TO: Chair Tina Liebling, House Health Finance and Policy Committee; Representative Mohamud Noor

RE: HF4106 (Noor)

DATE: March 19, 2024

This letter is submitted on behalf of the Minnesota Association of Social Service Administrators (MACSSA) and the Minnesota Inter-County Association (MICA). From a high level, we want to say that counties agree with the expressed concerns of people not being able to discharge from hospital settings in a timely manner – that is not healthy for anyone. We support some of the language now in the bill (HF4106, First Engrossment); however, we do have concerns about some provisions.

With regard to MnCHOICES, counties have been engaged with the hospitals, disability advocates from The ARC Minnesota, and DHS with a focus on reducing the complexity of the assessment itself, thus decreasing the amount of time per assessment and increasing the number of people we can serve. The bill addresses some of that conversation:

- Counties support the change to allow assessments to remain valid for 365 days (which avoids staff and clients needing to complete repeat work through the eligibility update process).
- We also support the credentialing changes related to MnCHOICES certified assessors. We believe that eliminating the requirement that a person have at least two years of experience specifically relating to home

and community based services will help with the workforce issues that we are all experiencing.

Counties would like the Legislature to consider further changes to MnCHOICES by:

- requiring the initial visit from county staff to be completed within 20 "business" days – rather than the current statute, which requires completion within 20 "calendar" days; and
- reducing unnecessary annual reassessments for situations where the person's needs and service requests have not changed. These annual reassessments, which can take staff eight to ten hours to complete, include an in-depth conversation with the client where the client must discuss sometimes emotional and even traumatizing information, which is not needed.

  The client or their guardian would remain in charge and would be able to choose an abbreviated assessment process or could request a full annual reassessment if that is their desire.

Remaining Concerns: We do have concerns about the timeline and process provisions, for both expedited MA application and MnCHOICES assessments, in the bill:

- First, counties would already be meeting the timelines laid out in this legislation if we had the capacity. Unfortunately, our current system and program expectations make that unattainable and, frankly, unrealistic.
- Prioritizing people in hospital settings would force counties to shift and pull resources away from other individuals who may have more intensive medical, psychiatric, or safety needs than the person awaiting discharge from a hospital. This is a slippery slope - considering the many residents we serve - and could create difficult ethical dilemmas within county decision-making.
- While we understand the intention of creating an initial financial incentive for providers through a supplemental payment, this could cause unnecessary strife between the county and providers when ongoing rates later need to be reduced to comply with state standards.

- Finally, while we support the removal of the previously-included guardianship language, we believe it may return in some form, so we feel the need to address it here. The previous language seems to focus on the hospitals' desire to have people transitioned to another setting - versus the person's actual identified need for a guardian. Appointing a person guardianship over another is not something that should be taken lightly as this directly relates to a person's right to self-determination and their personal autonomy.

We look forward to continuing discussions with legislators and hospitals to collaborate on ways to solve systemic complexities.

Thank you.

Sincerely,

Matt Freeman
Executive Director
Minnesota Association of County Social Service Administrators

Matt Massman
Executive Director
Minnesota Inter-County Association

March 19, 2024

Chair Liebling and Committee Members
House Health Finance and Policy Committee
477 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 waivered 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.

March 19, 2024
House Health Finance and Policy Committee

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

Chair Liebling 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