



April 7, 2025

Sen. John Hoffman, Chair  
Senate Human Services Committee  
95 University Avenue W.  
Minnesota Senate Bldg., Room 2111  
St. Paul, MN 55155

**RE: Support for CFSS Reimbursement During Acute Care Hospital Stays**

Chair Hoffman and members of the Human Services Committee:

The Minnesota First Provider Alliance (the "Provider Alliance") is a trade association of personal care assistance (PCA) and Community First Services and Supports (CFSS) agencies and waiver service providers. The PCA program is a critical service that assists over 47,000 Minnesotans in their home and community. We are appreciative of this committee's commitment to improving the program for Minnesotans with disabilities who utilize it.

We would like to express our support for Section 11 of S.F. 1127 (Hoffman). This section directs the commissioner of human services to seek to amend Minnesota's federally approved CFSS program to reimburse for deliver of CFSS during an acute care stay in an acute care hospital setting. The reimbursement services must be identified in an individual's person-centered support plan, be provided to meet the needs of the person that are not met through the provision of hospital services, not substitute services the hospital is obligated to provide, and be designed to preserve the person's functional abilities during a hospital stay for acute care to ensure smooth transitions between acute care settings and home and community-based settings.

The Provider Alliance has advocated in support of this change for years. We have seen countless instances where PCA/CFSS clients do not get all of their functional needs met by hospital staff while hospitalized and even more common are instances where the client struggles with the transition back home because PCA/CFSS workers are not involved. This can lead to a rehospitalization of clients in some cases. While medical assistance payments like PCA/CFSS services are paused during hospitalization, and therefore the costs allocated for PCA/CFSS services cannot be billed, the lack of coordination and support from these workers who are very familiar with the clients they serve results in longer hospitalizations and rehospitalizations which cost the state even more money. Moreover, hospitalizations can be stressful and isolating for people with disabilities, and having access to workers who the client knows and who understand the client's individualized needs would relieve stress, isolation, and it can improve health outcomes.

This is not only a cost-saving change, but it is also person-centered. Please support this long overdue change. Thank you for your continued dedication to Minnesota's PCA/CFSS program and the individuals who rely on it to remain in their communities.

Sincerely,

Dena Belisle, President  
Minnesota First Provider Alliance