



MACSSA

Minnesota Association of County Social Service Administrators

April 6, 2026

Re: SF4710 – Concerns with Impact of Bill Language

Dear Chair Hoffman and Members of the Senate Human Services Committee,

I am writing on behalf of the Minnesota Association of County Social Service Administrators (MACSSA) to share our concerns regarding SF4710. Counties share the broader concern that withdrawal management providers need stable, predictable funding to remain operational. However, we have significant concerns about addressing this issue through the Behavioral Health Fund.

Withdrawal management is a medical service, not a social service.

State statute has made clear—and structured the system accordingly—that withdrawal management is a clinical, medically supervised service intended to be billed to insurance, including PMAP and MA. This is fundamentally different from social detox, which is a non-medical stabilization service and a longstanding county obligation. When DHS shifted Substance Use Disorder services into the medical realm, it did so intentionally, aligning these services with medical billing and parity standards. Counties are not responsible for funding medical services in any other context and should not be financially responsible for withdrawal management now.

Using the Behavioral Health Fund in this way contradicts the purpose and integrity of the Fund.

The amended language in the bill states that the BHF may be used when “the client who incurred the withdrawal management debt was not eligible to have substance use disorder treatment services paid for with behavioral health fund money at the time the services were provided.” This could cause program integrity concerns and could be a confusing precedent. The proposal would use the BHF to pay for services that were explicitly ineligible at the time of service—an approach that opens the door for further shifts of uncompensated medical care onto a fund not intended for this purpose.

Counties are facing growing financial pressures within the Behavioral Health Fund.

We are increasingly concerned about a pattern of additional expenses being shifted to the BHF at the same time the Governor has proposed raising the county share for BHF services from 22.95% to 50%. This represents a substantial cost shift—occurring precisely as counties lose local authority, visibility into eligibility processes, and administrative funding. These structural changes reduce counties’ ability to ensure accurate county of financial responsibility and to assist residents with timely MA enrollment, further increasing the risk of uncompensated services landing on counties.

This bill could create a precedent that expands county costs beyond withdrawal management.

If the BHF becomes a mechanism for covering uncompensated medical services such as withdrawal management, it is unclear what would prevent other medical services or providers from seeking similar

treatment. Counties are deeply concerned about setting a precedent that broadens the BHF to cover uncompensated medical care that is fundamentally insurance-driven.

Maintaining the distinction between medical and non-medical services is essential.

Providers sometimes view withdrawal management as an extension of the county's obligation for detox. However, withdrawal management and social detox serve different purposes, meet different clinical thresholds, and follow different billing pathways. Withdrawal management involves medical oversight and is designed to be billed to insurance; social detox is non-medical stabilization. Preserving the distinction between these services is critical to ensuring appropriate funding, accountability, and care delivery.

Counties support equitable insurance coverage and parity.

In cases where private insurance does not meet parity standards, we support efforts to ensure equitable, medically appropriate coverage. However, addressing insurance shortcomings should not come at the expense of counties or through mechanisms that compromise the integrity of the Behavioral Health Fund.

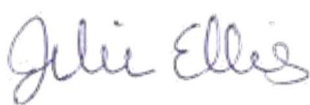
Conclusion

MACSSA respectfully urges the Legislature to avoid using the Behavioral Health Fund to cover uncompensated withdrawal management services. We support sustainable funding for providers, but solutions must align with the medical nature of withdrawal management, maintain program integrity, and avoid shifting additional costs to counties—particularly at a time when counties have diminishing authority and increasing financial responsibility.

Thank you for your attention and for your commitment to strengthening our behavioral health system. We welcome continued partnership on approaches that ensure access to medically appropriate care without destabilizing county resources or the Behavioral Health Fund.

Thank you for your leadership and for the opportunity to share our collective perspective.

Sincerely,



Julie Ellis, Stearns County
2026 President, MACSSA



Paul Verrette
Executive Director, MACSSA