

**Office of
Ombudsman for
Long-Term Care**

March 26, 2026

Chair Schomacker and Members of the House Human Services Finance & Policy Committee,

I am writing to you with a question related to the DE for HF 729.

OOLTC appreciates the changes to the Home Care and Assisted Living Advisory Council that supports the use of dollars to improve the resident experience in assisted living facilities and those receiving home care. We also recognize that workforce concerns and clinical quality of care are essential elements to a positive resident experience. Is it possible for the Committee to consider adding a focus on resident engagement to support healthy socialization and enhancing physical and cognitive activity to the identified goals of the competitive grant program (Article 2, Sec 1)?

These engagement goals are essential for residents receiving home care and living in an assisted living facility. Requests for items such as a guitar or other musical instrument or raised garden beds are beneficial for creating community at a facility and supporting individual resident or service recipient engagement and joy.

Thank you for supporting Minnesotans receiving long-term services and supports.

Sincerely,

Parichay Rudina
Legislative Specialist
Office of Ombudsman for Long-Term Care



March 25, 2026

Chair Mohamud Noor
5th Floor Centennial Office Building
St. Paul, MN 55155

Chair Joe Schomacker
2nd Floor Centennial Office Building
St. Paul, MN 55155

Dear Chairs Noor & Schomacker:

SEIU Healthcare MN & IA represents over 50,000 healthcare workers in hospitals, nursing homes, clinics, and self-directed homecare. We write to flag two important bills that we believe can be part of the House Human Services Policy bill. We hope there will be an opportunity to pass them this session.

Jamie Gulley
President

Jigme Ugen
Executive Vice President

Phillip Cryan
Executive Vice President

Brenda Hilbrich
Executive Vice President

Rasha Ahmad Sharif
Executive Vice President

HF3780 is a bill to provide a wage pass-through to workers who provide Shared Services in the PCA and CFSS programs. As discussed, when the bill was heard in committee, multiple clients can agree to receive PCA services from the same worker at the same time. The state pays a premium reimbursement rate of 150% for two clients or 200% for three. Workers should get a similar pay increase, but there is no effective requirement in rule or law that requires some of the premium rate paid to providers and Fiscal Management Services (FMS) be passed on to workers. HF3780 borrows from the wage pass-through mechanism that is part of the current Enhanced PCA/CFSS rate. We think a 95% pass-through would approximate time-and-a-half and double-time wages.

HF4392 would guarantee that homecare workers covered by the SEIU homecare contract receive a retroactive wage increase if the currently delayed CMS approval of the associated rate increase includes a retroactive payment to providers/FMSs. Last year, this legislature funded the SEIU contract and the contract is in effect. But some provisions for incremental wage increases were contingent on CMS approval of the rate increase to pay for them. CMS has still not approved the rate increase. If the rate increase is eventually approved, it could include a retroactive rate increase for providers/FMSs. But nothing would require that the retroactive rate money be used to pay the back wages. So HF4392 simply provides that, if there is a retroactive rate increase, the wages must also be retroactive.

Because both bills simply control the expenditure of already appropriated funds, we do not think either bill has a cost. As such, we think both could be included in a policy bill. But we recognize that neither has a formal fiscal note to confirm our understanding.

We understand if the committee thinks these bills could be moved forward more appropriately in a different path, but we hope the House will not lose an opportunity to take two simple steps to improve the lives of homecare workers.

Sincerely yours,

Rick Varco
Political Director

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Claw Back Written Testimony March 2026

Honorable Co-Chairs Schomacker and Noor and
Members of the Minnesota House Human Services Finance and Policy Committee:

My name is Lance Egley, Ph.D., L.A.D.C., C.A.D.C. III, L.I.C.S.W. I have more than 30 years experience in SUD treatment and training of others for that field. For the past four years I have lead an effort with the Minnesota Legislature, MARRCH, and MARATP on Paperwork Reduction and Systems Improvement. Part of this work includes the Billing and DAANES Action Team which focuses on what is needed for accurate billing and what unnecessary barriers are put in the way of accurate billing. One of the barriers we identified is claw back of paid claims long after payment was made. I am testifying on behalf of this systems improvement effort and also on behalf of the MARRCH Professional Association who initiated the request for this bill and found its authors.

My colleagues and I are here today in support of modifying Minnesota Statute 62Q.72, subdivision 4, to limit payer recoupments beyond 12 months to cases of fraud or abuse.

Before we get too deeply into the weeds, it is important that we have the common understanding that this bill does not remove ANY reason for claw backs; it only stops the use of certain reasons for claw backs IF the claw back is not claimed within one year of the payment of the claim. Providers cannot imagine why it would take more than a year for a payer to recognize if they have reason for a claw back. The Minnesota Council of Health Care Plans was asked for a reason and did not provide one. Some past claw backs have been big enough to bankrupt a small provider. For budgeting purposes providers need at some point to know that past income is secure and belongs to them to spend.

Other States

There are one-year or shorter claw back limits are now in place in 16 other States. South Carolina and Texas limit to 180 days. Health plans continue to operate successfully in those states, demonstrating that timely review and accountability are entirely feasible.

Providers deliver care in good faith, following the rules in place at the time of service, while insurers retain the ability to retroactively change the rules years later. Often these claw backs occur so far from the original date of payment that even the payer no longer has records to document the considerations that went into paying the claim initially. This creates a deeply uneven system. Billing rules change frequently; at least annually. The one-year limit reduces confusion about what the billing rules are. Claw backs for payments over one year old not only are unexpected and unpredictable, they also undermine budget planning and create havoc with taxes already filed and paid.

In Louisiana and Montana, the limit on claw backs is defined to be the same length as is used for timely submission of claims; in Minnesota that rule would have now be six months. ~~Only 15 states lack a time limit on these claw back reasons.~~

A Specific Example from One Agency.

In Summer, 2025, on behalf of United Health, Optum notified North Star Regional of claw back of 120 claims exceeding \$20,000 which had been paid over a year before. For months the exact amounts, claims referenced, and reason for the claw back were not revealed, and even after significant follow-up with Optum, a full list was not produced. and Optum initially characterized these as “duplicate claims”. At one point Optum made reference to “all residential claims”, which would have been over \$100,000. When specific claw back claims begin to arrive the reason given for the claw back became more apparent. Optum wished that United Health would only need pay for 1 day of treatment, rather than the entire span of each treatment. The rationale for this was that the claims submitted, while clearly stating the full span of services at the top, lower on the form stated only the first day of service. This problem was known to both parties at the time of claim filing and payment. It occurred because of a computer programming error (usually called a “glitch”) in the billing package used by the provider that was difficult to correct. The bills were paid, creating a tacit, if not explicit, agreement that the billing clerical error caused by a computer error would not affect payment. As a result many claims were issued in this fashion, and paid, while corrections were requested and made in the computer software. This is a situation in which Optum is trying to claw back money paid for services actually rendered in which all the needed data about the service had been correctly reported to them. Only a clerical error made by a faulty computer program gave any basis to disclaim the payments. Surely justice demands that when the provider has done the work and provided all the information needed for a claim, a clerical error cannot be the basis for denying payment. At most such a clerical error is only the basis for requesting a correction on the claim form.

Pragmatics of Unjustified Claw Backs

The current statute is not functioning as intended. While it outlines specific scenarios where recoupments may occur, payers go far beyond both the spirit and the letter of the law—recouping payments years after claims have been processed and paid, often without sufficient justification and without giving providers a fair opportunity to respond.

In another example, a major insurer clawed back over \$8,400 for a full course of intensive outpatient treatment for a patient with substance use disorder—four years after services were rendered. The reason given was lack of authorization. However, at the time of treatment, authorization was not required. Years later, the payer’s own system no longer reflected the historical requirements, leaving the provider unable to defend the claim.

Long delayed claw backs negatively affect providers in field beyond SUD. One insurer recouped \$12,000 for a MOHS surgery performed three years earlier, citing the need for a more specific diagnosis code. But diagnosis-coding standards are updated annually. The provider used the most accurate code available at the time of service. Again, there was no meaningful way to appeal because the historical coding context had changed. Importantly, neither of these cases should have been permitted under the current statutory language. Yet these recoupments still occurred—and providers were left absorbing significant financial losses.

Another such example of behavior that impacted North Star Regional came from Ucare in 2025 prior to their financial issues. All of these claw back claims concerned claims originally filed in 2021. North Star was first notified around August of 2025 only because Ucare began using funds from what they stated were previous claw backs to pay on new services. North Star did not share the belief that reason for claw-backs was justified to this degree, which in total impacted approximately \$39,500 of services. After calling Ucare and following up throughout September 2025, North Star was notified that these claw backs were done because of an audit Ucare conducted when they closed out their old processing system for services from 2021 and older. As they conducted this audit, they encountered the negative balance, and used this to settle valid claims more than 4 years later. North Star was given no indication of why claims were taken back from that time, what the issues were, or what could be done to try to resolve it. Since the claims were so old and part of a now closed processing system, no one at Ucare was able to produce a list of claims impacted to substantiate this amount. No one in this room would allow me to claim you owe me \$39,500 without demanding proof of the basis from me. Nor should a provider have to refund on a claim so old that the records concerned are lost to history.

At Common Ground and Valley View Recovery, UCare made claw backs for claims over a year old for which UCare could not properly document the reason for the claw backs. Even for providers to get the particulars of the claw back claims was challenging. The amount likely runs in the 10s of thousands of dollars. For this report \$6500 was specifically identified from a subset of cases. Through the appeals process this attempted claw back was stopped. However, the appeals process was very slow and consumed much provider staff time. Many providers, faced with smaller claw backs and knowing the process, and that sometimes even when vindicated, disputes about claims could tie up much staff time, decide simply to accept an undeserved claw back.

Program	Rev Code	HCPCS	Modifier	Network	Claim Type	Note
SUD IOP	906	H0015	N/A	UHC Commercial; Medica MN Preferred; Medica Select; Medica Medicaid	Institutional	
SUD Assessment	900	H0001	N/A	Medica MN Preferred; Medica Select	Institutional	UHC Commercial does not reimburse this program
SUD Assessment	N/A	H0001		Medica Medicaid; UHC Medicaid	Professional	
SUD OP Individual	944, 945, 953	H2035	N/A for Medica Medicaid; Varies for UHC Medicaid	Medica MN Preferred; Medica Select; Medica Medicaid; UHC Medicaid	Institutional	UHC Commercial does not reimburse this program See link for applicable modifiers for UHC Medicaid https://edocs.dhs.state.mn.us/lfserver/Public/DHS-7612-ENG
SUD OP Group	944, 945, 953	H2035	HQ for Medica Medicaid; Varies for UHC Medicaid	Medica MN Preferred; Medica Select; Medica Medicaid; UHC Medicaid	Institutional	UHC Commercial does not reimburse this program See link for applicable modifiers for UHC Medicaid https://edocs.dhs.state.mn.us/lfserver/Public/DHS-7612-ENG
Peer Support	N/A	H0038	U8	Medica Medicaid; UHC Medicaid	Professional	
SUD Treatment Coordination	N/A	T1016	HN, U8	Medica Medicaid; UHC Medicaid	Professional	

- During a period of system coding change for Blue Plus between April and June of 2024, when claims were being denied because of a glitch in Blue Plus computers, many claims that had been accepted were clawed back in August of 2025.
- Club Recovery had a United Health Care (UHC) claim accepted. Then three years later UHC (through Optum) denied the claim stating that there was no authorization included on the claims, yet at the time authorization was not required.
- BC/BS did a large claw-back that was more than two years after payment.
- In 12/16/2024, BCBS took back payments for one client for entire 2023 stating that claims should have gone another payer. Eventually the other payer did pay most of the claims, but that took a lot of work, staff time, and appeals.
- In August of 2024, Utilization Management Review (UMR) took back payments for several clients for Q1 of 2023 stating the services were not part of the contract. This claw back stemmed from the Optum's decision in 2023 that they no longer covered revenue code H2035 HQ, H2035, and H0001 which were billed with revenue code 0953, and now required all the services be billed with revenue code 0906. Optum then worked with us to get a new contract signed, but it took them several months due to their internal operational lag and the new contract did not get signed until in April of 2023. Several Optum plans reprocessed the claims paid between 01/01/2023 and 03/31/2023 with the new codes and paid accordingly. UMR did not preprocess the claims until August of 2024 taking back the funds. When we

submitted corrected claims in response to the claw back, the claims were denied for timely filing. Appeals were unsuccessful.

Payer's Working Thorough Third Party Contractors

Although not all these examples fit a pattern, the majority have one thing in common. Most of these examples are built on work done by Optum, Coming from Optum makes this a matter of considerable concern. Optum is also the utilization management system used by Medica and through Medica's recent acquisition of customers, is also used by its formerly U-Care coverage. Privately United Health Care uses Optum. Just recently we have learned that Sanford Health is now using Optum. Optum is involved in other significant regulatory activity in Minnesota. The potential impact is widespread.

And while we have only presented a small number of examples directly related to this legislation yet, we do have evidence that of unreasonable payer behavior from Optum. Blue Plus, through Optum, made the claim that their contract does not require rebilling option for claims filed after effective date of a rate increase, but before the computer changes were in place. After a few weeks of confusion, the provider representative of Blue Plus said BP would allow this re-billing; then not much later they revoked this offer and denied back billing again. Previously, UCare claimed that they did not have to pay room and board with IOP, only with residential treatment. Medica has made the claim that "their contract" – they did not specify whether the contract with DHS or the contracts with the providers – does not require them to pay for any outpatient services, including Comprehensive Assessments. They have failed to respond to questions about this for a couple of years. That is surely in violation of the intent of creating PMAP systems.

Scope of Impact

A MARRCH survey of SUD providers got 30 responses from 30 distinct provider organizations. Just over 2/3rds of the organizations had experienced claw backs more than one year after the date at which payment was made. Recent claw back demands were submitted fairly evenly from as far back as 2021, but tripled for 2025. Over 75% of the claw backs were at non-residential services. Claw backs were distributed rather equally over all the categories we have asked the legislature to strike from the exception to the one -year time limit. Among programs experiencing claw backs older than one year, the average amount the program saw clawed back was \$29,207 with 2 of the providers experiencing over \$100,000.00. The total of claw backs reported in this survey was \$453,800.00, which low estimate does not include any amount for broad answers given by some providers, such as “thousands of dollars”.

12 different payers claimed claw backs, including PMAPS', Private Insurance, and MA. Three PMAPS, United Health Care, and MA accounted for 3 times the claims of other payers. Seven of the payers were working through Optum. No other 3rd party reviewers made claw back claims. Going back beyond the most recent claw back, which was the focus of the survey, the same payers reporting their most recent claw back report an additional 220 claw back claims over time. When claw backs take extraordinary lengths of time to happen providers can no longer rely on the earnings they have already made. A sudden claw back can make what appeared to be secure earnings, earnings on which tax filings have already been made and paid, disappear. Unless the provider has a large cash reserve larger claw backs can bankrupt a provider. This is the reason the law should be changed in principle. The fact that some payer do not appear to be acting in good faith and that these bad faith claw backs that show no consideration of justice occur more frequently when third parties are engaged to manage a payer's expenses are additional problems which we should reduce the opportunity for bad faith claw backs to happen.

Minnesota prides itself on having one of the best healthcare systems in the country. But our providers are carrying disproportionate financial risk under the current framework. This bill is not about limiting accountability—it is about creating fairness, predictability, and balance. I respectfully urge you to support this change to protect healthcare providers who serve our communities every day.

Thank you for your time and consideration.

Yours,

Lance C. Egley, Ph.D., L.A.D.C., C.A.D.C.III, L.I.C.S.W.
Lead, Systems Improvement and Paperwork Prevention

Good morning, Honorable Chairman Hoffman and Members of the Minnesota Senate Human Services Committee,

Justice is about fairness, accountability, and reasonable limits. It is about ensuring that when work is done, promises are kept—and that one party cannot rewrite the past at the expense of another.

My name is Justin Michaud, and I serve as the Director of Revenue Cycle at NorthStar Regional. I am sharing this information to illustrate what happens when those principles of justice break down.

In the summer of 2025, NorthStar Regional received notice—on behalf of United Health, through Optum—of a clawback affecting 120 claims totaling more than \$20,000. These were not recent claims. They had been processed, approved, and paid more than a year earlier.

At first, we were given almost no information. For months, we were not told which claims were affected, the exact amounts, or even the reason for the clawbacks. When explanations did come, they shifted. Initially, some of the claims were described as “duplicates.” At another point, we were told it might involve “all residential claims,” raising the possibility of more than \$100,000 being taken back across multiple years of services.

Optum determined that United Health should have paid for only one day of treatment, rather than the full span of care provided. This was based on a technical inconsistency in the claim form: while the full date range of service was clearly stated, another field listed only the first day.

But this was not new information. Both parties had this exact same data at the time the claims were submitted and paid. Optum reviewed the claims, understood them, and paid them correctly. The services were real. The information was complete. The payments were made.

The discrepancy came from a known software issue—a billing system error that was difficult to immediately correct. Claims were submitted this way temporarily while fixes were being implemented, and they were knowingly accepted and paid.

Now, more than a year later, that same technical issue is being used to justify taking back payment for care that was actually delivered.

That is not justice.

When a provider has done the work, submitted the required information, and received payment in good faith, a clerical or technical error should not become grounds for retroactive denial. At most, it should prompt a correction—not a financial penalty long after the fact.

Unfortunately, this was not an isolated incident with insurance companies taking back money from services provided years prior.

In 2025, NorthStar also experienced clawbacks from UCare involving claims originally filed in 2021 or earlier. We were not formally notified. Instead, we discovered the issue when payments for new services were reduced to offset alleged past overpayments totaling approximately \$39,500.

When we asked for details, we were told these clawbacks resulted from an internal audit conducted as UCare closed out an old claims processing system. However, no clear explanation was provided. No list of affected claims was produced. No documentation was available to substantiate the amount.

Because the claims were so old—and tied to a system no longer in use—even UCare could not reconstruct the records.

No one in this room would accept a demand to repay \$39,500 without clear evidence of what was owed and why. Providers should not be held to a lesser standard of fairness.

Justice requires limits. It requires timely review, transparent communication, and accountability on both sides. Without those guardrails, providers are left vulnerable to unpredictable and unchallengeable financial harm—sometimes years after services have been delivered.

In both of these cases, the burden fell entirely on the provider: one involving a system issue acknowledged by the largest insurer in the country, and another involving claims so old that even the payer could not explain them.

This bill is about restoring balance. It is about ensuring that disputes are raised within a reasonable timeframe, that claims are supported by evidence, and that providers are not forced to repay funds for care they rightfully delivered based on technicalities or lost records.

At its core, this is a matter of justice.

Thank you for your time and consideration.

Sincerely,

A handwritten signature in black ink that reads "Justin Michaud". The signature is written in a cursive, flowing style.

Justin Michaud

March 24, 2026

Chair Noor, Chair Schomacker, and Members of the Human Services Committee:

ARRM is a statewide trade association of over 200 provider organizations, businesses, and advocates dedicated to leading the advancement of Home and Community-Based Services that support both adults and children with disabilities.

On behalf of our members, we want to take this opportunity to provide support for the House Human Services Omnibus policy bill, specifically, the language included in Article 4, Section 1.

Individualized Home Supports with Training (IHST) is a critical service to individuals who are living independently, in their own home, and receiving support through one of the disability waivers. This service allows individuals to receive both training and support from their staff throughout the day to meet their needs. For many individuals, IHST is a critical piece of their services that supports them from needing to move into congregate settings.

Placing hard daily caps on the number of service hours an individual can receive during the day limits an individual's ability to design services that meet their needs. We are grateful for the language included in Article 4, Section 1 that will instead put in place monthly caps, remove the 3-hour consecutive limit, and remove caps for individuals with complex needs.

As providers, families, and individuals accessing services have begun planning on what the 6-hour daily cap will mean for them, many have feared that remaining in their own homes will be difficult. Adjusting to a monthly cap and removing the cap for individuals with complex needs is a lifeline that will support them to maintain their independence and remain living in the home they chose.

Thank you to the chairs and committee for including this language in the Human Services Omnibus policy bill and for your continued advocacy and support for people with disabilities.

Sincerely,

Sara Grafstrom
Senior Director of State and Federal Policy, ARRM



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March 24, 2026

Chair Noor, Chair Schomacker, and Members of the Human Services Committee,

Thank you for including the IHST provisions in the House Human Services Omnibus Policy bill. We strongly support the move to a **monthly cap, removal of the 3-hour consecutive cap, and expanded access for individuals with complex needs.**

At BrightPath, we support individuals living in their own homes who rely on flexible, responsive services to maintain stability and independence. Individualized Home Supports are essential in helping people build skills, manage health and safety needs, and remain integrated in their communities. However, current hourly limitations often restrict our ability to align support with real-life needs.

These proposed changes will:

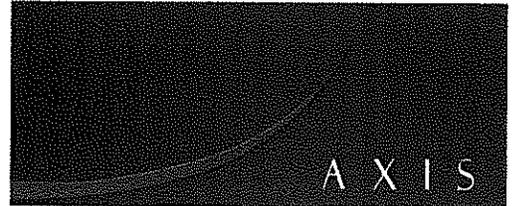
- Improve continuity and responsiveness of care
- Allow providers to better support individuals with complex needs
- Reduce barriers to maintaining independence and preventing crises

Greater flexibility in IHST strengthens community-based services and allows providers, like BrightPath, to respond more effectively to county needs and urgent placements.

We appreciate your leadership on this issue and respectfully urge you to advance this proposal in this session.

Sincerely,

Shari Newgard
Residential Services Director



To: Chair Noor, Chair Schomacker, Members of the Human Service Committee
From: Linda Hughes, Chief Operating Officer Axis, Inc *Linda Hughes*
Re: Omnibus Human Service Policy, IHST language
Date: March 24, 2026

Hello. I would like to thank you for your support to include the improved language for Individualized Home Support with Training. The new language is aligned with our mission and responsibility to provide services in a person-centered model. By removing the 3-hour consecutive cap and the 6-hour daily cap the people served will have access to the support they need. Additionally, employers can attract employees to provide that support.

I appreciate your time and support on this language so we can move forward together to support Minnesota's most vulnerable citizens.

AXIS, INC. • 2345 RICE STREET, SUITE 112 • ROSEVILLE, MN 55113 • VOICE: 651 / 774 . 5940 • FAX: 651 / 774 . 6823 • EOE/AA



March 24, 2026

Chair Noor, Chair Schomacker and Members of the Human Services Committee,

My name is Jeremy Wendt, and I'm the Executive Director at EGH, a non-profit HCBS provider. We support people in numerous programs including Individualized Home Supports with Training, which was subject to rule changes in the last legislative session. It was my honor to testify in front of the committee earlier this month.

I'm thrilled and grateful to see that the omnibus human services policy bill includes language eliminating the three consecutive hour limit on Individualized Home Supports with training, and capping IHS services monthly instead of the six-hour per day limit. The language also removes a daily or monthly limit to IHS recipients who meet the novel admission criteria for Community Residential Settings.

We feel these changes will ensure that persons who receive services are able to exercise their rights to receive supports when, where, and by whom they choose. It also allows people with significant support needs to live in a place of their choosing.

We recognize that something needs to give when it comes to Home and Community Based Services in Minnesota. However, we feel it's essential to preserve individuals' right to choose their services while finding ways to reduce costs to the Minnesota taxpayer.

Sincerely,

A handwritten signature in black ink that reads "Jeremy Wendt".

Jeremy Wendt
Executive Director
EGH, Inc

March 23, 2026

Subject: Support for IHST Provisions in the Omnibus Policy Bill

Chair Noor, Chair Schomacker and Members of the Human Service Committee:

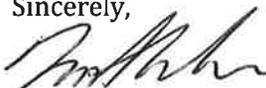
I would like to thank you for your support and including the IHST provisions in the Omnibus Human Service Policy Bill. We now need each of you to put great emphasis on getting this proposal across the finish line. As the Program Director for In-Home Supports (IHST) at CCRI, Inc., I have witnessed firsthand the profound impact IHST services have on the individuals and families we serve. Limiting IHST services to six hours would create immediate and harmful consequences for the many Minnesotans who rely on consistent support to build independence and remain safe in their homes.

When IHST hours are restricted, the following outcomes are common:

- **Interrupted skill development:** Adults working on essential daily-living skills—such as budgeting, grocery shopping, and meal preparation—lose the consistency and repetition required to build and maintain independence. Reduced hours undermine progress and lead to setbacks.
- **Insufficient family support:** Families who depend on coaching and training receive fewer tools to safely support their loved ones at home. Without adequate guidance on routines, behavior supports, and safety strategies, caregiving becomes more stressful and less sustainable.
- **Limited community access:** Young adults practicing community navigation skills have fewer opportunities to learn transit routes, practice safety, and build confidence, often leading to increased isolation and fewer meaningful community connections.
- **Increased health and safety risks:** Individuals who rely on consistent wellness routines—including medication reminders and safety checks—lose critical reinforcement, creating avoidable risks to their health and wellbeing.
- **Regression and higher future costs:** People who require regular skill-reinforcement are more likely to experience regression when hours are insufficient, often resulting in the need for more intensive, costly, and restrictive services later on.

For these reasons, I respectfully urge Members of the Human Services Committee to support and advocate for the IHST provisions, giving individuals and family more flexible and less restrictive usage of their hours. Preserving adequate IHST hours is essential to maintaining independence, stability, and quality of life for the individuals and families we serve. Thank you for your consideration and for your continued commitment to supporting Minnesotans with disabilities.

Sincerely,



Lynette Weber
Options Director



Chair Noor, Chair Schomacker and Members of the Human Services Committee,

On behalf of One Day at a Time, a 245D-licensed provider serving individuals with disabilities across Scott, Carver, Chisago and Dakota Counties, I am writing to express our deep concern regarding the proposal to cap Individualized Home Supports with Training (IHST) at 6 hours per day. We respectfully urge the committee to support the provisions included in SF 3657, which protect the flexibility and person-centered nature of IHST services.

We also want to extend our sincere appreciation for the language included in the Omnibus Human Services Policy bill that creates a monthly cap for IHST, removes the 3-hour consecutive cap, and supports individuals with complex needs in accessing the level of service required to remain living safely in their own homes. These provisions reflect a meaningful understanding of the realities faced by individuals with higher support needs and the providers who serve them.

A daily cap of 6 hours, however, would have a profoundly negative impact on the individuals we support. Many of the people we serve rely on consistent, extended support to maintain their health, safety, and independence. Their needs do not fit neatly into a fixed hourly limit. Reducing IHST to 6 hours would create dangerous gaps in care, disrupt essential routines, and undermine progress toward individualized goals. For individuals who require coaching, skill-building, behavioral support, and supervision throughout the day, this cap would strip away the stability and continuity that allow them to thrive in their homes and communities.

This change would also place significant strain on families and unpaid caregivers, many of whom are already stretched thin. Without adequate professional support, families would be forced to fill the gaps—often without the training, capacity, or resources to do so safely. The result would be increased caregiver burnout, higher crisis intervention needs, and a greater likelihood of institutional or hospital placements.

IHST was designed to be a person-centered service, tailored to the unique needs of each individual. A one-size-fits-all hourly cap contradicts the very purpose of the service and jeopardizes the wellbeing of the people who depend on it. SF 3657 offers a balanced and thoughtful solution that preserves flexibility while ensuring individuals continue receiving the level of support necessary to remain safe, stable, and included in their communities.

For these reasons, we respectfully ask the committee to support SF 3657 and reject any proposal that would limit IHST to 6 hours per day. The individuals we serve deserve services that reflect their needs, not arbitrary limits that put their health, safety, and independence at risk.

Thank you for your consideration and for your commitment to supporting Minnesotans with disabilities.

Sincerely,

Dianna Windish

President – One Day at a Time

March 24, 2026

Chair Noor, Chair Schomacker and Members of the Human Services Committee,

I wanted to thank you all for including in your Omnibus Human Service Policy bill language that creates a monthly cap for IHST, removes the 3-hour consecutive cap and supports individuals with complex needs to access the services they need to remain living in their own home. This support comes with such importance to so many people.

I work as a program manager along with 3 other managers who have 60 people on our caseload. This impacts every one of them and also impacts the DSP's that provide that care. We as program managers also provide care as part of our role, and very specifically, one of the women I work with would benefit so much more from a monthly cap versus a daily 3-hour consecutive cap. She often likes to get in a few errands during our shift, starting out by working out at a local gym and then grabbing some lunch somewhere. She sometimes likes to be gone for 5 hours at a time, often stating how glad she is that she got so much done in a shift. As you are all aware, putting a 3-hour cap puts undue pressure on both the person and the DSP to constantly watch the clock, making sure they plan activities that won't run over the 3-hour limit.

I applaud you all for thinking of the people that this will impact.

Sincerely,

Suzie Tuccitto

Living Well Disability Services



March 24, 2026

Chair Noor, Chair Schomacker, and Members of the Human Services Committee:

Thank you for your ongoing support of disability services in Minnesota and for including these important Individualized Home Supports with Training provisions in HF 3375.

As a provider, I have seen firsthand how important flexibility is when delivering Individualized Home Supports with Training. Rigid daily or consecutive hour limits do not always reflect real-life support needs.

I am writing in support of the provisions in HF 3375 that create a monthly cap for Individualized Home Supports with Training, remove the 3-hour consecutive cap, and remove caps for individuals with complex needs. These changes are meaningful and necessary because they allow services to be delivered in a way that better matches a person's actual needs, goals, and routines. DHS's own CBSM language states that IHS with training is provided to adults when they need support and training in at least one community living service category. HF 3375 better aligns with that purpose by allowing this service to be delivered with the flexibility needed for effective skill-building.

These changes are especially important because they help ensure people receive support in the way it is most effective, before challenges grow into larger crises. When services are too restricted by rigid daily or consecutive hour caps, people may lose access to meaningful skill-building that helps them remain stable, independent, and successful in their own homes. Supporting flexibility in IHST is not only person-centered, but also a practical way to help prevent more restrictive and costly interventions later.

It is also critical that individuals with complex needs have access to the level of support they need to remain stable in their own homes. In my work, I have seen how the right level of flexible, skill-based support can make the difference between someone maintaining their home and community placement or experiencing setbacks that could have been prevented.

Thank you again, Chair Noor, Chair Schomacker, and members of the Human Services Committee, for your continued leadership and support. The provisions included in HF 3375 are a thoughtful and necessary step forward for people who depend on Individualized Home Supports with Training to live safely and successfully in their own homes. I respectfully urge the committee to support the provisions included in HF 3375 and help move this proposal across the finish line this session.

Sincerely,

John Reule
Unit Based Services Administrator

March 24, 2026

Chair Noor, Chair Schomacker and Members of the Human Services Committee,

Thank you for including in their Omnibus Human Service Policy bill language that creates a monthly cap for IHST, removes the 3-hour consecutive cap and supports individuals with complex needs to access the services they need to remain living in their own home.

For more than twenty-five years, **Margaret** has been a beloved fixture at our local grocery store. She is known as a friendly face and someone who has time for a warm greeting. She has continued living independently in the home she has cherished for decades. After her mom passed away, she has received ongoing support through her waiver using IHST from Harry Meyering Center. We assist her with medication management, training around cooking, scheduling doctor's appointments, and money management.

When a sudden illness left her struggling, it was the flexibility of IHST services through Harry Meyering Center that helped get her well. We assisted her in advocating for herself with medical professionals, took her to many follow up appointments, some far away. These were long days, many lasting over 6 hours in one shift. But by helping her remain independent and her regain strength while preserving the dignity and independence, she values so deeply, we were able to help her get back to baseline. Back to the life she loves. If there has been a daily cap on hours provided, we would not have been able to support her, and she may have had a different outcome that would have cost the state much more to support her with round the clock care.

By having a **monthly cap instead of a daily cap**, this level of consistent, person-centered support becomes possible. It allows individuals like Margaret to receive the right care at the right time, without artificial limits standing in the way of their health and stability. We sincerely appreciate your support in making this improvement a reality.

Thank you,



Jen Drganic

Executive Director



03/24/2026

Chair Noor, Chair Schomacker, and Members of the Human Services Committee
Minnesota House of Representatives
St. Paul, MN

Dear Chair Noor, Chair Schomacker, and Members of the Human Services Committee:

Thank you for incorporating language in your Omnibus Human Services Policy bill that (1) transitions the daily cap to a monthly cap for Individualized Home Supports with Training (IHS-T), (2) eliminates the current three-hour consecutive cap, and (3) facilitates access to necessary services for individuals with complex needs to safely remain in their own homes.

For many individuals who depend on IHST, support requirements often extend beyond rigid hourly constraints. The removal of the three-hour consecutive cap more accurately aligns with actual routines and enables the delivery of services when they are most beneficial—whether during morning preparations, throughout daily transitions, or at times requiring sustained skills coaching and direct support to avert crises.

Implementing a monthly cap emphasizes outcomes and person-centered planning. These measures contribute to reducing unnecessary institutional placements and empower Minnesotans with complex needs to live independently, with dignity and stability within their communities.

As the bill advances, I respectfully request that these IHST provisions be preserved and that efforts continue to ensure home and community-based services address the needs of those requiring the most significant support. Thank you again for your leadership and steadfast commitment to enhancing Minnesota's human services system.

Sincerely,

Ric Nelson

Ric Nelson
President & CEO
Enriched Living, LLC
(651) 259-8607
rnelson@yourenrichedliving.com



March 24, 2026

RE: The Omnibus Human Services Bill

Dear Chair Noor, Chair Schomacker and Members of the Human Services Committee,

Thank you for helping correct a very serious issue related to IHST services!

Providers of this service, the families, and the clients, were facing an impossible challenge with the previous language in the bill that essentially made it impossible to meet the family's needs and find the staff who could provide the service given the schedule limitations.

By including language in your Omnibus Human Service Policy bill that creates a monthly cap for IHST and removes the 3-hour consecutive cap, you made supporting individuals with complex needs and therefore allowing them to remain living in their own home a reality again.

We appreciate all you do for our clients and families!

Sincerely,

A handwritten signature in black ink that reads "David Reed".

David Reed, Executive Director



DAVID REED
Executive Director

-  218-233-3991
-  218-233-2577
-  925 37th Ave. S. Moorhead, MN 56560
-  <https://accessrrv.org/>



March 24, 2026

Chair Noor
Chair Schomacker
Members of the Human Services Committee

Dear Chair Noor, Chair Schomacker, and Members of the Human Services Committee,

On behalf of our organization and the individuals we serve in Southwest Minnesota, I would like to sincerely thank you for including language in the Omnibus Human Services Policy bill that creates a monthly cap for Individualized Home Supports (IHST), removes the three-hour consecutive cap, and supports individuals with complex needs in accessing the services necessary to remain living in their own homes.

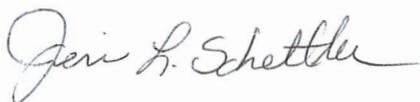
This change is extremely important to those we serve. The flexibility of a monthly cap allows providers like us to more effectively meet the real-life needs of individuals. Under the current rule, the three-hour consecutive cap creates significant limitations. For example, it prevents us from supporting individuals in the full range of their daily living needs, including community participation, personal routines, and essential activities. It also creates barriers to accessing medical care, such as attending appointments in nearby Sioux Falls, which requires approximately two hours of travel time alone.

By moving to a monthly limit of hours, individuals are able to use their services in a way that best fits their lives—promoting independence, improving quality of life, and ensuring access to necessary care and community engagement.

We greatly appreciate your leadership and support in making this important change. It will have a meaningful and positive impact on the individuals and families we serve.

Thank you again for your commitment to improving services for Minnesotans.

Sincerely,



Jeri Schettler
Executive Director
Client Community Services, Inc.

“Providing an array of services that offers support with respect and dignity”

P O Box 97
826 Fifth Avenue
Worthington MN
56187

Phone 507-376-3171

Fax 507-376-3165

Email ccsi@clientcommunityservices.org

Web Site www.clientcommunityservices.org

“EOE/AA Employer”

March 24, 2026

Chair Noor, Chair Schomacker, and Members of the Human Services Committee,

Thank you for including in the Omnibus Human Services Policy bill the language that creates a monthly cap for Individualized Home Support with Training (IHST), removes the 3-hour consecutive cap, and supports individuals with complex needs in accessing the services they require to remain living in their own homes. I appreciate your leadership in advancing policy that strengthens person-centered supports and removes unnecessary restrictions that can limit someone's ability to get care in the way that best fits their life.

These changes are incredibly important to because they help ensure that individuals can have services tailored to their unique needs. Everyone's support needs look different, and having flexibility allows people to receive help in a way that promotes independence, dignity, and stability. For many individuals with complex needs, consistency and individualized planning are essential. Removing barriers like the 3-hour consecutive cap makes it possible to provide services at the times and in the formats that truly work for them.

A monthly cap offers choice and autonomy. It shifts the focus to what a person actually needs day to day, rather than forcing supports into tightly controlled time blocks that may not align with their real-life routines. This person-centered approach not only improves quality of life but also helps people remain safely in their homes and communities.

I am grateful that you recognize the importance of these changes and are moving toward a system that honors the individuality of each person receiving services. Thank you for continuing to prioritize policies that empower individuals, uphold independence, and make sure people can access supports in the way that is most meaningful to them.

Molly Ditter

Pronouns: she/her/hers

Division Director, In-Home Supports, Integrity Living Options



03/24/2026

Re: House Human Services Omnibus Policy

Chair Schomacker, Chair Noor, and Members of the Human Services Committee:

Thank you for including ARRM's IHST proposal in the House Human Services Omnibus Policy Bill. This proposal transitions the current 6-hour daily cap to a monthly cap and removes caps for individuals with complex needs.

These changes provide the people we support with the flexibility to receive services in ways that align with their needs and preferred schedules.

Over the past five months, we have worked closely with case managers to find solutions for 10 of our most complex individuals. Four of these individuals have significant behavioral health needs. While they are not inherently aggressive, they can escalate without consistent, trained support. Much of our work is preventative—helping individuals process emotions, build coping skills, and de-escalate situations moment by moment, day by day.

As of today, six of my individuals' teams have discussed the possibility of transitioning to institutional settings.

For individuals with severe behavioral or physical needs, there is no universal "six-hour" threshold that adequately meets their needs. Support cannot simply pause after a set number of hours. These individuals cannot "take a break" from care or be effectively supported by untrained staff. Without consistent intervention, situations can escalate to the point of requiring emergency services. Each preventable crisis carries significant financial and emotional costs and could often be avoided with appropriate daily support.

Forcing individuals to consider institutional placement due to arbitrary limits is neither fair nor aligned with the State of Minnesota's goal of providing person-centered care.

For many individuals, the ability to use more than six hours on one day and fewer hours on another allows them to access supports when they are actually needed, rather than adhering to a rigid daily cap driven by budget constraints. This flexibility, combined with the addition of other services, will enable many individuals to remain in community-based living settings.

Maintaining this provision in the Omnibus Bill preserves responsible budget limits while introducing the flexibility necessary for person-centered care. A monthly allocation of 179 hours would allow individuals and their teams to adjust supports based on real-life needs rather than a fixed daily maximum.

Additionally, ARRM has proposed removing the service-hour cap entirely for individuals with complex needs, as defined by Residential Support Services criteria. This approach would return decision-making to individuals and their support teams, with appropriate county oversight.

I respectfully urge you to keep the ARRM addendum included in the Omnibus Bill.

Brett McLean
Midwest Independent Living Services, LLC
Program Director



Chair Noor, Chair Schomaker and
Members of the Human Services Committee

3/24/26

Dear Members of the House Human Services Policy Committee,

I am writing to express my strong support for the Individualized Home Support and Training (IHST) provisions included in the House Human Services Omnibus Policy bill released on March 23, 2026.

As a service provider, I particularly appreciate the transition from a daily cap to a monthly cap and the removal of the three-hour limit on consecutive services. These changes are essential for providing client-centered care to individuals with disabilities in the least restrictive settings.

Our organization serves individuals with a wide range of needs, from those requiring 24-hour nursing care to those needing only a few hours of support per week. Limiting services to three hours per day is not practical for many families and could lead to poorer outcomes or an increased reliance on 24-hour institutional settings.

Thank you for your consideration of these important policy improvements.

Best regards,

Brent Krocak
COO
763.442.7830
Mary T. Associates
11800 Xeon Boulevard NW
Coon Rapids, MN 55448

Dear Chair Noor, Chair Schomacker, and Members of the Committee,

On behalf of my organization, Opportunity Partners, thank you for including language in the Omnibus Human Services Policy bill that establishes a monthly cap for Individualized Home Supports with Training (IHST), removes the three-hour consecutive service cap, and cap for individuals with complex needs.

As the Vice President of Residential and Community Living Services at Opportunity Partners, I see firsthand how IHST enables people with disabilities to remain safely housed, avoid institutional care, and participating in their communities without driving up costs in emergency or higher care settings. For individuals with complex medical, behavioral, or mental health needs, support requirements often fluctuate throughout the day and cannot be neatly confined to short, consecutive time blocks. Rigid hourly caps have created unnecessary barriers for people who are otherwise successfully living in their own homes.

I want to stress too that the overall dynamics in our field and in the populations' needs mean that IHST services are more necessary than ever. At a time when it's becoming more difficult to be supported through other living situations like group homes and integrated community supports, IHST is often the best or only source of support. While these services are directed at a different level of care than some more intensive ones, they are no less vital and life-giving and lifesaving. I have seen many examples of people who have had their quality of life significantly deteriorate or even lost due to inaccessibility of IHST.

I strongly encourage the Committee to retain and advance these IHST provisions as the bill moves forward. This language strikes the right balance between cost, oversight, and service delivery, and will make a huge difference in the lives of Minnesotans with disabilities and their families.

Thank you for your leadership and your continued commitment to disability services.

Sincerely,

Eston Brown
Vice President, Residential & Community Living Services
Opportunity Partners
Minnetonka, Minnesota

To: Chair Noor, Chair Schomacker and Members of the Human Services Committee

My name is Linda Fairchild, and I am a Family Residential Service Provider. I want to thank you for including in the Omnibus Human Service Policy bill ARRM's bill HF 3375 language that creates a monthly cap for IHST, removes the 3-hour consecutive cap and supports individuals with complex needs to access the services they need to remain living in their own home. This bill will help families continue to provide care for their loved ones and for those who want to live in the community the opportunity to continue to receive the cares they need in the setting they want.

I am very concerned about the impact that will be happening with the capping of IHST at 6 hours if this bill HF 3375 does not pass.

Currently there is a staff shortage and cutting a staff's hours down to 6 hours will cause staff to leave and find employment elsewhere so they can have hours and the family is now without help.

Capping IHST at 6 hours and only allowing 3 hours consecutively, meaning staff need to stop working clock out and then 15 min. later clock in and do 3 more hours. What happens if the person needs help during the 15 min.? Again, why is this what would work? Companies who supply the staff cannot have a second staff who goes to other homes to fill in for the 15 min. as that is then consecutive and you can only have 3 hours consecutive. So, what happens to the safety and needs of the individual served during this time staff cannot work based on the new change in statute?

The bill passed last year with the cap on consecutive hours put significant strain on providers and families. This new bill HF 3375 will help alleviate this burden and allow for continued care under the IHST bill.

Please move it forward in the Omnibus bill HF 3375.

Thank you for your time.

Linda Fairchild

Fairchild's FosterCare

6718 Odean Ave. NE

Otsego, MN 55330

Mfairchild1071@msn.com



3/24/26

Subject : Thank You for Advancing Person-Centered IHST Policy

Dear Chair Noor, Chair Schomacker, and Members of the Human Services Committee,

On behalf of Life By Design, I want to extend our sincere gratitude for your thoughtful inclusion of policy language in the omnibus human services bill that creates a monthly cap for Individualized Home Supports with Training (IHST) instead of a daily cap, removes the three-hour consecutive cap, and strengthens the ability for individuals to remain living independently.

We deeply appreciate your willingness to consider provider feedback and think critically about how these policy changes impact both the people receiving services and those providing them. At Life By Design, we support approximately 150 individuals who work every day to maintain their independence, and we see firsthand how essential flexibility and person-centered approaches are to their success.

Training is a critical component of the services we provide. The proposed monthly cap represents a far more effective and person-centered approach to supporting individuals than rigid daily limits. I would like to share one example that reflects the importance of these services.

One person we support lives with a significant impulse control disorder alongside a developmental disability. He requires constant supervision in the community and ongoing, real-time feedback. Progress for him has been a slow and steady process. Over many years of consistent, thoughtful support and training, he has achieved remarkable milestones—transitioning from a group home to living independently, caring for his own pet, and ultimately meeting his soulmate and getting married. While his journey continues, these outcomes would not have been possible without sustained training and individualized supports.

His story is just one of many among the individuals we serve. These successes highlight the profound impact that well-structured, flexible IHST services can have on people's lives.

We are grateful for the opportunity to collaborate with legislators—through ARRM and other partnerships—to identify meaningful solutions that balance budget realities with the needs of the people we serve. Thank you again for taking the time to understand our concerns and work toward a more functional IHST framework.

I would also like to take a moment to advocate for maintaining and strengthening funding for these critical services. With rising costs associated with Minnesota Paid Leave, expanded PTO requirements, and Minnesota Sick and Safe Time, our organization has had to pause wage increases this year to remain financially stable. Our employees are extraordinary individuals who overcome countless challenges to provide person-centered support and help people achieve their goals every day.



One meaningful way to support this workforce would be to continue prioritizing livable wages and reconsider limiting COLA increases to 2% in the foreseeable future. Sustainable funding is essential to maintaining a strong, committed workforce and ensuring continuity of care.

Thank you for your many hours of negotiation and your continued commitment to advancing disability services in Minnesota. We are truly grateful for your leadership and partnership.

With gratitude,
Katie Conner
CEO, Life By Design, Inc.
On behalf of Life By Design's Leadership Team

7866 University Ave NE
Fridley, MN 55432
kconner@lifebydesign-inc.com
763-231-0303



394 S Lake Avenue, Suite 610 | Duluth, MN 55802 | Phone: 218•724•3640 | Fax: 218•724•3648

March 24, 2026

Re: Human Services Omnibus Policy bill

Human Services Committee,

I am writing this letter to thank all of you for putting forward the revision of IHST services to migrate from a daily cap of 3-hour consecutive hours to a monthly cap. TLC of Duluth has been serving vulnerable adults in Northeastern Minnesota for over two decades and has a large contingent of people using the IHST service. This service has been vital in helping many people with disabilities have the supports they need to remain and even thrive in their independent living settings. Switching from a 3 consecutive hour cap to a monthly cap allows service recipients to better customize these supports to better account for their unique needs and dreams.

The last two quarters have been particularly challenging for smaller, family-owned providers like TLC with recent top-down decisions made by Governor Walz and DHS with no preamble and no input from veteran providers or individuals receiving services. This has resulted in closures of several providers across the State and loss of vital supports to those most at risk. Your support of this measure restores our hope in a process where all stakeholders have a voice in dreaming solutions that best serve residents of Minnesota.

We are grateful for your service to the residents of Minnesota.

Respectfully yours,

Keven Johnson

Owner – TLC of Duluth, Inc.

Good morning Honorable Chairman Hoffman and Members of the Minnesota Senate Human Services Committee,

When insurers can take back payments years later, providers aren't operating a healthcare system—they're operating under financial uncertainty.

My name is Liina Roth, and I have worked in healthcare revenue cycle management for over 20 years. My work has focused on insurance claims, reimbursement, and ensuring providers are paid accurately for the care they deliver to patients across Minnesota.

I am here today in support of modifying Minnesota Statute 62Q.72, subdivision 4, to limit insurance recoupments beyond 12 months to cases involving fraud or abuse.

At its core, this issue is about fairness, accountability, and predictability in our healthcare system.

The current statute is not functioning as intended. While it outlines specific scenarios where recoupments may occur, insurance companies continue to recoup payments years after claims have been processed and paid—often without sufficient justification and without giving providers a meaningful opportunity to respond.

And to be clear—this proposal does not prevent payers from recouping funds in the situations already outlined in statute. It simply establishes reasonable time limits for doing so. It ensures that recoupments happen when records are available, facts are verifiable, and providers have a fair chance to respond. Most importantly, it protects providers from significant and unexpected financial losses long after fiscal periods have closed and budgets have been set.

What we are seeing today is not just an administrative issue—it is a structural imbalance.

For example, I worked on a case where a major insurer recouped over \$8,400 for a full course of intensive outpatient treatment for a patient with substance use disorder—four years after services were rendered. The reason given was lack of authorization. However, at the time of treatment, authorization was not required. Years later, the payer's own system no longer reflected the historical requirements, leaving the provider with no ability to defend the claim.

In another case, an insurer recouped \$12,000 for a MOHS surgery performed three years earlier, citing the need for a more specific diagnosis code. Diagnosis coding standards are updated annually, and the provider used the most accurate code available at the time of

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In another case, an insurer recouped \$12,000 for a MOHS surgery performed three years earlier, citing the need for a more specific diagnosis code. Diagnosis coding standards are updated annually, and the provider used the most accurate code available at the time of

service. Yet the provider was held to a future standard they could not have known—and had no meaningful way to appeal.

Neither of these cases should have been permitted under the current statutory language. Yet they still occurred—and providers were left absorbing the loss.

This is the reality providers are operating in today: they are expected to follow the rules at the time care is delivered, while insurers retain the ability to reinterpret those rules years later.

That is not a balanced system.

At least 16 states have already addressed this issue by limiting recoupments beyond 12 months to cases of fraud or abuse. Health plans continue to operate successfully in those states, which demonstrates that timely review and responsible oversight are entirely achievable.

Minnesota is known for having one of the strongest healthcare systems in the country—but that system is built on providers who are increasingly being asked to absorb unpredictable financial risk.

This bill does not remove accountability. It reinforces it—by requiring that accountability happen within a reasonable and responsible timeframe.

Because accountability without a timeframe is not accountability—it is uncertainty.

And uncertainty is not something our healthcare providers can sustain.

I respectfully urge you to support this change to protect providers, preserve stability, and bring balance back to Minnesota's healthcare system.

Thank you for your time and your consideration.

Sincerely,

Liina Roth, CRCR, CSPPM

A handwritten signature in black ink, appearing to be 'Liina Roth', with a long horizontal line extending to the right.

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The current statute is not functioning as intended. While it outlines specific types of claims where recoupments may occur, insurance companies continue to recoup payments years after claims have been processed and paid—often without sufficient justification and without giving providers a meaningful opportunity to respond.

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I respectfully urge you to support this change to protect providers, preserve stability, and bring balance back to Minnesota's healthcare system.

Thank you for your time and your consideration.

Sincerely,

A handwritten signature in black ink, appearing to read 'Liina Roth', with a long horizontal line extending to the right.

Liina Roth, CRCR, CSPPM



March 26, 2026

Dear Chair Noor, Chair Schomacker, and Committee Members,

Thank you for the opportunity to share Lutheran Social Service of Minnesota's comments on HF729 – the Omnibus Human Services Policy Bill. LSS is a community-based nonprofit provider of essential services across all 87 counties with more than 2,500 employees who serve one in 63 Minnesotans every year. Our deep experience and commitment to high-quality, person-centered service delivery informs our support of policies that protect access to essential services. We advocate for legislation that will strengthen the ability of individuals and families to build stability and create meaningful change in their lives.

We deeply appreciate the inclusion of HF3375 in the DE amendment's Article 4, section 1. This will modify new limits to Individualized Home Supports with Training (IHS-T) by establishing a monthly cap on service hours, rather than a daily cap, and removing the 3-hour consecutive policy. These simple but impactful modifications will provide the flexibility needed to maintain service continuity for people who live in their own home.

As a statewide provider, we have been especially concerned for those we support who live in rural communities and those assessed to need a higher level of support. If the IHS-T limitations are not addressed this year, it will disrupt access to the support and training required for people receiving services to fully participate in activities like community events, medical care, or household management.

Thank you for your consideration of our comments. Please contact me at erin.sutton@lssmn.org if we can provide further information. LSS is grateful for your thoughtful leadership to ensure the most critical needs of Minnesotans are met through services that prioritize independence and community access.

Sincerely,

Erin Sutton, MSW, LGSW
Senior Director of Public Policy
Lutheran Social Service of Minnesota



Improving lives for adults living with mental illnesses as well as maintaining the viability of providers through one voice for quality adult mental health services.

Date: March 26, 2026

To: Members of the House Human Services Committee

From: The Mental Health Providers Association of Minnesota

Re: Written Testimony in Support of the Inclusion of HF3520 in the HF 729 DE Amendment

Chair Noor, Chair Schomacker and Members of the House Human Services Committee,

We are submitting this testimony on behalf of the Mental Health Providers Association of Minnesota (MHPAM). MHPAM is a non-profit association of mental health service providers. Our member organizations provide a variety of critical mental health services for adults throughout Minnesota such as: Intensive Residential Treatment Services (IRTS), Assertive Community Treatment (ACT), Home and Community Based Services (HCBS), Adult Rehabilitative Mental Health Services (ARMHS), Crisis Residential Stabilization Services, Targeted Case Management, and more.

Thank you for the opportunity to submit this testimony in support of the inclusion of HF 3520 in the DE amendment to HF 729. HF3520, brought forward by MHPAM, contains policy changes and clarifications aimed at addressing some of the specific issues that are creating barriers in access to mental health services. These provisions can be found in Article 5 of the HF729 DE amendment, sections 1-3.

We are all aware that increasing access to mental health services is a need in most every part of our state. A key piece to increasing that access is attracting and keeping mental health staff. To recruit and retain mental health staff, we must address areas in statute where there is confusing or outdated policies and requirements that are creating frustrating barriers. While specific areas of statutory confusion or constraints can seem small in nature, when added together in our overall mental health system they are contributing to staff burn out, adding a layer of confusion for those trying to access and provide care, and shutting the door on new individuals interested in entering into the mental health workforce – something our state desperately needs. **HF 3520 represents many months of mental health stakeholders collectively working together to identify specific areas in statute where we can update mental health service regulations to better fit today's needs.**

We would like to thank Rep. Gillman and Rep. Fischer for their leadership on this bill, and the committee for their inclusion of these provisions in the policy omnibus bill. Thank you for this attention to our state's critical mental health needs, and I am happy to engage in any further discussions on this bill.

Ellie Skelton, Touchstone Mental Health, MHPAM] President, eskelton@touchstonemh.org



Minnesota Home Care Association

March 26th, 2026

Chair Noor, Chair Schomacker, and Members of the House Human Services Committee,

My name is Kathy Messerli and I am the Executive Director of the MN Home Care Association (MHCA), whose members provide hands-on home care to more than 30,000 older Minnesotans and individuals with disabilities in their homes. **Thank you for the opportunity to submit testimony in strong support of the inclusion of HF 3526, the MN Home Care Association's 2026 Policy bill, in the HF729 DE amendment.** These home care policy provisions can be found in the HF 729 DE amendment in Article 2, Sections 1, 2, and 3.

At MHCA we are acutely aware of the rapidly growing number of Minnesotans who, without access to home care services, will have to turn to more intensive, expensive - and currently overly stressed – facility-based care such as hospitals and long-term care settings. We know it's not the preferred option for most Minnesotans AND our state budget cannot afford to provide that more intensive level of care to all who will need it. This is why we are working this session to advance two meaningful policy steps the state can take to increase access to home care. HF 3526 does two things: 1) updates the structure for use of home care fine dollars to align more closely with changes passed into law last session for Assisted Living fine dollars, to allow for consistency and clarity and 2) Ensures timely filling of vacancies on the MN Department of Health's Home Care and Assisted Living Advisory Council.

As our state works to bring better access to home care services to Minnesotans across the state, we must look at ALL steps that could help move us in that direction. In a year like this one where finances are very limited, **seemingly small but meaningful process improvement steps - like those included in this bill – are common sense improvements that will benefit Minnesotans.** I would like to thank Chair Schomacker and Chair Noor for signing on to this bill, and would also like to note that HF 3526 has been endorsed by the MN Leadership Council on Aging.

Thank you for the opportunity to submit this letter expressing our gratitude for the inclusion of HF 3526 in this committee's policy omnibus bill, and I am happy to engage in any further discussions.

Sincerely,

A handwritten signature in black ink that reads 'Kathy Messerli'.

Kathy Messerli
Executive Director
MN Home Care Association

Mission: MHCA serves home care providers through advocacy, education, resources, and collaborations.

Vision: MHCA will shape the home care landscape to improve and sustain quality care services.

P: 651.635.0607 / www.mnhomecare.org



March 25, 2026

Dear Co-Chair Noor and Co-Chair Schomacker,

We are writing in response to the release of the House Human Services omnibus bill and note that HF4144 was not included. While we are disappointed, we want to express our sincere appreciation for the time, attention, and thoughtful feedback you and committee members have dedicated to this issue.

We have taken that feedback seriously and remain actively engaged with stakeholders to identify a path forward. Our shared goal continues to be addressing the challenges facing cities in the northwest suburbs, while also ensuring high-quality, person-centered care and meaningful community integration for residents.

Through ongoing conversations, we have made progress and reached agreement in several key areas, including:

- Establishing a notification requirement when a new facility is licensed;
- Improving the MAARC reporting process by ensuring the communication loop is closed; and
- Creating an option for cities and state agencies to enter into delegation agreements for inspections.

At the same time, we recognize there is more work to be done. We are continuing discussions with stakeholders to address concerns related to the meaningful integration of congregate care settings into the community and to prevent the de facto institutionalization and clustering of facilities.

We remain committed to a collaborative approach and look forward to continuing this work with you, committee members, and all interested parties.

Thank you again for your time, leadership, and engagement on this important issue.

Sincerely,

April Graves
Mayor, Brooklyn Center

Hollies Winston
Mayor, Brooklyn Park

Julie Deshler
Mayor, Crystal

Ryan Sabas
Mayor, Champlin

Jerry Koch
Mayor, Coon Rapids

Dave Ostwald
Mayor, Fridley



Roslyn Harmon
Mayor, Golden Valley



Mark Steffenson
Mayor, Maple Grove



John Elder
Mayor, New Hope



Brad Sutton
Mayor, Robbinsdale