Minnesota Hospital Association

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Chair Hoffman and Members of the Senate Human Services Committee,

We are writing to you today on behalf of the Minnesota Hospital Association (MHA) regarding multiple provisions in SF 2443 (Hoffman), the Department of Human Services' (DHS) Policy Omnibus Bill.

MHA supports the following provisions:

Extending Medically Appropriate Priority Admission Criteria to Direct Care and Treatment (DCT) (Article 3, Sections 40 and 41) – Extending the criteria through 2027 will productively shift the admissions process away from a patient's physical location towards care-based need and who will be best served via admission to DCT. This provision represents just one of many recommendations from the Priority Admissions Task Force and as such, we urge DHS and this Committee to strongly consider the inclusion of other recommendations. In particular, MHA supports the exception to priority admissions criteria for 10 civilly committed individuals waiting in community hospitals.

MnCHOICES Reassessment Frequency Extension (Article 1, Section 12) – This will allow Minnesotans using case management and waivered services to forego a full MnCHOICES assessment every year, provided that their needs are stable and that a full assessment is performed at least every three years. Too often hospital patients experience discharge delays waiting for a MnCHOICES assessment, even if an admitting provider is available. This provision will help reduce hospital avoidable days, allow for Minnesotans to not waste their time on unnecessary annual assessments, and use the state's limited MnCHOICES resources more efficiently. MHA also urges DHS and this Committee to include additional MnCHOICES provisions found in SF 2651 (Hoffman).

Guardianship Prohibited as Condition for Admission or Continued Residence in a Nursing Home or Assisted Living Facility (Article 2, Sections 12 and 27) – This provision prohibits nursing homes and assisted living facilities from requiring a resident to have or acquire a guardian or conservator to be admitted to or reside at their facilities. Hospital patients too often are ready for discharge, or are boarding in the emergency department, and are informed that their admission to a nursing home or assisted living facility is contingent upon having a guardian. This immediately halts the discharge process and when a guardian is in fact not needed, adds additional days or even weeks to a patient's wait time for appropriate treatment in the correct care setting.

Guardianship Prohibited as Condition of Home and Community-Based Services (HCBS) (Article 1, Section 2) – The provision prohibits a HCBS provider from requiring a client to have or obtain a guardian or conservator as a condition of receiving or continuing to receive services. Guardianship is the most restrictive means through which decisions can be made on behalf of a patient and as such the use of guardianship should be limited to only when it is needed. And

when guardianship is required unnecessarily, it has the potential to significantly disrupt care services and a care teams' ability to serve their clients, potentially leading to destabilization and needing to seek care in the emergency department.

MHA has some concerns about the following provision:

Restraint Tracking and Notification in Post-acute Care Discharge Planning (Article 2, Section 7) – This provision requires hospitals to document when restraints were used on a patient to manage the patient's behavior in their discharge plan and to notify the admitting provider. This information is already provided to admitting providers in the hospital provider care notes that are shared in the existing discharge planning process. MHA is concerned that absent the provider notes and the nuance that they provide, this provision will create a blunt and superficial approach to identifying restraint use that may lead to admitting providers discriminating against patients with restraints in their patient record. This may lead to additional care delays and may prevent patients from getting the care they need when and where they need it in a community or residential setting.

Thank you for the consideration of our comments, we look forward to working with this Committee. Sincerely,

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