



March 13, 2024

Chair Fischer and Committee Members  
House Human Services Policy Committee  
551 State Office Building  
St. Paul, MN 55155

**RE: Hospital boarding and discharge delays - proposed solutions**

Thank you for your continued dedication to addressing boarding and discharge delays in Minnesota hospitals. The scenes that are playing out at health systems across the state are some of the most challenging situations our teams have faced in their careers. Patients are stuck in hospitals waiting for transfers to nursing homes, rehabilitation units, mental health treatment facilities, and other sub-acute care facilities, including state operated services.

In 2023, patients across the state spent nearly 195,000 avoidable days in hospitals, waiting for the right level of care to become available. This included almost 12,000 days of unnecessary stays for children alone. In most cases, these children don't have an emergent medical or psychiatric condition requiring hospitalization; they need long-term, stable support through community-based and residential services. For many, their mental health gets worse while they are stuck in the hospital. In short, patients across Minnesota are getting the wrong care in the wrong place, and often for too long a time. And, unfortunately, the problem isn't getting better, it is getting worse.

This patient gridlock not only reduces overall capacity for hospital care, it also cost Minnesota hospitals and health systems an estimated \$487 million in unpaid care. A refreshed version of HF4106 (Carroll) / SF3989 (Morrison) would give hospitals some short-term financial relief, and we cannot wait any longer to systematically address this problem. Actions the legislature and state agencies can take include the following:

Legislative Proposals:

- Discharge policy bill (SF3989 Hoffman / HF4106 Noor) - Improves processes for MnCHOICES Assessments, SMRT Assessments and Medical Assistance eligibility determinations; establishes supplemental payment rate while counties and community providers determine long-term exception rate for an individual
- Medicaid Mental Health Reimbursement Rate increases (HFXXXX Her / SFXXXX Wiklund and HF4366 Edelson / SF4460 Mann) - Increases outpatient and inpatient reimbursement rates for mental health and substance use disorder services, building on the 2024 DHS Outpatient Services Rate Study

- Youth care transition program (HF4671 Fischer / SF4664 Mann) - Ensures sustained funding for the youth care transition program which supports youth with complex needs who need to transition from hospital and residential settings to a more appropriate level of services.
- Respite grants (HF4671 Fischer / SF4664 Mann) - Increases current county grant funding for respite care and invest resources in recruiting, licensing and compensating new respite family providers
- Emergency Medical Assistance (SF4024 Mann / HF3643 Noor) - Allows more flexibility in what Emergency Medical Assistance (EMA) will pay for, these bills broaden the settings available to a patient who qualifies for EMA by permitting certain services to be covered under EMA.
- Legislative [recommendations from the Priority Admissions Task Force](#) (HF4366 Edelson / SF4460 Mann) which includes expanded capacity at and access to Direct Care and Treatment facilities. These recommendations include an exception for 10 civilly committed individuals waiting in a hospital to be added to the admissions waitlist – this exception is a critical pressure release for hospitals who have been housing individuals in need of forensic or other intensive care in a state operated service, some for multiple years.

Administrative Actions:

- Determine a different way to prioritize complex patients for placement outside of the hospital including:
  - Prioritizing and expediting funding for in home and out of home placement, including MnCHOICES assessments, MA eligibility, and waived services for kids in hospitals.
  - Ensuring counties prioritize the establishment and responsiveness of guardians, rate negotiations with group homes and the placement process for patients in acute care or hospital settings.
  - Prioritizing workforce crisis solutions to increase crisis and group home capacity.
- Strengthen enforcement of licensing standards to ensure group homes and other facilities cannot use “temporary suspension” of services as a mechanism to leave clients at hospitals and then refuse to take them back.
- Staff Willmar Child and Adolescent Behavioral Hospital to full capacity and accept “lateral” admissions.
- Counties all have a different “front door” to start the process of partnering to find patients an appropriate placement, and this information is challenging to find. Create one resource with this information to make navigating and outreach more streamlined for hospitals.

This is not a problem that any one part of the system can solve by itself. State agencies, counties, community providers, families and health systems all need to be responsible for their individual parts and work together to meet the needs patients, getting them the right level of care at the right time. The crisis of patients being stuck in hospitals needs immediate action.

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March 13, 2024

Chair Fischer and Members of the House Human Services Policy Committee,

Thank you for your consideration of HF 4106 (Noor) and your continued attention to the challenges Minnesotans face in finding appropriate settings to live and recover. We have many world-class hospitals here in the state – if you are sick or injured, there’s no place better to receive care and to heal. Hospitals are not, however, designed to be homes. Folks who do not need hospital-level care usually do better in a more home-like setting, and our goal is always to place patients in settings where they are most likely to succeed.

Last session’s emergency funding for nursing homes was a great start, but the problem has many facets. Chair Noor’s bill, HF 4106, brings a direct focus on aspects of the discharge and placement process that often cause the longest and most challenging delays – government processes and procedures. For some context, here is a bit of data on the 50 patients we saw last year with the longest medically unnecessary stays:

- 49 out of 50 were covered by public programs
  - 39 were covered by, or awaiting coverage from, Medical Assistance
- All were in the hospital for at least 57 days longer than necessary; several were with us for over 300 days.
  - Patients in this group averaged over 113 avoidable days and accounted for almost 5700 total avoidable days.
- The most common reasons for delays were MA approvals, State Medical Review Team (SMRT) reviews, waiver delays, guardianship delays, capacity issues in group homes, and capacity issues at state operated services.

As you can see, our state’s most vulnerable are the most likely to be impacted and the least likely to have the support structures needed to navigate the system. This bill addresses several of the most common challenges by creating a prioritization system for MnCHOICES, Medical Assistance applications, and SMRT determinations. The bill also continues challenging but necessary conversations around guardianship. We hope that, as legislators continue their work, capacity at State Operated Services becomes part of the conversation.

Thank you again to Chair Fischer and Committee Members for your time and consideration, and to Chair Noor for his continued willingness to engage and champion the needs of Minnesota’s most vulnerable.

Sincerely,

A handwritten signature in black ink, appearing to read "James McClean".

James McClean, Director of Government Relations- Care Delivery

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# SEMCIL

SE MN Center for Independent Living, Inc.

March 12, 2024

Committee Chair

Rep. Peter Fischer (DFL) District: 44A  
551 State Office Building  
St. Paul, MN 55155

Rep. Debra Kiel (R) District: 01B  
203 State Office Building  
St. Paul, MN 55155

RE: HF 4106

To Chair Representative Peter Fischer, Lead Representative Debra Kiel, and Members of the Committee:

Our organization writes to you today to our community's opposition to house file 4106. As a Center for Independent Living led by people with disabilities since 1981, we are people with disabilities and allies partnering with our larger community to protect our civil liberties and move our systems into justice. House file 4106 is a direct attack on the civil rights of people with disabilities and their decision-making to live in the most least restrictive setting of their own choice.

There is no dispute that home and community based direct care and health care workforce shortages have only increased since the rise of COVID-19 in 2020. The lack of direct care in the community results in health care crises for individuals. We acknowledge that we have seen individuals stuck in hospitals due to the disconnect between the home and community-based service system and the health care system here in Minnesota. Solutions are desperately needed but solutions should not violate civil rights.

SEMCIL has supported individuals who experience such disconnects between the hospital and home and community-based service systems. We have witnessed counties and hospital systems remove decision-making because a person asked to go home with support. Rights removed because the individual who had lived independently in their apartment for decades was not believed. Instead, they labeled the individual as having a "disagreeable disposition" and despite alternative decision-making being offered, they still took away the rights of an American citizen of sound mind. Currently under the statute, there is no notice to the individual, no notice or opportunity to find own representation, and no opportunity to even speak on your own behalf before courts take away your rights and hand over your entire livelihood to a stranger who does not know you and only has the maximum capacity of maybe seeing you for a total of five hours a month.

Centers for Independent Living have a federally mandated service to support persons transition back into the most least restrictive setting of their choice. Set in the federal law of the foundational court case *L.C. v Olmstead*, people with disabilities have the right to live in their own home and the community of their choice with the services and support necessary to maintain their independence.

# SEMCIL

SE MN Center for Independent Living, Inc.

We ask that the authors of these bills meet with the Centers for Independent Living of Minnesota to coordinate a path forward that does not strip people of their most basic rights, and more importantly, their humanity. We should be working creatively to meet the evolving needs of our community, not forcing them into servitude to the margins of business. American citizens deserve better. Our generations to come deserve better. Thank you for your consideration, and I do hope that the authors and supporters of this bill will reach out in good faith to work with our community, not against us. Thank you.

Sincerely,

Rosalie Eisenreich, MPH  
Strategic Initiatives Director  
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March 13, 2024  
House Human Services Policy Committee

**WRITTEN TESTIMONY SUPPORTING HF4106 FROM STEPHEN DELONG, SOCIAL WORK LEAD AT CHILDREN'S MINNESOTA**

Chair Fischer and Committee Members,

Thank you for allowing me to submit written testimony to express Children's Minnesota's support for HF4106, a bill that would reduce barriers for children currently stuck in our hospitals waiting to access community-based services and residential facilities.

I have been working in mental health for more than twenty years and have spent five of those years at Children's Minnesota. The sheer volume of patients boarding at our hospitals awaiting placement over the past two years is unlike anything I've seen since I started in my current role. Each day I work with members of my team to help these patients access the level of care they need and too often process barriers get in the way.

One of the biggest barriers we face in finding placement for these patients is getting MnCHOICES assessments completed. We rely on our county partners to complete these assessments, but have found that, too often, there is confusion over which county can complete an assessment for a specific patient or we find ourselves wanting to have an assessment completed in order to best assess placement options, while our partners want to wait to complete the assessment until placement is found. The inefficiencies in this process result in the same conclusion – more children waiting in the hospital to access the support they need. For one sixteen-year-old patient this meant waiting in the hospital for nearly 4 months. For one twelve-year-old patient this meant waiting in the hospital for 5 months. Living in the hospital for months on end can have increasingly negative impacts on a child's mental health. These kids deserve better.

The changes to the MnCHOICES assessment process outlined in this bill would go a long way to address the barriers we are facing. Expanding who can be a MnCHOICES assessor, extending the time needed before having to complete a new assessment, and prioritizing assessments for children stuck in the hospital *will* make a difference in the lives of the children we serve.

I ask that you support this bill so that this issue can be addressed during the current legislative session. These children have waited long enough.

Stephen DeLong  
Social Work Lead  
Children's Minnesota