

Members of the 2021 Health and Human Services Conference Committee:

Thank you for the opportunity to provide comments to help inform your work to create a final health and human services position this session. We will work to compel leadership to give your committee a budget target which will allow you to create a final package that reflects the needs and opportunities we have in our state. We stand ready to work with you in any way possible to craft the best proposal possible for those served by Medicaid.

Today more than 1.1 million Minnesotans rely on Medical Assistance (MA) for their health coverage, and with so much uncertainty in the labor market, that number may continue to grow. The COVID-19 pandemic has demonstrated the flexibility and reliability of our state's MA program. *This Is Medicaid* believes that we should take this opportunity to further strengthen our system through improvements to better serve the Minnesotans who rely on it for care, in particular those communities that have disproportionately borne the burdens of the pandemic and the economic challenges it has created.

Appreciation for shared House and Senate proposals

Keeping the Foundation Solid: *This Is Medicaid* thanks you for prioritizing the preservation of the core components of the MA program in your omnibus bill proposals. A strong foundation is the only platform from which to improve the program and based on your proposals, we will continue to have that in Minnesota.

Extending MA for New Mothers: We appreciate the inclusion of an MA eligibility extension in both the senate and house omnibus bills. We urge the House position of extending MA coverage to 365 days to be adopted. The postpartum period is a critical time to provide care in a mother's life. Removing barriers by providing women access to necessary medical and mental healthcare after the birth of their children can improve maternal health outcomes. **Preference: House Position**

Periodontal Coverage for Adults: If periodontal disease is left undertreated, it can lead to more expensive treatment for other health problems, as well as to hospitalizations. We thank you for recognizing the importance of this issue by including it in both your budgets. **Preference: House Position**

PCA Rate Framework: While there are differences in your proposals, we appreciate that there is bicameral recognition of the need to invest in our PCA workforce.

Medicaid Directed Payments: Nearly half of patients served in the Hennepin Healthcare system, the statewide safety-net, use Medicaid for their health care coverage. *This Is Medicaid* supports Hennepin Healthcare's request that DHS apply to the Centers for Medicare & Medicaid Services to access Medicaid Directed Payments. **Preference: House Position - The language has some minor differences, please accept the House language which has been agreed upon by DHS and Hennepin Healthcare.**

Regional Quality Councils: We support the work that the Regional Quality Councils do to bring together the stakeholders from the disability community and help our state make informed policy decisions.

Concerns regarding existing proposals

Blue Ribbon Commission recommendations on nonemergency medical transportation (NEMT) and family foster care rate tiers: *This Is Medicaid* continues to be most concerned about the impacts of the proposals related to NEMT and family foster care rate tiers. We urge you to omit these proposals from a final agreement. **Preference: Senate Position**

Disability Waiver Rate Reform for Remote Services Provision: Due to the projected surplus, we ask that you do not reduce rates for remote services. Please consider establishing a new remote support framework that accurately reflects costs associated with remote service delivery. **Preference: Senate Position**

Realigning Disability and Behavioral Health Grants: With Minnesota expecting a budget surplus, we strongly oppose cuts to these grant programs. **Preference: Senate Position**

Proposals endorsed by *This is Medicaid* which should be included in any final agreement

Telemedicine Expansion in Minnesota Health Care Programs: We appreciate the extensive and inclusive process you have used to develop a telehealth proposal this session. We support the judicious inclusion of audio-only services as one of many options available to meet the health needs of all Minnesotans. Additionally, we support proposals to gather more information about the telehealth experiences and health outcomes for MA enrollees, particularly within communities of color.

We also wish to highlight the importance of rate parity in the administering of these services. COVID-19 has pushed telehealth system reform to the forefront, and efforts that limit access to service options works against the needs of the communities we serve.

Lastly, The Telehealth Act was recently amended in the Senate to include language which would implement a taskforce with the goal of developing a statewide public private telepresence strategy. This widespread use of telepresence, especially during the pandemic, has demonstrated the effectiveness, promise, and potential to provide timely, safe, equitable and less-expensive care. Long-term state investment in an interoperable and reliable statewide system is needed to increase access to care for those who need it most. *This Is Medicaid* asks that the taskforce amendment be added to the House HHS package and that a patient representative be added to the taskforce.

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. Please accept the Senate language that authorizes DHS to work on the model with non-state funds. **Preference: Senate Position**

Housing Stabilization Implementation: Housing Stabilization Services are designed to help people with disabilities and seniors find and keep housing, but the complexity of offering these services and the challenges of the COVID-19 pandemic response have disrupted providers' efforts to meet a July 1, 2021 implementation deadline that coincides with a reduction to the state's Housing Support Supplemental

Service rate. We ask for your support in extending the timeline for this rate reduction and providing additional technical assistance needed to ensure providers are prepared to maximize this new MA program and continue serving clients without interruption. **Preference: Senate Position**

Temporary Personal Care Assistance (PCA) Compensation Extended for Services Provided by a Parent or Spouse: This proposal helps ensure that parents of children who have disabilities and spouses of adults who have disabilities are able to continue providing PCA until the new Community First Services and Supports program is fully implemented. **Preference: Senate Position**

Reinstate Community Access for the PCA Program: People who use the PCA program often struggle to access transportation to work or other community activities. Allowing PCAs to drive as part of their service would make the PCA program more equitable and better able to support people who have disabilities to live and work in the community.

Create a Service for Individualized Direct Support During Hospital Stays: Creating a reimbursement pathway for this service will protect this essential support, improve collaboration between individuals receiving care and their providers, and help people receiving person-centered, continuous, and culturally-responsive care. **Preference: Senate Position**

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. **Preference: House Position**

Federal Funds: The American Rescue Plan Act includes historic and unprecedented investments including a one-year, 10-percent FMAP increase specific to HCBS programs with explicit direction to supplement, *not* supplant, current HCBS programs. This targeted financial relief will go into effect on April 1, and we urge immediate action to ensure these funds are directed as intended by Congress. Broadly, these federal funds have the opportunity to directly benefit Minnesotans who access Medicaid as well as their families, direct staff and provider organizations. **Preference: Distribute funds to all HCBS providers in an equitable way. *This Is Medicaid* supports the Senate's inclusion of a proposal to utilize a portion of these funds for retainer payments to organizations providing disability waiver services.**

This pandemic has tested us all in ways that we could not imagine, and many Minnesotans have experienced great loss. *This Is Medicaid* hopes that we can take our collective lessons from this past year to improve our systems to support Minnesotans as they recover, and better serve them into the future. We know that you share this desire. Thank you for your leadership, and we look forward to working with you to create a strong final health and human service package.

Sincerely,

This Is Medicaid Coalition