Mission:
The Minnesota Department of Human Services, working with many others, helps people meet their basic needs so they can live in dignity and achieve their highest potential.
Human Services accounts for 44 percent of expected 2018-19 state spending* (all funds)

Total Estimated Expenditures: $80.1 Billion

* Data Source: Minnesota Management and Budget August 2017
Commissioner Emily Johnson Piper

- Appointed by Gov. Mark Dayton
- Leads the state’s largest agency
- Former general counsel and deputy chief of staff in the Office of Gov. Mark Dayton and Lt. Gov. Tina Smith
- Former deputy commissioner, chief of staff at the Minnesota Department of Commerce

Minnesota Department of Human Services | mn.gov/dhs
DHS organization

Commissioner

- Program Administrations
- Direct Care Areas
- Agencywide Functions
Health Care Administration Vision:
The Health Care Administration builds and operates affordable and efficient health care programs that improve the health of Minnesotans.
The HCA annual operating budget of $95 million and nearly 800 employees

- Office of the State Medicaid Director
- Member and Provider Services
- Ombudsman and Benefit Recovery Section
- Purchasing and Service Delivery
- Office of the Medical Director

- Community and Care Integration Reform
- Federal Relations
- Health Care Eligibility and Access
- Health Care Eligibility Operations
- Health Care Research and Quality
- Office of the Chief Administrative Officer
• The Medicaid Services Advisory Committee provides guidance on key initiatives brought forward by DHS that affect Medicaid program administration, policy or Medicaid funded services.

• Members represent community groups and professional stakeholder organizations, Medicaid beneficiaries and caregivers, and various health care and long term services and supports professionals that influence the health and covered services of Medicaid populations.

• The Medicaid Services Advisory Committee serves to advise DHS and is not a governing board.
• Providing guidance on specific policies, initiatives, and proposed program changes brought forward by DHS

• Acting as liaisons back to individuals, organizations, and institutions that receive, facilitate, or provide Medicaid services
• Medicaid Citizen’s Advisory Committee

• Recommendations
  • Membership
  • Committee processes
  • Meeting preferences
• Members may serve up to three, 2 year terms.

• After each 2 year term, members are expected to reapply.

• If any member has two consecutive unexcused absences, it will be assumed the member wishes to terminate membership, and the necessary procedures will be instituted to obtain a replacement.
• Mileage reimbursements are available for members traveling to and from the meeting.

• There are no additional reimbursements or stipends available.
Medicaid in Minnesota
1 in 5 Minnesotans get their health care through Medicaid and MinnesotaCare
Medicaid enrollment by eligibility category

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults</td>
<td>82,908</td>
<td>86,567</td>
<td>168,118</td>
<td>207,649</td>
<td>201,457</td>
</tr>
<tr>
<td>Age 65 or older</td>
<td>58,073</td>
<td>58,090</td>
<td>58,511</td>
<td>58,937</td>
<td>60,384</td>
</tr>
<tr>
<td>Disability or blindness</td>
<td>125,335</td>
<td>127,230</td>
<td>124,830</td>
<td>120,588</td>
<td>118,076</td>
</tr>
<tr>
<td>Parents and children</td>
<td>471,126</td>
<td>474,013</td>
<td>641,024</td>
<td>693,269</td>
<td>706,729</td>
</tr>
<tr>
<td>Total Medicaid enrollment</td>
<td>737,442</td>
<td>745,900</td>
<td>992,483</td>
<td>1,080,443</td>
<td>1,086,646</td>
</tr>
</tbody>
</table>
Medicaid enrollment and spending by eligibility category

**Enrollment**
- Adults: 65%
- Age 65 or older: 18%
- Disability or blindness: 6%
- Parents and children: 11%

**Spending**
- Adults: 25%
- Age 65 or older: 15%
- Disability or blindness: 38%
- Parents and children: 22%
Did you know?

Proportionally, several Greater Minnesota counties have more Medicaid enrollees than the metro area.
The Medicaid program covered nearly one in five of Minnesota’s 5.5 million residents in 2016, or 19.6 percent of the population.

Across Minnesota counties, the rate of Medicaid coverage ranged from a low of 9.9 percent in Waseca County to a high of 42 percent in Mahnomen County.
The Medicaid program plays a critical role in the health of Minnesota’s children, providing coverage to 36.2 percent of the 1.4 million Minnesotans under 20 years of age.

Across Minnesota counties, the rate of Medicaid coverage for children ranged from a low of 16.6 percent in Carver County to a high of 65.1 percent in Cass County.
Medicaid spending per enrollee by eligibility category

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2012-2016 trend</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults</td>
<td>$9,020</td>
<td>$9,514</td>
<td>$7,564</td>
<td>$7,695</td>
<td>$8,572</td>
<td>-5.0%</td>
</tr>
<tr>
<td>Age 65 or older</td>
<td>$35,479</td>
<td>$35,091</td>
<td>$36,067</td>
<td>$36,992</td>
<td>$40,515</td>
<td>14.2%</td>
</tr>
<tr>
<td>Disability or blindness</td>
<td>$29,245</td>
<td>$29,891</td>
<td>$31,926</td>
<td>$34,529</td>
<td>$36,765</td>
<td>25.7%</td>
</tr>
<tr>
<td>Parents and children</td>
<td>$4,121</td>
<td>$4,203</td>
<td>$3,832</td>
<td>$3,928</td>
<td>$4,055</td>
<td>-1.6%</td>
</tr>
<tr>
<td>Medicaid expenditures per enrollee: all enrollees</td>
<td>$11,411</td>
<td>$11,607</td>
<td>$9,898</td>
<td>$9,871</td>
<td>$10,473</td>
<td>-8.2%</td>
</tr>
<tr>
<td>Per capita health expenditures: U.S. average</td>
<td>$7,551</td>
<td>$7,720</td>
<td>$8,050</td>
<td>$8,479</td>
<td>$8,788</td>
<td>16.4%</td>
</tr>
</tbody>
</table>
Medicaid spending by category of service

- Total spending: approximately $11.4 billion.
- About $3.3 billion, or 29 percent, was spent on home- and community-based and personal care assistant services.
- Enabling people to stay in their homes rather than live in a facility or institution is generally more cost-effective and preferred by the people who rely on services.
BREAK
Potential Topics
Beneficiary Support System
Housing Stabilization Services
Medicaid Quality Measures
Next meeting

• Elect a Co-chair
  • A co-chair’s responsibilities are to help develop, coordinate, and assess meeting topics, and initiatives of the Medicaid Services Advisory Committee
  • To coordinate and facilitate ongoing development and participation in the Medicaid Services Advisory Committee

• Meeting topics and additional information needed

• MN Council on Disability Training

• Questions?
Thank You!

Samantha Mills

samantha.mills@state.mn.us

651-431-5621