



**AARP Testimony
House Human Services Finance and Policy Committee**

Omnibus HHS Bill HF 4579

4/4/2022

Good morning Chairwoman Jennifer Schultz and members of the committee. My name is Mary Jo George, and I am the Associate State Director for Advocacy for AARP Minnesota. On behalf of AARP's 630,000 members and all older Minnesotans, we appreciate the opportunity to testify today on the Omnibus Health and Human Services Bill.

AARP strongly supports the investments in-home and community-based services that offer seniors more choices and saves taxpayers' money as in-home care costs one-third of nursing home care on average in Medicaid. Survey after survey shows that older Minnesotans prefer to live in their homes and communities. These investments will undoubtedly address the gravity of the workforce shortage crisis in these settings and put Medicaid's long-term spending more in line with people's priorities for independence.

These investments include increases to programs that seniors rely on when living in their own homes, including the Elderly Waiver Program, the Personal Care Attendant Program, Consumer Directed Community Supports (CDCS), and critical Non-Medical Assistance programs, including Alternative Care and Essential Community Supports.

At the same time, it is essential to ensure that older Minnesotans have access to these programs in a timely manner. Thus, we are disappointed that this bill did not include the proposal to fast-track applicants, likely eligible for Medicaid, to start receiving services in their homes when the need arises. Older adults and people with disabilities who need long-term care under Medicaid often wait up to 90 days to establish eligibility. As a result, individuals who would prefer home-care end up being transferred to a nursing home.

In addition, while we support expanding access to community-based care, the gravity of the present challenge of the workforce shortage crisis will require additional resources and investments to protect residents in nursing homes. Nursing homes often have chronic staff shortages because of relatively low pay, difficult working conditions, and limited benefits. We believe new investments tied directly to workers' wages, quality outcomes, and accountability to taxpayers will go a long way in helping to recruit and retain dedicated, hard-working individuals.

Finally, AARP supports the increase in eligibility income up to 200% of poverty for SNAP (Supplemental Nutritional Assistance Program). This program reduces food insecurity and poverty and is linked to improved health outcomes, including reduced hospitalizations among low-income older adults. SNAP has been essential during the COVID-19 pandemic and economic downturn. The face of hunger is getting more diverse and older, so this small but significant change can help improve food insecurity for the 50 plus population.

In conclusion, AARP thanks you for your historic investment in home and community-based services; however, we want to continue working with lawmakers on proposals to fast-track access to Medicaid through a presumptive eligibility policy and include necessary investments in nursing homes.

