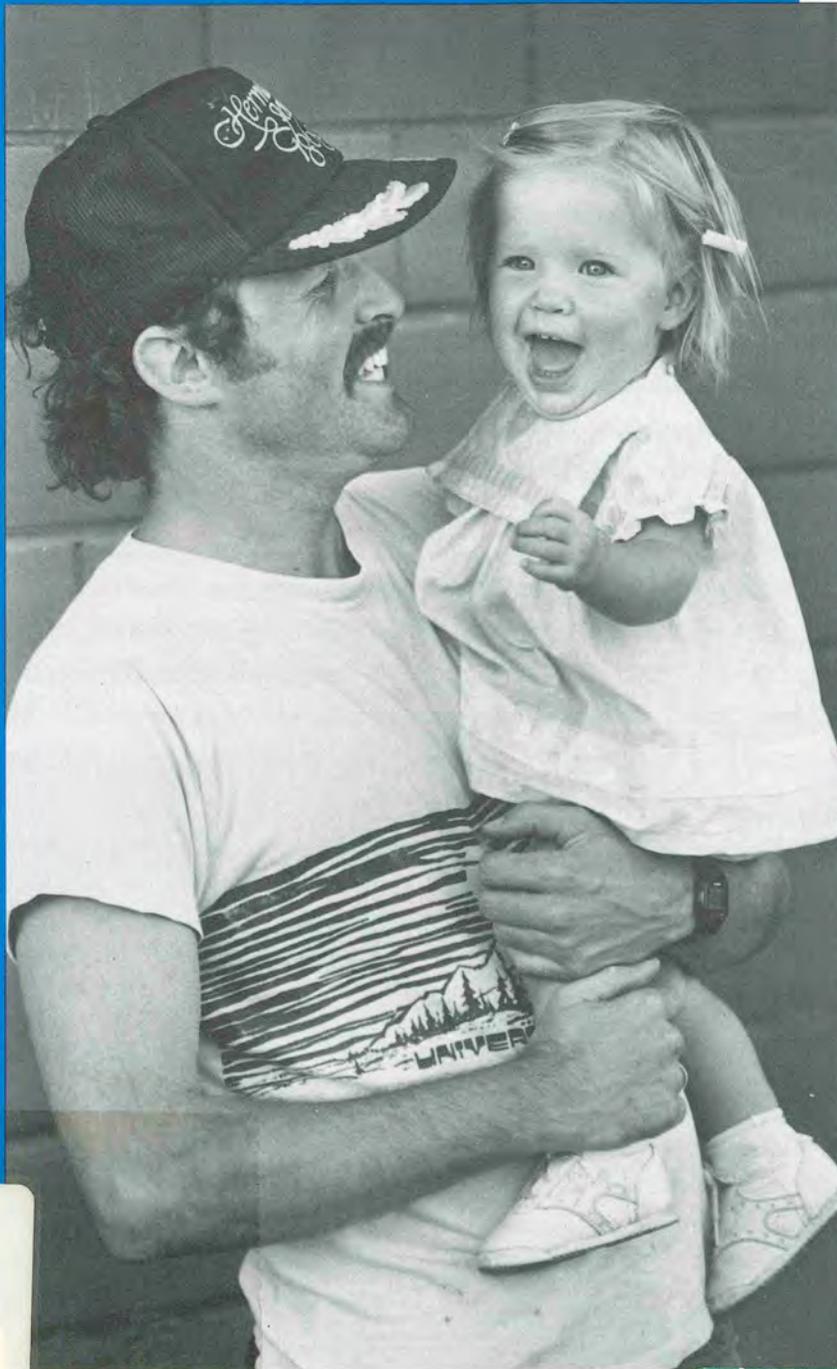




Minnesota Human Services

1994 Report to the Public



At the Minnesota Department of Human Services, we provide health care, social services and economic assistance to individuals, families, children, seniors and people with disabilities. Our programs touch nearly all Minnesotans, from the very young who attend child care programs that we license to the very old who receive nursing home care that we pay for. Through our major public assistance programs, we serve more than 500,000 Minnesotans annually.

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Helping Minnesotans

The largest of Minnesota's state agencies, the Department of Human Services (DHS) employs more than 7,000 people, most of whom work in regional treatment centers around the state caring for people with developmental disabilities, mental illness and chemical dependency. We also provide services to people who are deaf or hard of hearing at nine regional locations in Minnesota.

About 1,000 employees work in the department's central office in St. Paul to plan, administer, and coordinate the state's health care, social services and public assistance programs, most of which are operated by Minnesota's 87 counties.

Approximately three-quarters of our department's \$4 billion annual budget is dedicated to health care programs, particularly those that offer long-term care for seniors and people with disabilities. About one-quarter is devoted to all other DHS programs, including Aid to Families with Dependent Children (AFDC), the state's largest public assistance program.

With philosophies and strategies focused on quality improvement, we're serving Minnesotans whose personal and family resources are not sufficient to meet their basic human needs. While preserving the dignity and promoting the safety and rights of individuals, we're helping Minnesotans achieve self-sufficiency by focusing on our five priorities for the department in 1994.

Carrying out our priorities

- **County relations**
- **Families with children**
- **Health care reform**
- **State operated services**
- **Welfare reform**

County relations: Working together to help Minnesotans

Minnesota's 87 counties provide many of the direct services to families with children and vulnerable Minnesotans who need social services, health care benefits, economic assistance and preparation for the workforce.

In an effort to strengthen our working relationship with counties and thus improve the services we provide to Minnesotans, we're seeking ways to enhance a supportive and respectful partnership. That includes seeking input from counties on policy development, as well as budget and legislative initiatives.

We're establishing better communications with the counties to create a win-win relationship. By redefining a strong working relationship between the counties and the department, we're working together to reform our health care and welfare systems, develop strong public policies on state operated services issues and meet the needs of families with children.

Families with children: Strengthening Minnesota families

Strengthening families with children is critical to our success. We're working with communities as well as families' and children's mental health collaboratives to simplify access to our services and create "one-stop" shopping for families. Our approach is to provide preventive services before problems become crises, making it easier for families to receive the help they need when they need it, and to coordinate child welfare efforts with other reforms.

Serving young Minnesotans through the Children's Initiative

Recently, we created the Children's Initiative to emphasize the importance of serving Minnesotans who are very young. We're helping families with children reach economic stability, improving child and maternal health, encouraging communities to nurture children and protecting vulnerable children and their families.

Through the Children's Initiative, we're developing programs and policies that help children who need protection or other social services, and assisting the counties that provide those services. We're overseeing adolescent and child care services as well as adoption, guardianship and foster care programs.

We're also running the Children's Trust Fund, a funding source for community-based programs aimed at early prevention of child maltreatment. In short, we're offering support and transitional services to families and children in need.

Collecting child support

On behalf of children and the parents who care for them, we're collecting child support payments. We're streamlining our services to make them easier to use and improving child support services in other ways.

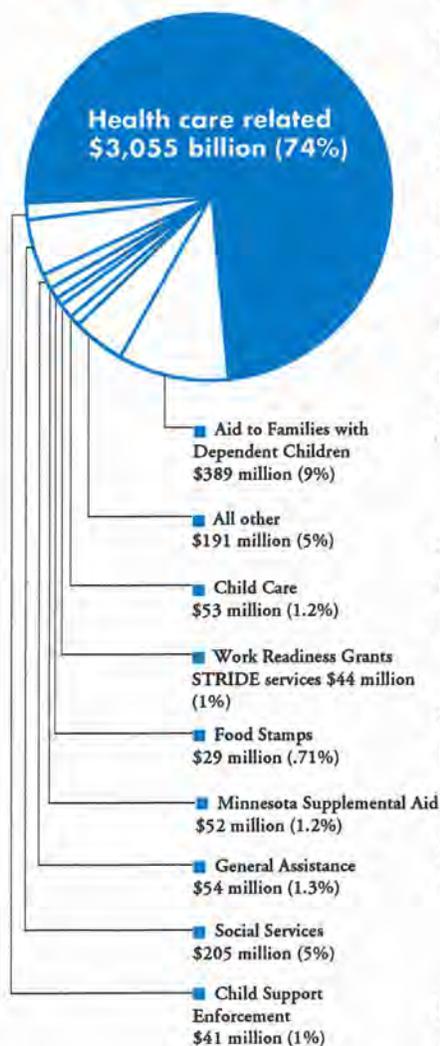
Through Parents Fair Share, an innovative jobs program for non-custodial parents who have problems paying child support, we're helping children by increasing their child support payments.

Our Recognition of Parentage Program, which enables unmarried parents to establish paternity by signing a recognition form at the time of a child's birth, helps county workers collect child support payments.

Providing social services

Through other programs, we're helping individuals and families by caring for people who abuse drugs or alcohol through chemical dependency and treatment programs; for people who are deaf and hard of hearing; for people who are developmentally disabled; and for vulnerable adults, including some seniors.

DHS FY 1994 Budget \$4.113 Billion • All Funds



Source: Minnesota Department of Human Services
Numbers may not equal 100% due to rounding.

We provide health care coverage through MinnesotaCare, Medical Assistance and General Assistance Medical Care for Minnesotans who cannot afford health care insurance.



Health care reform: Keeping Minnesotans healthy

As policymakers reform health care at the state and federal levels, we're adapting to the changing marketplace and addressing the special needs of seniors, children, people with disabilities and other vulnerable Minnesotans who we purchase health care for and who we serve. We're striving to improve health care quality, access, accountability and affordability, and simplify our health care programs' benefit package and eligibility for those benefits.

Providing health coverage

While providing services ranging from maternal and child health care to HIV and AIDS information, we're devoting the majority of our energy to administering three major health care programs for those who cannot afford private health coverage for themselves and their families.

Approximately 416,000 Minnesotans, including seniors, pregnant women, families with children and people with disabilities who cannot afford health care coverage, receive coverage through Medical Assistance (MA), also known as Medicaid. Approximately 60 percent of the MA budget is devoted to residential care, such as nursing homes, while approximately 40 percent is devoted to all other services, including inpatient hospital care and prescription drugs.

General Assistance Medical Care (GAMC), the state's second largest health care program, is designed specifically for people with low incomes who do not qualify for Medical Assistance. About 54,000 people are enrolled in this program.

MinnesotaCare is a health coverage plan for Minnesota residents who are not eligible for MA or GAMC and cannot afford private coverage for medical, dental and preventive care. About 62,000 people are enrolled in MinnesotaCare.

Recently, we've devoted a great deal of energy to securing a federal waiver that will enable us to expand the use of managed care and integrate these three publicly subsidized health care programs. This would make the health care system simpler for providers to operate and easier for patients to use. It would also make the system resistant to cost-shifting between populations and programs.

With state-of-the-art technology, we're using the new Minnesota Medicaid Information System—a medical claims payment system—to process 17 million medical claims from 24,000 health care providers for Medicaid, MinnesotaCare and General Assistance Medical Care programs for more than 500,000 clients annually.

Seeking long-term care solutions

With a growing need for nursing home services, we're looking **4**

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for alternatives to help seniors live on their own through the Seniors Agenda for Independent Living. Although some seniors may need nursing home and other institutional care, we're looking at many alternatives, including home- and community-based care, as important options to meet the needs of seniors.

Through our long-term care services, we're developing and coordinating policies and procedures as well as reimbursement systems for nursing homes, group residential housing, day training services, habilitation services and intermediate care facilities for people with developmental disabilities. We're also determining rates for hospitals and long-term care facilities that participate in MA and GAMC, including various managed care options, and offering an appeal process for institutional providers who have questions about their payment rates.

State operated services: Serving Minnesotans in need

We're adapting our services to the changing health care environment for people with chemical dependency, mental illness, developmental disabilities, psychogeriatric conditions, psychopathic personalities and traumatic brain injuries. We're serving clients in treatment centers in Ah-Gwah-Ching, Anoka, Brainerd, Cambridge, Faribault, Fergus Falls, Moose Lake, St. Peter and Willmar, but we're looking beyond our current system to help fill the service gaps so that people receive the care they need in alternative settings.

Recognizing that people need different types of treatment in different environments, we're developing strategies to ensure that mental health services are available to clients throughout the state. We're working with counties, other state agencies, consumer groups, advocacy organizations, mental health centers, community-based programs and other partners in human services to address the changing needs of our clients and the health care system.

Supporting community care

To support community mental health services for both adults and children, we're funding community projects that support people with mental illness who are seeking employment, helping children with severe emotional problems, providing treatment for those with gambling problems and providing medical and dental care as well as support to people with developmental disabilities who are living in community settings.

Welfare reform: Helping Minnesotans become self-sufficient

Through welfare reform, we're seeking ways to help families

We're developing policies and programs to make work pay, reinforce mutual responsibility, and strengthen families and communities.



The Minnesota Family Investment Program is our flagship welfare reform initiative to help families become self-sufficient.



Upon request, this document will be made available in another format such as Braille, large print or audiotape. For more information please contact the Minnesota Department of Human Services at 444 Lafayette Rd., St. Paul, MN 55155-3818, or call (612) 296-6627. For TDD service, call the Minnesota Relay Service at (612) 297-5353 or 1-800-627-3529.

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reach self-sufficiency. We're developing policies and programs to make work pay, reinforce mutual responsibility between welfare clients and government, and strengthen families and communities. We're dedicated to helping people move from welfare to self-sufficiency.

Rewarding Minnesotans for their work

The Minnesota Family Investment Program (MFIP), a five-year demonstration project in seven counties, is the department's flagship initiative to help people become self-sufficient. Following the precept that families should always be better off if parents work, we launched MFIP in April 1994. MFIP rewards participating families who work and gives them the chance to keep some financial support, health care and child care benefits as they move toward self-sufficiency.

With Project Success Through Reaching Individual Development and Employment (STRIDE), more than 20,000 Minnesotans who are on AFDC and working toward economic self-sufficiency are taking advantage of education, training and job-search services. Project STRIDE is Minnesota's version of the welfare reform program known nationally as the Job Opportunity and Basic Skills (JOBS) Program.

Helping needy Minnesotans make ends meet

We're helping 64,000 Minnesota families with AFDC, a cash assistance program that helps parents or caretakers with dependent children meet their daily needs. In Minnesota, the average AFDC grant was \$424 per month in 1993. Through General Assistance, we're providing cash assistance to people who do not qualify for AFDC or Supplemental Security Income but meet the General Assistance eligibility criteria. Through the federally-funded Food Stamps program, we're providing low-income families with coupons they may redeem at most stores for food.

We are extending the state's nationally-known Electronic Benefits Transfer (EBT) system to enable public assistance recipients to use a plastic card, similar to a cash card, to withdraw cash benefits from automated teller machines and access Food Stamps benefits via terminals in stores.

Through other programs, we're helping refugees and immigrants make the transition to life in Minnesota and providing cash assistance and resources for them to achieve self-sufficiency. We're also providing emergency, temporary assistance to people who do not have funds to avert a crisis.

Taking advantage of technological advances to operate the public assistance system, we're using the MAXIS computer system to verify applicants' eligibility for public assistance benefits. With this system, we're handling much of the county-based case processing activities to give county workers the time to help clients become self-sufficient.