>Expenditures</b>	<b>8</b>	<b>3</b>		<b>24</b>	<b>24</b>	<b>24</b>
Biennial Change in Expenditures				12		24
Biennial % Change in Expenditures				105		

## 3000 - Federal

Balance Forward In	39	0	111	117		
Receipts	14,030	15,950	21,801	27,941	30,985	31,782
Balance Forward Out	21	13	117			
<b>Expenditures</b>	<b>14,047</b>	<b>15,937</b>	<b>21,795</b>	<b>28,058</b>	<b>30,985</b>	<b>31,782</b>
Biennial Change in Expenditures				19,869		12,914
Biennial % Change in Expenditures				66		26

## 3001 - Federal TANF

Receipts	140	140	140	140	140	140
<b>Expenditures</b>	<b>140</b>	<b>140</b>	<b>140</b>	<b>140</b>	<b>140</b>	<b>140</b>
Biennial Change in Expenditures				0		0
Biennial % Change in Expenditures				0		0

**Program: Grant Programs**

**Activity: Child & Community Service Grants**

Child Protection:

([http://www.dhs.state.mn.us/main/idcplg?IdcService=GET\\_DYNAMIC\\_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=id\\_000152](http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=id_000152))

Adult Protective Services Unit:

([http://www.dhs.state.mn.us/main/idcplg?IdcService=GET\\_DYNAMIC\\_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=id\\_005710](http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=id_005710))

### AT A GLANCE

In 2019:

- 29,736 reports of child abuse and neglect involving 38,298 children were assessed.
- 2,018 children were either adopted or had a permanent transfer of legal custody to a relative.
- 57,180 reports of suspected maltreatment of a vulnerable adult were received, screened and dispatched.
- 27,969 reports of suspected maltreatment of a vulnerable adult were assessed by a county.
- 7,962 reports of suspected maltreatment of a vulnerable adult were investigated by a county.
- All funds spending for the Children & Community Services activity for FY 2019 was \$88.6 million. This represented 0.5 percent of the Department of Human Services overall budget.

### PURPOSE & CONTEXT

Under the state Vulnerable Children and Adult Act, Child and Community Services Grants provide funding to support core safety services for vulnerable children and adults, including response to reports of maltreatment, assessments of safety and risk, case management and other supportive services that help keep children and adults safely in their own homes.

The grants provide funding that supports counties' administrative responsibility for child protection services and foster care. The funding also helps counties purchase or provide these services for children, vulnerable adults and families.

### SERVICES PROVIDED

Funding through these grants provides core safety services that focus on preventing or remedying vulnerable adult maltreatment and child neglect, preserving and rehabilitating families, and providing for community-based care. Services include:

- Response to reports of child and adult maltreatment and assessment of safety and risk of harm.
- Adoption and foster care supports for children.
- Case management and counseling.

Children and Community Services Grants provide child protection services to help keep more children out of foster care and safely with their families, and to decrease the disproportionate number of children of color in out-of-home placements. They help ensure that vulnerable children and adults are better protected and receive support services in their communities.

These grants include state funds and the federal Social Services Block Grant and are allocated to counties through the state's Vulnerable Children and Adult Act.

This budget activity also includes a smaller set of grant funds to support initiatives by the White Earth Nation and Red Lake Nation to operate their own human service systems.

## RESULTS

The Department of Human Services monitors the performance of counties in delivering child welfare and adult protective services. Minnesota outcomes meet or exceed most federal child welfare standards. Efforts to engage families early and collaboratively with evidence-based interventions have resulted in improved safety and timely permanency outcomes for children.

<i>Type of Measure</i>	<i>Name of Measure</i>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>
Quality	Percent of children not experiencing repeated abuse or neglect within 12 months of a prior report	94.3%	94.5%	91.8%	91.0%	91.0%	93.8%
Quality	Percent of all children who enter foster care in the previous year that are discharged to permanency (i.e., reunification with parents, caregivers, living with relative, guardianship, adoption) within 12 months	60.0%	56.1%	50.6%	47.5%	48.6%	49.5%
Quality	Percent of all children in foster care who had been in care between 12 and 23 months on the first day of the year that were discharged to permanency within 12 months of the first day of the year	50.0%	44.8%	48.1%	51.2%	58.9%	55.5%
Quality	Percent of all children in foster care who had been in care for 24 months or more on the first day of the year that were discharged to permanency within 12 months of the first day of the year	17.4%	23.1%	25.2%	28.8%	34.0%	33.3%

Performance Measures notes:

Measures provided by the Child Safety and Permanency Division at the Department of Human Services.

Also see the DHS Child Welfare Data Dashboard (<https://mn.gov/dhs/partners-and-providers/news-initiatives-reports-workgroups/child-protection-foster-care-adoption/child-welfare-data-dashboard/>).

The legal authority for the Vulnerable Children and Adult Act is in M.S. chapter 256M (<https://www.revisor.mn.gov/statutes/?id=256M>). This Act establishes a fund to address the needs of vulnerable children and adults in each county under a service plan agreed to by each county board and the commissioner of human services.

## Child & Community Service Grants

## Activity Expenditure Overview

(Dollars in Thousands)

	Actual FY18	Actual FY19	Actual FY20	Estimate FY21	Forecast Base	
					FY22	FY23
<b><u>Expenditures by Fund</u></b>						
1000 - General	58,201	58,201	59,201	59,701	60,251	60,856
2005 - Opiate Epidemic Response				5,580	7,865	9,768
3000 - Federal	30,227	30,441	30,353	30,737	30,737	30,737
<b>Total</b>	<b>88,428</b>	<b>88,642</b>	<b>89,554</b>	<b>96,018</b>	<b>98,853</b>	<b>101,361</b>
Biennial Change				8,502		14,642
Biennial % Change				5		8
<b><u>Expenditures by Category</u></b>						
Operating Expenses		(35)	(35)			
Grants, Aids and Subsidies	88,428	88,677	89,589	96,018	98,853	101,361
<b>Total</b>	<b>88,428</b>	<b>88,642</b>	<b>89,554</b>	<b>96,018</b>	<b>98,853</b>	<b>101,361</b>



# Child & Community Service Grants

# Activity Financing by Fund

(Dollars in Thousands)

	Actual FY18	Actual FY19	Actual FY20	Estimate FY21	Forecast Base	
					FY22	FY23
<b>1000 - General</b>						
Direct Appropriation	58,201	58,201	59,201	59,701	60,251	60,856
<b>Expenditures</b>	<b>58,201</b>	<b>58,201</b>	<b>59,201</b>	<b>59,701</b>	<b>60,251</b>	<b>60,856</b>
Biennial Change in Expenditures				2,500		2,205
Biennial % Change in Expenditures				2		2
<b>2005 - Opiate Epidemic Response</b>						
Direct Appropriation				5,580	7,865	9,768
<b>Expenditures</b>				<b>5,580</b>	<b>7,865</b>	<b>9,768</b>
Biennial Change in Expenditures				5,580		12,053
Biennial % Change in Expenditures						
<b>3000 - Federal</b>						
Balance Forward In			23			
Receipts	30,227	30,441	30,330	30,737	30,737	30,737
<b>Expenditures</b>	<b>30,227</b>	<b>30,441</b>	<b>30,353</b>	<b>30,737</b>	<b>30,737</b>	<b>30,737</b>
Biennial Change in Expenditures				422		384
Biennial % Change in Expenditures				1		1

**Program: Grant Programs**

**Activity: Child & Economic Support Grants**

SNAP ([mn.gov/dhs/people-we-serve/children-and-families/economic-assistance/food-nutrition/programs-and-services/supplemental-nutrition-assistance-program.jsp](http://mn.gov/dhs/people-we-serve/children-and-families/economic-assistance/food-nutrition/programs-and-services/supplemental-nutrition-assistance-program.jsp))

Economic Opportunity ([http://www.dhs.state.mn.us/main/id\\_002550](http://www.dhs.state.mn.us/main/id_002550))

#### AT A GLANCE

- More than 426,000 Minnesotans receive help through the Supplemental Nutrition Assistance Program (SNAP) every month with an average monthly benefit of \$109 per person.
- More than 11,400 people receive emergency shelter and services annually
- More than 4,700 individuals in 2,600 households receive transitional housing services annually
- Family Assets for Independence in Minnesota (FAIM) has helped people save nearly \$4.65 million and acquire over 2,500 long-term financial assets since 1998.
- All funds spending for the Child & Economic Support Grants activity for FY 2019 was \$450 million. This represented 2.5 percent of the Department of Human Services overall budget.

#### PURPOSE & CONTEXT

People living in poverty often face numerous barriers and have complex needs. The Department of Human Services administers nearly 200 grants annually to more than 100 organizations to help people in poverty meet their basic needs for food, clothing and shelter through the Children and Economic Support Grants. Funds are also used to help people get the skills and knowledge to improve their economic stability. Without these funds, more people would be hungry, homeless and poor.

The largest part of this budget activity is federal funding for the Supplemental Nutrition Assistance Program (SNAP). Outreach and nutrition education are conducted under this activity. These efforts help keep more people fed and healthy.

#### SERVICES PROVIDED

Children and Economic Support Grants fund food, housing, poverty reduction, and financial capability services for low-income families and individuals. These services are designed to:

- Help people buy food
- Ensure people eligible for SNAP know about the program
- Educate people on nutrition and food preparation
- Help legal non-citizens 50 years and older who do not qualify for federal SNAP due to citizenship status purchase food
- Fund food banks, food shelves and on-site meal programs
- Help homeless individuals and families to find safe and stable housing
- Provide supportive services to people experiencing long-term homelessness
- Provide emergency shelter and essential services for homeless adults, children, and youth
- Provide specialized emergency shelter and services for youth who have been victims of sex trafficking
- Fund, train, and provide technical assistance to counties and tribes for services to reduce barriers for long-term homeless adults, youth and families

These grants also support:

- Programs administered by regional Community Action Agencies that help low-income people become more economically secure.
- Financial capability services through the Family Assets for Independence in Minnesota (FAIM) and related financial education initiatives.

In addition to the federal SNAP funding, other funding sources include: state grants; federal grants from the U.S. Departments of Agriculture (USDA), Health and Human Services (HHS), Housing and Urban Development (HUD) and private foundations.

## RESULTS

Several programs, such as the Transitional Housing Program and Homeless Youth Act help people with their shelter needs.

<i>Type of Measure</i>	<i>Name of Measure</i>	<i>Previous</i>	<i>Current</i>	<i>Dates</i>
Results	Percent of transitional housing participants that moved into permanent housing	74%	74%	2016 2018
Quality	Percent of transitional housing participants that maintained permanent housing six months or more	70%	85%	2016 2018
Quantity	Number of youth heads of household served in emergency shelter or in housing	1,549	1,837	2017 2019

Measures provided by Economic Assistance & Employment Support Division at the Department of Human Services.

The legal authority for the Children and Economic Support Grants activities comes from:

- Minnesota Food Assistance Program, M.S. sec. 256D.053 (<https://www.revisor.mn.gov/statutes/?id=256D.053>)  
 Community Action Programs, M.S. secs. 256E.30 to 256E.32 (<https://www.revisor.mn.gov/statutes/?id=256E.30>)  
 Transitional Housing Programs, M.S. sec. 256E.33 (<https://www.revisor.mn.gov/statutes/?id=256E.33>)  
 Minnesota Food Shelf Program, M.S. sec. 256E.34 (<https://www.revisor.mn.gov/statutes/?id=256E.34>)  
 Family Assets for Independence in Minnesota (FAIM), M.S. sec. 256E.35 (<https://www.revisor.mn.gov/statutes/?id=256E.35>)  
 Emergency Services Grants, M.S. sec. 256E.36 (<https://www.revisor.mn.gov/statutes/?id=256E.36>)  
 Homeless Youth Act, M.S. sec. 256K.45 (<https://www.revisor.mn.gov/statutes/?id=256k.45>)

# Child & Economic Support Grants

# Activity Expenditure Overview

(Dollars in Thousands)

	Actual FY18	Actual FY19	Actual FY20	Estimate FY21	Forecast Base	
					FY22	FY23
<b><u>Expenditures by Fund</u></b>						
1000 - General	22,999	22,814	58,721	25,237	22,740	22,740
1251 - COVID-19 Minnesota				2,386		
2000 - Restrict Misc Special Revenue	144	140	140	143	143	143
2001 - Other Misc Special Revenue			365			
3000 - Federal	431,039	418,130	525,950	619,310	630,782	510,534
3010 - Coronavirus Relief			3,668	67,153		
<b>Total</b>	<b>454,182</b>	<b>441,084</b>	<b>588,843</b>	<b>714,229</b>	<b>653,665</b>	<b>533,417</b>
Biennial Change				407,806		(115,990)
Biennial % Change				46		(9)
<b><u>Expenditures by Category</u></b>						
Compensation			74	75	75	75
Operating Expenses	104	87	81	386		
Grants, Aids and Subsidies	454,078	440,997	588,689	713,768	653,590	533,342
<b>Total</b>	<b>454,182</b>	<b>441,084</b>	<b>588,843</b>	<b>714,229</b>	<b>653,665</b>	<b>533,417</b>
<b><u>Full-Time Equivalents</u></b>						
			0.27	0.27	0.27	0.27

# Child & Economic Support Grants

# Activity Financing by Fund

(Dollars in Thousands)

	Actual FY18	Actual FY19	Actual FY20	Estimate FY21	Forecast Base	
					FY22	FY23
<b>1000 - General</b>						
Balance Forward In		672		997		
Direct Appropriation	23,965	23,975	59,852	24,240	22,740	22,740
Transfers In	1,465	1,675	1,675	1,675	1,675	1,675
Transfers Out	1,550	1,760	1,675	1,675	1,675	1,675
Cancellations	209	1,748	134			
Balance Forward Out	672		997			
<b>Expenditures</b>	<b>22,999</b>	<b>22,814</b>	<b>58,721</b>	<b>25,237</b>	<b>22,740</b>	<b>22,740</b>
Biennial Change in Expenditures				38,145		(38,478)
Biennial % Change in Expenditures				83		(46)

## 1251 - COVID-19 Minnesota

Balance Forward In				386		
Direct Appropriation			386	2,000	0	0
Balance Forward Out			386			
<b>Expenditures</b>				<b>2,386</b>		
Biennial Change in Expenditures				2,386		(2,386)
Biennial % Change in Expenditures						

## 2000 - Restrict Misc Special Revenue

Balance Forward In	53	47	47	47	47	47
Receipts				3	3	3
Transfers In	140	140	140	140	140	140
Transfers Out	2	0				
Balance Forward Out	47	47	47	47	47	47
<b>Expenditures</b>	<b>144</b>	<b>140</b>	<b>140</b>	<b>143</b>	<b>143</b>	<b>143</b>
Biennial Change in Expenditures				(1)		3
Biennial % Change in Expenditures				(0)		1

## 2001 - Other Misc Special Revenue

Balance Forward In			0			
Receipts			365			
<b>Expenditures</b>			<b>365</b>			
Biennial Change in Expenditures				365		(365)

# Child & Economic Support Grants

# Activity Financing by Fund

(Dollars in Thousands)

	Actual FY18	Actual FY19	Actual FY20	Estimate FY21	Forecast Base	
					FY22	FY23
Biennial % Change in Expenditures						

## 3000 - Federal

Balance Forward In	59	228	58	54	2	2
Receipts	430,980	417,903	525,995	619,258	630,782	510,534
Transfers Out			50			
Balance Forward Out		1	53	2	2	2
<b>Expenditures</b>	<b>431,039</b>	<b>418,130</b>	<b>525,950</b>	<b>619,310</b>	<b>630,782</b>	<b>510,534</b>
Biennial Change in Expenditures				296,090		(3,944)
Biennial % Change in Expenditures				35		(0)
Full-Time Equivalents			0.27	0.27	0.27	0.27

## 3010 - Coronavirus Relief

Direct Appropriation			3,668	67,153	0	0
<b>Expenditures</b>			<b>3,668</b>	<b>67,153</b>		
Biennial Change in Expenditures				70,821		(70,821)
Biennial % Change in Expenditures						(100)

**Program: Grant Programs****Activity: Refugee Services Grants**[mn.gov/dhs/people-we-serve/children-and-families/services/refugee-assistance/](http://mn.gov/dhs/people-we-serve/children-and-families/services/refugee-assistance/)

### AT A GLANCE

- In state fiscal year (FY) 2019 an average of 1,549 people per month received employment and social services through Refugee Services grants.
- The average monthly cost per recipient in FY 2019 was \$417 for employment-related services, such as assessment, employment development planning, supported job search, placement and follow-up services.
- All funds spending for the Refugee Services Grants activity for FY 2019 was \$5.27 million. This represented 0.04% of the Department of Human Services overall budget.

### PURPOSE & CONTEXT

Refugees are individuals who fled their country of origin and are unable to return because of a well-founded fear of persecution. When no other options exist, the United States, as well as most Western nations, provides refugees an opportunity for permanent resettlement. Most refugees resettled in Minnesota over the last decade have been from Somalia, Burma, Laos, Ethiopia, Liberia, Bhutan, Iraq and Moldova.

Refugee Services Grants provide assistance to refugees, asylees and victims of human trafficking to resettle in Minnesota. These federally-funded grants are provided to state and local agencies, including county and voluntary resettlement agencies, school districts and community agencies to enhance human, health, educational, employment and training services. Absent these services, fewer refugees will find work and more will lack the medical, social and financial supports necessary to resettle successfully.

### SERVICES PROVIDED

The Department of Human Services (DHS) Refugee Resettlement Programs Office works with many others to support the effective resettlement of refugees in Minnesota by coordinating services to help refugees transition to life in the United States. These services may include: resettlement and placement; food, cash and health care assistance; employment services; or social services.

Most refugees who resettle in Minnesota are members of families with minor children who qualify for the same cash assistance (Minnesota Family Investment Program) and health care programs available to state residents with low incomes. Refugees who do not qualify for one or both of these programs can apply for Refugee Cash Assistance (RCA) and Refugee Medical Assistance (RMA). These programs are available for the first eight months after refugees arrive in Minnesota. Applications for these programs are taken at county human services agencies and at voluntary resettlement agencies for refugees in the Twin Cities metro area and Olmsted County. The Resettlement Programs Office works to ensure existing systems and supports that are available to Minnesota residents are also accessible to residents with refugee status.

In addition, Refugee Services Grants support limited supplemental services for refugees, including:

- Supported employment services and transportation
- Case management services
- Information and referral
- Translation and interpreter services

- Citizenship and naturalization preparation services
- Refugee student services
- Health screening coordination

Grants are used to supplement existing services to better meet the needs of refugees through local community partners, counties, and refugee communities to ensure refugees and their families are healthy, stable and live and work in strong, welcoming communities. The activity is funded with federal grants from the United States Department of Health and Human Services.

### RESULTS

The DHS Resettlement Programs Office uses several client outcome indicators to measure performance and determine the effectiveness of our grant management activity.

<i>Type of Measure</i>	<i>Name of Measure</i>	<i>Previous</i>	<i>Current</i>	<i>Dates</i>
Results	Percent of refugees employed within the same year of enrollment	69%	72%	Sept.2017 Sept 2019
Quantity	Percent of refugees receiving health screening within 90 days of arrival	97%	97%	Sept.2017 Sept 2019
Result	Job retention rate within 90 days	79%	81%	Sept.2017 Sept 2019
Quantity	Average hourly wage	\$11.60	\$13.03	Sept.2017 Sept 2019

Performance Measure Note: The average hourly wage is the average wage over the previous year for all participants.

---

The legal authority for the Refugee Services Grants activities comes from federal law: 45 CFR 400



## Refugee Services Grants

## Activity Expenditure Overview

(Dollars in Thousands)

	Actual FY18	Actual FY19	Actual FY20	Estimate FY21	Forecast Base	
					FY22	FY23
<b><u>Expenditures by Fund</u></b>						
3000 - Federal	4,606	4,351	4,727	6,781	6,160	6,160
3010 - Coronavirus Relief				904		
<b>Total</b>	<b>4,606</b>	<b>4,351</b>	<b>4,727</b>	<b>7,685</b>	<b>6,160</b>	<b>6,160</b>
Biennial Change				3,455		(92)
Biennial % Change				39		(1)
<b><u>Expenditures by Category</u></b>						
Operating Expenses	279	580	582	790	675	675
Grants, Aids and Subsidies	4,327	3,770	4,145	6,895	5,485	5,485
<b>Total</b>	<b>4,606</b>	<b>4,351</b>	<b>4,727</b>	<b>7,685</b>	<b>6,160</b>	<b>6,160</b>

# Refugee Services Grants

# Activity Financing by Fund

(Dollars in Thousands)

	Actual FY18	Actual FY19	Actual FY20	Estimate FY21	Forecast Base	
					FY22	FY23
<b>3000 - Federal</b>						
Balance Forward In	69	81				
Receipts	4,537	4,269	4,727	6,781	6,160	6,160
<b>Expenditures</b>	<b>4,606</b>	<b>4,351</b>	<b>4,727</b>	<b>6,781</b>	<b>6,160</b>	<b>6,160</b>
Biennial Change in Expenditures				2,551		812
Biennial % Change in Expenditures				28		7
<b>3010 - Coronavirus Relief</b>						
Receipts				904		
<b>Expenditures</b>				<b>904</b>		
Biennial Change in Expenditures				904		(904)
Biennial % Change in Expenditures						

**Program: Grants Program**  
**Activity: Health Care Grants**

### AT A GLANCE

- There are currently 725 navigators and in person assisters available statewide to aid people in obtaining health care coverage.
- Navigators and in person assisters provided application assistance to over 53,500 individuals or families enrolled in public health care programs during FY 2019.
- All of Minnesota's 87 counties collect and track Child and Teen Check-up immunization data with the help of grant funds from this activity.
- All funds spending for the Health Care Grants activity for FY 2019 was \$22.2 million. This represents 0.1 percent of the Department of Human Services overall budget.

### PURPOSE & CONTEXT

Health Care Grants activity funding provides supports, infrastructure investments, and outreach. These grants benefit enrollees in Minnesota Health Care Programs (Medical Assistance (MA) and MinnesotaCare) and some uninsured or underinsured individuals. These grants have historically targeted projects or work that supplement the direct health care services funded under the MA or MinnesotaCare programs.

Some grants in this budget activity augment the agency's own operational efforts. In doing so, we engage experts outside of the Department of Human Services (DHS) to help ensure that eligible Minnesotans are enrolled in the appropriate health care program and that those enrolled, especially our youngest and/or most vulnerable or hard to reach, receive the needed health care for which they are eligible.

### SERVICES PROVIDED

The particular set of active health care grants in this budget activity administered by DHS can change over time depending on the length of the funding or project. Health care grants may be for one year or may be ongoing. Grantees can range from providers, counties, or community organizations.

Funding is generally dedicated to a specific project, demonstration, or function as directed by legislation. The grants currently funded under this budget activity include:

- **In-Person Assister and Minnesota Community Application Agent (MNCAA) Programs.** These funds provide incentive payments to entities assisting people applying to and enrolling in MinnesotaCare and Medical Assistance.
- **Emergency Medical Assistance Referral and Assistance Grants.** These grants fund organizations to provide immigration legal assistance to people with emergency medical conditions whose immigration status is a barrier to Medical Assistance or MinnesotaCare eligibility. In 2016 and 2017, these funds supported legal assistance to 268 people receiving care through Emergency Medical Assistance (EMA). 87 of these individuals became eligible for MA or MinnesotaCare because of changes in their immigration status.
- **Immunization Registry Grants.** Provides administrative funds to counties to support immunization registries.
- **Child and Teen Checkup Grants.** Provides funding to over 50 tribes and community health boards for outreach and education to children on Medical Assistance related to Child and Teen Checkup services.

- **Integrated Care for High Risk Pregnancies (ICHRP).** This pilot program provides funding for community-led collaborative care models to improve birth outcome disparities in the MA program. ICHRP grants support community-led planning, systems development, and the integration of medical, chemical dependency, public health, social services, and child welfare coordination to reduce maternal opiate use and improve maternal and birth outcomes. Current grantees include three community-based organizations in the Twin Cities metro area that promote the health of mothers, support for fathers, healthy development of African American babies. Five Tribal organizations received earlier grants, but have transitioned to federal funding and phased out of the pilot program. The American Indian community will be eligible for new urban and rural regional ICHRP collaborations under an RFP which will be issued in FY 2021.
- **Minnesota Medicaid Promoting Interoperability Program (formerly the EHR Incentive Program).** Distributes federal funds to eligible providers and hospitals that purchase and use a certified electronic health record. The goal of the Promoting Interoperability program is to improve the patient experience of health care and population health, at a reduced cost to providing care. In FY 2019, this program allocated \$6,993,112 in federal funding to 816 eligible providers and hospitals across the State. Numbers are declining as providers finish the program which sunsets after 2021.
- **Periodic Data Matching Grants.** Provides funds to counties to offset their costs in resolving discrepant information for MA and MinnesotaCare enrollees flagged as potentially ineligible through periodic data matching of available electronic data sources.

Health Care Grants are funded with appropriations from the state general fund, health care access fund, and with federal funds.

## RESULTS

The Health Care Grants activity contributes to the statewide goal of reducing the percentage of Minnesotans that do not have health insurance. DHS collects information on the number of successful applications completed by application agents under the MNCAA and In Person Assister programs.

<i>Type of Measure</i>	<i>Name of Measure</i>	<i>Previous</i>	<i>Current</i>	<i>Dates</i>
Quantity	Enrollees receiving support from MNCAAs/In Person Assisters <sup>1</sup>	61,138	53,540	FY 2017 and FY 2019

1. Measure is the number of MNCAAs and In Person Assisters receiving incentive payments as reported by MNsure and DHS staff.

---

Minnesota Statutes, section 256.962 provides the authority to provide incentives for application assistance under the MNCAA program.

Minnesota Statutes, section 256B.021 is the legal authority for grants related to reforms in the Medical Assistance program.

Minnesota Statutes, section 62V.05 provides authority for the In-Person Assister program.

## Health Care Grants

## Activity Expenditure Overview

(Dollars in Thousands)

	Actual FY18	Actual FY19	Actual FY20	Estimate FY21	Forecast Base	
					FY22	FY23
<b><u>Expenditures by Fund</u></b>						
1000 - General	3,902	3,731	3,482	4,341	3,711	3,711
2360 - Health Care Access	1,216	972	1,674	3,465	3,465	3,465
3000 - Federal	30,777	18,124	15,604	79,990	75,390	75,390
<b>Total</b>	<b>35,895</b>	<b>22,827</b>	<b>20,760</b>	<b>87,796</b>	<b>82,566</b>	<b>82,566</b>
Biennial Change				49,834		56,576
Biennial % Change				85		52
<b><u>Expenditures by Category</u></b>						
Operating Expenses	1,214	1,496	1,541	5,615	5,615	5,615
Grants, Aids and Subsidies	34,680	21,331	19,219	82,181	76,951	76,951
<b>Total</b>	<b>35,895</b>	<b>22,827</b>	<b>20,760</b>	<b>87,796</b>	<b>82,566</b>	<b>82,566</b>

## Health Care Grants

## Activity Financing by Fund

(Dollars in Thousands)

	Actual FY18	Actual FY19	Actual FY20	Estimate FY21	Forecast Base	
					FY22	FY23
<b>1000 - General</b>						
Balance Forward In		1,000	900	630		
Direct Appropriation	5,519	4,111	3,711	3,711	3,711	3,711
Cancellations	717	480	499			
Balance Forward Out	900	900	630			
<b>Expenditures</b>	<b>3,902</b>	<b>3,731</b>	<b>3,482</b>	<b>4,341</b>	<b>3,711</b>	<b>3,711</b>
Biennial Change in Expenditures				190		(401)
Biennial % Change in Expenditures				2		(5)

### 2360 - Health Care Access

Direct Appropriation	3,465	3,465	3,465	3,465	3,465	3,465
Cancellations	2,249	2,493	1,791			
<b>Expenditures</b>	<b>1,216</b>	<b>972</b>	<b>1,674</b>	<b>3,465</b>	<b>3,465</b>	<b>3,465</b>
Biennial Change in Expenditures				2,951		1,791
Biennial % Change in Expenditures				135		35

### 3000 - Federal

Balance Forward In	66		118			
Receipts	30,800	18,124	15,486	79,990	75,390	75,390
Balance Forward Out	89					
<b>Expenditures</b>	<b>30,777</b>	<b>18,124</b>	<b>15,604</b>	<b>79,990</b>	<b>75,390</b>	<b>75,390</b>
Biennial Change in Expenditures				46,693		55,186
Biennial % Change in Expenditures				95		58

**Program:** Grant Programs

**Activity:** Other Long-Term Care Grants

### AT A GLANCE

- This budget activity covers grants that serve multiple populations including people with disabilities, people with a mental illness and older adults.
- The Home and Community-Based Service (HCBS) Innovation Pool was established in FY17 to support increased innovation in HCBS programs. The appropriation for FY18 was \$2,500,000 and FY19 was \$2,925,000. Beginning in FY20 and ongoing, the base appropriation is \$1,925,000.
- The Home and Community-Based Service (HCBS) Innovation Pool funding supported 35 grantees in FY2018 and 37 grantees in FY19.
- All funds spending for the Other Long-Term Care grants activity for FY19 was \$3.538 million. This represented 0.02 percent of the Department of Human Services overall budget.

### PURPOSE & CONTEXT

The purpose of other long-term care grants is to serve more people in community-based settings and to encourage creativity in how services are delivered for people with disabilities, people with a mental illness, and seniors.

Currently, the following grants are included in Other Long-Term Care Grants, which will expand as more cross-population grants are developed.

The HCBS Innovation Pool grant incentivizes providers to innovate in achieving integrated competitive employment, living in the most integrated setting, and other outcomes. The Innovation pool began distributing funds in FY17.

The Money Follows the Person (MFP) federal demonstration grant supports the state's effort to rebalance their long-term services and supports system to ensure individuals have a choice of where they live and receive services. This program is called Moving Home Minnesota specifically for Minnesota. The Minnesota MFP demonstration also supports the MFP Tribal Initiative (TI), supporting the development of sustainable and culturally appropriate infrastructure and long-term services and supports for tribes and tribal members within Minnesota.

In addition, as part of the Money Follows the Person federal grant, States are eligible for an enhanced FFP that can be used for rebalancing projects. This funding is called the Moving Home Minnesota rebalancing fund.

### SERVICES PROVIDED

- The Home and Community-Based Service (HCBS) Innovation Pool rewards providers, service recipients, and other entities for innovation in achieving outcomes that improve quality of life, including integrated, competitive employment and living in the most integrated setting in the community. The funds were distributed via a request for proposal (RFP) process. There are three ways that the money was distributed:
  - Large grants (up to \$500,000). These grants incentivize innovation in HCBS services by using pay for performance concepts and models that utilize outcome-based payments. For the purpose of

the RFPs, outcome-based payments consist of financial incentives based on the outcomes proposed, produced and achieved.

- Small grants (\$5,000 - \$50,000). This is for grants of up to \$50,000 per year for 1 to 3 years. An RFP process solicits participation from diverse grantees, beyond typical responders. This could include individuals, small groups, sole proprietors, small businesses, etc.
- Micro grants (\$100 - \$2,000). The micro grant program provides modest amounts of money to people with disabilities so they can accomplish their own goals and aspirations. The funds complement and supplement what can already be paid for through other sources of funds and have a lasting and ongoing impact for the micro grant recipient.
- The Money Follows the Person (MFP) Rebalancing Demonstration grant supports efforts to rebalance spending on long-term services and supports to ensure individuals have a choice of where they live and receive services. Individuals wishing to move into the community that have resided in an institutional setting for over 90 days are supported in locating and transitioning to community-based care. The transition and a year of services in the community are funded by the grant. The services provided under the MFP grant are eligible for enhanced federal financial participation (FFP) of 25%. The enhanced FFP is deposited into a special revenue fund, and began funding rebalancing demonstration projects in FY2019. The rebalancing funds may be used by the state to invest in or support activities that will promote improvements to the state's delivery of long-term services and supports and move the state toward more integrated and inclusive community-based service delivery systems.
- Funds under the Money Follows the Person Tribal Initiative are similarly used to improve access to community-based long-term care services and supports (CB-LTSS) for American Indians and Alaska Natives who have been in an institutional setting for over 90 days. In addition, the Tribal Initiative may be used to advance the development of an infrastructure required to implement CB-LTSS for American Indians and Alaska Natives using a single, or a variety of applicable Medicaid authorities. Funding is intended to support the planning and development of:
  - An in-state Medicaid program CB-LTSS (as an alternative to institutional care) tailored for American Indians and Alaska Natives who are presently receiving services in an institution; and
  - A service delivery structure that includes a set of administrative functions delegated by the state Medicaid agency to Tribes or Tribal organizations, such as enabling tribe(s) to design an effective program or package of Medicaid CB- LTSS, and operating day-to-day functions pertaining to the LTSS program(s).

The Tribal Initiative may be used to cover costs necessary to plan and implement activities consistent with the objectives of this funding and within Federal grant regulations. The funds are subject to all the terms and conditions of the MFP Program.

## RESULTS

The agency monitors data, reviews counties, and administers surveys to consumers to evaluate services. Minnesota has seen continuous improvement in the number of people with disabilities served by community-based rather than institution-based services.

More information is also available on the Employment First Dashboard ([mn.gov/dhs/employment-first-dashboards](https://mn.gov/dhs/employment-first-dashboards)) and Long-Term Service and Support Performance Dashboards ([mn.gov/dhs/ltss-program-performance](https://mn.gov/dhs/ltss-program-performance)).



<i>Type of Measure</i>	<i>Name of Measure</i>	<i>Previous</i>	<i>Current</i>	<i>Dates</i>
Result	Percent of working age people on certain Medical Assistance programs earning \$600 or more per month.	16%	18%	FY 2017 to FY 2019
Result	Percent of people with disabilities who receive home and community-based services at home.	53.7%	61.2%	FY 2015 to FY 2019
Result	Percent of older adults who receive home and community-based services at home.	57.5%	61.8%	FY 2015 to FY 2019

Performance Measures Notes:

1. Measure compares monthly earnings for people age 18-64 who receive services from one of the following Medical Assistance programs: Home and Community-Based Waiver Services, Mental Health Targeted Case Management, Adult Mental Health Rehabilitative Services, Assertive Community Treatment and Medical Assistance for Employed Persons with Disabilities (MA-EPD). Source: DHS Data Warehouse.
2. This measure compares people who receive disability waiver services in their own home rather than residential services. Source: DHS Data Warehouse.
3. This measure compares older adults receiving services in their own home rather than residential services. Source: DHS Data Warehouse.

## Other Long Term Grants

## Activity Expenditure Overview

(Dollars in Thousands)

	Actual FY18	Actual FY19	Actual FY20	Estimate FY21	Forecast Base	
					FY22	FY23
<b><u>Expenditures by Fund</u></b>						
1000 - General	2,480	2,924	1,893	1,925	1,925	1,925
2000 - Restrict Misc Special Revenue		186				
2001 - Other Misc Special Revenue			450	3,554	3,000	1,000
3000 - Federal	346	1,068	785	736	49	49
3010 - Coronavirus Relief				30,180		
<b>Total</b>	<b>2,827</b>	<b>4,178</b>	<b>3,127</b>	<b>36,395</b>	<b>4,974</b>	<b>2,974</b>
Biennial Change				32,518		(31,574)
Biennial % Change				464		(80)
<b><u>Expenditures by Category</u></b>						
Operating Expenses		80	97			
Grants, Aids and Subsidies	2,827	4,098	3,031	36,395	4,974	2,974
<b>Total</b>	<b>2,827</b>	<b>4,178</b>	<b>3,127</b>	<b>36,395</b>	<b>4,974</b>	<b>2,974</b>

## Other Long Term Grants

## Activity Financing by Fund

(Dollars in Thousands)

	Actual FY18	Actual FY19	Actual FY20	Estimate FY21	Forecast Base	
					FY22	FY23
<b>1000 - General</b>						
Direct Appropriation	2,500	2,925	1,925	1,925	1,925	1,925
Cancellations	20	1	32			
<b>Expenditures</b>	<b>2,480</b>	<b>2,924</b>	<b>1,893</b>	<b>1,925</b>	<b>1,925</b>	<b>1,925</b>
Biennial Change in Expenditures				(1,587)		32
Biennial % Change in Expenditures				(29)		1

### 2000 - Restrict Misc Special Revenue

Balance Forward In	1,665	3,098	4,408			
Transfers In	1,433	1,487				
Transfers Out			4,408			
Balance Forward Out	3,098	4,398				
<b>Expenditures</b>		<b>186</b>				
Biennial Change in Expenditures				(186)		0
Biennial % Change in Expenditures						

### 2001 - Other Misc Special Revenue

Balance Forward In				5,826	5,826	5,826
Receipts				2,615	1,455	739
Transfers In			6,276	939	1,545	261
Balance Forward Out			5,826	5,826	5,826	5,826
<b>Expenditures</b>			<b>450</b>	<b>3,554</b>	<b>3,000</b>	<b>1,000</b>
Biennial Change in Expenditures				4,004		(4)
Biennial % Change in Expenditures						(0)

### 3000 - Federal

Receipts	346	1,068	785	736	49	49
<b>Expenditures</b>	<b>346</b>	<b>1,068</b>	<b>785</b>	<b>736</b>	<b>49</b>	<b>49</b>
Biennial Change in Expenditures				107		(1,423)
Biennial % Change in Expenditures				8		(94)

### 3010 - Coronavirus Relief

Direct Appropriation				30,180	0	0
----------------------	--	--	--	--------	---	---

## Other Long Term Grants

## Activity Financing by Fund

*(Dollars in Thousands)*

	Actual	Actual	Actual	Estimate	Forecast Base	
	FY18	FY19	FY20	FY21	FY22	FY23
<b>Expenditures</b>				<b>30,180</b>		
Biennial Change in Expenditures				30,180		(30,180)
Biennial % Change in Expenditures						

**Program: Grant Programs**

**Activity: Aging & Adult Services Grants**

[mn.gov/dhs/people-we-serve/seniors/](http://mn.gov/dhs/people-we-serve/seniors/)

### AT A GLANCE

- Provides congregate dining to 38,000 people and home delivered meals to 12,000 people annually.
- Supports more than 17,000 older volunteers per year who provide services through the Retired and Senior Volunteer Program (RSVP), Foster Grandparents, and Senior Companions.
- Provided comprehensive assistance and individualized help to more than 123,000 individuals through over 285,000 calls in calendar year 2019 through the Senior LinkAge Line®.
- Educated over 40,000 community members about Alzheimer's or other dementias, and provided services, supports and resources to nearly 4,000 family, friends, and neighbor caregivers and almost 4,000 persons suspected or diagnosed with Alzheimer's or other dementias through the Dementia grant program in calendar year 2019.
- Funded home and community-based service options for more than 11,000 people and increased capacity by 8,700 volunteers through the Community Service/Services Development (Live Well at Home) grant program in calendar year 2019.
- All funds spending for the Aging & Adult Services Grants activity was \$53.569 million in FY2019. This represented 0.3 percent of the Department of Human Services overall budget.

### PURPOSE & CONTEXT

The purpose of Aging and Adult Services Grants is to provide non-medical social services and supports for older Minnesotans and their families to allow older adults to stay in their own homes and avoid institutionalization.

These funds increase the number and kind of service options for older Minnesotans in both urban and rural communities. This gives greater opportunity for Minnesotans to age at home. Several of the state grant programs are coordinated with the services provided under the federal Older Americans Act (OAA). Federal OAA funds in Minnesota are administered through the Minnesota Board on Aging. These funds provide core social services to at-risk older adults and their family caregivers who are not yet eligible for public programs. Services are targeted to people with the greatest social and economic need.

### SERVICES PROVIDED

Aging and Adult Services Grants provides various services to older adults including non-medical social services and supports for older Minnesotans and their families to allow older adults to stay in their own homes and avoid institutionalization. These grants are often used along with local private money, including donations. Aging and Adult Services grants provide:

- Nutritional services including congregate meals, home-delivered meals, and grocery delivery.
- Increased service options for older Minnesotans through service development activities funded by the Community Service/Community Services Development (CS/SD), Family Caregiver Support, and ElderCare Development Partnership (EDP) grant programs. Those services include: transportation, help with chores, help with activities of daily living, evidence-based health promotion, chronic disease management, fall prevention services, respite and other supportive services to family caregivers, and other services that help people stay in their own homes.
- Support to older volunteers who provide services through the Retired and Senior Volunteer Program, Foster Grandparent, and Senior Companion programs.

- Comprehensive and individualized help through the Senior LinkAge Line®. The Senior LinkAge Line® trains long-term care options counselors that assist individuals to find community resources and financing options for beneficiaries of all ages.
- Information about community-based resources and customized long-term care planning tools through [www.minnesotahelp.info](http://www.minnesotahelp.info), (<http://www.minnesotahelp.info/>) a web-based database of over 45,000 services.
- Long-term care options counseling services provided by the Senior LinkAge Line®, known as Return to Community, that help people successfully remain in their homes after discharge from a nursing home. Since the launch of this service in 2010 and through 2017, over 14,000 consumers have been contacted for discharge support. Of those 14,000, direct assistance was provided to over 3,400 older adults at their request to return home and nearly 1,100 are receiving five years of follow up at home.
- Home and community-based services quality information which includes a tool to help people who need long-term services and supports and their caregivers find and locate services. The tool includes 340 features about services. In addition, consumer reviews are being piloted for assisted living providers, supported employment and independent living services.
- Core Service provides grants to nonprofit providers who deliver in-home and community-based services to older adults. These grants expand the number of organizations that can be supported, which increases the number of individuals served.
- Funding to assisted living providers who serve public pay participants to support quality improvement initiatives, through the customized living quality improvement grants.

The Agency administers these grants in partnership with regional Area Agencies on Aging, counties, tribes, and community providers.

## RESULTS

Minnesota has seen improvement in the proportion of older adults served by community-based rather than institution-based services. The percent of older adults served in the community has improved over the past four years. Through our partners, we surveyed users of the Senior LinkAge Line® and found a consistent proportion of people would recommend Senior LinkAge Line® services to others.

<i>Type of Measure</i>	<i>Name of Measure</i>	<i>Previous</i>	<i>Current</i>	<i>Dates</i>
Result	Percent of older adults served by home and community-based services <sup>1</sup>	71.3%	74.9%	FY 2015 to FY 2019
Quality	Percent of consumers who would recommend the Senior LinkAge Line® to others <sup>2</sup>	94%	90%	2017 to 2019
Quantity	Number of Care Transition Plans created to help people discharge from a nursing home or remain in the community <sup>3</sup>		2,008	2019 Baseline

More information is available on the Long-Term Service and Support Performance Dashboard ([mn.gov/dhs/ltss-program-performance](http://mn.gov/dhs/ltss-program-performance))

### Results Notes:

1. This measure shows the percentage of older adults receiving publicly-funded long-term services and supports who receive home and community-based services through the Elderly Waiver, Alternative Care, or home care programs instead of nursing home services. (Source:DHS Data Warehouse)

2. The change in this measure partially reflects an increase in the proportion of people not answering the question; from 2.6% in 2017 to 7.4% in 2019. (Source: Consumer Surveys, Web Referral database)
3. This is a new measure that reflects the expansion of the Return to Community initiative. (Source: Return to Community Database)

---

M.S. sections 256B.0917 (<https://www.revisor.mn.gov/statutes/?id=256B.0917>) and 256B.0922 (<https://www.revisor.mn.gov/statutes/?id=256B.0922>) provide the legal authority for Aging and Adult Services Grants. M.S. section 256.975 (<https://www.revisor.mn.gov/statutes/?id=256.975>) created the Minnesota Board on Aging.

## Aging & Adult Services Grants

## Activity Expenditure Overview

(Dollars in Thousands)

	Actual FY18	Actual FY19	Actual FY20	Estimate FY21	Forecast Base	
					FY22	FY23
<b><u>Expenditures by Fund</u></b>						
1000 - General	30,724	31,534	31,879	32,495	32,495	32,495
2001 - Other Misc Special Revenue		92	161	73		
3000 - Federal	24,271	24,295	39,672	34,543	26,008	26,008
3010 - Coronavirus Relief				9,063		
<b>Total</b>	<b>54,994</b>	<b>55,921</b>	<b>71,712</b>	<b>76,174</b>	<b>58,503</b>	<b>58,503</b>
Biennial Change				36,971		(30,880)
Biennial % Change				33		(21)
<b><u>Expenditures by Category</u></b>						
Operating Expenses	1,984	1,098	1,981	1,819	1,819	1,819
Grants, Aids and Subsidies	53,010	54,822	69,730	74,355	56,684	56,684
<b>Total</b>	<b>54,994</b>	<b>55,921</b>	<b>71,712</b>	<b>76,174</b>	<b>58,503</b>	<b>58,503</b>



## Aging & Adult Services Grants

## Activity Financing by Fund

(Dollars in Thousands)

	Actual FY18	Actual FY19	Actual FY20	Estimate FY21	Forecast Base	
					FY22	FY23
<b>1000 - General</b>						
Direct Appropriation	30,786	32,437	32,311	32,495	32,495	32,495
Cancellations	62	903	432			
<b>Expenditures</b>	<b>30,724</b>	<b>31,534</b>	<b>31,879</b>	<b>32,495</b>	<b>32,495</b>	<b>32,495</b>
Biennial Change in Expenditures				2,116		616
Biennial % Change in Expenditures				3		1

### 2000 - Restrict Misc Special Revenue

Balance Forward In	75					
Receipts	33					
Transfers Out	108					

### 2001 - Other Misc Special Revenue

Balance Forward In			49			
Receipts		92	112	73		
Balance Forward Out		0	0			
<b>Expenditures</b>		<b>92</b>	<b>161</b>	<b>73</b>		
Biennial Change in Expenditures				142		(234)
Biennial % Change in Expenditures						(100)

### 3000 - Federal

Balance Forward In	63	23	8			
Receipts	24,208	24,280	39,665	34,543	26,008	26,008
Balance Forward Out		8				
<b>Expenditures</b>	<b>24,271</b>	<b>24,295</b>	<b>39,672</b>	<b>34,543</b>	<b>26,008</b>	<b>26,008</b>
Biennial Change in Expenditures				25,650		(22,199)
Biennial % Change in Expenditures				53		(30)

### 3010 - Coronavirus Relief

Direct Appropriation				9,063	0	0
<b>Expenditures</b>				<b>9,063</b>		
Biennial Change in Expenditures				9,063		(9,063)
Biennial % Change in Expenditures						

**Program:** Grant Programs

**Activity:** Deaf & Hard of Hearing Grants

[mn.gov/dhs/people-we-serve/adults/services/deaf-hard-of-hearing/programs-services/](http://mn.gov/dhs/people-we-serve/adults/services/deaf-hard-of-hearing/programs-services/)

#### AT A GLANCE

- Deaf and Hard of Hearing grants served 709 individuals who are deaf, deafblind, hard of hearing and speaking deaf in state fiscal year 2019.
- 370 providers attended training or mentorship opportunities in order to meet the evolving communication needs the deaf, deafblind and hard of hearing community needs statewide.
- Provided grant-funded 2,030 hours of captioning real-time TV news captioning services provided statewide.
- Certified Peer Support Specialists worked with 26 people in FY 2019 who are deaf and have a serious mental illness.
- 82 families who have a young child with hearing loss participated in the Deaf & Hard of Hearing Role Model and Deaf Mentor Family programs in FY 2019.
- All funds spending for the Deaf and Hard of Hearing Grants activity for FY 2019 was \$2.993 million. This represented 0.01% of the Department of Human Services overall budget.

#### PURPOSE & CONTEXT

National research estimates 20% of the population has some degree of hearing loss. In Minnesota, this means approximately 1.1 million people are likely to have some degree of hearing loss. Of those, an estimated 11% are deaf and as many as 1,640 individuals are deafblind. The number of Minnesotans with hearing loss is projected to increase significantly over the next 40 years due to factors like aging and noise exposure.

One-third of people between ages 65-74 have hearing loss and nearly half of those over age 75 have hearing loss. According to the Minnesota Department of Health, permanent childhood hearing loss affects between 200 and 400 infants born in Minnesota each year.

Deaf and Hard of Hearing Services grants help Minnesotans of all ages who are deaf, deafblind and hard of hearing with services and supports they need to live independently and be involved in their families and communities.

The Deaf and Hard of Hearing Services Division (DHHS) administers these grants.

#### SERVICES PROVIDED

Deaf and Hard of Hearing Services partners with statewide community providers, mental health professionals, local television stations and the Department of Commerce to provide services.

Grants are primarily funded by the state general fund. In addition, the Telecommunications Access Minnesota (TAM) funds collected by the Department of Commerce provide the grants for real-time television captioning of local news programs.

Deaf and Hard of Hearing Grant programs include:

- Sign language interpreter-related services that allow Minnesotans who are deaf, hard of hearing, and deafblind to access every day activities and core services such as medical care, mental health services, human services, the judicial system, and self-help; this activity includes two programs to increase the

number of interpreters in Greater Minnesota available to provide community interpreting services and pays travel costs to bring interpreters to areas where there are no local interpreters.

- Deafblind grants to support adults who are both deaf and blind so they can live independently and stay in their own homes. Supports include service providers fluent in American Sign Language and trained in specialized communication methods and assistive technology; consumers have an option for consumer-directed services.
- Services for children who are deafblind to provide experiential learning and language development through service providers called interveners.
- Specialized mental health programs for adults and for children and youth that provide linguistically and culturally appropriate services including home-based outreach, inpatient therapy, outpatient therapy, family counseling, psychological assessments and educational opportunities for families, schools, and mental health providers.
- Certified Peer Support Specialists for individuals who are deaf and have a serious mental illness.
- Mentors who work with families that have children with hearing loss to develop the family's communication competence, including an option to have an American Sign Language mentor or a hard of hearing role model.
- Real-time television captioning grants that allow consumers statewide who are deaf, deafblind, hard of hearing or late deafened to have equal access to their community and statewide live news programming.

## RESULTS

Due to the unique and tailored nature of Deaf and Hard of Hearing's grants, measurements vary for each grant and population served. People served in DHHS's grant-funded programs have the opportunity to fill out surveys which measure satisfaction with the quality and timeliness of services. Results represent responses from the *consumers*.

- Across all grants on average consumers reported a high level of satisfaction with the quality of services.
- Across the Deaf and Hard of Hearing grant-funded mental health programs, the percent of clients who have completed or are making good progress on their treatment goals remains consistently above 80%.
- In a variety of programs that support families with a child who is deaf, deafblind, or hard of hearing, at least 90% of parents reported noticeable improvement in their child's progress in communication, social development and community integration as a result of the services they receive.

<b>Type of Measure</b>	<b>Name of Measure</b>	<b>Previous 2014-2017</b>	<b>Current 2018-2019</b>
Quality	1. Percent of consumers in DHHS grant-funded programs who are satisfied with quality of services they received.	94%	89%
Quality	2. Percent of consumers in DHHS grant-funded programs who are satisfied with timeliness of the services they received.	87%	87.5%
Quality	3. Percent of clients in DHHS grant-funded mental health programs who completed or are making good progress on their treatment plan goals.	81%	84%
Quality	4. Percent of parents in DHHS grant-funded programs who observed progress in the communication ability, community integration and social development of their child who is deaf, hard of hearing, or deafblind.	80%	93%

Performance Notes:

- Data source: Consumer satisfaction surveys and grantee reports.
- 

M.S. sections 256.01, subd. 2 (<https://www.revisor.mn.gov/statutes/?id=256.01>), 256C.233 (<https://www.revisor.mn.gov/statutes/?id=256C.233>), 256C.25 (<https://www.revisor.mn.gov/statutes/?id=256C.25>), and 256C.261 (<https://www.revisor.mn.gov/statutes/?id=256C.261>) provide the legal authority for Deaf and Hard of Hearing grants.

# Deaf & Hard of Hearing Grants

# Activity Expenditure Overview

(Dollars in Thousands)

	Actual FY18	Actual FY19	Actual FY20	Estimate FY21	Forecast Base	
					FY22	FY23
<b><u>Expenditures by Fund</u></b>						
1000 - General	2,622	2,671	2,784	2,886	2,886	2,886
2001 - Other Misc Special Revenue	266	270	264	269	240	240
2403 - Gift				13	13	13
3000 - Federal	75	75	75	75	75	75
<b>Total</b>	<b>2,963</b>	<b>3,016</b>	<b>3,123</b>	<b>3,243</b>	<b>3,214</b>	<b>3,214</b>
Biennial Change				387		62
Biennial % Change				6		1
<b><u>Expenditures by Category</u></b>						
Operating Expenses	0			13	13	13
Grants, Aids and Subsidies	2,963	3,016	3,123	3,230	3,201	3,201
<b>Total</b>	<b>2,963</b>	<b>3,016</b>	<b>3,123</b>	<b>3,243</b>	<b>3,214</b>	<b>3,214</b>

## Deaf & Hard of Hearing Grants

## Activity Financing by Fund

(Dollars in Thousands)

	Actual FY18	Actual FY19	Actual FY20	Estimate FY21	Forecast Base	
					FY22	FY23
<b>1000 - General</b>						
Direct Appropriation	2,675	2,675	2,886	2,886	2,886	2,886
Cancellations	53	4	102			
<b>Expenditures</b>	<b>2,622</b>	<b>2,671</b>	<b>2,784</b>	<b>2,886</b>	<b>2,886</b>	<b>2,886</b>
Biennial Change in Expenditures				377		102
Biennial % Change in Expenditures				7		2

### 2001 - Other Misc Special Revenue

Balance Forward In				2	2	2
Receipts	300	297	295	300	271	271
Transfers Out	34	27	30	31	31	31
Balance Forward Out			2	2	2	2
<b>Expenditures</b>	<b>266</b>	<b>270</b>	<b>264</b>	<b>269</b>	<b>240</b>	<b>240</b>
Biennial Change in Expenditures				(3)		(53)
Biennial % Change in Expenditures				(1)		(10)

### 2403 - Gift

Receipts				13	13	13
<b>Expenditures</b>				<b>13</b>	<b>13</b>	<b>13</b>
Biennial Change in Expenditures				13		13
Biennial % Change in Expenditures						

### 3000 - Federal

Receipts	75	75	75	75	75	75
<b>Expenditures</b>	<b>75</b>	<b>75</b>	<b>75</b>	<b>75</b>	<b>75</b>	<b>75</b>
Biennial Change in Expenditures				0		0
Biennial % Change in Expenditures				0		0

**Program:** Grant Programs  
**Activity:** Disabilities Grants

<https://mn.gov/dhs/people-we-serve/people-with-disabilities/services/>

### AT A GLANCE

- The Family Support Grant served 1,884<sup>i</sup> people in FY2019.
- The Consumer Support Grant supported an average of 2,693 people a month in FY2019.
- Semi-independent living services served 1,463<sup>ii</sup> people in FY2019.
- HIV/AIDS programs helped 4,221<sup>iii</sup> people living with HIV/AIDS.
- The Disability Hub MN, in FY18 served 21,345 people, had 74,275 contacts and 44 educational events. In FY19 the Hub served 26,264 people, had 86,695 contacts and 67 educational events.<sup>iv</sup>
- All funds spending for the Disabilities Grants activity for FY2019 was \$70.45 million. This represented 0.39 percent of the Department of Human Services overall budget.

### PURPOSE & CONTEXT

The US Census Bureau estimates that nearly 600,000 or over 10 percent of Minnesotans have a disability or disabling condition. Disabilities Grants provide services and supports to help Minnesotans with disabilities remain in their communities and avoid institutionalization. This work is done by counties, tribes, families and local providers. These funds increase the service options for people with disabilities and their families; help people with HIV/AIDS with medical expenses; provide information and assistance on disability programs and services; and support county and tribal service infrastructure.

More information about disabilities grants and the number of people served is available with our Programs and Services page:

- [Family Support Grant](#)
- [Consumer Support Grant Program](#)
- [Semi-independent Living Services](#)
- [HIV/AIDS programs](#)
- [Disability Hub MN](#)

### SERVICES PROVIDED

Disabilities Grant programs include:

- The Family Support Grant (FSG) provides cash to families to offset the higher-than-average cost of raising a child with a disability.
- The Consumer Support Grant (CSG) is an alternative to home care paid through the Medical Assistance, which helps people purchase home care, adaptive aids, home modifications, respite care, and other help with the tasks of daily living. This program will sunset when Community First Services and Supports (CFSS) replaces the services provided by CSG.
- Semi-Independent Living Services (SILS) grants help adults with developmental disabilities, who do not require an institutional level of care, live in the community. The funding is used for instruction or assistance with nutrition education, meal planning and preparation, shopping, first aid, money management, personal care and hygiene, self-administration of medications, use of emergency resources, social skill development, home maintenance and upkeep, and use of transportation.

- HIV/AIDS programs help people living with HIV/AIDS pay premiums to maintain private insurance, co-payments for HIV-related medications, mental health services, dental services, nutritional supplements, and case management.
- The Disability Hub MN, provides one-to-one assistance to make it easier for people with disabilities to understand their options, find solutions, and engage in possibilities.
- Local planning grants assist counties and tribes in development of community alternatives to corporate foster care settings. This funding is used to implement specific county plans to address the needs of people with disabilities in their communities.
- Day Training and Habilitation (DT&H) grants are allocated to counties. Counties pay for DT&H costs for some residents. This funding is allocated to counties to help offset costs for legislative rate increases to day training and habilitation facilities, and Grant funding also supports providers who are projected to experience a significant funding gap at the completion of banding. This provision includes provider eligibility standards. Providers receiving grants are required to develop sustainability plans in partnership with DHS. DHS is required to provide technical assistance and financial management advice to grant recipients
- State Quality Council and Region 10 grants fund state and regional quality councils. The State and Regional Quality Councils, in collaboration with DHS, exist to support a system of quality assurance and improvement in the provision of person-directed services for people with disabilities.
- Work Empower grants help people with disabilities maintain or increase stability and employment; increase access to and utilization of appropriate services across systems; reduce use of inappropriate services; improve physical / mental health status; increase earnings; and achieve personal goals.
- Institutional Settings and Intellectual and Developmental Disability grants fund a disability advocacy organization to maintain and promote self-advocacy services and supports for persons with intellectual and developmental disabilities throughout the state.
- Waiver rate system transition grants are for home and community-based disability waiver services providers that are projected to receive at least a ten percent decrease in revenues due to transition to rates calculated under the disability waiver rate setting system.
- Innovation Grants for Families provide funding for grants to connect families through innovation grants, life planning tools and other resources as they support a family member with disabilities.
- Region Person Centered Cohort Grant is allocated to regional cohorts for training, coaching, and mentoring for Person-Centered Planning and collaborative safety practices.
- SEIU Grant Funding – Appropriates funding to pay stipends to PCA workers for taking additional training and for new worker orientation.
- Electronic Visit Verification Grant Funding (EVV) assists providers who choose to use their own electronic visit verification system. Providers of these services must comply with electronic visit verification standards, on a date established by the commissioner, after the state-selected system is in production. This is a two year grant program.

The Disabilities Grants activity is funded by the state's general fund, federal funds and special revenue funds. The HIV/AIDS programs receive federal funds from the [Ryan White Care Act](#) and also rebate funding from pharmaceutical companies for drugs and insurance.

## RESULTS

The agency monitors data, reviews counties and tribes, and administers surveys to consumers to evaluate services. Minnesota has seen continuous improvement in the number of people with disabilities served by community-based rather than institution-based services.

The agency tracks the percent of people with disabilities who receive home and community-based services in their own home instead of in a congregate residential setting, such as foster care.



More information is also available on the DHS dashboard (<http://dashboard.dhs.state.mn.us/>).

<i>Type of Measure</i>	<i>Name of Measure</i>	<i>Previous</i>	<i>Current</i>	<i>Dates</i>
Result	1. Percent of people with disabilities who receive home and community-based services at home.	53.7%	61.2%	FY 2015 to FY 2019
Quality	2. Percent of consumers who would recommend the Disability Hub MN to others.	91%	98%	2017 to 2019
Quantity	3. Annual number of people served through the Technology for Home Services grant.	372	375	FY2017 to FY2019

1. This measure compares people who receive disability waiver services in their own home rather than residential services. More information is also available at [mn.gov/dhs/ltss-program-performance](http://mn.gov/dhs/ltss-program-performance). Source: DHS Data Warehouse
2. This measure continues to show over 90% satisfaction with the Disability Hub services. Source: DLL Customer Satisfaction Surveys.
3. This measure represents the unduplicated annual number of people served through the Technology for Home Services grant, which provides assistive technology for people in their own homes. Source: Technology for Home report. Source: DHS Data Warehouse

---

M.S. sections 252.275 (<https://www.revisor.mn.gov/statutes/?id=252.275>); 252.32 (<https://www.revisor.mn.gov/statutes/?id=252.32>); 256.01, subds. 19, 20, and 24 (<https://www.revisor.mn.gov/statutes/?id=256.01>); 256.476 (<https://www.revisor.mn.gov/statutes/?id=256.476>); and 256B.0658 (<https://www.revisor.mn.gov/statutes/?id=256b.0658>) provide the legal authority for Disabilities Grants.

---

<sup>i</sup> The total FY 2019 spending and divide it by the average grant amount (\$2,000).

<sup>ii</sup> Based on assumption of 2% recipient growth over FY18 estimation.

<sup>iii</sup> These numbers are from CAREWare, the client level database for Ryan White Services.

<sup>iv</sup> Information is from the Hub Call Center report

## Disabilities Grants

## Activity Expenditure Overview

(Dollars in Thousands)

	Actual FY18	Actual FY19	Actual FY20	Estimate FY21	Forecast Base	
					FY22	FY23
<b><u>Expenditures by Fund</u></b>						
1000 - General	45,333	48,474	54,150	61,860	46,536	22,168
2000 - Restrict Misc Special Revenue	10,547	14,006	13,439	15,115	16,651	8,832
2001 - Other Misc Special Revenue	259		131	39		
3000 - Federal	9,899	10,894	12,734	13,115	12,839	12,834
<b>Total</b>	<b>66,037</b>	<b>73,374</b>	<b>80,454</b>	<b>90,129</b>	<b>76,026</b>	<b>43,834</b>
Biennial Change				31,172		(50,723)
Biennial % Change				22		(30)
<b><u>Expenditures by Category</u></b>						
Operating Expenses	2,951	4,729	5,421	3,372	3,373	2,713
Grants, Aids and Subsidies	63,086	68,645	75,033	86,757	72,653	41,121
<b>Total</b>	<b>66,037</b>	<b>73,374</b>	<b>80,454</b>	<b>90,129</b>	<b>76,026</b>	<b>43,834</b>

## Disabilities Grants

## Activity Financing by Fund

(Dollars in Thousands)

	Actual FY18	Actual FY19	Actual FY20	Estimate FY21	Forecast Base	
					FY22	FY23
<b>1000 - General</b>						
Direct Appropriation	20,686	20,687	22,431	23,144	22,556	22,168
Transfers In	29,517	32,787	35,399	38,716	23,980	
Transfers Out	375					
Cancellations	4,495	5,000	3,680			
<b>Expenditures</b>	<b>45,333</b>	<b>48,474</b>	<b>54,150</b>	<b>61,860</b>	<b>46,536</b>	<b>22,168</b>
Biennial Change in Expenditures				22,204		(47,306)
Biennial % Change in Expenditures				24		(41)

### 2000 - Restrict Misc Special Revenue

Balance Forward In	18,766	17,426	17,289	16,634	16,634	16,634
Receipts	5,879	10,685	13,134	15,415	16,951	9,132
Transfers Out		0	350	300	300	300
Balance Forward Out	14,098	14,105	16,634	16,634	16,634	16,634
<b>Expenditures</b>	<b>10,547</b>	<b>14,006</b>	<b>13,439</b>	<b>15,115</b>	<b>16,651</b>	<b>8,832</b>
Biennial Change in Expenditures				4,001		(3,071)
Biennial % Change in Expenditures				16		(11)

### 2001 - Other Misc Special Revenue

Balance Forward In		88	171	39		
Receipts	261					
Balance Forward Out	1	88	39			
<b>Expenditures</b>	<b>259</b>		<b>131</b>	<b>39</b>		
Biennial Change in Expenditures				(89)		(170)
Biennial % Change in Expenditures						(100)

### 3000 - Federal

Balance Forward In			144			
Receipts	9,899	10,894	12,591	13,115	12,839	12,834
<b>Expenditures</b>	<b>9,899</b>	<b>10,894</b>	<b>12,734</b>	<b>13,115</b>	<b>12,839</b>	<b>12,834</b>
Biennial Change in Expenditures				5,056		(176)
Biennial % Change in Expenditures				24		(1)

**Program: Grant Programs****Activity: Housing & Support Services Grants**[mn.gov/dhs/partners-and-providers/program-overviews/housing-and-homelessness](https://mn.gov/dhs/partners-and-providers/program-overviews/housing-and-homelessness)

### AT A GLANCE

- The Housing and Support Services Division oversees five grant programs to support housing-related activity statewide.
- Services provided include case management, outreach and education, online housing search tools, and housing program administration.
- In the FY2019, grant spending of over \$9 million supported Minnesotans with disabilities with limited incomes to live with dignity, stability, respect and choice.

### PURPOSE & CONTEXT

The Housing and Support Services Division manages five grant programs to support housing for low-income Minnesotans with disabilities. These programs, which amount to nearly \$20 million over the biennium, support people across the housing spectrum. This funding is an integral part in the Division's commitment to supporting systems that integrate housing, services, and income supports to enable people to live in the community of their choice.

### SERVICES PROVIDED

- The Long-Term Homelessness Supportive Services grant supports multi-county and tribal collaboratives to assist individuals and families with long histories of homelessness to find and keep permanent housing. Grants fund case management, outreach, and direct assistance that allow individuals and families to find and stay in their housing.
- Community Living Infrastructure grant, which began in 2018, integrate housing as a basic component of county and tribal human service agency work. Funds are available to 47 counties and four tribes across the state. Grant funding can be used in one or more of these areas: 1) outreach activities to individuals who are homeless or in institutions or other facility stays; 2) housing resource specialists who can provide information to individuals, family members, providers, advocates, etc. about housing resources they may be eligible for, as well as information about housing opportunities in their area; and 3) administration and monitoring of the Housing Support program by counties or tribes.
- The Real Time Housing Website grant funds the design, development and maintenance of a fully accessible and usable website to track availability of housing openings in real-time for people with disabilities across the state of Minnesota. It will help connect individuals, their advocates, and family members to housing options and educate about community living resources available. The website, named HB101 Places, has been built and is currently in its first phase of roll-out.
- The Housing Benefit 101 grant pays for the development and maintenance of the Housing Benefits 101 website which helps people with disabilities understand housing-related resources available to them according to their situation and needs. The website has information on housing programs that can make housing more affordable along with information on different types of housing options and services that can improve quality of life. HB101 has a Vault feature in which persons can securely store their personal information related to housing and utilize a personalized housing planning tool in their search for housing in the community of their choice.
- The Housing Access Services grant supports individuals with disabilities to find and access housing in the community. Since the fall of 2009, more than 2,000 people have used Housing Access Services to move from licensed or unlicensed settings to homes of their own.

- In addition to ongoing grants, COVID-19 Minnesota Fund dollars were appropriated, Coronavirus Relief Fund dollars were allocated, to this budget activity in FY2020 and 2021 for assistance to local governments in setting up and operation isolation spaces for people who are experiencing homelessness and are positive for COVID-19 and need to be isolated from the community for the duration of the infection (10-14 days).

## RESULTS

### Long-Term Homeless Supportive Services grant

<i>Type of Measure</i>	<i>Name of Measure</i>	<i>Number</i>	<i>Dates</i>
Quantity	Number of people and households served annually by the Long-Term Homeless Supportive Services Fund Grant	3,172 people, 1,636 households	FY2019

<i>Type of Measure</i>	<i>Name of Measure</i>	<i>Greater MN</i>	<i>Twin Cities</i>
Quantity	Regional breakdown of people served by the Long-Term Homeless Supportive Services Fund Grant Program	73%	27%

### Community Living Infrastructure Grant

<i>Type of Measure</i>	<i>Name of Measure</i>	<i>Current</i>	<i>Dates</i>
Quantity	Estimated number of people served by Community Living Infrastructure outreach and housing resource specialists.	8,000 people	FY2019

Legal authority for Housing and Support Services Grants:

M.S. sections 256I.09 (<https://www.revisor.mn.gov/statutes/cite/256I.09>);

256K.26 (<https://www.revisor.mn.gov/statutes/?id=256k.26>);

256B.0658 (<https://www.revisor.mn.gov/statutes/cite/256B.0658>);

256I.04 (<https://www.revisor.mn.gov/statutes/cite/256I.04>)

## Housing & Support Services Grants

## Activity Expenditure Overview

(Dollars in Thousands)

	Actual FY18	Actual FY19	Actual FY20	Estimate FY21	Forecast Base	
					FY22	FY23
<b><u>Expenditures by Fund</u></b>						
1000 - General	9,489	9,531	9,264	10,364	10,364	10,364
1251 - COVID-19 Minnesota			114	1,499		
3010 - Coronavirus Relief				2,470		
<b>Total</b>	<b>9,489</b>	<b>9,531</b>	<b>9,378</b>	<b>14,333</b>	<b>10,364</b>	<b>10,364</b>
Biennial Change				4,691		(2,983)
Biennial % Change				25		(13)
<b><u>Expenditures by Category</u></b>						
Operating Expenses			211	800		
Grants, Aids and Subsidies	9,489	9,531	9,167	13,533	10,364	10,364
<b>Total</b>	<b>9,489</b>	<b>9,531</b>	<b>9,378</b>	<b>14,333</b>	<b>10,364</b>	<b>10,364</b>

## Housing & Support Services Grants

## Activity Financing by Fund

(Dollars in Thousands)

	Actual FY18	Actual FY19	Actual FY20	Estimate FY21	Forecast Base	
					FY22	FY23
<b>1000 - General</b>						
Direct Appropriation	9,454	9,454	10,764	11,864	10,364	10,364
Transfers In	85	85				
Cancellations	50	8	1,500	1,500		
<b>Expenditures</b>	<b>9,489</b>	<b>9,531</b>	<b>9,264</b>	<b>10,364</b>	<b>10,364</b>	<b>10,364</b>
Biennial Change in Expenditures				608		1,100
Biennial % Change in Expenditures				3		6
<b>1251 - COVID-19 Minnesota</b>						
Balance Forward In				1,499		
Direct Appropriation			1,612			
Balance Forward Out			1,499			
<b>Expenditures</b>			<b>114</b>	<b>1,499</b>		
Biennial Change in Expenditures				1,613		(1,613)
Biennial % Change in Expenditures						(100)
<b>3010 - Coronavirus Relief</b>						
Direct Appropriation				2,470	0	0
<b>Expenditures</b>				<b>2,470</b>		
Biennial Change in Expenditures				2,470		(2,470)
Biennial % Change in Expenditures						

**Program:** Grant Program

**Activity:** Adult Mental Health Grants

[mn.gov/dhs/people-we-serve/adults/health-care/mental-health/index.jsp](https://mn.gov/dhs/people-we-serve/adults/health-care/mental-health/index.jsp)

#### AT A GLANCE

- Approximately 230,972 adults in Minnesota have a serious mental illness.
- Provided Assertive Community Treatment to 2,187 people in CY 2018.
- Provided Crisis Housing Assistance to prevent homelessness of 285 people in facility based treatment in CY 2018.
- Provided Housing with Support services to assist 1,255 persons with serious mental illness in accessing and retaining permanent supportive housing by the end of CY 2018.
- Provided Mobile Crisis Response Services to 13,314 people in response to crisis episodes in CY 2018.
- All funds spending for the Adult Mental Health Grants activity for FY 2019 was \$87.3 million. This represented 0.49 percent of the Department of Human Services overall budget.

#### PURPOSE & CONTEXT

The Adult Mental Health Grants support services for adults with mental illness and are administered by the Behavioral Health Division of the Community Supports Administration, using both federal and state funds. These funds, combined with county dollars, are used to identify and meet the local service need by developing and providing a range of mental health services in the community. Adult Mental Health Grants support the mission of the Minnesota Comprehensive Adult Mental Health Act by supporting community mental health system infrastructure and services. The grants are used in conjunction with healthcare coverage and other funding sources to support individuals in independent living through community-based service and treatment options. Services are delivered using best practice and evidence-based practice models that are person-centered and effective.

#### SERVICES PROVIDED

Adult Mental Health Grants support a broad range of vital community service needs. The grants provide funding for infrastructure, community services, supports, and coordination activities not covered by Medical Assistance, and/or for persons who are uninsured or under-insured by public or private health plans. These grants are delivered in a number of ways. Some are block grants to counties who have the flexibility to use the funding for a number of services. Others are grants to counties, mental health providers, and other organizations for specific services, projects, and programs. Services include, but are not limited to the following:

**Transitions to Community Initiative** - This initiative is designed to reduce the time that individuals remain at the Anoka Metro Regional Treatment Center (AMRTC) or the Forensic Mental Health Program (FMHP) located in St. Peter (formerly known as the Minnesota Security Hospital MSH) once they no longer need hospital level of care. This program funds transitional services, referred to as the Whatever It Takes (WIT) program, which is designed to work with the individual and their treatment teams in addressing unique discharge barriers faced by some individuals. The initiative promotes recovery and allows individuals to move to integrated settings of their choice as outlined in the Minnesota Olmstead Plan, which then opens up beds at AMRTC and MSH for other individuals who need them.

**Targeted Case Management** – These activities coordinate services and help adults with serious and persistent mental illness gain access to needed medical, social, educational and vocational services. These activities include developing a functional assessment, an individual community support plan, and ensuring coordination of services and monitoring of service delivery.



**Adult Mental Health Initiatives (AMHI).** This state grant provides both AMHI and Community Support Program (CSP) funding to 19 single- and multi-county initiatives to support the community-based mental health service system for adults with Serious and Persistent Mental Illness (SPMI) who are under- or uninsured. Each region ranges in size from single large counties in the metro, to the White Earth Nation, to regions encompassing up to 18 counties in greater Minnesota. Services that can be provided using these funds include: prevention and outreach, diagnostic assessments and testing, transportation, peer support, residential crisis stabilization, supported employment/individualized placement and support services, ACT, housing subsidies, ARMHS, outpatient psychotherapy, outpatient medication management, day treatment, partial hospitalization, IRTS, and targeted case management. CSP funds are given directly to counties to implement CSP services in their communities. Similar to the AMHI funds, some counties choose to pool their CSP funds together and partner on service delivery.

**Assertive Community Treatment (ACT)** – These intensive, non-residential mental health services are provided by a multidisciplinary staff using a team model. The team includes, at a minimum, a psychiatrist, mental health professional, registered nurse, vocational and substance abuse specialists. ACT services are available 24 hours a day. ACT teams assume full responsibility for the individual’s mental health treatment. This service keeps people in the community and prevents hospitalization.

**Adult Rehabilitative Mental Health Services (ARMHS)** - ARMHS are services that enable a recipient to develop, retain and enhance their mental stability and functioning by providing education on medication management, basic social and living skills, household management, employment-related skills, and also by assisting with transitions to community living.

**Adult Outpatient Medication Management** - Provides for prescriptions, medication education, and reviews to help individuals manage their symptoms.

**Basic Living /Social Skills and Community Intervention** - Basic living /social skills and community intervention services provided to help individuals live safely and inclusively in the community.

**Project for Assistance in Transition from Homelessness (PATH)** - PATH is a federal program with a state match to provide homeless outreach, service coordination, and related services designed to find and engage persons with serious mental illness who are homeless or at imminent risk of becoming homeless and provide them with in services, basic needs, resources, and housing. PATH served 388 persons who were chronically homeless and 713 persons who were at imminent risk of homelessness in CY 2018.<sup>1</sup>

**Crisis Housing** – This program provides direct payments for rent, mortgage, and utility costs, to assist persons with retaining their housing while getting needed facility based treatment. The program prevents homelessness while the individual uses their income to pay for treatment or loses income while getting needed treatment.

**Housing with Supports** - These grants fund the development of permanent supportive housing for persons with serious mental illness, by providing options that assist individuals who need housing with linked supports to help maintain an individual’s mental health and housing stability while living in the community.

**Crisis Response Services** – Provides an array of services from mobile crisis response teams to crisis stabilization beds and aftercare services. Mobile crisis teams respond to an individual’s call for help in their home, place of employment, or possibly to an emergency department in a hospital in cases where they are experiencing a severe mental health problem that requires immediate assistance. Many components of crisis services are not reimbursable under Medicaid, such as telephone contacts with a person in crisis, linkage and coordination, benefits assistance, and post-hospital transition services. Ancillary services that are not able to be billed to MA are being provided through grant funding.

---

<sup>1</sup> PATH FFY 2018 annual report:

[https://pathpdx.samhsa.gov/Content/preGen/state/23/PATH\\_Statewide\\_Anual\\_Report\\_For\\_FY18\\_MN.pdf](https://pathpdx.samhsa.gov/Content/preGen/state/23/PATH_Statewide_Anual_Report_For_FY18_MN.pdf)

**Culturally specific services** – These grants expand capacity for ethnically and culturally-specific, trauma-informed, adult mental health services within target cultural and ethnic minority communities in Minnesota.

**Individual Placement Supports (IPS) - Supported Employment** - Counties use adult mental health grants to fund evidence-based practices such as the IPS model of supported employment to improve the ability of adults with serious and persistent mental illness to find and maintain competitive employment. These grants extend and support the work done by the Department of Employment and Economic Development.

**Minnesota Center for Chemical and Mental Health (MNCAMH)** - These grants fund training and technical assistance from the Minnesota Center for Chemical and Mental Health (MNCAMH), a program of the University of Minnesota drawing from the strengths of the School of Social Work, the College of Continuing Education, and the Department of Psychiatry. MNCAMH is a center of excellence for workforce training created to advance the professional development of the treatment services workforce on research informed practices for recovery-oriented systems of care.

**Certified Peer Specialist (CPS) Implementation and Training** - Selected and qualified individuals with a lived experience of mental illness are trained to work as Certified Peer Specialists in Assertive Community Treatment (ACT), Adult Rehabilitative Mental Health Services (ARMHS), Crisis Response Services and Intensive Residential Treatment (IRTS) services.

**Mental Health Innovations** – These grant funds are dedicated to finding innovative approaches for improving access to and the quality of community-based, outpatient mental health services. Programs are focused on helping people with mental illness receive effective and culturally specific services in their community.

## RESULTS

### Transitions to Community – Fiscal Year 2019

- 139 unduplicated individuals received support through the Transition to Community program.
- Of the 139 individuals served, 47 individuals were discharged: 33 from AMRTC and 14 from MSH.
- Technical assistance was provided by DHS staff to navigate discharge options for an additional 20 individuals.

### Assertive Community Treatment (ACT), Adult Rehabilitative Mental Health Services (ARMHS), and Crisis Response

<i>Type of Measure</i>	<i>Name of Measure</i>	<i>Previous</i>	<i>Current</i>	<i>Dates</i>
Quantity	Number of Adults receiving <b>Assertive Community Treatment (ACT)</b> services	2,015	2,131	CY 2017- CY 2019
Quantity	Number of Adults with Serious Mental Illness who received <b>Adult Rehabilitative Mental Health Services (ARMHS)</b>	20,800	21,109	CY 2017 to CY 2019
Quantity	Number of episodes for which <b>Mental Health Crisis Services</b> were provided	17,515	16,721	CY 2017 to CY 2019
Result	Percent of people needing hospitalization after receiving <b>crisis service interventions</b>	14%	11%	CY 2017 to CY 2019

---

MS § 256E.12, 245.4661, and 245.70 provide the authority for the grants in this budget activity.

## Adult Mental Health Grants

## Activity Expenditure Overview

(Dollars in Thousands)

	Actual FY18	Actual FY19	Actual FY20	Estimate FY21	Forecast Base	
					FY22	FY23
<b><u>Expenditures by Fund</u></b>						
1000 - General	81,693	80,768	81,658	79,877	83,323	83,324
2000 - Restrict Misc Special Revenue	1,000	628	994	1,620	1,095	1,088
2005 - Opiate Epidemic Response				2,000	2,000	2,000
2360 - Health Care Access	409	656				
3000 - Federal	8,137	7,264	7,556	11,494	9,646	9,278
3010 - Coronavirus Relief				500		
<b>Total</b>	<b>91,238</b>	<b>89,317</b>	<b>90,209</b>	<b>95,491</b>	<b>96,064</b>	<b>95,690</b>
Biennial Change				5,144		6,054
Biennial % Change				3		3
<b><u>Expenditures by Category</u></b>						
Operating Expenses	2,565	1,233	1,295	731	226	226
Grants, Aids and Subsidies	88,673	88,084	88,913	94,760	95,838	95,464
<b>Total</b>	<b>91,238</b>	<b>89,317</b>	<b>90,209</b>	<b>95,491</b>	<b>96,064</b>	<b>95,690</b>

## Adult Mental Health Grants

## Activity Financing by Fund

(Dollars in Thousands)

	Actual FY18	Actual FY19	Actual FY20	Estimate FY21	Forecast Base	
					FY22	FY23
<b>1000 - General</b>						
Balance Forward In	140					
Direct Appropriation	81,577	81,477	84,302	79,877	83,323	83,324
Cancellations	24	709	2,644			
<b>Expenditures</b>	<b>81,693</b>	<b>80,768</b>	<b>81,658</b>	<b>79,877</b>	<b>83,323</b>	<b>83,324</b>
Biennial Change in Expenditures				(926)		5,112
Biennial % Change in Expenditures				(1)		3
<b>2000 - Restrict Misc Special Revenue</b>						
Balance Forward In			372	378	378	378
Receipts	1,000	1,000	1,000	1,620	1,095	1,088
Balance Forward Out		372	378	378	378	378
<b>Expenditures</b>	<b>1,000</b>	<b>628</b>	<b>994</b>	<b>1,620</b>	<b>1,095</b>	<b>1,088</b>
Biennial Change in Expenditures				986		(431)
Biennial % Change in Expenditures				61		(17)
<b>2005 - Opiate Epidemic Response</b>						
Direct Appropriation				2,000	2,000	2,000
<b>Expenditures</b>				<b>2,000</b>	<b>2,000</b>	<b>2,000</b>
Biennial Change in Expenditures				2,000		2,000
Biennial % Change in Expenditures						
<b>2360 - Health Care Access</b>						
Direct Appropriation	750	750				
Cancellations	341	94				
<b>Expenditures</b>	<b>409</b>	<b>656</b>				
Biennial Change in Expenditures				(1,065)		0
Biennial % Change in Expenditures				(100)		
<b>3000 - Federal</b>						
Balance Forward In		625				
Receipts	8,137	6,639	7,556	11,494	9,646	9,278
<b>Expenditures</b>	<b>8,137</b>	<b>7,264</b>	<b>7,556</b>	<b>11,494</b>	<b>9,646</b>	<b>9,278</b>

## Adult Mental Health Grants

## Activity Financing by Fund

(Dollars in Thousands)

	Actual FY18	Actual FY19	Actual FY20	Estimate FY21	Forecast Base	
					FY22	FY23
Biennial Change in Expenditures				3,649		(126)
Biennial % Change in Expenditures				24		(1)

### 3010 - Coronavirus Relief

Direct Appropriation				500	0	0
<b>Expenditures</b>				<b>500</b>		
Biennial Change in Expenditures				500		(500)
Biennial % Change in Expenditures						

**Program:** Grant Programs

**Activity:** Children's Mental Health Grants

[mn.gov/dhs/people-we-serve/children-and-families/health-care/mental-health/](https://mn.gov/dhs/people-we-serve/children-and-families/health-care/mental-health/)

### AT A GLANCE

- An estimated 130,316 (approximately 10 percent) of children and youth in Minnesota (under 18 years of age) meet federal criteria for serious emotional disturbance (SED), with substantial impairment in one or more functional domains.
- An estimated 82,881 (6.4 percent) of children and youth in Minnesota (under 18 years of age) meet federal SED criteria for global impairment of functioning.<sup>1</sup>
- In 2018, 89,633 children and youth (under 18 years of age) received publicly funded mental health services in Minnesota.<sup>2</sup>
- In 2018, approximately 7,631 children and youth (under 18 years of age) received mental health screenings. In 2019, approximately 7,441 children and youth (under 18 years of age) received mental health screenings.<sup>3</sup>
- Approximately 12,181 children and youth received mental health screenings in 2018.
- 3,335 youth with a severe emotional disturbance received Respite Care Grant services in 2019.
- 9.0 percent of school-age children and 5.0 percent of preschool children in Minnesota have a mental health concern that becomes longer lasting and interferes significantly with child's functioning at home and in school.<sup>4</sup>
- All funds spending for the Child Mental Grants activity for FY 2019 was \$22.9 million. This represented 0.1 percent of the Department of Human Services overall budget.

### PURPOSE & CONTEXT

Children's Mental Health Grants are administered by the Behavioral Health Division of the Community Supports Administration, which receives both federal and state funding, to support services for children with mental illness. These grants fund community, school, home, and clinic-based children's mental health services provided by non-profit agencies, schools, Medicaid-enrolled mental health clinics, tribes, counties, and culturally specific agencies.

### SERVICES PROVIDED

Children's mental health grants build providers' capacity for equitable access to effective mental health treatment, promote innovation, and promote integration of mental health services into the state's overall healthcare system by:

- filling gaps in the continuum of services and supports, especially those not covered in the broader Minnesota Health Care Programs benefits set;

<sup>1</sup> U.S. Census Bureau (2020). *Annual estimates of the resident population for selected age groups by sex for Minnesota: April 1, 2010 to July 1, 2019*. Retrieved from <https://www.census.gov/data/tables/time-series/demo/popest/2010s-state-detail.html>.

Williams, N.J., Scott, L., & Aarons, G.A. (2018). Prevalence of serious emotional disturbance among U.S. children: A meta-analysis. *Psychiatric Services*, 69(1), 32-40.

<sup>2</sup> Minnesota Department of Human Services, Behavioral Health Division. (2019). *Minnesota 2019 mental health national outcomes measures (NOMS): SAMHSA uniform reporting system*.

<sup>3</sup> Child Safety & Permanency Division dashboard data.

<sup>4</sup> Governor's Task force on Mental Health Report, November, 2016.

- paying for necessary ancillary services, supports, and coordination activities that are not eligible for federal Medicaid reimbursement;
- covering treatment and supports for children who remain uninsured or under-insured by private health plans;
- building statewide service delivery capacity in workforce-shortage areas, where key services are not available regardless of insurance coverage;
- expanding access to direct treatment by providing care in community, school, home, and clinic-based children’s mental health settings;
- providing coordination of mental and chemical health services with physical healthcare, services for persons with disabilities, and county social services;
- training providers on evidence-based practices;
- funding measurement of treatment outcomes;
- developing new levels of care for children and youth with complex mental health conditions;
- developing a new model to serve youth with first episode psychosis;
- building mental health treatment capacity into the unstigmatized, school environment;
- establishing statewide capacity to serve mental health and development needs of children under age 6;
- building culturally specific provider infrastructure and expanding access to culturally responsive treatment;
- developing a new model for child serving adults (child care workers, teachers) that builds supportive adult-child relationships as a means to promote healthy emotional development and prevent future mental health disorders through mental health consultation;
- expanding the current system of mental health care for youth experiencing serious mental illness and their families by piloting and demonstrating new and enhanced services and creating finance and policy reforms necessary to sustain a system of care that is family driven, youth-guided, culturally and linguistically competent and grounded in scientific evidence;
- connecting with providers and families within underserved communities to support youth with Severe Emotional Disturbances and their families; and
- supporting youth with a severe emotional disturbance and their families by targeting the reduction of family stress and the likelihood of out of home placements through the use of the Respite Care Grant.

Partners are essential in order to develop and maintain a dynamic and competent mental health service delivery system. For children, coordination of care must include other child-serving sectors of the public and private health and human service systems of Minnesota, including families and youth —such as:

- primary health care,
- day care,
- substance abuse treatment facilities,
- schools,
- family and center based child care,
- providers in underserved communities,
- public health entities,
- child welfare system,
- juvenile justice system,
- tribes,
- health plans,
- counties, and
- adult transition services.

## RESULTS

<i>Type of Measure</i>	<i>Name of Measure</i>	<i>Previous</i>	<i>Current</i>	<i>Dates</i>
Quantity	Service Utilization Rate (per 10,000)	450	587	CY2016- CY2018
Quantity	Number of children in the child welfare system who received a mental health screening	9,153	7,617	CY2018- CY2019

**Measure Notes:**

- **Service Utilization Rate:** An indicator of service access, this indicator counts the number of children (under age 18) receiving any mental health service from the publicly financed health care system, per 10,000 children in the general child population. An increase in utilization rate denotes an increase in access to services for children.
- **Percent of children receiving a mental health screening:** This activity funds screenings for children in the child welfare system. Counties conduct mental health screenings for children in the child welfare system who have not had a recent assessment.

---

Minnesota Statutes, section 245.4889 (<https://www.revisor.mn.gov/statutes/?id=245.4889>) provides the legal authority for Children’s Mental Health grants.



# Child Mental Health Grants

# Activity Expenditure Overview

(Dollars in Thousands)

	Actual FY18	Actual FY19	Actual FY20	Estimate FY21	Forecast Base	
					FY22	FY23
<b><u>Expenditures by Fund</u></b>						
1000 - General	23,186	23,408	22,593	21,736	25,726	25,726
2001 - Other Misc Special Revenue			29	116	116	116
2403 - Gift					1,200	
3000 - Federal	1,018	3,415	2,887	2,384	2,384	2,384
3010 - Coronavirus Relief				3,000		
<b>Total</b>	<b>24,203</b>	<b>26,822</b>	<b>25,509</b>	<b>27,236</b>	<b>29,426</b>	<b>28,226</b>
Biennial Change				1,720		4,907
Biennial % Change				3		9
<b><u>Expenditures by Category</u></b>						
Operating Expenses	16	511	561	80	80	80
Grants, Aids and Subsidies	24,187	26,311	24,948	27,156	29,346	28,146
<b>Total</b>	<b>24,203</b>	<b>26,822</b>	<b>25,509</b>	<b>27,236</b>	<b>29,426</b>	<b>28,226</b>

# Child Mental Health Grants

# Activity Financing by Fund

(Dollars in Thousands)

	Actual FY18	Actual FY19	Actual FY20	Estimate FY21	Forecast Base	
					FY22	FY23
<b>1000 - General</b>						
Balance Forward In			2,015	10		
Direct Appropriation	23,861	23,926	21,826	21,726	25,726	25,726
Cancellations	675	518	1,238			
Balance Forward Out			10			
<b>Expenditures</b>	<b>23,186</b>	<b>23,408</b>	<b>22,593</b>	<b>21,736</b>	<b>25,726</b>	<b>25,726</b>
Biennial Change in Expenditures				(2,264)		7,123
Biennial % Change in Expenditures				(5)		16

## 2001 - Other Misc Special Revenue

Receipts			29	116	116	116
<b>Expenditures</b>			<b>29</b>	<b>116</b>	<b>116</b>	<b>116</b>
Biennial Change in Expenditures				145		87
Biennial % Change in Expenditures						60

## 2403 - Gift

Receipts					1,200	
<b>Expenditures</b>					<b>1,200</b>	
Biennial Change in Expenditures				0		1,200
Biennial % Change in Expenditures						

## 3000 - Federal

Receipts	1,018	3,415	2,887	2,384	2,384	2,384
<b>Expenditures</b>	<b>1,018</b>	<b>3,415</b>	<b>2,887</b>	<b>2,384</b>	<b>2,384</b>	<b>2,384</b>
Biennial Change in Expenditures				839		(503)
Biennial % Change in Expenditures				19		(10)

## 3010 - Coronavirus Relief

Direct Appropriation				3,000	0	0
<b>Expenditures</b>				<b>3,000</b>		
Biennial Change in Expenditures				3,000		(3,000)
Biennial % Change in Expenditures						

**Program:** Grant Programs

**Activity:** Substance Use Disorder (SUD) Treatment Support Grants

[mn.gov/dhs/people-we-serve/adults/health-care/substance-abuse/](https://mn.gov/dhs/people-we-serve/adults/health-care/substance-abuse/)

### AT A GLANCE

- In the United States in 2018, 20.3 million people over the age of 12 had substance use disorders (SUD).
- 60,398 people in Minnesota received treatment for substance use disorder in CY 2018.
- 51 percent of people who sought substance use disorder treatment in 2018 completed their program.
- The compulsive gambling helpline receives more than 1,000 calls and texts each year for information or referrals to treatment.
- All funds spending for the SUD Treatment Support and Primary Prevention grant activity for FY 2019 was \$23.8 million, which represented 0.1 percent of the Department of Human Services overall budget.

### PURPOSE & CONTEXT

The Substance Use Disorder (SUD) Treatment Support and Primary Prevention Grants activity uses both federal and state funding to support state-wide prevention, intervention, recovery maintenance, case management and treatment support services for people with alcohol, or drug addiction. Treatment support services include outreach and engagement, assistance with housing-related services, applying for state benefits, subsidized housing, transportation, child care, and parenting education.

This activity also houses the state Compulsive Gambling Treatment Program, which funds statewide education, prevention messaging, intervention, treatment and recovery services for individuals and families impacted by problem gambling through evidence based practices, education, supports, and protective financial resources.

The Opioid Epidemic Response law, passed in the 2019 legislative session (see Minnesota Statutes, sections 256.042 and 256.043), raises fees from prescribers, drug manufacturers, and distributors. The collected fees are deposited in the opiate epidemic response fund. The Opiate Epidemic Response Advisory Council has decision-making authority over the allocation of a portion of account funds. The Behavioral Health Division administers grants based on direction from the council.

### SERVICES PROVIDED

Substance Use Disorder Treatment Support and Primary Prevention Grants provide:

- community drug and alcohol abuse prevention, intervention, and case management services for communities of color, the elderly, disabled, individuals with a mental illness and substance use disorder, individuals experiencing chronic homelessness, and people involved in the criminal justice system;
- treatment supports specifically targeted to women, women with children, the elderly, and other diverse populations;
- residential substance use treatment for pregnant and parenting mothers and mental health services for the children continuing to reside with them in the treatment setting in order to enable mother's to continue to parent while addressing substance use disorders.
- a statewide prevention resource center that provides education and capacity building on the misuse of alcohol and other drugs. Education includes delivering information and training to counties, tribes, local communities, and other organizations;
- community-based planning and implementation grants that use a public health approach to preventing alcohol use problems among young people;

- regional prevention coordinators across MN to provide substance use prevention technical assistance and training locally to prevention professionals; and
- a tobacco merchant educational training and compliance check project, as well as funding for Synar inspectors, who conduct random inspections of tobacco retailers.

Additional information is in the March 2013 report, [Minnesota's Model of Care for Substance Use Disorder](#).

Most of the funding for SUD Treatment Support and Prevention Grants comes from the U.S. Dept. of Health and Human Services Substance Abuse and Mental Health Services Administration (SAMHSA) Block Grant. Additional funding comes from the SAMHSA Strategic Prevention Framework Partnerships for Success grant focusing on the prevention of alcohol and marijuana use/abuse on college campuses. Additional funding comes from the Strategic Prevention Framework, Prescription Drug Misuse Prevention grant focusing on the prevention of prescription drug misuse. Prevention funding also comes from the Federal State Opioid Response grant focusing on the prevention of opioid based substances. State appropriations provide additional funding for drug and alcohol abuse prevention, treatment support and recovery maintenance services for Native Americans.

The state's Compulsive Gambling Program provides:

- public awareness campaigns to promote information and awareness about problem gambling;
- a statewide help phone and text line and problem gambling awareness resources and supports;
- funding for problem gambling assessments, outpatient and residential treatment of problem gambling and gambling addiction;
- compulsive gambling assessments of offenders under section 609.115, subdivision 9;
- training for gambling treatment providers and other behavioral health service providers;
- research focusing on the prevalence of problem gambling and gambling addiction among Minnesotans; and
- research that evaluates awareness, prevention, education, treatment service and recovery supports related to problem gambling and gambling addiction.

Public awareness campaigns target Minnesotans statewide, with specific initiatives aimed at young adults, women, military and veterans, and diverse race and ethnic communities that experience higher rates of problem gambling. The Compulsive Gambling statewide helpline, <http://www.getgamblinghelp.com/about/>, (1-800-333-HOPE or text HOPE to 61222) generally receives about one thousand calls/texts requesting information, supports or referrals for treatment services each year. The Compulsive Gambling Treatment program provides funding for approximately 700 people per year for outpatient treatment services. An average of approximately 177 people receive residential treatment each year.

The Compulsive Gambling Treatment program is largely funded by a portion of state lottery proceeds, and a dedicated one-half of one percent of the revenue from the state tax on lawful gambling proceeds.

The Congratulate and Educate tobacco merchant education and compliance project funds local law enforcement and public health departments to conduct undercover buy checks and provide publications. The project, activated in 2014, is designed to promote community policing and to both congratulate clerks who pass an educational tobacco compliance inspection (do not sell to the minor) and to provide education to clerks and owners about youth access tobacco laws and consequences.

The Synar Program is required and funded by the federal Substance Abuse Prevention and Treatment Block Grant. Synar conducts annual inspections of randomly selected tobacco retailers in Minnesota to determine the State's Retailer Violation Rate. Synar requirements include the facilitation of the annual Tobacco Enforcement Survey (TES), the coverage study which is required every three years and the Annual Synar Report which is a required deliverable under the terms and conditions of the Federal Block Grant Award.

SUD/Criminal Justice Involved grants are designed to meet the needs of individuals that experience barriers in accessing SUD treatment due to a felony conviction. They also support reunification with individuals' family and children, when appropriate.

Grants for individuals with substance use disorder who are also at risk of or currently experiencing homelessness fund planning and process development of coordination between SUD assessors and providers, and Homeless Coordinated Entry providers to reduce the gaps and barriers for individuals in need of housing and traditional SUD treatment or harm reduction care. These grants enhance access to various core and support services such as outreach/inreach and engagement, housing, substance abuse treatment, mental health care, and benefits advocacy.

Deaf, Deaf/Blind and Hard of Hearing Recovery Support Service Grants provide recovery support services to individuals that are deaf, deaf/blind and/or hard of hearing provide an array of recovery supports intended to reduce barriers such as access to SUD treatment, and ensure availability of aftercare and recovery support services. These grants also develop a pool of individuals qualified to receive peer recovery training.

### **Opiate Epidemic Response Advisory Council (OERAC)**

The OERAC was established to develop and implement a comprehensive and effective statewide effort to address the opioid addiction and overdose epidemic in Minnesota (see Minnesota Statutes, sections 256.042 and 256.043). The council focuses on:

- prevention and education, including public education and awareness for adults and youth, prescriber education, the development and sustainability of opioid overdose prevention and education programs, the role of adult protective services in prevention and response, and providing financial support to local law enforcement agencies for opiate antagonist programs;
- training on the treatment of opioid addiction, including the use of all Food and Drug Administration approved opioid addiction medications, detoxification, relapse prevention, patient assessment, individual treatment planning, counseling, recovery supports, diversion control, and other best practices;
- the expansion and enhancement of a continuum of care for opioid-related substance use disorders, including primary prevention, early intervention, treatment, recovery, and aftercare services; and
- the development of measures to assess and protect the ability of cancer patients and survivors, persons battling life threatening illnesses, persons suffering from severe chronic pain, persons at the end stages of life, and elderly who legitimately need prescription pain medications, to maintain their quality of life by accessing these pain medications without facing unnecessary barriers.

The Behavioral Health Division supports the council, and administers grants on the council's behalf.

### **State Opioid Response (SOR) Grants provide federal funding for:**

- Medication assisted treatment (MAT) expansion and recovery resources
- Workforce capacity building
- Naloxone training and distribution
- Expanding navigation and access to MAT
- Innovative response to Minnesota's Opioid Epidemic

Funded programs aim to address the opioid crisis by increasing access to medication-assisted treatment using the three FDA-approved medications for the treatment of opioid use disorder, reducing unmet treatment need, and reducing opioid overdose related deaths through the provision of prevention, treatment and recovery activities for opioid use disorder (OUD) (including prescription opioids, heroin and illicit fentanyl and fentanyl analogs).

The Behavioral Health Division, a division of the agency’s Community Supports Administration, administers the programs and grants within the SUD Treatment Support Grants activity.

### RESULTS

<i>Type of Measure</i>	<i>Name of Measure</i>	<i>Previous</i>	<i>Current</i>	<i>Dates</i>
Result	Past 30-day use of alcohol by 9th grade youth in communities that received a Planning & Implementation (P&I) (cohort-1) grant for prevention work in 2006	35.5%	13.3%	CY2006 vs CY2019
Result	Babies born with negative toxicology results	74%	80%	FY2017 vs. FY2018

**Additional Measurement Efforts:** The Minnesota Student Survey (MSS) is one viable data source to understand the prevalence of problem gambling among youth and adolescents. Program staff partnered with University of Minnesota researchers to ensure the inclusion of gambling specific questions in the 2019 MSS. Data from the 2019 survey will establish baseline measures for at-risk gambling among youth and adolescents.

**Measure Notes:**

- The Past 30 day use of alcohol measure consists of data as reported in the Minnesota Student Survey (<https://www.health.state.mn.us/data/mchs/surveys/mss/index.html/>) for 9th grade students who self-report on their use of alcohol in the last 30 days.
  - Cohort-1 P&I grant communities were 7.7 percentage points above the MN State average in 2004 and were 3.1 percentage points above the MN State average in 2016 and just 1.5 percentage points above the MN State average in 2019. The MN State average was 27.8 percent in 2004 and 11.8 percent in 2019.
- The babies born with negative toxicology measure is the percentage of babies with negative toxicology results during a 12-month period, born to women served by the state Women's Recovery grants. Note: This data reflects Women’s Recovery grant program participants only and is not a population based measure.

The slight increase in negative toxicology tests from 2018-2019 was due to an increase in the number of births and more aggressive data capturing for this measure

*June 1, 2017 to May 31, 2018:* Toxicology results from baby and mom: At birth, most babies (74 percent) and mothers (76 percent) tested negative for substances. Those with positive toxicology results at birth most commonly tested positive for marijuana. Toxicology results were missing or unknown for 15 percent to 25 percent of women or babies.

*June 1, 2018 to May 31, 2019:* Toxicology results from baby and mother: At birth, most babies (80 percent) and mothers (86 percent) tested negative for substances. Those with positive toxicology results at birth most commonly tested positive for marijuana. Toxicology results were missing or unknown for 14 percent to 15 percent of women or babies.

Minnesota Statutes, chapters 254A (<https://www.revisor.mn.gov/statutes/?id=254A>), 254B (<https://www.revisor.mn.gov/statutes/?id=254B>) and 256, (<https://www.revisor.mn.gov/statutes/?id=256>) and sections 245.98 (<http://www.revisor.mn.gov/statutes/?id=245.98>) and 297.E02, subd. 3 (<https://www.revisor.mn.gov/statutes/?id=297E.02>) provide the legal authority for SUD Treatment Support and Primary Prevention Grants.

# Substance Use Disorder Treatment Support Grants

# Activity Expenditure Overview

(Dollars in Thousands)

	Actual FY18	Actual FY19	Actual FY20	Estimate FY21	Forecast Base	
					FY22	FY23
<b><u>Expenditures by Fund</u></b>						
1000 - General	2,827	3,005	3,595	5,128	3,857	3,957
2000 - Restrict Misc Special Revenue	172	133	215	395	289	315
2001 - Other Misc Special Revenue	772	639	37	700	595	588
2005 - Opiate Epidemic Response				500	500	500
3000 - Federal	20,778	24,416	29,786	37,151	21,519	16,583
4800 - Lottery	1,705	1,729	1,451	1,733	1,733	1,733
<b>Total</b>	<b>26,254</b>	<b>29,922</b>	<b>35,084</b>	<b>45,607</b>	<b>28,493</b>	<b>23,676</b>
Biennial Change				24,515		(28,522)
Biennial % Change				44		(35)
<b><u>Expenditures by Category</u></b>						
Operating Expenses	1,343	1,081	1,037	995	898	924
Grants, Aids and Subsidies	24,911	28,841	34,046	44,612	27,595	22,752
<b>Total</b>	<b>26,254</b>	<b>29,922</b>	<b>35,084</b>	<b>45,607</b>	<b>28,493</b>	<b>23,676</b>
Total Agency Expenditures	26,254	29,922	35,084	45,607	28,493	23,676
Internal Billing Expenditures			0			
<b>Expenditures Less Internal Billing</b>	<b>26,254</b>	<b>29,922</b>	<b>35,083</b>	<b>45,607</b>	<b>28,493</b>	<b>23,676</b>

# Substance Use Disorder Treatment Support Grants

# Activity Financing by Fund

(Dollars in Thousands)

	Actual FY18	Actual FY19	Actual FY20	Estimate FY21	Forecast Base	
					FY22	FY23
<b>1000 - General</b>						
Balance Forward In	402	944	1,420	1,616		
Direct Appropriation	2,386	2,386	3,136	2,636	2,636	2,636
Receipts	695	837	735	876	1,221	1,321
Cancellations	72	18	80			
Balance Forward Out	584	1,145	1,616			
<b>Expenditures</b>	<b>2,827</b>	<b>3,005</b>	<b>3,595</b>	<b>5,128</b>	<b>3,857</b>	<b>3,957</b>
Biennial Change in Expenditures				2,891		(909)
Biennial % Change in Expenditures				50		(10)
<b>2000 - Restrict Misc Special Revenue</b>						
Balance Forward In	175	3	68	336	336	336
Receipts		68	484	395	289	315
Transfers In		129				
Balance Forward Out	3	68	336	336	336	336
<b>Expenditures</b>	<b>172</b>	<b>133</b>	<b>215</b>	<b>395</b>	<b>289</b>	<b>315</b>
Biennial Change in Expenditures				305		(6)
Biennial % Change in Expenditures				100		(1)
<b>2001 - Other Misc Special Revenue</b>						
Balance Forward In	790	358	214	217	117	117
Receipts				500	500	500
Transfers In	340	340	340	340	340	340
Transfers Out		12	300	240	245	252
Balance Forward Out	358	48	217	117	117	117
<b>Expenditures</b>	<b>772</b>	<b>639</b>	<b>37</b>	<b>700</b>	<b>595</b>	<b>588</b>
Biennial Change in Expenditures				(674)		446
Biennial % Change in Expenditures				(48)		61
<b>2005 - Opiate Epidemic Response</b>						
Direct Appropriation				500	500	500
<b>Expenditures</b>				<b>500</b>	<b>500</b>	<b>500</b>
Biennial Change in Expenditures				500		500
Biennial % Change in Expenditures						



# Substance Use Disorder Treatment Support Grants

# Activity Financing by Fund

(Dollars in Thousands)

	Actual FY18	Actual FY19	Actual FY20	Estimate FY21	Forecast Base	
					FY22	FY23

## 3000 - Federal

Receipts	20,778	24,416	29,786	37,151	21,519	16,583
<b>Expenditures</b>	<b>20,778</b>	<b>24,416</b>	<b>29,786</b>	<b>37,151</b>	<b>21,519</b>	<b>16,583</b>
Biennial Change in Expenditures				21,743		(28,835)
Biennial % Change in Expenditures				48		(43)

## 4800 - Lottery

Direct Appropriation	1,733	1,733	1,733	1,733	1,733	1,733
Cancellations	28	4	282			
<b>Expenditures</b>	<b>1,705</b>	<b>1,729</b>	<b>1,451</b>	<b>1,733</b>	<b>1,733</b>	<b>1,733</b>
Biennial Change in Expenditures				(250)		282
Biennial % Change in Expenditures				(7)		9

**Program: Direct Care and Treatment**

**Activity: Mental Health & Substance Abuse Treatment Services**

[mn.gov/dhs/people-we-serve/people-with-disabilities/services/direct-care-treatment/](https://mn.gov/dhs/people-we-serve/people-with-disabilities/services/direct-care-treatment/)

### AT A GLANCE

- Direct Care and Treatment (DCT) provided mental health inpatient and residential services to approximately 1,165 people in FY 2019.
- DCT operates the Anoka-Metro Regional Treatment Center, a 110-bed psychiatric hospital, which served 374 patients in FY19.
- DCT operates six 16-bed Community Behavioral Health Hospitals (CBHHs) located across the state, which served 690 patients in FY 2019.
- DCT operates five 16-bed Community Addiction Recovery Enterprise (C.A.R.E.) programs, which served 437 clients in FY 2019.
- All funds spending for this budget activity was approximately \$115 million for FY 2019, which represents 25 percent of the total DCT all funds spending. Total DCT spending is less than 3 percent of the overall total spending for the Department of Human Services.

### PURPOSE & CONTEXT

- As part of the Department of Human Services Direct Care and Treatment (DCT) Administration, Mental Health and Substance Abuse Treatment Services (MHSATS) provides specialized treatment and support services to individuals with mental illness, chemical dependencies, substance use disorders and other complex conditions.
- One of the Department of Human Services' goals is to serve people with disabilities by providing access to care close to their home community and natural supports. DCT provides services to individuals with the goal of allowing them to move through the system of care and back to the community.

### SERVICES PROVIDED

The following services are funded with general fund appropriations:

- Adult inpatient services at the Anoka-Metro Regional Treatment Center (AMRTC);
- Adult inpatient services at the Community Behavioral Health Hospitals (CBHHs) located in Alexandria, Annandale, Baxter, Bemidji, Fergus Falls, and Rochester;
- Child and adolescent inpatient services at the Child & Adolescent Behavioral Health Hospital (CABHH) in Willmar; and
- Minnesota Specialty Health System (MSHS) – providing Intensive Residential Treatment Services (IRTS) for adults in Brainerd, St. Paul, Wadena and Willmar.

The following service is funded with other revenues:

- Community Addiction Recovery Enterprise (C.A.R.E.) – providing inpatient treatment to persons with chemical dependency and substance use disorders. C.A.R.E. programs operate in Anoka, Carlton, Fergus Falls, St. Peter, and Willmar.

All services:

- are person-centered, focusing on the needs of the individual,
- are provided in a safe environment at the appropriate level of care serving individuals in the right place at the right time, and

- allow individuals to move through treatment and back to the most integrated setting possible.

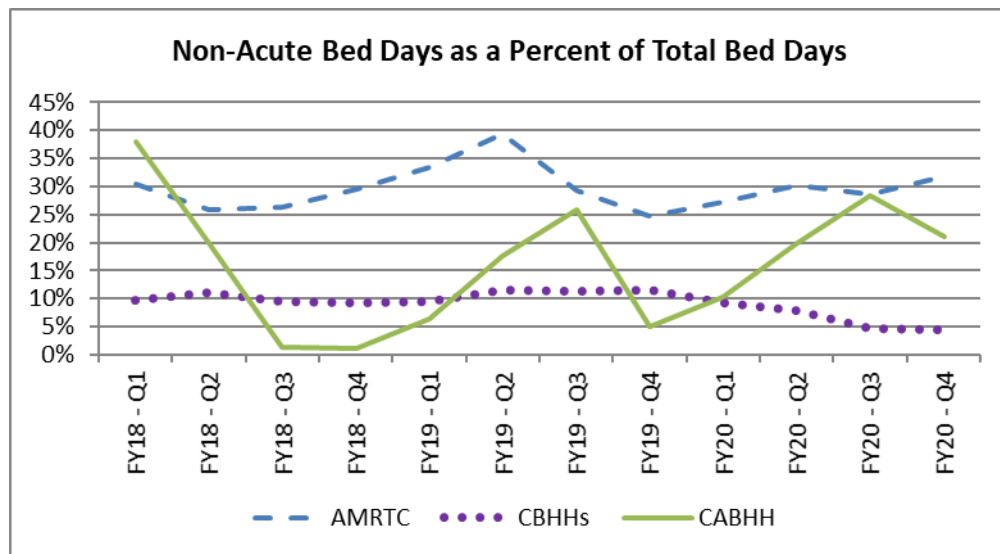
To assure a successful community transition, we use key strategies such as:

- Prompt psychiatric follow-up upon an individual’s return to a community setting, and
- Reducing the number of medications necessary to control the individual’s symptoms.

We also partner with community providers to remove the barriers that limit successful transitions back to the community.

## RESULTS

MHSATS measures non-acute bed days. These are days that the patient no longer needs hospital level of care, but remains in the hospital. These delays in discharged are costly and impact the availability of services to other individuals, often resulting in wait lists. The goal for hospital-level of services is that less than 10% of total bed days be classified as non-acute bed days.

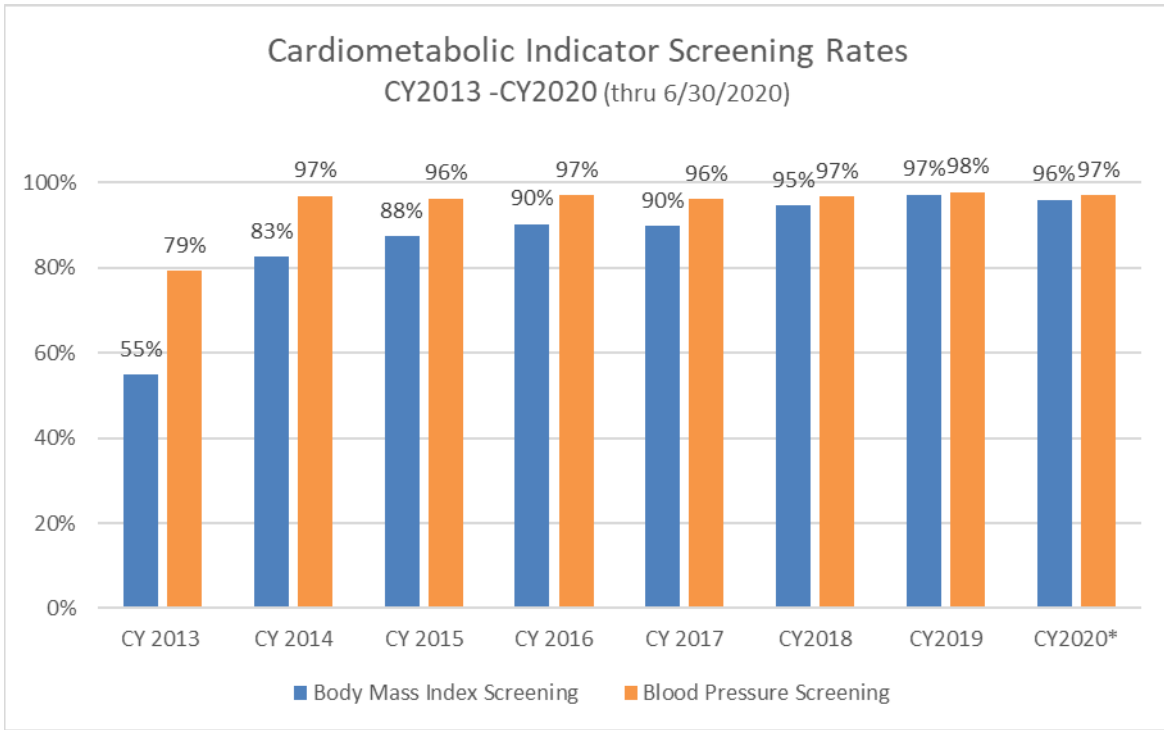


The graph illustrates there is little change in the trend of non-acute bed days at AMRTC. It is averaging about 30% of bed days. There has been a slight increase in the last quarter of FY 2020 due to the coronavirus and the inability to discharge clients to community providers.

Non-acute bed days at the CBHHS decreased during FY2020 and are below the 10% goal. Because of the lower daily census, CABHH non-acute bed days vary widely – or, more directly, one or two clients who do not meet hospital level of care greatly impacts the non-acute bed day measure.

Another measure of success is the screening for cardiometabolic syndrome indicators. Cardiometabolic syndrome prevention is a key component of improving the lives of those we support and mirrors national trends towards improving healthcare quality systems. Increasing the number of people who are at a healthy weight will help us reduce the incidence of metabolic syndrome and chronic diseases among our patients. These rates also help to determine appropriate interventions. Integrating Body Mass Index (BMI) education into existing programming can reduce the likelihood of the onset and progression of obesity and related chronic diseases, as well as increase healthy eating and physical lifestyle skills. We are collecting information via our Electronic Medical Record (EMR) and monitoring it closely to help those served maintain an appropriate BMI, reduce incidences of chronic disease, and enable them to live healthier lives.

Managing and maintaining a healthy blood pressure reduces an individual's risk of cardiovascular disease and other chronic diseases. Increasing the number of people with a healthy blood pressure will help aid patients in leading healthier lives. Increased screening will also aid in the development of appropriate interventions, increase disease management and prevention, and assist with creating individualized treatment plans.



The graph illustrates the work that has been done to improve screening for two key components of cardiometabolic syndrome, Body Mass Index (BMI) and blood pressure. MHSATS goal is to have a 95% screening rate for both BMI and blood pressure.

---

Minnesota Statutes Chapter 246 (<https://www.revisor.mn.gov/statutes/?id=246>) provide the legal authority for Direct Care and Treatment State Operated Services.

# Mental Health & Substance Abuse Trtmt Svcs

# Activity Expenditure Overview

(Dollars in Thousands)

	Actual FY18	Actual FY19	Actual FY20	Estimate FY21	Forecast Base	
					FY22	FY23
<b><u>Expenditures by Fund</u></b>						
1000 - General	106,694	114,209	122,209	124,450	122,759	122,759
2000 - Restrict Misc Special Revenue	2,652	2,491				
4101 - DHS Chemical Dependency Servs	15,367	14,179	16,378	19,038	19,070	19,070
6000 - Miscellaneous Agency	108	97	78	90	90	90
<b>Total</b>	<b>124,821</b>	<b>130,976</b>	<b>138,665</b>	<b>143,578</b>	<b>141,919</b>	<b>141,919</b>
Biennial Change				26,446		1,595
Biennial % Change				10		1
<b><u>Expenditures by Category</u></b>						
Compensation	94,712	105,128	118,681	121,771	120,112	120,112
Operating Expenses	29,871	24,976	19,748	21,682	21,682	21,682
Grants, Aids and Subsidies	111	102	82	125	125	125
Other Financial Transaction	128	770	154			
<b>Total</b>	<b>124,821</b>	<b>130,976</b>	<b>138,665</b>	<b>143,578</b>	<b>141,919</b>	<b>141,919</b>
Total Agency Expenditures	124,821	130,976	138,665	143,578	141,919	141,919
Internal Billing Expenditures			15	14	14	14
<b>Expenditures Less Internal Billing</b>	<b>124,821</b>	<b>130,976</b>	<b>138,650</b>	<b>143,564</b>	<b>141,905</b>	<b>141,905</b>
<b><u>Full-Time Equivalent</u></b>	<b>1,053.64</b>	<b>1,107.92</b>	<b>1,229.00</b>	<b>1,217.21</b>	<b>1,190.44</b>	<b>1,177.88</b>

# Mental Health & Substance Abuse Trtmt Svcs

# Activity Financing by Fund

(Dollars in Thousands)

	Actual FY18	Actual FY19	Actual FY20	Estimate FY21	Forecast Base	
					FY22	FY23
<b>1000 - General</b>						
Balance Forward In		8,216		2,875		
Direct Appropriation	118,545	118,631	129,209	129,201	129,197	129,197
Transfers In	405	694	3,500			
Transfers Out	6,269	12,082	7,626	7,626	6,438	6,438
Cancellations		1,250				
Balance Forward Out	5,987		2,874			
<b>Expenditures</b>	<b>106,694</b>	<b>114,209</b>	<b>122,209</b>	<b>124,450</b>	<b>122,759</b>	<b>122,759</b>
Biennial Change in Expenditures				25,756		(1,141)
Biennial % Change in Expenditures				12		(0)
Full-Time Equivalents	910.98	963.24	1,086.56	1,071.24	1,047.47	1,036.42

## 2000 - Restrict Misc Special Revenue

Balance Forward In		79				
Direct Appropriation	2,713					
Transfers In		2,713				
Transfers Out		301				
Balance Forward Out	61					
<b>Expenditures</b>	<b>2,652</b>	<b>2,491</b>				
Biennial Change in Expenditures				(5,143)		0
Biennial % Change in Expenditures				(100)		
Full-Time Equivalents	21.58	21.70	1.11			

## 4101 - DHS Chemical Dependency Servs

Balance Forward In	465	1,519	2,469	1,648		
Receipts	9,507	8,605	9,119	9,952	12,632	12,632
Transfers In	6,438	6,438	6,438	7,438	6,438	6,438
Balance Forward Out	1,043	2,383	1,648			
<b>Expenditures</b>	<b>15,367</b>	<b>14,179</b>	<b>16,378</b>	<b>19,038</b>	<b>19,070</b>	<b>19,070</b>
Biennial Change in Expenditures				5,870		2,724
Biennial % Change in Expenditures				20		8
Full-Time Equivalents	121.08	122.98	141.33	145.97	142.97	141.46

## 6000 - Miscellaneous Agency

**Mental Health & Substance Abuse Trtmt Svcs**

**Activity Financing by Fund**

*(Dollars in Thousands)*

	Actual FY18	Actual FY19	Actual FY20	Estimate FY21	Forecast Base	
					FY22	FY23
Balance Forward In	8	4	2	13	13	13
Receipts	104	95	89	90	90	90
Balance Forward Out	4	2	13	13	13	13
<b>Expenditures</b>	<b>108</b>	<b>97</b>	<b>78</b>	<b>90</b>	<b>90</b>	<b>90</b>
Biennial Change in Expenditures				(37)		12
Biennial % Change in Expenditures				(18)		7

**Program: Direct Care and Treatment**

**Activity: Community Based Services**

[mn.gov/dhs/people-we-serve/people-with-disabilities/services/direct-care-treatment/](http://mn.gov/dhs/people-we-serve/people-with-disabilities/services/direct-care-treatment/)

### AT A GLANCE

- Direct Care and Treatment (DCT) provided services to approximately 12,000 people in FY 2019.
- DCT's Community Support Services mobile teams provide support to 421 people in FY 2019.
- DCT's foster care program served 20 children and adolescents with severe emotional disturbance in individual foster homes in FY 2019.
- DCT's community residential programs served 402 clients with developmental disabilities in FY 2019.
- DCT's vocational program served 551 clients with developmental disabilities in FY 2019.
- All funds spending for this budget activity was approximately \$118 million for FY2019. This represents 27 percent of the total Direct Care and Treatment (DCT) all funds spending. Total DCT spending is less than 3 percent of the overall spending for the Department of Human Services.

### PURPOSE & CONTEXT

- As part of the Department of Human Services Direct Care and Treatment (DCT) Administration, Community Based Services (CBS) provides treatment and residential supports to individuals with behavioral health issues and developmental disabilities. CBS programs specialize in the treatment of vulnerable people with complex behavioral needs for whom no other providers are available.
- The majority of CBS programs operate as enterprise services. Enterprise services operate on the revenues generated from services provided to clients. Revenues are collected from third-party payment sources such as Medical Assistance, private insurance, and the clients themselves.

### SERVICES PROVIDED

Service programs within this activity include:

- **Community Support Services (CSS)** – statewide specialized mobile teams providing crisis support services to individuals with mental illness and/or disabilities in their home community or transitioning back to their home community. Their overall goal is to support people in the most integrated setting by addressing behavior associated with mental illness or intellectual disabilities that would cause individuals to be admitted to institutional settings.
- **Crisis Residential Services and Minnesota Life Bridge (MLB)** – crisis and MLB have a total of eight short-term residential programs throughout the state. Their overall goal is to support people in the most integrated setting close to their home community or natural supports by addressing behavior associated with mental illness or intellectual disabilities that would cause individuals to lose their placements or be admitted to a less integrated setting.
- **Minnesota Intensive Therapeutic Homes (MITH)** – provides foster care to children and adolescents who have severe emotional disturbance and serious acting-out behaviors. Homes are located throughout the state. Each child's treatment structure is individualized and is based on a combination of multidimensional treatment, wrap-around services and specialized behavior therapy.
- **Minnesota State Operated Community Services (MSOCS) Residential Services** – provides residential services in small group homes (typically 4 beds) located throughout the state for individuals with mental illness and/or developmental disabilities. Staff members assist clients with activities of daily living and help integrate them into the local communities. Individual service rates are generated through the Rate Management System (RMS) for each client based on their needs.



- **Minnesota State Operated Community Services (MSOCS) Vocational Services** – provides vocational support services for people with developmental disabilities. Staff provide evaluations, training, and client assistance at job sites. Individual services rates are generated for each client based on historic rates established for the identified vocational site.

## RESULTS

<i>Type of Measure</i>	<i>Name of Measure</i>	<i>Previous</i>	<i>Current</i>	<i>Dates</i>
Quantity	The average number of individuals residing within MSOCS residential services on a daily basis <sup>1</sup>	388	338	FY 2018 v. FY 2020
Quantity	The percent of individual workers within MSOCS vocational services who have community employment <sup>2</sup>	83%	66%	June 2018 v. June 2020

---

Minnesota Statutes Chapter 246 (<https://www.revisor.mn.gov/statutes/?id=246>) provide the legal authority for Direct Care and Treatment State Operated Services.

<sup>1</sup>We continue to reduce our footprint (the number of homes we operate), while transitioning clients to private community providers when appropriate. This allows us to fulfill our mission of specializing in serving only the most behaviorally complex individuals.

<sup>2</sup>Community Employment offers a more person-centered approach to employment by giving individuals the opportunity to secure a variety of employment options outside the traditional contracted services that are brought into a Day Treatment & Habilitation (DT&H) site based employment setting. The percentage has decreased as a number of individuals no longer need our services as they have been hired directly by community employers. In addition, as customized employment services increase, we have many individuals in the exploration phase of determining their skill set and interests related to work.

# Community Based Services

# Activity Expenditure Overview

(Dollars in Thousands)

	Actual FY18	Actual FY19	Actual FY20	Estimate FY21	Forecast Base	
					FY22	FY23
<b><u>Expenditures by Fund</u></b>						
1000 - General	10,025	11,011	10,661	11,449	11,054	11,054
2000 - Restrict Misc Special Revenue	6	4	0	10	10	10
2403 - Gift	2	3	2	6	6	3
4100 - SOS TBI & Adol Ent Svcs	1,544	1,495	1,432	1,465	1,465	1,465
4350 - MN State Operated Comm Svcs	111,722	113,473	111,996	116,344	111,163	95,394
<b>Total</b>	<b>123,300</b>	<b>125,985</b>	<b>124,092</b>	<b>129,274</b>	<b>123,698</b>	<b>107,926</b>
Biennial Change				4,081		(21,742)
Biennial % Change				2		(9)
<b><u>Expenditures by Category</u></b>						
Compensation	110,404	114,673	112,761	116,251	111,069	95,300
Operating Expenses	11,734	10,497	10,835	12,705	12,311	12,308
Grants, Aids and Subsidies	877	662	423	318	318	318
Other Financial Transaction	284	154	73			
<b>Total</b>	<b>123,300</b>	<b>125,985</b>	<b>124,092</b>	<b>129,274</b>	<b>123,698</b>	<b>107,926</b>
Total Agency Expenditures	123,300	125,985	124,092	129,274	123,698	107,926
Internal Billing Expenditures			88	93	93	93
<b>Expenditures Less Internal Billing</b>	<b>123,300</b>	<b>125,985</b>	<b>124,004</b>	<b>129,181</b>	<b>123,605</b>	<b>107,833</b>
<b><u>Full-Time Equivalent</u></b>	<b>1,545.64</b>	<b>1,555.52</b>	<b>1,488.93</b>	<b>1,397.35</b>	<b>1,310.48</b>	<b>1,128.46</b>

# Community Based Services

# Activity Financing by Fund

(Dollars in Thousands)

	Actual FY18	Actual FY19	Actual FY20	Estimate FY21	Forecast Base	
					FY22	FY23
<b>1000 - General</b>						
Balance Forward In		715		394		
Direct Appropriation	25,652	20,543	22,752	11,055	17,176	17,176
Transfers In	155	112	1,000	1,000		
Transfers Out	15,091	9,972	12,697	1,000	6,122	6,122
Cancellations		386				
Balance Forward Out	691		394			
<b>Expenditures</b>	<b>10,025</b>	<b>11,011</b>	<b>10,661</b>	<b>11,449</b>	<b>11,054</b>	<b>11,054</b>
Biennial Change in Expenditures				1,073		(2)
Biennial % Change in Expenditures				5		(0)
Full-Time Equivalents	82.46	96.02	98.02	94.13	92.03	91.06

## 2000 - Restrict Misc Special Revenue

Balance Forward In	92	95	105	119	119	119
Receipts	9	11	14	10	10	10
Balance Forward Out	94	103	119	119	119	119
<b>Expenditures</b>	<b>6</b>	<b>4</b>	<b>0</b>	<b>10</b>	<b>10</b>	<b>10</b>
Biennial Change in Expenditures				0		10
Biennial % Change in Expenditures				4		91

## 2403 - Gift

Balance Forward In	40	39	38	37	32	27
Receipts	2	2	1	1	1	1
Balance Forward Out	39	38	37	32	27	25
<b>Expenditures</b>	<b>2</b>	<b>3</b>	<b>2</b>	<b>6</b>	<b>6</b>	<b>3</b>
Biennial Change in Expenditures				4		1
Biennial % Change in Expenditures				72		8

## 4100 - SOS TBI & Adol Ent Svcs

Balance Forward In	260	224	186	422	422	422
Receipts	1,505	1,455	1,668	1,465	1,465	1,465
Balance Forward Out	221	185	422	422	422	422
<b>Expenditures</b>	<b>1,544</b>	<b>1,495</b>	<b>1,432</b>	<b>1,465</b>	<b>1,465</b>	<b>1,465</b>
Biennial Change in Expenditures				(142)		33

**Community Based Services**

**Activity Financing by Fund**

*(Dollars in Thousands)*

	Actual FY18	Actual FY19	Actual FY20	Estimate FY21	Forecast Base	
					FY22	FY23
Biennial % Change in Expenditures				(5)		1
Full-Time Equivalents	23.93	23.17	21.40	20.50	20.05	19.84

**4350 - MN State Operated Comm Svcs**

Balance Forward In	1,208	2,744	6,396	8,992	6,596	
Receipts	104,064	106,102	102,895	98,919	98,445	89,272
Transfers In	9,090	10,981	11,697	15,029	6,122	6,122
Balance Forward Out	2,640	6,355	8,992	6,596		
<b>Expenditures</b>	<b>111,722</b>	<b>113,473</b>	<b>111,996</b>	<b>116,344</b>	<b>111,163</b>	<b>95,394</b>
Biennial Change in Expenditures				3,145		(21,783)
Biennial % Change in Expenditures				1		(10)
Full-Time Equivalents	1,439.25	1,436.33	1,369.51	1,282.72	1,198.40	1,017.56

**Program: Direct Care and Treatment**

**Activity: Forensic Services**

[mn.gov/dhs/people-we-serve/people-with-disabilities/services/direct-care-treatment/](http://mn.gov/dhs/people-we-serve/people-with-disabilities/services/direct-care-treatment/)

### AT A GLANCE

- Over 500 individuals received Forensic Mental Health services during FY 2019.
- Over 250 individuals were evaluated for competency to stand trial during FY 2019.
- The Forensic Nursing Home served 50 individuals during FY 2019.
- 247 individuals under the Mentally Ill and Dangerous (MI&D) commitment type are on provisional discharge from Forensic Services.
- Forensic Services has seen a reduction in both admissions and discharges. Reduction in admissions is a direct result of reductions in discharges.
- There has been an increase in individuals committed as MI&D. As of June 30, 2020, there were 29 individuals on a wait list for admission to Forensic Services.
- All funds spending for this budget activity was approximately \$94 million for FY 2019. This represents 21 percent of the total Direct Care and Treatment (DCT) all funds spending. Total DCT spending is less than 3 percent of the overall spending for the Department of Human Services.

### PURPOSE & CONTEXT

- As part of the Department of Human Services Direct Care & Treatment (DCT) Administration, Forensic Services in St. Peter provides multidisciplinary treatment services to adults with severe and persistent mental illness who have also come to the attention of the criminal justice system because they are at risk of endangering others and/or they present a serious risk to the public.
- Clients are admitted as a result of civil commitment. Clients come from throughout the state. Most are under a civil commitment type of Mentally Ill and Dangerous (MI&D), although all other commitment types are served.
- The 2017 Legislature appropriated \$70 million in general obligation bonds for Phase 2 construction of residential and program areas to help create a safer and more therapeutic environment at the Minnesota Security Hospital.
- The 2018 Legislature appropriated \$2.2 million in general obligation bonds to remodel the dietary building on the St. Peter campus. This project was completed in FY2020.

### SERVICES PROVIDED

Forensics Services programs provide a continuum of services:

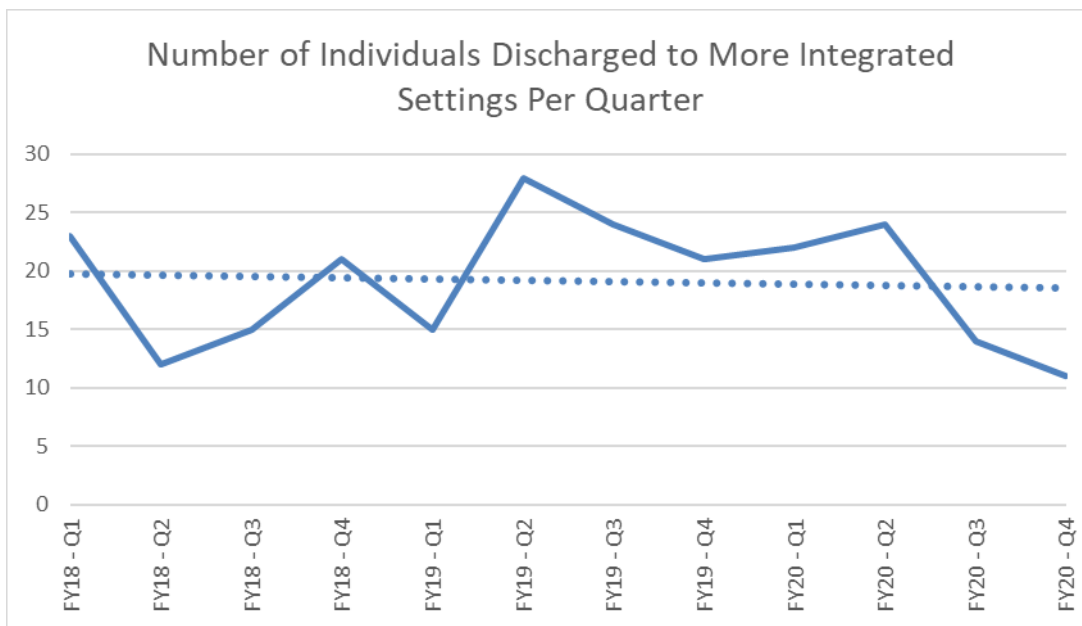
- **Forensic Mental Health Program** – provides secure and non-secure inpatient setting for treatment of individuals with severe mental illness diagnosis who are committed primarily as MI&D, as well as a small percentage of individuals who are under other commitment types. Across the treatment units within the Forensic Mental Health Program are settings that are secure and non-secure, necessitated because of the clinical presentation of danger to both self and other. A continuum of treatment focus exists from admissions and crisis to treatment focused towards re-entry into the community and eventual provisional discharge. The program also includes a 36 bed facility on the north side of St. Peter which houses individuals committed generally as Mentally Ill (MI), who have been determined to not be competent to proceed to trial for criminal activity (i.e., determined to not be competent under Court Rules of Criminal Procedure [Rule 20.01 Subd. 7](#)).

- **Court-ordered evaluations** – include evaluations of a person’s competency to stand trial and pre-sentencing mental health evaluations. These can be done on either an inpatient basis within Forensic Services or in a community setting, including a community corrections facility.
- **Forensic Nursing Home** – provides a secure licensed nursing home setting for individuals who are committed as MI&D, Sexual Psychopathic Personality (SPP), and Sexually Dangerous Person (SDP) and individuals on a medical release from the Department of Corrections. Treatment focus is similar to all nursing homes with provision activities of daily living care, rehabilitation services, and end of life care

All of these services are provided through a direct general fund appropriation except court-ordered evaluations, which is funded with other revenues.

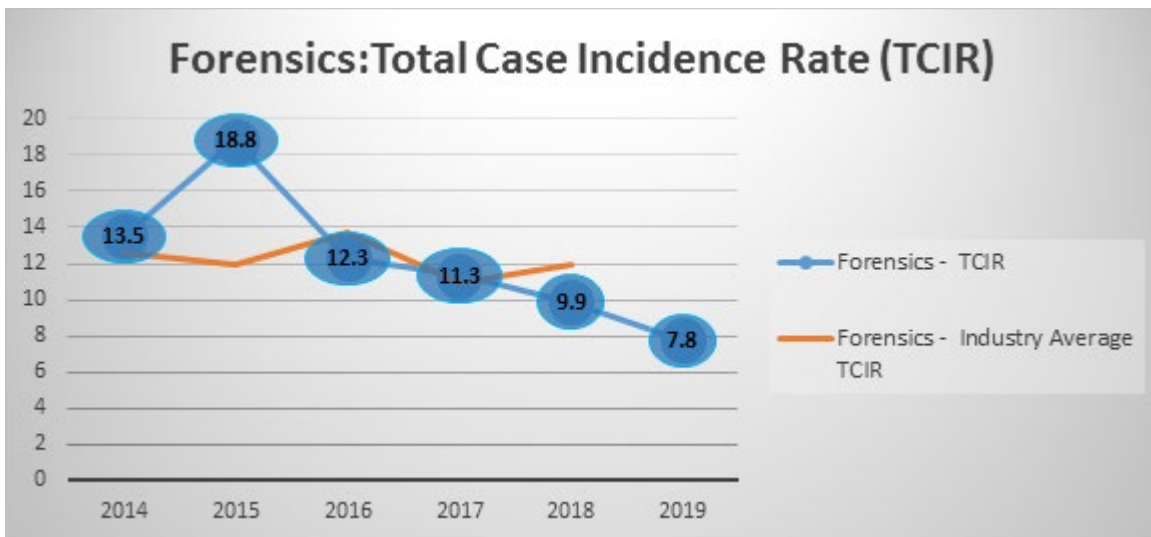
## RESULTS

We measure success by the number of individuals discharged from Forensic Services programs to more integrated settings, reflective of the Minnesota Olmstead Plan. In the chart below, the solid line is the average number of discharges. The dotted line is the trend line over the past three years.



During the second half of FY 2018, there was an increase in the number of individuals discharged to more integrated settings. In calendar year 2020 (third and fourth quarters of fiscal year 2020), there was a reduction in the number of individuals discharged to more integrated settings. Several factors have contributed to this reduction, including the coronavirus pandemic. Specific factors include reduced reintegration efforts and community provider capacity due to COVID, as well as the clinical impacts to patients resulting from stress and uncertainty of COVID and community unrest following the death of George Floyd.

We care about the safety of our clients and staff. One measure of safety is the Occupational Safety and Health Administration (OSHA) Total Case Incidence Rate (TCIR). The OSHA Total Case Incident Rate is the total number of workplace injuries or illnesses per 100 full time employees (FTE) working in a year. This is a metric used nationally to compare rates of workplace injuries with national averages of similar industries, which in our case is state healthcare nursing and residential facilities. In the chart below, the blue line is the annual data for Forensic Treatment Services (FTS). The orange line denotes the industry code average rate for state government nursing and residential facilities. For 2016, the national average among state government nursing and residential care facilities was 13.7 incidents per 100 FTE. The average for 2017 is not yet available.



There have been many efforts taken within Forensic Services that contributed to the reduction in TCIR over the past four calendar years:

- Designing the new facility to focus on creating an environment that would be safe for the patients and the staff who care for them.
- Stabilized/reduced turnover of staff including psychiatric providers, nursing staff and clinical staff providing clinical direction that identifies individual patient uniqueness and best clinical direction to help the individual in their recovery.
- Increase in clinical staff providing programming such as 1:1 and group therapy, social skill development through recreational and occupational therapies, music and art therapy, medication education, spiritual services, reintegration activities and vocational skills development just to mention a few.
- Increase in the staff that work the 24/7 shifts, providing support and reinforcement of skills practiced in groups. Helping to build that into the day as strategies for managing stressors, mental health crisis, free time, completion of normal day activities, etc.
- Recognizing inconsistency in our trainings, rewriting curriculum, training and/or retraining staff, as well as continuing to monitor for integrity of the training.
- Initiating a monthly Safety Team Meeting with membership of staff who work the 24/7 shifts (Forensic Support Specialists, nursing) along with the Safety Administrator and Safety Officer reviewing all staff and patients injuries from the previous month. Focus related to what went well, what didn't go well, what training opportunities are there, environment needs, etc.
- Continuously evaluating equipment used during needed containment of patients to minimize risk.
- Continued evolving of our behavioral support team of professionals that review incidents and can then wrap some additional clinical services around those patients by working with their treatment teams.

---

Minnesota Statutes Chapter 246 (<https://www.revisor.mn.gov/statutes/?id=246>) provide the legal authority for State Operated Services. See also, Minnesota Statutes Chapter 253 (<https://www.revisor.mn.gov/statutes/?id=253>) for additional authority that is specific to Forensic Services.

# Forensic Services

# Activity Expenditure Overview

(Dollars in Thousands)

	Actual FY18	Actual FY19	Actual FY20	Estimate FY21	Forecast Base	
					FY22	FY23
<b><u>Expenditures by Fund</u></b>						
1000 - General	98,623	106,280	107,414	117,808	115,644	115,644
2000 - Restrict Misc Special Revenue	920	805	715	800	800	800
6000 - Miscellaneous Agency	1,694	1,718	1,520	1,580	1,580	1,580
<b>Total</b>	<b>101,238</b>	<b>108,802</b>	<b>109,650</b>	<b>120,188</b>	<b>118,024</b>	<b>118,024</b>
Biennial Change				19,798		6,210
Biennial % Change				9		3

## **Expenditures by Category**

Compensation	85,584	93,315	100,297	109,936	107,772	107,772
Operating Expenses	11,989	11,303	7,354	8,122	8,122	8,122
Grants, Aids and Subsidies	2,381	2,148	1,797	2,130	2,130	2,130
Capital Outlay-Real Property	281	143	27			
Other Financial Transaction	1,003	1,894	173			
<b>Total</b>	<b>101,238</b>	<b>108,802</b>	<b>109,650</b>	<b>120,188</b>	<b>118,024</b>	<b>118,024</b>

Total Agency Expenditures	101,238	108,802	109,650	120,188	118,024	118,024
Internal Billing Expenditures			0			
<b>Expenditures Less Internal Billing</b>	<b>101,238</b>	<b>108,802</b>	<b>109,649</b>	<b>120,188</b>	<b>118,024</b>	<b>118,024</b>

## **Full-Time Equivalent**

	922.40	981.85	1,035.15	1,032.78	1,015.16	1,004.45
--	--------	--------	----------	----------	----------	----------



## Forensic Services

## Activity Financing by Fund

(Dollars in Thousands)

	Actual FY18	Actual FY19	Actual FY20	Estimate FY21	Forecast Base	
					FY22	FY23
<b>1000 - General</b>						
Balance Forward In		1,926		3,589		
Direct Appropriation	102,806	106,958	112,126	115,342	115,644	115,644
Transfers In	343	660				
Transfers Out	3,448	2,133	1,123	1,123		
Cancellations		1,131				
Balance Forward Out	1,078		3,589			
<b>Expenditures</b>	<b>98,623</b>	<b>106,280</b>	<b>107,414</b>	<b>117,808</b>	<b>115,644</b>	<b>115,644</b>
Biennial Change in Expenditures				20,319		6,066
Biennial % Change in Expenditures				10		3
Full-Time Equivalents	919.27	979.59	1,033.08	1,030.98	1,013.40	1,002.71

### 2000 - Restrict Misc Special Revenue

Balance Forward In	437	548	587	737	737	737
Receipts	952	801	865	800	800	800
Balance Forward Out	469	544	737	737	737	737
<b>Expenditures</b>	<b>920</b>	<b>805</b>	<b>715</b>	<b>800</b>	<b>800</b>	<b>800</b>
Biennial Change in Expenditures				(210)		85
Biennial % Change in Expenditures				(12)		6
Full-Time Equivalents	3.13	2.26	2.07	1.80	1.76	1.74

### 6000 - Miscellaneous Agency

Balance Forward In	292	292	265	279	249	219
Receipts	1,695	1,691	1,534	1,550	1,550	1,550
Transfers In	107					
Transfers Out	107					
Balance Forward Out	293	265	279	249	219	189
<b>Expenditures</b>	<b>1,694</b>	<b>1,718</b>	<b>1,520</b>	<b>1,580</b>	<b>1,580</b>	<b>1,580</b>
Biennial Change in Expenditures				(312)		60
Biennial % Change in Expenditures				(9)		2

**Program:** Direct Care and Treatment  
**Activity:** Minnesota Sex Offender Program

[mn.gov/dhs/people-we-serve/adults/services/sex-offender-treatment/](https://mn.gov/dhs/people-we-serve/adults/services/sex-offender-treatment/)

### AT A GLANCE

- Clients progress through three phases of sex offender specific treatment by active participation in group therapy and other programming.
- Minnesota Sex Offender Program (MSOP) population as of June 30, 2020 was 742.
- As of June 30, 2020, a total of 26 MSOP clients were on provisional discharge living in the community and supervised by MSOP Reintegration Agents.
- As of June 30, 2020, a total of 13 MSOP clients have been fully discharged from their commitment.
- As of June 30, 2020, approximately 85 percent of MSOP clients voluntarily participated in treatment.
- All funds spending for this budget activity was approximately \$87 million for FY 2019. This represents 20 percent of the total Direct Care and Treatment (DCT) all funds spending. Total DCT spending is less than 3 percent of the overall spending for the Department of Human Services.

### PURPOSE & CONTEXT

- As part of the Department of Human Services Direct Care and Treatment (DCT) Administration, the Minnesota Sex Offender Program (MSOP) provides services to individuals who been civilly committed as a Sexually Dangerous Person and/or Sexual Psychopathic Personality.
- MSOP's mission is to promote public safety by providing comprehensive sex offender treatment and reintegration opportunities for sexual abusers.
- Minnesota is one of 20 states with civil commitment laws for sex offenders and is the largest program in the country.
- There are approximately 15-20 new commitments annually.
- Most MSOP clients have served prison sentences prior to their civil commitment.
- Transfer to less restrictive settings, such as Community Preparation Services, provisional discharge, or discharge from MSOP, occurs through a court order from a three judge panel.

### SERVICES PROVIDED

We accomplish our mission by:

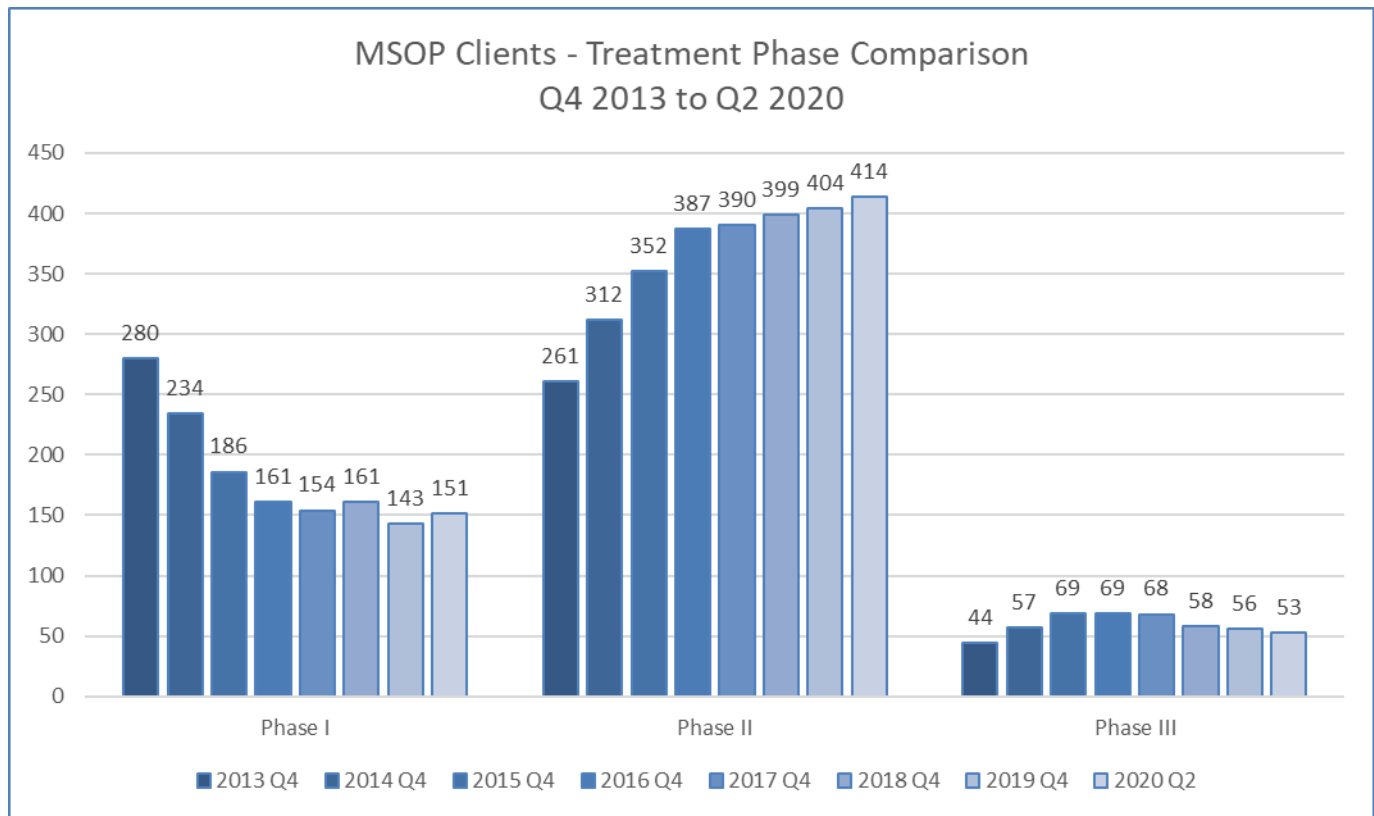
- Maintaining a therapeutic treatment environment that is safe and conducive for making positive behavioral change.
- Providing core group therapy, psycho-educational modules, and other programming opportunities in a three phase sex offender treatment program. Clients also participate in rehabilitative services including education, therapeutic recreational activities, and vocational work program assignments.
- Providing risk assessments, treatment reports, and testimony that inform the courts.
- Working together with communities, policy makers, and other governmental agencies.
- Providing supervision and resources for provisionally discharged clients to succeed in the community.

MSOP is a three-phase treatment program. Clients initially address treatment-interfering behaviors and attitudes (Phase I) in preparation for focusing on their patterns of abuse and identifying and resolving the underlying issues in their offenses (Phase II). Clients in the later stages of treatment focus on deinstitutionalization and reintegration, applying the skills they acquired in treatment across settings and maintaining the changes they have made while managing their risk for re-offense (Phase III).

MSOP is funded by general fund appropriations. When a county commits someone to the program, the county is responsible for part of the cost of care. For commitments initiated before August 2011, the county share is ten percent. For commitments after that date, the county share is 25 percent. When a client is court ordered to provisional discharge (continued community supervision by MSOP), there is a 25% county share.

### RESULTS

As more clients move through the program, we expect to see increases in the number of clients participating in the latter stages of treatment. The chart below shows the treatment progression of clients since 2013.



The legislature requires an annual performance report on the Minnesota Sex Offender Program. Two important measures in the performance report are the program wide per diem and client counts. For MSOP the program wide per diem is the calculated daily comprehensive cost of the program for each client.

Type of Measure	Name of Measure	Previous	Current	Dates
Quantity	Per diem	\$372	\$393	FY18 to FY20
Quantity	Increase in client population	736	742	FY18 to FY20
Quality	Increase in client population on Provisional Discharge	15	26	FY18 to FY20

#### Results Notes

- Treatment progression graph is produced by the MSOP Research Department.
- The reported measure is the published per diem rate. It is the rate charged to counties when figuring a county’s share of the cost of a client’s care.
- Client population counts in the table below are as of June 30th (the end of each fiscal year).

---

Minnesota Statutes, chapter 246B (<https://www.revisor.mn.gov/statutes/cite/246B>) governs the operation of the Sex Offender Program and chapter <https://www.revisor.mn.gov/statutes/cite/253D> governs the civil commitment and treatment of sex offenders.

# Minnesota Sex Offender Program

# Activity Expenditure Overview

(Dollars in Thousands)

	Actual FY18	Actual FY19	Actual FY20	Estimate FY21	Forecast Base	
					FY22	FY23
<b><u>Expenditures by Fund</u></b>						
1000 - General	86,125	88,884	88,600	98,397	96,285	96,285
2000 - Restrict Misc Special Revenue	1,071	3				
4503 - Minnesota State Industries	1,562	1,148	1,164	1,606	1,606	1,606
6000 - Miscellaneous Agency	3,662	3,565	3,532	3,550	3,550	3,550
<b>Total</b>	<b>92,420</b>	<b>93,599</b>	<b>93,297</b>	<b>103,553</b>	<b>101,441</b>	<b>101,441</b>
Biennial Change				10,831		6,032
Biennial % Change				6		3
<b><u>Expenditures by Category</u></b>						
Compensation	74,628	74,849	75,107	84,301	82,189	82,189
Operating Expenses	14,145	14,216	14,004	15,385	15,385	15,385
Grants, Aids and Subsidies	3,371	3,728	3,676	3,867	3,867	3,867
Other Financial Transaction	276	806	510			
<b>Total</b>	<b>92,420</b>	<b>93,599</b>	<b>93,297</b>	<b>103,553</b>	<b>101,441</b>	<b>101,441</b>
<b><u>Full-Time Equivalents</u></b>	<b>861.79</b>	<b>830.35</b>	<b>817.32</b>	<b>824.97</b>	<b>811.28</b>	<b>802.72</b>

# Minnesota Sex Offender Program

# Activity Financing by Fund

(Dollars in Thousands)

	Actual FY18	Actual FY19	Actual FY20	Estimate FY21	Forecast Base	
					FY22	FY23
<b>1000 - General</b>						
Balance Forward In		1,678		3,374		
Direct Appropriation	89,217	89,225	97,072	97,621	96,285	96,285
Transfers In	3,500	5,581				
Transfers Out	5,536	6,087	5,098	2,598		
Cancellations		1,514				
Balance Forward Out	1,056		3,374			
<b>Expenditures</b>	<b>86,125</b>	<b>88,884</b>	<b>88,600</b>	<b>98,397</b>	<b>96,285</b>	<b>96,285</b>
Biennial Change in Expenditures				11,989		5,573
Biennial % Change in Expenditures				7		3
Full-Time Equivalents	861.79	830.35	817.32	824.97	811.28	802.72
<b>2000 - Restrict Misc Special Revenue</b>						
Balance Forward In		3				
Receipts	1,074					
Balance Forward Out	3					
<b>Expenditures</b>	<b>1,071</b>	<b>3</b>				
Biennial Change in Expenditures				(1,074)		0
Biennial % Change in Expenditures				(100)		
<b>4503 - Minnesota State Industries</b>						
Balance Forward In	1,507	1,946	2,286	2,625	2,269	1,913
Receipts	1,920	1,454	1,502	1,250	1,250	1,250
Balance Forward Out	1,864	2,252	2,625	2,269	1,913	1,557
<b>Expenditures</b>	<b>1,562</b>	<b>1,148</b>	<b>1,164</b>	<b>1,606</b>	<b>1,606</b>	<b>1,606</b>
Biennial Change in Expenditures				60		442
Biennial % Change in Expenditures				2		16
<b>6000 - Miscellaneous Agency</b>						
Balance Forward In	276	322	431	543	593	593
Receipts	3,700	3,673	3,645	3,600	3,550	3,550
Balance Forward Out	314	431	543	593	593	593
<b>Expenditures</b>	<b>3,662</b>	<b>3,565</b>	<b>3,532</b>	<b>3,550</b>	<b>3,550</b>	<b>3,550</b>
Biennial Change in Expenditures				(144)		18

# Minnesota Sex Offender Program

# Activity Financing by Fund

*(Dollars in Thousands)*

	Actual	Actual	Actual	Estimate	Forecast Base	
	FY18	FY19	FY20	FY21	FY22	FY23
Biennial % Change in Expenditures				(2)		0

**Program: Direct Care and Treatment**

**Activity: DCT Administration**

[mn.gov/dhs/people-we-serve/people-with-disabilities/services/direct-care-treatment/](https://mn.gov/dhs/people-we-serve/people-with-disabilities/services/direct-care-treatment/)

#### AT A GLANCE

- Direct Care and Treatment (DCT) offers programs in about 200 sites throughout Minnesota.
- DCT provides services to over 12,000 individuals annually.
- DCT has over 4,500 employees, with an annual budget of over \$500 million.
- All funds spending for this budget activity was approximately \$31 million for FY 2019. This represents 7 percent of the total Direct Care and Treatment (DCT) all funds spending. Total DCT spending is less than 3 percent of the overall spending for the Department of Human Services.

#### PURPOSE & CONTEXT

Direct Care and Treatment (DCT) operates as a health care system providing a wide range of services to individuals with behavioral health needs. These services are provided throughout the state with 24/7 operations of sites that include psychiatric hospitals, residential treatment sites, vocational services, secure facilities and community clinics. DCT Administration oversees and manages the business operations of this health care system. The administration also provides strategic plan development and implementation as well as oversight to integrate DCT's seven pillars of excellence (Quality, Services, People, Growth, Financial, Technology, and Legislative) into all programs, divisions and staff.

#### SERVICES PROVIDED

Our **Compliance Office** is responsible for managing the relationships with several regulating entities that provide oversight to DCT programs. The staff in this area work with program staff to assure that the programs understand the regulatory, court and legislative requirements and that all standards are being followed.

Our **Health Information Management Services (HIMS) unit** manages all patient and client records to assure that information is properly documented and protected. HIMS provides support to the direct care staff to assure medical records are accurate, timely, and up-to-date, laws are followed related to civil commitment, records are properly stored and access to private information is appropriate and documented. HIMS will also be developing, implementing, and auditing the business processes incorporated into the Behavioral Health Medical Records to ensure the system meets regulatory requirements and business needs.

On-going training is essential to providing quality care within a health care organization. Our **Learning and Development** office ensures that staff have the necessary training needed to meet regulatory requirements/standards and to best serve the individuals in our care. Each division within DCT has a Learning Advisory Committee and a team of individuals that help develop and manage training to ensure DCT meets regulatory requirements and that training is completed in a timely manner. These groups also ensure ongoing employee training is managed and documented appropriately.

Our **Financial Management** office provides fiscal services and controls the financial transactions and reporting to assure prudent use of public resources. Core functions in this area include preparing operating and legislative budget requests, patient services billing and accounts receivable, contract management support, accounts payable, Medicare and/or Medicaid Cost reporting for our hospitals and clinics, financial reporting, and resident trust services for our institutional patients and clients.



Our **Facilities Management** unit is responsible for buildings occupied by DCT programs including the strategic planning necessary to complete capital budget requests. Core functions include leasing of space for DCT, project management of design and construction projects, asset management, conditional facility assessment, department sustainability activities and strategic planning to meet the on-going needs of our programs.

Our **Business Process Services** unit provides support to direct care staff on consistent and standardized processes for doing business. These business processes cross all programs/divisions to develop core ways of providing electronic documentation of admissions, assessments, treatment progress, discharge, etc. Another core function is to ensure these standardized business processes are incorporated into the DCT Behavioral Health Medical Record, which is the backbone of our health care system.

### RESULTS

<i>Type of Measure</i>	<i>Name of Measure</i>	<i>Previous</i>	<i>Current</i>	<i>Dates</i>
Quantity	The number of background checks completed for hand gun permits <sup>1</sup>	11,761	12,154	FY18 & FY20
Quantity	The number of requests for releasing client specific information	6,031	7,661	FY18 & FY20
Quantity	The number of unique claims processed for client billings <sup>2</sup>	162,797	121,577	FY18 & FY20

<sup>1</sup> DCT HIMS staff complete the process as required under Minnesota Statute 245.041 to provide commitment information to local law enforcement agencies for the sole purpose of facilitating a firearms background check.

<sup>2</sup> The drop in claims in FY20 is primarily due to the suspension of dental and vocational services due to the Coronavirus pandemic.

---

Minnesota Statutes Chapter 246 (<https://www.revisor.mn.gov/statutes/cite/246>) provides the legal authority for Direct Care and Treatment State Operated Services.

# DCT Administration

# Activity Expenditure Overview

(Dollars in Thousands)

	Actual FY18	Actual FY19	Actual FY20	Estimate FY21	Forecast Base	
					FY22	FY23
<b><u>Expenditures by Fund</u></b>						
1000 - General	31,711	33,640	27,976	37,671	30,724	30,724
2000 - Restrict Misc Special Revenue	3,862	4,295	4,503	8,131	5,638	5,638
2001 - Other Misc Special Revenue	8,556	9,806	12,064	9,772	9,772	9,772
2403 - Gift			1			
3000 - Federal				650		
3010 - Coronavirus Relief			13,059	3,045		
4100 - SOS TBI & Adol Ent Svcs		1				
6000 - Miscellaneous Agency			3			
<b>Total</b>	<b>44,130</b>	<b>47,742</b>	<b>57,605</b>	<b>59,269</b>	<b>46,134</b>	<b>46,134</b>
Biennial Change				25,002		(24,606)
Biennial % Change				27		(21)
<b><u>Expenditures by Category</u></b>						
Compensation	26,675	26,488	37,317	35,482	25,497	25,497
Operating Expenses	17,140	20,526	19,391	23,787	20,637	20,637
Grants, Aids and Subsidies	1	1	5			
Capital Outlay-Real Property		298	278			
Other Financial Transaction	314	429	614			
<b>Total</b>	<b>44,130</b>	<b>47,742</b>	<b>57,605</b>	<b>59,269</b>	<b>46,134</b>	<b>46,134</b>
Total Agency Expenditures	44,130	47,742	57,605	59,269	46,134	46,134
Internal Billing Expenditures			114	143	143	143
<b>Expenditures Less Internal Billing</b>	<b>44,130</b>	<b>47,742</b>	<b>57,490</b>	<b>59,126</b>	<b>45,991</b>	<b>45,991</b>
<b><u>Full-Time Equivalent</u></b>	<b>224.42</b>	<b>245.89</b>	<b>226.23</b>	<b>232.09</b>	<b>226.99</b>	<b>224.59</b>

# DCT Administration

# Activity Financing by Fund

(Dollars in Thousands)

	Actual FY18	Actual FY19	Actual FY20	Estimate FY21	Forecast Base	
					FY22	FY23
<b>1000 - General</b>						
Balance Forward In		6,854		4,218		
Direct Appropriation	45,151	45,708	47,398	63,686	49,837	49,837
Transfers In	13,914	19,417	4,909	4,909		
Transfers Out	20,841	36,167	20,113	35,142	19,113	19,113
Cancellations		2,172				
Balance Forward Out	6,512		4,218			
<b>Expenditures</b>	<b>31,711</b>	<b>33,640</b>	<b>27,976</b>	<b>37,671</b>	<b>30,724</b>	<b>30,724</b>
Biennial Change in Expenditures				295		(4,199)
Biennial % Change in Expenditures				0		(6)
Full-Time Equivalents	190.80	211.55	188.59	194.71	190.39	188.38

## 2000 - Restrict Misc Special Revenue

Balance Forward In	1,724	3,339	3,039	3,563	612	161
Direct Appropriation	200					
Receipts	5,194	4,084	5,028	5,180	5,187	5,638
Transfers In		100				
Transfers Out		194	2			
Balance Forward Out	3,256	3,034	3,563	612	161	161
<b>Expenditures</b>	<b>3,862</b>	<b>4,295</b>	<b>4,503</b>	<b>8,131</b>	<b>5,638</b>	<b>5,638</b>
Biennial Change in Expenditures				4,476		(1,358)
Biennial % Change in Expenditures				55		(11)
Full-Time Equivalents	33.62	34.34	37.64	37.38	36.60	36.21

## 2001 - Other Misc Special Revenue

Balance Forward In	293	485	1,739	369	369	369
Receipts	679	107	298	400	400	400
Transfers In	8,069	10,954	10,395	9,372	9,372	9,372
Balance Forward Out	485	1,739	369	369	369	369
<b>Expenditures</b>	<b>8,556</b>	<b>9,806</b>	<b>12,064</b>	<b>9,772</b>	<b>9,772</b>	<b>9,772</b>
Biennial Change in Expenditures				3,474		(2,292)
Biennial % Change in Expenditures				19		(11)

## 2400 - Endowment

**DCT Administration**

**Activity Financing by Fund**

*(Dollars in Thousands)*

	Actual FY18	Actual FY19	Actual FY20	Estimate FY21	Forecast Base	
					FY22	FY23
Balance Forward In	61	62	64	65	66	67
Receipts	1	1	1	1	1	1
Balance Forward Out	62	64	65	66	67	68

**2403 - Gift**

Balance Forward In	8	8	8	10	10	10
Receipts	0	0	2			
Balance Forward Out	8	8	10	10	10	10
<b>Expenditures</b>			<b>1</b>			
Biennial Change in Expenditures				1		(1)
Biennial % Change in Expenditures						

**3000 - Federal**

Balance Forward In				650		
Receipts			650			
Balance Forward Out			650			
<b>Expenditures</b>				<b>650</b>		
Biennial Change in Expenditures				650		(650)
Biennial % Change in Expenditures						

**3010 - Coronavirus Relief**

Direct Appropriation			13,059	3,045	0	0
<b>Expenditures</b>			<b>13,059</b>	<b>3,045</b>		
Biennial Change in Expenditures				16,104		(16,104)
Biennial % Change in Expenditures						(100)

**4100 - SOS TBI & Adol Ent Svcs**

Balance Forward In	109	115	116	118	120	122
Receipts	2	3	2	2	2	2
Balance Forward Out	111	116	118	120	122	124
<b>Expenditures</b>		<b>1</b>				
Biennial Change in Expenditures				(1)		0
Biennial % Change in Expenditures						

(Dollars in Thousands)

	Actual FY18	Actual FY19	Actual FY20	Estimate FY21	Forecast Base	
					FY22	FY23
<b>6000 - Miscellaneous Agency</b>						
Balance Forward In	171	173	177	178	181	184
Receipts	3	4	3	3	3	3
Balance Forward Out	173	177	178	181	184	187
<b>Expenditures</b>			<b>3</b>			
Biennial Change in Expenditures				3		(3)
Biennial % Change in Expenditures						

**Program: Fiduciary Activities**

**Activity: Fiduciary Activities**

[mn.gov/dhs/people-we-serve/children-and-families/services/child-support/](http://mn.gov/dhs/people-we-serve/children-and-families/services/child-support/)

### AT A GLANCE

- All funds spending for Fiduciary Activities was \$611 million in state fiscal year (FY) 2019.
- Child Support program payments are the bulk of this activity, amounting to \$587 million in FY 2019.

### PURPOSE & CONTEXT

The Fiduciary Activities budget program:

- Collects money from individuals and organizations (for example people who owe child support)
- Distributes the collected funds to people owed the money (such as children receiving child support)

Because these are not state funds and belong to others, they are not included in the state's budget or consolidated fund statement.

### SERVICES PROVIDED

The following services make up most of the transactions of this budget activity:

- Child Support Payments: Payments made to custodial parents, collected from non-custodial parents
- Recoveries: Money recovered from clients that cannot be processed in the state computer systems. Funds are held here until they can be credited to the correct area, such as:
  - US Treasury
  - Supplemental Security Income (SSI)
  - Counties
  - Clients
- Long-Term Care Penalties: These are funds collected by the federal government (Centers for Medicare and Medicaid Services) related to penalties for nursing home violations. We use these to fund approved projects to improve nursing homes.

### RESULTS

The Child Support Program makes timely distribution of collected child support payments to custodial parents and ranks in the top tier of states in terms of percent collections and payments on both current obligations and arrears.

#### State Performance on Current Obligations by Federal Fiscal Year (FFY)

<i>State</i>	<i>FFY 2018 (%)</i>	<i>Due 2018 in Millions (\$)</i>	<i>Paid 2018 in Millions (\$)</i>	<i>FFY 2017 (%)</i>	<i>FFY 2016 (%)</i>
Pennsylvania	84.2	1,238	1,043	84.1	84.3
North Dakota	75.3	109	82	73.2	72.7
<b>Minnesota</b>	<b>74.9</b>	<b>380</b>	<b>434</b>	<b>74.5</b>	<b>74.2</b>
Wisconsin	74.7	699	522	74.6	74.4
Vermont	74.6	45	34	73.8	74.2

**State Performance on Obligations in Arrears**

<i>State</i>	<i>FFY 2018 (%)</i>	<i>Cases with Arrears (2018)</i>	<i>Cases with Payment Towards Arrears (2018)</i>	<i>FFY 2017 (%)</i>	<i>FFY 2016 (%)</i>
Pennsylvania	84.2	257,094	216,663	84.1	84.5
Vermont	76.2	12,757	9,722	76.3	75.5
<b>Minnesota</b>	<b>72.4</b>	<b>169,227</b>	<b>122,604</b>	<b>72.2</b>	<b>72.3</b>
Indiana	72.3	220,831	159,847	72.3	73.2
Wyoming	72.2	25,794	18,647	69.2	70.5

Source: 2019 Minnesota Child Support Performance Report  
<https://www.leg.state.mn.us/docs/2020/other/200610.pdf>

---

Several state statutes underlie the activities in the Fiduciary Activities budget program. These statutes are M.S. sections 256.741 (<https://www.revisor.mn.gov/statutes/?id=256.741>), 256.019 (<https://www.revisor.mn.gov/statutes/?id=256.019>), 256.01 (<https://www.revisor.mn.gov/statutes/?id=256.01>), and 256B.431 (<https://www.revisor.mn.gov/statutes/?id=256B.431>).

## Fiduciary Activities

## Activity Expenditure Overview

(Dollars in Thousands)

	Actual FY18	Actual FY19	Actual FY20	Estimate FY21	Forecast Base	
					FY22	FY23
<b><i>Expenditures by Fund</i></b>						
2000 - Restrict Misc Special Revenue	2,213	2,332	2,295	0		
6000 - Miscellaneous Agency	28,499	21,285	11,726	210,673	209,272	209,272
6003 - Child Support Enforcement	591,132	587,214	615,778	640,415	640,415	640,415
<b>Total</b>	<b>621,844</b>	<b>610,831</b>	<b>629,799</b>	<b>851,088</b>	<b>849,687</b>	<b>849,687</b>
Biennial Change				248,213		218,487
Biennial % Change				20		15

### ***Expenditures by Category***

Compensation		74	90	104		
Operating Expenses	4,958	4,874	5,305	3,202	3,250	3,250
Grants, Aids and Subsidies	17,252	10,877	1,537	195,612	194,267	194,267
Other Financial Transaction	599,633	595,005	622,867	652,170	652,170	652,170
<b>Total</b>	<b>621,844</b>	<b>610,831</b>	<b>629,799</b>	<b>851,088</b>	<b>849,687</b>	<b>849,687</b>

### ***Full-Time Equivalents***

	0.69	1.16	1.55	1.55	1.55
--	------	------	------	------	------



## Fiduciary Activities

## Activity Financing by Fund

(Dollars in Thousands)

	Actual FY18	Actual FY19	Actual FY20	Estimate FY21	Forecast Base	
					FY22	FY23
<b>2000 - Restrict Misc Special Revenue</b>						
Balance Forward In	4,538	4,000	3,831	3,303	2,427	1,198
Receipts	2,767	3,264	3,317	3,296	3,418	3,646
Transfers In	85	440	199	371		
Transfers Out	1,225	1,643	1,747	4,543	4,647	4,844
Balance Forward Out	3,951	3,729	3,303	2,427	1,198	
<b>Expenditures</b>	<b>2,213</b>	<b>2,332</b>	<b>2,295</b>	<b>0</b>		
Biennial Change in Expenditures				(2,250)		(2,295)
Biennial % Change in Expenditures				(50)		(100)

### 6000 - Miscellaneous Agency

Balance Forward In	2,541	3,056	3,736	3,387	2,364	2,364
Receipts	29,001	21,903	11,377	209,650	209,272	209,272
Balance Forward Out	3,043	3,674	3,387	2,364	2,364	2,364
<b>Expenditures</b>	<b>28,499</b>	<b>21,285</b>	<b>11,726</b>	<b>210,673</b>	<b>209,272</b>	<b>209,272</b>
Biennial Change in Expenditures				172,615		196,145
Biennial % Change in Expenditures				347		88
Full-Time Equivalents		0.69	1.16	1.55	1.55	1.55

### 6003 - Child Support Enforcement

Balance Forward In	10,624	10,279	9,695	20,037	20,037	20,037
Receipts	590,826	586,630	626,121	640,415	640,415	640,415
Balance Forward Out	10,318	9,695	20,037	20,037	20,037	20,037
<b>Expenditures</b>	<b>591,132</b>	<b>587,214</b>	<b>615,778</b>	<b>640,415</b>	<b>640,415</b>	<b>640,415</b>
Biennial Change in Expenditures				77,848		24,637
Biennial % Change in Expenditures				7		2

**Program: Technical Activities**

**Activity: Technical Activities**

**AT A GLANCE**

- All funds spending for Technical Activities was \$894 million during state fiscal year (FY) 2019.
- Technical Activities largely consists of federal administrative earned by and paid to counties, tribes, and other state and local agencies.

**PURPOSE & CONTEXT**

The Technical Activities budget program includes transfers and expenditures between federal grants, programs and other agencies that would result in misleading distortions of the state’s budget if the Department of Human Services did not account for them in a separate budget activity. This arrangement helps us to make sure that these transfers and expenditures are still properly processed in the state’s accounting system and helps us comply with federal accounting requirements

**SERVICES PROVIDED**

We include several different types of inter-fund and pass through expenditures in the Technical Activities budget program:

- Federal administrative reimbursement earned by and paid to counties, tribes and other local agencies.
- Federal administrative reimbursement earned by and paid to other state agencies.
- Administrative reimbursement (primarily federal funds) earned on statewide indirect costs and paid to the general fund.
- Administrative reimbursement (primarily federal funds) earned on DHS Central Office administrative costs and paid to the general fund, health care access fund or special revenue fund under state law and policy.
- Transfers between federal grants, programs and state agencies that are accounted for as expenditures in the state’s SWIFT accounting system.
- Other technical accounting transactions.

Staff members in our Operations Administration, which is part of our Central Office, are responsible for the accounting processes we use to manage the Technical Activities budget program.

**RESULTS**

We maintain necessary staff and information technology resources to adequately support accurate, efficient, and timely federal fund cash management. We measure the percentage of federal funds deposited within two working days.

<i>Type of Measure</i>	<i>Name of Measure</i>	<i>Previous</i>	<i>Current</i>	<i>Dates</i>
Quality	Percent of federal fund deposit transactions completed (deposited in State treasury) within two working days of the amount being identified by the SWIFT accounting system.	98.4%	98.6%	FY2019 to FY2020

---

M.S. sections 256.01 (<https://www.revisor.mn.gov/statutes/?id=256.01>) to 256.011 (<https://www.revisor.mn.gov/statutes/?id=256.011>) and Laws 1987, chapter 404, section 18, provide the overall state legal authority for DHS's Technical Activities budget program.

## Technical Activities

## Activity Expenditure Overview

(Dollars in Thousands)

	Actual FY18	Actual FY19	Actual FY20	Estimate FY21	Forecast Base	
					FY22	FY23
<b><u>Expenditures by Fund</u></b>						
1200 - State Government Special Rev	18	19	22			
2000 - Restrict Misc Special Revenue	3,815	3,401	836	951	947	948
2001 - Other Misc Special Revenue	41,449	65,605	10,695	5,135	5,165	5,165
2360 - Health Care Access	158	159	177	158	158	158
3000 - Federal	712,648	707,934	662,758	807,021	794,233	794,113
3001 - Federal TANF	84,042	99,257	71,659	82,322	79,204	78,260
3010 - Coronavirus Relief				51		
4800 - Lottery	1	0	1			
<b>Total</b>	<b>842,130</b>	<b>876,375</b>	<b>746,147</b>	<b>895,638</b>	<b>879,707</b>	<b>878,644</b>
Biennial Change				(76,720)		116,566
Biennial % Change				(4)		7
<b><u>Expenditures by Category</u></b>						
Compensation				20		
Operating Expenses	363,460	371,434	292,375	382,245	369,452	369,333
Grants, Aids and Subsidies	475,470	500,810	443,754	509,673	506,555	505,611
Other Financial Transaction	3,200	4,131	10,019	3,700	3,700	3,700
<b>Total</b>	<b>842,130</b>	<b>876,375</b>	<b>746,147</b>	<b>895,638</b>	<b>879,707</b>	<b>878,644</b>
Total Agency Expenditures	842,130	876,375	746,147	895,638	879,707	878,644
Internal Billing Expenditures			68,094	94,765	94,070	93,951
<b>Expenditures Less Internal Billing</b>	<b>842,130</b>	<b>876,375</b>	<b>678,053</b>	<b>800,873</b>	<b>785,637</b>	<b>784,693</b>

## Technical Activities

## Activity Financing by Fund

(Dollars in Thousands)

	Actual FY18	Actual FY19	Actual FY20	Estimate FY21	Forecast Base	
					FY22	FY23
<b>1200 - State Government Special Rev</b>						
Open Appropriation	18	19	22			
<b>Expenditures</b>	<b>18</b>	<b>19</b>	<b>22</b>			
Biennial Change in Expenditures				(14)		(22)
Biennial % Change in Expenditures				(39)		
<b>2000 - Restrict Misc Special Revenue</b>						
Balance Forward In	34	141	97	133	101	101
Receipts	68	19	89	115	116	117
Transfers In	3,856	3,359	788	834	831	831
Transfers Out		22	7	30		
Balance Forward Out	143	97	132	101	101	101
<b>Expenditures</b>	<b>3,815</b>	<b>3,401</b>	<b>836</b>	<b>951</b>	<b>947</b>	<b>948</b>
Biennial Change in Expenditures				(5,429)		108
Biennial % Change in Expenditures				(75)		6
<b>2001 - Other Misc Special Revenue</b>						
Balance Forward In	79,532	61,597	666	395	395	395
Receipts	989	737	1,127	739	769	769
Transfers In	3,455	3,819	9,297	4,396	4,396	4,396
Transfers Out	110	68				
Balance Forward Out	42,418	480	395	395	395	395
<b>Expenditures</b>	<b>41,449</b>	<b>65,605</b>	<b>10,695</b>	<b>5,135</b>	<b>5,165</b>	<b>5,165</b>
Biennial Change in Expenditures				(91,223)		(5,500)
Biennial % Change in Expenditures				(85)		(35)
<b>2005 - Opiate Epidemic Response</b>						
Direct Appropriation				5,439	0	0
Transfers Out				5,439		
<b>2360 - Health Care Access</b>						
Open Appropriation	158	159	177	158	158	158
<b>Expenditures</b>	<b>158</b>	<b>159</b>	<b>177</b>	<b>158</b>	<b>158</b>	<b>158</b>

## Technical Activities

## Activity Financing by Fund

(Dollars in Thousands)

	Actual FY18	Actual FY19	Actual FY20	Estimate FY21	Forecast Base	
					FY22	FY23
Biennial Change in Expenditures				18		(19)
Biennial % Change in Expenditures				6		(6)

### 3000 - Federal

Balance Forward In	301	146	311	5		
Receipts	712,547	708,511	662,452	807,016	794,233	794,113
Transfers Out	200					
Balance Forward Out		723	5			
<b>Expenditures</b>	<b>712,648</b>	<b>707,934</b>	<b>662,758</b>	<b>807,021</b>	<b>794,233</b>	<b>794,113</b>
Biennial Change in Expenditures				49,197		118,567
Biennial % Change in Expenditures				3		8

### 3001 - Federal TANF

Balance Forward In	51,275	4,804	6,321			
Receipts	80,026	94,453	65,338	82,322	79,204	78,260
Balance Forward Out	47,259					
<b>Expenditures</b>	<b>84,042</b>	<b>99,257</b>	<b>71,659</b>	<b>82,322</b>	<b>79,204</b>	<b>78,260</b>
Biennial Change in Expenditures				(29,319)		3,483
Biennial % Change in Expenditures				(16)		2

### 3010 - Coronavirus Relief

Balance Forward In				50		
Direct Appropriation			50	1	0	0
Balance Forward Out			50			
<b>Expenditures</b>				<b>51</b>		
Biennial Change in Expenditures				51		(51)
Biennial % Change in Expenditures						

### 4800 - Lottery

Open Appropriation	1	0	1			
<b>Expenditures</b>	<b>1</b>	<b>0</b>	<b>1</b>			
Biennial Change in Expenditures				0		(1)
Biennial % Change in Expenditures				3		