

TECHNOLOGY MODERNIZATION

Minnesota counties need an urgent path towards modernizing archaic, state-run human services technology platforms to simplify increasingly complex processes and inefficiencies, reduce duplication and errors, improve client outcomes, and assist in identifying fraud.

- Counties administer a wide range of services and supports on behalf of state and federal governments, relying on antiquated software that poses significant inefficiencies and costs for counties and staff.
- New policy deriving from the federal reconciliation bill passed this summer will cause increased demands for county staff on already strained and inefficient systems, leading many counties to start levying for additional staff in 2026 budgets.
- Last year, counties were successful in securing broad, bipartisan support to dedicate resources for the eventual replacement of the SSIS (child protection) software. Still, many more programs await state attention, particularly the MAXIS system, which is the core program that determines public assistance and healthcare eligibility for thousands of Minnesotans daily.

Counties are asking for both short term, immediate fixes that help keep these systems operational, support workforce effectiveness, and fix longstanding gaps while also attempting to secure language and support for a long-term solution that completely revamps the system to bring it into the 21st century.

SNAP/MEDICAID

MACSSA supports legislation that mitigates the impact of SNAP and Medicaid policy changes that may result in historic cost shifts to Minnesota property taxpayers.

- States are managing the local impacts of the federal Reconciliation Act (H.R. 1), passed in July 2025. For counties, the largest impacts come from changes to SNAP and Medicaid (Medical Assistance in Minnesota).
- MACSSA estimates SNAP changes will reduce federal funding to the state by \$125 million – \$168 million annually through lower administrative funding, new cost-sharing tied to error rates, and expanded work requirements. The Minnesota Legislature will decide whether these costs are covered by the state or shifted to counties, which is expected to lead to significant local property tax increases. Outdated SNAP technology will also require major system updates and increase manual work for county staff. Counties strongly support these costs being paid for by the state.
- Medical Assistance faces similar challenges, including new work requirements and more frequent eligibility reviews. County eligibility systems are outdated and not built to support these changes, increasing administrative burden and the risk of higher error rates if systems are not improved.

MINNESOTA AFRICAN AMERICAN FAMILY PRESERVATION AND CHILD WELFARE DISPROPORTIONALITY ACT

MACSSA supports the state assuming responsibility for case audits and funding local needs, notably staff and services based on the statewide workgroup recommendations and the Legislative Budget Office's local impact study. MACSSA also supports sustained funding for community-based presentation programs and updates to state training systems so counties are prepared to implement the law by 2027.

- Implementing MAAFPCWDA will require focused investments in workforce capacity, staffing, training, and services to address disproportionality in Minnesota's child protection system.
- MACSSA urges an implementation process with clear definitions and guidance and centralized administrative functions to ensure consistency, reduce administrative burdens, and improve outcomes for children and families.

LONG-TERM SERVICES AND SUPPORTS

MACSSA supports meaningful legislative and policy reforms to address the unsustainable fiscal growth in the delivery of waiver services. Effective solutions must prioritize cost containment, system simplification, and policy transformation.

- Unsustainable waiver costs cannot be addressed by shifting costs to counties, which would ultimately result in property tax increases. Counties do not control the primary policy levers needed to achieve meaningful cost reform. We support reasonable cost-saving approaches and defer to the AMC/MACSSA Human Services Steering Committee to help prioritize essential needs.
- Legislative proposals related to waiver cost reform and MnCHOICES payment changes cannot result in an increased or disproportional burden on property taxpayers.
- MnCHOICES administrative simplifications need to support informed choice for people receiving services, improve counties' ability to meet statutory timelines, and not create new mandates or require additional workforce or infrastructure investments.
- HCBS waiver case management reform must reflect a comprehensive, system-wide approach that addresses root causes of concerns rather than symptoms, and does not impose additional administrative or regulatory requirements or eliminate counties' ability to contract for case management services.

NON-EMERGENCY MEDICAL TRANSPORTATION

MACSSA supports implementation of a uniform NEMT program that promotes consistency across the state, streamlines administration, and enhances the overall experience for Minnesota residents.

- NEMT is a critical service for Medical Assistance and MinnesotaCare recipients, allowing for access to medical care, including specialized services.
- Uniform administration of NEMT can reduce administrative complexity and improve access for residents. However, under current legislation, ancillary services remain with the counties, creating bifurcated services for residents.
- To avoid unintended operational or service challenges, all NEMT services should be administered through the state's vendor and the implementation date for Fee-for-Service enrollees should be delayed to January 1, 2027. MACSSA supports allowing optional carve-out opportunities for county-based purchasing.

CHILD WELFARE CONTINUUM

MACSSA supports legislation and policy changes to provide sustainable funding for community-based prevention programs and services including a stable, supported workforce.

- The Parent Support Outreach Program (PSOP) is Minnesota's most effective, evidence-based early-intervention tool for families who are at risk of deeper child welfare involvement. MACSSA strongly supports updating PSOP eligibility to ages 0-17. Fully funding the program will require an investment of \$20 million by the legislature and is sound fiscal strategy.
- Community/Family Resource Centers and Family Group Decision Making (FGDM) are key parts of the comprehensive service array including prevention services that are community/county- lead and proven effective, requiring sustainable funding to expand statewide to meet MAAFCWDA standards, reducing disparities and preserving families through meaningful, culturally responsive child welfare practices.

BEHAVIORAL HEALTH SERVICES FOR CHILDREN AND ADULTS WITH COMPLEX NEEDS

MACSSA supports legislative action and system change to close critical behavioral health service gaps through expanded service capacity, clear county-state accountability that reduces fiscal burden, and strengthened partnerships.

- Strengthen the behavioral health continuum through sustained state investment to ensure timely access to crisis services, treatment, step-down options, and long-term supports. Expand capacity by investing in residential, community-based and inpatient beds, and maintain funding for core programs (AMHI, mobile crisis, and children's mental health) with ongoing adjustments to match demand.
- Strengthen partnerships between counties and state agencies to improve care delivery and reduce fragmentation.
- Establish and consistently fund a Children's Mental Health Initiative (CMHI), modeled after the Adult Mental Health Initiative (AMHI), to strengthen and sustain children's services.
- Counties should not be required to pay for Does Not Meet Criteria (DNMC) situations, where they have no authority over state-directed transfers yet are still charged the placement cost. Shifting these costs back to the state is essential to eliminate an unfunded mandate created by the lack of statewide capacity.
- Minnesota counties comply with all governmental accounting standards and undergo regular, independent third-party audits. Any changes to behavioral health funding resulting from the Minnesota Office of the Legislative Auditor's Behavioral Health report should not create unnecessary administrative burden for counties.