



April 17, 2024

To: Members

CC: Sen. Hoffman

Re: SF 5335

Dear Chair Hoffman and members of the Human Services Committee:

On behalf of the Long-Term Care Imperative, which represents over 2,000 providers across the senior care continuum, we express our deep concern for the lack of investments being made in the long-term care sector for Minnesota's aging population and those entrusted in caring for them.

In 2023, legislation was passed that locks important Elderly Waiver rate comparison benchmarks to 2017 wage data without an updating function; this is the only Medicaid waiver that doesn't have an updating function. To make this policy viable moving forward, the Minnesota Department of Human Services needs to annually update the wage data used to calculate Elderly Waiver rates. This will ensure that caregiver wages are responsive to labor market demands and help ensure access to services for Medicaid beneficiaries. Without this additional investment, it is premature to sunset the disproportionate share program or DSH. We appreciate your solution to continue this critical program.

We appreciate the one-time investments made to nursing homes last session in the form of temporarily increasing the daily reimbursement rate by \$12.35. These one-time dollars helped struggling providers keep their doors open in a time of crisis. However, those one-time investments are now set to sunset and providers are facing an inevitable cliff. We are asking you to see nursing homes as the safety net they are and preserve access to this level of care for seniors by continuing the \$12.35 rate add on.

We have grave concerns about the unfunded mandates in this bill. We have expressed our concerns to the committee and proponents of these provisions. Each Assisted Living Facility is unique and the clients they serve are equally different. There are two specific provisions in this bill that assume that all assisted living residents are the same and all providers are the same. Specifically, requiring an arbitrary number of hours for mental health training for assisted living providers does not consider person centered care or needs of individual clients. And medication regime review assumes that residents do not have autonomy in choosing this service.

- Article 2, Sec 3: Mental Illness/De-escalation Training for Assisted Living: While we appreciate the value of providing this training, we do have concerns about frontloading all of the training in the first 120 hours of employment. Managing mental health and behavioral health in a congregate setting is a person-centered endeavor. If the intention is to provide tools and resources for staff to leverage in a crisis or when managing a behavioral health situation--- then we need real-world, timely, tactical interventions that are based on each resident's unique circumstances. As opposed to more academic seated training just to check a box.
- Article 2, Sec. 4, Subd 2a Medication Regimen Review: Coordination of care is very different in an Assisted Living (AL) facility than in a Skilled Nursing Facility. Assisted Living is much more like a community-based setting, with resident autonomy and varying degrees of staff intervention based upon individual needs. Additionally, medication regimen reviews are not covered by Elderly Waiver or customized living under CADI/BI. As a result, this provision passes the cost of consulting for this service directly onto providers. Application of a one-sized-fits-all, unfunded mandate will further stress AL providers.
- We also seek the Committee's support of legislation that reflects the product of the Assisted Living Small Provider Work Group, established last session. That language would include provisions of SF1969, including changes impacting food code for small providers, use of licensed practical nurses within their scope of practice, and portability of orientation training. Those policy are important to assisted living providers of all sizes. A recently completed fiscal note indicates there is no required state spending to implement these changes.

While we recognize and appreciate these important steps for funding Long Term Care services and support for Seniors, the need for added investment remains. Without increased investments for Nursing Homes, providers will continue to downsize bed capacity and deny admissions due to lack of workforce. These actions will continue to create access problems for seniors needing nursing home level of care, whether those seniors are seeking discharge from a hospital or placement from the community.

We look forward to continuing to work with the author to try to increase the funding target for Human Services. We implore the Senate to do more for our state's seniors in nursing homes and their caregivers.

Respectfully,



Angela Garin  
Senior Director of Advocacy  
Care Providers of Minnesota  
Member, Long Term Care Imperative



Erin Huppert  
Vice President of Advocacy  
LeadingAge Minnesota  
Member, Long Term Care Imperative