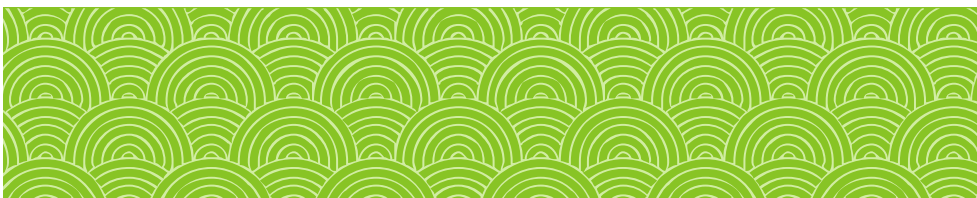
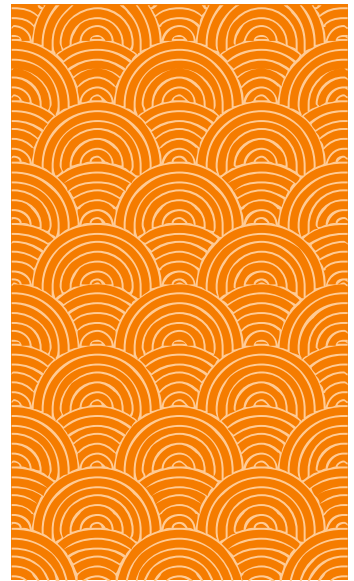


Minnesota's Human Service System: State & Counties Working Together

MNsure Board Presentation
Wednesday, April 16, 2014
1:00 p.m.

Presenters

- Mark Sizer, Stearns County
- Heidi Welsch, Olmsted County
- Deborah Huskins, Hennepin County
- Kelly Harder, Dakota County
- Stephanie, Radtke, Dakota County

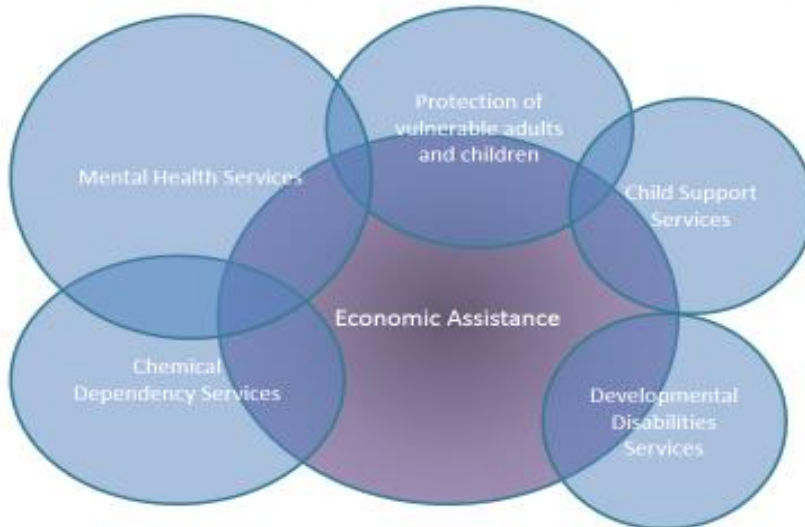


Human Service Programs in Minnesota: Focus and Overview

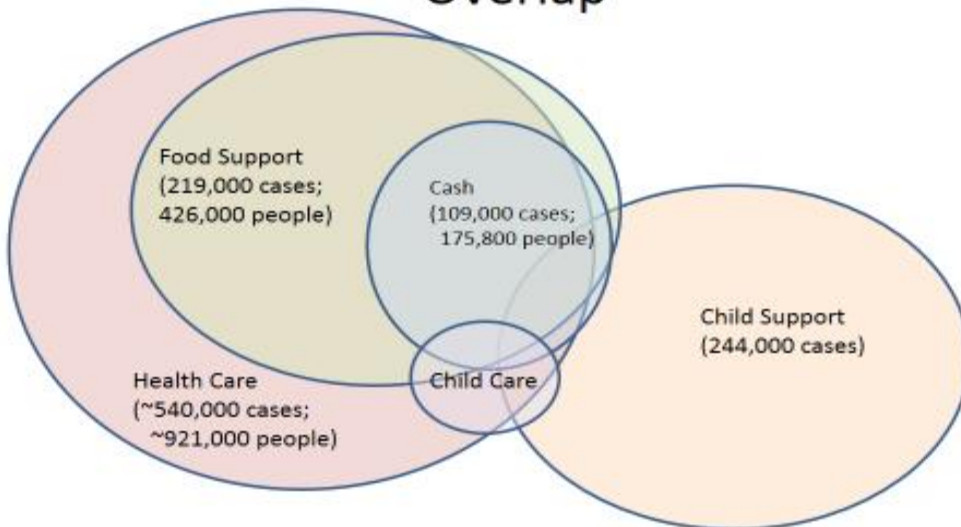
- To help fellow residents that are most in need – often due to a disability, health and living difficulties related to the aging process, poverty and unemployment, or other problems that make it hard for a person to meet his/her basic daily living needs.
- DHS – in collaboration with 87 counties, provide a range of services in three areas:
 - Social Services (Mental Health, Chemical Dependency, Protection of Vulnerable, Developmental Disabilities, Long Term Care, Child Welfare, Licensing)
 - Child Support
 - Economic Assistance
- A large portion of Minnesota’s Human Service budget (federal, state & county funding) is spent on Health Care programs. In CY 2012,
 - \$6.40 B Medical Assistance (58%)
 - \$4.69 B Other
- Because the county is the ‘front door’ for all these services– including health care– it is important to understand the nature of client needs at the County level of operations.
 - Clients appear at our counters or on our phones and have multiple needs and barriers:
 - Many are in a cycle of poverty– with effect that good planning and stability is often elusive.
 - Some are in a housing crisis– homeless or about to be evicted.
 - Some are without food or resources to feed their families.
 - Some have medical emergencies (e.g., without psychotropic drugs, will likely have a mental health crisis; need insulin today or they could die)
 - Some struggle with chemical health or cognitive disabilities.

Human Services Overview

- \$11 billion for human services in CY 2012



Economic Assistance Cases— Program Overlap



MNsure & Human Service Program Challenges

- **Transitioning to MNsure**

- Approximately 733,000 current Medicaid (MA) and 129,000 MinnesotaCare clients will need to renew eligibility via MNsure – in addition to new applicants eligible for these programs
- MNsure will determine eligibility and county & state staff will process applications, verify information and provide ongoing case management

- **MNsure Challenges for Counties**

- This is a “paradigm” shift in how we determine eligibility for health care programs
- Concurrently, these same individuals are in need of other human services – economic assistance, social services
- MNsure’s eligibility computer codes are not yet programmed to enable the “functionality” needed for county staff to access data and complete their work
- Consequently, the general public and others are frustrated with counties for what appears to be inaction - on case information we cannot access

- **Operational Challenges for Counties -**

- Examples:**

- Work “queues” programmed to only show minimal number of cases or tasks, preventing counties to prioritize and effectively manage workloads
- Current computer programming limits county workers’ ability to update cases or answer questions
- “Transitioning” current caseloads of 70,000 per month will be unworkable and will result in delays and gaps in coverage for essential health care services

MNsure County Concerns Principles & Proposed Remedies

Principle	Proposed Remedies
<p>The Medical Assistance population should be a priority.</p>	<ul style="list-style-type: none"> ▪ Prioritize work on the county Worker Portal. ▪ Take a two-pronged approach to the next phase of MNsure development: while preparing for the next open enrollment, conduct a major parallel effort (with county involvement) to improve the Worker Portal.
<p>There is a strong need for consistent and coordinated information sharing.</p>	<ul style="list-style-type: none"> ▪ Take measures to ensure prompt, accurate communication occurs in several parallel tracks. ▪ Change Cúram security to allow county workers to see all cases.
<p>Counties should be active partners in the planning and implementation of changes.</p>	<ul style="list-style-type: none"> ▪ Include counties in finding solutions; don't wait until solutions are developed and then ask for reactions. ▪ Make a testing environment available to county people who are participating in the solution development efforts.
<p>Counties need to be involved in the MA transition plan and schedule; this needs to include contingency planning.</p>	<ul style="list-style-type: none"> ▪ Share information about MA transition expectations and options. ▪ Include county representatives in planning discussions. ▪ Develop contingency plans that include enhancing and leveraging our current systems. ▪ Consider proposals to make programming changes to MAXIS to support MAGI MA rules until the new system is ready.
<p>Integrated service delivery remains an important goal for counties and DHS, and the dual system environment we are operating under is not sustainable.</p>	<ul style="list-style-type: none"> ▪ Take the DHS Systems Modernization vision and roadmap into account as decisions are made about MNsure technical direction. ▪ Align the MNsure and Systems Modernization plans. ▪ Chart a clear path toward getting all MA populations into the same system and re-integrating health care eligibility with SNAP and Cash assistance programs.

MNsure & Human Service Program Opportunities

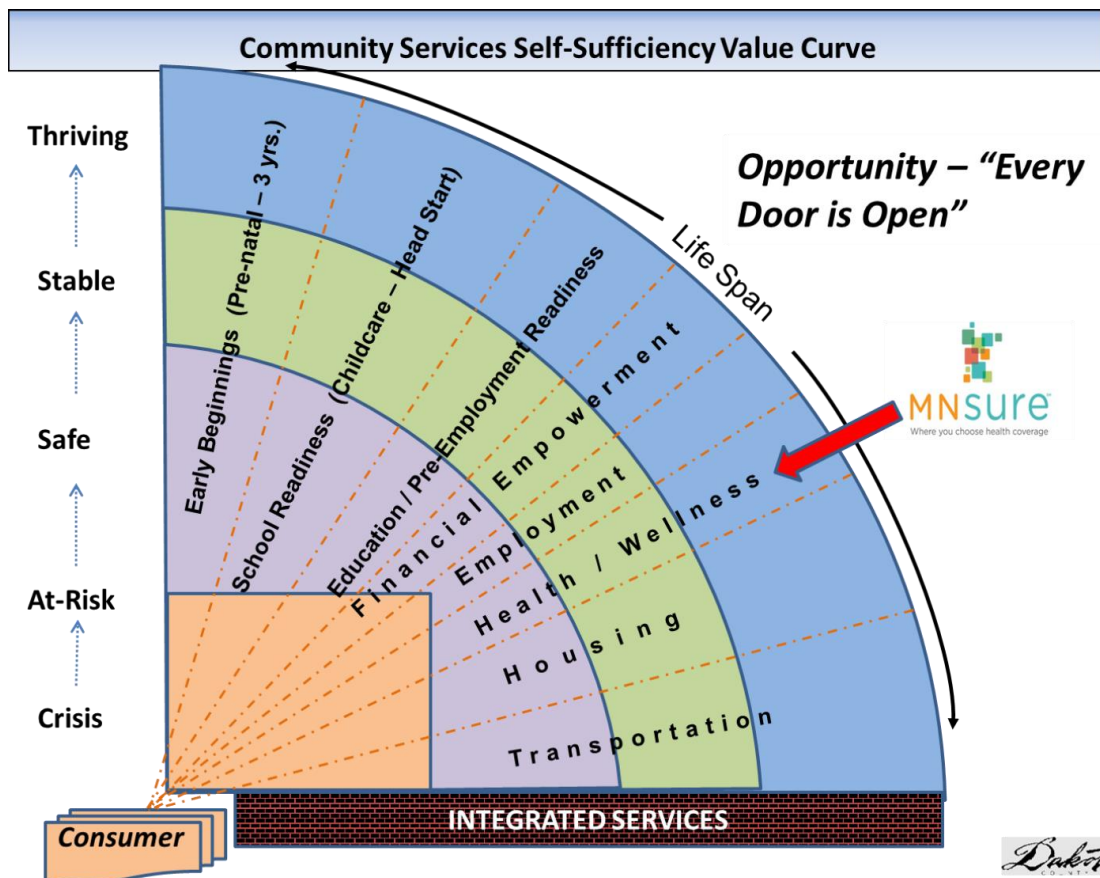
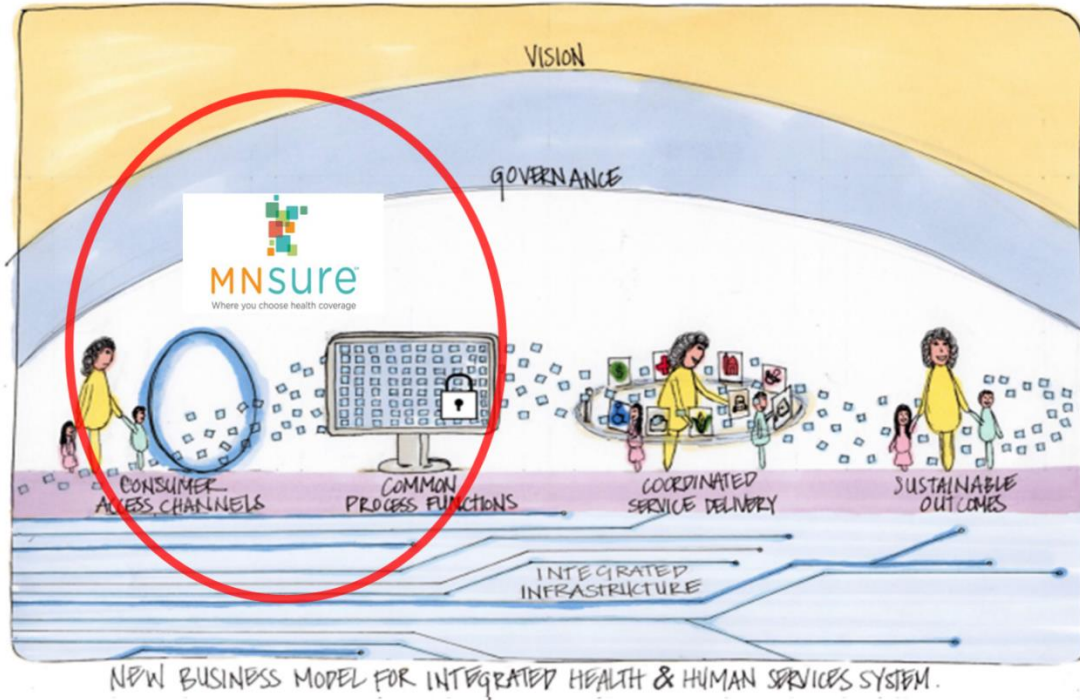
• Working Together

- Delivering quality customer service to our clients depends– in large part– on our ability to integrate and navigate all these systems.
- Medicaid serves as a “gateway” to many other services delivered to clients - mental health, chemical health, vulnerable people who need help to stay in their homes.
- Health care is one of many life domains necessary to be self-sufficient and to thrive
- As the marketplace, MNsure offers opportunity for integrated service delivery, both within counties AND across all communities

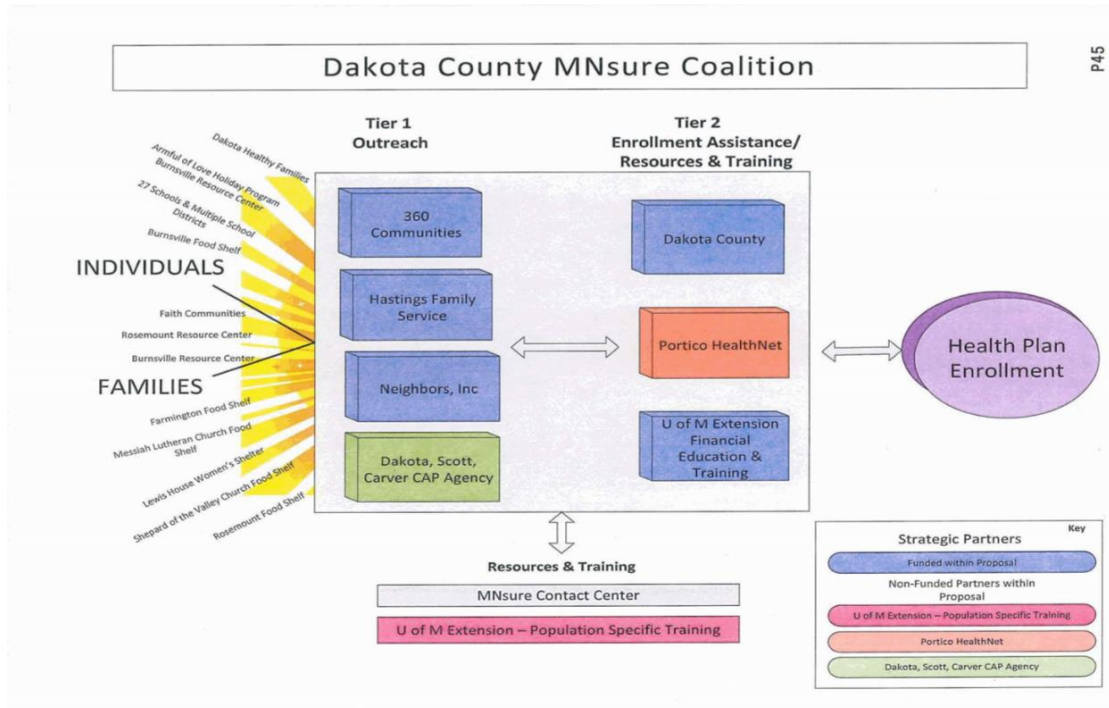
• Opportunities – and Requests:

- The Medical Assistance population should be a priority
 - Prioritize work on County Worker Portal. Take a two-pronged approach: while priority is given to preparing for November Open Enrollment, have a parallel major effort on improving the worker portal. Perhaps DHS/MNIT business analysts could take the lead on the county worker portal changes that are needed. MN-IT and Curam experts should interact directly with county workers to learn about their needs and incorporate their requirements into the next phase of system design.
- Consistent and coordinated information sharing
 - Communications should be coordinated and available to all counties. Change Cúram security to allow county workers to see all cases, so they can answer questions for callers. Find ways to speed up resolution of individual case issues.
- Counties as active partners in the planning and implementation of changes
 - Include counties in finding solutions; don't wait until solutions are developed and then ask for reactions. Make a testing environment available to county people who are participating in the solution development efforts—to get experience in the system, highlight improvements needed, provide reality check to technical developers, and allow mentors to gain experience. Use this for User Acceptance Testing
- Counties need to be involved in the MA transition plan and schedule, including contingency planning, e.g.,
 - Consider adding the MAGI standards and additional programming to MAXIS until the new system is ready to support MA casework and transition.
 - Allow counties the option of processing MA applications in MAXIS when the situation warrants (i.e. to initiate coverage for applicants who have been unable to get timely coverage using the MNsure process);
 - Use MAXIS to transition all existing MA clients to MAGI MA in 2014 and do data conversion from MAXIS to Cúram in 2015 following the next open enrollment. Subsequently, we may be ready to convert Non-MAGI MA, SNAP and Cash from MAXIS to Cúram as well.
- Use the DHS Systems Modernization vision and roadmap as decisions are made about MNsure technical direction. Align the MNsure and Systems Modernization plans.

Opportunity – Integrated Service Delivery



Opportunity – Dakota County Outreach grant



○ Thank You! Please feel free to contact any of us:

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