



AMHI/CSP Statewide Meeting 11/16/21

AMHI Team

Agenda

- Agenda review and housekeeping
- HCBS FMAP funding
- Legislative updates
- AMHI Reform – funding formula

- Mute your microphone
- If you want to ask a question:
 - Type your question into the chat box
 - Questions will be addressed either in the moment or during the Q&A time
- After the meeting, DHS will send out:
 - All meeting materials (PowerPoints, handouts)
 - Meeting notes

Home & Community Based Services (HCBS) Federal Medical Assistance Percentage (FMAP) Funding

Funding awarded to AMHIs

- Total federal funding awarded by Minnesota State Legislature - \$5.250 million*
 - FY2022 – \$1.674 million
 - FY2023 - \$1.673 million
 - FY2024 - \$1.691 million

*Note: these are one time funds that end March 31, 2024

- Still waiting for approval from Centers for Medicare & Medicaid Services (CMS)
- Funds must be spent by March 31, 2024
- Proposed uses of funds waiting for federal approval:
 - Hiring a dedicated AMHI coordinator
 - Renovating a facility that provides CSP and/or other mental health rehabilitative services
 - Purchasing technology to allow for continued use of telemedicine services in diverse communities
 - Purchasing a vehicle for assisting individuals with accessing necessary rehabilitative services
 - Training staff to better meet the needs of diverse communities

Awarding process

- Funds will be equally distributed across all 19 AMHIs
- AMHIs will be asked to fill out a work plan and budget provided by the AMHI team
- DHS will develop new contracts specific to these federal dollars
- No funds can be spent until contracts are fully executed with all required signatures

Questions or comments on HCBS FMAP funding?



Behavioral Health Legislative Update

Chelsea Magadance

Legislative Coordinator, Behavioral Health Division



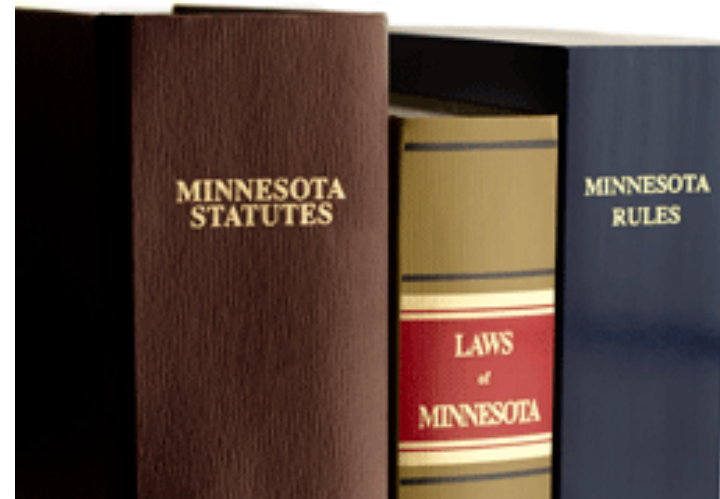
DHS' Role in the Legislative Process

Agency Roles and Responsibilities

- **Executive Branch Agency Roles:**
 - Implement and enforce laws passed by the legislature
 - Support the governor's policy positions and budget
 - Provide technical assistance to legislators and stakeholders
 - Recommend budget and policy changes to the governor, prepare proposals, draft legislation
 - Track legislation and provide expert testimony
 - Prepare fiscal notes as requested
 - Perform bill analysis and advise governor on whether to support or oppose legislation

Legislative Proposal Process

- Decisions about proposals are made with DHS leadership, including Commissioner Harpstead. Preliminary decisions reflect guidelines received from the Governor's Office and MMB on the administration's priorities and proposal processes for this upcoming session.
- Policy and budget proposals are also submitted to and reviewed by MMB and the Governor's Office. Policy and budget proposals will be refined as needed to address concerns raised by the DHS budget and legislative workgroup, the commissioner, and governor.



2021 Behavioral Health Legislation

HHS Budget Bill

- HHS Budget Bill ([Laws of MN 2021, First Special Session, Chapter 7/HF 33, 2nd engrossment](#))
 - [2021 Behavioral Health Special Session Legislative Summary](#) of provisions in the bill is on the DHS website and was sent out in an e-memo to stakeholders

Behavioral Health Provisions in HHS Budget Bill

- Adult Mental Health Initiative (AMHI) Grant Funding
- Adult Mental Health Initiatives (AMHI) Reform; Report on Funding Formula (Article 11, section 33)
- Mental Health Grant Programs Statute Revision (Article 11, section 36)
- Intensive Rehabilitative Mental Health Services (IRMHS) Modifications (Article 11, sections 29-31)
- School-Linked Behavioral Health Grants (Article 11, section 7)

Mental Health Workforce

- Created a Culturally Informed and Culturally Responsive Mental Health Task Force (Article 11, section 8)
- Expanded definition of “mental health practitioner” to include a student completing a practicum/internship as part of undergrad or grad study in social work, psychology, or counseling (Article 11, section 1)
- Expanded services eligible for children’s MH grant funding to include, as part of mental health services for people from cultural and ethnic minorities, supervision of clinical trainees who are BIPOC (Article 11, section 6)

Medical assistance outpatient and behavioral health service rates study (Article 17, section 18)

- The legislature allocated administrative funding to study all outpatient and behavioral services rates and provide cost-based rate reform recommendations.
- The funding is for an analysis of the current rate-setting methodology for all outpatient services in MA and MinnesotaCare, including rates for behavioral health, substance use disorder, and residential substance use disorder treatment.

Culturally and Linguistically Appropriate Services (CLAS) Standards

- DHS must develop a statewide implementation and transition plan for culturally and linguistically appropriate services (CLAS) national standards, including technical assistance for providers to transition to CLAS standards and to improve disparate treatment outcomes.

CLAS Implementation Grants

- Grants to disability services, mental health, and substance use disorder treatment providers to implement CLAS standards, according to the implementation and transition plan developed by the commissioner.

Expansion of Telehealth Services

- Updated the definition of telemedicine to telehealth
- Removed the coverage limit of three telemedicine services per enrollee per calendar week
- Permitted providers to document verbal approval of treatment plans when services are performed via telehealth
- Allowed audio-only telehealth services under MA and MinnesotaCare through June 30, 2023
- Required a Study of Telehealth Expansion and Payment Parity

Expansion of Telehealth Services, cont.

- Mental health certified peer specialist
- Mental health certified family peer specialist
- Mental health rehabilitation worker
- Mental health behavioral aide
- Treatment coordinator
- Alcohol and drug counselor
- Recovery peer

Thank you!

Chelsea Magadance
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Questions or comments on legislative updates?

AMHI Reform

Why do we need an AMHI funding formula?

- An equitable funding formula that is supported by data is necessary to reduce mental health disparities in our communities
- Initial funding determinations for AMHIs were not uniform, equitable, or transparent
 - In 1996, six regions were funded with a total of \$1.849M
 - Today, 19 AMHI regions receive a total of \$33.5M per year in funding
 - Current allocations range from \$1.49 to \$21.29 per capita and are based on the original funding scheme

Funding formula development

- DHS and Forma ACS conducted research to develop a funding formula model with stakeholder input
 - Forma ACS developed a funding formula model with weights that can be adjusted and needed to be finalized
- DHS convened a workgroup to finalize the weights for the county-based AMHI funding formula
- DHS convened a second workgroup to develop and finalize a Tribal AMHI funding formula for the White Earth Nation AMHI
 - This formula may be used in the future for other Tribes if they become AMHIs

Variables and data sources in the formula

- Population
 - Statewide (Census)
 - Medicaid enrollee (DHS)
 - Medicare enrollee (Federal, public)
- Social determinants of health (SDOH)/medical risk
 - SMI/SPMI, SUD, deep poverty, homelessness, past incarceration, and medical risk (DHS)
- Area deprivation index (ADI)
 - Measure of neighborhood deprivation or disadvantage at 9-digit zip code level
- Rural factor using rural urban commuting area (RUCA) codes

AMHI Reform Workgroup – county-based funding formula

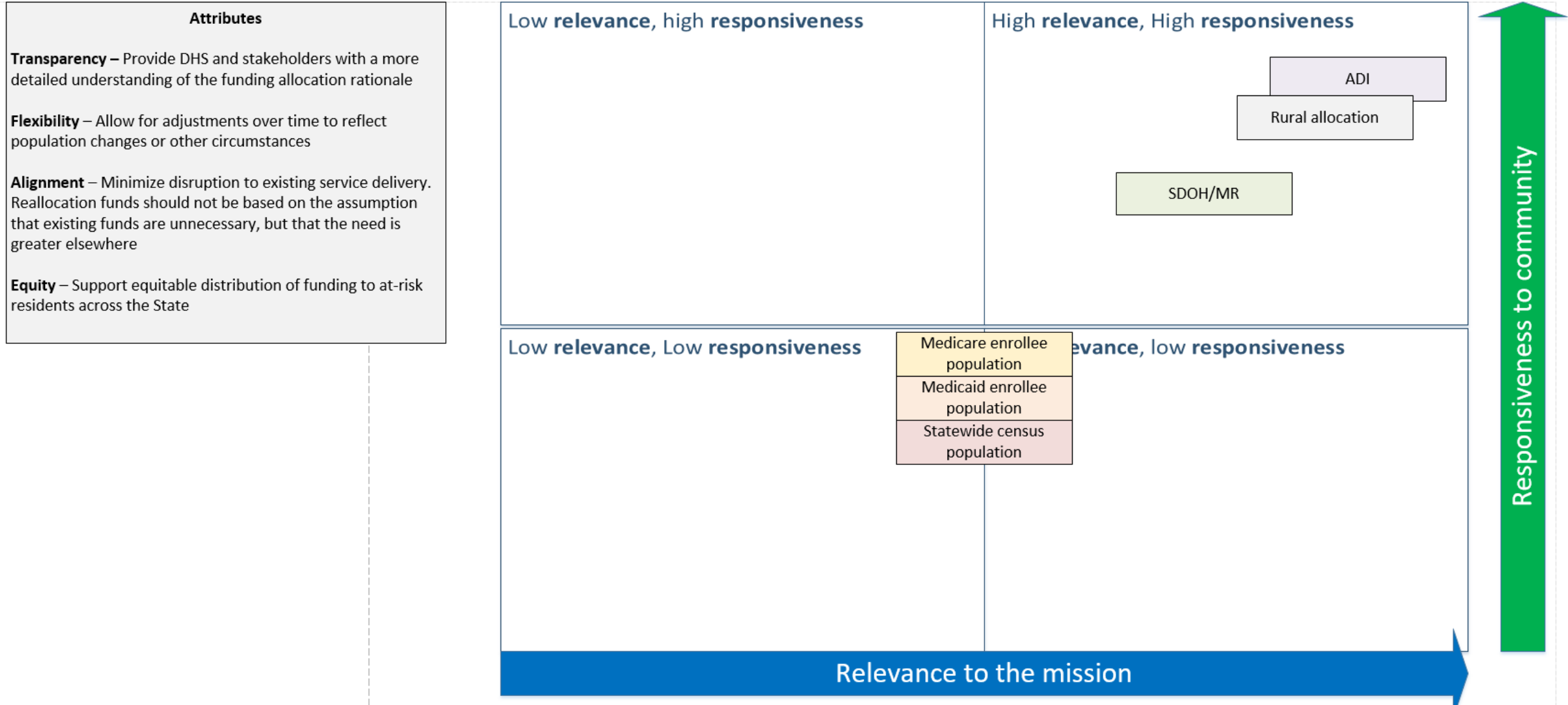
- Workgroup purpose:
 - In-depth review of funding formula recommendations from Forma ACS
 - In-depth review and discussion of funding formula variables, how different variables impact allocations across the state
 - Develop final recommendations for DHS on the funding formula
 - 1 representative per AMHI
- Kick-off meeting June 23, 2021
- Ongoing virtual meetings from August-November 2021

Workgroup Members

- Shauna Reitmeier – NW8
- Amy Ballard – Region 2
- Melissa Wright – ABHI
- Margaret Williams – BCOW
- Tami Lueck – Region V+
- Kesha Andersen – Region 4S
- Bethany Oberg – CommUNITY
- Jason Rodrigues – Anoka
- Martin Marty – Hennepin
- Crystal Klarich – Washington
- Pam Sanchez/Kenya Walker – Ramsey
- Chuck Hurd – Region 7E
- Kim Holm – SW18
- Melissa Hanson – Carver
- Danielle Fox – Scott
- Erika Hammer – Dakota
- Jamie Hayes – SCCBI
- Tim Hunter - CREST

- Reviewed each of the 4 variable groups in-depth
- Priority matrix to set values for each variable
 - Relevance to the AMHI mission
 - Responsiveness/sensitivity to the community
- Converted priorities to percentages and made adjustments until consensus from the workgroup
- Placed percentages into the formula model and made adjustments based on priority matrix
- Confirmed consensus on formula weights with workgroup members

Final formula priorities – set by workgroup



Formula weights – set by workgroup

- Statewide population, 10%
- Medicare population, 10%
- Medicaid population, 10%
- SDOH/Risk, 20%
- ADI, 25%
- Rural factor (RUCA), 25%
- SDOH/Risk sub-weights:
 - SMI/SPMI, 30%
 - SUD, 20%
 - Deep poverty, 20%
 - Medical risk, 15%
 - Homelessness, 15%
 - Past incarceration, 0%

Current per capita vs formula-based per capita allocations

AMHI	Current Per Capita	Formula Per Capita
Hennepin	\$5.87	\$5.41
Ramsey	\$10.57	\$6.64
Dakota	\$1.49	\$4.43
Anoka	\$2.81	\$5.04
Washington	\$3.04	\$3.89
Scott	\$2.11	\$3.79
Carver	\$4.13	\$3.46
CREST	\$6.92	\$9.43
CommUnity	\$3.83	\$5.92
ABHI	\$15.41	\$11.63
SCCBI	\$17.23	\$10.78
SW18	\$10.70	\$14.74
Region 5+	\$8.67	\$14.65
Region 7E	\$13.04	\$8.68
BCOW	\$9.44	\$11.11
NW8	\$21.29	\$14.13
Region 2	\$9.62	\$15.24
Region 4S	\$12.37	\$13.54
White Earth Nation	--	--
<i>Average</i>	<i>\$7.71</i>	<i>\$7.71</i>

- The formula model incorporates many factors to address mental health needs and service access across the state
- Formula-based allocations will decrease disparities in funding across the state
- Current allocations range from \$1.49 to \$21.29 per capita
- Proposed formula-based per capita range is \$3.46 to \$15.24
 - Note: allocations may be impacted by the finalization of the Tribal Funding Formula and are also subject to change due to any increase or decrease in the total AMHI fund

- DHS to submit funding formula report to the legislature that includes details of AMHI Reform efforts to date, the funding formula model and weights
 - Other recommendations from the county-based workgroup include request for increased AMHI funding, ideas for implementing the funding formula, more flexibility in spending AMHI funds for SMI, etc.
- With stakeholders, develop an implementation plan for how to transition from current to formula-based allocations with least disruption possible
- Continue and complete work on Tribal AMHI Funding Formula pilot with White Earth Nation

AMHI Reform timeline

- Feb 1, 2022
 - DHS submits funding formula report to the Minnesota Legislature
- Spring/Summer 2022
 - DHS will convene a stakeholder workgroup to co-develop the funding formula implementation plan
- Jan 1, 2023-Dec 31, 2024
 - Contracts using current allocations
- February 2023
 - DHS releases final implementation plan and announces formula-based allocations
 - Note: regional allocations are subject to changes brought about by additions to or reductions of AMHI fund
- Jan 1, 2025-Dec 31, 2026
 - First contract using allocations informed by the funding formula

Questions or comments on AMHI Reform and/or the funding formula?

Staying connected

- TBA – 2022 statewide meetings
- [AMHI webpage](#)
- Contact us – [MN DHS amhi.dhs@state.mn.us](mailto:MN_DHS_amhi.dhs@state.mn.us)

Thank You!

AMHI Team

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