Megan Rossbach

From: Lauren Thompson <lmt878@yahoo.com>
Sent: Monday, May 12, 2025 5:01 PM
To: Megan Rossbach
Subject: HF2115 testimony

Please support HF2115. Think. Why wouldn't disability waivers be based on disability needs? Having the waiver type ne dependent on where a person lives, doesn't make sense policy wise, and I see it, trying to manage this in the course of potential housing changes that happen in life, would put disabled people at further risk and place an administrative burden on an already strained system. These policy decisions were made without the full consideration of the community—without community input, and it shows. Please take the time to genuinely hear the community. This is essential to create a waiver system that can effectively and efficiently serve the community.

Lauren Thompson

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MID-MINNESOTA LEGAL AID
Minnesota Disability Law Center

May 12, 2025

The Honorable John A. Hoffman
Chair, Human Services Committee
Minnesota Senate
2111 Minnesota Senate Building
St. Paul, MN 55155

The Honorable Mohamud Noor
Chair, Human Services Finance and Policy Committee
Minnesota House of Representatives
5th Floor, Centennial Office Building
St. Paul, MN 55155

The Honorable Joe Schomacker
Chair, Human Services Finance and Policy Committee
Minnesota House of Representatives
2nd Floor, Centennial Office Building
St. Paul, MN 55155

Re: Legal Aid Letter regarding the Human Services Omnibus Policy Bill (HF 2115)

Dear Chair Hoffman, Chair, Noor, Chair Schomacker, and Conferees:

Legal Aid and the Minnesota Disability Law Center (MDLC) are grateful for your commitment to addressing the needs of disabled and elderly Minnesotans, especially this year with the painful budgetary situation you are faced with. We appreciate the opportunity to provide written public testimony regarding the Human Services Policy Omnibus Bill.

Article 1

Legal and MDLC support the prohibition on requiring a guardian as a condition of admission or continuing to receive services in a 245D setting (lines 2.6-2.8 in the Senate version). Many people with disabilities are capable of managing their own affairs. A blanket requirement for guardianship as a condition of admission is overly intrusive, restrictive, and a waste of resources.

We strongly support the long-term care decision reviews (lines 4.26-6.9 in the House version). This would require counties to speak to or meet with service participants and/or their legal representatives within ten days of issuing a Notice of Action suspending, reducing, or terminating the person's long-term supports and services, such as CADI waivers, CDCS services, or PCA services. When a client receives the nine-page Notice of Action and does not understand it or agree with it, they often call the county. However, many counties refuse to return calls, forcing clients into appeals that take months to resolve. It would save counties and participants time and money if counties would simply return calls and work out simple issues up front. For example, an MDLC client, a child with Down syndrome, received a Notice of Action indicating that the county had reduced their PCA services from five hours per day to 30 minutes per day. The reason for the reduction was not explained on the Notice of Action. MDLC and the child's parents contacted the county, but multiple calls were not returned. MDLC submitted letters from the child's therapist and doctor attesting that the child's needs had not changed. The county did not acknowledge the letters. The case proceeded to a hearing. The judge ruled in favor of the child, and the PCA hours were restored. This issue could have been resolved months earlier, had the county simply returned phone calls or acknowledged the additional documentation.

We are also grateful for the addition of informed decision-making curriculum and annual competency evaluations for case managers (lines 8.13-8.17 & 11.16-11.18 in both versions). Informed decision making is essential for people with disabilities to live in the most integrated setting appropriate to their needs. Many case managers lack the necessary training on this important topic, and this requirement will help ensure that people who receive supports and services retain as much control over their lives as possible.

Legal Aid and MDLC also support the addition of personal assistance services provided by a parent for a minor child while traveling (lines 13.12-13.15 in the House version).

<u>Article 2</u>

Legal Aid and MDLC support the requirement for hospitals to document the use of restraint in discharge plans (lines 29.12-29.18 in the Senate version). This will help with continuity of care by ensuring that the receiving provider is aware of the client's current behaviors as well as the trauma that the client may have endured after being subject to restraint.

We support the prohibition on requirements for guardians or conservators as a condition of nursing home admission or continued residence (lines 29.28-29.32 in the Senate version). These are decisions that should be made by residents and their families, not long-term care facilities, which are in no position to determine need.

We support the change of ownership language for assisted living settings (lines 26.17-26.19 in the House version). Assisted living facilities should honor existing contracts when a change of ownership occurs.

We support the ban on requiring assisted living facility residents to agree to binding arbitration as a condition of admission or requirement of continued care (lines 36.17-36.19 in

the Senate version). Nothing prevents a resident from voluntarily agreeing to an arbitration clause in the contact, but residents should not be forced to choose between relinquishing their legal rights and entering an assisted living facility.

We urge you to adopt termination protection for assisted living facility residents when changing the source of payment from private to public funds (lines 26.24-27.10 in the House version and lines 36.22-36.26 in the Senate version; and lines 27.25-28.11 in the House version and 37.11-37.16 in the Senate version). **We urge the adoption of the Senate position** that ensures that long-term care facilities keep their promises to residents that they will be able to age in place and stay in their homes when they have exhausted their life savings and are forced to move from private to public pay.

We support the training requirements and guidelines regarding the use of restraints in assisted living facilities (lines 38.3-38.26 and 14.14-43.9 in the Senate version). It is well established that the use of restraints is dangerous for both staff and residents. Emergency manual restraint should be used solely as a last resort in cases where there is an imminent risk of physical harm. Prone restraint should never be used given its potential deadly consequences. The use of restraints is clearly regulated in other settings, such as group homes and nursing homes; however, Minnesota Chapter 144G currently lacks the necessary details governing its use in assisted living facilities. This language provides important guidance for assisted living staff and protects the wellbeing of assisted living residents.

<u>Article 9</u>

We thank you for your efforts to help clarify when statutes requiring federal approval become effective. We have a preference for the House language because it requires monthly status updates that will be accessible to the public.

Thank you for the opportunity to submit written testimony on the Human Services Policy Omnibus Bill.

Sincerely,

Jennifer Purrington
Legal Director/Deputy Director
Minnesota Disability Law Center

Ellen Smart
Staff Attorney
Legal Aid

This document has been formatted for accessibility. Please call Ellen Smart at 612/746-3761 if you need this document in an alternative format.

5/12/25

Members of the Human Services Finance & Policy Conference Committee,

Please consider returning language from SF2443 pertaining to Waiver Reimagine budget determination. Specifically, return this language to the final Human Services Omnibus bill:

KEEP THIS LANGUAGE from SF2443: "***will establish proposed individual ~~budget ranges~~, 22.12 budgets based on the assessed needs of the individual, not location of services; will supply 22.13 the additional resources required for the individual to live in the least restrictive environment.***"

Budgets proposed under Waiver Reimagine for persons with the same level of need would grant only HALF the budget to the person living in their own or family home vs the person living in corporate congregate care (ie group home).

Here are the Top 5 reasons for NOT basing budgets on where a person lives:

1. Those currently living in their own home who will receive drastic budget cuts will be forced into institutional care to get services to meet their needs. This will cause significant disruption to people's lives.

2. This institutional care will cost the taxpayers more money, much more money!

3. This extreme budget disparity based on living setting violates the Minnesota Independent Living First Policy, The Olmstead Promise and the ADA Integration Mandate.

4. Advocates (those with lived experience and their family members) are strongly opposed to budgets based on living setting.

5. If desired by the person, Own Home settings are the goal. As currently structured, Waiver Reimagine does not support this. In fact, it supports institutional settings over community settings by providing more financial resources to those living in institutional settings.

Respectfully submitted,

Lisa Vala

Volunteer – Disability Voice Advocates

4615 Juneau Lane N

Plymouth, MN 55446

Minnesota Alliance of Rural Addiction Treatment Programs

May 12, 2025

Chair John Hoffman
Chair Mohamud Noor
Chair Joe Schomacker
Human Services Policy Conference Committee

Dear Chair Hoffman, Chair Noor, Chair Schomacker and members of the Human Services Policy Conference Committee,

The Minnesota Alliance of Rural Addiction Treatment Programs (MARATP) is a non-profit organization that seeks to bring together diverse rural interests to address and advocate for strong addiction treatment programs throughout Greater Minnesota. Formed in 2017, MARATP advocates for legislation and policies that strengthen the health and well-being of rural Minnesotans, and improve rural access to higher quality, lower cost health care.

We are writing you today in support of various provisions included in both policy omnibus bills (H.F. 2115 / S.F. 2443).

We strongly support the inclusion of the substance use disorder (SUD) treatment workforce flexibility language in House Article 4, Sections 17 and 18 and Senate Article 4, Section 4 and 5. We believe this language is a good first step in eliminating limitations currently in Chapter 245G's SUD program licensing laws that limit licensed individuals from practicing to the full extent of their licensed scope of practice. By allowing qualified professionals to administer comprehensive assessments in SUD licensed treatment facilities, our licensed alcohol and drug counselors (LADCs) in Minnesota will be able to support more individuals in accessing the treatment they need. In this time of a workforce shortage (especially in rural communities in Minnesota), a desperate need for an increase in behavioral health reimbursement rates, but at unfortunate state budget outlook, we must find ways to be flexible. We see this as a small but meaningful change that upholds quality of care for people seeking treatment while supporting our providers to use their qualified workers in the most effective way possible.

MARATP also thanks you for the inclusion of Minnesota Association of Resources for Recovery and Chemical Health (MARRCH) policy proposals, including modifying the 10-day timeline to provide mental health diagnostic assessments to exclude weekends and holidays (House: Article 4, Section 26; Senate: Article 4, Section 18). We also support the change clarifying the county of financial responsibility for withdrawal management services (House: Article 4, Section 32; Senate: Article 4, Section 11).

Thank you for the work you do in this committee to support Minnesotans with substance use and co-occurring disorders in accessing the care they need.

Sincerely,

Marti Paulson, President

Minnesota Alliance of Rural Addiction Treatment Programs

660 18th Street ◆ PO BOX 116 ◆ Granite Falls, MN 56241

Phone◆320.564.4911

May 12, 2025

Sen. John Hoffman, Chair

Senate Human Services Committee
95 University Avenue W.
Minnesota Senate Bldg., Room 2107
St. Paul, MN 55155

Rep. Mohamud Noor, Co-Chair
Rep. Joe Schomacker, Co-Chair
House Human Services Finance & Policy Committee
Centennial Office Building
658 Cedar Street
St. Paul, MN 55155

Dear Chair Hoffman, Chair Noor, Chair Schomacker and members of the Conference Committee,

The Residential Providers Association of Minnesota (RPAMN) is a non-profit trade association that represents small, residential customized living and waivers service providers in Minnesota. The vast majority of RPAMN members are BIPOC-owned, culturally specific service providers who might not otherwise be engaged in the policy development and legislative processes. We appreciate the opportunity to express our support for provisions in each bill as well as communicate our concerns.

Provisions of Support in H.F. 2115 / S.F. 2443

- RPAMN strongly support for the delay in the implementation of the Disability Waiver Rate System (DWRS) rate passthrough requirements and the language exempting licensed assisted living facilities (*House Article 1, Section 10; Senate Article 1, Section 13*). We appreciate the extension so that we can ensure small residential providers are not disproportionately impacted. Additionally, the exemption of assisted livings will ensure providers operating under Chapter 144G licensing requirements are not held to requirements established using cost reporting from a different service and license (Chapter 245D).

Provisions of Concern in S.F. 2443

- RPAMN would like to offer feedback on the restraint rules language for 144G licensed assisted livings (Senate *Article 2, Sections 7, 20, 22, 32, & 38*). RPAMN appreciates the discussion regarding the potential inclusion of regulations governing the use of restraints in licensed assisted living facilities but would like the committee to ensure the language in Chapter 144G is uniform to the language for Chapter 245D community residential settings (CRS). Many of RPAMN's members provide both Chapter 144G AL services and Chapter 245D CRS services and may have staff who work in multiple sites. For the purposes of training and compliance, RPAMN urges the committee to ensure that requirements in Chapter 144G reflect those in Chapter 245D so that staff and providers are not having to remember two different sets of rules and regulations based on which setting they are working in that day.

RPAMN is appreciative of the work you have done, and we understand the chairs will have many difficult decisions before a final bill is negotiated. We are happy to answer any questions and offer our expertise throughout the conference committee process. Thank you again for the opportunity to provide feedback and thank you for the work you do.

Sincerely,

Zahnia Harut, Board Chair
Residential Providers Association of Minnesota

Association of Minnesota Counties
www.mncounties.org

MICA MINNESOTA INTER-COUNTY ASSOCIATION
www.mica.org

MACSSA Minnesota Association of County Social Service Administrators
www.macssa.org

Chair Hoffman:

On behalf of Minnesota's 87 counties and our work to deliver quality human services that positively impact communities across the state, the Association of Minnesota Counties (AMC), the Minnesota Association of County Social Service Administrators (MACSSA) and the Minnesota Inter-County Association (MICA) thank you for your work to assemble a human services policy bill, SF 2443.

We appreciate the opportunity to work with you and members of your committee as this bill was assembled and now as it moves through the process. We write to express concerns with several provisions in the bill as we strongly believe that they could have cost implications for counties. We look at this bill as partner legislation to your proposed omnibus human services finance bill, which only amplifies our concern about the direction of this legislature to shift more costs to counties without corresponding policy flexibility to control those costs.

Withdrawal management (Article 4, Section 5)

While presented to legislators as language that would clarify the county of financial responsibility for withdrawal management services, counties have looked at the language and determined that this provision would set a new precedent for counties to cover medical costs not covered by public or private health insurance. Substance use disorder (SUD) services, including withdrawal management, have been determined to be medical services. This determination was part of the state rationale for moving to a direct access model of SUD services, taking counties out of the assessment and delivery model. Counties already pay for a portion of these services through the Behavioral Health Fund, despite no longer having any involvement in the process, and would respectfully oppose the legislature moving in the direction of shifting uncovered medical costs to counties.

48-hour rule (Article 3, Section 40-41)

This bill would extend the current pause on the 48-hour rule that mandates a judge to determine probable cause within 48 hours of an arrest. The 48-hour rule has been central to discussions of the Priority Admissions Review Panel that is examining our state's Direct Care and Treatment (DCT) programs. While a continued pause is part of the panel's recommendations, the recommendation was conditioned on bed capacity also being addressed. We appreciate the work being done in the House human services finance bill and would strongly encourage legislators to look at investments in that bill and in a capital investment bill to build out our continuum of care while the review panel examines more long-term solutions. Thus, this provision should not move forward in a policy only bill, but rather with other agreements being worked on in the finance bill.

MnCHOICES (Article 1, Section 11-12)

We thank the chair for including one of counties' top priorities in the bill, which will simplify and streamline MnCHOICES reassessments to better support county workers and individuals receiving services. We believe this proposal will go a long way to relieving the backlog of individuals awaiting reassessments. We look forward to working with hospitals and lawmakers to ensure that a final bill does not add more complexities and bottlenecks to an already strained system.

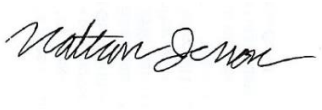
Thank you for the opportunity to share our thoughts. Counties are your committed partners in working through policy differences to shape policy that best serves the needs of Minnesotans. We look forward to working with you as

this bill travels to conference committee.

Sincerely,

Julie Ring
Executive Director, AMC

Matt Freeman
Executive Director, MACSSA
Human Services Policy Analyst, AMC



Nathan Jesson
Executive Director, MICA

To: Chair(s): Rep Schomacker, Noor and Senator Hoffman and the Human Services Conference Committee:
From: Lee Shervheim
Date: 12 May 2025
Subject: Waiver Budgets based on Need – NOT on where a person lives.

To: The distinguished members of the Human Services Conference Committee:

I am writing as a parent of young adults with disabilities who use the waiver system.

As you consider the Human Services Policy Bill HF2115 – I urge you to consider the critical issue of how waiver budgets are established and deployed to those who require these services.

- Waiver budgets MUST be based on need – not tiered – based on where someone lives.

As mentioned earlier - I am a parent of three young adults with Down Syndrome (Katie, Emie and Anne) who have relied on waiver services for the past 10 years. In particular – the DD waiver. Their use of waiver services gives them: choices/options, freedom, inclusion in the community and the opportunity to live the life they choose. It is a lifeline of support – which helps them navigate an increasingly complex world.

Tiering services based on living arrangements directly contradicts the goals of providing services and supports which promote: independence, productivity and integration into community. The focus should ALWAYS be on the individual, their needs, their preferences and choices and how they want to live their life – our job is to support – not mandate.

I want them to have the maximum amount of voice and choice in all decisions that affect their lives – and having different ranges for individuals which choose to live at home or those who live in another setting makes NO SENSE.

Thank you and I urge you to keep waiver budgets solely based on need – not living accommodations.

Lee Shervheim
6435 Stella Circle
Lino Lakes, MN 55038
612.271.7836

5/12/25

Members of the Committee,

I am a parent of a child with disabilities who has a primary diagnosis of global dev delays, and I am a member of the WRAC. I have worked with children and youth with disabilities and their families for over 14 years helping them navigate complex systems of care, including Medicaid Waivers.

HCBS Waivers were designed to keep individuals with disabilities in their homes and communities. HCBS Waivers have been the catalyst for de-institutionalization. If we proceed with Waiver Reimagine as proposed, Minnesota will lead a new path as a state to RE-INSTITUTIONALIZE its citizens with disabilities. We have overwhelming data that shows us it costs more to live in a congregate care setting than in their own homes! Minnesotans like Charlie deserve to live a life of choice, in their homes and in their community. The way that DHS has proposed changes to the waivers has been a one-sided process. Please put the language back in that states **Waiver Budgets will be based upon a person's needs** versus living setting.

Respectfully,

Tricia Brisbine
7201 103rd Ave. N.
Brooklyn Park, MN 55445
tkbrisbine@gmail.com

May 12, 2025

To: Members of the Human Services Conference Committee
Re: Waiver Reimagine Based on Needs, Not Location of Services

Disability Voice Advocates is writing to ask for your support of the Waiver Reimagine language in SF2443. Specifically, at 22.11, "will establish proposed individual ~~budget ranges~~, 22.12 budgets based on the assessed needs of the individual, not location of services; will supply 22.13 the additional resources required for the individual to live in the least restrictive environment."

Currently, Waiver Reimagine is structured to establish individual budgets based on where a person lives, with those living independently/in their own or family home, receiving budgets that are half of those living in corporate care settings. This resource discrepancy violates The Olmstead Promise, Minnesota's Independent Living First statute and the ADA Integration Mandate. If living in one's own home is preferred, this must be supported with the necessary resources. Providing budgets that are twice as much for those living in residential care creates an institutional bias. If unchanged, this will have the unintentional consequence of forcing people to move from a less restrictive housing setting to a more costly and restrictive housing setting because their needs cannot be met with half of the budget amount.

Please retain this language from SF2443: 22.12 budgets based on the assessed needs of the individual, not location of services; will supply 22.13 the additional resources required for the individual to live in the least restrictive environment."

Thank you for your ongoing support of people with disabilities who utilize waivered services.

Respectfully submitted,

Kristine Sundberg
Executive Director, Elder Voice Family Advocates & Disability Voice Advocates
kris@eldervoicefamilyadvocates.org
952.239.6394

Written Testimony: SF2443 Waiver Reimagine Initiative

Dear Committee Members,

Thank you for your dedicated work on SF2443 and for the opportunity to provide testimony on this important legislation. I respectfully offer these observations regarding potential federal compliance considerations that may be helpful as you refine this promising waiver modernization initiative.

As someone with extensive experience in Federal Participant Self-Direction and Program Integrity
I hope to provide constructive input that might strengthen the bill's alignment with federal requirements and help Minnesota maintain its leadership in disability services.

Areas for Consideration in the Current Bill

In reviewing SF2443, I've observed several areas where additional refinement might help strengthen federal alignment:

1. Setting-Based Budget Considerations
I respectfully note that the bill currently lacks specific language prohibiting budgets from varying by setting. Federal regulation 42 CFR § 441.302 emphasizes that services should be based primarily on assessed need rather than setting. Minnesota's historical leadership in community integration could be reinforced by ensuring setting-neutral budgeting practices.

2. Approach to "Needs Met Within Budget" Language
The current language would benefit from refinement to better align with federal expectations that budgets be designed to meet assessed needs rather than suggesting needs should conform to preset budget caps.

This consideration is particularly relevant given that objective metrics for measuring whether participant needs are being met are still in development. While comprehensive metrics may come later, adjusting this language now could strengthen the bill's alignment with federal standards.

3. Assessment and Rate Methodology Considerations
There may be an opportunity to strengthen the bill by addressing how assessment approaches and rate systems operate across different settings. Ensuring consistent methodology regardless of setting would reinforce Minnesota's commitment to person-centered planning and setting-neutral service delivery, in alignment with federal integration mandates.

Key Considerations for Federal Compliance

I respectfully offer the following considerations regarding the current bill:

Regarding Setting-Based Budget Protections:

I would like to respectfully request consideration of restoring the original language prohibiting budgets from varying by setting, location, or provider type. This language provided an important federal compliance safeguard and would align with 42 CFR § 441.302's requirement that services be based on assessed need, not setting.

Regarding the "Needs Met Within Budget" Framework:

I would appreciate the committee's consideration of revising language suggesting needs must conform to budget caps. This language appears to invert federal requirements, which mandate that budgets be designed to meet assessed needs—not that needs be constrained by predetermined budgets.

This issue is particularly concerning given that Minnesota currently lacks federally compliant metrics to objectively measure whether participant needs are being met. While comprehensive metrics may be developed later, adjusting this problematic language now would help prevent compliance issues.

Future Considerations for Legislative Oversight Prior to Submission to CMS:

As the committee continues its important work on waiver redesign, I would respectfully suggest consideration of the following areas in future legislative oversight:

1. **Development of Federally Compliant Metrics:** To properly implement any language about "meeting needs," it would be beneficial for Minnesota to develop concrete, objective metrics that align with federal standards. Such metrics could help evaluate service adequacy, access, and participant outcomes as required by CMS.

2. **Service Access and Implementation Planning:** The final waiver submission would be strengthened by addressing how services will be delivered given Minnesota's actual service landscape. This planning would help ensure the waiver design reflects real-world service availability.

I offer these future considerations respectfully and informative as they may be valuable for the committee's ongoing oversight role

I appreciate the committee's consideration of these compliance matters. Your attention to these issues can help ensure Minnesota's waiver system maintains federal alignment while protecting participant access. Thank you for your commitment to serving Minnesotans with disabilities through this important modernization effort.

Respectfully submitted,

Reverend Katrin Bachmeier
Federal Specialist in Participant Self-Direction and Program Integrity

---

References and Federal Authority Citations

1. **Setting-Based Budget Requirements**:
   - 42 CFR § 441.302(a)(4) - Services must be based on assessed need, not setting
   - CMS 1915(c) Waiver Technical Guide (Version 3.6), Appendix D - Person-centered planning requirements
   - U.S. v. Georgia (2010) - DOJ enforcement action for setting-based disparities
   - Lane v. Brown (Oregon, 2016) - Settlement requiring elimination of setting-based disparities

2. **Needs and Budget Compliance**:
   - 42 CFR § 441.303(f) - Requirements for waiver cost projections and service delivery
   - CMS Informational Bulletin (July 7, 2014) - Services must meet clinical needs regardless of cost limitations
   - Tennessee CHOICES Corrective Action (2015) - CMS citations for budget-based limitations

3. **Assessment and Rate Methodology**:
   - Olmstead v. L.C., 527 U.S. 581 (1999) - Prohibition on unnecessary institutionalization
   - DOJ ADA Title II Technical Assistance Manual - Integration mandate requirements
   - CMS Rate Methodology Guidance (2022) - Requirements for setting-neutral rate structures

Megan Rossbach

From: Elizabeth Marsh <elizabeth.jansen43@gmail.com>
Sent: Monday, May 12, 2025 12:49 PM
To: Megan Rossbach
Subject: Letter

Dear Chairs Hoffman, Noor, and Schomaker and Human Services Conference Committee members:

I am writing to ask you to please include the senate language on swimming lessons for children with disabilities in the final human services bill.

Autistic people are 160 times more likely to drown than their neurotypical peers. This provision is a common sense measure that would allow people with disabilities and their families to use existing HCBS budgets to pay for the cost of swimming lessons if they choose. One preventable death by drowning is one too many.

On behalf of all families caring for a loved one at increaed risk of drowning in Minnesota, I ask for your support of this common sense provision.

Thank you for your time,
Elizabeth Marsh
1949 Ridge Cir
Mora, MN 55051

NASW
National Association of Social Workers
MINNESOTA CHAPTER

MINNESOTA SOCIETY
for Clinical Social Work

Representative Mohamud Noor, Chair
Representative Joe Schomacker, Chair
Senator John Hoffman, Chair
Human Services Policy Conference Committee
May 13,, 2025

Chair Noor, Chair Schomacker, and Human Services Policy Conference Committee Members,

On behalf of the National Association of Social Workers, MN Chapter (NASW - MN) and the MN Society for Clinical Social Work (Clinical Society), we are writing in support of provisions in HF2115/SF2443, the Human Services Policy omnibus bill. Specifically, we appreciate that both versions expand the option to administer substance abuse disorder comprehensive assessments to mental health professionals with training in the subject matter (HF2115, Article 4, section 16; SF2443, Article 9, section 3).

Licensed independent clinical social workers (LICSW) make up the largest group of mental health providers in Minnesota. NASW - MN is the largest membership organization of professional social workers in our state, representing nearly 2000 social workers, and the Clinical Society is a professional group who advance the practice of clinical social work in Minnesota. Collectively, our organizations offer experience and expertise in mental health practice.

Social workers make up the largest group of mental health professionals in Minnesota. LICSWs are trained in diagnostic assessments, including substance use disorders, and in the screening for all of the co-occurring disorders required in the comprehensive assessment. Social workers with LICSW qualifications frequently work in substance abuse settings and yet, in a Medical Assistance licensed SUD program under MN Statutes Sec. 245G, only licensed alcohol and drug counselors (LADCs) are authorized to provide treatment. It hinders our work with clients when we limit the duties of professionals with similar qualifications.

We support strong and appropriate licensing laws that ensure protection for the public. Yet, we must balance this with supporting our professionals by ensuring our regulations are up to date, and accurately reflect updated best practices so that we have the workforce we need to support individuals struggling with substance abuse. Licensed social workers with established clinical scope have the skills necessary to provide comprehensive assessments and treatment coordination.

Thank you for your consideration.

Sincerely,

Karen E. Goodenough

James Stolz, LICSW, LADC

Karen E. Goodenough, PhD, LGSW
Executive Director
NASW-MN

James Stolz, LICSW, LADC
Legislative Committee
Clinical Society

Minnesota Conference Committee

Human Services House & Senate

May 13, 2025

Dear Co-Chairs, Co-Vice Chairs and Members,

Re: Autism support or lack thereof in this bill

Many thanks for the opportunity to be able to testify today. My name is Idil Abdull, I am a Somali Autism Mom & retired advocate.

I want to bring your attention to how heartbreaking and devastating autism is to our community. As I read HF 2115 and search for autism, I see nothing and that bothers me to my core. No one on this committee should be under the impression or assumption that ignoring children born in Minnesota who are diagnosed with autism, particularly profound autism, is the right path. It is not.

Not addressing autism is not only hurtful but it will cost the state more than it can provide. Both chairs and vice chair Fateh are aware of how autism is affecting our community, yet nothing has been done despite parents asking constantly.

We need better support, services, and resources. We also need a way for the state of Minnesota to finally stand up for these children and find a cause and cure for this devastating developmental disorder. I ask the members of this committee who all have autism families in their districts to listen and validate our concerns and do something about it.

As usual, thanks for your time.

Idil Abdull


STOP
Waiver Reimagine budgets fr
based on Where a Person Liv
...and put this in the final Omnibus

Megan Rossbach

From: Lauren Thompson <lmt878@yahoo.com>
Sent: Monday, May 12, 2025 5:01 PM
To: Megan Rossbach
Subject: HF2115 testimony

Please support HF2115. Think. Why wouldn't disability waivers be based on disability needs? Having the waiver type ne dependent on where a person lives, doesn't make sense policy wise, and I see it, trying to manage this in the course of potential housing changes that happen in life, would put disabled people at further risk and place an administrative burden on an already strained system. These policy decisions were made without the full consideration of the community—without community input, and it shows. Please take the time to genuinely hear the community. This is essential to create a waiver system that can effectively and efficiently serve the community.

Lauren Thompson

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MID-MINNESOTA LEGAL AID
Minnesota Disability Law Center

May 12, 2025

The Honorable John A. Hoffman
Chair, Human Services Committee
Minnesota Senate
2111 Minnesota Senate Building
St. Paul, MN 55155

The Honorable Mohamud Noor
Chair, Human Services Finance and Policy Committee
Minnesota House of Representatives
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Re: Legal Aid Letter regarding the Human Services Omnibus Policy Bill (HF 2115)

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Article 1

Legal and MDLC support the prohibition on requiring a guardian as a condition of admission or continuing to receive services in a 245D setting (lines 2.6-2.8 in the Senate version). Many people with disabilities are capable of managing their own affairs. A blanket requirement for guardianship as a condition of admission is overly intrusive, restrictive, and a waste of resources.

We strongly support the long-term care decision reviews (lines 4.26-6.9 in the House version). This would require counties to speak to or meet with service participants and/or their legal representatives within ten days of issuing a Notice of Action suspending, reducing, or terminating the person's long-term supports and services, such as CADI waivers, CDCS services, or PCA services. When a client receives the nine-page Notice of Action and does not understand it or agree with it, they often call the county. However, many counties refuse to return calls, forcing clients into appeals that take months to resolve. It would save counties and participants time and money if counties would simply return calls and work out simple issues up front. For example, an MDLC client, a child with Down syndrome, received a Notice of Action indicating that the county had reduced their PCA services from five hours per day to 30 minutes per day. The reason for the reduction was not explained on the Notice of Action. MDLC and the child's parents contacted the county, but multiple calls were not returned. MDLC submitted letters from the child's therapist and doctor attesting that the child's needs had not changed. The county did not acknowledge the letters. The case proceeded to a hearing. The judge ruled in favor of the child, and the PCA hours were restored. This issue could have been resolved months earlier, had the county simply returned phone calls or acknowledged the additional documentation.

We are also grateful for the addition of informed decision-making curriculum and annual competency evaluations for case managers (lines 8.13-8.17 & 11.16-11.18 in both versions). Informed decision making is essential for people with disabilities to live in the most integrated setting appropriate to their needs. Many case managers lack the necessary training on this important topic, and this requirement will help ensure that people who receive supports and services retain as much control over their lives as possible.

Legal Aid and MDLC also support the addition of personal assistance services provided by a parent for a minor child while traveling (lines 13.12-13.15 in the House version).

<u>Article 2</u>

Legal Aid and MDLC support the requirement for hospitals to document the use of restraint in discharge plans (lines 29.12-29.18 in the Senate version). This will help with continuity of care by ensuring that the receiving provider is aware of the client's current behaviors as well as the trauma that the client may have endured after being subject to restraint.

We support the prohibition on requirements for guardians or conservators as a condition of nursing home admission or continued residence (lines 29.28-29.32 in the Senate version). These are decisions that should be made by residents and their families, not long-term care facilities, which are in no position to determine need.

We support the change of ownership language for assisted living settings (lines 26.17-26.19 in the House version). Assisted living facilities should honor existing contracts when a change of ownership occurs.

We support the ban on requiring assisted living facility residents to agree to binding arbitration as a condition of admission or requirement of continued care (lines 36.17-36.19 in

the Senate version). Nothing prevents a resident from voluntarily agreeing to an arbitration clause in the contact, but residents should not be forced to choose between relinquishing their legal rights and entering an assisted living facility.

We urge you to adopt termination protection for assisted living facility residents when changing the source of payment from private to public funds (lines 26.24-27.10 in the House version and lines 36.22-36.26 in the Senate version; and lines 27.25-28.11 in the House version and 37.11-37.16 in the Senate version). **We urge the adoption of the Senate position** that ensures that long-term care facilities keep their promises to residents that they will be able to age in place and stay in their homes when they have exhausted their life savings and are forced to move from private to public pay.

We support the training requirements and guidelines regarding the use of restraints in assisted living facilities (lines 38.3-38.26 and 14.14-43.9 in the Senate version). It is well established that the use of restraints is dangerous for both staff and residents. Emergency manual restraint should be used solely as a last resort in cases where there is an imminent risk of physical harm. Prone restraint should never be used given its potential deadly consequences. The use of restraints is clearly regulated in other settings, such as group homes and nursing homes; however, Minnesota Chapter 144G currently lacks the necessary details governing its use in assisted living facilities. This language provides important guidance for assisted living staff and protects the wellbeing of assisted living residents.

<u>Article 9</u>

We thank you for your efforts to help clarify when statutes requiring federal approval become effective. We have a preference for the House language because it requires monthly status updates that will be accessible to the public.

Thank you for the opportunity to submit written testimony on the Human Services Policy Omnibus Bill.

Sincerely,

Jennifer Purrington
Legal Director/Deputy Director
Minnesota Disability Law Center

Ellen Smart
Staff Attorney
Legal Aid

This document has been formatted for accessibility. Please call Ellen Smart at 612/746-3761 if you need this document in an alternative format.

5/12/25

Members of the Human Services Finance & Policy Conference Committee,

Please consider returning language from SF2443 pertaining to Waiver Reimagine budget determination. Specifically, return this language to the final Human Services Omnibus bill:

KEEP THIS LANGUAGE from SF2443: "***will establish proposed individual ~~budget ranges~~, 22.12 budgets based on the assessed needs of the individual, not location of services; will supply 22.13 the additional resources required for the individual to live in the least restrictive environment.***"

Budgets proposed under Waiver Reimagine for persons with the same level of need would grant only HALF the budget to the person living in their own or family home vs the person living in corporate congregate care (ie group home).

Here are the Top 5 reasons for NOT basing budgets on where a person lives:

1. Those currently living in their own home who will receive drastic budget cuts will be forced into institutional care to get services to meet their needs. This will cause significant disruption to people's lives.

2. This institutional care will cost the taxpayers more money, much more money!

3. This extreme budget disparity based on living setting violates the Minnesota Independent Living First Policy, The Olmstead Promise and the ADA Integration Mandate.

4. Advocates (those with lived experience and their family members) are strongly opposed to budgets based on living setting.

5. If desired by the person, Own Home settings are the goal. As currently structured, Waiver Reimagine does not support this. In fact, it supports institutional settings over community settings by providing more financial resources to those living in institutional settings.

Respectfully submitted,

Lisa Vala

Volunteer – Disability Voice Advocates

4615 Juneau Lane N

Plymouth, MN 55446

Minnesota Alliance of Rural Addiction Treatment Programs

May 12, 2025

Chair John Hoffman
Chair Mohamud Noor
Chair Joe Schomacker
Human Services Policy Conference Committee

Dear Chair Hoffman, Chair Noor, Chair Schomacker and members of the Human Services Policy Conference Committee,

The Minnesota Alliance of Rural Addiction Treatment Programs (MARATP) is a non-profit organization that seeks to bring together diverse rural interests to address and advocate for strong addiction treatment programs throughout Greater Minnesota. Formed in 2017, MARATP advocates for legislation and policies that strengthen the health and well-being of rural Minnesotans, and improve rural access to higher quality, lower cost health care.

We are writing you today in support of various provisions included in both policy omnibus bills (H.F. 2115 / S.F. 2443).

We strongly support the inclusion of the substance use disorder (SUD) treatment workforce flexibility language in House Article 4, Sections 17 and 18 and Senate Article 4, Section 4 and 5. We believe this language is a good first step in eliminating limitations currently in Chapter 245G's SUD program licensing laws that limit licensed individuals from practicing to the full extent of their licensed scope of practice. By allowing qualified professionals to administer comprehensive assessments in SUD licensed treatment facilities, our licensed alcohol and drug counselors (LADCs) in Minnesota will be able to support more individuals in accessing the treatment they need. In this time of a workforce shortage (especially in rural communities in Minnesota), a desperate need for an increase in behavioral health reimbursement rates, but at unfortunate state budget outlook, we must find ways to be flexible. We see this as a small but meaningful change that upholds quality of care for people seeking treatment while supporting our providers to use their qualified workers in the most effective way possible.

MARATP also thanks you for the inclusion of Minnesota Association of Resources for Recovery and Chemical Health (MARRCH) policy proposals, including modifying the 10-day timeline to provide mental health diagnostic assessments to exclude weekends and holidays (House: Article 4, Section 26; Senate: Article 4, Section 18). We also support the change clarifying the county of financial responsibility for withdrawal management services (House: Article 4, Section 32; Senate: Article 4, Section 11).

Thank you for the work you do in this committee to support Minnesotans with substance use and co-occurring disorders in accessing the care they need.

Sincerely,

Marti Paulson, President

Minnesota Alliance of Rural Addiction Treatment Programs

660 18th Street ◆ PO BOX 116 ◆ Granite Falls, MN 56241

Phone◆320.564.4911

May 12, 2025

Sen. John Hoffman, Chair

Senate Human Services Committee
95 University Avenue W.
Minnesota Senate Bldg., Room 2107
St. Paul, MN 55155

Rep. Mohamud Noor, Co-Chair
Rep. Joe Schomacker, Co-Chair
House Human Services Finance & Policy Committee
Centennial Office Building
658 Cedar Street
St. Paul, MN 55155

Dear Chair Hoffman, Chair Noor, Chair Schomacker and members of the Conference Committee,

The Residential Providers Association of Minnesota (RPAMN) is a non-profit trade association that represents small, residential customized living and waivers service providers in Minnesota. The vast majority of RPAMN members are BIPOC-owned, culturally specific service providers who might not otherwise be engaged in the policy development and legislative processes. We appreciate the opportunity to express our support for provisions in each bill as well as communicate our concerns.

Provisions of Support in H.F. 2115 / S.F. 2443

- RPAMN strongly support for the delay in the implementation of the Disability Waiver Rate System (DWRS) rate passthrough requirements and the language exempting licensed assisted living facilities (*House Article 1, Section 10; Senate Article 1, Section 13*). We appreciate the extension so that we can ensure small residential providers are not disproportionately impacted. Additionally, the exemption of assisted livings will ensure providers operating under Chapter 144G licensing requirements are not held to requirements established using cost reporting from a different service and license (Chapter 245D).

Provisions of Concern in S.F. 2443

- RPAMN would like to offer feedback on the restraint rules language for 144G licensed assisted livings (Senate *Article 2, Sections 7, 20, 22, 32, & 38*). RPAMN appreciates the discussion regarding the potential inclusion of regulations governing the use of restraints in licensed assisted living facilities but would like the committee to ensure the language in Chapter 144G is uniform to the language for Chapter 245D community residential settings (CRS). Many of RPAMN's members provide both Chapter 144G AL services and Chapter 245D CRS services and may have staff who work in multiple sites. For the purposes of training and compliance, RPAMN urges the committee to ensure that requirements in Chapter 144G reflect those in Chapter 245D so that staff and providers are not having to remember two different sets of rules and regulations based on which setting they are working in that day.

RPAMN is appreciative of the work you have done, and we understand the chairs will have many difficult decisions before a final bill is negotiated. We are happy to answer any questions and offer our expertise throughout the conference committee process. Thank you again for the opportunity to provide feedback and thank you for the work you do.

Sincerely,

Zahnia Harut, Board Chair
Residential Providers Association of Minnesota

Association of Minnesota Counties
www.mncounties.org

MICA MINNESOTA INTER-COUNTY ASSOCIATION
www.mica.org

MACSSA Minnesota Association of County Social Service Administrators
www.macssa.org

Chair Hoffman:

On behalf of Minnesota's 87 counties and our work to deliver quality human services that positively impact communities across the state, the Association of Minnesota Counties (AMC), the Minnesota Association of County Social Service Administrators (MACSSA) and the Minnesota Inter-County Association (MICA) thank you for your work to assemble a human services policy bill, SF 2443.

We appreciate the opportunity to work with you and members of your committee as this bill was assembled and now as it moves through the process. We write to express concerns with several provisions in the bill as we strongly believe that they could have cost implications for counties. We look at this bill as partner legislation to your proposed omnibus human services finance bill, which only amplifies our concern about the direction of this legislature to shift more costs to counties without corresponding policy flexibility to control those costs.

Withdrawal management (Article 4, Section 5)

While presented to legislators as language that would clarify the county of financial responsibility for withdrawal management services, counties have looked at the language and determined that this provision would set a new precedent for counties to cover medical costs not covered by public or private health insurance. Substance use disorder (SUD) services, including withdrawal management, have been determined to be medical services. This determination was part of the state rationale for moving to a direct access model of SUD services, taking counties out of the assessment and delivery model. Counties already pay for a portion of these services through the Behavioral Health Fund, despite no longer having any involvement in the process, and would respectfully oppose the legislature moving in the direction of shifting uncovered medical costs to counties.

48-hour rule (Article 3, Section 40-41)

This bill would extend the current pause on the 48-hour rule that mandates a judge to determine probable cause within 48 hours of an arrest. The 48-hour rule has been central to discussions of the Priority Admissions Review Panel that is examining our state's Direct Care and Treatment (DCT) programs. While a continued pause is part of the panel's recommendations, the recommendation was conditioned on bed capacity also being addressed. We appreciate the work being done in the House human services finance bill and would strongly encourage legislators to look at investments in that bill and in a capital investment bill to build out our continuum of care while the review panel examines more long-term solutions. Thus, this provision should not move forward in a policy only bill, but rather with other agreements being worked on in the finance bill.

MnCHOICES (Article 1, Section 11-12)

We thank the chair for including one of counties' top priorities in the bill, which will simplify and streamline MnCHOICES reassessments to better support county workers and individuals receiving services. We believe this proposal will go a long way to relieving the backlog of individuals awaiting reassessments. We look forward to working with hospitals and lawmakers to ensure that a final bill does not add more complexities and bottlenecks to an already strained system.

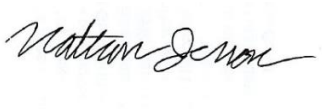
Thank you for the opportunity to share our thoughts. Counties are your committed partners in working through policy differences to shape policy that best serves the needs of Minnesotans. We look forward to working with you as

this bill travels to conference committee.

Sincerely,

Julie Ring
Executive Director, AMC

Matt Freeman
Executive Director, MACSSA
Human Services Policy Analyst, AMC



Nathan Jesson
Executive Director, MICA

To: Chair(s): Rep Schomacker, Noor and Senator Hoffman and the Human Services Conference Committee:
From: Lee Shervheim
Date: 12 May 2025
Subject: Waiver Budgets based on Need – NOT on where a person lives.

To: The distinguished members of the Human Services Conference Committee:

I am writing as a parent of young adults with disabilities who use the waiver system.

As you consider the Human Services Policy Bill HF2115 – I urge you to consider the critical issue of how waiver budgets are established and deployed to those who require these services.

- Waiver budgets MUST be based on need – not tiered – based on where someone lives.

As mentioned earlier - I am a parent of three young adults with Down Syndrome (Katie, Emie and Anne) who have relied on waiver services for the past 10 years. In particular – the DD waiver. Their use of waiver services gives them: choices/options, freedom, inclusion in the community and the opportunity to live the life they choose. It is a lifeline of support – which helps them navigate an increasingly complex world.

Tiering services based on living arrangements directly contradicts the goals of providing services and supports which promote: independence, productivity and integration into community. The focus should ALWAYS be on the individual, their needs, their preferences and choices and how they want to live their life – our job is to support – not mandate.

I want them to have the maximum amount of voice and choice in all decisions that affect their lives – and having different ranges for individuals which choose to live at home or those who live in another setting makes NO SENSE.

Thank you and I urge you to keep waiver budgets solely based on need – not living accommodations.

Lee Shervheim
6435 Stella Circle
Lino Lakes, MN 55038
612.271.7836

5/12/25

Members of the Committee,

I am a parent of a child with disabilities who has a primary diagnosis of global dev delays, and I am a member of the WRAC. I have worked with children and youth with disabilities and their families for over 14 years helping them navigate complex systems of care, including Medicaid Waivers.

HCBS Waivers were designed to keep individuals with disabilities in their homes and communities. HCBS Waivers have been the catalyst for de-institutionalization. If we proceed with Waiver Reimagine as proposed, Minnesota will lead a new path as a state to RE-INSTITUTIONALIZE its citizens with disabilities. We have overwhelming data that shows us it costs more to live in a congregate care setting than in their own homes! Minnesotans like Charlie deserve to live a life of choice, in their homes and in their community. The way that DHS has proposed changes to the waivers has been a one-sided process. Please put the language back in that states **Waiver Budgets will be based upon a person's needs** versus living setting.

Respectfully,

Tricia Brisbine
7201 103rd Ave. N.
Brooklyn Park, MN 55445
tkbrisbine@gmail.com

May 12, 2025

To: Members of the Human Services Conference Committee
Re: Waiver Reimagine Based on Needs, Not Location of Services

Disability Voice Advocates is writing to ask for your support of the Waiver Reimagine language in SF2443. Specifically, at 22.11, "will establish proposed individual ~~budget ranges~~, 22.12 budgets based on the assessed needs of the individual, not location of services; will supply 22.13 the additional resources required for the individual to live in the least restrictive environment."

Currently, Waiver Reimagine is structured to establish individual budgets based on where a person lives, with those living independently/in their own or family home, receiving budgets that are half of those living in corporate care settings. This resource discrepancy violates The Olmstead Promise, Minnesota's Independent Living First statute and the ADA Integration Mandate. If living in one's own home is preferred, this must be supported with the necessary resources. Providing budgets that are twice as much for those living in residential care creates an institutional bias. If unchanged, this will have the unintentional consequence of forcing people to move from a less restrictive housing setting to a more costly and restrictive housing setting because their needs cannot be met with half of the budget amount.

Please retain this language from SF2443: 22.12 budgets based on the assessed needs of the individual, not location of services; will supply 22.13 the additional resources required for the individual to live in the least restrictive environment."

Thank you for your ongoing support of people with disabilities who utilize waivered services.

Respectfully submitted,

Kristine Sundberg
Executive Director, Elder Voice Family Advocates & Disability Voice Advocates
kris@eldervoicefamilyadvocates.org
952.239.6394

Written Testimony: SF2443 Waiver Reimagine Initiative

Dear Committee Members,

Thank you for your dedicated work on SF2443 and for the opportunity to provide testimony on this important legislation. I respectfully offer these observations regarding potential federal compliance considerations that may be helpful as you refine this promising waiver modernization initiative.

As someone with extensive experience in Federal Participant Self-Direction and Program Integrity
I hope to provide constructive input that might strengthen the bill's alignment with federal requirements and help Minnesota maintain its leadership in disability services.

Areas for Consideration in the Current Bill

In reviewing SF2443, I've observed several areas where additional refinement might help strengthen federal alignment:

1. Setting-Based Budget Considerations
I respectfully note that the bill currently lacks specific language prohibiting budgets from varying by setting. Federal regulation 42 CFR § 441.302 emphasizes that services should be based primarily on assessed need rather than setting. Minnesota's historical leadership in community integration could be reinforced by ensuring setting-neutral budgeting practices.

2. Approach to "Needs Met Within Budget" Language
The current language would benefit from refinement to better align with federal expectations that budgets be designed to meet assessed needs rather than suggesting needs should conform to preset budget caps.

This consideration is particularly relevant given that objective metrics for measuring whether participant needs are being met are still in development. While comprehensive metrics may come later, adjusting this language now could strengthen the bill's alignment with federal standards.

3. Assessment and Rate Methodology Considerations
There may be an opportunity to strengthen the bill by addressing how assessment approaches and rate systems operate across different settings. Ensuring consistent methodology regardless of setting would reinforce Minnesota's commitment to person-centered planning and setting-neutral service delivery, in alignment with federal integration mandates.

Key Considerations for Federal Compliance

I respectfully offer the following considerations regarding the current bill:

Regarding Setting-Based Budget Protections:

I would like to respectfully request consideration of restoring the original language prohibiting budgets from varying by setting, location, or provider type. This language provided an important federal compliance safeguard and would align with 42 CFR § 441.302's requirement that services be based on assessed need, not setting.

Regarding the "Needs Met Within Budget" Framework:

I would appreciate the committee's consideration of revising language suggesting needs must conform to budget caps. This language appears to invert federal requirements, which mandate that budgets be designed to meet assessed needs—not that needs be constrained by predetermined budgets.

This issue is particularly concerning given that Minnesota currently lacks federally compliant metrics to objectively measure whether participant needs are being met. While comprehensive metrics may be developed later, adjusting this problematic language now would help prevent compliance issues.

Future Considerations for Legislative Oversight Prior to Submission to CMS:

As the committee continues its important work on waiver redesign, I would respectfully suggest consideration of the following areas in future legislative oversight:

1. **Development of Federally Compliant Metrics:** To properly implement any language about "meeting needs," it would be beneficial for Minnesota to develop concrete, objective metrics that align with federal standards. Such metrics could help evaluate service adequacy, access, and participant outcomes as required by CMS.

2. **Service Access and Implementation Planning:** The final waiver submission would be strengthened by addressing how services will be delivered given Minnesota's actual service landscape. This planning would help ensure the waiver design reflects real-world service availability.

I offer these future considerations respectfully and informative as they may be valuable for the committee's ongoing oversight role

I appreciate the committee's consideration of these compliance matters. Your attention to these issues can help ensure Minnesota's waiver system maintains federal alignment while protecting participant access. Thank you for your commitment to serving Minnesotans with disabilities through this important modernization effort.

Respectfully submitted,

Reverend Katrin Bachmeier
Federal Specialist in Participant Self-Direction and Program Integrity

---

References and Federal Authority Citations

1. **Setting-Based Budget Requirements**:
   - 42 CFR § 441.302(a)(4) - Services must be based on assessed need, not setting
   - CMS 1915(c) Waiver Technical Guide (Version 3.6), Appendix D - Person-centered planning requirements
   - U.S. v. Georgia (2010) - DOJ enforcement action for setting-based disparities
   - Lane v. Brown (Oregon, 2016) - Settlement requiring elimination of setting-based disparities

2. **Needs and Budget Compliance**:
   - 42 CFR § 441.303(f) - Requirements for waiver cost projections and service delivery
   - CMS Informational Bulletin (July 7, 2014) - Services must meet clinical needs regardless of cost limitations
   - Tennessee CHOICES Corrective Action (2015) - CMS citations for budget-based limitations

3. **Assessment and Rate Methodology**:
   - Olmstead v. L.C., 527 U.S. 581 (1999) - Prohibition on unnecessary institutionalization
   - DOJ ADA Title II Technical Assistance Manual - Integration mandate requirements
   - CMS Rate Methodology Guidance (2022) - Requirements for setting-neutral rate structures

Megan Rossbach

From: Elizabeth Marsh <elizabeth.jansen43@gmail.com>
Sent: Monday, May 12, 2025 12:49 PM
To: Megan Rossbach
Subject: Letter

Dear Chairs Hoffman, Noor, and Schomaker and Human Services Conference Committee members:

I am writing to ask you to please include the senate language on swimming lessons for children with disabilities in the final human services bill.

Autistic people are 160 times more likely to drown than their neurotypical peers. This provision is a common sense measure that would allow people with disabilities and their families to use existing HCBS budgets to pay for the cost of swimming lessons if they choose. One preventable death by drowning is one too many.

On behalf of all families caring for a loved one at increaed risk of drowning in Minnesota, I ask for your support of this common sense provision.

Thank you for your time,
Elizabeth Marsh
1949 Ridge Cir
Mora, MN 55051

Megan Rossbach

From: Kris Erickson <krisstein@live.com>
Sent: Monday, May 12, 2025 3:08 PM
To: Megan Rossbach
Subject: HF 2115

Good afternoon,

Please accept my apologies in advance, I'm not able to adapt my message into a PDF format as I'm driving back from the metro to the Brainerd Lakes Area. We are required to travel this distance often to meet the healthcare needs of our thirteen year old son that lives at home while receiving a hospital level of care.

We make these travels often and require both my husband and I to take off of work, without pay and without medical mileage reimbursement. So, this day cost us at least $500. While the healthcare is worth it, these costs are never figured into the TEFRA tax. As families, we eat these costs and countless others. This increased burden of cost ends up often forcing us to choose between paying our mortgage and buying food.

The TEFRA tax is a disability tax. Plain and simple. You're taxing the most vulnerable for some "skin in the game". I'm here to tell you, friend, not only do we have skin in the game, we have blood, sweat, and tears. We have everything in the game and spend each day just trying not to die, literally and figuratively.

So where can we cut costs? Here are some ideas from a person with lived experience:

1. Eliminate the pay gap between home care workers and agencies. For example, our home health agency is PROFITTING over $104k per year, just off our home.
2. Reduce the corruption that occurs with home modifications. We all see it and it's disgusting.
3. Mine the data submitted by electronic visit verification, or electronic health records, from the home health agencies to determine the level of care and reduce the MN Choice assessments to every three years.
4. Invite people with lived experience to the table. We know how to cut corners and still make the budgets at home.
5. Create standard work at the county level. There are eighty-seven counties doing the work based on their interpretation of the rules. There's little to no consistency and leaders are running rogue. The amount of funds wasted on inefficient and incompetent work is seen widespread. As a nurse for over twenty-six years, we call this, "utter systemic failure".
6. Stop making us beg for basic human needs. We are utterly exhausted, hungry, and angry. People living with disabilities deserve better.
7. For all those that are prolife, did you ever realize the children you want born may need healthcare past the first breath? Prolife is for the whole life. Stop trying to kill our children.
8. A week in the hospital or institution is well over $100k and we are not able to provide basic needs at home without an adequate budget. We want our loved ones at home and not traumatized in a hospital or institution. Please want the same. The acute beds are for acute illness, not governmental failure.
9. Every single person is one catastrophic event away from needing disability supports. Nobody is immune. Be safe out there.

Thanks in advance,

Kris Erickson
16637 Piper Lane
Brainerd, MN 56401
319.415.0789

krisstein@live.com

Megan Rossbach

From: Deb Beautaunt <deb.vangogh@gmail.com>
Sent: Monday, May 12, 2025 4:27 PM
To: Megan Rossbach
Subject: Waiver Reimagined Reform

To Whom It May Concern,

It is essential to ensure that Waiver budgets are not based on where a person lives. My 31 year old son and many of his peers are currently living and happily thriving in their own apartments. They are able to live independently with supports in the home that they choose. To have this taken away and forced to move and live in a group home would be devastating.I will not go into detail at this time to share my reasons why this is so important. If you have children of your own, you can just imagine why...

It also only makes sense as well for it to be cost effective and less cost for tax payers. The Waiver Reimagine budgets should support this.

Thank you,
Debra Beautaunt (Mother of adult son who has Down's Syndrome)

March 19. 2025

My name is Kelly Friesen, and I am the mother of a 26-year-old, Michael, who lives with Autism. I've had the privilege of serving on the Waiver Reimagine Advisory Committee or WRAC since its formation in 2022. When Michael was diagnosed, he had limited speech & level 3 Autism behaviors. With the help of the DD Waiver, we have been able to provide him with services and therapies, and I am thrilled to say he is now working full-time with support & he is no longer using SSI. I am extremely grateful for the MN wavier system!

If Michael experiences another Mental Health crisis, he may temporarily need corporate or congregate support. I am concerned about the complexity of transitioning between waivers that are based on location and not upon needs. I have heard there is a 10 month back log with MN Choice 2.0. How long will it take for Michael to get help? When he stabilizes, will he be forced to stay in a corporate setting, at higher cost because of the MN Choice backlog? I have asked these questions of DHS in WRAC meetings, and I still do not know the answers, yet Wavier Reimagine continues to move forward. There are over 100 "work arounds" with MN Choice 2.0 because of all of it's flaws, and yet the tool continues to be used. This is a concern we have raised in WRAC and we are told it is unrelated and "out of scope" for discussion.

What about individuals who need 24-hour care and are saving taxpayers money by living in their community homes? What happens when their budget is cut so low, that their services are no longer sustainable? We are told there will be budget exceptions. WRAC members have asked, *why* are we relying on exceptions? One person may have up to 4 different budgets, all based upon the location in which they live!

WRAC members were told that Waiver Reimagine was on "pause" at the end of 2024, therefore the December, 2024 WRAC meeting was cancelled. Then in February 2025, CDCS unbundling was released from DHS, despite not having met as a committee to discuss it. I personally have asked DHS to explain what the future of CDCS would look like in our past meetings and I was promised it would be on the agenda. It was put on the agenda and then taken off in 2023, without any explanation of why it was removed, yet Waiver Reimagine and CDCS unbundling has moved forward.

The ***HSRI reports*** from 2018 concluded that living in the community costs less than it does in a corporate or congregate care setting. Somehow the data was interpreted to mean that people living in the community should get less money, instead of, we should be doing everything we can to keep people in the Community to save money! Critical feedback may be heard on WRAC, but it is not implemented. My fear is that WRAC is a formality to suggest there was stakeholder involvement. The only thing I can say that has been implemented by DHS from WRAC, is the naming of the 2 different Waivers. We have asked DHS to show us what has been implemented into Waiver Reimagine from WRAC feedback and there is silence.

We owe it to the over 70,000 Minnesotans who rely on waivered services to get it right the first time. When I testified at the Human Services Committee meeting on March 18th, 2024,

March 19. 2025

we were all told that DHS would collaborate with WRAC to come up with meaningful solutions to the issues we had all brought forward. I am here to tell you, there has been no collaboration, and WRAC input has not been put into shaping Waiver Reimagine.

I am asking that we fix the foundation flaw of making the Waiver budgets based upon location, and instead, we should base the budget upon a person's assessed needs. Please consider passing SF 2215 and HF 2038 so we can "course correct" Waiver Reimagine before it is too late.

Respectfully,

Kelly J. Friesen RN, PHN

Association of Minnesota Counties
www.mncounties.org

MICA MINNESOTA INTER-COUNTY ASSOCIATION
www.mica.org

MACSSA Minnesota Association of County Social Service Administrators
www.macssa.org

Co-Chairs Noor and Schomacker:

On behalf of Minnesota's 87 counties and our work to deliver quality human services that positively impact communities across the state, the Association of Minnesota Counties (AMC), the Minnesota Association of County Social Service Administrators (MACSSA) and the Minnesota Inter-County Association (MICA) thank you for your work to assemble a human services policy bill, HF 2115.

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Thank you for the opportunity to share our thoughts. Counties are your committed partners in working through policy differences to shape policy that best serves the needs of Minnesotans. We look forward to working with you as this bill travels to conference committee.

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Matt Freeman
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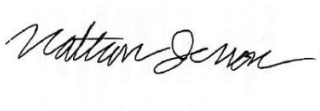
Human Services Policy Analyst, AMC



Nathan Jesson
Executive Director, MICA

May 12, 2025

Subject: Support HF2115 and SF2443

Dear Conference Committee Chair Schomacker and Committee Members,

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Thank you for your time and your commitment to the disability community.

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WRAC member
Parent to an adult child with disabilities
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Faribault, MN 55021
507-330-3315
Lisaevert68@gmail.com

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- This is a tactic used by private equity funds that own assisted living facilities. This protection makes assisted living ownership less appealing to a private equity fund.
- This is deeply unfair – residents pay their entire life savings to a facility and are then told they have to move even when they were promised they could stay and use Elderly Waiver.

While we appreciate the acknowledgement of this issue in HF 2115, this House position places undue responsibility on the resident for a larger systems issue. The Consumer Advocates Coalition is supportive of legislative changes that speed up the application process for residents. We also recognize that providers have a responsibility, and motivation, to support residents with the Elderly Waiver application and MNCHOICES assessment process. Vulnerable adults should not

be held responsible for a complicated and difficult to navigate system, especially when they are living in a facility for the purpose of receiving support and care.

New owners must honor existing contracts: In Article 2, Section 16 of HF 2115, assisted living facilities that undergo a change of ownership are required to honor the existing contract a resident signed upon admission. **Please adopt the House position on this issue.**

- Residents report moving into the assisted living facility of their choice and signing a contract only to have a new owner or new management company step in and completely change fee structures, acceptance of waiver programs, and the level of care provided to residents.

Guidelines and prohibitions for physical, manual, and chemical restraints in assisted living facilities: Article 2, Sections 15, 16, 28, and 34 in SF 2443 include important direction to providers that clearly prohibits harmful restraints while delineating process and notification requirements for therapeutically appropriate and necessary emergency restraints usage. Including restraints language was the intention of the stakeholders who worked on the creation of assisted living licensure in 2019. **Please adopt the Senate position on this issue.**

- Restraints language is needed in 144G to create clarity for providers and residents.
- Residents in Memory Care units are often prescribed antipsychotic and other medications that can create a chemical restraint with negative outcomes for residents.
- Restraints language is needed to ensure any emergency manual restraints are rare, necessary, and completed by trained individuals to be safe as possible.
- Restraints language is needed to ensure assistive devices are used in a therapeutic manner, not for staff convenience.
- Person-centered planning and care language already in 144G directs assisted living facilities to take a resident-by-resident approach to bed rails and other devices used by residents.
- Assisted living facilities are an outlier for not having restraints language. Similar language can be found in multiple chapters of Minnesota statute, including: schools (Chapters 121, 125A, 142B); prisons (243); community residential settings (245D): other DHS licensed facilities (245A); chemical dependency programs (244F): civil commitment law (253D); and law governing maltreatment of minors (260E).

Prohibiting binding arbitration agreements as a condition of service provision: Article 2, Section 25 in SF 2443 prohibits assisted living facilities from requiring residents or resident representatives to sign a binding arbitration agreement as a prerequisite to admission or continued service provision. **Please adopt the Senate position on this issue.**

- Binding arbitration agreements prevent residents and their representatives from seeking a truly impartial judgement for malfeasance.

We urge your adoption of the identified provisions to ensure vulnerable adults in Minnesota receive fair treatment and care.

AARP Minnesota

Alzheimer's Association, MN/ND Chapter

Mid-MN Legal Aid

Minnesota Elder Justice Center

Office of Ombudsman for Long-Term Care

Office of Ombudsman for Mental Health and Developmental Disabilities

May 12, 2025

To: Members of the Human Services Conference Committee
Re: RN Definition, Arbitration Medication Monitoring, Hospice Bill of Rights & HCAL Advisory Council

Overview of Concerns: Elder Voice Advocates ("EVA") seeks to promote quality of care and quality of life for resident receiving long-term care. EVA supports the language in former SF1918, as amended in the HF2115 First Unofficial Engrossment. This language includes technical changes to 144G.08 (Art. 2, section 17) to add a definition of a registered nurse as well as in 144G.71, subd. 3&5 (Art. 2, section 30) related to a clarifying who monitors medications; clarifying language in 144G.51 (Art. 2, section 25) that pre-dispute binding arbitration cannot be required as a condition of admission; and expanding language in the Hospice Bill of Rights under 144A.751 (Art. 2, Section 14) to promote transparency of information to hospice patients. There are also provisions in HF2434 First Unofficial Engrossment related to expanding language in 144A.474 and 144A.4799 (Art. 10, sections 2&3) as to fines collected, membership, and duties of the Home Care and Assisted Living Advisory Council.

RN Definition Needed: EVA has provided prior testimony to support this language and refers back to such testimony for all of the provisions. ***EVA has particular concern that the definition of a registered nurse was omitted from the definitions*** under 144G.08 when the law was created in 2019. An Advanced Practice Nurse is defined in 144G.08, subd. 3 and an LPN in 144G.08, subd. 30, but a RN definition was not included, yet the term "registered nurse" is used in the statute, notably under 144G.62, and 144G.41. The definition proposed simply points to the definition of a registered nurse under the Nurse Practice Act, as the APRN and LPN definitions do.

Arbitration Agreements: EVA also has concern of a growing number of assisted living facilities that are requiring prospective resident to sign a binding, pre-dispute arbitration agreement, in order to be admitted to the facility. ***Voluntary arbitration agreements may be acceptable, but not as requirements to be admitted to receive necessary care and treatment.*** Nursing home regulations under 42 CFR 483.70 specifically prohibit requiring pre-dispute, binding arbitration as a condition for admission. Perhaps most importantly, Minnesota law under 604.11, subd. 2 states that a provider cannot be forced to alternative dispute resolution of any kind, but rather any such participation from the provider is voluntary. A double standard would exist if an injured resident or even the court requests mediation post-injury and the provider rejects the request based on the law, yet the provider can require a resident to agree to binding arbitration prior to receiving necessary service. Minnesota does not promote such imbalances of power, particularly among our most vulnerable.

EVA sought technical assistance from MDH and talked with several stakeholders regarding the proposed language, making several changes based on feedback as a result. EVA has met with the Long-Term Care Imperative four times and in the spirit of compromise already removed or altered approximately half of the originally proposed provisions to address concerns raised by the Imperative, even without proposed language from them.

EVA asks that the provisions referenced above that are currently in HF2115 First Unofficial Engrossment remain (as well as in HF2434).

Respectfully submitted,

Kristine Sundberg
Executive Director, Elder Voice Family Advocates & Disability Voice Advocates
kris@eldervoicefamilyadvocates.org
952.239.6394

Suzanne Scheller, EVA Legal Advisor
suzy@schellerlegalsolutions.com
763.647.0042

Minnesota Association of Community Mental Health Programs

Senator John Hoffman, Chair
Representative Joe Schomacker, Chair
Human Services Policy Conference Committee
May 13, 2025

Dear Chairs Hoffman and Schomacker

On behalf of the Minnesota Association of Community Mental Health Programs – MACMHP, I am writing to express gratitude for the inclusion of our mental health and SUD policy provisions in HF 2115.

These provisions include:

- Mental Health Regulatory Relief
- SUD workforce expansion
- Solutions to Children's Boarding Crisis
- DCT policy bill
- SUD assessments
- Adult Mental health
- Crisis services
- changing children's terminology from "severe emotional disturbance" to "mental illness"
- SUD (MARRCH) policy bill
- recodification of ACT and IRTS statutes

An increasing number of mental health and SUD clinics and agencies provide co-occurring and integrated services. They employ licensed mental health professionals and LADCs, among a full staff spectrum, across their service lines. In this workforce shortage and service access shortage, these agencies are needing to expand access to treatment to clients we serve and be able to best use their clinicians' time.

We believe these policy and regulatory changes are necessary to sustaining our mental health and SUD services, AND we need state investments in our care system. Limited capacity, the workforce shortage and shrinking service access are all connected by the lack of sustainable investments in our mental health and SUD service delivery system. Solutions must also be comprehensive and address both the inpatient and community services up and downstream from them. We need to invest in community services to prevent situations that we can from becoming critically acute care and support community-based capacity for when clients are ready to move to less intense levels of care. MACMHP thanks this Committee and rest of the legislature for the good work you have done over these several years in bringing our mental health regulations together and steps in you all have taken in streamlining them. We are hopeful this bill is the next step in that good work to build a regulatory system that can respond with the changing needs of our industry and our communities.

We thank you for yours and the legislature's good work for our mental health and substance use disorder system.
Thank you for your leadership and support.

Sincerely

Jin Lee Palen, Executive Director

MACMHP
651-571-0515 | www.macmhp.org

Megan Rossbach

From: Kris Erickson <krisstein@live.com>
Sent: Monday, May 12, 2025 3:08 PM
To: Megan Rossbach
Subject: HF 2115

Good afternoon,

Please accept my apologies in advance, I'm not able to adapt my message into a PDF format as I'm driving back from the metro to the Brainerd Lakes Area. We are required to travel this distance often to meet the healthcare needs of our thirteen year old son that lives at home while receiving a hospital level of care.

We make these travels often and require both my husband and I to take off of work, without pay and without medical mileage reimbursement. So, this day cost us at least $500. While the healthcare is worth it, these costs are never figured into the TEFRA tax. As families, we eat these costs and countless others. This increased burden of cost ends up often forcing us to choose between paying our mortgage and buying food.

The TEFRA tax is a disability tax. Plain and simple. You're taxing the most vulnerable for some "skin in the game". I'm here to tell you, friend, not only do we have skin in the game, we have blood, sweat, and tears. We have everything in the game and spend each day just trying not to die, literally and figuratively.

So where can we cut costs? Here are some ideas from a person with lived experience:

1. Eliminate the pay gap between home care workers and agencies. For example, our home health agency is PROFITTING over $104k per year, just off our home.
2. Reduce the corruption that occurs with home modifications. We all see it and it's disgusting.
3. Mine the data submitted by electronic visit verification, or electronic health records, from the home health agencies to determine the level of care and reduce the MN Choice assessments to every three years.
4. Invite people with lived experience to the table. We know how to cut corners and still make the budgets at home.
5. Create standard work at the county level. There are eighty-seven counties doing the work based on their interpretation of the rules. There's little to no consistency and leaders are running rogue. The amount of funds wasted on inefficient and incompetent work is seen widespread. As a nurse for over twenty-six years, we call this, "utter systemic failure".
6. Stop making us beg for basic human needs. We are utterly exhausted, hungry, and angry. People living with disabilities deserve better.
7. For all those that are prolife, did you ever realize the children you want born may need healthcare past the first breath? Prolife is for the whole life. Stop trying to kill our children.
8. A week in the hospital or institution is well over $100k and we are not able to provide basic needs at home without an adequate budget. We want our loved ones at home and not traumatized in a hospital or institution. Please want the same. The acute beds are for acute illness, not governmental failure.
9. Every single person is one catastrophic event away from needing disability supports. Nobody is immune. Be safe out there.

Thanks in advance,

Kris Erickson
16637 Piper Lane
Brainerd, MN 56401
319.415.0789

krisstein@live.com

Megan Rossbach

From: Deb Beautaunt <deb.vangogh@gmail.com>
Sent: Monday, May 12, 2025 4:27 PM
To: Megan Rossbach
Subject: Waiver Reimagined Reform

To Whom It May Concern,

It is essential to ensure that Waiver budgets are not based on where a person lives. My 31 year old son and many of his peers are currently living and happily thriving in their own apartments. They are able to live independently with supports in the home that they choose. To have this taken away and forced to move and live in a group home would be devastating.I will not go into detail at this time to share my reasons why this is so important. If you have children of your own, you can just imagine why...

It also only makes sense as well for it to be cost effective and less cost for tax payers. The Waiver Reimagine budgets should support this.

Thank you,
Debra Beautaunt (Mother of adult son who has Down's Syndrome)

March 19. 2025

My name is Kelly Friesen, and I am the mother of a 26-year-old, Michael, who lives with Autism. I've had the privilege of serving on the Waiver Reimagine Advisory Committee or WRAC since its formation in 2022. When Michael was diagnosed, he had limited speech & level 3 Autism behaviors. With the help of the DD Waiver, we have been able to provide him with services and therapies, and I am thrilled to say he is now working full-time with support & he is no longer using SSI. I am extremely grateful for the MN wavier system!

If Michael experiences another Mental Health crisis, he may temporarily need corporate or congregate support. I am concerned about the complexity of transitioning between waivers that are based on location and not upon needs. I have heard there is a 10 month back log with MN Choice 2.0. How long will it take for Michael to get help? When he stabilizes, will he be forced to stay in a corporate setting, at higher cost because of the MN Choice backlog? I have asked these questions of DHS in WRAC meetings, and I still do not know the answers, yet Wavier Reimagine continues to move forward. There are over 100 "work arounds" with MN Choice 2.0 because of all of it's flaws, and yet the tool continues to be used. This is a concern we have raised in WRAC and we are told it is unrelated and "out of scope" for discussion.

What about individuals who need 24-hour care and are saving taxpayers money by living in their community homes? What happens when their budget is cut so low, that their services are no longer sustainable? We are told there will be budget exceptions. WRAC members have asked, *why* are we relying on exceptions? One person may have up to 4 different budgets, all based upon the location in which they live!

WRAC members were told that Waiver Reimagine was on "pause" at the end of 2024, therefore the December, 2024 WRAC meeting was cancelled. Then in February 2025, CDCS unbundling was released from DHS, despite not having met as a committee to discuss it. I personally have asked DHS to explain what the future of CDCS would look like in our past meetings and I was promised it would be on the agenda. It was put on the agenda and then taken off in 2023, without any explanation of why it was removed, yet Waiver Reimagine and CDCS unbundling has moved forward.

The ***HSRI reports*** from 2018 concluded that living in the community costs less than it does in a corporate or congregate care setting. Somehow the data was interpreted to mean that people living in the community should get less money, instead of, we should be doing everything we can to keep people in the Community to save money! Critical feedback may be heard on WRAC, but it is not implemented. My fear is that WRAC is a formality to suggest there was stakeholder involvement. The only thing I can say that has been implemented by DHS from WRAC, is the naming of the 2 different Waivers. We have asked DHS to show us what has been implemented into Waiver Reimagine from WRAC feedback and there is silence.

We owe it to the over 70,000 Minnesotans who rely on waivered services to get it right the first time. When I testified at the Human Services Committee meeting on March 18th, 2024,

March 19. 2025

we were all told that DHS would collaborate with WRAC to come up with meaningful solutions to the issues we had all brought forward. I am here to tell you, there has been no collaboration, and WRAC input has not been put into shaping Waiver Reimagine.

I am asking that we fix the foundation flaw of making the Waiver budgets based upon location, and instead, we should base the budget upon a person's assessed needs. Please consider passing SF 2215 and HF 2038 so we can "course correct" Waiver Reimagine before it is too late.

Respectfully,

Kelly J. Friesen RN, PHN

Association of Minnesota Counties
www.mncounties.org

MICA MINNESOTA INTER-COUNTY ASSOCIATION
www.mica.org

MACSSA Minnesota Association of County Social Service Administrators
www.macssa.org

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Matt Freeman
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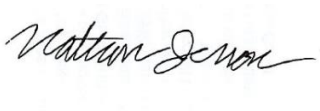
Human Services Policy Analyst, AMC



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Thank you for your time and your commitment to the disability community.

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Lisa Evert
WRAC member
Parent to an adult child with disabilities
902 Orchard Heights Court
Faribault, MN 55021
507-330-3315
Lisaevert68@gmail.com

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- This is a tactic used by private equity funds that own assisted living facilities. This protection makes assisted living ownership less appealing to a private equity fund.
- This is deeply unfair – residents pay their entire life savings to a facility and are then told they have to move even when they were promised they could stay and use Elderly Waiver.

While we appreciate the acknowledgement of this issue in HF 2115, this House position places undue responsibility on the resident for a larger systems issue. The Consumer Advocates Coalition is supportive of legislative changes that speed up the application process for residents. We also recognize that providers have a responsibility, and motivation, to support residents with the Elderly Waiver application and MNCHOICES assessment process. Vulnerable adults should not

be held responsible for a complicated and difficult to navigate system, especially when they are living in a facility for the purpose of receiving support and care.

New owners must honor existing contracts: In Article 2, Section 16 of HF 2115, assisted living facilities that undergo a change of ownership are required to honor the existing contract a resident signed upon admission. **Please adopt the House position on this issue.**

- Residents report moving into the assisted living facility of their choice and signing a contract only to have a new owner or new management company step in and completely change fee structures, acceptance of waiver programs, and the level of care provided to residents.

Guidelines and prohibitions for physical, manual, and chemical restraints in assisted living facilities: Article 2, Sections 15, 16, 28, and 34 in SF 2443 include important direction to providers that clearly prohibits harmful restraints while delineating process and notification requirements for therapeutically appropriate and necessary emergency restraints usage. Including restraints language was the intention of the stakeholders who worked on the creation of assisted living licensure in 2019. **Please adopt the Senate position on this issue.**

- Restraints language is needed in 144G to create clarity for providers and residents.
- Residents in Memory Care units are often prescribed antipsychotic and other medications that can create a chemical restraint with negative outcomes for residents.
- Restraints language is needed to ensure any emergency manual restraints are rare, necessary, and completed by trained individuals to be safe as possible.
- Restraints language is needed to ensure assistive devices are used in a therapeutic manner, not for staff convenience.
- Person-centered planning and care language already in 144G directs assisted living facilities to take a resident-by-resident approach to bed rails and other devices used by residents.
- Assisted living facilities are an outlier for not having restraints language. Similar language can be found in multiple chapters of Minnesota statute, including: schools (Chapters 121, 125A, 142B); prisons (243); community residential settings (245D): other DHS licensed facilities (245A); chemical dependency programs (244F): civil commitment law (253D); and law governing maltreatment of minors (260E).

Prohibiting binding arbitration agreements as a condition of service provision: Article 2, Section 25 in SF 2443 prohibits assisted living facilities from requiring residents or resident representatives to sign a binding arbitration agreement as a prerequisite to admission or continued service provision. **Please adopt the Senate position on this issue.**

- Binding arbitration agreements prevent residents and their representatives from seeking a truly impartial judgement for malfeasance.

We urge your adoption of the identified provisions to ensure vulnerable adults in Minnesota receive fair treatment and care.

AARP Minnesota

Alzheimer's Association, MN/ND Chapter

Mid-MN Legal Aid

Minnesota Elder Justice Center

Office of Ombudsman for Long-Term Care

Office of Ombudsman for Mental Health and Developmental Disabilities

May 12, 2025

To: Members of the Human Services Conference Committee
Re: RN Definition, Arbitration Medication Monitoring, Hospice Bill of Rights & HCAL Advisory Council

Overview of Concerns: Elder Voice Advocates ("EVA") seeks to promote quality of care and quality of life for resident receiving long-term care. EVA supports the language in former SF1918, as amended in the HF2115 First Unofficial Engrossment. This language includes technical changes to 144G.08 (Art. 2, section 17) to add a definition of a registered nurse as well as in 144G.71, subd. 3&5 (Art. 2, section 30) related to a clarifying who monitors medications; clarifying language in 144G.51 (Art. 2, section 25) that pre-dispute binding arbitration cannot be required as a condition of admission; and expanding language in the Hospice Bill of Rights under 144A.751 (Art. 2, Section 14) to promote transparency of information to hospice patients. There are also provisions in HF2434 First Unofficial Engrossment related to expanding language in 144A.474 and 144A.4799 (Art. 10, sections 2&3) as to fines collected, membership, and duties of the Home Care and Assisted Living Advisory Council.

RN Definition Needed: EVA has provided prior testimony to support this language and refers back to such testimony for all of the provisions. ***EVA has particular concern that the definition of a registered nurse was omitted from the definitions*** under 144G.08 when the law was created in 2019. An Advanced Practice Nurse is defined in 144G.08, subd. 3 and an LPN in 144G.08, subd. 30, but a RN definition was not included, yet the term "registered nurse" is used in the statute, notably under 144G.62, and 144G.41. The definition proposed simply points to the definition of a registered nurse under the Nurse Practice Act, as the APRN and LPN definitions do.

Arbitration Agreements: EVA also has concern of a growing number of assisted living facilities that are requiring prospective resident to sign a binding, pre-dispute arbitration agreement, in order to be admitted to the facility. ***Voluntary arbitration agreements may be acceptable, but not as requirements to be admitted to receive necessary care and treatment.*** Nursing home regulations under 42 CFR 483.70 specifically prohibit requiring pre-dispute, binding arbitration as a condition for admission. Perhaps most importantly, Minnesota law under 604.11, subd. 2 states that a provider cannot be forced to alternative dispute resolution of any kind, but rather any such participation from the provider is voluntary. A double standard would exist if an injured resident or even the court requests mediation post-injury and the provider rejects the request based on the law, yet the provider can require a resident to agree to binding arbitration prior to receiving necessary service. Minnesota does not promote such imbalances of power, particularly among our most vulnerable.

EVA sought technical assistance from MDH and talked with several stakeholders regarding the proposed language, making several changes based on feedback as a result. EVA has met with the Long-Term Care Imperative four times and in the spirit of compromise already removed or altered approximately half of the originally proposed provisions to address concerns raised by the Imperative, even without proposed language from them.

EVA asks that the provisions referenced above that are currently in HF2115 First Unofficial Engrossment remain (as well as in HF2434).

Respectfully submitted,

Kristine Sundberg
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The Long-Term Care IMPERATIVE

A Minnesota Collaboration for Changes in Older Adult Services

May 13, 2025

To: Conferees of HF2115
Re: HF2115/SF2443, Senate Human Services Policy Omnibus Bill

On behalf of the Long-Term Care Imperative, which represents over 2,000 providers across the senior care continuum, we appreciate the opportunity to share our areas of support and areas of concern with respect to the Human Services Omnibus Policy Bill. We look forward to continued conversation and collaboration as the bill moves forward.

Article 2: MDH Policy

- **PDPM & Case Mix Classifications.** We are neutral on the case mix review changes; our primary concern is how this transition will impact nursing facility rates, though we recognize that is a DHS- related issue. We would respectfully ask the committee to consider additional policy guardrails in this bill or the Finance Omnibus Bill that provide a "do no harm" safe harbor to nursing home providers during this transition.
- **MDH approval of Trained Medication Aide Curriculum.** We support the House position that would allow MDH to approve curriculum for TMA programs for nursing facilities, similar to how our Certified Nursing Assistant training works today. We know that expanding access to training at the location where a caregiver already works and has a relationship with residents can be very successful for quality outcomes for residents and professional development for caregivers. We appreciate working with MDH on this proposal this year.
- **Restraints in 144G settings.** We are opposed to Senate language pertaining to restraints at this time, as we feel our concerns have not been addressed with MDH and stakeholders. In particular, we are concerned about confusing language throughout these sections for providers who do not wish to use restraints in their facilities, and does not provide sufficient clarity for use of resident-initiated devices. We also have concerns about the overly prescriptive process and administrative compliance burden required in Sec. 34. We believe stakeholders need more time over the interim to address these outstanding issues.
- **Definition of nurse.** In subsequent conversation with proponents, it remains unclear what problem the Senate language is trying to solve. Assisted living statutes already include the definition of a registered nurse by incorporating it into the definition outlined in *MN Statutes 144G.08, subd. 43.*
- **Fire Barriers for Assisted Living Facilities.** We are supportive of the House position, which addresses our concern while providing the regulatory guidance that MDH is seeking. We appreciated the opportunity to work with MDH on reaching consensus.

- **Arbitration.** We appreciate that we have had ongoing conversation with stakeholders this session, however we have not reached consensus; clause c of Senate R17 goes beyond permitted uses of arbitration under federal regulations, and would welcome additional dialogue over the interim.
- **Medication Administration in Assisted Living Facilities.** These sections impose unnecessary restrictions to our already-strained caregiver workforce, and create inconsistencies in care delivery. The Senate position also excludes other health professionals whose scope of practice permits the tasks outlined in this subdivision. We respectfully oppose these changes.
- **Guardianship.** We express our strong concerns with the sections of Article 2 of the Senate position related to guardianship and conservatorship. There are instances when pursuing these legal and financial representatives is the most ethical and best option for the resident as well as the facility. Guardianship and conservatorship are often related to providing services to those who have serious medical or behavioral needs; a blanket prohibition on having a guardian or conservator for readmission or admission to a facility is unworkable.
- **Grounds for termination and non-renewal of housing.** We have significant concerns about the burden these prohibitions place on assisted living providers and the restrictions it places on their ability to manage their communities. The language reflected in these sections is inconsistent with existing statutory and regulatory requirements for what should be disclosed in a contract to a prospective resident. Additionally, these changes do not inherently fix underlying problems with timely completion of successful enrollment into waivered programs, or completion of MNChoices assessments, which are essential for assisted living facilities who accept Elderly Waiver. We respectfully oppose these sections.
- **Section 33. LPN assessments.** We thank the committee for including provisions to align the duties of a licensed practical nurse with the Nurse Practices Act in assisted living settings. LPNs are a critical part of our care team and restoring their ability to conduct assessments consistent with their scope of practice, just like they can already do in other licensed health care settings, is long overdue.

Thank you again for supporting Minnesota's one million older adults and their caregivers across the state. We look forward to working with you.

Minnesota Association of Community Mental Health Programs

Senator John Hoffman, Chair
Representative Joe Schomacker, Chair
Human Services Policy Conference Committee
May 13, 2025

Dear Chairs Hoffman and Schomacker

On behalf of the Minnesota Association of Community Mental Health Programs – MACMHP, I am writing to express gratitude for the inclusion of our mental health and SUD policy provisions in HF 2115.

These provisions include:

- Mental Health Regulatory Relief
- SUD workforce expansion
- Solutions to Children's Boarding Crisis
- DCT policy bill
- SUD assessments
- Adult Mental health
- Crisis services
- changing children's terminology from "severe emotional disturbance" to "mental illness"
- SUD (MARRCH) policy bill
- recodification of ACT and IRTS statutes

An increasing number of mental health and SUD clinics and agencies provide co-occurring and integrated services. They employ licensed mental health professionals and LADCs, among a full staff spectrum, across their service lines. In this workforce shortage and service access shortage, these agencies are needing to expand access to treatment to clients we serve and be able to best use their clinicians' time.

We believe these policy and regulatory changes are necessary to sustaining our mental health and SUD services, AND we need state investments in our care system. Limited capacity, the workforce shortage and shrinking service access are all connected by the lack of sustainable investments in our mental health and SUD service delivery system. Solutions must also be comprehensive and address both the inpatient and community services up and downstream from them. We need to invest in community services to prevent situations that we can from becoming critically acute care and support community-based capacity for when clients are ready to move to less intense levels of care. MACMHP thanks this Committee and rest of the legislature for the good work you have done over these several years in bringing our mental health regulations together and steps in you all have taken in streamlining them. We are hopeful this bill is the next step in that good work to build a regulatory system that can respond with the changing needs of our industry and our communities.

We thank you for yours and the legislature's good work for our mental health and substance use disorder system.
Thank you for your leadership and support.

Sincerely

Jin Lee Palen, Executive Director

MACMHP
651-571-0515 | www.macmhp.org

NASW
National Association of Social Workers
MINNESOTA CHAPTER

MINNESOTA SOCIETY
for Clinical Social Work

Representative Mohamud Noor, Chair
Representative Joe Schomacker, Chair
Senator John Hoffman, Chair
Human Services Policy Conference Committee
May 13,, 2025

Chair Noor, Chair Schomacker, and Human Services Policy Conference Committee Members,

On behalf of the National Association of Social Workers, MN Chapter (NASW - MN) and the MN Society for Clinical Social Work (Clinical Society), we are writing in support of provisions in HF2115/SF2443, the Human Services Policy omnibus bill. Specifically, we appreciate that both versions expand the option to administer substance abuse disorder comprehensive assessments to mental health professionals with training in the subject matter (HF2115, Article 4, section 16; SF2443, Article 9, section 3).

Licensed independent clinical social workers (LICSW) make up the largest group of mental health providers in Minnesota. NASW - MN is the largest membership organization of professional social workers in our state, representing nearly 2000 social workers, and the Clinical Society is a professional group who advance the practice of clinical social work in Minnesota. Collectively, our organizations offer experience and expertise in mental health practice.

Social workers make up the largest group of mental health professionals in Minnesota. LICSWs are trained in diagnostic assessments, including substance use disorders, and in the screening for all of the co-occurring disorders required in the comprehensive assessment. Social workers with LICSW qualifications frequently work in substance abuse settings and yet, in a Medical Assistance licensed SUD program under MN Statutes Sec. 245G, only licensed alcohol and drug counselors (LADCs) are authorized to provide treatment. It hinders our work with clients when we limit the duties of professionals with similar qualifications.

We support strong and appropriate licensing laws that ensure protection for the public. Yet, we must balance this with supporting our professionals by ensuring our regulations are up to date, and accurately reflect updated best practices so that we have the workforce we need to support individuals struggling with substance abuse. Licensed social workers with established clinical scope have the skills necessary to provide comprehensive assessments and treatment coordination.

Thank you for your consideration.

Sincerely,

Karen E. Goodenough

James Stolz, LICSW, LADC

Karen E. Goodenough, PhD, LGSW
Executive Director
NASW-MN

James Stolz, LICSW, LADC
Legislative Committee
Clinical Society

Minnesota Conference Committee

Human Services House & Senate

May 13, 2025

Dear Co-Chairs, Co-Vice Chairs and Members,

Re: Autism support or lack thereof in this bill

Many thanks for the opportunity to be able to testify today. My name is Idil Abdull, I am a Somali Autism Mom & retired advocate.

I want to bring your attention to how heartbreaking and devastating autism is to our community. As I read HF 2115 and search for autism, I see nothing and that bothers me to my core. No one on this committee should be under the impression or assumption that ignoring children born in Minnesota who are diagnosed with autism, particularly profound autism, is the right path. It is not.

Not addressing autism is not only hurtful but it will cost the state more than it can provide. Both chairs and vice chair Fateh are aware of how autism is affecting our community, yet nothing has been done despite parents asking constantly.

We need better support, services, and resources. We also need a way for the state of Minnesota to finally stand up for these children and find a cause and cure for this devastating developmental disorder. I ask the members of this committee who all have autism families in their districts to listen and validate our concerns and do something about it.

As usual, thanks for your time.

Idil Abdull


STOP
Waiver Reimagine budgets fr
based on Where a Person Liv
...and put this in the final Omnibus