



May 2, 2023

Dear Members of the Human Services Conference Committee,

Thank you for the opportunity to share our comments on SF2934.

This Is Medicaid (TIM) is a diverse coalition of more than 50 nonpartisan organizations from across Minnesota partnering to protect and improve Medicaid. We seek measurable and positive outcomes for all Minnesotans – in particular, policies that improve the health outcomes of Black, Indigenous, People of Color (BIPOC) communities; address geographic, racial, and economic inequities; and promote health justice in Minnesota. TIM is committed to identifying opportunities to preserve and improve Minnesota’s Medicaid program, Medical Assistance, as we continue to grapple with the pandemic and the compounding health impacts it leaves in its wake.

Our coalition is thankful for many provisions included in SF 2934. We want to call your attention to the following provisions and indicate our preference in the House and Senate versions.

Medical Assistance Income and Asset Standards for Elderly and Disabled

This proposal will reduce requirements that impoverish low-income individuals with disabilities while bringing more equity to Minnesota’s Medical Assistance program. The Senate allocates \$10 million as an initial investment (Article 3 Sec. 14). This will begin to move the needle to make Medical Assistance more equitable for people with disabilities. The current standards for people who need and qualify for home and community-based services require people to live in deep poverty just to get the healthcare and support they need to live independently in the community. These income and asset standards are tied to the Federal Poverty Guidelines and have not been raised for decades. They are among the strictest standards in Minnesota Healthcare Programs and are inequitable and unfair. **Please accept the Senate position.**

Medical Assistance for Employed Persons with Disabilities (MA-EPD) Reform

This proposal updates MA-EPD to better reflect today’s cost of living requirements while reducing unnecessary administrative burdens and revitalizing the workforce. This proposal is in the Senate Human Services Omnibus bill (Article 3, Sec. 2 - Sec. 4). **Please accept the Senate position.**

Updating the Disability Waiver Rate System (DWRS)

Fully funding and implementing regular adjustments to the Competitive Workforce Factor and moving up the timing of inflationary adjustments in DWRS are important, long-term solutions. This will help providers adapt and be responsive to market conditions and reduce the wage gap

between direct support professionals and comparable occupations. **Please accept the Senate position.** (Article 1, Sec. 33).

Life Sharing Benefit

We support the promotion of Life Sharing - an innovative, person-centered service model that supports independent living and has the potential to mitigate the impact of the workforce crisis on people with disabilities. We support developing Life Sharing in consultation with providers, people with disabilities, advocacy organizations, and lead agencies prior to establishing a reimbursement model. **Please accept the Senate language** (Article 1, Sec. 64).

Non-Emergency Medical Transportation (NEMT)

Stagnant NEMT reimbursement rates have caused many providers to no longer provide this service due to increased fuel, mileage, and insurance costs. Raising Medical Assistance reimbursement rates for this service (Article 3, Sec. 5) will help mitigate this crisis and ensure that providers are able to continue providing this essential service. **Please accept the Senate position.**

Lifting the 40-hour cap on personal care services under CDCS and CFSS

Currently, there is a 40-hour weekly household limit on the number of hours a parent of a minor, or spouse, can be reimbursed for providing disability-related care to the minor child or spouse under consumer-directed community supports (CDCS) or community first services and supports (CFSS). The 40-hour limit does not consider the number of parents providing care in the household, the number of people needing services in the household or the type of services the individual receiving care is eligible for. Last year, this provision was included in every offer from the House and Senate Health and Human Services conference committee. This year it was included in the Senate Human Services omnibus bill (Article 1, Secs. 21, 45, 46). **Please accept the Senate Position.**

Information Technology Investments

We support investments to improve technology systems used to access and deliver human services programs. In order to deliver critical services to Minnesotans adequately and efficiently, Minnesota's technology systems must improve! Often, technology problems delay the speed and accuracy with which eligibility is determined and benefits are delivered. Appropriate technology tools and systems will create more efficiency allowing lead agency staff to address the critical needs of Medicaid enrollees. Finally, current technology systems create barriers to enacting new policies that create a more equitable Minnesota. Across Minnesota's health and human services programs, there is a need for data that reflects short-term and long-term impacts of decisions as well as disaggregated data that reflects our state's changing demographics. When changes are proposed to increase equity, improve outcomes, and save resources, they are often met with prohibitive upfront technology costs and delays. We urge you to make this critical investment in Minnesota's future this session, to protect the promise of Medicaid, by including and fully funding all Information Technology investment provisions in both the House and Senate language. Technology improvements will have a direct and tangible positive benefit for many Minnesotans enrolled in Medical Assistance.

Integrated Community Supports

The changes included in HF1416/SF1009 were not included in either House or Senate omnibus, and we respectfully request further consideration. The changes proposed are critical to ensuring this service remains viable and sustainable.

Please reach out to us with any questions or concerns at thisismedicaid@gmail.com.

Sincerely,

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