

Meeting Minutes: Priority Admissions Review Panel

Date: January 22, 2026

Prepared by: Lydia Ly

Location: Vadnais Heights 3200 Labore Rd. Vadnais Height, MN 55110 & Microsoft TEAMS

Attendance

Priority Admission Panel Members			
x	Laura Sayles, Attorney General Designee		Teresa Steinmetz, Assistant Commissioner
x	KyleeAnn Stevens, MD, Exec. Medical Director DCT	x	Lisa Harrison-Hadler, OMHDD
x	Kevin Magnuson, MCAA		Tarryl Clark, AMC
x	Angela Youngerberg, MACSSA	x	Bryan Welk, MN Sheriff's Association
x	Chris Beamish, MHA	x	Marcus Schmit, NAMI
x	Lauren Pockl, ARS	x	Eduardo Colon Navarro, MD, MN Psychiatric Society
x	Jin Lee Palen, MACMHP	x	Dr. Dionne Hart, Psychiatrist
x	Miranda Rich, appointed by Commissioner of Corrections		
Non-Members			
x	Lydia Ly, DCT Executive Assistant non-member	x	Marshall E. Smith, DCT Health Systems CEO non-member
x	Carrie Briones, DCT Legislative Director non-member		Dale Klitzke, DCT General Counsel non-member
	Katie Simmons, DCT Data Analyst non-member	x	Dan Storkamp, DCT non-member
x	Catherine Courcy, DCT Deputy Counsel non-member		
	Nick Rasmussen, non-member public		Calynn Schuck, non-member attending on behalf of Cathy Courcy
x	Tawnya Ward, MACSSA		Paul , MACSSA

1.) Call to Order

The meeting was called to order by **Dr. Stevens**, who served as chair in the absence of Theresa, who was unavailable due to a CMS visit.

2.) Approval of Previous Meeting Minutes

Members agreed to hold approval of prior minutes to allow additional time for review. Approval is expected to occur virtually prior to the completion of current work products.

3.) Public Facing Priority Admissions Website & Dashboard

Dr. Stevens provided an overview of the newly launched public-facing Priority Admissions webpage and dashboard, developed to comply with recent statutory reporting requirements.

The dashboard reflects data **through September 30, 2025**, noting an intentional quarterly lag to allow for data validation.

Reported elements closely mirror statutory language to ensure compliance.

A data dictionary is included to clarify definitions and reporting methodology.

Members asked about communication and rollout; while no formal launch was planned, participants emphasized the value of proactive notification to:

- Counties
- Advocacy organizations
- Hospitals and system partners

It was noted that informal dissemination already occurs through professional networks.

4.) Legislative Report Recommendations – Reorganized Draft

Members reviewed a reorganized draft titled “High-Level Recommendations – Priority Admissions Review Panel (as of 1/21/26)”.

Previously agreed-upon recommendations were highlighted and reorganized into thematic groupings:

- **Continuum of Care**
- **Payment Models / Reimbursement**

Recommendation #5 was highlighted separately due to emerging concerns and was identified for extended discussion.

- **Recommendation #5 – DNMC (Does Not Meet Criteria) Payment Relief**

DCT leadership reported that:

- Approximately **10 individuals currently at AMRTC** have MI&D commitments or petitions.
- **6 of the 10** had MI&D petitions filed within **two weeks of admission**, with **2 filed immediately or the next day**.
- These individuals often do **not meet hospital-level criteria** but remain at AMRTC for extended periods, reducing system capacity.

Concerns were raised that reinstating DNMC relief could:

- Incentivize admissions to AMRTC
- Exacerbate bed shortages
- Limit access for individuals waiting in jails or hospitals

Panel members questioned whether the observed pattern:

- Represents a true systemic issue or a county-specific anomaly
- Is driven by financial incentives or procedural/legal constraints

Discussion highlighted:

- Lack of sufficient data to confirm intent or causality
- Variability in county practices
- Tension between fairness to counties and protection of limited state resources

It was noted that:

- A recent appellate decision clarified the 48-hour admission requirement
- Statutory “medically appropriate bed” language is set to expire within one year

Members debated whether:

- The issue reflects payment structure flaws rather than misuse
- A reformed payment methodology (e.g., rate alignment with forensic hospital rates) would better address system inequities

Outcome:

- No consensus reached
- Members agreed to pause further discussion on Recommendation #5 (and related #6) and return after progress on other items.

- **Recommendation #8 – Case Management Ratios / Tiered Case Management**

Discussion Summary:

The panel revisited prior discussion regarding case management ratios based on acuity.

Strong consensus emerged that:

- Setting specific numeric ratios without broader analysis risks unintended consequences
- Counties already vary significantly in staffing, acuity, and resources

Members emphasized:

- The importance of quality and intensity of case management, not just caseload size
- The need for flexible, acuity-driven models

DHS-led Case Management Reform work was identified as the appropriate forum for addressing:

- Payment reform
- Service frequency
- Workforce sustainability

Participants noted that targeted case management funding structures currently limit responsiveness to higher-acuity needs.

Outcome / Direction:

- Agreement to avoid prescriptive ratio language
- Support expressed for:
 - Continued DHS case management reform efforts
 - Including a recommendation that highlights the importance of enhanced, acuity-responsive case management models

- **Recommendation #9 – Community Engagement & Public Awareness**

Discussion Summary:

- Members characterized this recommendation as high-level and non-controversial, but not sufficiently actionable.

It was noted that:

- Many organizations already engage in public education and outreach
- Efforts vary widely by region

Consensus emerged that:

- This concept may be better suited for narrative context rather than a formal recommendation
- Emphasis should remain on mobile crisis response and local system utilization

Outcome:

- Recommendation #9 to be **moved to narrative context** rather than retained as a standalone recommendation.

- **Recommendation #10 – Continuum of Care Enhancements**

Discussion Summary:

- Members reviewed grouped sub-items related to:
 - Grant-funded services
 - Residential and step-down options
 - Community-based supports
- Clarification was offered regarding individualized home supports, noting:
 - These services exist primarily through waiver programs
 - They are one of several disability service options already authorized
- Members cautioned against singling out individual programs without acknowledging the broader service ecosystem.

Outcome:

- General agreement with the continuum framing
- Minor wording refinements anticipated
- No final vote taken

- **Payment Models & Reimbursement (Renumbered Items)**

Discussion Summary:

- Members discussed concerns related to:
 - Anticipated Medicaid eligibility reductions
 - Increased uncompensated care
 - Fiscal pressures on counties and providers
- The group noted that:
 - Current language was overly vague
 - Recommendations must be more actionable to be meaningful
- A suggestion was raised to explore:
 - Dedicated uncompensated care pools
 - Alternative funding mechanisms tied to service level rather than physical location

Outcome:

- Agreement that additional refinement is needed
- Item to be revisited with clearer policy direction

5.)Next Steps & Meeting Continuation

Members acknowledged that all recommendations would not be finalized during this meeting.

Consensus reached to:

- Continue work in future meetings
- Plan for a virtual session to review and affirm final recommendations prior to report submission