April 21, 2020

Dear Chair Moran and committee members:

The Minnesota Association of County Social Service Administrators (MACSSA) is a professional association of human service administrators that serve the citizens of Minnesota's 87 counties, committed to building a unified network of partnerships to advocate for meaningful system improvement, influence policy and legislation, and promote quality human services that positively impact our citizens, communities and counties throughout Minnesota.

We write to express our support of the provisions in HF 3104 that establish the definition of Qualified Residential Treatment Programs (QRTPs). While not perfect, counties believe that the urgency to move forward on this issue outweighs the uncertainty presented by yet-to-be-agreed-upon aspects of Minnesota’s QRTP definition. MACSSA remains committed to working with the State and stakeholders to find agreement on those aspects in advance of the 2021 legislative session.

The QRTP provisions are a critical component of the federal Family First Prevention and Services Act (Family First) passed in 2018. The law is designed to facilitate states envisioning and redefining their child welfare system with prevention as the focus. Family First links a state’s ability to draw down Title IV-E prevention programming reimbursement with new requirements on congregate care settings. Family First allows Minnesota to draw down Title IV-E (IV-E) reimbursement for a portion of the costs related to evidence-based prevention programming. However, if congregate care setting in the state do not meet QRTP requirements, the ability to draw down Title IV-E prevention programming and Title IV-E congregate care reimbursement is jeopardized. Last year, approximately $7 million in Title IV-E funds were accessed by counties to support children placed in group residential care or congregate care settings in Minnesota. These dollars will be lost as of October 1, 2021, unless the facilities either comply with the QRTP requirements or qualify for a narrow exemption.

Recent history tells us that significant policy changes need to be implemented carefully, which requires time. Counties are already facing the challenge of being unable to bill for over $2 million in federal IV-E reimbursements due to poor implementation timelines and unclear guidance related to background check requirements necessitated by Family First federal conformity passed during the 2019 Minnesota legislative session. This dollar figure will continue to grow as counties await further guidance and action by the Minnesota Department of Human Services (DHS).
If QRTP legislation is passed in 2020, it leaves a little over a year for providers, counties and DHS to plan; credential facilities; implement; and educate and train the many child welfare and children’s mental health staff at the county level. This work must happen while still allowing the State and stakeholders to move forward with the prevention planning aspects of Family First. If the Legislature delays passage of QRTP legislation until 2021, it will become incredibly difficult to implement anything without forgoing federal IV-E reimbursement for congregate settings.

The QRTP language includes two provisions that MACSSA supports. The first is a provision that requires the Commissioner to work with MACSSA, NAMI, and stakeholders to review and research how voluntary placements in residential facilities under Minnesota Statute 260D will be impacted. MACSSA supports this language that represents an agreement by DHS, NAMI and Aspire. To this discussion, counties will bring their concerns about the potential this legislation has to narrow access to services and potential cost shifts. We agree with other stakeholders that this issue warrants a thorough and detailed review and MACSSA looks forward to participating.

MACSSA also supports language that requires any new employee of a congregate care setting to have a NetStudy 2.0 enhanced background study completed prior to beginning work (effective September 30, 2021). This provision is a priority to counties for two reasons. First, it ensures that children in residential facilities do not risk exposure to a caregiver with concerning prior incidents in their background. Second, adoption of this practice will ensure a more efficient and stable process for facility compliance. MACSSA supports achieving compliance with federal background studies requirements as soon as possible to stop the ongoing loss of IV-E reimbursements. As mentioned above, these losses currently stand at $2 million but continue to grow.

On behalf MACSSA’s members in all 87 counties, thank you for your review and consideration of these provisions in the DHS policy bill, now included as part of HF3104. MACSSA urges your support. We look forward to working with the Minnesota Legislature and the Department of Human Services to fully realize the opportunities for our children and families that are presented by implementation of the Family First Prevention and Services Act.

Matt Freeman
Executive Director
MACSSA