



May 10, 2022

To: Members of the Health and Human Services Conference Committee
RE: SF 4410 (House SF 4410 2nd Unofficial Engrossment, Senate SF 4410 3rd Engrossment)

Dear Members of the Health and Human Services Conference Committee,

The Minnesota Disability Law Center (MDLC) and the Legal Services Advocacy Project (LSAP) are statewide projects of Mid-Minnesota Legal Aid. MDLC serves as the Protection and Advocacy (P&A) organization for Minnesota, and, along with every other state and territory, is the largest network of legally based advocacy services for people with disabilities in the United States. MDLC provides free legal services to children and adults with disabilities. LSAP is the advocacy arm of Legal Aid and has provided legislative and administrative advocacy on behalf of Legal Aid's clients and all low-income Minnesotans since 1977.

Legal Aid is grateful for your commitment to the people of Minnesota and to making Minnesota's human services programs more accessible and equitable and for your efforts to respond to the urgent needs of Minnesotans. The Senate and House bills (Senate: SF4410 3rd engrossment; House: SF 4410 2nd unofficial engrossment) include many provisions, some in both, some in House or Senate, that we support and that would be tremendously beneficial to our clients across our practice areas:

Economic Assistance

- **Increasing the gross income limit for SNAP to 200% of the federal poverty guideline** (Senate and House: House Article 16; section 4; Senate Article 5, section 1). This change allows more Minnesotans to access federal food benefits and addresses food insecurity statewide.
- **Stabilizing working Minnesotans through administrative simplification, including aligning MFIP and General Assistance benefits with SNAP six-month reporting and budgeting** (House-only: Article 16, sections 1-3, 5, 11-13, 16-23, 25-27, 30-39). This change affords parents more predictability in budgeting their monthly earnings from work and eliminates unnecessary paperwork requirements.
- **Increasing General Assistance benefits** (House-only: Article 16, section 6). The General Assistance benefit of \$203 per month for single adults has not increased since 1986. Legal Aid supports both a modest increase in benefits and an annual cost of living adjustment.
- **Aligning RSDI and SSI income disregards for MFIP** (House-only: Article 16, section 28). This provision aligns how the State calculates income in MFIP and CCAP for parents with disabilities. The change is narrowly targeted to low-income parents who are accessing federal RSDI-disability benefits but are still struggling to make ends meet.
- **An increased earned income disregard for working Minnesotans accessing MFIP** (Senate-only: Article 5, section 2). This provision allows working parents to keep more of their earned income from employment and addresses the rising costs of housing, food, and gas.
- **Expansion of the Family Assets for Independence in Minnesota Program (FAIM)** (Senate-only: Article 10, sections 4-8). These provisions will allow FAIM to reach more Minnesotans and help more people become economically secure.

Health Care

- **Technical clarification of health record fees** (House-only: Article 2, section 7). This provision clarifies that a low-income patient seeking a health record fee waiver while appealing a social security denial is not required to prove both access to public benefits and representation by a volunteer attorney; the patient only needs to meet one of those requirements.
- **Requiring hospitals to screen uninsured patients for public benefits to help them avoid medical debt** (House-only: Article 2, section 11). This provision helps patients avoid unnecessary, harmful medical debt and ensures providers receive payment.
- **Investment in Reducing Health Disparities for People with Disabilities** (House-only Article 1, Section 44). People with disabilities face significant health disparities; this needed investment would give Minnesota tools to address these disparities.
- **12-month Continuous Medicaid eligibility for children** (House-only: Article 3, Section 18). Children need continuous access to health care that is not interrupted by small fluctuations in family income. This will allow children to receive predictable, reliable health care.
- **Increasing the Medicaid income standard for elderly and disabled Minnesotans 100% of the Federal Poverty Guideline to 133%** (House-only: Article 3, Section 17). This aligns the income eligibility threshold for adults with disabilities and older adults with other Medicaid eligibility pathways, and would alleviate the challenges of the spend-down, which has been below federal poverty guidelines for too long.
- **Increasing Medicaid Asset Limit for people 65 and older** (House-only: Article 3, Section 16). Increasing the asset limit will allow seniors to have more flexibility and to be able to save for emergencies.
- **Expanded dental coverage for Medicaid** (House-only: Article 3, Section 19). Dental coverage under Medicaid is inadequate to meet the dental needs of many enrollees; this change will help the Medicaid program provide adequate coverage.
- **MinnesotaCare public option** (House-only: Article 3, Sections 40-45, 50-52). This would expand affordable health care for Minnesotans, including maintaining MinnesotaCare premiums at federal American Rescue Plan Act levels.
- **Eliminating cost-sharing under MA and MinnesotaCare** (House-only: Article 3 Sections 11, 13, 29, 36- 38, 40, 55). This will make sure that enrollees in public health programs can afford to purchase and use their health coverage.
- **Provisions assisting with winding down from the public health emergency** (House-only: Article 3, Sections 16, 49, 50). We hope you will adopt several important provisions that will help our state navigate winding down from the federal public health emergency, including:
 - Temporarily extending the Covid-19 asset limit (House Article 3, Section 16)
 - Preserving Medicaid coverage until a person's enrollment period (House Article 3, section 49)
 - Aligning MA-EPD and MinnesotaCare premiums with the timing of an enrollee's first enrollment period (House Article 3, section 50)
- **Grants for Navigator Organizations** (House-only: Article 24, Section 2, subd 19(b)). Navigators help Minnesotans access needed health care that they're eligible for. This would make sure funds intended for Navigator organizations get to them so they can support Minnesotans through the Covid wind-down.
- **Direct Care and Treatment electronic records** (House-only: Article 17, Sections 1-4). Minnesota is out of compliance with records for DCT programs; this would give them the tools needed to establish electronic records.
- **Non-discrimination in organ transplants** (House-only: Article 22, Section 18). This important provision would expand the Non-discrimination in access to transplants language passed last session to include non-discrimination based on race or ethnicity.

Long-Term Care and Disability Services

- **Service Termination Appeals for own home settings** (Senate and House: Senate Article 8, Sections 14 (paragraph (b)), 33; House Article 9, Sections 2 (paragraph (b)), 4). This will ensure that people who have disabilities living in their own homes have the same appeal rights as people in provider-controlled settings.

These are policy-only changes that are same/similar in House and Senate; the House language includes updates to changes to Minn. Stat. 245D.10 based on stakeholder conversations.

- **Expanding access to shared services** (Senate and House: Senate Article 1, Sections 21-22, 57-58; Article 2, Section 15; House Article 9, Sections 16-17, 23, 27, 33, and 34). Expanding access to shared services will permit more people to choose to live in their own homes and communities while getting the support they need.
- **Allowing PCAs to bill for time spent driving their clients** (Senate and House: Senate Article 1, 6, 7, 9-10; House Article 9, sections 9-12). It is often very helpful for our clients to be able to be driven to work, run errands, or elsewhere by their PCA, and this provision would allow driving time to be billable, without having to wait for the implementation of CFSS.
- **PCA/CFSS Rate Framework Increase** (Senate and House: Senate Article 1, Section 39; House Article 9, Section 21). Wages for PCAs are far too low, which makes it hard for people to access the supports they need to live in their own homes and communities. Increasing the implementation factor is a smart way to make an ongoing, permanent increase in the PCA rate framework. We encourage the committee to adopt the higher increase in the Senate bill.
- **Lifting the 40-hour cap for paid parents and spouses in PCA/CFSS** (Senate and House: Senate Article 1, Sections 17, 36, 38; House Article 9, Sections 15, 18, 19). Many families have resorted to providing more care themselves for family members who need PCA support, but the current 40-hour cap has limited what they can be paid for providing these important supports. This would give families more flexibility to meet support needs.
- **Employment Exploration Rate Increase** (Senate and House: Senate Article 1, Section 44; House Article 9, Section 26). Employment Exploration services are an important step on the path to competitive, integrated employment particularly for people who have worked in sheltered workshops without really considering competitive, integrated employment.
- **Temporary Staffing Pool including home and community-based settings** (Senate and House: Senate Article 16, Section 12; House Article 9, Section 28) We support this as a short-term needed way of making more staff available and we encourage that the pool to be available for people who live in their own homes and communities and who direct their own services.
- **Increases to Elderly Waiver** (Senate and House: Senate Article 2, Sections 17 and 20; House Article 12, Sections 10 to 23, 27, and 28). Elderly waiver rates are too low to support people who want to live in their own homes and communities; we support changes to increase rates.
- **Protections for group home program closures** (Senate and House: Senate Article 1, Sections 14; Article 8, Section 58; House (House Article 9, Sections 1, 13-14). The catastrophic workforce shortage in direct care has led to many group home closures, which can uproot people's lives—often where they've lived for decades. Both the House and the Senate include language aimed at offering protections to individuals when this happens, and we look forward to further conversations for how to best address this.
- **Disability Services Accessibility Task Force and Pilot Projects** (House-only: Article 2, Section 32). People who use disability services often find that the process of accessing these services itself is challenging and poses accessibility barriers. This task force would bring together stakeholders to identify accessibility barriers and propose solutions, while also introducing pilot projects aimed at reducing appeals and improving communication.
- **Increase to Consumer Directed Community Supports** (House-only: Article 9, Section 35). Legal Aid supports increases to CDCS budgets, which support people to live in their own homes and communities.
- **MA-EPD premium schedule changes** (Senate-only: Senate Article 3, Section 3). MA-EPD allows people who have disabilities to participate in the workforce while getting the supports they need, but the current premium schedule needs updating. This would make the premium schedule fairer and encourage more people to work.
- **CDCS budget exceptions** (Senate-only: Article 1, Sections 15, 16). As group homes face imminent closures because of lack of staffing, we should facilitate people to utilize other options, such as permitting people to move to own home settings and to utilize CDCS to meet their support needs.

- **Long-Term Care Decision Reviews** (Senate-only: Article 1, Section 11). This provision would help avoid disability appeals by affording a short opportunity for the participant and the lead agency to address any miscommunications or inaccuracies before final decisions are issued.
- **Home care rate increase** (Senate-only: Article 1, Section 48). People who use home care services often struggle to find workers because wages are low; this would be an important rate increase.
- **Reassessment Frequency** (Senate-only: Article 1, Section 55). Many people with disabilities have needs that are unlikely to change frequently. Directing DHS to explore less frequent or streamlined assessments could help reduce time spent on assessments for both lead agencies and providers.
- **PCA enhanced rate, including for people who use CDCS** (Senate-only: Article 1, Sections 8, 52). People who need more than 10 hours of support per day often struggle to find workers. Raising rates for people with more extensive needs would help ensure people can find workers, and it is important to include people who use CDCS.

Child Care

- **Expanding the definition of family for CCAP** (House-only: Article 21, Sections 1-3, 10). These changes would expand the definition of family for Child Care Assistance Basic Sliding Fee eligibility to include foster care families, relative custodians, successor custodians, and guardians, making more children eligible for needed child care supports.
- **Making permanent the changes to the prioritization of the waitlist for CCAP** (House-only: Article 21, Sections 4, 17). This will make sure more children and families can access CCAP, while reducing waitlists across the state.
- **Increasing CCAP provider rates to the 75th percentile** (House-only: Article 21, Sections 5, 11-12). CCAP rates have been below market rates for far too long, impeding families' access to child care and making it difficult for providers to maintain staffing.

There are so many tremendous provisions in these bills. There are also several provisions that we've indicated throughout session that we have concerns about, including expanding the number of beds permitted in group homes (Senate Article 8, Section 11), increasing ICF capacity (Senate Article 8, Sections 10, 12), changing the purpose of the Subminimum Wage task force (House Article 1, Section 39), and creating a Department of Behavioral Health (Senate Article 7). We look forward to further conversations regarding these provisions.

Thank you so much for your leadership on the Health and Human Services Conference Committee. We are grateful for your work and look forward to continuing to support these important provisions.



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