Overview of changes affecting human services

The 2012 Legislature approved a number of proposals affecting human services, including lessening the impacts from some of the most challenging reductions for critical services that were made in 2011. Funding to restore services and mitigate payment reductions came from proceeds from a 1 percent cap on health plan profits negotiated by the Dayton Administration ($11 million) and refinancing some expenditures with Temporary Assistance to Needy Families (TANF) funds ($7 million.) Other changes build on current efforts to strengthen fraud prevention.

The Legislature authorized $3.7 million for planning and design for future construction at Minnesota Security Hospital in St. Peter. The renovation is needed to improve safety for patients and employees as well as create a more therapeutic environment. MSH serves people committed as mentally ill and dangerous.

Cuts in critical services restored

- Emergency Medical Assistance coverage is restored for dialysis as well as chemotherapy and related cancer treatments for qualifying noncitizens who face a medical emergency or suffer from a serious chronic health condition. (Effective May 1, 2012, to June 30, 2013.) $4.7 million
- A 20 percent rate reduction for personal care assistants who provide care to a relative is delayed until July 1, 2013. $5.9 million
- Eligibility for the Medical Assistance for Employed People with Disabilities program is modified so individuals can enroll at any age and retain assets after turning 65. Changes are retroactive to April 1, 2012. $437,000
- Closure of corporate adult foster care beds is delayed until FY 2014 and a statewide assessment will begin in FY 2013. A planned closure process will give providers an incentive for closing beds voluntarily. DHS has authority to close beds if this does not meet required savings. (Beds for people with mental illness are exempt from closure.) $1.2 million
- The 1.67 percent rate reduction for providers of certain long-term care services is delayed. Other reductions could be made pending a federal decision on a DHS request to increase the needs required for a person to be eligible for a nursing home level of care. $2.2 million
- Operation of the DHS intensive residential mental health treatment facility in Willmar will continue until June 30, 2013. $3.3 million paid for from a DHS State Operated Services special revenue account
- Family Assets for Independence in Minnesota, which helps low wage earners build assets to purchase a home, pursue their education or start a business, received one-time funding. $250,000 paid for with TANF funding

Fraud prevention and program integrity strengthened

- The Office of Inspector General (OIG) will have access to more data that will help detect and investigate potential fraud. Data from local law enforcement, the courts, and the Department of Public Safety will include information about drug convictions, facial recognition from driver’s licenses, expired temporary driver’s licenses and multiple electronic benefit transfer (EBT) cards.

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• Attendance records will be required to ensure funds are spent appropriately in licensed facilities for people receiving public assistance. The records will be used to verify services and monitor service authorizations in licensed child care centers, family child care and adult day care providers.

• Anyone using cash benefits on their Minnesota Family Investment Program, General Assistance or Minnesota Supplemental Aid Electronic Benefits Transfer (EBT) card to purchase tobacco or alcoholic beverages will be disqualified from the program. These cash benefits will be restricted to Minnesota and its four surrounding states. $233,000

• The state legislative auditor will contract with an independent third-party audit firm to conduct biennial financial audits of managed care plans that provide health care services under Medicaid and for DHS to provide quality assurance protocols for data submitted by the plans. (Effective July 1, 2012.) Future cost of $1.2 million in FY 2014

Other changes

• Changes were made to the consultation required before people commit to assisted living or similar arrangements. This includes exemptions for people who have a long-term care plan, making it easier for a representative to call on someone’s behalf; and encouraging consultation well in advance. Saves $150,000

• The time period allowing mothers or their designees to relinquish their infants will be extended from three to seven days and extends drop off locations to other emergency services providers, in addition to hospitals. Mothers or designees may relinquish infants unharmed without disclosing their identity, or facing questioning or prosecution.

• DHS and other state agencies will study housing with support options for children with autism. DHS will also coordinate with counties to issue foster care licenses specifically for people with autism receiving home and community-based services waivers. A request for information will be issued to identify providers who have skills to meet the needs of children with autism in foster. $177,000

• The department’s Health Services Advisory Council will review and make recommendations on the efficacy of treatments for autism spectrum disorders, including an evaluation of age-based variation in the appropriateness of existing medical and behavioral intervention. (Effective July 1, 2012.)

• Changes were made to align state licensing statutes with federal and other state requirements on crib safety (documentation of product information); child passenger restraints (height, weight and other standards); and pool safety (drain safety standards.)

• DHS licensed programs must report the death of an individual it serves to the DHS commissioner within 24 hours of finding out about the death.

Related information

• Omnibus Health and Human Services bill (Chapter 247): https://www.revisor.mn.gov/laws/?id=247&doctype=Chapter&year=2012&type=0

• DHS fact sheet page: http://mn.gov/dhs/media/fact-sheets/index.jsp

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