



May 7, 2021

Health and Human Services Conferees,

Thank you for your work on behalf of all Minnesotans.

As the home to one-fourth of the state's population, Hennepin County plays an oversized role in all areas of the state's health and human services delivery system. Hennepin Healthcare System (HHS), the subsidiary corporation of the county that operates Hennepin County Medical Center - Minnesota's leading safety-net acute care hospital and trauma center- also plays a determinative role in the system's response. One in five HHS patients are experiencing housing instability, and 45% of patient visits use Medicaid, and many more are eligible for both Medicare and Medicaid. Its patient base includes Minnesotans from rural as well as urban areas.

Hennepin County also owns and operates Hennepin Health, a groundbreaking health maintenance organization (HMO) for Medical Assistance and MinnesotaCare beneficiaries enrolled in the Prepaid Medical Assistance Program (PMAP), the MinnesotaCare Basic Health Plan and Special Needs BasicCare (SNBC). As the state's only county-owned HMO, Hennepin Health takes an innovative, comprehensive approach to integrating health care and social services to reduce access to care barriers among Medical Assistance and MinnesotaCare enrollees.

Our mutual roles support a robust, culturally diverse, flexible system of care. We write today to support many elements of the Health and Human Services Omnibus bills and with concern regarding several others.

### ***Medical Assistance***

**Medicaid Directed Payments:** Nearly half of patients served in the Hennepin Healthcare System, the statewide safety net, use Medicaid for their health care coverage. Please support DHS to apply to the Centers for Medicare & Medicaid Services to access Medicaid Directed Payments for this health system. Thank you for including this language in your bills. We need our safety net to thrive for those who rely on it for their care. **The language in the House and Senate is slightly different. Please support the recommendations of DHS and Hennepin Healthcare on the specific provisions.**

**Recuperative care:** This nationally recognized model delivers short-term care for people experiencing homelessness who are not ill enough to be in a hospital, yet too ill to recuperate on the streets. This language has no cost and directs DHS to develop a service for this time

limited period that it is reimbursed by Medical Assistance. **Please support the Senate language that develops this model with non-state funds.**

**Extending Medical Assistance for new mothers:** We appreciate the inclusion of a Medical Assistance eligibility extension for new mothers, which is one of the most critical moments of life for new parents and their children. Extending the eligibility period for twelve months provides needed health care access for Minnesotans and takes full advantage of the flexibility allowed to states in the American Rescue Plan Act of 2021. **Please support the House position that extends Medicaid to one year for postpartum mothers.**

**Periodontal coverage for adults:** When left untreated, periodontal disease can cause tooth loss and has been linked to major health problems, including heart disease, lung disease, strokes, and preterm birth. Patients deserve to have all their oral health needs met. **Please support the House position.**

**Telehealth expansion:** We have seen the advantages of the flexibilities in telehealth through nearly all of our services across our county. Hennepin Healthcare, Hennepin County Public Health, NorthPoint Health, and Wellness Center, and Hennepin Health have made adjustments through the pandemic to ensure that telehealth services are delivered equitably to patients and contribute to increasing health equity. There is still a great distance to go to achieve health equity, but telehealth should be an available tool we can use to close these disparities.

We request the final agreement include the following elements:

- Allows a home or other residing location setting to serve as an originating site.
- Collect data on the telehealth service without including a sunset date. The House bill sunsets the new expansions of telehealth currently in effect due to the COVID-19 pandemic on July 1, 2023. The Senate bill sunsets the telephone only services
- Permit interactive video for case management visits
- Maintain parity of reimbursement.

### ***Substance Use and Mental Health***

**Mandated reporting SUD of pregnant mothers:** Modifications to mandatory reporting of pregnant women with substance use disorder will change punitive laws and allow mothers to seek treatment and continue prenatal care. **Please accept the Senate language.**

**Sober home task force:** Increased clarity is needed about what is provided through these homes and how they function to support the patient as it relates to staff training, privacy, optional or mandatory counseling, and how legal interactions affect their stay there. **We have no preference between the House and Senate language.**

**Behavioral health workforce:** Our state currently faces a workforce shortage in the behavioral health field, especially for certain geographic or cultural communities. We support the proposals to help create better access to care by creating a more culturally diverse and informed behavioral health workforce. **Please accept the House language.**

**Adult Mental Health Initiatives Grants:** Our mental health system must lay the groundwork for better outcomes for our most vulnerable residents, including those who have significant issues with behavioral health conditions (mental illness and substance use disorders). We thank you for your commitment to mental health services and the inclusion of the AMHI funding. **The language in the House and Senate are identical.**

### ***Human Services***

**Basic Sliding Fee Reprioritization:** Over 80% of parents accessing Basic Sliding Fee (BSF) childcare are essential workers. These are our neighbors who work in grocery stores, gas stations, and other frontline businesses. Helping families access Basic Sliding Fee childcare is key to getting parents back to work. Basic Sliding Fee childcare is a key component of COVID-19 recovery. **We urge the Legislature to adopt the following language:**

- Prioritize the reordering of the BSF waitlist so families in need are served before transitioning MFIP recipients
- Utilize the American Rescue Funds childcare allocation to fund the reprioritization
- Use permanent, ongoing Childcare Development Block Grant (CCDBG) to fund the 5<sup>th</sup> year of the reprioritization

**County waivers:** To ensure that we continue to deliver services safely and equitably to our residents, we support legislative efforts to extend the waiver extensions. We have found that the additional flexibility has resulted in better service for residents and more choices for interacting with the county and the approximately 400 community partners who share this work with us. Both the House and the Senate bills include county waiver provisions. We support the inclusion of the following waivers in the final bill:

- Extends permanently the exceptions to the absence policy in housing supports.
- Allows for remote application and orientation for MFIP.
- Provides for remote reassessment of certain MnCHOICES reassessments.
- Permits certain targeted case management visits to be conducted remotely.

**Nurse family partnership:** NFP is an evidence-based home visiting program with four decades of data showing consistent success in keeping moms, babies, and children healthy and safe while creating a multigenerational impact for families. **Please support the House position in the conference committee.**

**Housing:** Hennepin County plays varied roles in housing. We support a network of emergency shelters with nearly 900 beds and collaborate with frontline nonprofit partners to provide supportive services for vulnerable, high-risk people. We support legislation that adequately funds emergency shelter beds for individuals and families. As you know, providing shelter beds is a short-term solution. We need to help individuals and families gain long-term stability through housing support. **To support these needed investments, we urge you to support the House's ongoing funding for Emergency Services Program (ESP) and the Senate's Housing support rate increase.**

## *Items of concern*

**Nonemergency transportation:** We believe the expanded use of telehealth in human services and health care may reduce the overall use of NEMT, and we should monitor these changes before making major changes like the one proposed here. **Please oppose this provision in the House bill.**

**Outpatient prescription drug benefit carve out for MA enrollees:** This proposal negatively impacts 340B entities, like Hennepin Healthcare, NorthPoint Health and Wellness and other FQHCs, and Ryan White programs. These covered entities are eligible to access the 340B federal program because of the high proportion of underserved communities that access our services. Removing this discount, and moving it to DHS as a rebate, will result in millions lost that currently go into programs that serve these communities, like Medication Therapy Management, Food and Transportation programs, Spiritual care, and more. In addition, a carve out of the prescription drug benefit for Medical Assistance enrollees severely limits the ability of Hennepin Health and other health plans to effectively coordinate care across medical and pharmacy benefits. **Please oppose this provision in the House bill.**

**Community Behavioral Health Hospital (CBHHs) Cost Shift:** Each year, Hennepin County pays approximately \$12 million in penalties, levied from property tax, for clients in state treatment facilities. About one-third of these costs are paid for patients who no longer meet the criteria for the level of care provided at the facility. These clients would be better served at less cost through community-based treatment, but there aren't appropriate resources to meet that need. Allowing the state to determine that it no longer has the responsibility to cover the cost creates a financial burden for counties and widens the system gaps in the state's patchwork continuum of care. **Please oppose the language in both the House and Senate bills.**

**Disability Services Freezes and Cost-shifts:** People with disabilities have the right to live as independently as possible. Many rely on supports from Home and Community Based Services providers. Hennepin County has improved in timely and equitable access. This is a complex system. Counties play an integral role in helping individuals and their families understand and access their options including in home supports, day services, employment services, and residential services. Affordable, accessible housing and workforce shortages outside county control can sometimes limit immediately available options. **We strongly oppose the waiver growth limits, freeze on appropriation for reimbursement level for long term care consultation services, and cost shifts for certain residential services provided to individual 18 to 27 years old in the Senate bill**

**DHS Financial Errors:** Minnesota counties strongly believe that the State of Minnesota should accept responsibility for the Department of Human Services (DHS). Counties are asking state legislators to use state dollars to correct a state error. Counties already spend a significant portion of their budgets to supplement state and federal funding for human services. We request that any solution to these errors does not have the unintended consequence of taking

away from other much-needed services. **We strongly support the House position that holds counties harmless.**

**Please consider us your partner in your efforts on behalf of all Minnesotans. Thank you for your commitment to constructing a health and human services budget that reduces inequities and improves our systems of care. Please reach out to Susie Emmert or Kaade Wallace if you have any questions.**

Sincerely,



Marion Greene  
Board Chair  
Hennepin County Board of  
Commissioners



Jennifer DeCubellis  
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