

Minnesota Senate
Human Services Committee
Co-Chairs: Sen. Hoffman & Sen. Rasmusson
January 22, 2025

Re: DHS' Lack of Training and Oversight in Autism Therapy Programs is intentional, not accidental

Good afternoon, Co-Chairs, and members of the committee. Thanks for the opportunity to be able to testify today, I appreciate your time. My name is Idil Abdull, I am a Somali Autism Mom and “trying” to retire advocate. I have been advocating for autism related issues ever since my son was discriminated in receiving fair services over 16 years ago.

I want to take you down memory lane for those of you that were here back then and a history lesson for the new legislators. Governor Pawlenty was here when Lovaas autism agency, and Dr. Eric Larsson told me my son was too old for autism (ABA) therapy at age five. When I and other Somali autism parents went to Governor Pawlenty's health policy adviser Brian LeClair to ask if Larsson had the right to discharge my son, he referred us to DHS commissioner Cal Ludeman who referred us to Dr. Sulik who referred us to Dr. Glenace Edwall who referred us to Alex Bartolic who told us the state of Minnesota did not cover autism (ABA) therapy.

It turns out, Minnesota was providing this service to children and families who had TEFRA but not to low-income autism families with MCOs. To make a long and hard advocacy short, I and other Somali autism parents became focused and persistent advocates for low-income autism families. Gov. Dayton and Commissioner Jesson allocated twelve million dollars for a 1915i Medicaid waiver which passed at the state legislator on a rainy Thursday night on May 16, 2013. Sen. Wiklund was on the conference committee. I think Hoffman – you were new back then and not in conference committees.

I, other Somali autism parents and our community did not end there, we then advocated in the Obama administration's health and human services agency with Sec. Sebelius and CMS administrator Ms. Tavenner to allow any autism families with Medicaid to get therapy whether they lived in Alabama, Alaska, Montana, or Minnesota. They listened and did just that on July 8th, 2014, at the NIH campus in Bethesda Maryland. States could amend their Medicaid plan and add either or both developmental and behavior intervention. Minnesota then amended its Medicaid plan, and CMS approved it in March 2015. This benefit became what is today known as EIDBI or early intensive developmental behavior intervention.

Fast forward to Gov. Walz and Commissioner Harpstead which is where this whole drama and problems started. DHS started approving people who clearly were not qualified to provide services for such a complex disorder without training. Then when people started making mistakes, DHS, the media, and legislators started to have a meltdown and blamed the Somali community for everything under the sun. DHS failed to ensure people who wanted to service vulnerable autism children were trained properly, audited adequately and fairly, most of all they failed to have a thoughtful and fair oversight.

They willingly and purposefully approved an insane number of agencies even soliciting them from black and brown communities then failed and neglected to set them up for success.

Who suffers in all of this? Believe it or not, it is not DHS, legislators, the media or even the agencies – It is the children. Co-chairs and members, that makes me sad, mad and most of all hurt. I want to leave you with this – yes, we need quality assurance, better oversight, and training, but please make sure it is free from discrimination, and it is fair.

Finally, if the goal is fair oversight, then I ask you Co-Chairs and Members the following questions:

1. Why are managed care organizations paid in advance by DHS with Medicaid funds for patients they may not even serve? What happens to the funds that is not used, do MCO's return that to the state? Or is that a bonus for them?
2. Why is there no consistent audit on MCOs since they receive hundreds of millions of dollars annually with almost no oversight or audits? How can you allow that especially since when a Somali is alleged, everyone has a meltdown?

Imagine getting a paycheck for work you have not done yet and may never do it with public funds, yet no one screams or has a meltdown. Why do you think that is?

Thanks for your time,

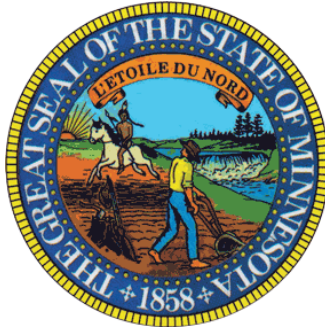
Sincerely,

Idil Abdull – Somali Autism Mom & trying to retire advocate.

As a member of Health Policy Advocates, a Minnesota citizen activist group promoting transparency and accountability in our state's public health programs, I am registering concern with ongoing deficiencies by the Department of Human Services (DHS) and the Office of the Legislative Auditor (OLA) to monitor those programs. In 2018, inadequate state government oversight of Minnesota's public health programs by DHS and the Legislative Auditor caused us volunteers in Health Policy Advocates to team up with Senator Jim Abeler to bring increased critical scrutiny by the OLA on those programs. We obtained the signatures of 73 Legislators detailing expectations for independent auditing procedures. The attached document contains Senator Abeler's letter describing the expectations that both Senate and House members signed, including Senators Abeler, Hoffman, Wicklund and then-House Representative Glenn Gruenhagen. The former OLA, Jim Nobles, did not adequately respond to the specific requests in that letter. The issue of independent audit examination of actual encounter data was inadequately addressed in 2018, and this December 2024 OLA report also declares in Finding 4 a lack of DHS data to confirm what actually happens with patients. Encounter data means a record of a medical treatment administered to a patient enrolled in a public health program from a particular provider. The lack of sufficient encounter data to verify what is happening in the public health programs, and the state's lack of rigorous monitoring which is accountable and transparent to the public, is not acceptable. Minnesota ought to conform to continuous auditing of our state's public health programs conducted according to the Generally Accepted Accounting Principles (GAAP) for the federal government in the United States since our public programs involve federal Medicaid funds.

Diane J. Peterson

Co-founder of Health Policy Advocates



Dear Mr. Nobles,

We are requesting your assurances that our scheduled Office of the Legislative Auditor (OLA) audit of health plan Medicaid and MinnesotaCare funding in Minnesota will produce usable information and insight into the operations of our publicly funded health care programs.

We have strong expectations for a robust, rigorous and thorough audit investigation as required by **Federal and State law***. As you know, our constituents expect us to understand what our tax dollars are spent on. We are very uncomfortable just taking the word of the health plans who have their own vested interests to protect.

We request you include the following questions as part of your auditing task:

- 1) Whether or not the reported reserves of the HMOs actually exist or, if as the former executive director of the Minnesota Council of Health Plans claimed, they exist only on paper because the money has been "shifted" to the state of Minnesota.
- 2) If the HMOs are engaging in hidden internal cost inflation of the type discovered in the case of Hi-Lex vs Blue Cross of Michigan. (In this case Blue Cross argued that all managed care organizations do this.) Shouldn't we see if our HMOs are guilty of this fraud in their operation of our Medicaid program?
- 3) Determine if paid claims data (as examined by audit and not self-reported) supports the HMOs' assertion that health care costs are out of control, or if the HMOs' own price inflation and administrative expense and profitability are the real cost drivers in the system.
- 4) What circumstances justify Medica transferring \$90 million out of its non-profit HMO to its Wisconsin operation, curiously very soon after terminating its MN Medicaid operation due to reported large losses?
- 5) Are administrative costs being inflated in the medical expense category to manipulate medical loss ratio? This is not to be confused with whether self-reported administrative expense is "proper and reasonable".

6) If federal funds are being diverted to subsidize nonfederal qualifying activities (as Ucare admitted doing in March of 2011).

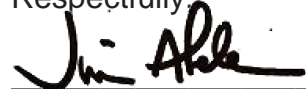
7) What will settle the paradox created by your statement that you have unfettered authority to audit and inspect whatever you chose and require no legislative authority; yet now in the case of HMO audits you claim your hands are tied by the precise wording of the statute apparently designed to prevent an effective audit. How do we deal with this paradox? Does the final bill language passed by the legislature need to be altered so the audit will be done properly?

8) What will guarantee that the OLA will examine claims paid data?


9) Is it true that the methodology of the audit is a secret pursuant to the Minnesota Data Practices Act? If so, how will the public have any confidence in the audit result if that is the case?

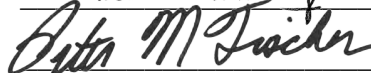
***as required by the Single Audit Act (OMB A-133) and by the 2012 Minnesota legislation.**

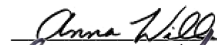
Respectfully

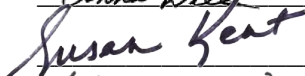


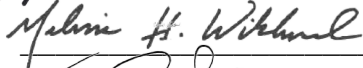




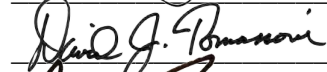


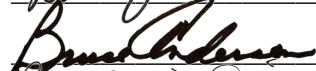


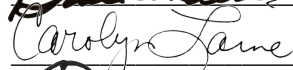




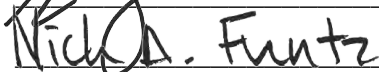






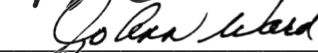


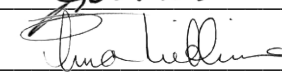


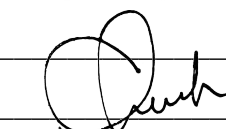






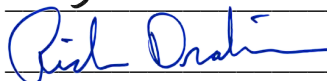






Chuck Weiger

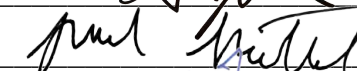


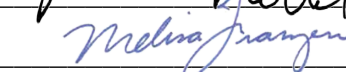












January 21, 2025

Dear Senate Human Services Committee,

The fact that there seems to be more effort being put on oversight by the Minnesota government makes me grateful. However, it hasn't been overlooked that mostly a certain group has been recently in the spotlight for fraud. Why hasn't the legislature or someone in authority called for a complete single audit of the larger Medicaid expenditures? We have been told by the Managed Care Organizations that this can't be done because it would expose personal private information. Yet the audits for autism didn't seem to expose personal patient information, nor those whose Medicaid bills are paid by DHS. We don't know what insurance companies are paid nor what the provider receives. Plain and simple, we don't know where the money goes. That is not right. Minnesota voters would like to know that our Medicaid patients are being treated fairly by all entities involved in their health care.

A few years ago, Health Policy Advocates collected well over 70 legislator signatures from bipartisan members to seek a single audit on Minnesota's Medicaid program. High level Minnesota auditors have even said in jest they would do the audit of Medicaid for free. Those that fear doing an audit, you need not fear the price it seems. At this point in time, wouldn't you prefer Minnesota itself rather than an audit done by the DOGE or CMS? There are some that feel the Feds should come in and do a single audit of MN Medicaid.

While up at the Senate last week I picked up one of The Epoch Times laying on most legislative assistance desk. In fact, I just read in Dec. 11- 17 issue, p.3: "National health care spending has garnered attention recently, with billionaire Elon Musk shining a spotlight on the exorbitant costs amid the Department of Government Efficiency (DOGE) initiative." According to the Epoch Times, Musk had posted a Peter G. Peterson Foundation chart shared by the popular social media X account "The Rabbit Hole."

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