



Legislative Report

Tribal Vulnerable Adult and Developmental Disability Targeted Case Management Medical Assistance Benefit

**Recommendations from Engagement
Sessions**

Transitions Tribal & Transformations Division

May 2025

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Minnesota Statutes, Chapter 3.197, requires the disclosure of the cost to prepare this report. The estimated cost of preparing this report is \$8,855.

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I. Land Acknowledgement

We collectively acknowledge that every community owes its existence and vitality to generations from around the world who contributed their hopes, dreams, and energy to making the history that led to this moment. Some were brought here against their will, some were drawn to leave their distant homes in hope of a better life, and some have lived on this land for more generations than can be counted. Truth and acknowledgment are critical to building mutual respect and connection across all barriers of heritage and difference.

We begin this effort to acknowledge what has been buried by honoring this truth: we are standing on the ancestral lands of the Dakota People. We want to acknowledge the Ojibwe, the Ho Chunk and the other nations of people who also called this place home. We pay respects to their elders past and present. Please take a moment to consider the treaties made by the tribal nations that entitle non-Native people to live and work on traditional Native lands. Consider the many legacies of violence, displacement, migration, and settlement that bring us together here today. And please join us in uncovering such truths at any and all public events.¹

¹ The acknowledgment given in the USDAC Honor Native Land Guide - edited to reflect Minnesota Tribes from Shannon Geshick, MTAG; Executive Director Minnesota Indian Affairs Council

II. Executive Summary

Overview: Tribal Nations want equitable opportunities to exercise their authority to care for their members in the way they know how, and through culturally accessible services. Tribes also want equitable opportunities to get reimbursement for those services. Furthermore, as Tribal Nations, it is a requirement to respect and honor their sovereignty and meet the requirements for [Minnesota Statute 10.65](#), which recognizes Tribes' unique status and their relationship with the State of Minnesota. This report responds to a request from the State Legislature on Tribal Vulnerable Adult and Developmental Disability (VA/DD) Targeted Case Management (TCM) Medical Assistance Benefit. The Department of Human Services (DHS) provided engagement opportunities and facilitated discussions with Minnesota's Tribal Nations to ensure Minn. Stat. 10.65 was upheld in response to the legislative requirement for Tribal VA/DD-TCM therefore "allowing for communication on matters of mutual interest and help to establish mutually respectful and beneficial relationships between the state and Minnesota Tribal governments." DHS wanted to understand more from Tribal Nations in Minnesota who provide services for vulnerable adults and adults with developmental disabilities so that it could make recommendations to the Minnesota Legislature for a Targeted Case Management benefit that better meets Tribes' needs. This report describes the engagement process DHS designed in response to the legislative requirement, outcomes of the engagement process, and recommendations informed directly from Tribal Nations who had representatives on varying leadership levels participate in the engagement sessions.

Engagement process: The engagement work was led by the DHS Tribal Collective team within the Transitions, Tribal and Transformation Division in the Aging and Disability Services Administration. The Tribal Collective team is a newly developed unit that focuses on having a more effective interface between DHS and Minnesota's Tribal Nations by providing technical assistance, strengthening government-to-government relations, and supporting Tribes in capacity building for developing and implementing culturally specific home and community-based services for their members. The Tribal Collective is a multi-layered team that consists of four Tribal Relations Specialists who are dedicated to regions specific to Tribal Nations, providing opportunity to all federally recognized Tribes in Minnesota to engage and participate in the community sessions. DHS coordinated this engagement in collaboration and partnership with the Health Care Administration and Office of Indian Policy. Additionally, DHS contracted with ACET, Inc. to support project management, engagement documentation, and reporting.

DHS designed an engagement process that prioritized hearing directly from Tribal representatives. DHS invited representatives from the 11 federally recognized Tribal Nations within Minnesota who have insight, perspective, and input on what challenges exist for VA/DD-TCM. DHS invited Tribal Nations to participate in a series of three virtual engagement sessions, one-on-one meetings, as well as complete surveys to understand participants' experiences.

Outcomes: The short timeline required by the legislation restricted engagement and did not honor Tribal Nations' existing governance processes. However, within the restrictions, Tribes contributed valuable insight to inform recommendations. Tribes voiced that their first priority was to be added as a VA/DD TCM provider within the current [VA/DD TCM statute](#). Tribes also noted several elements of the existing VA/DD-TCM Statute that need to be clarified or changed to meet Tribes' needs and the needs of Tribal communities. These include:

- Flexible provider qualifications that acknowledge the value of cultural knowledge and experience.
- Inclusive eligibility for TCM services.
- Flexibility in terms of what kinds of services would be reimbursable to include culturally tailored care.
- A rate that is sufficient to pay for required staff, frequency of services, and intensity of services.
- Provisions that support Counties better meeting Tribes' needs when it comes to their collaborative partnership to serve people needing TCM.

Recommendations: The outcomes informed two recommendations: 1) Amend the current VA/DD-TCM statute to add Tribal Nations as an eligible provider of a VA/DD-TCM service; 2) Co-develop a TCM benefit with Tribal Nations that better meets the needs of Tribal providers and community members.

III. Legislation

Legislative Requirement:

2024 MN Session Laws Ch 125 Sec. 41. TRIBAL VULNERABLE ADULT AND DEVELOPMENTAL DISABILITY TARGETED CASE MANAGEMENT MEDICAL ASSISTANCE BENEFIT.

(a) The commissioner of human services must engage with Minnesota's federally-recognized Tribal Nations and urban American Indian providers and leaders to design and recommend a Tribal-specific vulnerable adult and developmental disability medical assistance targeted case management benefit to meet community needs and reduce disparities experienced by Tribal members and urban American Indian populations. The commissioner must honor and uphold Tribal sovereignty as part of this engagement, ensuring Tribal Nations are equitably and authentically included in planning and policy discussions.

(b) By January 1, 2025, the commissioner must report recommendations to the chairs and ranking minority members of the legislative committees with jurisdiction over health and human services finance and policy. Recommendations must include a description of engagement with Tribal Nations, Tribal perspectives shared throughout the engagement process, service design, and reimbursement methodology.

IV. Introduction

A. Context

Tribes are not listed as providers in the VA/DD-TCM statute, but are listed as an eligible provider in all other forms of targeted case management, such as Mental Health TCM and Child Welfare TCM. Tribes want equitable opportunities to exercise their authority to care for their members in the way they know how and through culturally accessible services. Tribes also want equitable opportunities to get reimbursement for those services. Targeted case management is one such type of service. The purpose of [Statute 256B.0924 Targeted Case Management Services \(VA/DD-TCM\)](#) is: “The state recognizes that targeted case management services can decrease the need for more costly services such as multiple emergency room visits or hospitalizations by linking eligible individuals with less costly services available in the community.”

MN Statute 256B.0924 Targeted Case Management Services (VA/DD-TCM) articulates who is eligible to receive Targeted Case Management (TCM): vulnerable adults in need of adult protection or adults with developmental disabilities or related conditions. VA/DD-TCM statute also defines who can provide TCM services and who can be served. Providers must adhere to these criteria to receive federal funds for these services. Tribal Nations want to ensure that the services developed meet the needs of their community members.

B. Purpose of Engagement

DHS connected with Tribal Nations with the intent to learn more about their experiences in providing services for vulnerable adults and adults with developmental disabilities, and how the Minnesota Legislature can consider their recommendations to better meet their needs. In 2016, the Minnesota Legislature directed DHS to partner with counties, Tribes, and other stakeholders to redesign case management. DHS initiated Case Management Redesign in response to the legislative directive and has continued to work with the Tribes to address changes needed to Medical-Assistance funded case management as well.² The next step that emerged from this process focused on community engagement: “True community engagement is more than a single conversation. DHS staff will continue to prioritize community engagement throughout the redesign initiative.”³ As part of this effort through Case Management Redesign, DHS looked at states like California and North Carolina that make TCM services available to individuals and families based on social risk factors such as homelessness, substance use disorder, high-risk pregnancies with the goal of providing services and supports “upstream” as a means of reducing significant impairments later on. Case Management Redesign also looked at states like Oregon and Alaska that have TCM programs designed for Tribal Nations and the

² Minnesota Department of Human Services. February 2017. “Case Management Redesign: Background Document”

³ Minnesota Department of Human Services. March 2020. “Case Management Redesign Overview.” Pg. 5

people they serve. These programs seek to provide culturally relevant and tailored supports and services that meet the unique needs of the individuals and families served by Tribes. Understanding this historical context, DHS explored two sets of questions with Tribal Nations in a way that centered equitable and authentic engagement:

- Do Tribes want to update the existing VA/DD-TCM statute to better meet the needs of Tribes? If so, what are the updates?
- Do Tribes want to develop a new type of Targeted Case Management for American Indians or Alaska Natives (AI/AN)? If so, do Tribes want to: a) create a new VA/DD-TCM that is specific to Tribal Nations; or b) create a new, wider-ranging TCM specific to Tribal Nations that is not limited to VA/DD? If Tribes want to pursue option a or b above, what would be included (e.g., eligibility criteria, provider qualifications, etc.)?

C. Purpose of Report

This report responds to the legislative requirement for a report on Tribal Vulnerable Adult and Developmental Disability Target Case Management Medical Assistance Benefit. This report describes the engagement process DHS designed to explore the questions above with Tribal Representatives. DHS will share the outcomes of the engagement process in this report and share recommendations informed from this work.

V. Engagement Process

In this section, DHS describes the overview of the engagement and who was invited to participate. This will include the goals of each engagement session, engagement strategies, who participated, what they shared, and how DHS pivoted based on what it learned.

A. Overview of Engagement

DHS began planning for engagement when the legislative requirement went into effect on July 1, 2024. To allow enough time for completing and submitting the Legislative Report, DHS needed to complete engagement strategies by October 24, 2024. To ease timeline constraints, DHS chose not to pursue in-person engagement. Instead, Tribal Representatives participated virtually, both during synchronous meetings and through a follow-up survey that was implemented after each engagement session.

DHS designed an engagement process that prioritized hearing directly from Tribal Representatives. The intention was that Tribal Representatives would develop all recommendations through facilitated conversations. As such, the process needed to be flexible and emergent: what Tribal Representatives shared in each engagement session informed the following session. Tribal Representatives engaged in the following ways:

- **Virtual engagement sessions:** DHS hosted three sets of virtual sessions, one each month from August-October. Each set of meetings included two meetings with the same agenda to accommodate invitees' schedules. DHS requested that one Tribal Nation representative attend one of the offered consultations each month. The six meetings occurred August 26-October 24 and were facilitated by DHS using Microsoft Teams.
- **One-on-one meetings between Tribal Nations and DHS:** One-on-one meetings occurred between the second and third set of engagement sessions.
- **Feedback survey:** Tribal Representatives were invited by DHS to complete a survey after each engagement session to understand their experiences.

After DHS wrote the first draft of this report, Tribal Representatives had the opportunity to review and offer feedback in writing. While there was collaboration from Tribal members throughout the process for the Tribal VA/DD-TCM legislative requirement, the timeline did not consider the governance process for many of the Tribal Nations, leaving a wide margin of unknown on how Tribes would like to proceed. Similarly to DHS processes, Tribal Governments have complex systems of governance that require intentionality and consensus, and Tribal Representatives re-iterated throughout the process that Tribal Representatives participating in the discussions could not make a decision on behalf of their Nation, and therefore implied more time was necessary.

B. Participants

DHS invited representatives from the 11 federally recognized Tribal Nations within Minnesota who have insight, perspective, and input on what the need is for Tribal VA/DD-TCM: Bois Forte Band, Fond Du Lac, Grand Portage, Leech Lake Band, Lower Sioux Community, Mille Lacs Band, Prairie Island Indian Community, Red Lake Nation, Shakopee, Upper Sioux Community, and White Earth Nation.

Although all 11 Tribal Nations were invited, 8 participated. The 11 Tribal Nations have a range of experiences and infrastructure to provide Medicaid services. There was increased engagement from Tribal Nations that currently provide Medicaid services, including TCM. Across the engagement sessions, 27 individual Tribal Representatives participated. A variety of roles were represented in the engagement sessions: District Representative, Government Relations Coordinator, General Counsel, Health Director, Community Health Programs Manager, Long-Term Service Supports Coordinator, Tribal Programs Administrator, Operations Manager of Behavioral Health, Family Services Supervisor, and more.

C. Goals of Tribal Representative Engagement Sessions

Tribal Representative Engagement Session 1 (August 27 & 29)

Goals: DHS aimed to understand questions and/or feedback that Tribal Representatives had regarding the legislative directive, to what extent Tribal Nations wished to work on amending the current VA/DD TCM statute, and to what degree Tribal Nations wanted to explore the development of a Tribal-specific TCM.

Engagement strategies: DHS invited Tribal Representatives to engage in an interactive Mentimeter Poll, through verbal discussion, and written discussion via the chat feature in Teams.

Who participated: 5 Tribal Nations participated in session 1:

- Bois Forte Band
- Lower Sioux Community
- Mille Lacs Band of Ojibwe
- Red Lake Nation
- White Earth Nation

What DHS learned that spurred changes in future engagement approaches: Tribal Representatives shared that they needed more context to be able to meaningfully participate in the discussions. They wanted more information about past DHS efforts regarding developing a Tribal-specific TCM and clearer directions for what DHS wanted to learn through this engagement. Additionally, Tribal representatives expressed their frustration with the fact that many of them are providing these services but are not

being reimbursed for them due to historical decisions that excluded them from the design and decision-making processes.

Tribal Representative Engagement Session 2 (September 17 & 19)

Goals: In response to Session 1 feedback, DHS aimed to offer more context to begin Session 2. DHS shared draft changes to the VA/DD Statute that were informed by Session 1 and invited Tribal Representatives to share feedback on the draft changes. DHS also wanted to understand Tribes' recommendations regarding the following items:

- VA/DD-TCM eligibility requirements (target population)
- How a case manager will determine eligibility for this TCM
- Case manager qualifications
- Rate methodology for rate setting and selecting a billing structure (monthly, encounter, etc.)
- How to support recipient choice of TCM services when eligible, including determining the interaction of TCM services with other case management
- Criteria for caseload size, staffing and supervision, training requirements
- Scope of the service and what a recipient can expect; service activities - assess, plan, refer, and monitor
- Service requirements (remote vs in person, frequency of visits) and determine impact on billing

Engagement strategies: DHS invited Tribal Representatives to engage through verbal discussion and written discussion via the chat feature in Teams.

Who participated: 7 Tribal Nations participated in session 2:

- Bois Forte Band
- Grand Portage
- Leech Lake Band
- Lower Sioux Community
- Mille Lacs Band
- Red Lake Nation
- White Earth Nation

What DHS learned that spurred change in future engagement approaches: Tribal Representatives expressed interest in adding Tribes as allowable VA/DD-TCM providers as a stop-gap and funding creator while a more culturally specific service is designed. However, Tribal Representatives noted that they were not ready to explore elements that would inform a Tribal-specific TCM. Tribal Representatives agreed to prioritize the VA/DD Statute amendment and then consider a Tribal-specific TCM later; one Tribal representative stated, *"it's too early to have a formed opinion on the Tribal TCM,*

and moving forward with immediate fixes is long overdue.” Multiple participants said they wanted other people from their Tribe to weigh in. Tribes asked for individual meetings to explore options. In response, DHS held one-on-one meetings with Tribal Nations in October to focus on individual contexts.

Individual meetings with Tribal Nations (October 1-16)

Goals: Tribal Representatives shared their ideas, thoughts, improvements and concerns about current and potential TCM services and how TCM could help them serve their community. DHS aimed to understand what gaps exist in the current services that Tribal Nations provide.

Engagement strategies: DHS invited Tribal Representatives to engage through verbal and written discussion via the chat feature in Teams. Based on DHS’ learning from the previous two sessions, DHS listened for information regarding five areas:

- Provider qualifications
- Eligibility requirements for people getting services
- Population (e.g., populations Tribes are not currently serving because they don’t fall in the current statute requirements but would benefit from services; or populations Tribes are serving and would benefit from services that are more culturally specific)
- Rates
- Duplication of services

Who participated: 6 Tribal Nations participated in the one-on-one meetings with DHS:

- Bois Forte Band
- Fond Du Lac
- Grand Portage
- Leech Lake Band
- Mille Lacs Band
- White Earth Nation

What DHS learned that spurred change in engagement approach: After the individual Tribal Nation meetings, DHS analyzed the information shared in the meetings to identify similar themes heard across the meetings. DHS decided to create an engagement tool that would measure the level of agreement on the themes and invited Tribal Representatives to engage with this tool in Session 3.

Tribal Representative Engagement Session 3 (October 22 & 24)

Goals: DHS shared a summary of what DHS heard Tribes share in the previous two engagement sessions, as well as the individual Tribal Nation meetings. DHS wanted to understand to what extent

DHS had heard Tribes correctly and what else might be missing from the summary, as well as any additional gaps that exist in providing services.

Engagement strategies: DHS invited Tribal Representatives to engage through an interactive Google Drawing. Tribal Representatives also had the opportunity to participate via verbal discussion and written discussion via the chat feature in Teams.

Who participated: 6 Tribal Nations participated in Session 3:

- Bois Forte Band
- Grand Portage
- Leech Lake Band
- Lower Sioux Community
- Mille Lacs Band
- Red Lake Nation

What DHS learned: The results of the participation of Tribal Representatives in Session 3 illustrated alignment with DHS and Tribal Nations, confirming Tribal Representatives' voices were heard and reflected accurately in the process.

VI. Outcomes of the Engagement Process

In this section, we share the outcomes of the engagement process.

The timeline for the legislative requirement did not honor Tribal Nations' existing governance processes. Many Tribal Representatives who participated in the engagement sessions said they could not speak on behalf of their Tribe and requested that DHS invite additional Tribal Representatives, ranging from their legal department to tribally elected officials, into the engagement process. One Tribal Representative noted: *"It would be a good idea to ask folks to have conversations with Tribal leadership and come back with a response. ... I say be mindful that people are not authorized to speak on behalf of leaders and/or have time to speak to them before giving an answer when just receiving the information."* Similar to DHS processes, Tribal Governments have complex systems of governance that require intentionality, consensus, and time, to meet the expectations of authentic engagement regarding government-to-government relations. As described in the above section, DHS facilitated an adaptive engagement process in the time available. Tribal Representatives shared information in the engagement process that will inform continued collaboration. The Tribal Collective will support and ensure that consistent communication continues by having monthly check-ins with Tribal Nations in Minnesota regarding Tribal VA/DD TCM.

Tribes voiced that their first priority was to be added as an eligible provider of VA/DD-TCM service in the current statute. Tribal leadership stated they have been seeking to be added as a provider of this service since 2018. *"I think the idea of being able to push forward the legislation that adds the language that adds Tribes to be a provider and [so we can] bill is a clean way to move forward,"* said one Tribal Representative. Another said, *"[let's] make some legislative changes to get the ball rolling, and then we can work on the bigger picture after the fact."* Tribes provided countless examples of how they are already providing these services to their members without the ability to be reimbursed. Tribes also shared that many, but not all, community members that need TCM would meet the VA/DD-TCM eligibility criteria.

Tribes also noted several elements of the existing VA/DD-TCM Statute that do not meet their needs. Tribes agreed that some people who might benefit from VA/DD-TCM services do not meet the existing eligibility criteria due to how the criteria is defined. Tribes also agreed that existing provider qualifications are too rigid. As one Tribal Representative stated: *"We have a difficult time getting 4-year nurses, we usually have 2-year nurses, [so the current requirements are] not inclusive of them and their skills... I have five people that could case manage who are nurses, only two of them can actually manage [under the current provider requirements], that's my biggest one [concern]. I have departments who are doing this work, and we are not paid for it."* Some Tribes also shared that existing terminology (e.g., "vulnerable adult") could create a reluctance to participate in services and had concerns with the inability to bill for TCM alongside other services due to duplication of services.

Tribes want to develop a TCM that better meets their needs and the needs of their communities.

Tribes indicated several important elements that this TCM would need to include:

- **Flexible provider qualifications that acknowledge the value of cultural knowledge and experience.** Tribes noted that they should have the authority to develop their own provider qualifications that meet, exceed, or are exempt from state qualifications. Tribes highlighted the value of providers' lived experiences. A peer learning opportunity exists, as some Tribes wanted to learn from other Tribes that already credential their own providers with the authority outlined in state statute.
- **Inclusive eligibility for TCM services.** Tribes want to decide who is eligible for TCM services. This could include using existing language, like Tribes' adult protection codes. Tribes mentioned that people with substance use disorders, people eligible for 638 services, and people currently receiving home and community-based services should also be eligible for TCM. Tribes suggested using one code that would signal a community member qualifies for TCM.
- **Flexibility in what services would be reimbursable in culturally tailored care.** Tribes serve their members through culturally accessible services and want these services to be reimbursable. This includes the assessment tools, as well as the types of care (e.g., sweat lodge ceremonies).
- **A rate that is sufficient to pay for required staff, frequency of services, and intensity of services.** Tribes noted that their rates will be different than County rates and indicated that they want the federal IHS/638 Tribal facility all-inclusive encounter rate for the services. Tribes questioned how the rate would be structured and how it would be the same or different from other TCM structures (e.g., Child Welfare, Mental Health). For example, one Tribe noted that getting reimbursement once a month is not frequent enough because of the high volume of encounters in some instances (e.g., one person getting services three times per week).
- **Provisions that support counties better meeting Tribes' needs in collaborative partnership to serve people needing TCM.** One Tribe mentioned long wait times for the county to administer MNCHOICES assessment. Another Tribe noted the need to coordinate with the county since the Tribe can only provide VA/DD-TCM for 10 people. This Tribe said their members tend to be reluctant to receive TCM from the County because of a lack of trust and familiarity.

VII. Report Recommendations

In this section, DHS offers two recommendations based on the feedback gathered in this process.

Recommendation to amend the current VA/DD Statute: DHS recommends modifying section 256B.0924 Targeted Case Management Services Statute (VA/DD-TCM) to add Tribal Nations as an eligible provider of this service. This change would acknowledge the opportunity for federally approved rate setting methodology for services provided by Indian health services and facilities operated by a Tribe or Tribal organization.

This recommendation seeks to address the current omission of Tribes as listed VA/DD-TCM providers, which is crucial for ensuring equitable access and culturally relevant healthcare services for Tribal members. It would rectify the inequity in service access by allowing Tribes to be compensated for the critical services they provide to their members.

Recommendation to co-develop a TCM with Tribal Representatives that better meets the needs of Tribal providers and Tribal community members: With the new information outlined in the Outcomes section of this report, DHS seeks to continue discussions with Tribal Nations. Future engagement opportunities could incorporate in-person engagement opportunities and must allow enough time for Tribes to make decisions within existing governance structures. The outcomes of this engagement session illuminated that flexibility regarding eligible TCM services and provider qualifications must be clearly defined in existing and new policy, and the State must provide sufficient technical assistance to Tribes to support correct billing.

Next steps: DHS is in the process of hiring a full-time staff member who will lead the continued co-development engagement process with Tribal Nations. This engagement process will focus on understanding if Tribes want to further update the current VA/DD TCM statute, develop a VA/DD-TCM that is specific to Tribal Nations or develop a wider-ranging TCM specific to Tribal Nations that is not limited to VA/DD. DHS recognizes that future engagement will include formal Tribal consultation. DHS invited all 11 federally recognized Tribal Nations within Minnesota to participate in this engagement process, and the majority did participate. The challenge to meet 100% participation from federally recognized Tribes within Minnesota demonstrates the need for further funding and resources and opportunities to strengthen government to government relations between the State of Minnesota and its eleven Tribal Nations. In future discussions regarding Tribal VA/DD TCM, DHS sees an opportunity to

become more informed on how to authentically engage with Tribes to honor their sovereignty and uphold Minnesota Statute 10.65.