

Agency Purpose

The Minnesota Department of Human Services (DHS) helps people meet their basic needs, live as independently as possible and achieve their highest potential.

Core Functions

Ensuring basic health care for low-income Minnesotans

- ⇒ Medical Assistance (MA), Minnesota's Medicaid program for low-income seniors, children and parents, and people with disabilities.
- ⇒ MinnesotaCare, for residents who don't have access to affordable private health insurance and don't qualify for other programs.
- ⇒ General Assistance Medical Care (GAMC), primarily for adults without dependent children.
- ⇒ Prescription Drug Program to help low-income seniors and people with disabilities pay for prescription drugs.

Helping Minnesotans support their families

DHS works closely with counties to help low-income families with children achieve self-sufficiency, through programs such as the Minnesota Family Investment Program (MFIP, the state's welfare reform initiative), child support enforcement, food stamps, deaf and hard-of-hearing services, and refugee cash assistance and employment services.

Aiding children and families in crisis

The department supports families to ensure that children in crisis receive the services they need quickly and close to home so they can lead safe, healthy and productive lives. DHS principally guides statewide policy in child protective services, out-of-home care, permanent homes for children and children's mental health services.

Assisting people with disabilities

The department promotes independent living for people with disabilities by encouraging community-based services rather than institutional care. The department sets statewide policy and standards for care, and provides funding for:

- ◆ developmental disability services
- ◆ mental health services
- ◆ chemical health services

The department provides direct care safety net services for people with disabilities whose needs cannot be met in other ways through an array of campus- and community-based programs serving people with mental illness, developmental disabilities, chemical dependency and traumatic brain injury. This includes six regional treatment centers in Anoka, Brainerd, Fergus Falls, Moose Lake, St. Peter and Willmar, and a state-run nursing home in Ah-Gwah-Ching, near Walker.

At A Glance

Health care programs

Over 500,000 people served in January 2002:

- ◆ Medical Assistance (MA): 403,000 people
- ◆ MinnesotaCare: 137,000 people
- ◆ General Assistance Medical Care (GAMC): 31,000 people
- ◆ Prescription Drug Program: 4,457 people

Economic assistance programs

- ◆ Food Stamps: 213,639 people
- ◆ Minnesota Family Investment Program (MFIP): 43,172 families
- ◆ General Assistance: 10,614 people
- ◆ 265,000 children assisted through child support enforcement
- ◆ \$519 million child support payments collected in FY 2001

Child welfare services

- ◆ 18,455 children in 2000 were served in out-of-home care, such as family foster homes
- ◆ Almost 6,400 children were cared for by adoptive parents or relatives who receive financial assistance and support for children's special needs
- ◆ 636 children under state guardianship were adopted in 2000

Mental health services

- ◆ Nearly 25,000 adults with serious and persistent mental illness received publicly funded mental health services in 2000
- ◆ More than 21,000 children in 2000 received publicly funded mental health services

Operations and two-year state budget

- ◆ FY 2002-03 \$6.3 billion General Fund budget
- ◆ FY 2002-03 \$12.8 billion all funds budget
- ◆ 80% of the general fund budget is spent on health care and long-term care programs and related services
- ◆ 36,000 health care providers served
- ◆ 29.5 million health encounters and claims processed
- ◆ Approximately 97% of DHS budget goes toward program expenditures
- ◆ Approximately 3% of DHS budget is spent on central office administration.

Promoting independent living for seniors

The department supports quality care and services for low-income seniors so they can live as independently as possible. Nursing home oversight and payment remains a dominant aspect of these services.

Operations

DHS has a wide variety of customers, including the state's 87 counties, 36,000 health care providers, and more than 520,000 Minnesotans who are clients or enrollees in DHS programs. Most of Minnesota's human services programs are administered locally, at the county level, although DHS provides significant operational infrastructure.

DHS licenses an array of service providers, including child care centers, group homes, and treatment programs for people with chemical dependency, mental illness or developmental disabilities.

DHS operations also support other providers who directly serve Minnesotans. DHS oversees computer system support for: MAXIS, which determines eligibility for economic assistance programs; PRISM, the child support enforcement system; the Medicaid Management Information System (MMIS), which pays medical claims for publicly funded health care programs; and the Social Service Information System (SSIS), an automated child welfare case management system for child protection, children's mental health and out-of-home placement.

Budget

DHS is one of the state's largest agencies, comprising 30% of the state's total spending. The department's FY 2002-03 budget from all funding sources totals \$13.2 billion. Of the total budget for the biennium, \$6.3 billion comes from general fund tax dollars. The remaining \$6.9 billion comes from federal revenue and other funds, such as the Health Care Access Fund. Department staff includes approximately 5,900 full-time equivalent employees.

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For information on how this agency measures whether it is meeting its statewide goals, please refer to <http://www.departmentresults.state.mn.us/>.