

The COVID-19 pandemic changed the world for everyone but perhaps no one more than for our state's most vulnerable. In the days, weeks, and months since the virus hit our state, Minnesota's counties have worked closely with the Minnesota Department of Human Services (DHS) to ensure services are delivered efficiently and safely.

Peacetime Emergency waivers and modifications issued by DHS have permitted county staff to change the delivery method of services without sacrificing service quality by doing such things as conducting client meetings via video and processing enrollment paperwork remotely. Without legislative action, these modifications expire when the state's peacetime emergency ends.

Counties simply cannot flip a switch to pre-COVID practices overnight and need flexibility. Transition time is needed to provide continuity for individuals receiving services, protect the health and safety of employees and clients, and protect the economic sustainability for providers. **We ask the Legislature to pass a “ramping down” of the COVID-19 related waivers and modifications of at least 60 days to ensure that we are transitioning our practices in a responsible way.**

Counties have learned some best practices and believe that a number of the waivers and modifications demonstrate a better, more efficient way to deliver services in a way that promotes the safety of county clients and staff and may have the added benefit of preserving limited state and county budgets. **Counties have evaluated the current COVID-19 waivers, prioritized them, and now ask the Legislature to extend these modifications. This includes:**

- Allowing the use of telepresence to augment client communications across many programs – while preserving public health, clients and staff save time and resources (related to travel) while still verifying all necessary information. This also ensures and expands access for those receiving services.
- Granting flexibility from targeted regulations in areas such as housing assistance programs – continuing this flexibility recognizes that individuals may still need to be absent from housing for extended periods of time related to quarantine or COVID-related treatments.

Counties acknowledge the potential for additional long-term innovation from evaluation of changes in service delivery during COVID-19 and we look forward to ongoing joint examination with lawmakers and agencies. AMC asks for an extension of these limited essential waivers, so safety and access to services can be maintained until they can be reviewed more thoroughly by the Minnesota legislature during the next session.

Counties developed an evaluation process and identified a list of current DHS waivers/modifications, from the over 60 temporarily granted by DHS. COVID-19 will continue to be a threat to public health into the near future and these are key changes to keep in place to protect clients and county staff.

Minnesota counties recommended extending the following waivers:

Using Technology to Support Essential Practices

Allowing county staff to provide services via video or phone has been critical during the pandemic response by guaranteeing adequate social distancing.

Case managers can significantly reduce travel time, save money, and in some cases actually increase the frequency and the amount of contact and support provided to clients. County staff are able to continue to provide service while working safely remotely.

Counties support a stronger integration of virtual visits with face-to-face visits for the longer term.

Several key program areas are:

- Mental health and substance use disorder services
- Targeted case management
- Foster care
- Waiver program services
- School-linked mental health services
- Early Intensive Developmental and Behavioral Intervention services

Waivers:

Allowing video visits for, health care, mental health, substance use disorder treatment (CV30), targeted case management (CV24), foster care caseworker (CV11), waiver programs (CV15), school-linked mental health services (CV21), and Early Intensive Developmental and Behavioral Intervention services (CV50)

Maintaining Access to Housing and Economic Support

To better protect and serve individuals who may seek medical treatment or need to be isolated after an exposure to COVID-19, two housing-related policies are critical to help maintain housing stability:

- Extending the number of days individuals are allowed to be absent will allow individuals to seek treatment and maintain housing stability.
- Allowing people to move to and maintain services at an alternative setting approved by the department in order to meet social distancing guidelines without losing the needed housing support.

In addition to maintaining housing, the waivers change how Minnesotans apply for assistance through the Minnesota Family Investment Program to reduce face-to-face contact at county offices. The changes allow for interviews to be conducted by phone, which not only increases access for residents, but also improves safety and efficiency for county offices. This also limits the PPE needed for county staff and clients. Counties support only extending the change that allows for remote interviews for MFIP to align with other programs. To promote program integrity, counties recommend electronic signatures for enrollment verification.

Waivers:

Updating absence policy for individuals receiving housing support (CV27), allowing flexibility in housing services to guarantee social distancing and safety (CV38), and allowing application interviews for MFIP to be conducted over the phone (CV03)

Systemic Savings and Efficiencies

Reducing systemic barriers and prioritizing state and local resources is necessary as the state moves ahead.

COVID-19 has interrupted services and staffing for facilities and service providers throughout the state. Extending some flexibility to be sure there is a continuity of services have been needed in the following areas:

- Allowing flexibility for substance use disorder providers helps keep facilities financially solvent, open and accessible for clients.
- Making sure mental health centers are able to stay open and continue to provide services by modifying certification requirements.
- Allowing for an administrative review to determine whether counties should be held financially responsible if there are delays in discharge from state psychiatric facilities related to the pandemic and outside of county control.

Changes allowing counties to be able to prioritize resources within counties to deploy to protect the health and safety includes:

- Extending timelines for certain cases for an initial face-to-face visit would allow counties to prioritize resources around safety. This would apply only when a child has been deemed safe either by already been seen by another professional (law enforcement, hospital) or if the person alleged responsible for maltreatment has no access to the child.

Extending health care coverage for individuals throughout Minnesota is also tied to federal peacetime emergency and enhanced federal funding. We advocate to sync the timelines for preserving coverage and eligibility for enhanced federal funds.

Enrollees of public health care programs are allowed to fill a prescription for a 90-day supply instead of the regular 34-day limit. This decreases client and administrative burden, saves money, and is limited to non-controlled substances.

Waivers:

Modifying certain licensing requirements for substance use disorder treatment (CV45), modifying certain certification requirements for mental health centers (CV64), allowing waiver of county cost when COVID-19 delays discharges from DHS-operated psychiatric hospitals (CV31), modifying certain timelines for certain child protection responses (CV33), preserving health care coverage for Medical Assistance and MinnesotaCare, and allowing 90-day supply of prescription maintenance medications (CV19)

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