

Chairs Abeler, Benson, Liebling and Schultz:

Thank you for the opportunity to provide comments related to your committees' omnibus proposals. Knowing that your individual omnibus bills will come together at some point, whether on their way to the floor or in conference committee, we are offering our comments on the omnibus bills to you jointly. We stand ready to work with you on crafting the best proposal possible for those served by Medicaid.

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

### **Appreciation for shared House and Senate proposals**

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

Extending MA for New Mothers: We appreciate the inclusion of an MA eligibility extension to 180 days for new mothers. The postpartum period is a critical time to provide care in a mother's life. Removing barriers by providing women access to necessary medical and mental healthcare after the birth of their children can improve maternal health outcomes. We do hope that as you assemble the final package, you expand the extension to 365 days, which was heard in both chambers this session.

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

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

Medicaid Directed Payments: Nearly half of patients served in the Hennepin Healthcare system, the statewide safety-net, use Medicaid for their health care coverage. *This Is Medicaid* supports Hennepin Healthcare's request that DHS apply to the Centers for Medicare & Medicaid Services to access Medicaid Directed Payments. Thank you for including this language in your bills as we need our safety-net to be strong for those who rely on it for their care.

### **Concerns regarding existing omnibus proposals**

Blue Ribbon Commission recommendations on durable medical equipment (DME) and non-emergency medical transportation (NEMT): *This Is Medicaid* continues to be most concerned about the impacts of the proposals related to DME and NEMT. We urge you to omit these proposals from a final agreement.

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

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

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

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

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

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

Recuperative Care: This nationally recognized model delivers short-term care for people experiencing homelessness who are not ill enough to be in a hospital, yet too ill to recuperate on the streets. We ask lawmakers to authorize DHS to develop this model, which will improve health outcomes, reduce emergency room visits and healthcare costs, and increase access to appropriate care.

Housing Stabilization Implementation: Housing Stabilization Services are designed to help people with disabilities and seniors find and keep housing, but the complexity of offering these services and the challenges of the COVID-19 pandemic response have disrupted providers' efforts to meet a July 1, 2021 implementation deadline that coincides with a reduction to the state's Housing Support Supplemental Service rate. We ask for your support in extending the timeline for this rate reduction and providing additional technical assistance needed to ensure providers are prepared to maximize this new MA program and continue serving clients without interruption.

Temporary Personal Care Assistance (PCA) Compensation Extended for Services Provided by a Parent or Spouse: This proposal helps ensure that parents of children who have disabilities and spouses of adults

who have disabilities are able to continue providing PCA until the new Community First Services and Supports program is fully implemented.

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

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

Federal Funds: The American Rescue Plan Act includes historic and unprecedented investments including a one-year, 10-percent FMAP increase specific to HCBS programs with explicit direction to supplement, *not* supplant, current HCBS programs. This targeted financial relief will go into effect on April 1, and we urge immediate action to ensure these funds are directed as intended by Congress. Broadly, these federal funds have the opportunity to directly benefit Minnesotans who access Medicaid as well as their families, direct staff and provider organizations.

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

Sincerely,

*This Is Medicaid* Coalition