Public input on draft report

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Introduction

Minnesota's Blue Ribbon Commission on Health and Human Services was created during the 2019 legislative session. The commission was charged to create and deliver a report to the governor and legislature by Oct. 1, 2020. The report included strategies that, if implemented, will transform health and human services systems and/or reduce $100 million in costs by addressing the following five areas:

1) Transform the health and human services system
2) Increase administrative efficiencies and improve program simplification within health and human services public programs
3) Identify evidence-based strategies for addressing the significant cost drivers of State spending on health and human services, including the medical assistance program
4) Reduce waste in administrative and service spending in health and human services
5) Advance health equity across geographies and racial and ethnic groups

The draft report is available on the Blue Ribbon Commission website. This document contains public input submitted online between July 13 and 31, 2020.

There are 22 developed strategies outlined in the draft report and summarized below. Respondents were able to voluntarily provide feedback on one, some, all or none of these strategies. This document organizes the feedback by individual respondent entries. Supporting documentation that was submitted as part of the response is listed at the conclusion of the entry and will be listed in the final report. A summary of public input findings will be discussed during a virtual Blue Ribbon Commission meeting, held on Aug. 19, 2020, which is open to the public, and will also be reflected in the final report.

Disclosure statement

This request for input, and any response to it, does not obligate the State or the Blue Ribbon Commission members in any way. It also does not provide any advantage to those who provide a response in potential future Requests for Proposals for competitive bid. All input is considered public, according to Minnesota Statute § 13.03.
Strategy summaries and potential savings

Cost Savings Strategies: Health Care

Based on its initial discussion, the Commission agreed to advance the following nine cost savings strategies focused on health care for further consideration.

Health Care Strategy A — Implement Uniform Administration of Non-Emergency Medical Transportation (NEMT)

Strategy summary: This strategy recommends implementation of a uniform NEMT program. Through a uniform NEMT program, a single administrator pays a per member, per month fee and contracts with the drivers, negotiates the rates, and coordinates the rides for the members. This administrative oversight would lower costs and improve program integrity.

Potential Scope of Savings in FY22-23 Biennium: Greater than $10 million

Health Care Strategy B — Modify Certain Medical Assistance Durable Medical Equipment Payment Rates to Match Medicare Rates

Strategy summary: This strategy proposes capping payment rates for durable medical equipment and supplies at the Medicare rate in the instance where a Medicare rate exists.

Potential Scope of Savings in FY22-23 Biennium: $1 million to $9,999,999

Health Care Strategy C — Expand Volume Purchasing for Durable Medical Equipment

Strategy summary: This strategy proposes expanding DHS’ use of volume purchasing of durable medical equipment and supplies to include additional items.

Potential Scope of Savings in FY22-23 Biennium: $1 million to $9,999,999

Health Care Strategy D — Expand Use of the MN Encounter Alerting Service

Strategy summary: The DHS Encounter Alerting Service (EAS) provides real-time notification of emergency room visits, hospital admissions, transfers, and discharges to primary care and/or care coordinators. This strategy expands the use of the service to more providers, allowing for improved care coordination and reduced incidences of readmission.

Potential Scope of Savings in FY22-23 Biennium: $1 million to $9,999,999

Health Care Strategy E- Improve Compliance with Third Party Liability (TPL) Requirements

Strategy summary: Third parties are individuals, entities, or programs that are, or may be, liable to pay all or part of the medical costs provided to Minnesota Health Care Programs enrollees. This strategy would authorize and fund the development of additional resources that will improve compliance with current TPL requirements.

Potential Scope of Savings in FY22-23 Biennium: Up to $1 million

Health Care Strategy F — Require Managed Care Organization (MCO) Competitive Price Bidding

Strategy summary: This strategy would require competitive price bidding for procuring managed care contracts in public health care programs.

Potential Scope of Savings in FY22-23 Biennium: $1 million to $9,999,999

Health Care Strategy G — Create Uniform Pharmacy Benefit

Strategy summary: This strategy would create a uniform pharmacy benefit for public health care programs.

Potential Scope of Savings in FY22-23 Biennium: $1 million to $9,999,999
Health Care Strategy H — Establish Prescription Drug Purchasing Council

**Strategy summary:** A commission appointed by the legislature and Governor on pharmaceutical costs would develop a strategy related to pharmacy pricing, focused on reducing skyrocketing Rx prices. If implemented, more Minnesotans may experience lower-than-projected increases in their premiums or cost-sharing for prescription drugs.

**Potential Scope of Savings in FY22-23 Biennium:** This strategy has the potential for savings based on solutions from the proposed commission

Health Care Strategy I — Establish Prescription Drug Affordability Commission

**Strategy summary:** A commission appointed by the legislature and Governor on pharmaceutical costs would develop a strategy related to pharmacy pricing, focused on regulating pharmaceutical prices. It is anticipated that with this commission, spending on prescription drugs by individuals and health plan payers will decline or stabilize over time.

**Potential Scope of Savings in FY22-23 Biennium:** This strategy has the potential for savings based on future solutions identified by the proposed commission

Cost Savings Strategies: Long-Term Services and Supports (LTSS) for Persons with Disabilities and Older Adults

Based on its initial discussion, the Commission agreed to advance the following six cost savings strategies focused on services for persons with disabilities and older adults in need of long-term services and supports for further consideration.

**LTSS Strategy A — Discontinue Grant Programs**

**Strategy summary:** This strategy combines two strategies that end appropriations for two grant programs that are no longer needed: 1) Disability Waiver Rate System Transition Grant and 2) Clare Housing Settings Rule Appropriation

**Potential Scope of Savings in FY22-23 Biennium:** Up to $1 million

**LTSS Strategy B — Update Absence Factor in Day Services**

**Strategy summary:** This strategy changes rate formulas for day services under the disability waivers to reduce the absence and utilization factor to a level supported by data analysis.

**Potential Scope of Savings in FY22-23 Biennium:** $1 million to $9,999,999

**LTSS Strategy C — Change Disability Waiver Family Foster Care Rate Methodology**

**Strategy summary:** This strategy changes the rate methodology for family foster care services to reflect the service setting and promotes Life Sharing services under the disability waivers.

**Potential Scope of Savings in FY22-23 Biennium:** Greater than $10 million

**LTSS Strategy D — Curb Residential Costs in Disability Waivers**

**Strategy summary:** This strategy is comprised of multiple strategies to reduce utilization of high-cost services in the Medicaid disability waivers. Strategies include:

- Development of a new initiative that would assist people who indicate that they want to move. This process would help facilitate the moving/service planning process and then reduce statewide capacity available after people move.
- Implementation of a more robust process with more stringent guidelines for people not yet in corporate foster care or customized living services to ensure that the level of care is appropriate for the person’s needs.
- Changes to billing requirements for corporate foster care and/or unit limitations in customized living services.

**Potential Scope of Savings in FY22-23 Biennium:** Greater than $10 million
LTSS Strategy E — Require Medicare Enhanced Home Care Benefit

**Strategy summary:** This strategy would mandate that all Medicare health plans sold in Minnesota provide a set of non-medical services that could assist seniors in remaining in their homes and communities.

**Potential Scope of Savings in FY22-23 Biennium:** This strategy was determined to not result in savings to the state budget in the FY22-23 biennium but there are potential for savings in future years.

LTSS Strategy F — Update Value-Based Reimbursement in Nursing Facilities

**Strategy summary:** This strategy proposes a significant revision to value-based reimbursement in nursing facilities to reflect appropriate rates over time and incentivize quality care, including:

- Suspend the Critical Access Nursing Facility Program (CANF) funding as it has no value under VBR.
- Suspend the Alternative Payment System automatic property inflation adjustment.
- Eliminate a hold harmless clause which states that facilities at least receive the rate they had for the year prior to the implementation of VBR.
- Add an assessment when therapy services are discontinued, which will result in a decrease in the resident’s daily payment rate because the assessment will reflect that the service is no longer needed and no longer being provided.

**Potential Scope of Savings in FY22-23 Biennium:** $1 million to $9,999,999

Strategies focused on Waste, Including Fraud and Program Integrity

Based on its initial discussion, the Commission agreed to advance the following three strategies focused on program integrity and waste reduction for further consideration.

Waste Strategy A — Pursue Fraud, Waste, or Abuse Prevention Enhancements

**Strategy summary:** Expand investigatory capacity, strengthen policy framework, and improve internal processes in order to achieve a higher return on investment in identifying fraud, waste, and abuse.

**Potential Scope of Savings in FY22-23 Biennium:** Up to $1 million

Waste Strategy B — Reduce Low-Value Services in Minnesota

**Strategy summary:** This strategy includes the following four areas of activity:

- Estimate the volume of provider-driven, low-value services for which there is broad consensus.
- Work with a group of stakeholders and experts to identify additional areas of low-value services and publicize results of measurement.
- Work with employers and providers to implement a statewide strategy to reduce provision of a defined set of low-value health care services.
- Develop a coordinated approach to accountability of payers and providers for reduction/elimination of provision of low-value services.

**Potential Scope of Savings in FY22-23 Biennium:** This strategy was determined to not result in savings to the state budget in the FY22-23 biennium, but there are potential for savings in future years.

Waste Strategy C — Align State and Federal Health Care Privacy Protections

**Strategy summary:** Align the Minnesota Health Records Act with federal HIPAA patient privacy protections. These changes would maintain patient privacy protections while eliminating burdensome requirements for clinicians.

**Potential Scope of Savings in FY22-23 Biennium:** This strategy was determined to not result in savings to the state budget in the FY22-23 biennium but there are potential for savings in future years.
Strategies focused on Administrative Efficiencies and Simplification

Based on its initial discussion, the Commission agreed to advance the following strategy categorized as administrative efficiency for further consideration.

Efficiencies Strategy A — Improve MnCHOICES and LTSS Processes

**Strategy summary:** Through this strategy, DHS would create and implement a process improvement plan with counties and tribal nations across the state building on the LTSS process mapping done in 2019. Using these findings, DHS would work with pilot counties to implement changes and streamline the LTSS process across the state. As part of this work, DHS would incorporate feedback from people who have had a MnCHOICES assessment, and work with counties and tribal nations on specific changes to their organizational structure while identifying best practices that can be implemented across similar agencies. The work would also include producing a guide for families and people requesting assessment that provides a clear explanation of the process and spans the assessment and eligibility process.

Strategies focused on Health Equity

Based on its initial discussion, the Commission agreed to advance the following three strategies focused on reducing disparities and addressing health equity for further consideration.

Health Equity Strategy title A — Improve Dental Access in Public Health Care Programs

**Strategy summary:** This strategy recommends contracting with a third-party administrator to manage dental services for all Medical Assistance and MinnesotaCare enrollees, while updating the rate structure to be more equitable.

Health Equity Strategy title B — Ensure Equitable Access to Aging and Disability Service Programs

**Strategy summary:** This strategy seeks to ensure that aging and disability services are accessed equitably regardless of race or ethnicity. This strategy includes the development of a community engagement strategy for better assessing service access for racial and ethnic minorities with disabilities and older adults and ensuring that all people are being offered an informed choice of appropriate services.

Health Equity Strategy title C — Redesign Targeted Case Management to Reduce Disparities in Access to Medical, Behavioral and Social Services or Supports

**Strategy summary:** Expand targeted case management eligibility and establish a statewide targeted case management rates methodology.
Abigail Vavra

Title: Public Policy and Compliance Counsel

Organization: Fraser

Please identify the group you represent: Provider Organization

Please list the populations served by your organization, if applicable:

- Communities of Color
- Ethnic and/or racial minorities
- LGBTQIA+
- Native American/American Indian people
- People with apparent and non-apparent disabilities
- Rural populations
- Urban populations
- children and families

Cost Savings Strategies: Health Care

Health Care Strategy A — Implement Uniform Administration of Non-Emergency Medical Transportation (NEMT)

Health Care A – Comments: We support the move to a single administrative structure for NEMT services. However, much more detail will be needed in order to evaluate the Commission’s recommendation. Stakeholders have spent several years working together on this complicated issue, including through the NEMT advisory committee. The reason that stakeholders have continued to stay at the table so long through the oftentimes contentious conversations is because we all agree on the most important priority -- that any change to the NEMT program must start with the goal of improving quality, safety, and experience for the individuals being served. The existing NEMT statute provides a comprehensive plan for doing this, including the use of a web-based tool for both individuals as well as providers. It is unclear how far the Commission’s recommendation would diverge from the existing plan, as well as what the impact on quality, safety, & experience would be for the individuals who rely on NEMT to access vital services

Health Care Strategy B — Modify Certain Medical Assistance Durable Medical Equipment Payment Rates to Match Medicare Rates

Health Care B – Comments: No entry

Health Care Strategy C — Expand Volume Purchasing for Durable Medical Equipment

Health Care C — Comments: Streamlining services to create efficiency may save money in the near term; however, there should be an exception to purchase items beyond the volume purchasing options when needed. A one size fits all approach to purchasing can lead to decisions that are not cost effective if they do not meet a person’s unique needs. The disability community spent considerable time in 2018 and 2019 working with the Department of Human Services and the legislature to address the impact of volume purchasing on key products. Please refer to those stakeholder conversations before making final decisions.

Health Care Strategy D — Expand Use of the MN Encounter Alerting Service

Health Care D — Comments: No entry

Health Care Strategy E- Improve Compliance with Third Party Liability (TPL) Requirements

Health Care E — Comments: No entry
Health Care Strategy F — Require Managed Care Organization (MCO) Competitive Price Bidding

Health Care F — Comments: Competitive price bidding, when combined with strategies that maintain sustainable provider rates, may be a reasonable way to save money. However, without safeguards such as a “floor” for rates in MCOs, this plan could risk setting rates that are too low to cover the cost of services. This could force providers to close programs or delay starting a new service line despite community need.

Health Care Strategy G — Create Uniform Pharmacy Benefit

Health Care G — Comments: No entry

Health Care Strategy H — Establish Prescription Drug Purchasing Council

Health Care H — Comments: No entry

Health Care Strategy I — Establish Prescription Drug Affordability Commission

Health Care I — Comments: No entry

Cost Savings Strategies: Long-Term Services and Supports (LTSS) for Persons with Disabilities and Older Adults

LTSS Strategy A — Discontinue Grant Programs

LTSS A — Comments: No entry

LTSS Strategy B — Update Absence Factor in Day Services

LTSS B — Comments: No entry

LTSS Strategy C — Change Disability Waiver Family Foster Care Rate Methodology

LTSS C — Comments: No entry

LTSS Strategy D — Curb Residential Costs in Disability Waivers

LTSS D — Comments: No entry

LTSS Strategy E — Require Medicare Enhanced Home Care Benefit

LTSS E — Comments: No entry

LTSS Strategy F — Update Value-Based Reimbursement in Nursing Facilities

LTSS F — Comments: No entry

Strategies focused on Waste, Including Fraud and Program Integrity

Waste Strategy A — Pursue Fraud, Waste, or Abuse Prevention Enhancements

Waste A — Comments: No entry

Waste Strategy B — Reduce Low-Value Services in Minnesota

Waste B — Comments: This strategy raises many questions about how "low value" will be measured and evaluated. Perhaps DHS could review "low value" services and determine whether there are barriers to accessing the service that might make this a high value service if the barrier is removed.
Waste Strategy C — Align State and Federal Health Care Privacy Protections

Waste C — Comments: Fraser supports this strategy. Aligning state and federal law not only eliminates burdensome requirements for clinicians, it also increases access for clients who have health care records in other states or across multiple health care systems.

Strategies focused on Administrative Efficiencies and Simplification

Efficiencies Strategy A — Improve MnCHOICES and LTSS Processes

Efficiencies A — Comments: Fraser supports making MnCHOICES more accessible to individuals requesting assessment.

Strategies focused on Health Equity

Health Equity Strategy title A — Improve Dental Access in Public Health Care Programs

Health Equity A — Comments: No entry

Health Equity Strategy title B — Ensure Equitable Access to Aging and Disability Service Programs

Health Equity B — Comments: Fraser supports efforts to make sure that all Minnesotans have access to services and can make an informed choice about the most appropriate services for themselves.

Health Equity Strategy title C — Redesign Targeted Case Management to Reduce Disparities in Access to Medical, Behavioral and Social Services or Supports

Health Equity C — Comments: Fraser supports expanding access to services

Additional Input

Fraser recognizes the importance of managing state resources prudently and the parameters within which the BRC must work. Unfortunately, many of the strategies proposed do not reflect a long term strategy to truly reduce costs and transform the system. We encourage the BRC to consider the impact of these proposals on Minnesota beyond the next biennium.

Attachments

Adam Luger

Title: Vice President
Organization: All Trans Software

Please identify the group you represent: NEMT Software Vendor that works with 50 MN NEMT Providers going back to 2008

Please list the populations served by your organization, if applicable:

- Communities of Color
- Ethnic and/or racial minorities
- LGBTQIA+
- Native American/American Indian people
- Older adults
- People with apparent and non-apparent disabilities
- Rural populations
- Urban populations
- Veterans
Cost Savings Strategies: Health Care

Health Care Strategy A — Implement Uniform Administration of Non-Emergency Medical Transportation (NEMT)

Health Care A – Comments: "75% of rides audited did not comply with state or federal requirements". We've seen a major shift from paper trip logs to the use of mobile driver apps to service rides. Nearly 90% of all rides run through our system are now done electronically which allows for proper documentation and verification of the transport. I would look at technology to solve this issue. The strategy indicates the use of contracted drivers which from my perspective has been the majority of the issue in terms of compliance. W2 drivers have more oversight and accountability than 1099 contracted drivers so I find it interesting that recommendation is in place within the strategy. I would avoid bus passes as I’ve seen it implemented and failed in other states as well as counties in MN. The issue is availability: Member gets discharged from the ER at 2AM, appropriate bus routes may not be available. Care systems will also experience increased no shows and cancels. I could go on but out of available characters.

Health Care Strategy B — Modify Certain Medical Assistance Durable Medical Equipment Payment Rates to Match Medicare Rates

Health Care B – Comments: No entry

Health Care Strategy C — Expand Volume Purchasing for Durable Medical Equipment

Health Care C — Comments: No entry

Health Care Strategy D — Expand Use of the MN Encounter Alerting Service

Health Care D — Comments: No entry

Health Care Strategy E- Improve Compliance with Third Party Liability (TPL) Requirements

Health Care E — Comments: No entry

Health Care Strategy F — Require Managed Care Organization (MCO) Competitive Price Bidding

Health Care F — Comments: Lets no forget the past when a MCO comes in and underbids the contract so it’s awarded then pulls out of the contract when it becomes unsustainable for the MCO. Ensure the Bid aligns with the contract being offered.

Health Care Strategy G — Create Uniform Pharmacy Benefit

Health Care G — Comments: No entry

Health Care Strategy H — Establish Prescription Drug Purchasing Council

Health Care H — Comments: No entry

Health Care Strategy I — Establish Prescription Drug Affordability Commission

Health Care I — Comments: No entry

Cost Savings Strategies: Long-Term Services and Supports (LTSS) for Persons with Disabilities and Older Adults

LTSS Strategy A — Discontinue Grant Programs

LTSS A — Comments: No entry
LTSS Strategy B — Update Absence Factor in Day Services
LTSS B — Comments: No entry

LTSS Strategy C — Change Disability Waiver Family Foster Care Rate Methodology
LTSS C — Comments: No entry

LTSS Strategy D — Curb Residential Costs in Disability Waivers
LTSS D — Comments: No entry

LTSS Strategy E — Require Medicare Enhanced Home Care Benefit
LTSS E — Comments: No entry

LTSS Strategy F — Update Value-Based Reimbursement in Nursing Facilities
LTSS F — Comments: No entry

Strategies focused on Waste, Including Fraud and Program Integrity

Waste Strategy A — Pursue Fraud, Waste, or Abuse Prevention Enhancements
Waste A — Comments: My experience is more so in NEMT, Home Care, Interpretation. From my perspective there needs to be more controls in place up front rather than auditing a client and finding FWA for the last 2 years or more where it’s nearly impossible to recapture any of the dollars. With MCO’s/PMAPS: They review and analyze transportation extensively as it’s an administrative cost. Meaning the less transportation they provide or pay for out of the block grant for the client the more they retain. So ensuring a Transportation Visit has been provided obtaining GPS data or a bread crumb trail of the transport to prove the client was picked up and dropped off at a scheduled location. If a interpretation visit was required, matching the interpretation visit with the transportation as well as matching it to a billable visit. I’m less familiar with the County investigative process but will learn more as we started working with one of the larger counties in Southern MN.

Waste Strategy B — Reduce Low-Value Services in Minnesota
Waste B — Comments: No entry

Waste Strategy C — Align State and Federal Health Care Privacy Protections
Waste C — Comments: No entry

Strategies focused on Administrative Efficiencies and Simplification

Efficiencies Strategy A — Improve MnCHOICES and LTSS Processes
Efficiencies A — Comments: No entry

Strategies focused on Health Equity

Health Equity Strategy title A — Improve Dental Access in Public Health Care Programs
Health Equity A — Comments: No entry

Health Equity Strategy title B — Ensure Equitable Access to Aging and Disability Service Programs
Health Equity B — Comments: No entry
Additional Input

In regards to NEMT I’m concerned that a single administrative entity would affect many small minority business owners and the drivers they employ as well as potentially take away any type of client choice in terms of the provider they which to utilize. It does make sense for example that a Somali member be transported by a Somali driver that can relate to the member and speak the language, and that would apply across the board. There also are a lot of administrative oversight done by the NEMT providers to ensure vehicles are inspected daily, dot inspections are done timely, background checks, OIG checks, initial and on-going training of the drivers, specialized training of drivers related to Special Transportation (wheel chair, stretcher, protected as well as mental health) to ensure consistent and safe transport of members. One of the biggest compliant I’ve heard when BCBS outsourced transportation to Logisticare is that members with mental health issues, autistic kids, who rely on structure and consistency all of a sudden had new drivers rather than the driver that has been taking them for the past year. If a single entity is your ultimate goal however I would recommend looking at relationships within MN that’s knowledgeable with the industry (like us) that has relationships with a large number of current providers (both within the 7 county metro and more so rurally), counties and the R80. I open to any further discussion, questions and appreciate you taking the time to read my imput.

Attachments

Adam Suomala

Title: Executive Director

Organization: Minnesota Leadership Council on Aging

Please identify the group you represent: Statewide collaborative

Please list the populations served by your organization, if applicable:

- Communities of Color
- Ethnic and/or racial minorities
- LGBTQIA+
- Native American/American Indian people
- Older adults
- People with apparent and non-apparent disabilities
- Rural populations
- Urban populations
- Veterans
- Other

Cost Savings Strategies: Health Care

Health Care Strategy A — Implement Uniform Administration of Non-Emergency Medical Transportation (NEMT)

Health Care A – Comments: No entry

Health Care Strategy B — Modify Certain Medical Assistance Durable Medical Equipment Payment Rates to Match Medicare Rates

Health Care B – Comments: No entry
Health Care Strategy C — Expand Volume Purchasing for Durable Medical Equipment
Health Care C — Comments: No entry

Health Care Strategy D — Expand Use of the MN Encounter Alerting Service
Health Care D — Comments: We support this strategy. Expansion of the MN Encounter Alerting Service will allow for better-coordinated services – especially among case managers navigating the complexities of seamless transitions of older adults between providers – as well as provide cost savings, improved health outcomes, and better alignment with federal requirements. More attention is needed toward a comprehensive approach of assessing needs; this service improves the coordination of care between settings, reduces potentially preventable utilization, leads to stronger health outcomes, and decreases the total cost of care.

Health Care Strategy E — Improve Compliance with Third Party Liability (TPL) Requirements
Health Care E — Comments: No entry

Health Care Strategy F — Require Managed Care Organization (MCO) Competitive Price Bidding
Health Care F — Comments: No entry

Health Care Strategy G — Create Uniform Pharmacy Benefit
Health Care G — Comments: No entry

Health Care Strategy H — Establish Prescription Drug Purchasing Council
Health Care H — Comments: No entry

Health Care Strategy I — Establish Prescription Drug Affordability Commission
Health Care I — Comments: We support this recommendation. Prescription drug costs are a significant driver of healthcare expense for Minnesota’s older adults and the system.

Cost Savings Strategies: Long-Term Services and Supports (LTSS) for Persons with Disabilities and Older Adults

LTSS Strategy A — Discontinue Grant Programs
LTSS A — Comments: No entry

LTSS Strategy B — Update Absence Factor in Day Services
LTSS B — Comments: We oppose this strategy. This rate change would only further threaten the survivability of an already at-risk community-based service used by thousands of older Minnesotans and their families. When this proposal was heard on February 21, several commissioners raised concerns about the impact on this financially fragile line of service in Minnesota that had already seen rate cuts in the previous year. Following the subsequent statewide closure of Adult Day Services last March by Governor Walz due to COVID-19, several communities have now seen permanent closure of their adult day centers. This strategy would likely result even more closures. This is a valued and cost-effective community-based service that should be enhanced, not cut.

LTSS Strategy C — Change Disability Waiver Family Foster Care Rate Methodology
LTSS C — Comments: No entry

LTSS Strategy D — Curb Residential Costs in Disability Waivers
LTSS D — Comments: We oppose this strategy. This concept did not receive proper vetting. For Minnesotans with mental health needs, living with HIV/AIDS, chemical dependency or experiencing homelessness, limiting services will
make access difficult. While a concern regarding increased growth in costs for CADI and BI customized living was offered on February 21, the analysis of the problem and the solution were not. We urge recognition that these are areas of policy seeing complex changes over the last five years, including tiered standards of payment based on size/setting and age of the Medicaid beneficiary which require further review. It is also important that “more stringent guidelines” consider sometimes-different presentations of physical and mental health needs by communities of color, indigenous people, and those with limited English proficiency. Additional discussion on how more stringent guidelines will be developed, by whom, and how they will address equity concerns is needed.

**LTSS Strategy E — Require Medicare Enhanced Home Care Benefit**

**LTSS E — Comments:** We support this strategy. Bolstering the work of Minnesota’s Own Your Future initiative, this could increase utilization of home care services as well as require Medigap plans to include adult day benefits. As Minnesota grows older and more diverse each day, this strategy offers way for a set of home-and community-based services to be provided that could create savings to the state’s Medicaid budget over the next 30 years. Allowing people to age and receive care at home helps them to remain active in their community and is also cost-effective for the state.

**LTSS Strategy F — Update Value-Based Reimbursement in Nursing Facilities**

**LTSS F — Comments:** We oppose this strategy. Suspending the Critical Access Nursing Facility Program funding will impact many rural communities, where the local nursing homes are a healthcare hub for older adults. Reduced occupancy and fixed costs will make already fragile operations more precarious. We also oppose suspending the Alternative Payment System automatic property inflation adjustment. Through COVID-19, physical plant and property costs have increased while occupancy declined. The federal transition to the PDPM will require Minnesota to modify and/or completely change the Medicaid-48 Group Case Mix System. Additional investment will be needed. It would make sense to address the therapy issue and any savings through this process.

**Strategies focused on Waste, Including Fraud and Program Integrity**

**Waste Strategy A — Pursue Fraud, Waste, or Abuse Prevention Enhancements**

**Waste A — Comments:** No entry

**Waste Strategy B — Reduce Low-Value Services in Minnesota**

**Waste B — Comments:** We urge great caution with this strategy, as these programs can often represent an essential safety net for a small but valuable part of our population. Review through an equity lens is essential before moving forward.

**Waste Strategy C — Align State and Federal Health Care Privacy Protections**

**Waste C — Comments:** We support this strategy. The incongruity of the Minnesota Health Records Act and the federal HIPAA patient privacy protections has created senseless and expensive workarounds for DHS, MDH, providers, health systems, and insurers. The costs of this is borne by the consumer and the taxpayer.

**Strategies focused on Administrative Efficiencies and Simplification**

**Efficiencies Strategy A — Improve MnCHOICES and LTSS Processes**

**Efficiencies A — Comments:** We support this strategy. Exploring a more streamlined MnCHOICES system should be considered by the Legislature. Currently, assessment processes are different in each county and in tribal nations across the state and people asking for help should not have to experience delays because of inconsistencies in the system. Providing a shared understanding of the standards under the MnCHOICES assessment system will ensure all served by the system will receive the most effective and efficient person-centered care. Opportunities for streamlining the system statewide should be developed further by reviewing and improving the MnCHOICES process with a health equity lens.
Strategies focused on Health Equity

Health Equity Strategy title A — Improve Dental Access in Public Health Care Programs

Health Equity A — Comments: We support this strategy. Improved oral health care across the lifespan creates improved health and sizeable savings over many years. There is a strong need for access to dental services by older adults.

Health Equity Strategy title B — Ensure Equitable Access to Aging and Disability Service Programs

Health Equity B — Comments: We support this general strategy and recommend active and ongoing work with the Minnesota Diverse Elders Coalition. We support ongoing efforts to address diversity, equity and inclusion to ensure Minnesota finds solutions to the disparities in our health and human services system. This report identifies, but does not resolve, how to address health equity and health disparities. Inclusive discussions with BIPOC and LGBTQ communities as well as their direct participation in future efforts is recommended to ensure all strategies are viewed through the lens of health equity. This recommendation needs specifics beyond the general information that is offered. While having a community engagement strategy is important and necessary, it is but one step toward ensuring equitable access. The report needs to address how service access will not only be assessed but also remedied for marginalized communities.

Health Equity Strategy title C — Redesign Targeted Case Management to Reduce Disparities in Access to Medical, Behavioral and Social Services or Supports

Health Equity C — Comments: We support this strategy. For many, Minnesota is a great place to age. The state is consistently ranked the healthiest and most senior-friendly in national polls. However, this is not true for all groups. Minnesota ranks as one of the highest in disparities between communities of color and the LGBT community and their peers. Healthy aging is both a public health and health disparities issue. Differences in education, income, and wealth, along with the impact of chronic stress and social exclusion associated with race and language barriers negatively impact the health of older adults. The lack of equity (social, health, environmental) impacts the health and well-being of all older Minnesotans and their families and creates health disparities. The Commission must continue to advance this focus on eliminating health, economic and social disparities if our state is to thrive for all older Minnesotans.

Additional Input

Supporting Low-Income, At-Risk Older Adults As reported by DHS, Elderly Waiver (EW) rates need modernization, including filling a nearly $400 million gap in investment. Providers are subsidizing the cost of care and many are discontinuing service or limiting the number of EW clients. These forced economic choices decrease choice and access for individuals. Further cuts or adverse changes to eligibility are short-sighted and limit access and increase costs of services in the future. Investments in the HCBS infrastructure through EW are common-sense and keeping individuals out of the more costly SNF setting. Living Well with Chronic Conditions Older adults are living longer, and for many that means managing chronic conditions that can threaten independence and quality of life. Significant spending occurs at the end of life, a curve that can be mitigated with early intervention and supports. The Commission should address older adults living with chronic conditions such as Alzheimer’s Disease and related dementias. All Minnesotans should have access to early screening, diagnosis and competent LTSS, including the best in evidence-based health promotion and chronic disease management strategies. The Commission should support proven models such as palliative care and innovate new models of integrative services across community-based, acute and long-term care settings. This work must include considerations for friend and family caregivers who are key to ensuring high quality of life and cost containment strategies. Age-Friendly MN Purposeful involvement of older adults, their families, and the aging services workforce in systems design, programs and policies is critical. The Commission must inform and support the work of the Governor’s Council on an Age-Friendly Minnesota. Thank you for your commitment to ensuring older Minnesotans have access to the needed supports to age well. Please contact Adam Suomala at adam@mnlcoa.org or (651) 271-3116 for more information.

Attachments

ref:0000000431:Q27
ref:0000000431:Q28

Public input on draft report 2020
Alana Wright

Title: Coordinator

Organization: Minnesota Diverse Elders Coalition

Please identify the group you represent: Community Organization

Please list the populations served by your organization, if applicable:

- Communities of Color
- Ethnic and/or racial minorities
- LGBTQIA+
- Native American/American Indian people
- Older adults
- Rural populations
- Urban populations

Cost Savings Strategies: Health Care

Health Care Strategy A — Implement Uniform Administration of Non-Emergency Medical Transportation (NEMT)

Health Care A – Comments: No entry

Health Care Strategy B — Modify Certain Medical Assistance Durable Medical Equipment Payment Rates to Match Medicare Rates

Health Care B – Comments: No entry

Health Care Strategy C — Expand Volume Purchasing for Durable Medical Equipment

Health Care C — Comments: No entry

Health Care Strategy D — Expand Use of the MN Encounter Alerting Service

Health Care D — Comments: The BRC’s Health Equity strategy is underdeveloped due to the prioritization of cost savings when the time frame for planning was contracted. MNDEC can only provide preliminary feedback, recognizing each strategy will require significant development and additional strategies will likely be added underdeveloped. MNDEC supports further strategy development as a policy recommendation in the areas below to benefit BIPOC and LGBTQ communities: • Expanding the Minnesota Encounter Alerting Service to ensure care coordination and better, timely communication between an Emergency Room, hospital, or long-term care facility should be a high priority for development. Care planning is key to care coordination and management of other co-occurring chronic conditions and can reduce costs throughout the course of the disease. This strategy would benefit cultural communities, populations with health disparities, non-English speakers, and people living with Alzheimer’s and other forms of dementia.

Health Care Strategy E- Improve Compliance with Third Party Liability (TPL) Requirements

Health Care E — Comments: No entry

Health Care Strategy F — Require Managed Care Organization (MCO) Competitive Price Bidding

Health Care F — Comments: No entry

Health Care Strategy G — Create Uniform Pharmacy Benefit

Health Care G — Comments: No entry
Health Care Strategy H — Establish Prescription Drug Purchasing Council

Health Care H — Comments: No entry

Health Care Strategy I — Establish Prescription Drug Affordability Commission

Health Care I — Comments: No entry

Cost Savings Strategies: Long-Term Services and Supports (LTSS) for Persons with Disabilities and Older Adults

LTSS Strategy A — Discontinue Grant Programs

LTSS A — Comments: The BRC has advanced four categories of cost savings and nine strategies for consideration. • We understand the strategies will need further development and suggest the inclusion of community engagement to inform development and health equity lens be used to evaluate all strategies and the potential impact BIPOC and LGBTQ communities • The proposals to discontinue grant programs and to update absence factor in day services should also use a health equity lens when developing. This is important because adult day providers are a key part of the network that support caregivers and help people remain in the community.

LTSS Strategy B — Update Absence Factor in Day Services

LTSS B — Comments: No entry

LTSS Strategy C — Change Disability Waiver Family Foster Care Rate Methodology

LTSS C — Comments: • Change Disability Waiver Family Foster Care Rate Methodology - Family Foster Care providers are a key part of delivering culturally responsive services. New “more stringent” criteria needs to consider the sometimes-different presentations of physical and mental health needs by communities of color, indigenous communities, and those with limited English proficiency. A health equity lens should be used.

LTSS Strategy D — Curb Residential Costs in Disability Waivers

LTSS D — Comments: • Curb Residential Costs in Disability Waivers - More attention is needed toward a comprehensive approach of assessing needs and long-term follow-up beyond immediate move from residential care.

LTSS Strategy E — Require Medicare Enhanced Home Care Benefit

LTSS E — Comments: • Require Medicare Enhanced Home Care Benefit should be a high priority for BRC or legislative development.

LTSS Strategy F — Update Value-Based Reimbursement in Nursing Facilities

LTSS F — Comments: • Update Value-Based Reimbursement (VBR) in Nursing Facilities - Most research has shown that high proportion minority facilities have lower quality of care and quality of life scores than their mainly white counterparts, including based on our work here in Minnesota. We also know they are much more likely (two times at least) to have COVID-19 positive cases compared to white facilities. It is important to note that critical access nursing facilities, which typically serve primarily racial/ethnic minority communities, may need different allocation of resources and supports and VBR will need to take this into account.

Strategies focused on Waste, Including Fraud and Program Integrity

Waste Strategy A — Pursue Fraud, Waste, or Abuse Prevention Enhancements

Waste A — Comments: • Strategies focused on Waste, Including Fraud and Program Integrity – Reduce low value services should be evaluated through a health equity lens and may require community engagement.
Waste Strategy B — Reduce Low-Value Services in Minnesota

Waste B — Comments: No entry

Waste Strategy C — Align State and Federal Health Care Privacy Protections

Waste C — Comments: No entry

Strategies focused on Administrative Efficiencies and Simplification

Efficiencies Strategy A — Improve MnCHOICES and LTSS Processes

Efficiencies A — Comments: • Administrative Efficiencies and Simplification - Opportunities for streamlining the system statewide should be developed further by reviewing and improving the MnCHOICES process with a health equity lens. Allowing Minnesotans with multiple chronic conditions and/or Alzheimer’s to age and receive care at home keeps them an active part in their community and keeps them in a setting that is familiar and safe. It is also cost-effective to keep seniors in their homes as long as possible

Strategies focused on Health Equity

Health Equity Strategy title A — Improve Dental Access in Public Health Care Programs

Health Equity A — Comments: • Improve Dental Access in Public Health Care Programs should be a high priority for BRC or legislative development.

Health Equity Strategy title B — Ensure Equitable Access to Aging and Disability Service Programs

Health Equity B — Comments: • Ensure Equitable Access to Aging and Disability Service Programs – Community engagement, partnerships, and culturally appropriate message and delivery methods are required for success should be a high priority for BRC or legislative development. o This recommendation needs specifics beyond the general information that is offered. While having a community engagement strategy is important and necessary, it is but one step toward ensuring equitable access. o The report needs to address how will service access not only be assessed but also remedied for those from marginalized communities, which will also require resources? o In addition, the LGBTQ community is missing from the Commission’s charge to advance health equity and needs to be added due to health disparities and inequities that exist in that underserved community as well.

Health Equity Strategy title C — Redesign Targeted Case Management to Reduce Disparities in Access to Medical, Behavioral and Social Services or Supports

Health Equity C — Comments: • Redesign Targeted Case Management to Reduce Disparities in Access to Medical, Behavioral and Social Services or Supports should be a high priority for BRC or legislative development. Community engagement, partnerships, and culturally appropriate message and delivery methods are required for success.

Additional Input

Dear Commissioners Harpstead and Malcolm, and BRC Members, The Minnesota Diverse Elders Coalition (MNDEC) was formed by the Minnesota Leadership Council on Aging (MNLCOA) in 2019. The MNDEC convenes community and service providers to identify and implement activities that advance equity in Aging. We work with older adults to create healthy communities where older adults are valued and improves access to high quality and culturally diverse supports so that all older Minnesotans can be well and live healthy. We are pleased to offer the following comments on the Blue Ribbon Commission’s (BRC) draft report. We appreciate the work of the BRC and want to thank the commission members for their time and their talents. Based on our conversations the BRC prioritized the cost savings and there was limited time available for the inclusion and engagement with BIPOC and LGBTQ stakeholders, elders, community organizations, and providers of senior service providers. We believe the community engagement is critical to ensure proposed Health and Human Services program align with community needs and priorities and cost savings recommendations do not have unintended negative consequences on the communities that rely on those programs. The recommendations discuss a health equity lens will be applied but we are concerned the modified timeline did not
provide adequate time for a thorough assessment of the impact on the lives of seniors from culturally diverse communities. A mantra in the cultural communities which resonates with many is “Nothing For Us, or About Us, Without Us.” We understand we are operating in unprecedented times, filled with uncertainty, but meaningful, authentic engagement going forward can provide the equity lens you desire and assist with development of concrete recommendations to improve and transform programs and services. Thank you again for the opportunity to provide feedback. We look forward to continued collaboration to improve health & human services.

Attachments
ref:0000000474:Q27
ref:0000000474:Q28
ref:0000000474:Q29

Amy Barrett
Title: Information Officer
Organization: DHS
Please identify the group you represent: Individual Person
Please list the populations served by your organization, if applicable:
- Communities of Color
- Ethnic and/or racial minorities
- LGBTQIA+
- Native American/American Indian people
- Older adults
- People with apparent and non-apparent disabilities
- Rural populations
- Urban populations
- Veterans

Cost Savings Strategies: Health Care

Health Care Strategy A — Implement Uniform Administration of Non-Emergency Medical Transportation (NEMT)
Health Care A – Comments: No entry

Health Care Strategy B — Modify Certain Medical Assistance Durable Medical Equipment Payment Rates to Match Medicare Rates
Health Care B – Comments: No entry

Health Care Strategy C — Expand Volume Purchasing for Durable Medical Equipment
Health Care C — Comments: No entry

Health Care Strategy D — Expand Use of the MN Encounter Alerting Service
Health Care D — Comments: No entry
Health Care Strategy E — Improve Compliance with Third Party Liability (TPL) Requirements
Health Care E — Comments: No entry

Health Care Strategy F — Require Managed Care Organization (MCO) Competitive Price Bidding
Health Care F — Comments: No entry

Health Care Strategy G — Create Uniform Pharmacy Benefit
Health Care G — Comments: No entry

Health Care Strategy H — Establish Prescription Drug Purchasing Council
Health Care H — Comments: No entry

Health Care Strategy I — Establish Prescription Drug Affordability Commission
Health Care I — Comments: No entry

Cost Savings Strategies: Long-Term Services and Supports (LTSS) for Persons with Disabilities and Older Adults

LTSS Strategy A — Discontinue Grant Programs
LTSS A — Comments: No entry

LTSS Strategy B — Update Absence Factor in Day Services
LTSS B — Comments: No entry

LTSS Strategy C — Change Disability Waiver Family Foster Care Rate Methodology
LTSS C — Comments: No entry

LTSS Strategy D — Curb Residential Costs in Disability Waivers
LTSS D — Comments: No entry

LTSS Strategy E — Require Medicare Enhanced Home Care Benefit
LTSS E — Comments: No entry

LTSS Strategy F — Update Value-Based Reimbursement in Nursing Facilities
LTSS F — Comments: No entry

Strategies focused on Waste, Including Fraud and Program Integrity

Waste Strategy A — Pursue Fraud, Waste, or Abuse Prevention Enhancements
Waste A — Comments: No entry

Waste Strategy B — Reduce Low-Value Services in Minnesota
Waste B — Comments: No entry

Waste Strategy C — Align State and Federal Health Care Privacy Protections
Waste C — Comments: No entry
Strategies focused on Administrative Efficiencies and Simplification

Efficiencies Strategy A — Improve MnCHOICES and LTSS Processes
Efficiencies A — Comments: No entry

Strategies focused on Health Equity

Health Equity Strategy title A — Improve Dental Access in Public Health Care Programs
Health Equity A — Comments: No entry

Health Equity Strategy title B — Ensure Equitable Access to Aging and Disability Service Programs
Health Equity B — Comments: No entry

Health Equity Strategy title C — Redesign Targeted Case Management to Reduce Disparities in Access to Medical, Behavioral and Social Services or Supports
Health Equity C — Comments: No entry

Additional Input
Rent for the Andersen Building downtown St. Paul has to be exhorbitant. Now that the pandemic has required employees working there and in 444 Lafayette to work from home, why not let them continue to do so and save the cost of renting office space? Or if some employees need to be in an office setting, consolidate them at the 444 Lafayette Building. Perhaps the Andersen Building could then be converted into affordable housing, which is clearly desperately needed.

Attachments

Amy Dellwo
Title: VP Public Policy
Organization: NUWAY
Please identify the group you represent: Provider Organization
Please list the populations served by your organization, if applicable:

• Communities of Color
• Ethnic and/or racial minorities
• LGBTQIA+
• Native American/American Indian people
• Older adults
• People with apparent and non-apparent disabilities
• Rural populations
• Urban populations

Cost Savings Strategies: Health Care

Health Care Strategy A — Implement Uniform Administration of Non-Emergency Medical Transportation (NEMT)
Health Care A — Comments: No entry
Health Care Strategy B — Modify Certain Medical Assistance Durable Medical Equipment Payment Rates to Match Medicare Rates

Health Care B — Comments: No entry

Health Care Strategy C — Expand Volume Purchasing for Durable Medical Equipment

Health Care C — Comments: No entry

Health Care Strategy D — Expand Use of the MN Encounter Alerting Service

Health Care D — Comments: This is an example of the kind of tools providers need to do the work DHS would like them to do in terms of reaching out to clients, supporting transitions and integrating health. However, providers do need the resources (human and technological) to fully utilize this information; establish metrics; and implement changes to improve the metrics. As you consider bringing tools online think about how you can help the end user accomplish the work you’d like to see happen. This may be through training; but also easily run reports and the staff to follow up on the results of the reports. The department and the legislature need to support providers with more information about the individuals they are serving; how well the provider is serving its patients; and the ability to compare their performance to other like providers. Both the DHS FFS and MCO entities provide little to no information to providers and therefore they are delivering services in a vacuum.

Health Care Strategy E — Improve Compliance with Third Party Liability (TPL) Requirements

Health Care E — Comments: No entry

Health Care Strategy F — Require Managed Care Organization (MCO) Competitive Price Bidding

Health Care F — Comments: Include in the competitive process the ability to earn bonus points awarded for health plans who include addressing social determinants of health in their proposed contract plans. Areas of emphasis should include homeless populations, those experiencing substance use disorder or a mental health condition, at risk children. Include potential for bonus points for arrangements with x% of their providers with whom they have arranged VBR relationships. Mandate future contracts require managed care entities to provide base level population data and comparison data for their provider groups. Providers do not have the kind of information other systems have access to e.g. CCBHCs whereby they can look at their population of patients on a macro level e.g. chronic health conditions and unable to compare performance.

Health Care Strategy G — Create Uniform Pharmacy Benefit

Health Care G — Comments: No entry

Health Care Strategy H — Establish Prescription Drug Purchasing Council

Health Care H — Comments: No entry

Health Care Strategy I — Establish Prescription Drug Affordability Commission

Health Care I — Comments: No entry

Cost Savings Strategies: Long-Term Services and Supports (LTSS) for Persons with Disabilities and Older Adults

LTSS Strategy A — Discontinue Grant Programs

LTSS A — Comments: No entry

LTSS Strategy B — Update Absence Factor in Day Services

LTSS B — Comments: No entry

Public input on draft report 2020
LTSS Strategy C — Change Disability Waiver Family Foster Care Rate Methodology  
LTSS C — Comments: No entry

LTSS Strategy D — Curb Residential Costs in Disability Waivers  
LTSS D — Comments: No entry

LTSS Strategy E — Require Medicare Enhanced Home Care Benefit  
LTSS E — Comments: No entry

LTSS Strategy F — Update Value-Based Reimbursement in Nursing Facilities  
LTSS F — Comments: No entry

Strategies focused on Waste, Including Fraud and Program Integrity

Waste Strategy A — Pursue Fraud, Waste, or Abuse Prevention Enhancements  
Waste A — Comments: Prioritize investment in analytic software over staff increases. Analytic software will help to identify cases of substantial fraud quickly and could help investigators prioritize their work on actors who are fraudulently billing for services not rendered as opposed to providers who have paperwork out of order.

Waste Strategy B — Reduce Low-Value Services in Minnesota  
Waste B — Comments: No entry

Waste Strategy C — Align State and Federal Health Care Privacy Protections  
Waste C — Comments: No entry

Strategies focused on Administrative Efficiencies and Simplification

Efficiencies Strategy A — Improve MnCHOICES and LTSS Processes  
Efficiencies A — Comments: No entry

Strategies focused on Health Equity

Health Equity Strategy title A — Improve Dental Access in Public Health Care Programs  
Health Equity A — Comments: No entry

Health Equity Strategy title B — Ensure Equitable Access to Aging and Disability Service Programs  
Health Equity B — Comments: No entry

Health Equity Strategy title C — Redesign Targeted Case Management to Reduce Disparities in Access to Medical, Behavioral and Social Services or Supports  
Health Equity C — Comments: No entry

Additional Input

I don't feel the equity analysis provided much information on what to do... mostly more questions asked with little support in how to assess if the strategy met the bar.
Andrea Strobel-Ayres

Title: Regional Ombudsman Supervisor
Organization: OMHDD

Please identify the group you represent: Other

Please list the populations served by your organization, if applicable:

• People with apparent and non-apparent disabilities

Cost Savings Strategies: Health Care

Health Care Strategy A — Implement Uniform Administration of Non-Emergency Medical Transportation (NEMT)
Health Care A – Comments: No entry

Health Care Strategy B — Modify Certain Medical Assistance Durable Medical Equipment Payment Rates to Match Medicare Rates
Health Care B – Comments: No entry

Health Care Strategy C — Expand Volume Purchasing for Durable Medical Equipment
Health Care C — Comments: No entry

Health Care Strategy D — Expand Use of the MN Encounter Alerting Service
Health Care D — Comments: No entry

Health Care Strategy E — Improve Compliance with Third Party Liability (TPL) Requirements
Health Care E — Comments: No entry

Health Care Strategy F — Require Managed Care Organization (MCO) Competitive Price Bidding
Health Care F — Comments: No entry

Health Care Strategy G — Create Uniform Pharmacy Benefit
Health Care G — Comments: No entry

Health Care Strategy H — Establish Prescription Drug Purchasing Council
Health Care H — Comments: No entry

Health Care Strategy I — Establish Prescription Drug Affordability Commission
Health Care I — Comments: No entry
Cost Savings Strategies: Long-Term Services and Supports (LTSS) for Persons with Disabilities and Older Adults

LTSS Strategy A — Discontinue Grant Programs
LTSS A — Comments: No entry

LTSS Strategy B — Update Absence Factor in Day Services
LTSS B — Comments: OMHDD is concerned that this rate factor reduction from 9.4% to 4.5% could have the unintended consequence of reducing service providers and/or services provided. Day Services providers were closed for a significant amount of time due to COVID-19 and are only now opening in a very limited capacity. Consumer attendance will likely continue to fluctuate due to ongoing safety concerns and providers need to stay viable. Any further reductions in payment rates could lead to fewer providers, fewer services and fewer consumers having access to these important opportunities.

LTSS Strategy C — Change Disability Waiver Family Foster Care Rate Methodology
LTSS C — Comments: No entry

LTSS Strategy D — Curb Residential Costs in Disability Waivers
LTSS D — Comments: OMHDD supports efforts to help Adult Foster Care and Customized Living residents move to more independent settings but not at the expense of statewide bed capacity. This proposal seems to indicate that once a person moves out of an Adult Foster Care or Customized Living, that bed may be eliminated which is, at best, a zero-sum game and, at worst, a loss in statewide capacity that would discourage some service providers, counties, and/or guardians from exploring independent setting options. OMHDD supports efforts to assist individuals wanting more independent living arrangements as it not only benefits the individuals moving to the more integrated setting in the community, it would also result in opening up those Adult Foster Home or Customized Living beds to others that need them but cannot find an opening with capacity to meet their needs. Significant cost savings would result from getting individuals out of hospitals and other expensive institutional settings.

LTSS Strategy E — Require Medicare Enhanced Home Care Benefit
LTSS E — Comments: No entry

LTSS Strategy F — Update Value-Based Reimbursement in Nursing Facilities
LTSS F — Comments: No entry

Strategies focused on Waste, Including Fraud and Program Integrity

Waste Strategy A — Pursue Fraud, Waste, or Abuse Prevention Enhancements
Waste A — Comments: No entry

Waste Strategy B — Reduce Low-Value Services in Minnesota
Waste B — Comments: No entry

Waste Strategy C — Align State and Federal Health Care Privacy Protections
Waste C — Comments: OMHDD would have concerns about creating any limitations on patients’ right of access to their mental health records, including psychotherapy notes, which is granted by the MN Health Records Act and not HIPAA. OMHDD would also have concerns about any alignment that impacted or eliminated the Family Involvement Law, (as outlined in MN 144.294 Subd. 3) allowing for limited, yet important, information sharing with caretakers providing support to individuals with mental illness, including those who may be experiencing a crisis.
Strategies focused on Administrative Efficiencies and Simplification

Efficiencies Strategy A — Improve MnCHOICES and LTSS Processes

Efficiencies A — Comments: OMHDD supports this effort to improve the assessment and eligibility process. OMHDD also supports the production of a consumer-friendly guide that could assist individuals and families in better understanding the process and the service options available.

Strategies focused on Health Equity

Health Equity Strategy title A — Improve Dental Access in Public Health Care Programs

Health Equity A — Comments: No entry

Health Equity Strategy title B — Ensure Equitable Access to Aging and Disability Service Programs

Health Equity B — Comments: OMHDD supports this effort to increase access to waiver services to POC.

Health Equity Strategy title C — Redesign Targeted Case Management to Reduce Disparities in Access to Medical, Behavioral and Social Services or Supports

Health Equity C — Comments: OMHDD supports this effort to expand eligibility for TCM to allow individuals earlier access. Earlier access to the services could reduce the need for more costly services in the longer term. OMHDD also supports developing a statewide rate structure so TCM services is equitable for individuals regardless of where they reside.

Additional Input

1. Framework Align Corporate Residential Billing with Rate OMHDD is concerned that further limiting the billable days for Corporate Foster Care providers could lead to decreased access to residential care for those individuals most in need of this level of care. Currently, the rate structure allows providers to absorb approximately 14 “absent” days/year. This helps providers remain solvent during those times when a consumer is away, for any reason, and the home cannot bill for services. For many, people with disabilities, health issues, including mental health issues, may require days away from their Corporate Foster Care setting. Providers may become reluctant to accept residents with a known history of needing days away from home if they perceive the financial impact to be too substantial. OMHDD would have concerns about changes that would financially disincentivize providers from serving individuals who may need, or want, more than 14 days away from the home per year. These are often the same consumers who need the support this level of care provides.

2. Curb Customized Living Service Rate Growth OMHDD supports this proposal insofar as it is aimed at reducing the excessive rate requests of providers who are not equipped to provide the level of service they advertise. There is a growing concern about the rapid increase in CL Customized Living facilities that are, for all intents and purposes, set up like Corporate Foster Care but because of their designation do not have to follow the statutory regulations required of Corporate Foster Care homes. This leaves very vulnerable clients at serious risk to their health, safety, and rights.

Attachments

Ann Bailey

Title: President

Organization: DARTS

Please identify the group you represent: Provider Organization

Please list the populations served by your organization, if applicable:

- Older adults
Cost Savings Strategies: Health Care

Health Care Strategy A — Implement Uniform Administration of Non-Emergency Medical Transportation (NEMT)

Health Care A – Comments: DARTS agrees that more access to affordable ride option to medical appointments and for those needing specialized medical transit will improve health for Minnesotans. These rides are currently provided state-wide by a widely varying group of service providers - from volunteer drivers, to organizations like DARTS to specialized medical transit. To expect one administrator to effectively contract with such varying providers seems unlikely. The Administrator will consolidate to a few providers, similar to Metro Mobility’s model, and the provider will need to service the highest medical need for the rider, which may mean people are traveling in more expensive transit than previously. This recommendation needs a well-defined scope to ensure that the use of the costliest ride type does not increase with this proposal.

Health Care Strategy B — Modify Certain Medical Assistance Durable Medical Equipment Payment Rates to Match Medicare Rates

Health Care B – Comments: No Comment

Health Care Strategy C — Expand Volume Purchasing for Durable Medical Equipment

Health Care C — Comments: No comment

Health Care Strategy D — Expand Use of the MN Encounter Alerting Service

Health Care D — Comments: This seems like a good strategy. Does the alerting system rely upon reliable internet and cell phone service? If so, the proposal needs a rollout plan to ensure all are in an area where the technology can be used.

Health Care Strategy E — Improve Compliance with Third Party Liability (TPL) Requirements

Health Care E — Comments: No comment

Health Care Strategy F — Require Managed Care Organization (MCO) Competitive Price Bidding

Health Care F — Comments: No comment

Health Care Strategy G — Create Uniform Pharmacy Benefit

Health Care G — Comments: No comment

Health Care Strategy H — Establish Prescription Drug Purchasing Council

Health Care H — Comments: If there is a way to curb pharmaceutical costs without affecting quality, this would be a huge win for the senior community and those of any age.

Health Care Strategy I — Establish Prescription Drug Affordability Commission

Health Care I — Comments: No comment

Cost Savings Strategies: Long-Term Services and Supports (LTSS) for Persons with Disabilities and Older Adults

LTSS Strategy A — Discontinue Grant Programs

LTSS A — Comments: No comment
LTSS Strategy B — Update Absence Factor in Day Services

LTSS B — Comments: Adult Day centers are vital for those caring for an older adult, particularly working caregivers. Many of DARTS clients relying upon Adult Day cannot afford this level of care at market rate. Our observation is that lower income people canceling a DARTS appointment are doing so because of a medical reason, not a planned vacation and we believe this is true in Adult Day settings as well. Last minute cancellations mean the facility has already purchased most supplies for the day and staff cannot be adjusted down. Costs do not decrease because of absence. We feel if this strategy is implemented, the state savings would come at the cost of some adult day services stopping their operations, which would be bad for the participants and their caregiving family members. When working caregivers reduce their income by reducing hours or leaving the workforce, the burden of needing supports as people age will continue into the next generation.

LTSS Strategy C — Change Disability Waiver Family Foster Care Rate Methodology

LTSS C — Comments: No comment

LTSS Strategy D — Curb Residential Costs in Disability Waivers

LTSS D — Comments: No comment

LTSS Strategy E — Require Medicare Enhanced Home Care Benefit

LTSS E — Comments: This has the potential to be a great benefit and savings could be large. DARTS is hearing from our home services and transportation clients a greater determination to stay in their own homes due to feel of pandemic spread and isolation from family during a pandemic. Some health plans currently cover cleaning or yardwork costs. As this is being studied, it needs to be in conjunction with reviewing the waiver reimbursement rates for these same services. Currently insurance plans reimburse at the state-set waiver rates. Some of those rates are too low to cover the costs of services, so DARTS limits the number of people we serve paying with waivers, to ensure we have a sustainable business model. The excitement of insurance coverage will be quickly lost if people are not able to serve due to the reimbursement rates.

LTSS Strategy F — Update Value-Based Reimbursement in Nursing Facilities

LTSS F — Comments: The work in how long term care facilities can be reimbursed needs further study in the COVID-affected world. Facilities were built with assumed capacity levels which may not be achievable in the pandemic and post-pandemic world. Fixed costs for the facilities will remain the same, which means the cost reimbursement per resident may actually need to increase.

Strategies focused on Waste, Including Fraud and Program Integrity

Waste Strategy A — Pursue Fraud, Waste, or Abuse Prevention Enhancements

Waste A — Comments: No comment

Waste Strategy B — Reduce Low-Value Services in Minnesota

Waste B — Comments: Without the definition of "low value" this is difficult to evaluate. Often, we hear from county or city entities the concept that "we spend $x so for y riders." In aging services, the people we help directly, even if few in number, benefit a larger number. A senior volunteering in a school helps a classroom of 20 children over the year; a senior riding with us for groceries reduces their own isolation and the health costs which can occur and the care partners in their circle have a task and its stress removed, etc. Value cannot be defined by quantity, in our opinion.

Waste Strategy C — Align State and Federal Health Care Privacy Protections

Waste C — Comments: No comment
Strategies focused on Administrative Efficiencies and Simplification

Efficiencies Strategy A — Improve MnCHOICES and LTSS Processes

Efficiencies A — Comments: No comment

Strategies focused on Health Equity

Health Equity Strategy title A — Improve Dental Access in Public Health Care Programs

Health Equity A — Comments: Dental care is linked to overall health and we support efforts to make affordable dental care available for anyone, particularly the older population.

Health Equity Strategy title B — Ensure Equitable Access to Aging and Disability Service Programs

Health Equity B — Comments: We agree with this work and add the LGBTQ community to the list. As this strategy is implemented, it will be critical to not add administrative overhead to the agencies providing the services. Sometimes state provided questionnaires are off-putting to older clients as they are viewed as too intrusive.

Health Equity Strategy title C — Redesign Targeted Case Management to Reduce Disparities in Access to Medical, Behavioral and Social Services or Supports

Health Equity C — Comments: No comment

Additional Input

Thank you to all the Blue Ribbon Commission members and the state staff who worked to provide the group the data. These are difficult discussions and there is an opportunity to really transform how we deliver services, keeping Minnesota on a leading edge. We are a great state in which to age!

Attachments

Bentley Graves

Title: Director, Health Care & Transportation Policy
Organization: Minnesota Chamber of Commerce

Please identify the group you represent: Professional Association

Please list the populations served by your organization, if applicable:
- Other

Cost Savings Strategies: Health Care

Health Care Strategy A — Implement Uniform Administration of Non-Emergency Medical Transportation (NEMT)

Health Care A – Comments: No entry

Health Care Strategy B — Modify Certain Medical Assistance Durable Medical Equipment Payment Rates to Match Medicare Rates

Health Care B – Comments: No entry
Health Care Strategy C — Expand Volume Purchasing for Durable Medical Equipment
Health Care C — Comments: No entry

Health Care Strategy D — Expand Use of the MN Encounter Alerting Service
Health Care D — Comments: No entry

Health Care Strategy E — Improve Compliance with Third Party Liability (TPL) Requirements
Health Care E — Comments: No entry

Health Care Strategy F — Require Managed Care Organization (MCO) Competitive Price Bidding
Health Care F — Comments: No entry

Health Care Strategy G — Create Uniform Pharmacy Benefit
Health Care G — Comments: No entry

Health Care Strategy H — Establish Prescription Drug Purchasing Council
Health Care H — Comments: No entry

Health Care Strategy I — Establish Prescription Drug Affordability Commission
Health Care I — Comments: No entry

Cost Savings Strategies: Long-Term Services and Supports (LTSS) for Persons with Disabilities and Older Adults

LTSS Strategy A — Discontinue Grant Programs
LTSS A — Comments: No entry

LTSS Strategy B — Update Absence Factor in Day Services
LTSS B — Comments: No entry

LTSS Strategy C — Change Disability Waiver Family Foster Care Rate Methodology
LTSS C — Comments: No entry

LTSS Strategy D — Curb Residential Costs in Disability Waivers
LTSS D — Comments: No entry

LTSS Strategy E — Require Medicare Enhanced Home Care Benefit
LTSS E — Comments: No entry

LTSS Strategy F — Update Value-Based Reimbursement in Nursing Facilities
LTSS F — Comments: No entry

Strategies focused on Waste, Including Fraud and Program Integrity

Waste Strategy A — Pursue Fraud, Waste, or Abuse Prevention Enhancements
Waste A — Comments: No entry
Waste Strategy B — Reduce Low-Value Services in Minnesota
Waste B — Comments: No entry

Waste Strategy C — Align State and Federal Health Care Privacy Protections
Waste C — Comments: No entry

Strategies focused on Administrative Efficiencies and Simplification

Efficiencies Strategy A — Improve MnCHOICES and LTSS Processes
Efficiencies A — Comments: No entry

Strategies focused on Health Equity

Health Equity Strategy title A — Improve Dental Access in Public Health Care Programs
Health Equity A — Comments: No entry

Health Equity Strategy title B — Ensure Equitable Access to Aging and Disability Service Programs
Health Equity B — Comments: No entry

Health Equity Strategy title C — Redesign Targeted Case Management to Reduce Disparities in Access to Medical, Behavioral and Social Services or Supports
Health Equity C — Comments: No entry

Additional Input
No entry

Attachments
ref:0000000462:Q27

Carmelo Cinqueonce
Title: Executive Director
Organization: Minnesota Dental Association
Please identify the group you represent: Professional Association
Please list the populations served by your organization, if applicable:
• Professional society representing dentists.

Cost Savings Strategies: Health Care

Health Care Strategy A — Implement Uniform Administration of Non-Emergency Medical Transportation (NEMT)
Health Care A — Comments: No entry
Health Care Strategy B — Modify Certain Medical Assistance Durable Medical Equipment Payment Rates to Match Medicare Rates

Health Care B — Comments: No entry

Health Care Strategy C — Expand Volume Purchasing for Durable Medical Equipment

Health Care C — Comments: No entry

Health Care Strategy D — Expand Use of the MN Encounter Alerting Service

Health Care D — Comments: No entry

Health Care Strategy E- Improve Compliance with Third Party Liability (TPL) Requirements

Health Care E — Comments: No entry

Health Care Strategy F — Require Managed Care Organization (MCO) Competitive Price Bidding

Health Care F — Comments: No entry

Health Care Strategy G — Create Uniform Pharmacy Benefit

Health Care G — Comments: No entry

Health Care Strategy H — Establish Prescription Drug Purchasing Council

Health Care H — Comments: No entry

Health Care Strategy I — Establish Prescription Drug Affordability Commission

Health Care I — Comments: No entry

Cost Savings Strategies: Long-Term Services and Supports (LTSS) for Persons with Disabilities and Older Adults

LTSS Strategy A — Discontinue Grant Programs

LTSS A — Comments: No entry

LTSS Strategy B — Update Absence Factor in Day Services

LTSS B — Comments: No entry

LTSS Strategy C — Change Disability Waiver Family Foster Care Rate Methodology

LTSS C — Comments: No entry

LTSS Strategy D — Curb Residential Costs in Disability Waivers

LTSS D — Comments: No entry

LTSS Strategy E — Require Medicare Enhanced Home Care Benefit

LTSS E — Comments: No entry

LTSS Strategy F — Update Value-Based Reimbursement in Nursing Facilities

LTSS F — Comments: No entry
Strategies focused on Waste, Including Fraud and Program Integrity

Waste Strategy A — Pursue Fraud, Waste, or Abuse Prevention Enhancements
Waste A — Comments: No entry

Waste Strategy B — Reduce Low-Value Services in Minnesota
Waste B — Comments: No entry

Waste Strategy C — Align State and Federal Health Care Privacy Protections
Waste C — Comments: No entry

Strategies focused on Administrative Efficiencies and Simplification

Efficiencies Strategy A — Improve MnCHOICES and LTSS Processes
Efficiencies A — Comments: No entry

Strategies focused on Health Equity

Health Equity Strategy title A — Improve Dental Access in Public Health Care Programs
Health Equity A — Comments: The Minnesota Dental Association (MDA) has historically advocated for administrative simplification for medical assistance dental benefits. The current dental medical assistance program is complex and the proposed change will drastically improve transparency. A simplified administrative system will improve accountability by giving DHS more authority to prevent inappropriate billing practices and protect the use of public funds. Transitioning to this new system would save the state dollars which can be better used to provide quality care. Minnesota ranks at the bottom for reimbursement rates for dental services. These low reimbursement rates make it financially difficult for dental clinics to participate in the program. For dentists who are able to participate, many are limited on how many patients they can afford to serve. Raising the reimbursement rates for dental care is essential to improving oral health outcomes in Minnesota by improving dental participation rates.

Health Equity Strategy title B — Ensure Equitable Access to Aging and Disability Service Programs
Health Equity B — Comments: No entry

Health Equity Strategy title C — Redesign Targeted Case Management to Reduce Disparities in Access to Medical, Behavioral and Social Services or Supports
Health Equity C — Comments: No entry

Additional Input
No entry

Attachments

Colleen Krick
Title: Director of Licensing and Recruitment
Organization: Interact Center for the Visual and Performing Arts
Please identify the group you represent: Provider Organization
Please list the populations served by your organization, if applicable:
• Communities of Color
• Ethnic and/or racial minorities
• LGBTQIA+
• Native American/American Indian people
• Older adults
• People with apparent and non-apparent disabilities
• Rural populations
• Urban populations

Cost Savings Strategies: Health Care

Health Care Strategy A — Implement Uniform Administration of Non-Emergency Medical Transportation (NEMT)
Health Care A – Comments: No entry

Health Care Strategy B — Modify Certain Medical Assistance Durable Medical Equipment Payment Rates to Match Medicare Rates
Health Care B – Comments: No entry

Health Care Strategy C — Expand Volume Purchasing for Durable Medical Equipment
Health Care C — Comments: No entry

Health Care Strategy D — Expand Use of the MN Encounter Alerting Service
Health Care D — Comments: No entry

Health Care Strategy E — Improve Compliance with Third Party Liability (TPL) Requirements
Health Care E — Comments: No entry

Health Care Strategy F — Require Managed Care Organization (MCO) Competitive Price Bidding
Health Care F — Comments: No entry

Health Care Strategy G — Create Uniform Pharmacy Benefit
Health Care G — Comments: No entry

Health Care Strategy H — Establish Prescription Drug Purchasing Council
Health Care H — Comments: No entry

Health Care Strategy I — Establish Prescription Drug Affordability Commission
Health Care I — Comments: No entry

Cost Savings Strategies: Long-Term Services and Supports (LTSS) for Persons with Disabilities and Older Adults

LTSS Strategy A — Discontinue Grant Programs
LTSS A — Comments: No entry
LTSS Strategy B — Update Absence Factor in Day Services

LTSS B — Comments: I work at Interact Center a non-profit provider of Adult Day services for Minnesotans with disabilities. I am very concerned about the proposal to reduce the Day Service Absence Factor. With the destabilizing financial impacts caused by COVID19, this rate cut of approximately 5% would further damage the already fragile infrastructure for day services for individuals with disabilities. Non-profit day service providers have expressed to DHS for years specific concerns about the analysis behind DHS data, and have asked on multiple occasions to work with DHS to re-examine the data. You state you would like to REDUCE the absence factor to a level “supported by data analysis.” Per our own organization data, you would actually need to INCREASE this factor to 18.5% to accurately reflect our need when clients are unexpectedly absent from our program. In 2019 the average attendance for our clients was only 81.5%, not including planned absences fro

LTSS Strategy C — Change Disability Waiver Family Foster Care Rate Methodology

LTSS C — Comments: I work at Interact Center a non-profit provider of Adult Day services for Minnesotans with disabilities. I am very concerned about the proposal to reduce the Day Service Absence Factor. With the destabilizing financial impacts caused by COVID19, this rate cut of 5% would further damage the already fragile infrastructure for day services for individuals with disabilities. We seriously question where DHS is getting their data. You state you would like to REDUCE the absence factor to a level “supported by data analysis.” Per our own organization data, you would actually need to INCREASE this factor to 18.5% for an accurate representation. In 2019 the average attendance for our clients was only 81.5%, not including planned absences or snow day closures. When looking specifically at our department with high numbers of individuals with mental illness, that number is closer to 74%. How is it that DHS is finding data supporting only a 5% absence factor? We urge you to reconsider this cut.

LTSS Strategy D — Curb Residential Costs in Disability Waivers

LTSS D — Comments: No entry

LTSS Strategy E — Require Medicare Enhanced Home Care Benefit

LTSS E — Comments: No entry

LTSS Strategy F — Update Value-Based Reimbursement in Nursing Facilities

LTSS F — Comments: No entry

Strategies focused on Waste, Including Fraud and Program Integrity

Waste Strategy A — Pursue Fraud, Waste, or Abuse Prevention Enhancements

Waste A — Comments: No entry

Waste Strategy B — Reduce Low-Value Services in Minnesota

Waste B — Comments: No entry

Waste Strategy C — Align State and Federal Health Care Privacy Protections

Waste C — Comments: No entry

Strategies focused on Administrative Efficiencies and Simplification

Efficiencies Strategy A — Improve MnCHOICES and LTSS Processes

Efficiencies A — Comments: No entry
Strategies focused on Health Equity

Health Equity Strategy title A — Improve Dental Access in Public Health Care Programs
Health Equity A — Comments: No entry

Health Equity Strategy title B — Ensure Equitable Access to Aging and Disability Service Programs
Health Equity B — Comments: No entry

Health Equity Strategy title C — Redesign Targeted Case Management to Reduce Disparities in Access to Medical, Behavioral and Social Services or Supports
Health Equity C — Comments: No entry

Additional Input
For further information about the “LTSS Strategy B- Update Absence Factor in Day Services” impact on access to services, see the multiple letters of concern shared with the Commission on page 75 of the draft final report.

Attachments

Cynthia Bennett

Title: Aitkin County Public Health & Human Services Director
Organization: Region 3 Public Health & Human Services Directors
Please identify the group you represent: Northeast Minnesota - Region 3 Public Health & Human Services Directors
Please list the populations served by your organization, if applicable:
- Communities of Color
- Ethnic and/or racial minorities
- LGBTQIA+
- Native American/American Indian people
- Older adults
- People with apparent and non-apparent disabilities
- Rural populations
- Urban populations
- Veterans

Cost Savings Strategies: Health Care

Health Care Strategy A — Implement Uniform Administration of Non-Emergency Medical Transportation (NEMT)
Health Care A – Comments: No entry

Health Care Strategy B — Modify Certain Medical Assistance Durable Medical Equipment Payment Rates to Match Medicare Rates
Health Care B – Comments: No entry

Health Care Strategy C — Expand Volume Purchasing for Durable Medical Equipment
Health Care C — Comments: No entry
Health Care Strategy D — Expand Use of the MN Encounter Alerting Service
Health Care D — Comments: No entry

Health Care Strategy E- Improve Compliance with Third Party Liability (TPL) Requirements
Health Care E — Comments: No entry

Health Care Strategy F — Require Managed Care Organization (MCO) Competitive Price Bidding
Health Care F — Comments: No entry

Health Care Strategy G — Create Uniform Pharmacy Benefit
Health Care G — Comments: No entry

Health Care Strategy H — Establish Prescription Drug Purchasing Council
Health Care H — Comments: No entry

Health Care Strategy I — Establish Prescription Drug Affordability Commission
Health Care I — Comments: No entry

Cost Savings Strategies: Long-Term Services and Supports (LTSS) for Persons with Disabilities and Older Adults

LTSS Strategy A — Discontinue Grant Programs
LTSS A — Comments: No entry

LTSS Strategy B — Update Absence Factor in Day Services
LTSS B — Comments: No entry

LTSS Strategy C — Change Disability Waiver Family Foster Care Rate Methodology
LTSS C — Comments: No entry

LTSS Strategy D — Curb Residential Costs in Disability Waivers
LTSS D — Comments: No entry

LTSS Strategy E — Require Medicare Enhanced Home Care Benefit
LTSS E — Comments: No entry

LTSS Strategy F — Update Value-Based Reimbursement in Nursing Facilities
LTSS F — Comments: No entry

Strategies focused on Waste, Including Fraud and Program Integrity

Waste Strategy A — Pursue Fraud, Waste, or Abuse Prevention Enhancements
Waste A — Comments: No entry

Waste Strategy B — Reduce Low- Value Services in Minnesota
Waste B — Comments: No entry
Waste Strategy C — Align State and Federal Health Care Privacy Protections

Waste C — Comments: No entry

Strategies focused on Administrative Efficiencies and Simplification

Efficiencies Strategy A — Improve MnCHOICES and LTSS Processes

Efficiencies A — Comments: No entry

Strategies focused on Health Equity

Health Equity Strategy title A — Improve Dental Access in Public Health Care Programs

Health Equity A — Comments: No entry

Health Equity Strategy title B — Ensure Equitable Access to Aging and Disability Service Programs

Health Equity B — Comments: No entry

Health Equity Strategy title C — Redesign Targeted Case Management to Reduce Disparities in Access to Medical, Behavioral and Social Services or Supports

Health Equity C — Comments: No entry

Additional Input

Of the original 42 strategies considered, 20 were not fully reviewed. The Public Health & Human Services Directors from Region 3, including the counties of Aitkin, Carlton, Cook, Itasca, Koochiching, Lake & St. Louis, encourage the Blue Ribbon Commission to further explore one of the strategies that was not fully reviewed, #7, "Develop a Single, Inter-Operable, Secure, Low-Cost Telepresence Network". The attached document further explains why we believe this is important for the people of Minnesota, and impacts all five of the goal areas for the Blue Ribbon Commission.

Attachments
ref:0000000339:Q27

Danny Ackert

Title: Director of Public Policy

Organization: Minnesota Association of Community Health Centers

Please identify the group you represent: Professional Association

Please list the populations served by your organization, if applicable:

- Communities of Color
- Ethnic and/or racial minorities
- LGBTQIA+
- Native American/American Indian people
- Older adults
- Rural populations
- Urban populations
- Veterans
Cost Savings Strategies: Health Care

Health Care Strategy A — Implement Uniform Administration of Non-Emergency Medical Transportation (NEMT)
Health Care A — Comments: No entry

Health Care Strategy B — Modify Certain Medical Assistance Durable Medical Equipment Payment Rates to Match Medicare Rates
Health Care B — Comments: No entry

Health Care Strategy C — Expand Volume Purchasing for Durable Medical Equipment
Health Care C — Comments: No entry

Health Care Strategy D — Expand Use of the MN Encounter Alerting Service
Health Care D — Comments: Minnesota’s 17 FQHCs participate in DHS’ IHP program which uses the MN Encounter Alerting Service to facilitate a significantly higher capacity of care coordination for both patients and providers. Most prominently, access to hospital and discharge information has created the greatest opportunity for gains at FQHCs serving in a primary care role. Such access to alerts has resulted in significant savings and gains in health equity for FQHC patients and their communities. We encourage the Commission to pursue this strategy in order to make it easier for more MN providers to communicate, plan, and coordinate on behalf of their patients to increase positive health outcomes and deliver savings. We also urge the Commission to consider options to prioritize providers that have documented experience providing care to underserved Minnesotans in order to leverage expertise in caring for geographic, racial, and ethnic communities that experience intense health disparities.

Health Care Strategy E — Improve Compliance with Third Party Liability (TPL) Requirements
Health Care E — Comments: No entry

Health Care Strategy F — Require Managed Care Organization (MCO) Competitive Price Bidding
Health Care F — Comments: MNACHC encourages the Commission to pursue and implement this strategy without creating unintended consequences for Minnesotans served by MCOs that result in disruptions to coverage, access to providers, and continuity of care. We encourage the Commission to consider options to contract directly with IHP and ACO organizations in the bidding process to increase competition and continually prioritize the patient and their needs. Further, the Commission should explore requirements and incentives through the competitive bidding process for investment into primary care services, specifically for at-risk communities in underserved communities across geographic, racial, and ethnic barriers. Such investment should account for services that have a meaningful impact on social determinants of health (SDOH).

Health Care Strategy G — Create Uniform Pharmacy Benefit
Health Care G — Comments: No entry

Health Care Strategy H — Establish Prescription Drug Purchasing Council
Health Care H — Comments: No entry

Health Care Strategy I — Establish Prescription Drug Affordability Commission
Health Care I — Comments: No entry
Cost Savings Strategies: Long-Term Services and Supports (LTSS) for Persons with Disabilities and Older Adults

LTSS Strategy A — Discontinue Grant Programs
LTSS A — Comments: No entry

LTSS Strategy B — Update Absence Factor in Day Services
LTSS B — Comments: No entry

LTSS Strategy C — Change Disability Waiver Family Foster Care Rate Methodology
LTSS C — Comments: No entry

LTSS Strategy D — Curb Residential Costs in Disability Waivers
LTSS D — Comments: No entry

LTSS Strategy E — Require Medicare Enhanced Home Care Benefit
LTSS E — Comments: No entry

LTSS Strategy F — Update Value-Based Reimbursement in Nursing Facilities
LTSS F — Comments: No entry

Strategies focused on Waste, Including Fraud and Program Integrity

Waste Strategy A — Pursue Fraud, Waste, or Abuse Prevention Enhancements
Waste A — Comments: MNACHC encourages the Commission to develop a sufficiently balanced approach to creating new fraud, waste and abuse prevention enhancements that includes the explicit intent to not overburden providers. MN’s FQHCs have uniquely rigorous federal oversight and compliance requirements that already maintain explicit guardrails against fraud, waste and abuse. However, we recognize the need to eliminate fraud, waste, and abuse whenever possible and providers must be able to participate in that effort with an appropriate level of ease that upholds integrity without creating additional costs to providers. Minnesota’s FQHCs have a 50-year track record of providing transparent and thoughtfully regulated stewardship of the Medical Assistance program and other public funds. MNACHC supports the continuation of such success and urges the Commission to pursue this strategy with provider participation, transparency and consideration for unintended consequences.

Waste Strategy B — Reduce Low-Value Services in Minnesota
Waste B — Comments: MNACHC strongly urges the Commission to work closely with patients and providers to sufficiently account for preference and efficacy in determining which services are of high- and low-value relative to this strategy, specifically through a lens of geographic, racial and cultural competency. We are concerned that an arbitrary definition of value could and/or would interfere with the patient-provider relationship in such a way that negatively impacts the patient, their community, and their trust in their provider of choice. We are also concerned that a blanket definition of value may create imprecise comparisons between levels of care - primary care vs. emergency care - and as a result fail to recognize the nuance and distinction between service providers, locations, and patient populations. Further, we urge the Commission to explore methods to address waste and decrease low-value care through increased and sustainable investment in preventative primary care services.

Waste Strategy C — Align State and Federal Health Care Privacy Protections
Waste C — Comments: MNACHC supports this strategy and strongly recommends the Commission to align state and federal privacy requirements. Unnecessary complexity resulting from the current misalignment too often results in patients and providers unable to complete treatment plans on time, receive and request appropriate care, and
experience the level of care needed. The current state requirement for patient consent for disclosure is uniquely burdensome on underserved communities and communities suffering from significant health disparities. For example, Minnesotans in rural communities can not simply stop by their provider office that is 50 miles away to sign a federally-unnecessary consent form that is “needed” but adds no benefit to the patient. Minnesota’s uniquely burdensome privacy requirements ultimately prevent providers from fully leveraging available data-sharing capabilities that keep data safe and secure, and also benefit the patient, maximize savings, and prevent administrative waste.

Strategies focused on Administrative Efficiencies and Simplification

Efficiencies Strategy A — Improve MnCHOICES and LTSS Processes
Efficiencies A — Comments: No entry

Strategies focused on Health Equity

Health Equity Strategy title A — Improve Dental Access in Public Health Care Programs
Health Equity A — Comments: MNACHC encourages the Commission to pursue this strategy to the extent that a single administrator and new rate methodology will improve access to dental care for MHCP enrollees and will not negatively impact critical access dental providers. MN’s FQHCs serve as a dental safety net in underserved communities statewide and any changes that create real gains in access to dental care across geographical, racial, and ethnic groups must be pursued. Be that as it may, a prevailing challenge for dental access remains a strained dental workforce that can and actually will provide dental care to Minnesotans on MA and/or MinnesotaCare. This strategy must hold critical access providers harmless due to their unique capacity and willingness to treat underserved communities. Further, the potential savings from this strategy must be combined with other efforts to support dental workforce entry at all levels of practice such that demand can be met regardless of a potential new rate methodology.

Health Equity Strategy title B — Ensure Equitable Access to Aging and Disability Service Programs
Health Equity B — Comments: No entry

Health Equity Strategy title C — Redesign Targeted Case Management to Reduce Disparities in Access to Medical, Behavioral and Social Services or Supports
Health Equity C — Comments: MNACHC encourages the Commission to consider all options to increase access to coordinated public benefits and social services in order to meet a person’s basic needs beyond medical and behavioral health care. Minnesota’s FQHCs provide comprehensive primary care to disproportionately poor, underserved, and diverse communities statewide that experience intense health disparities that too often interfere with the best possible health outcome for the patient and their community. Increasing access to stable housing, reliable transportation, healthy food, childcare, education and job training is necessary for Minnesota to soundly address pervasive health disparities and the impacts of poverty on health. As the Commission works to establish new TCM rate methodologies for counties and their subcontracted vendors, we encourage the Commission to consider modeling such methodologies after established FQHC cost-based reimbursement principles regulated in federal law.

Additional Input
No entry

Attachments

Dave Lee, MA, LP, LMFT, LICSW
Title: Chair
Organization: Minnesota State Advisory Council on Mental Health/Subcommittee on Children’s Mental Health
Please identify the group you represent: State Advisory Council on Mental Health/Subcommittee on Children's Mental Health

Please list the populations served by your organization, if applicable:

- Communities of Color
- Ethnic and/or racial minorities
- LGBTQIA+
- Native American/American Indian people
- Older adults
- People with apparent and non-apparent disabilities
- Rural populations
- Urban populations
- Veterans

Cost Savings Strategies: Health Care

Health Care Strategy A — Implement Uniform Administration of Non-Emergency Medical Transportation (NEMT)

Health Care A – Comments: No entry

Health Care Strategy B — Modify Certain Medical Assistance Durable Medical Equipment Payment Rates to Match Medicare Rates

Health Care B – Comments: No entry

Health Care Strategy C — Expand Volume Purchasing for Durable Medical Equipment

Health Care C — Comments: No entry

Health Care Strategy D — Expand Use of the MN Encounter Alerting Service

Health Care D — Comments: No entry

Health Care Strategy E- Improve Compliance with Third Party Liability (TPL) Requirements

Health Care E — Comments: No entry

Health Care Strategy F — Require Managed Care Organization (MCO) Competitive Price Bidding

Health Care F — Comments: No entry

Health Care Strategy G — Create Uniform Pharmacy Benefit

Health Care G — Comments: No entry

Health Care Strategy H — Establish Prescription Drug Purchasing Council

Health Care H — Comments: No entry

Health Care Strategy I — Establish Prescription Drug Affordability Commission

Health Care I — Comments: No entry
Cost Savings Strategies: Long-Term Services and Supports (LTSS) for Persons with Disabilities and Older Adults

LTSS Strategy A — Discontinue Grant Programs
LTSS A — Comments: No entry

LTSS Strategy B — Update Absence Factor in Day Services
LTSS B — Comments: No entry

LTSS Strategy C — Change Disability Waiver Family Foster Care Rate Methodology
LTSS C — Comments: No entry

LTSS Strategy D — Curb Residential Costs in Disability Waivers
LTSS D — Comments: No entry

LTSS Strategy E — Require Medicare Enhanced Home Care Benefit
LTSS E — Comments: No entry

LTSS Strategy F — Update Value-Based Reimbursement in Nursing Facilities
LTSS F — Comments: No entry

Strategies focused on Waste, Including Fraud and Program Integrity

Waste Strategy A — Pursue Fraud, Waste, or Abuse Prevention Enhancements
Waste A — Comments: No entry

Waste Strategy B — Reduce Low-Value Services in Minnesota
Waste B — Comments: No entry

Waste Strategy C — Align State and Federal Health Care Privacy Protections
Waste C — Comments: No entry

Strategies focused on Administrative Efficiencies and Simplification

Efficiencies Strategy A — Improve MnCHOICES and LTSS Processes
Efficiencies A — Comments: No entry

Strategies focused on Health Equity

Health Equity Strategy title A — Improve Dental Access in Public Health Care Programs
Health Equity A — Comments: No entry

Health Equity Strategy title B — Ensure Equitable Access to Aging and Disability Service Programs
Health Equity B — Comments: No entry
Additional Input

The State Advisory Council on Mental Health and Subcommittee on Children’s Mental Health feel very strongly that the Commission should explore the development of a single, interoperable, secure telepresence network. This recommendation had strong merit pre-COVID, and is now clearly a priority need for public and private sectors. It will increase access to necessary services and promote effective collaboration among service providers. Telepresence can maximize the use of existing workforce capacity by reducing windshield time for clients/providers, reducing/eliminating lost time due to cancelled appointments, and providing access to services in homes/community-based settings across the state. Telepresence supports person-centered care, regardless of where in the state an individual resides. Allowing telemedicine visits, including phone calls, to be reimbursed at par with face-to-face visits has allowed greater access to services for underserved populations. We ask that you take the time to research the development of an interoperable telepresence network; its creation would support ALL Minnesotans to access vital mental health services.

Attachments
ref:0000000364:Q27

Dawn Simonson

Title: Executive Director
Organization: Metropolitan Area Agency on Aging, Inc.

Please identify the group you represent: Community Organization

Please list the populations served by your organization, if applicable:

- Communities of Color
- Ethnic and/or racial minorities
- LGBTQIA+
- Native American/American Indian people
- Older adults
- People with apparent and non-apparent disabilities
- Urban populations
- Veterans

Cost Savings Strategies: Health Care

Health Care Strategy A — Implement Uniform Administration of Non-Emergency Medical Transportation (NEMT)

Health Care A – Comments: Metropolitan Area Agency on Aging supports Uniform Administration of Non-Emergency Medical Transportation, provided that the fees paid to drivers/operators cover the cost of services at market rate, and that fees are adjusted every two years to ensure alignment with the market. Transportation is a critical access service for older adults and others.

Health Care Strategy B — Modify Certain Medical Assistance Durable Medical Equipment Payment Rates to Match Medicare Rates

Health Care B – Comments:
Health Care Strategy C — Expand Volume Purchasing for Durable Medical Equipment

Health Care C — Comments:

Health Care Strategy D — Expand Use of the MN Encounter Alerting Service

Health Care D — Comments: Metropolitan Area Agency on Aging supports the recommendation to Expand Use of the MN Encounter Alerting Service including for older adults enrolled in Elderly Waiver, Alternative Care, and Essential Community Supports. Expansion will promote better coordination of healthcare and social services and other community supports in a timely manner. Informed providers will be able to close gaps in care more efficiently.

Health Care Strategy E — Improve Compliance with Third Party Liability (TPL) Requirements

Health Care E — Comments:

Health Care Strategy F — Require Managed Care Organization (MCO) Competitive Price Bidding

Health Care F — Comments:

Health Care Strategy G — Create Uniform Pharmacy Benefit

Health Care G — Comments: Metropolitan Area Agency on Aging supports the recommendation to Create a Uniform Pharmacy Benefit, provided there are sufficient processes in place for physicians to appeal medically necessary variation from the approved drug list.

Health Care Strategy H — Establish Prescription Drug Purchasing Council


Health Care Strategy I — Establish Prescription Drug Affordability Commission

Health Care I — Comments: Metropolitan Area Agency on Aging supports Establishment of a Prescription Drug Affordability Commission and requests that one of the six regional Area Agencies on Aging be seated on the Council to represent older adult consumers. Area Agencies on Aging, in their Senior LinkAge Line role, assist older adults and adults of any age to obtain low and no-cost prescription drugs. Area Agencies on Aging have deep knowledge of the issues consumers face when they are unable to afford their prescription drugs.

Cost Savings Strategies: Long-Term Services and Supports (LTSS) for Persons with Disabilities and Older Adults

LTSS Strategy A — Discontinue Grant Programs

LTSS A — Comments:

LTSS Strategy B — Update Absence Factor in Day Services

LTSS B — Comments: Metropolitan Area Agency on Aging opposes the strategy to Update the Absence Factor in Day Services for unscheduled absences. Reducing the rate for unscheduled absences places providers at risk for unsustainable financial consequences. Alternatively, Metropolitan Area Agency on Aging encourages providers to innovate or adopt proven best practices to reduce unscheduled absences with support from state of Minnesota personnel.

LTSS Strategy C — Change Disability Waiver Family Foster Care Rate Methodology

LTSS C — Comments:
LTSS Strategy D — Curb Residential Costs in Disability Waivers

LTSS D — Comments:

LTSS Strategy E — Require Medicare Enhanced Home Care Benefit

LTSS E — Comments: Metropolitan Area Agency on Aging supports the strategy: Require Medicare Enhanced Home Care Benefit. This strategy could provide for coordination across healthcare and social services to help older adults prevent and recover from acute illness and injury and better manage chronic diseases, resulting in improved health outcomes that can delay premature entry into institutional care. Older adults with chronic conditions who elect Medicare Advantage Plans are beginning to see coverage for some social services that mitigate negative impacts related to the Social Determinants of Health. Minnesota can create an opportunity for older adults to elect a more comprehensive and stable benefit in Medicare Supplement Plans. A premium supported option would provide greater consistency in social services available than in Medicare Advantage Plans. LTSS providers have capacity to deliver services, including through efficient network-based approaches with quality assurance mechanisms.

LTSS Strategy F — Update Value-Based Reimbursement in Nursing Facilities

LTSS F — Comments:

Strategies focused on Waste, Including Fraud and Program Integrity

Waste Strategy A — Pursue Fraud, Waste, or Abuse Prevention Enhancements

Waste A — Comments:

Waste Strategy B — Reduce Low-Value Services in Minnesota

Waste B — Comments:

Waste Strategy C — Align State and Federal Health Care Privacy Protections

Waste C — Comments:

Strategies focused on Administrative Efficiencies and Simplification

Efficiencies Strategy A — Improve MnCHOICES and LTSS Processes

Efficiencies A — Comments: Metropolitan Area Agency on Aging supports the strategy: Improve MnCHOICES and LTSS Processes. In our role as providers of Senior LinkAge Line services, we frequently hear the frustrations of consumers about the delay in being assessed for and becoming enrolled in a long-term care waiver program. As consumers wait through this process their risk increases for premature institutionalization.

Strategies focused on Health Equity

Health Equity Strategy title A — Improve Dental Access in Public Health Care Programs

Health Equity A — Comments: Metropolitan Area Agency on Aging supports the strategy: Improve Dental Access in Public Health Care Programs. Oral health is a critical component of overall health. Improving access through the strategies noted are long overdue and essential to overall population health in Minnesota.

Health Equity Strategy title B — Ensure Equitable Access to Aging and Disability Service Programs

Health Equity B — Comments: Metropolitan Area Agency on Aging supports the strategy: Ensure Equitable Access to Aging and Disability Service Programs. As an administrator of limited Older Americans Act funds in the 7-county metropolitan region, the Area Agency funds a flexible service category known as Special Access and Outreach. Our experience in awarding funds to Native and minority organizations, in supporting their provision of services, and in learning about the needs of the people they serve aligns with this strategy's focus on increasing flexibility in waiver
programs. Increased flexibility and cultural requirements will improve access and utilization of services that can help reduce health care costs and delay premature institutionalization.

**Health Equity Strategy title C — Redesign Targeted Case Management to Reduce Disparities in Access to Medical, Behavioral and Social Services or Supports**

**Health Equity C — Comments:**

**Additional Input**

Metropolitan Area Agency on Aging applauds the Commission for its work in difficult circumstances during a pandemic. We appreciate the inclusion of strategies that could improve the health and well-being of older adults. We ask the Governor and Legislature to make the growing older adult population and their family caregivers a focus for policy and funding transformation in this administration. States such as Washington are innovating and leading on this front. Minnesota must also become a leader by developing and resourcing a collective vision and innovating through well-conceived and scalable strategies that ensure equity for all.

**Attachments**

**Deborah Jacobi**

**Title:** Policy Director Apple Tree Dental

**Organization:** on behalf of Dental Access Partners

**Please identify the group you represent:** Provider Organization

**Please list the populations served by your organization, if applicable:**

- Communities of Color
- Ethnic and/or racial minorities
- LGBTQIA+
- Native American/American Indian people
- Older adults
- People with apparent and non-apparent disabilities
- Rural populations
- Urban populations
- Veterans

**Cost Savings Strategies: Health Care**

**Health Care Strategy A — Implement Uniform Administration of Non-Emergency Medical Transportation (NEMT)**

**Health Care A – Comments:** No entry

**Health Care Strategy B — Modify Certain Medical Assistance Durable Medical Equipment Payment Rates to Match Medicare Rates**

**Health Care B – Comments:** No entry

**Health Care Strategy C — Expand Volume Purchasing for Durable Medical Equipment**

**Health Care C — Comments:** No entry
Health Care Strategy D — Expand Use of the MN Encounter Alerting Service
Health Care D — Comments: No entry

Health Care Strategy E — Improve Compliance with Third Party Liability (TPL) Requirements
Health Care E — Comments: No entry

Health Care Strategy F — Require Managed Care Organization (MCO) Competitive Price Bidding
Health Care F — Comments: No entry

Health Care Strategy G — Create Uniform Pharmacy Benefit
Health Care G — Comments: No entry

Health Care Strategy H — Establish Prescription Drug Purchasing Council
Health Care H — Comments: No entry

Health Care Strategy I — Establish Prescription Drug Affordability Commission
Health Care I — Comments: No entry

Cost Savings Strategies: Long-Term Services and Supports (LTSS) for Persons with Disabilities and Older Adults

LTSS Strategy A — Discontinue Grant Programs
LTSS A — Comments: No entry

LTSS Strategy B — Update Absence Factor in Day Services
LTSS B — Comments: No entry

LTSS Strategy C — Change Disability Waiver Family Foster Care Rate Methodology
LTSS C — Comments: No entry

LTSS Strategy D — Curb Residential Costs in Disability Waivers
LTSS D — Comments: No entry

LTSS Strategy E — Require Medicare Enhanced Home Care Benefit
LTSS E — Comments: No entry

LTSS Strategy F — Update Value-Based Reimbursement in Nursing Facilities
LTSS F — Comments: No entry

Strategies focused on Waste, Including Fraud and Program Integrity

Waste Strategy A — Pursue Fraud, Waste, or Abuse Prevention Enhancements
Waste A — Comments: No entry

Waste Strategy B — Reduce Low-Value Services in Minnesota
Waste B — Comments: No entry
Waste Strategy C — Align State and Federal Health Care Privacy Protections

Waste C — Comments: No entry

Strategies focused on Administrative Efficiencies and Simplification

Efficiencies Strategy A — Improve MnCHOICES and LTSS Processes

Efficiencies A — Comments: No entry

Strategies focused on Health Equity

Health Equity Strategy title A — Improve Dental Access in Public Health Care Programs

Health Equity A — Comments: DHS’ proposal to pay all providers the same rates without regard to their performance is strongly opposed by Critical Access Dental (CAD) providers who deliver almost 2/3 of Minnesota Medicaid services. DHS data shows that CAD providers deliver affordable solutions and have capacity to expand access, while most other providers can’t deliver Medicaid services at costs that taxpayers can afford. A “Dental Home Solution” exists: 1. DHS’s goals can be accomplished through an evidence-based Dental Homes Solution that targets very limited state healthcare dollars at proven delivery models, while requiring transparency and accountability for Health Plans and providers alike. 2. Recent analysis of DHS data proves that CAD provider have expanded the reach of clinic-based services that are encouraged by CMS and leaders in many other states. 3. A more transparent dental home reimbursement model will create incentives to expand access and assure continuity of care. - See attachment -

Health Equity Strategy title B — Ensure Equitable Access to Aging and Disability Service Programs

Health Equity B — Comments: No entry

Health Equity Strategy title C — Redesign Targeted Case Management to Reduce Disparities in Access to Medical, Behavioral and Social Services or Supports

Health Equity C — Comments: No entry

Additional Input

DHS data does not support their strategy: New analysis of DHS data shows that CAD providers deliver affordable solutions and have capacity to expand access, while most other providers simply don’t have the capacity to deliver Medicaid services at costs that taxpayers can afford. • CAD providers, whose costs are approximately 60% of submitted charges, increased dental visits by more than 500,000 in three years. • Non-CAD dentists, whose costs are 86% of submitted charges delivered fewer dental visits, limiting Medicaid to about 3% of revenues. CAD providers have developed innovative Dental Home models that make it possible to deliver better care at lower costs. We do this by bringing care to the patient using strategies that expand access, including: • Collaborative Dental Hygiene Practice and Dental Therapists • Providing preventive care in community settings, and • Triaging patients to clinics for follow up / more advanced care before dental emergencies occur. Many dental providers lack the advanced training needed to provide care for patients with complex medical conditions or significant physical, mental, or developmental disabilities. Instead, they refer them to safety net providers who step into these roles to assure not only access, but also health equity for all Minnesotans. Paying all providers the same rates has been tried, and failed in Minnesota and other states. • The DHS proposal isn’t new - it would be returning to DHS’s own single payer, single rate system that didn’t work more than 30 years ago and whose failure actually led to the successful CAD dental access incentive program. • Patient populations vary in their health and social complexity. Paying all providers the same for more or less complex care, makes no sense. • In 2016, a nearly identical Wisconsin Medicaid pilot project, more than doubled dental reimbursements to all providers in 4 counties. $13.8 million dollars produced a net increase in access of only 2%.

Attachments

ref:0000000400:Q27
Elizabeth Franklin

Title: Senior Manager of Community-Based Mental Health Services

Organization: CLUES

Please identify the group you represent: Community Organization

Please list the populations served by your organization, if applicable:

- Communities of Color
- Ethnic and/or racial minorities
- LGBTQIA+
- Older adults
- People with apparent and non-apparent disabilities
- Rural populations
- Urban populations

Cost Savings Strategies: Health Care

Health Care Strategy A — Implement Uniform Administration of Non-Emergency Medical Transportation (NEMT)

Health Care A – Comments: The current medical transportation system feels ineffective and, at times, unsafe. Community members need more input in the scheduling of the ride (i.e. companies should believe them that they don't need to be picked up an hour early for an appointment fifteen minutes away), and easy ways to provide feedback about their experience after each ride. We have had two experiences in the past year where teenage clients didn't feel comfortable staying in the car with their driver because of the driver's behavior at the time of pick-up. When they left the vehicle and their fears were communicated to the transportation company, they were left without a return ride because the company reported not having any other drivers to send. Reasonable wait times and safe drivers are minimal expectations for this service, and mechanisms to ensure such need to be built into this program redesign.

Health Care Strategy B — Modify Certain Medical Assistance Durable Medical Equipment Payment Rates to Match Medicare Rates

Health Care B – Comments: No entry

Health Care Strategy C — Expand Volume Purchasing for Durable Medical Equipment

Health Care C — Comments: No entry

Health Care Strategy D — Expand Use of the MN Encounter Alerting Service

Health Care D — Comments: No entry

Health Care Strategy E - Improve Compliance with Third Party Liability (TPL) Requirements

Health Care E — Comments: No entry

Health Care Strategy F — Require Managed Care Organization (MCO) Competitive Price Bidding

Health Care F — Comments: No entry

Health Care Strategy G — Create Uniform Pharmacy Benefit

Health Care G — Comments: No entry
Health Care Strategy H — Establish Prescription Drug Purchasing Council

Health Care H — Comments: No entry

Health Care Strategy I — Establish Prescription Drug Affordability Commission

Health Care I — Comments: No entry

Cost Savings Strategies: Long-Term Services and Supports (LTSS) for Persons with Disabilities and Older Adults

LTSS Strategy A — Discontinue Grant Programs

LTSS A — Comments: No entry

LTSS Strategy B — Update Absence Factor in Day Services

LTSS B — Comments: No entry

LTSS Strategy C — Change Disability Waiver Family Foster Care Rate Methodology

LTSS C — Comments: No entry

LTSS Strategy D — Curb Residential Costs in Disability Waivers

LTSS D — Comments: No entry

LTSS Strategy E — Require Medicare Enhanced Home Care Benefit

LTSS E — Comments: No entry

LTSS Strategy F — Update Value-Based Reimbursement in Nursing Facilities

LTSS F — Comments: No entry

Strategies focused on Waste, Including Fraud and Program Integrity

Waste Strategy A — Pursue Fraud, Waste, or Abuse Prevention Enhancements

Waste A — Comments: No entry

Waste Strategy B — Reduce Low-Value Services in Minnesota

Waste B — Comments: The group of stakeholders working on this strategy needs to be highly diverse and representative of Minnesota communities. There needs to be a clear definition of "low value" that takes into account social determinants of health and the diverse ways different communities and generations of people understand health and wellbeing.

Waste Strategy C — Align State and Federal Health Care Privacy Protections

Waste C — Comments: No entry

Strategies focused on Administrative Efficiencies and Simplification

Efficiencies Strategy A — Improve MnCHOICES and LTSS Processes

Efficiencies A — Comments: I strongly support efforts to make MNChoices assessments and their possible outcomes make more sense to community members and other providers.
Strategies focused on Health Equity

Health Equity Strategy title A — Improve Dental Access in Public Health Care Programs

Health Equity A — Comments: Increasing dental healthcare access is very important given correlations between dental health and children attending school consistently, for example. The current network for many people on MA and PMAP plans is very limited and often does not provide access to providers who specialize in working with children who have complex needs due to sensory issues, fear of the service, difficulty staying still in a prone position due to trauma, etc..

Health Equity Strategy title B — Ensure Equitable Access to Aging and Disability Service Programs

Health Equity B — Comments: No entry

Health Equity Strategy title C — Redesign Targeted Case Management to Reduce Disparities in Access to Medical, Behavioral and Social Services or Supports

Health Equity C — Comments: There needs to be parity between what counties and contracted agencies are paid for TCM services, and we need to be paid a rate that makes statutory limits on our caseloads (which I support) financially sustainable. However, there is significant concern about the survey tool currently being used to help establish new rates. The tool asks for our current costs, not the costs we could incur if we were able to pay staff better and provide increased training dollars. By building current salaries and operating models into the next rate structure, we are reinforcing ways of treating staff that leads to higher turnover and limits on their professional development, both of which have direct impacts on outcomes for clients. Further, some of the financial data provided comes from the COVID-19 era, which is not an accurate representation of "business as usual" in terms of staffing levels, client participation, etc..

Additional Input

No entry

Attachments

Elizabeth Schear

Title: Executive Director
Organization: Rock County Opportunities

Please identify the group you represent: Provider Organization

Please list the populations served by your organization, if applicable:

- Communities of Color
- Ethnic and/or racial minorities
- LGBTQIA+
- Native American/American Indian people
- Older adults
- People with apparent and non-apparent disabilities
- Rural populations
- Veterans

Cost Savings Strategies: Health Care

Health Care Strategy A — Implement Uniform Administration of Non-Emergency Medical Transportation (NEMT)

Health Care A – Comments: No entry
Health Care Strategy B — Modify Certain Medical Assistance Durable Medical Equipment Payment Rates to Match Medicare Rates
Health Care B — Comments: No entry

Health Care Strategy C — Expand Volume Purchasing for Durable Medical Equipment
Health Care C — Comments: No entry

Health Care Strategy D — Expand Use of the MN Encounter Alerting Service
Health Care D — Comments: No entry

Health Care Strategy E- Improve Compliance with Third Party Liability (TPL) Requirements
Health Care E — Comments: No entry

Health Care Strategy F — Require Managed Care Organization (MCO) Competitive Price Bidding
Health Care F — Comments: No entry

Health Care Strategy G — Create Uniform Pharmacy Benefit
Health Care G — Comments: No entry

Health Care Strategy H — Establish Prescription Drug Purchasing Council
Health Care H — Comments: No entry

Health Care Strategy I — Establish Prescription Drug Affordability Commission
Health Care I — Comments: No entry

Cost Savings Strategies: Long-Term Services and Supports (LTSS) for Persons with Disabilities and Older Adults

LTSS Strategy A — Discontinue Grant Programs
LTSS A — Comments: No entry

LTSS Strategy B — Update Absence Factor in Day Services
LTSS B — Comments: I am extremely concerned with this proposal given the impact of the recent pandemic on our ability to provide services. The data cited in the strategy does not include the current reality and our current absence rates. It also does not account for likely absences we will continue to have due to COVID-19 or other disasters. Providers have been asking for updated, more accurate data to be used for a long time. Please gather accurate data before implementing this strategy. Cutting rates by 5% will further harm our ability to provide services and could potentially leave the people we serve without the crucial services they rely on.

LTSS Strategy C — Change Disability Waiver Family Foster Care Rate Methodology
LTSS C — Comments: No entry

LTSS Strategy D — Curb Residential Costs in Disability Waivers
LTSS D — Comments: No entry

LTSS Strategy E — Require Medicare Enhanced Home Care Benefit
LTSS E — Comments: No entry
LTSS Strategy F — Update Value-Based Reimbursement in Nursing Facilities
LTSS F — Comments: No entry

Strategies focused on Waste, Including Fraud and Program Integrity

Waste Strategy A — Pursue Fraud, Waste, or Abuse Prevention Enhancements
Waste A — Comments: No entry

Waste Strategy B — Reduce Low-Value Services in Minnesota
Waste B — Comments: No entry

Waste Strategy C — Align State and Federal Health Care Privacy Protections
Waste C — Comments: No entry

Strategies focused on Administrative Efficiencies and Simplification

Efficiencies Strategy A — Improve MnCHOICES and LTSS Processes
Efficiencies A — Comments: No entry

Strategies focused on Health Equity

Health Equity Strategy title A — Improve Dental Access in Public Health Care Programs
Health Equity A — Comments: No entry

Health Equity Strategy title B — Ensure Equitable Access to Aging and Disability Service Programs
Health Equity B — Comments: No entry

Health Equity Strategy title C — Redesign Targeted Case Management to Reduce Disparities in Access to Medical, Behavioral and Social Services or Supports
Health Equity C — Comments: No entry

Additional Input
No entry

Attachments

Ellie Skelton

Title: Executive Director
Organization: Touchstone Mental Health
Please identify the group you represent: Community Organization
Please list the populations served by your organization, if applicable:

- Communities of Color
- Ethnic and/or racial minorities
- LGBTQIA+
- Native American/American Indian people
• Older adults
• People with apparent and non-apparent disabilities
• Urban populations
• Veterans

Cost Savings Strategies: Health Care

Health Care Strategy A — Implement Uniform Administration of Non-Emergency Medical Transportation (NEMT)

Health Care A – Comments: As long as it is well coordinated, easy to use and responsive to customers needs. This seems like a fine approach.

Health Care Strategy B — Modify Certain Medical Assistance Durable Medical Equipment Payment Rates to Match Medicare Rates

Health Care B – Comments: I don't have enough information to comment on this. DME is not our area of expertise.

Health Care Strategy C — Expand Volume Purchasing for Durable Medical Equipment

Health Care C — Comments: No entry

Health Care Strategy D — Expand Use of the MN Encounter Alerting Service

Health Care D — Comments: I think this is a great strategy and would love to see this expanded in which we could message back and forth through the portal and not just receive notifications. If there was an ability to have Epic care everywhere portals for community based mental health providers, this could greatly improve care coordination.

Health Care Strategy E- Improve Compliance with Third Party Liability (TPL) Requirements

Health Care E — Comments: As long as this didn't cause a confusion among recipients about covered services, delay payments and interfere with care.

Health Care Strategy F — Require Managed Care Organization (MCO) Competitive Price Bidding

Health Care F — Comments: No entry

Health Care Strategy G — Create Uniform Pharmacy Benefit

Health Care G — Comments: No entry

Health Care Strategy H — Establish Prescription Drug Purchasing Council

Health Care H — Comments: No entry

Health Care Strategy I — Establish Prescription Drug Affordability Commission

Health Care I — Comments: No entry

Cost Savings Strategies: Long-Term Services and Supports (LTSS) for Persons with Disabilities and Older Adults

LTSS Strategy A — Discontinue Grant Programs

LTSS A — Comments: No entry

LTSS Strategy B — Update Absence Factor in Day Services

LTSS B — Comments: No entry
LTSS Strategy C — Change Disability Waiver Family Foster Care Rate Methodology
LTSS C — Comments: No entry

LTSS Strategy D — Curb Residential Costs in Disability Waivers
LTSS D — Comments: I have concerns that this will destabilize the already fractured supportive housing system in MN. Many individuals already experience homelessness because of a shortage of supportive housing. This presupposes there are many people in MN in a level of care that exceeds their needs. Is there data that supports this? The homeless epidemic in Minnesota is because of a lack of affordable housing that has supports available on site that can assist individuals with multiple barriers to housing such as prior evictions, substance use disorder and behavioral health conditions. Individuals have waited up to three years to move into our Rising Cedar apartments that uses the customized living services to provide a robust 24/7 level of care. More public commentary and data is needed on this strategy to ensure it will not harm vulnerable adults.

LTSS Strategy E — Require Medicare Enhanced Home Care Benefit
LTSS E — Comments: No entry

LTSS Strategy F — Update Value-Based Reimbursement in Nursing Facilities
LTSS F — Comments: No entry

Strategies focused on Waste, Including Fraud and Program Integrity

Waste Strategy A — Pursue Fraud, Waste, or Abuse Prevention Enhancements
Waste A — Comments: No entry

Waste Strategy B — Reduce Low-Value Services in Minnesota
Waste B — Comments: How is low value defined? One that doesn't have culturally competence or evidence to support it's fidelity?

Waste Strategy C — Align State and Federal Health Care Privacy Protections
Waste C — Comments: No entry

Strategies focused on Administrative Efficiencies and Simplification

Efficiencies Strategy A — Improve MnCHOICES and LTSS Processes
Efficiencies A — Comments: No entry

Strategies focused on Health Equity

Health Equity Strategy title A — Improve Dental Access in Public Health Care Programs
Health Equity A — Comments: No entry

Health Equity Strategy title B — Ensure Equitable Access to Aging and Disability Service Programs
Health Equity B — Comments: No entry

Health Equity Strategy title C — Redesign Targeted Case Management to Reduce Disparities in Access to Medical, Behavioral and Social Services or Supports
Health Equity C — Comments: I have concerns that current cost study is looking at retroactive costs to determine a future rate structure. As a provider that wants to retain culturally competent staff, we need a rate system that will allow...
us to pay living wages that are competitive with county and hospital systems. Perhaps a competitive workforce factor could be built into the rate methodology that is mandated to be spent on staff wages and training.

**Additional Input**

No entry

**Attachments**

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**Elma Johnson**

**Title:** Research Coordinator

**Organization:** Center for Healthy Aging and Innovation (University of Minnesota School of Public Health)

**Please identify the group you represent:** Academic/Research Organization

**Please list the populations served by your organization, if applicable:**

- Communities of Color
- Ethnic and/or racial minorities
- LGBTQIA+
- Native American/American Indian people
- Older adults
- People with apparent and non-apparent disabilities
- Rural populations
- Urban populations

**Cost Savings Strategies: Health Care**

**Health Care Strategy A — Implement Uniform Administration of Non-Emergency Medical Transportation (NEMT)**

Health Care A – Comments: No entry

**Health Care Strategy B — Modify Certain Medical Assistance Durable Medical Equipment Payment Rates to Match Medicare Rates**

Health Care B – Comments: No entry

**Health Care Strategy C — Expand Volume Purchasing for Durable Medical Equipment**

Health Care C – Comments: No entry

**Health Care Strategy D — Expand Use of the MN Encounter Alerting Service**

Health Care D – Comments: No entry

**Health Care Strategy E — Improve Compliance with Third Party Liability (TPL) Requirements**

Health Care E – Comments: No entry

**Health Care Strategy F — Require Managed Care Organization (MCO) Competitive Price Bidding**

Health Care F – Comments: No entry
Health Care Strategy G — Create Uniform Pharmacy Benefit
Health Care G — Comments: No entry

Health Care Strategy H — Establish Prescription Drug Purchasing Council
Health Care H — Comments: No entry

Health Care Strategy I — Establish Prescription Drug Affordability Commission
Health Care I — Comments: No entry

Cost Savings Strategies: Long-Term Services and Supports (LTSS) for Persons with Disabilities and Older Adults

LTSS Strategy A — Discontinue Grant Programs
LTSS A — Comments: No entry

LTSS Strategy B — Update Absence Factor in Day Services
LTSS B — Comments: No entry

LTSS Strategy C — Change Disability Waiver Family Foster Care Rate Methodology
LTSS C — Comments: No entry

LTSS Strategy D — Curb Residential Costs in Disability Waivers
LTSS D — Comments: "new initiative to assist people who want to move": Moving out of residential care requires attention to needed supports after the move, monitoring outcomes and ensuring long-term followup beyond immediate move to prevent higher future costs (e.g. hospitalization). We saw this with some nursing homes residents who moved from NH but had higher rates of hospitalizations when they didn’t get needed services at home. We recommend special attention and resources be allocated to expanding the Role of Transition Coordinator (Moving Home MN), to include health needs assessment before & after move, ensure access to needed level of supports and continued monitoring of unmet needs over time. "more stringent guidelines for people not yet in corporate foster care...": criteria must take into account sometimes different presentations of physical and mental health needs by communities of color, indigenous and those with limited English proficiency. More info is needed on these guidelines.

LTSS Strategy E — Require Medicare Enhanced Home Care Benefit
LTSS E — Comments: No entry

LTSS Strategy F — Update Value-Based Reimbursement in Nursing Facilities
LTSS F — Comments: "Suspend the Critical Access Nursing Facility Program (CANF) funding as it has no value under VBR": It is important to note that critical access nursing facilities typically serve racial/ethnic minority communities & therefore need different allocation of resources and supports. VBR may not sufficiently account for this. In fact, most research has shown that high proportion minority facilities have lower quality of care and quality of life scores than their mainly white counterparts, including based on our work here in MN. We also know they are much more likely (two times at least) to have COVID positive cases compared to white facilities. Research has also shown that VBR can penalize facilities that primarily serve socially complex populations such as those from communities of color. This decision needs to be reconsidered with an equity lens.
Strategies focused on Waste, Including Fraud and Program Integrity

Waste Strategy A — Pursue Fraud, Waste, or Abuse Prevention Enhancements
Waste A — Comments: No entry

Waste Strategy B — Reduce Low-Value Services in Minnesota
Waste B — Comments: No entry

Waste Strategy C — Align State and Federal Health Care Privacy Protections
Waste C — Comments: No entry

Strategies focused on Administrative Efficiencies and Simplification

Efficiencies Strategy A — Improve MnCHOICES and LTSS Processes
Efficiencies A — Comments: No entry

Strategies focused on Health Equity

Health Equity Strategy title A — Improve Dental Access in Public Health Care Programs
Health Equity A — Comments: No entry

Health Equity Strategy title B — Ensure Equitable Access to Aging and Disability Service Programs
Health Equity B — Comments: "Ensure Equitable Access to Aging and Disability Service Programs": This recommendation needs specifics beyond the general information that is offered. While having a community engagement strategy is important and necessary, it is but one step toward ensuring equitable access. The report needs to address how will service access not only be assessed but also remedied for those from marginalized communities, which will also require resources.

Health Equity Strategy title C — Redesign Targeted Case Management to Reduce Disparities in Access to Medical, Behavioral and Social Services or Supports
Health Equity C — Comments: No entry

Additional Input

CHAI believes that focusing entirely on costs savings does not address the full picture of long-term services and supports (LTSS). LTSS should be viewed as an investment against subsequent healthcare costs, versus as a "wasteful" budget item to be cut. Therefore, in addition to the cost "savings" benchmark for MN budget savings, policies should take into account and seek to measure and capture actual costs savings (as well as costs) for clients, family members and the healthcare systems.

Attachments

Emily Myatt
Title: Government Relations Director, MN Patient Advocacy Coalition Chair
Organization: American Cancer Society Cancer Action Network
Please identify the group you represent: Submitted on behalf of the Minnesota Patient Advocacy Coalition
Please list the populations served by your organization, if applicable:
• Communities of Color
• Ethnic and/or racial minorities
• LGBTQIA+
• Native American/American Indian people
• Older adults
• People with apparent and non-apparent disabilities
• Rural populations
• Urban populations
• Veterans
• Minnesota patients

Cost Savings Strategies: Health Care

Health Care Strategy A — Implement Uniform Administration of Non-Emergency Medical Transportation (NEMT)
Health Care A — Comments: No entry

Health Care Strategy B — Modify Certain Medical Assistance Durable Medical Equipment Payment Rates to Match Medicare Rates
Health Care B — Comments: No entry

Health Care Strategy C — Expand Volume Purchasing for Durable Medical Equipment
Health Care C — Comments: No entry

Health Care Strategy D — Expand Use of the MN Encounter Alerting Service
Health Care D — Comments: No entry

Health Care Strategy E — Improve Compliance with Third Party Liability (TPL) Requirements
Health Care E — Comments: No entry

Health Care Strategy F — Require Managed Care Organization (MCO) Competitive Price Bidding
Health Care F — Comments: No entry

Health Care Strategy G — Create Uniform Pharmacy Benefit
Health Care G — Comments: No entry

Health Care Strategy H — Establish Prescription Drug Purchasing Council
Health Care H — Comments: No entry

Health Care Strategy I — Establish Prescription Drug Affordability Commission
Health Care I — Comments: No entry

Cost Savings Strategies: Long-Term Services and Supports (LTSS) for Persons with Disabilities and Older Adults

LTSS Strategy A — Discontinue Grant Programs
LTSS A — Comments: No entry
LTSS Strategy B — Update Absence Factor in Day Services
LTSS B — Comments: No entry

LTSS Strategy C — Change Disability Waiver Family Foster Care Rate Methodology
LTSS C — Comments: No entry

LTSS Strategy D — Curb Residential Costs in Disability Waivers
LTSS D — Comments: No entry

LTSS Strategy E — Require Medicare Enhanced Home Care Benefit
LTSS E — Comments: No entry

LTSS Strategy F — Update Value-Based Reimbursement in Nursing Facilities
LTSS F — Comments: No entry

Strategies focused on Waste, Including Fraud and Program Integrity

Waste Strategy A — Pursue Fraud, Waste, or Abuse Prevention Enhancements
Waste A — Comments: No entry

Waste Strategy B — Reduce Low-Value Services in Minnesota
Waste B — Comments: No entry

Waste Strategy C — Align State and Federal Health Care Privacy Protections
Waste C — Comments: No entry

Strategies focused on Administrative Efficiencies and Simplification

Efficiencies Strategy A — Improve MnCHOICES and LTSS Processes
Efficiencies A — Comments: No entry

Strategies focused on Health Equity

Health Equity Strategy title A — Improve Dental Access in Public Health Care Programs
Health Equity A — Comments: No entry

Health Equity Strategy title B — Ensure Equitable Access to Aging and Disability Service Programs
Health Equity B — Comments: No entry

Health Equity Strategy title C — Redesign Targeted Case Management to Reduce Disparities in Access to Medical, Behavioral and Social Services or Supports
Health Equity C — Comments: No entry

Additional Input

The Minnesota Patient Advocacy Coalition is a consortium of organizations which has come together to advocate at the state and federal levels for preserving and enhancing access to quality health care services for all Minnesotans. Representing millions of Minnesota patients, we are committed to ensuring access to meaningful and affordable health care.
care coverage while lowering costs and improving quality of care. Together, we speak in one voice to ensure access to quality, affordable health care for all. Our comments are not directed at the technical scope of the Blue Ribbon Commission’s draft recommendations. We recognize the value of simplifying programs, increasing efficiencies, and saving money when it can be done without causing harm to Minnesotans, and appreciate the Commission’s efforts in this regard. Our comments are instead directed at the guiding philosophies of the Commission’s work and the ways in which its recommendations will be put to use. Please see the attached letter uploaded as a supporting document for specific comments and the complete list of MN Patient Advocacy Coalition organizations submitting comments.

Attachments
ref:0000000453:Q27

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Eric Dick

**Title:** Manager, State Legislative Affairs

**Organization:** Minnesota Medical Association

**Please identify the group you represent:** Professional Association

**Please list the populations served by your organization, if applicable:**

- Communities of Color
- Ethnic and/or racial minorities
- LGBTQIA+
- Native American/American Indian people
- Older adults
- People with apparent and non-apparent disabilities
- Rural populations
- Urban populations
- Veterans

**Cost Savings Strategies: Health Care**

**Health Care Strategy A — Implement Uniform Administration of Non-Emergency Medical Transportation (NEMT)**

**Health Care A – Comments:** No entry

**Health Care Strategy B — Modify Certain Medical Assistance Durable Medical Equipment Payment Rates to Match Medicare Rates**

**Health Care B – Comments:** No entry

**Health Care Strategy C — Expand Volume Purchasing for Durable Medical Equipment**

**Health Care C — Comments:** No entry

**Health Care Strategy D — Expand Use of the MN Encounter Alerting Service**

**Health Care D — Comments:** No entry

**Health Care Strategy E - Improve Compliance with Third Party Liability (TPL) Requirements**

**Health Care E — Comments:** No entry
Health Care Strategy F — Require Managed Care Organization (MCO) Competitive Price Bidding
Health Care F — Comments: No entry

Health Care Strategy G — Create Uniform Pharmacy Benefit
Health Care G — Comments: No entry

Health Care Strategy H — Establish Prescription Drug Purchasing Council
Health Care H — Comments: No entry

Health Care Strategy I — Establish Prescription Drug Affordability Commission
Health Care I — Comments: No entry

Cost Savings Strategies: Long-Term Services and Supports (LTSS) for Persons with Disabilities and Older Adults

LTSS Strategy A — Discontinue Grant Programs
LTSS A — Comments: No entry

LTSS Strategy B — Update Absence Factor in Day Services
LTSS B — Comments: No entry

LTSS Strategy C — Change Disability Waiver Family Foster Care Rate Methodology
LTSS C — Comments: No entry

LTSS Strategy D — Curb Residential Costs in Disability Waivers
LTSS D — Comments: No entry

LTSS Strategy E — Require Medicare Enhanced Home Care Benefit
LTSS E — Comments: No entry

LTSS Strategy F — Update Value-Based Reimbursement in Nursing Facilities
LTSS F — Comments: No entry

Strategies focused on Waste, Including Fraud and Program Integrity

Waste Strategy A — Pursue Fraud, Waste, or Abuse Prevention Enhancements
Waste A — Comments: No entry

Waste Strategy B — Reduce Low-Value Services in Minnesota
Waste B — Comments: No entry

Waste Strategy C — Align State and Federal Health Care Privacy Protections
Waste C — Comments: No entry
Strategies focused on Administrative Efficiencies and Simplification

Efficiencies Strategy A — Improve MnCHOICES and LTSS Processes
Efficiencies A — Comments: No entry

Strategies focused on Health Equity

Health Equity Strategy title A — Improve Dental Access in Public Health Care Programs
Health Equity A — Comments: No entry

Health Equity Strategy title B — Ensure Equitable Access to Aging and Disability Service Programs
Health Equity B — Comments: No entry

Health Equity Strategy title C — Redesign Targeted Case Management to Reduce Disparities in Access to Medical, Behavioral and Social Services or Supports
Health Equity C — Comments: No entry

Additional Input
No entry

Attachments
ref:0000000415:Q27

eric jokinen
Title: registered nurse
Organization:

Please identify the group you represent: Individual Person

Please list the populations served by your organization, if applicable:

Cost Savings Strategies: Health Care

Health Care Strategy A — Implement Uniform Administration of Non-Emergency Medical Transportation (NEMT)

Health Care A — Comments: In October of 2019 the Office of the legislative auditor found an estimated loss of over $400 million dollars and the "dysfunction at DHS caused the problem" since 2014. It should be included that either the OLA or another independent auditor separate from any MN state office audit the spending and submit a report at least twice a year to authenticate that both the money being distributed and the estimated savings are all accounted and documented. Along with that, supporting that the savings did not have a negative impact on the areas from which they came from.

Health Care Strategy B — Modify Certain Medical Assistance Durable Medical Equipment Payment Rates to Match Medicare Rates

Health Care B — Comments: In October of 2019 the Office of the legislative auditor found an estimated loss of over $400 million dollars and the "dysfunction at DHS caused the problem" since 2014. It should be included that either the OLA or another independent auditor separate from any MN state office audit the spending and submit a report at least twice a year to authenticate that both the money being distributed and the estimated savings are all accounted and
Health Care Strategy C — Expand Volume Purchasing for Durable Medical Equipment

**Health Care C — Comments:** In October of 2019 the Office of the legislative auditor found an estimated loss of over $400 million dollars and the "dysfunction at DHS caused the problem" since 2014. It should be included that either the OLA or another independent auditor separate from any MN state office audit the spending and submit a report at least twice a year to authenticate that both the money being distributed and the estimated savings are all accounted and documented. Along with that, supporting that the savings did not have a negative impact on the areas from which they came from.

Health Care Strategy D — Expand Use of the MN Encounter Alerting Service

**Health Care D — Comments:** In October of 2019 the Office of the legislative auditor found an estimated loss of over $400 million dollars and the "dysfunction at DHS caused the problem" since 2014. It should be included that either the OLA or another independent auditor separate from any MN state office audit the spending and submit a report at least twice a year to authenticate that both the money being distributed and the estimated savings are all accounted and documented. Along with that, supporting that the savings did not have a negative impact on the areas from which they came from.

Health Care Strategy E — Improve Compliance with Third Party Liability (TPL) Requirements

**Health Care E — Comments:** In October of 2019 the Office of the legislative auditor found an estimated loss of over $400 million dollars and the "dysfunction at DHS caused the problem" since 2014. It should be included that either the OLA or another independent auditor separate from any MN state office audit the spending and submit a report at least twice a year to authenticate that both the money being distributed and the estimated savings are all accounted and documented. Along with that, supporting that the savings did not have a negative impact on the areas from which they came from.

Health Care Strategy F — Require Managed Care Organization (MCO) Competitive Price Bidding

**Health Care F — Comments:** In October of 2019 the Office of the legislative auditor found an estimated loss of over $400 million dollars and the "dysfunction at DHS caused the problem" since 2014. It should be included that either the OLA or another independent auditor separate from any MN state office audit the spending and submit a report at least twice a year to authenticate that both the money being distributed and the estimated savings are all accounted and documented. Along with that, supporting that the savings did not have a negative impact on the areas from which they came from.

Health Care Strategy G — Create Uniform Pharmacy Benefit

**Health Care G — Comments:** In October of 2019 the Office of the legislative auditor found an estimated loss of over $400 million dollars and the "dysfunction at DHS caused the problem" since 2014. It should be included that either the OLA or another independent auditor separate from any MN state office audit the spending and submit a report at least twice a year to authenticate that both the money being distributed and the estimated savings are all accounted and documented. Along with that, supporting that the savings did not have a negative impact on the areas from which they came from.

Health Care Strategy H — Establish Prescription Drug Purchasing Council

**Health Care H — Comments:** In October of 2019 the Office of the legislative auditor found an estimated loss of over $400 million dollars and the "dysfunction at DHS caused the problem" since 2014. It should be included that either the OLA or another independent auditor separate from any MN state office audit the spending and submit a report at least twice a year to authenticate that both the money being distributed and the estimated savings are all accounted and documented. Along with that, supporting that the savings did not have a negative impact on the areas from which they came from.
**Health Care Strategy I — Establish Prescription Drug Affordability Commission**

**Health Care I — Comments:** In October of 2019 the Office of the legislative auditor found an estimated loss of over $400 million dollars and the "dysfunction at DHS caused the problem" since 2014. It should be included that either the OLA or another independent auditor separate from any MN state office audit the spending and submit a report at least twice a year to authenticate that both the money being distributed and the estimated savings are all accounted and documented. Along with that, supporting that the savings did not have a negative impact on the areas from which they came from.

**Cost Savings Strategies: Long-Term Services and Supports (LTSS) for Persons with Disabilities and Older Adults**

**LTSS Strategy A — Discontinue Grant Programs**

**LTSS A — Comments:** In October of 2019 the Office of the legislative auditor found an estimated loss of over $400 million dollars and the "dysfunction at DHS caused the problem" since 2014. It should be included that either the OLA or another independent auditor separate from any MN state office audit the spending and submit a report at least twice a year to authenticate that both the money being distributed and the estimated savings are all accounted and documented. Along with that, supporting that the savings did not have a negative impact on the areas from which they came from.

**LTSS Strategy B — Update Absence Factor in Day Services**

**LTSS B — Comments:** In October of 2019 the Office of the legislative auditor found an estimated loss of over $400 million dollars and the "dysfunction at DHS caused the problem" since 2014. It should be included that either the OLA or another independent auditor separate from any MN state office audit the spending and submit a report at least twice a year to authenticate that both the money being distributed and the estimated savings are all accounted and documented. Along with that, supporting that the savings did not have a negative impact on the areas from which they came from.

**LTSS Strategy C — Change Disability Waiver Family Foster Care Rate Methodology**

**LTSS C — Comments:** In October of 2019 the Office of the legislative auditor found an estimated loss of over $400 million dollars and the "dysfunction at DHS caused the problem" since 2014. It should be included that either the OLA or another independent auditor separate from any MN state office audit the spending and submit a report at least twice a year to authenticate that both the money being distributed and the estimated savings are all accounted and documented. Along with that, supporting that the savings did not have a negative impact on the areas from which they came from.

**LTSS Strategy D — Curb Residential Costs in Disability Waivers**

**LTSS D — Comments:** In October of 2019 the Office of the legislative auditor found an estimated loss of over $400 million dollars and the "dysfunction at DHS caused the problem" since 2014. It should be included that either the OLA or another independent auditor separate from any MN state office audit the spending and submit a report at least twice a year to authenticate that both the money being distributed and the estimated savings are all accounted and documented. Along with that, supporting that the savings did not have a negative impact on the areas from which they came from.

**LTSS Strategy E — Require Medicare Enhanced Home Care Benefit**

**LTSS E — Comments:** In October of 2019 the Office of the legislative auditor found an estimated loss of over $400 million dollars and the "dysfunction at DHS caused the problem" since 2014. It should be included that either the OLA or another independent auditor separate from any MN state office audit the spending and submit a report at least twice a year to authenticate that both the money being distributed and the estimated savings are all accounted and documented. Along with that, supporting that the savings did not have a negative impact on the areas from which they came from.
LTSS Strategy F — Update Value-Based Reimbursement in Nursing Facilities

LTSS F — Comments: In October of 2019 the Office of the legislative auditor found an estimated loss of over $400 million dollars and the "dysfunction at DHS caused the problem" since 2014. It should be included that either the OLA or another independent auditor separate from any MN state office audit the spending and submit a report at least twice a year to authenticate that both the money being distributed and the estimated savings are all accounted and documented. Along with that, supporting that the savings did not have a negative impact on the areas from which they came from.

Strategies focused on Waste, Including Fraud and Program Integrity

Waste Strategy A — Pursue Fraud, Waste, or Abuse Prevention Enhancements

Waste A — Comments: In October of 2019 the Office of the legislative auditor found an estimated loss of over $400 million dollars and the "dysfunction at DHS caused the problem" since 2014. It should be included that either the OLA or another independent auditor separate from any MN state office audit the spending and submit a report at least twice a year to authenticate that both the money being distributed and the estimated savings are all accounted and documented. Along with that, supporting that the savings did not have a negative impact on the areas from which they came from.

Waste Strategy B — Reduce Low-Value Services in Minnesota

Waste B — Comments: In October of 2019 the Office of the legislative auditor found an estimated loss of over $400 million dollars and the "dysfunction at DHS caused the problem" since 2014. It should be included that either the OLA or another independent auditor separate from any MN state office audit the spending and submit a report at least twice a year to authenticate that both the money being distributed and the estimated savings are all accounted and documented. Along with that, supporting that the savings did not have a negative impact on the areas from which they came from.

Waste Strategy C — Align State and Federal Health Care Privacy Protections

Waste C — Comments: In October of 2019 the Office of the legislative auditor found an estimated loss of over $400 million dollars and the "dysfunction at DHS caused the problem" since 2014. It should be included that either the OLA or another independent auditor separate from any MN state office audit the spending and submit a report at least twice a year to authenticate that both the money being distributed and the estimated savings are all accounted and documented. Along with that, supporting that the savings did not have a negative impact on the areas from which they came from.

Strategies focused on Administrative Efficiencies and Simplification

Efficiencies Strategy A — Improve MnCHOICES and LTSS Processes

Efficiencies A — Comments: In October of 2019 the Office of the legislative auditor found an estimated loss of over $400 million dollars and the "dysfunction at DHS caused the problem" since 2014. It should be included that either the OLA or another independent auditor separate from any MN state office audit the spending and submit a report at least twice a year to authenticate that both the money being distributed and the estimated savings are all accounted and documented. Along with that, supporting that the savings did not have a negative impact on the areas from which they came from.

Strategies focused on Health Equity

Health Equity Strategy title A — Improve Dental Access in Public Health Care Programs

Health Equity A — Comments: In October of 2019 the Office of the legislative auditor found an estimated loss of over $400 million dollars and the "dysfunction at DHS caused the problem" since 2014. It should be included that either the OLA or another independent auditor separate from any MN state office audit the spending and submit a report at least
twice a year to authenticate that both the money being distributed and the estimated savings are all accounted and documented. Along with that, supporting that the savings did not have a negative impact on the areas from which they came from.

**Health Equity Strategy title B — Ensure Equitable Access to Aging and Disability Service Programs**

**Health Equity B — Comments:** In October of 2019 the Office of the legislative auditor found an estimated loss of over $400 million dollars and the "dysfunction at DHS caused the problem" since 2014. It should be included that either the OLA or another independent auditor separate from any MN state office audit the spending and submit a report at least twice a year to authenticate that both the money being distributed and the estimated savings are all accounted and documented. Along with that, supporting that the savings did not have a negative impact on the areas from which they came from.

**Health Equity Strategy title C — Redesign Targeted Case Management to Reduce Disparities in Access to Medical, Behavioral and Social Services or Supports**

**Health Equity C — Comments:** In October of 2019 the Office of the legislative auditor found an estimated loss of over $400 million dollars and the "dysfunction at DHS caused the problem" since 2014. It should be included that either the OLA or another independent auditor separate from any MN state office audit the spending and submit a report at least twice a year to authenticate that both the money being distributed and the estimated savings are all accounted and documented. Along with that, supporting that the savings did not have a negative impact on the areas from which they came from.

**Additional Input**

In October of 2019 the Office of the legislative auditor found an estimated loss of over $400 million dollars and the "dysfunction at DHS caused the problem" since 2014. It should be included that either the OLA or another independent auditor separate from any MN state office audit the spending and submit a report at least twice a year to authenticate that both the money being distributed and the estimated savings are all accounted and documented. Along with that, supporting that the savings did not have a negative impact on the areas from which they came from.

**Attachments**

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**Erin Sutton**

**Title:** Senior Director of Advocacy

**Organization:** Lutheran Social Service of Minnesota

**Please identify the group you represent:** Provider Organization

**Please list the populations served by your organization, if applicable:**

- Communities of Color
- Ethnic and/or racial minorities
- LGBTQIA+
- Native American/American Indian people
- Older adults
- People with apparent and non-apparent disabilities
- Rural populations
- Urban populations
- Veterans
- Children, youth, and families
Cost Savings Strategies: Health Care

Health Care Strategy A — Implement Uniform Administration of Non-Emergency Medical Transportation (NEMT)
Health Care A – Comments: No entry

Health Care Strategy B — Modify Certain Medical Assistance Durable Medical Equipment Payment Rates to Match Medicare Rates
Health Care B – Comments: No entry

Health Care Strategy C — Expand Volume Purchasing for Durable Medical Equipment
Health Care C — Comments: No entry

Health Care Strategy D — Expand Use of the MN Encounter Alerting Service
Health Care D — Comments: No entry

Health Care Strategy E — Improve Compliance with Third Party Liability (TPL) Requirements
Health Care E — Comments: No entry

Health Care Strategy F — Require Managed Care Organization (MCO) Competitive Price Bidding
Health Care F — Comments: No entry

Health Care Strategy G — Create Uniform Pharmacy Benefit
Health Care G — Comments: No entry

Health Care Strategy H — Establish Prescription Drug Purchasing Council
Health Care H — Comments: No entry

Health Care Strategy I — Establish Prescription Drug Affordability Commission
Health Care I — Comments: No entry

Cost Savings Strategies: Long-Term Services and Supports (LTSS) for Persons with Disabilities and Older Adults

LTSS Strategy A — Discontinue Grant Programs
LTSS A — Comments: No entry

LTSS Strategy B — Update Absence Factor in Day Services
LTSS B — Comments: No entry

LTSS Strategy C — Change Disability Waiver Family Foster Care Rate Methodology
LTSS C — Comments: LSS has concerns regarding the clarity of proposed changes to the rate methodology and how it will improve access to high quality, adequate support. It is imperative that individuals with disabilities and family foster care providers have a 245D specialist to assist in navigating the complex system of family foster care. It is critical to ensuring high quality, person-centered outcomes are achieved for people with disabilities and accordance with 245D requirements, as well as Minnesota’s Olmstead Plan, are met. LSS supports the promotion of Life Sharing. Since 2011, LSS has provided this service, known as LSS Host Homes, for people with disabilities to provide the benefits and
enjoyment of living in a family home to lead an independent life in community. LSS works collaboratively with individuals, their families and host home providers to design and implement a person-centered plan. This service can have some of the best outcomes when there is high quality, adequate support.

**LTSS Strategy D — Curb Residential Costs in Disability Waivers**

**LTSS D — Comments:** LSS supports the development of a new initiative to assist people who indicate that they want to move. LSS is deeply committed to assisting and supporting people with disabilities as they move from more-restrictive to less-restrictive home settings whenever possible while focusing on each individual’s dreams. However, LSS has concerns regarding the statement to “then reduce statewide capacity available after people move.” It is critical to ensure that reducing home and community-based residential capacity does not lead to exacerbating housing instability when there is a significant shortage of accessible and affordable housing across Minnesota. LSS has concerns with the strategy to align corporate residential billing with the rate framework. This proposal may create losses for providers when individuals are absent for more than 15 days a year. LSS supports ARRM’s position that providers should have the ability to bill for every day that the individual receives services.

**LTSS Strategy E — Require Medicare Enhanced Home Care Benefit**

**LTSS E — Comments:** LSS supports the proposed requirement of Medigap policies to cover certain benefits to support enrollees in the community over the long term. LSS is committed to continuing to grow our collaborations with health care entities and community partners to bring new types of non-medical services to life. This proposal is a practical solution to reduce costs while supporting older adults to stay healthy and live at home longer.

**LTSS Strategy F — Update Value-Based Reimbursement in Nursing Facilities**

**LTSS F — Comments:** No entry

**Strategies focused on Waste, Including Fraud and Program Integrity**

**Waste Strategy A — Pursue Fraud, Waste, or Abuse Prevention Enhancements**

**Waste A — Comments:** No entry

**Waste Strategy B — Reduce Low-Value Services in Minnesota**

**Waste B — Comments:** No entry

**Waste Strategy C — Align State and Federal Health Care Privacy Protections**

**Waste C — Comments:** No entry

**Strategies focused on Administrative Efficiencies and Simplification**

**Efficiencies Strategy A — Improve MnCHOICES and LTSS Processes**

**Efficiencies A — Comments:** No entry

**Strategies focused on Health Equity**

**Health Equity Strategy title A — Improve Dental Access in Public Health Care Programs**

**Health Equity A — Comments:** No entry

**Health Equity Strategy title B — Ensure Equitable Access to Aging and Disability Service Programs**

**Health Equity B — Comments:** LSS supports developing a community engagement strategy to implement systemic changes to address disparities in the rate that racial and ethnic minorities access services available through home and
community-based service waivers. LSS stands for opportunity, equity and justice, and we support creative and transformational ways to build community and increase access to supports through the removal of systemic barriers.

**Health Equity Strategy title C — Redesign Targeted Case Management to Reduce Disparities in Access to Medical, Behavioral and Social Services or Supports**

Health Equity C — Comments: No entry

**Additional Input**

LSS Supports the Increase Access of Home and Community-Based Services for Older Adults strategy which was initially identified by the Commission for development but was not fully developed due to time constraints presented by the COVID-19 pandemic. LSS submitted this proposal as a transformational strategy that would reduce health care costs by providing additional support for services that provide an increase in social connectedness and access to community supports, such as Caregiver Services, Companion Services and Respite type care.

**Attachments**

ref:0000000480:Q27

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**Faye Bernstein**

**Title:** Contracts Attorney  
**Organization:** Minnesota Department of Human Services  
**Please identify the group you represent:** Individual Person  
**Please list the populations served by your organization, if applicable:**

**Cost Savings Strategies: Health Care**

**Health Care Strategy A — Implement Uniform Administration of Non-Emergency Medical Transportation (NEMT)**

Health Care A – Comments: No entry

**Health Care Strategy B — Modify Certain Medical Assistance Durable Medical Equipment Payment Rates to Match Medicare Rates**

Health Care B – Comments: No entry

**Health Care Strategy C — Expand Volume Purchasing for Durable Medical Equipment**

Health Care C — Comments: No entry

**Health Care Strategy D — Expand Use of the MN Encounter Alerting Service**

Health Care D — Comments: No entry

**Health Care Strategy E - Improve Compliance with Third Party Liability (TPL) Requirements**

Health Care E — Comments: No entry

**Health Care Strategy F — Require Managed Care Organization (MCO) Competitive Price Bidding**

Health Care F — Comments: No entry
Health Care Strategy G — Create Uniform Pharmacy Benefit
Health Care G — Comments: No entry

Health Care Strategy H — Establish Prescription Drug Purchasing Council
Health Care H — Comments: No entry

Health Care Strategy I — Establish Prescription Drug Affordability Commission
Health Care I — Comments: No entry

Cost Savings Strategies: Long-Term Services and Supports (LTSS) for Persons with Disabilities and Older Adults

LTSS Strategy A — Discontinue Grant Programs
LTSS A — Comments: No entry

LTSS Strategy B — Update Absence Factor in Day Services
LTSS B — Comments: No entry

LTSS Strategy C — Change Disability Waiver Family Foster Care Rate Methodology
LTSS C — Comments: No entry

LTSS Strategy D — Curb Residential Costs in Disability Waivers
LTSS D — Comments: No entry

LTSS Strategy E — Require Medicare Enhanced Home Care Benefit
LTSS E — Comments: No entry

LTSS Strategy F — Update Value-Based Reimbursement in Nursing Facilities
LTSS F — Comments: No entry

Strategies focused on Waste, Including Fraud and Program Integrity

Waste Strategy A — Pursue Fraud, Waste, or Abuse Prevention Enhancements
Waste A — Comments: The above strategy summary must include a thorough review and revamping of Whistleblower policies and laws. There is currently limited protection for those who report on fraud, waste or abuse. In my situation, the State of Minnesota has spent thousands and thousands of dollars to retaliate against me for making reports. Not only is that a waste of public funds, but it obviously has a chilling effect on others who considered making a report and ultimately allows for fraud, waste and abuse to continue, unchecked.

Waste Strategy B — Reduce Low-Value Services in Minnesota
Waste B — Comments: No entry

Waste Strategy C — Align State and Federal Health Care Privacy Protections
Waste C — Comments: No entry
Strategies focused on Administrative Efficiencies and Simplification

Efficiencies Strategy A — Improve MnCHOICES and LTSS Processes
Efficiencies A — Comments: No entry

Strategies focused on Health Equity

Health Equity Strategy title A — Improve Dental Access in Public Health Care Programs
Health Equity A — Comments: No entry

Health Equity Strategy title B — Ensure Equitable Access to Aging and Disability Service Programs
Health Equity B — Comments: No entry

Health Equity Strategy title C — Redesign Targeted Case Management to Reduce Disparities in Access to Medical, Behavioral and Social Services or Supports
Health Equity C — Comments: No entry

Additional Input
No entry

Attachments

Gene Martinez
Title: Legislative Advocacy Coordinator
Organization: The Arc Minnesota
Please identify the group you represent: Community Organization
Please list the populations served by your organization, if applicable:

- Communities of Color
- Ethnic and/or racial minorities
- LGBTQIA+
- Native American/American Indian people
- Older adults
- People with apparent and non-apparent disabilities
- Rural populations
- Urban populations

Cost Savings Strategies: Health Care

Health Care Strategy A — Implement Uniform Administration of Non-Emergency Medical Transportation (NEMT)
Health Care A – Comments: No entry

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Health Care B – Comments: No entry
Health Care Strategy C — Expand Volume Purchasing for Durable Medical Equipment
Health Care C — Comments: No entry

Health Care Strategy D — Expand Use of the MN Encounter Alerting Service
Health Care D — Comments: No entry

Health Care Strategy E — Improve Compliance with Third Party Liability (TPL) Requirements
Health Care E — Comments: No entry

Health Care Strategy F — Require Managed Care Organization (MCO) Competitive Price Bidding
Health Care F — Comments: No entry

Health Care Strategy G — Create Uniform Pharmacy Benefit
Health Care G — Comments: We support this strategy if individuals have a formulary exception process to allow individuals to seek drugs not on the formulary based on medical necessity. (See attached letter for more detail)

Health Care Strategy H — Establish Prescription Drug Purchasing Council
Health Care H — Comments: We support the establishment of a Prescription Drug Purchasing Council because certain drugs people need to stay alive are not always affordable. Many are faced with difficult financial decisions based on the cost of prescription drugs. (See attached letter for more detail)

Health Care Strategy I — Establish Prescription Drug Affordability Commission
Health Care I — Comments: We support this proposal. Eliminating Pharmacy Benefit Managers (PBM) from the process of negotiating the price of prescription drugs will allow the state to eliminate an unnecessary intermediary and reduce the costs to individuals. (See attached letter for more detail)

Cost Savings Strategies: Long-Term Services and Supports (LTSS) for Persons with Disabilities and Older Adults

LTSS Strategy A — Discontinue Grant Programs
LTSS A — Comments: We support this proposal since the original purpose of the grants has been accomplished now.

LTSS Strategy B — Update Absence Factor in Day Services
LTSS B — Comments: No entry

LTSS Strategy C — Change Disability Waiver Family Foster Care Rate Methodology
LTSS C — Comments: We support moving away from the DWRS rate structure for family foster care and transitioning to a tiered rate structure based on individual needs. We also strongly support the Life Sharing model and believe a tiered rate structure will best support that model that provides more individual choice to the user of services. (See attached letter for more detail)

LTSS Strategy D — Curb Residential Costs in Disability Waivers
LTSS D — Comments: We support a new initiative that would assist people who want to move out of licensed services. This would build on already successful programs like the Housing Access Services/Housing Access Coordination (Housing Stabilization Services) that have helped thousands move to unlicensed housing with support services in place. (See attached letter for more detail) We support a more robust process to screen people to avoid corporate foster care that involves reforming the CDHS Budget Methodology to provide more funding and having DHS work with other state agencies to expand the supply of affordable accessible housing. (See attached letter for more detail)
LTSS Strategy E — Require Medicare Enhanced Home Care Benefit  
LTSS E — Comments: No entry

LTSS Strategy F — Update Value-Based Reimbursement in Nursing Facilities  
LTSS F — Comments: No entry

Strategies focused on Waste, Including Fraud and Program Integrity

Waste Strategy A — Pursue Fraud, Waste, or Abuse Prevention Enhancements  
Waste A — Comments: No entry

Waste Strategy B — Reduce Low- Value Services in Minnesota  
Waste B — Comments: No entry

Waste Strategy C — Align State and Federal Health Care Privacy Protections  
Waste C — Comments: No entry

Strategies focused on Administrative Efficiencies and Simplification

Efficiencies Strategy A — Improve MnCHOICES and LTSS Processes  
Efficiencies A — Comments: We support reforms to MnCHOICES that provide more transparency and consistency. While streamlining is important, the individuals need to understand the process and outcome is the most important feature of reform since that doesn't always happen now. (See attached letter for more details)

Strategies focused on Health Equity

Health Equity Strategy title A — Improve Dental Access in Public Health Care Programs  
Health Equity A — Comments: We support an increase in rates for children's and adult's dental services. Dental services are hard to access in many parts of the state. However, we are concerned about any loss of add on services for critical access dental providers. The goal of improving access to dental services will be hard to accomplish if critical access dental providers end up with less overall revenue. (See attached letter for additional details)

Health Equity Strategy title B — Ensure Equitable Access to Aging and Disability Service Programs  
Health Equity B — Comments: Ensuring equitable access to aging and disability service programs is essential. Developing outreach strategies is important and establishing goals for higher access is essential. Addressing the cultural lens in which services are provided is necessary if truly individualized and equitable services are going to be provided. (See attached letter for more details)

Health Equity Strategy title C — Redesign Targeted Case Management to Reduce Disparities in Access to Medical, Behavioral and Social Services or Supports  
Health Equity C — Comments: Targeted case management should focus on holistically meeting the needs of communities that have not always had access to services that white middle class people have utilized. Services must be provided to fill the gaps that exist in people maintaining services because of various barriers. (See attached letter for additional details)

Additional Input

No entry
Ginny Cullen

Title: Program Director
Organzation: Mount Olivet Day Services

Please identify the group you represent: Provider Organization

Please list the populations served by your organization, if applicable:

- Communities of Color
- Ethnic and/or racial minorities
- Older adults
- People with apparent and non-apparent disabilities
- Veterans

Cost Savings Strategies: Health Care

Health Care Strategy A — Implement Uniform Administration of Non-Emergency Medical Transportation (NEMT)
Health Care A — Comments: Our costs for providing transportation for our participants far outweigh the reimbursement.

Health Care Strategy B — Modify Certain Medical Assistance Durable Medical Equipment Payment Rates to Match Medicare Rates
Health Care B — Comments: No entry

Health Care Strategy C — Expand Volume Purchasing for Durable Medical Equipment
Health Care C — Comments: No entry

Health Care Strategy D — Expand Use of the MN Encounter Alerting Service
Health Care D — Comments: No entry

Health Care Strategy E — Improve Compliance with Third Party Liability (TPL) Requirements
Health Care E — Comments: No entry

Health Care Strategy F — Require Managed Care Organization (MCO) Competitive Price Bidding
Health Care F — Comments: No entry

Health Care Strategy G — Create Uniform Pharmacy Benefit
Health Care G — Comments: No entry

Health Care Strategy H — Establish Prescription Drug Purchasing Council
Health Care H — Comments: No entry

Health Care Strategy I — Establish Prescription Drug Affordability Commission
Health Care I — Comments: No entry
Cost Savings Strategies: Long-Term Services and Supports (LTSS) for Persons with Disabilities and Older Adults

LTSS Strategy A — Discontinue Grant Programs
LTSS A — Comments: No entry

LTSS Strategy B — Update Absence Factor in Day Services
LTSS B — Comments: We are struggling to continue to offer services. What we are reimbursed does not cover the cost of staff.

LTSS Strategy C — Change Disability Waiver Family Foster Care Rate Methodology
LTSS C — Comments: No entry

LTSS Strategy D — Curb Residential Costs in Disability Waivers
LTSS D — Comments: No entry

LTSS Strategy E — Require Medicare Enhanced Home Care Benefit
LTSS E — Comments: No entry

LTSS Strategy F — Update Value-Based Reimbursement in Nursing Facilities
LTSS F — Comments: No entry

Strategies focused on Waste, Including Fraud and Program Integrity

Waste Strategy A — Pursue Fraud, Waste, or Abuse Prevention Enhancements
Waste A — Comments: No entry

Waste Strategy B — Reduce Low-Value Services in Minnesota
Waste B — Comments: No entry

Waste Strategy C — Align State and Federal Health Care Privacy Protections
Waste C — Comments: No entry

Strategies focused on Administrative Efficiencies and Simplification

Efficiencies Strategy A — Improve MnCHOICES and LTSS Processes
Efficiencies A — Comments: No entry

Strategies focused on Health Equity

Health Equity Strategy title A — Improve Dental Access in Public Health Care Programs
Health Equity A — Comments: No entry

Health Equity Strategy title B — Ensure Equitable Access to Aging and Disability Service Programs
Health Equity B — Comments: No entry
Health Equity Strategy title C — Redesign Targeted Case Management to Reduce Disparities in Access to Medical, Behavioral and Social Services or Supports

Health Equity C — Comments: No entry

Additional Input
We are a non-profit organization. The cost of providing services to waivered participants does not come close to the actual cost of our quality program.

Attachments

Ingrid Leiva
Title: Quality Assurance Director
Organization: Health Care Plus, Inc.

Please identify the group you represent: Provider Organization

Please list the populations served by your organization, if applicable:
- Communities of Color
- Ethnic and/or racial minorities
- Older adults
- People with apparent and non-apparent disabilities
- Urban populations

Cost Savings Strategies: Health Care

Health Care Strategy A — Implement Uniform Administration of Non-Emergency Medical Transportation (NEMT)
Health Care A – Comments: No entry

Health Care Strategy B — Modify Certain Medical Assistance Durable Medical Equipment Payment Rates to Match Medicare Rates
Health Care B – Comments: No entry

Health Care Strategy C — Expand Volume Purchasing for Durable Medical Equipment
Health Care C — Comments: No entry

Health Care Strategy D — Expand Use of the MN Encounter Alerting Service
Health Care D — Comments: No entry

Health Care Strategy E — Improve Compliance with Third Party Liability (TPL) Requirements
Health Care E — Comments: No entry

Health Care Strategy F — Require Managed Care Organization (MCO) Competitive Price Bidding
Health Care F — Comments: No entry

Health Care Strategy G — Create Uniform Pharmacy Benefit
Health Care G — Comments: No entry
Health Care Strategy H — Establish Prescription Drug Purchasing Council

Health Care H — Comments: No entry

Health Care Strategy I — Establish Prescription Drug Affordability Commission

Health Care I — Comments: No entry

Cost Savings Strategies: Long-Term Services and Supports (LTSS) for Persons with Disabilities and Older Adults

LTSS Strategy A — Discontinue Grant Programs

LTSS A — Comments: No entry

LTSS Strategy B — Update Absence Factor in Day Services

LTSS B — Comments: We strongly oppose this strategy. This would result in rate cuts to day services providers at a very bad time- after we were closed for over three months due to the emergency. Many providers were forced out of business. Providers are experiencing a really hard time with the mandatory closure and now the restrictions for reopening. The absence factor is extremely important in managing our operations/mitigating financial losses due to client transportation issues, last minute cancellations, inclement weather, etc.

LTSS Strategy C — Change Disability Waiver Family Foster Care Rate Methodology

LTSS C — Comments: No entry

LTSS Strategy D — Curb Residential Costs in Disability Waivers

LTSS D — Comments: No entry

LTSS Strategy E — Require Medicare Enhanced Home Care Benefit

LTSS E — Comments: No entry

LTSS Strategy F — Update Value-Based Reimbursement in Nursing Facilities

LTSS F — Comments: No entry

Strategies focused on Waste, Including Fraud and Program Integrity

Waste Strategy A — Pursue Fraud, Waste, or Abuse Prevention Enhancements

Waste A — Comments: No entry

Waste Strategy B — Reduce Low-Value Services in Minnesota

Waste B — Comments: No entry

Waste Strategy C — Align State and Federal Health Care Privacy Protections

Waste C — Comments: No entry

Strategies focused on Administrative Efficiencies and Simplification

Efficiencies Strategy A — Improve MnCHOICES and LTSS Processes

Efficiencies A — Comments: No entry
Strategies focused on Health Equity

Health Equity Strategy title A — Improve Dental Access in Public Health Care Programs
Health Equity A — Comments: No entry

Health Equity Strategy title B — Ensure Equitable Access to Aging and Disability Service Programs
Health Equity B — Comments: No entry

Health Equity Strategy title C — Redesign Targeted Case Management to Reduce Disparities in Access to Medical, Behavioral and Social Services or Supports
Health Equity C — Comments: No entry

Additional Input
No entry

Attachments

James Przybilla
Title: CEO
Organization: PrimeWest Health
Please identify the group you represent: County-Based Purchasing organization

Please list the populations served by your organization, if applicable:
- Communities of Color
- Ethnic and/or racial minorities
- LGBTQIA+
- Native American/American Indian people
- Older adults
- People with apparent and non-apparent disabilities
- Rural populations

Cost Savings Strategies: Health Care

Health Care Strategy A — Implement Uniform Administration of Non-Emergency Medical Transportation (NEMT)

Health Care A — Comments: The Equity Considerations section contains two bullet points also critical to rural equity. Access to NEMT in rural areas is a challenge that has been best addressed by highly localized solutions. These will be very difficult for a single administrator to replicate across the entire state. Failure to do so will reduce timely access to care, threaten enrollee health, and increase health care costs. A “standardized approach to NEMT” is implausible given the disparity in resources from county to county. Rural areas rely heavily on a churning network of NEMT providers and volunteer drivers that requires intimate knowledge of local resources and geography to manage. The problem the strategy is trying to fix seems to stem from audits of FFS, not managed care. Yet the single administrator would be used for both, even if it is displacing what’s working in rural areas through managed care to ensure access with an untested strategy to fix what seem to be FFS administrative issues.
Health Care Strategy B — Modify Certain Medical Assistance Durable Medical Equipment Payment Rates to Match Medicare Rates

Health Care B — Comments: No entry

Health Care Strategy C — Expand Volume Purchasing for Durable Medical Equipment

Health Care C — Comments: No entry

Health Care Strategy D — Expand Use of the MN Encounter Alerting Service

Health Care D — Comments: Excellent. This is an essential first step in developing the exchange of health information necessary to support the development and effectiveness of value-based care in Minnesota Health Care Programs and to reduce preventable and unnecessary utilization of costly health care services and resources. Providers engaged in value-based reimbursement should immediately realize the value of such data, if accessed and used in a timely and effective manner.

Health Care Strategy E- Improve Compliance with Third Party Liability (TPL) Requirements

Health Care E — Comments: No entry

Health Care Strategy F — Require Managed Care Organization (MCO) Competitive Price Bidding

Health Care F — Comments: “Going to the well too often” seems to apply here. All MCOs experienced significant financial losses on their F&C contracts in 2019 (Attachment 1). Another price bid that further reduces MCOs’ MA/MnCare payment rates will: 1) harm providers most; 2) reduce access to care and provider choice for enrollees; 3) fail to meet Federal actuarial soundness regulations; 4) counter-productively reduce MCOs’ capacity to improve quality, population health and cost; 5) raise serious questions of Medicare and the privately insured subsidizing MA/MnCare; and 6) harm future MHCP contract negotiations and procurements. Regarding 1, reducing provider reimbursement is the only sure way MCOs can prevent and mitigate significant financial losses. Reimbursement reductions fall hardest on providers caring for a disproportionate share of MA/MnCare enrollees like rural and safety net providers that are critical to MA/MnCare enrollees’ access to care yet are also the most financially vulnerable.

Health Care Strategy G — Create Uniform Pharmacy Benefit

Health Care G — Comments: The evidence justifies further exploring this strategy, but it does not adequately support proceeding with its implementation given the huge amount of money, risk, and enrollees in play. The strategy involves tens of millions of dollars in new spending and the State assuming the financial risk for several hundred million dollars in pharmacy benefits for hundreds of thousands of lives—risk now borne by MCOs. The strategy’s analysis includes findings from internal cost reviews that raise questions of comparability and controls, low adoption of like strategies by other states (3), a dangerously incomplete population impact analysis, and an under-developed business plan and operations budget. If the strategy proceeds and the current analysis is inaccurate or incomplete, the projected savings could easily become a multi-million dollar deficit for the State. The stakes involved warrant a more thorough, objective third-party analysis and risk assessment of this strategy and the PDL.

Health Care Strategy H — Establish Prescription Drug Purchasing Council

Health Care H — Comments: No entry

Health Care Strategy I — Establish Prescription Drug Affordability Commission

Health Care I — Comments: No entry
Cost Savings Strategies: Long-Term Services and Supports (LTSS) for Persons with Disabilities and Older Adults

LTSS Strategy A — Discontinue Grant Programs
LTSS A — Comments: No entry

LTSS Strategy B — Update Absence Factor in Day Services
LTSS B — Comments: No entry

LTSS Strategy C — Change Disability Waiver Family Foster Care Rate Methodology
LTSS C — Comments: No entry

LTSS Strategy D — Curb Residential Costs in Disability Waivers
LTSS D — Comments: No entry

LTSS Strategy E — Require Medicare Enhanced Home Care Benefit
LTSS E — Comments: No entry

LTSS Strategy F — Update Value-Based Reimbursement in Nursing Facilities
LTSS F — Comments: No entry

Strategies focused on Waste, Including Fraud and Program Integrity

Waste Strategy A — Pursue Fraud, Waste, or Abuse Prevention Enhancements
Waste A — Comments: No entry

Waste Strategy B — Reduce Low-Value Services in Minnesota
Waste B — Comments: As the research cited indicates, this effort is long overdue. The cost-savings and patient safety potential of this strategy are as high as seeing it through will be challenging. Special interests and professional preferences are in play here. Even a quick review of the Choosing Wisely recommendations reveals that what one provider considers trash is another provider’s gold. Therefore, broad participation in identifying low-value/wasteful health care services and products will be essential—as will political fortitude when applying the scalpel. The strategy’s plan addresses the participation necessity, except components 2 and 3 should include payers. Payers make tough and unpopular decisions regarding the safety and clinical value of health care services/products on a daily basis through medical necessity determinations, and at its core, this strategy is very much a systemic approach to making such tough determinations—and not all of the decisions will be popular.

Waste Strategy C — Align State and Federal Health Care Privacy Protections
Waste C — Comments: No entry

Strategies focused on Administrative Efficiencies and Simplification

Efficiencies Strategy A — Improve MnCHOICES and LTSS Processes
Efficiencies A — Comments: No entry
Strategies focused on Health Equity

Health Equity Strategy title A — Improve Dental Access in Public Health Care Programs

Health Equity A — Comments: One-size-fits-all approach. It under-represents the rural perspective and risks reducing access to dental care in rural Minnesota if the approach does not fit the local and personal dynamics affecting dental utilization. Reduced access will increase overall health care costs and threaten enrollee health. Such dynamics require localized, person-centered approaches to address, which a single administrator cannot cost-effectively perform on a statewide basis. Increase dental reimbursement? Yes! But the strategy’s scheme risks harming critical providers while increasing State costs significantly more than an approach that builds on already higher MCO reimbursement rates, local best practices, and broader efforts to address the problem. Though somewhat dated, “Oral Health in America: A Report of the Surgeon General” articulates the social determinants of oral health still present today that this strategy does not address but will threaten or eliminate efforts that do if implemented.

Health Equity Strategy title B — Ensure Equitable Access to Aging and Disability Service Programs

Health Equity B — Comments: No entry

Health Equity Strategy title C — Redesign Targeted Case Management to Reduce Disparities in Access to Medical, Behavioral and Social Services or Supports

Health Equity C — Comments: No entry

Additional Input

Committee members should be applauded for their hard efforts in fulfilling a very challenging mission. Many of the strategies should help reduce health care costs and disparities. However, there are three severe strategies that propose carving out benefits and services from managed care that should be pursued only as a last resort. The strategies are extreme far-end approaches when there are far less risk approaches and best practices that could be implemented to achieve the same objectives through collaboration between DHS, MDH, MCOs, and County-Based Purchasing organizations. The three proposed strategies are not the products of such a collaboration. A collaborative approach that combines and focuses the vast expertise and resources of these organizations on NEMT, pharmacy costs and dental access has yet to be pursued.

Attachments

ref:0000000445:Q27

Jane Olson

Title: Program Administrator

Organization: Minnesota Board on Aging

Please identify the group you represent: state board

Please list the populations served by your organization, if applicable:

- Communities of Color
- Ethnic and/or racial minorities
- LGBTQIA+
- Native American/American Indian people
- Older adults
- Rural populations
- Urban populations
Cost Savings Strategies: Health Care

Health Care Strategy A — Implement Uniform Administration of Non-Emergency Medical Transportation (NEMT)
Health Care A – Comments: No entry

Health Care Strategy B — Modify Certain Medical Assistance Durable Medical Equipment Payment Rates to Match Medicare Rates
Health Care B – Comments: No entry

Health Care Strategy C — Expand Volume Purchasing for Durable Medical Equipment
Health Care C — Comments: No entry

Health Care Strategy D — Expand Use of the MN Encounter Alerting Service
Health Care D — Comments: No entry

Health Care Strategy E — Improve Compliance with Third Party Liability (TPL) Requirements
Health Care E — Comments: No entry

Health Care Strategy F — Require Managed Care Organization (MCO) Competitive Price Bidding
Health Care F — Comments: No entry

Health Care Strategy G — Create Uniform Pharmacy Benefit
Health Care G — Comments: No entry

Health Care Strategy H — Establish Prescription Drug Purchasing Council
Health Care H — Comments: No entry

Health Care Strategy I — Establish Prescription Drug Affordability Commission
Health Care I — Comments: No entry

Cost Savings Strategies: Long-Term Services and Supports (LTSS) for Persons with Disabilities and Older Adults

LTSS Strategy A — Discontinue Grant Programs
LTSS A — Comments: No entry

LTSS Strategy B — Update Absence Factor in Day Services
LTSS B — Comments: No entry

LTSS Strategy C — Change Disability Waiver Family Foster Care Rate Methodology
LTSS C — Comments: No entry

LTSS Strategy D — Curb Residential Costs in Disability Waivers
LTSS D — Comments: No entry
LTSS Strategy E — Require Medicare Enhanced Home Care Benefit

LTSS E — Comments: YES! The Medicare Home Care benefit is underutilized, undersupported and wonderfully helpful in making it possible for people to stay in their home. The expertise brought into the home reduces return hospital visits and supports caregivers to keep people out of nursing homes.

LTSS Strategy F — Update Value-Based Reimbursement in Nursing Facilities

LTSS F — Comments: No entry

Strategies focused on Waste, Including Fraud and Program Integrity

Waste Strategy A — Pursue Fraud, Waste, or Abuse Prevention Enhancements

Waste A — Comments: No entry

Waste Strategy B — Reduce Low-Value Services in Minnesota

Waste B — Comments: No entry

Waste Strategy C — Align State and Federal Health Care Privacy Protections

Waste C — Comments: No entry

Strategies focused on Administrative Efficiencies and Simplification

Efficiencies Strategy A — Improve MnCHOICES and LTSS Processes

Efficiencies A — Comments: Yes. Simplify!

Strategies focused on Health Equity

Health Equity Strategy title A — Improve Dental Access in Public Health Care Programs

Health Equity A — Comments: The current rates are a joke.

Health Equity Strategy title B — Ensure Equitable Access to Aging and Disability Service Programs

Health Equity B — Comments: No entry

Health Equity Strategy title C — Redesign Targeted Case Management to Reduce Disparities in Access to Medical, Behavioral and Social Services or Supports

Health Equity C — Comments: No entry

Additional Input

No entry

Attachments

Jason Swanson

Title: Executive Director

Organization: Minnesota River Area Agency on Aging, Inc.

Please identify the group you represent: Community Organization
Please list the populations served by your organization, if applicable:

- Communities of Color
- Ethnic and/or racial minorities
- LGBTQIA+
- Native American/American Indian people
- Older adults
- People with apparent and non-apparent disabilities
- Rural populations
- Urban populations
- Veterans

**Cost Savings Strategies: Health Care**

**Health Care Strategy A — Implement Uniform Administration of Non-Emergency Medical Transportation (NEMT)**

**Health Care A – Comments:** The Minnesota River Area Agency on Aging supports the Commission’s cost saving strategy relating to the implementation of a uniform administration of non-emergency medical transportation. Many of our older adults have difficulties in finding transportation for regular doctor appointments which may lead to a person missing or skipping said appointment. Outcomes of this decision can lead to worsening health condition ultimately having the individual utilize an emergency transportation service. By addressing the administration of a transportation program this will assist individuals in getting rides setup and staying on top of their healthcare.

**Health Care Strategy B — Modify Certain Medical Assistance Durable Medical Equipment Payment Rates to Match Medicare Rates**

**Health Care B – Comments:** No entry

**Health Care Strategy C — Expand Volume Purchasing for Durable Medical Equipment**

**Health Care C — Comments:** No entry

**Health Care Strategy D — Expand Use of the MN Encounter Alerting Service**

**Health Care D — Comments:** The Minnesota River Area Agency on Aging supports the Commission’s cost saving strategy relating to expanding the Minnesota Encounter Alerting Service. Through this service, community-based organizations can efficiently respond to an individual need that will assist them to be successful in avoiding a hospital re-admission.

**Health Care Strategy E- Improve Compliance with Third Party Liability (TPL) Requirements**

**Health Care E — Comments:** No entry

**Health Care Strategy F — Require Managed Care Organization (MCO) Competitive Price Bidding**

**Health Care F — Comments:** No entry

**Health Care Strategy G — Create Uniform Pharmacy Benefit**

**Health Care G — Comments:** No entry

**Health Care Strategy H — Establish Prescription Drug Purchasing Council**

**Health Care H — Comments:** The Minnesota River Area Agency on Aging supports the Commission’s stance in working to lower pharmacy drug costs. Many older adults are not able to pay for medications that result in further negative outcomes. Through these initiatives, medications will be made to be more easily accessible financially for the our most vulnerable population.
Health Care Strategy I — Establish Prescription Drug Affordability Commission

Health Care I — Comments: The Minnesota River Area Agency on Aging supports the Commission’s stance in working to lower pharmacy drug costs. Many older adults are not able to pay for medications that result in further negative outcomes. Through these initiatives, medications will be made to be more easily accessible financially for the our most vulnerable population.

Cost Savings Strategies: Long-Term Services and Supports (LTSS) for Persons with Disabilities and Older Adults

LTSS Strategy A — Discontinue Grant Programs
LTSS A — Comments: No entry

LTSS Strategy B — Update Absence Factor in Day Services
LTSS B — Comments: No entry

LTSS Strategy C — Change Disability Waiver Family Foster Care Rate Methodology
LTSS C — Comments: No entry

LTSS Strategy D — Curb Residential Costs in Disability Waivers
LTSS D — Comments: No entry

LTSS Strategy E — Require Medicare Enhanced Home Care Benefit
LTSS E — Comments: The Minnesota River Area Agency on Aging supports the Commission’s strategy to require Medigap policies to cover certain benefits to allow individuals the ability to choose how they want to receive services as they age in place. With additional non-medical services in play, community-based organizations can offer more services to serve the older adult populations to assist them in being successful in remaining in their own homes.

LTSS Strategy F — Update Value-Based Reimbursement in Nursing Facilities
LTSS F — Comments: The Minnesota River Area Agency on Aging supports the Commission’s strategy to revise the current Value-Based Reimbursement system for Nursing Facilities. Through this revision, it will continue to incentivize quality of care in skilled nursing facilities.

Strategies focused on Waste, Including Fraud and Program Integrity

Waste Strategy A — Pursue Fraud, Waste, or Abuse Prevention Enhancements
Waste A — Comments: No entry

Waste Strategy B — Reduce Low-Value Services in Minnesota
Waste B — Comments: No entry

Waste Strategy C — Align State and Federal Health Care Privacy Protections
Waste C — Comments: No entry

Strategies focused on Administrative Efficiencies and Simplification

Efficiencies Strategy A — Improve MnCHOICES and LTSS Processes
Efficiencies A — Comments: No entry
Strategies focused on Health Equity

Health Equity Strategy title A — Improve Dental Access in Public Health Care Programs

Health Equity A — Comments: No entry

Health Equity Strategy title B — Ensure Equitable Access to Aging and Disability Service Programs

Health Equity B — Comments: No entry

Health Equity Strategy title C — Redesign Targeted Case Management to Reduce Disparities in Access to Medical, Behavioral and Social Services or Supports

Health Equity C — Comments: No entry

Additional Input

No entry

Attachments

Jason W. Swanson

Title: Board Member

Organization: Minnesota Association of Area Agencies on Aging (m4a)

Please identify the group you represent: Professional Association

Please list the populations served by your organization, if applicable:

- Communities of Color
- Ethnic and/or racial minorities
- LGBTQIA+
- Native American/American Indian people
- Older adults
- People with apparent and non-apparent disabilities
- Rural populations
- Urban populations
- Veterans

Cost Savings Strategies: Health Care

Health Care Strategy A — Implement Uniform Administration of Non-Emergency Medical Transportation (NEMT)

Health Care A – Comments: No entry

Health Care Strategy B — Modify Certain Medical Assistance Durable Medical Equipment Payment Rates to Match Medicare Rates

Health Care B – Comments: No entry

Health Care Strategy C — Expand Volume Purchasing for Durable Medical Equipment

Health Care C — Comments: No entry
Health Care Strategy D — Expand Use of the MN Encounter Alerting Service
Health Care D — Comments: No entry

Health Care Strategy E — Improve Compliance with Third Party Liability (TPL) Requirements
Health Care E — Comments: No entry

Health Care Strategy F — Require Managed Care Organization (MCO) Competitive Price Bidding
Health Care F — Comments: No entry

Health Care Strategy G — Create Uniform Pharmacy Benefit
Health Care G — Comments: No entry

Health Care Strategy H — Establish Prescription Drug Purchasing Council
Health Care H — Comments: No entry

Health Care Strategy I — Establish Prescription Drug Affordability Commission
Health Care I — Comments: No entry

Cost Savings Strategies: Long-Term Services and Supports (LTSS) for Persons with Disabilities and Older Adults

LTSS Strategy A — Discontinue Grant Programs
LTSS A — Comments: No entry

LTSS Strategy B — Update Absence Factor in Day Services
LTSS B — Comments: No entry

LTSS Strategy C — Change Disability Waiver Family Foster Care Rate Methodology
LTSS C — Comments: No entry

LTSS Strategy D — Curb Residential Costs in Disability Waivers
LTSS D — Comments: No entry

LTSS Strategy E — Require Medicare Enhanced Home Care Benefit
LTSS E — Comments: No entry

LTSS Strategy F — Update Value-Based Reimbursement in Nursing Facilities
LTSS F — Comments: No entry

Strategies focused on Waste, Including Fraud and Program Integrity

Waste Strategy A — Pursue Fraud, Waste, or Abuse Prevention Enhancements
Waste A — Comments: No entry

Waste Strategy B — Reduce Low-Value Services in Minnesota
Waste B — Comments: No entry
Waste Strategy C — Align State and Federal Health Care Privacy Protections

Waste C — Comments: No entry

Strategies focused on Administrative Efficiencies and Simplification

Efficiencies Strategy A — Improve MnCHOICES and LTSS Processes

Efficiencies A — Comments: No entry

Strategies focused on Health Equity

Health Equity Strategy title A — Improve Dental Access in Public Health Care Programs

Health Equity A — Comments: No entry

Health Equity Strategy title B — Ensure Equitable Access to Aging and Disability Service Programs

Health Equity B — Comments: No entry

Health Equity Strategy title C — Redesign Targeted Case Management to Reduce Disparities in Access to Medical, Behavioral and Social Services or Supports

Health Equity C — Comments: No entry

Additional Input

The Minnesota Association of Area Agencies on Aging (m4a) is a coalition of the Area Agencies on Aging in Minnesota. M4a provides common voice for furthering the following goals; to assist people to age with dignity and independence, to ensure older adults are valuable contributors to society, to inform policymakers on issues affecting older adults and their families and to offer a comprehensive continuum of support services in communities. M4a supports the following strategies: • Expansion of the MN Encounter Alerting Service • Creation of a Uniform Pharmacy Benefit • Medicare Enhanced Home Care Benefit • Improvement of MnChoices and LTSS Processes • Ensure Equitable Access to Aging and Disability Service Programs and • Aligning State and Federal Health Care Privacy Protections. M4a would like to recognize the tremendous work the commission has taken on, especially during these difficult times. M4a is optimistic that many of these changes shall have a positive effect on our older population.

Attachments

Jay Anderson

Title: President
Organization: Anderson Wheelchair Inc

Please identify the group you represent:

Please list the populations served by your organization, if applicable:

- Communities of Color
- Ethnic and/or racial minorities
- LGBTQIA+
- Native American/American Indian people
- Older adults
- People with apparent and non-apparent disabilities
- Rural populations
- Urban populations
Cost Savings Strategies: Health Care

Health Care Strategy A — Implement Uniform Administration of Non-Emergency Medical Transportation (NEMT)
Health Care A — Comments: No entry

Health Care Strategy B — Modify Certain Medical Assistance Durable Medical Equipment Payment Rates to Match Medicare Rates
Health Care B — Comments: These rates are not sustainable and will cause us to drop several products that are not profitable. These savings to State of Minnesota will not even be a factor in budget. Doing this during a Pandemic is unbelievable, we are trying to abide by new rules and regulations while still serving our clients. It will be easier to say we no longer can provide these services than to lose money.

Health Care Strategy C — Expand Volume Purchasing for Durable Medical Equipment
Health Care C — Comments: Sounds like you have no idea of savings 1,000,000 to 10,000,000 due some research

Health Care Strategy D — Expand Use of the MN Encounter Alerting Service
Health Care D — Comments: No entry

Health Care Strategy E — Improve Compliance with Third Party Liability (TPL) Requirements
Health Care E — Comments: No entry

Health Care Strategy F — Require Managed Care Organization (MCO) Competitive Price Bidding
Health Care F — Comments: No entry

Health Care Strategy G — Create Uniform Pharmacy Benefit
Health Care G — Comments: No entry

Health Care Strategy H — Establish Prescription Drug Purchasing Council
Health Care H — Comments: No entry

Health Care Strategy I — Establish Prescription Drug Affordability Commission
Health Care I — Comments: No entry

Cost Savings Strategies: Long-Term Services and Supports (LTSS) for Persons with Disabilities and Older Adults

LTSS Strategy A — Discontinue Grant Programs
LTSS A — Comments: No entry

LTSS Strategy B — Update Absence Factor in Day Services
LTSS B — Comments: No entry
LTSS Strategy C — Change Disability Waiver Family Foster Care Rate Methodology
LTSS C — Comments: No entry

LTSS Strategy D — Curb Residential Costs in Disability Waivers
LTSS D — Comments: No entry

LTSS Strategy E — Require Medicare Enhanced Home Care Benefit
LTSS E — Comments: No entry

LTSS Strategy F — Update Value-Based Reimbursement in Nursing Facilities
LTSS F — Comments: No entry

Strategies focused on Waste, Including Fraud and Program Integrity

Waste Strategy A — Pursue Fraud, Waste, or Abuse Prevention Enhancements
Waste A — Comments: No entry

Waste Strategy B — Reduce Low-Value Services in Minnesota
Waste B — Comments: No entry

Waste Strategy C — Align State and Federal Health Care Privacy Protections
Waste C — Comments: No entry

Strategies focused on Administrative Efficiencies and Simplification

Efficiencies Strategy A — Improve MnCHOICES and LTSS Processes
Efficiencies A — Comments: No entry

Strategies focused on Health Equity

Health Equity Strategy title A — Improve Dental Access in Public Health Care Programs
Health Equity A — Comments: No entry

Health Equity Strategy title B — Ensure Equitable Access to Aging and Disability Service Programs
Health Equity B — Comments: No entry

Health Equity Strategy title C — Redesign Targeted Case Management to Reduce Disparities in Access to Medical, Behavioral and Social Services or Supports
Health Equity C — Comments: No entry

Additional Input
No entry
Jeanne Cochran

Title: Manager of District Store Operations
Organization: Sanford Home Medical Equipment

Please identify the group you represent: Provider Organization

Please list the populations served by your organization, if applicable:
- Ethnic and/or racial minorities
- Older adults
- People with apparent and non-apparent disabilities
- Rural populations
- Veterans

Cost Savings Strategies: Health Care

Health Care Strategy A — Implement Uniform Administration of Non-Emergency Medical Transportation (NEMT)
Health Care A – Comments: No entry

Health Care Strategy B — Modify Certain Medical Assistance Durable Medical Equipment Payment Rates to Match Medicare Rates
Health Care B – Comments: Please do not pass this cap on payment rates. We serve medically challenged individuals that require special DME supplies and equipment that allow them to stay in their homes and not be institutionalized. The rates Medicare has set are not feasible and are forcing DME providers to close their doors or not provide to Medicare patients. We do not want that to happen in MN to our most vulnerable patients. Caring for them at home will save millions, so please allow us to stay open and provide for these patients!

Health Care Strategy C — Expand Volume Purchasing for Durable Medical Equipment
Health Care C — Comments: Please reconsider and do not pass expanding DHS use of volume purchasing of DME and supplies. We need to be able to serve these vulnerable patients in their homes and this is not the answer. It is a proven fact that providing for patients in the home is a huge savings for Medicaid. Volume purchasing is not the answer and will hinder access of equipment and supplies for patients. DME is a small percentage of Medicaid funding and by lowering rates and access will in the long run be detrimental to MN Medicaid patients.

Health Care Strategy D — Expand Use of the MN Encounter Alerting Service
Health Care D — Comments: No entry

Health Care Strategy E - Improve Compliance with Third Party Liability (TPL) Requirements
Health Care E — Comments: No entry

Health Care Strategy F — Require Managed Care Organization (MCO) Competitive Price Bidding
Health Care F — Comments: No entry

Health Care Strategy G — Create Uniform Pharmacy Benefit
Health Care G — Comments: No entry
Health Care Strategy H — Establish Prescription Drug Purchasing Council
Health Care H — Comments: No entry

Health Care Strategy I — Establish Prescription Drug Affordability Commission
Health Care I — Comments: No entry

Cost Savings Strategies: Long-Term Services and Supports (LTSS) for Persons with Disabilities and Older Adults

LTSS Strategy A — Discontinue Grant Programs
LTSS A — Comments: No entry

LTSS Strategy B — Update Absence Factor in Day Services
LTSS B — Comments: No entry

LTSS Strategy C — Change Disability Waiver Family Foster Care Rate Methodology
LTSS C — Comments: No entry

LTSS Strategy D — Curb Residential Costs in Disability Waivers
LTSS D — Comments: No entry

LTSS Strategy E — Require Medicare Enhanced Home Care Benefit
LTSS E — Comments: No entry

LTSS Strategy F — Update Value-Based Reimbursement in Nursing Facilities
LTSS F — Comments: No entry

Strategies focused on Waste, Including Fraud and Program Integrity

Waste Strategy A — Pursue Fraud, Waste, or Abuse Prevention Enhancements
Waste A — Comments: No entry

Waste Strategy B — Reduce Low-Value Services in Minnesota
Waste B — Comments: No entry

Waste Strategy C — Align State and Federal Health Care Privacy Protections
Waste C — Comments: No entry

Strategies focused on Administrative Efficiencies and Simplification

Efficiencies Strategy A — Improve MnCHOICES and LTSS Processes
Efficiencies A — Comments: No entry

Strategies focused on Health Equity

Health Equity Strategy title A — Improve Dental Access in Public Health Care Programs
Health Equity A — Comments: No entry
Health Equity Strategy title B — Ensure Equitable Access to Aging and Disability Service Programs
Health Equity B — Comments: No entry

Health Equity Strategy title C — Redesign Targeted Case Management to Reduce Disparities in Access to Medical, Behavioral and Social Services or Supports
Health Equity C — Comments: No entry

Additional Input
No entry

Attachments

Jennifer Mader
Title: Medical Consultant for Wright County Public Health
Organization:
Please identify the group you represent: Individual Person
Please list the populations served by your organization, if applicable:
• Older adults
• People with apparent and non-apparent disabilities
• Rural populations

Cost Savings Strategies: Health Care

Health Care Strategy A — Implement Uniform Administration of Non-Emergency Medical Transportation (NEMT)
Health Care A – Comments: No entry

Health Care Strategy B — Modify Certain Medical Assistance Durable Medical Equipment Payment Rates to Match Medicare Rates
Health Care B – Comments: No entry

Health Care Strategy C — Expand Volume Purchasing for Durable Medical Equipment
Health Care C — Comments: No entry

Health Care Strategy D — Expand Use of the MN Encounter Alerting Service
Health Care D — Comments: No entry

Health Care Strategy E— Improve Compliance with Third Party Liability (TPL) Requirements
Health Care E — Comments: No entry

Health Care Strategy F — Require Managed Care Organization (MCO) Competitive Price Bidding
Health Care F — Comments: No entry
Health Care Strategy G — Create Uniform Pharmacy Benefit
Health Care G — Comments: No entry

Health Care Strategy H — Establish Prescription Drug Purchasing Council
Health Care H — Comments: No entry

Health Care Strategy I — Establish Prescription Drug Affordability Commission
Health Care I — Comments: No entry

Cost Savings Strategies: Long-Term Services and Supports (LTSS) for Persons with Disabilities and Older Adults

LTSS Strategy A — Discontinue Grant Programs
LTSS A — Comments: No entry

LTSS Strategy B — Update Absence Factor in Day Services
LTSS B — Comments: No entry

LTSS Strategy C — Change Disability Waiver Family Foster Care Rate Methodology
LTSS C — Comments: No entry

LTSS Strategy D — Curb Residential Costs in Disability Waivers
LTSS D — Comments: No entry

LTSS Strategy E — Require Medicare Enhanced Home Care Benefit
LTSS E — Comments: No entry

LTSS Strategy F — Update Value-Based Reimbursement in Nursing Facilities
LTSS F — Comments: No entry

Strategies focused on Waste, Including Fraud and Program Integrity

Waste Strategy A — Pursue Fraud, Waste, or Abuse Prevention Enhancements
Waste A — Comments: No entry

Waste Strategy B — Reduce Low-Value Services in Minnesota
Waste B — Comments: No entry

Waste Strategy C — Align State and Federal Health Care Privacy Protections
Waste C — Comments: No entry

Strategies focused on Administrative Efficiencies and Simplification

Efficiencies Strategy A — Improve MnCHOICES and LTSS Processes
Efficiencies A — Comments: No entry
Strategies focused on Health Equity

Health Equity Strategy title A — Improve Dental Access in Public Health Care Programs

Health Equity A — Comments: Our County has been addressing this extensively. We talked to non-profit clinics and decided that they have the expense ratios and experience to be very efficient. By developing a cooperative agreement they are choosing to expand to our area. If all available governmentally funded clients flooded our dental market- it may translate to as many as 200-600 new clients per dental provider. We have talked to local, private dentists and they are supportive of this approach with a final goal of finding a Dental Home for all residents of Wright County. I have concern that a new administrator will add competing desires and speaking in different terms for our county with many varied needs. We believe that finding what WORKS in our various populations is better than a one size fits all approach.

Health Equity Strategy title B — Ensure Equitable Access to Aging and Disability Service Programs

Health Equity B — Comments: No entry

Health Equity Strategy title C — Redesign Targeted Case Management to Reduce Disparities in Access to Medical, Behavioral and Social Services or Supports

Health Equity C — Comments: No entry

Additional Input

No entry

Attachments

Jill Reedy

Title: 
Organization:

Please identify the group you represent: Individual Person

Please list the populations served by your organization, if applicable:

- Communities of Color
- Ethnic and/or racial minorities
- LGBTQIA+
- Native American/American Indian people
- Older adults
- People with apparent and non-apparent disabilities
- Rural populations
- Urban populations
- Veterans

Cost Savings Strategies: Health Care

Health Care Strategy A — Implement Uniform Administration of Non-Emergency Medical Transportation (NEMT)

Health Care A — Comments: No entry
Health Care Strategy B — Modify Certain Medical Assistance Durable Medical Equipment Payment Rates to Match Medicare Rates
Health Care B — Comments: No entry

Health Care Strategy C — Expand Volume Purchasing for Durable Medical Equipment
Health Care C — Comments: No entry

Health Care Strategy D — Expand Use of the MN Encounter Alerting Service
Health Care D — Comments: No entry

Health Care Strategy E — Improve Compliance with Third Party Liability (TPL) Requirements
Health Care E — Comments: No entry

Health Care Strategy F — Require Managed Care Organization (MCO) Competitive Price Bidding
Health Care F — Comments: No entry

Health Care Strategy G — Create Uniform Pharmacy Benefit
Health Care G — Comments: No entry

Health Care Strategy H — Establish Prescription Drug Purchasing Council
Health Care H — Comments: No entry

Health Care Strategy I — Establish Prescription Drug Affordability Commission
Health Care I — Comments: No entry

Cost Savings Strategies: Long-Term Services and Supports (LTSS) for Persons with Disabilities and Older Adults

LTSS Strategy A — Discontinue Grant Programs
LTSS A — Comments: No entry

LTSS Strategy B — Update Absence Factor in Day Services
LTSS B — Comments: I receive services at Interact Center for the Visual and Performing Arts, a non-profit provider of Adult Day services for Minnesotans with disabilities. I am very concerned about the proposal to reduce the Day Service Absence and Utilization Factor. With the destabilizing financial impacts caused by COVID19, this rate cut of approximately 5% would further damage the already fragile infrastructure for day services for individuals with disabilities. Non-profit day service providers have expressed to DHS for years specific concerns about the analysis behind DHS data, and have asked on multiple occasions to work with DHS to re-examine the data. This has only become more critical in our new COVID-19 world. Too often, DHS fails to ask US, the recipients of these vital services, for OUR opinion on matters such as this. As an individual receiving these Adult Day services, it is so important to me that my program is funded adequately and appropriately to ensure my safety, health, a

LTSS Strategy C — Change Disability Waiver Family Foster Care Rate Methodology
LTSS C — Comments: No entry

LTSS Strategy D — Curb Residential Costs in Disability Waivers
LTSS D — Comments: No entry
LTSS Strategy E — Require Medicare Enhanced Home Care Benefit
LTSS E — Comments: No entry

LTSS Strategy F — Update Value-Based Reimbursement in Nursing Facilities
LTSS F — Comments: No entry

Strategies focused on Waste, Including Fraud and Program Integrity

Waste Strategy A — Pursue Fraud, Waste, or Abuse Prevention Enhancements
Waste A — Comments: No entry

Waste Strategy B — Reduce Low-Value Services in Minnesota
Waste B — Comments: No entry

Waste Strategy C — Align State and Federal Health Care Privacy Protections
Waste C — Comments: No entry

Strategies focused on Administrative Efficiencies and Simplification

Efficiencies Strategy A — Improve MnCHOICES and LTSS Processes
Efficiencies A — Comments: No entry

Strategies focused on Health Equity

Health Equity Strategy title A — Improve Dental Access in Public Health Care Programs
Health Equity A — Comments: No entry

Health Equity Strategy title B — Ensure Equitable Access to Aging and Disability Service Programs
Health Equity B — Comments: No entry

Health Equity Strategy title C — Redesign Targeted Case Management to Reduce Disparities in Access to Medical, Behavioral and Social Services or Supports
Health Equity C — Comments: No entry

Additional Input
No entry

Attachments

Jill Reedy
Title:
Organization:
Please identify the group you represent: Individual Person
Please list the populations served by your organization, if applicable:
**Cost Savings Strategies: Health Care**

**Health Care Strategy A — Implement Uniform Administration of Non-Emergency Medical Transportation (NEMT)**

Health Care A – Comments: No entry

**Health Care Strategy B — Modify Certain Medical Assistance Durable Medical Equipment Payment Rates to Match Medicare Rates**

Health Care B – Comments: No entry

**Health Care Strategy C — Expand Volume Purchasing for Durable Medical Equipment**

Health Care C – Comments: No entry

**Health Care Strategy D — Expand Use of the MN Encounter Alerting Service**

Health Care D – Comments: No entry

**Health Care Strategy E — Improve Compliance with Third Party Liability (TPL) Requirements**

Health Care E – Comments: No entry

**Health Care Strategy F — Require Managed Care Organization (MCO) Competitive Price Bidding**

Health Care F – Comments: No entry

**Health Care Strategy G — Create Uniform Pharmacy Benefit**

Health Care G – Comments: No entry

**Health Care Strategy H — Establish Prescription Drug Purchasing Council**

Health Care H – Comments: No entry

**Health Care Strategy I — Establish Prescription Drug Affordability Commission**

Health Care I – Comments: No entry

**Cost Savings Strategies: Long-Term Services and Supports (LTSS) for Persons with Disabilities and Older Adults**

**LTSS Strategy A — Discontinue Grant Programs**

LTSS A – Comments: No entry

**LTSS Strategy B — Update Absence Factor in Day Services**

LTSS B – Comments: No entry

**LTSS Strategy C — Change Disability Waiver Family Foster Care Rate Methodology**

LTSS C – Comments: No entry

**LTSS Strategy D — Curb Residential Costs in Disability Waivers**

LTSS D – Comments: No entry
LTSS Strategy E — Require Medicare Enhanced Home Care Benefit
LTSS E — Comments: No entry

LTSS Strategy F — Update Value-Based Reimbursement in Nursing Facilities
LTSS F — Comments: No entry

Strategies focused on Waste, Including Fraud and Program Integrity

Waste Strategy A — Pursue Fraud, Waste, or Abuse Prevention Enhancements
Waste A — Comments: No entry

Waste Strategy B — Reduce Low-Value Services in Minnesota
Waste B — Comments: No entry

Waste Strategy C — Align State and Federal Health Care Privacy Protections
Waste C — Comments: No entry

Strategies focused on Administrative Efficiencies and Simplification

Efficiencies Strategy A — Improve MnCHOICES and LTSS Processes
Efficiencies A — Comments: No entry

Strategies focused on Health Equity

Health Equity Strategy title A — Improve Dental Access in Public Health Care Programs
Health Equity A — Comments: No entry

Health Equity Strategy title B — Ensure Equitable Access to Aging and Disability Service Programs
Health Equity B — Comments: No entry

Health Equity Strategy title C — Redesign Targeted Case Management to Reduce Disparities in Access to Medical, Behavioral and Social Services or Supports
Health Equity C — Comments: No entry

Additional Input

I receive services at Interact Center, a nonprofit provider of Adult Day services for Minnesotans with disabilities. I am very concerned about the proposal to reduce the Day Service Absence Factor. With the destabilizing financial impacts caused by COVID19, this rate cut of approximately 5% would further damage the already fragile infrastructure for day services for individuals with disabilities. Too often, DHS fails to ask US, the recipients of these vital services, for OUR opinion on matters such as this. As an individual receiving these Adult Day services, it is so important to me that my program is funded adequately and appropriately to ensure my safety, health, and happiness. I urge you to reconsider cutting the Absence Factor. For further information about this proposal’s impact on access to services, see the multiple letters of concern shared with the Commission on page 75 of the draft final report.
Attachments

Jode Freyholtz-London
Title: Executive Director
Organization: WELLNESS IN THE WOODS

Please identify the group you represent: Consumer Organization

Please list the populations served by your organization, if applicable:
- Communities of Color
- Ethnic and/or racial minorities
- LGBTQIA+
- Native American/American Indian people
- Older adults
- Rural populations

Cost Savings Strategies: Health Care

Health Care Strategy A — Implement Uniform Administration of Non-Emergency Medical Transportation (NEMT)
Health Care A – Comments: Wellness in the Woods supports a uniform program single administrator program for Non-emergency transportation

Health Care Strategy B — Modify Certain Medical Assistance Durable Medical Equipment Payment Rates to Match Medicare Rates
Health Care B – Comments: No entry

Health Care Strategy C — Expand Volume Purchasing for Durable Medical Equipment
Health Care C — Comments: No entry

Health Care Strategy D — Expand Use of the MN Encounter Alerting Service
Health Care D — Comments: No entry

Health Care Strategy E— Improve Compliance with Third Party Liability (TPL) Requirements
Health Care E — Comments: No entry

Health Care Strategy F — Require Managed Care Organization (MCO) Competitive Price Bidding
Health Care F — Comments: No entry

Health Care Strategy G — Create Uniform Pharmacy Benefit
Health Care G — Comments: No entry

Health Care Strategy H — Establish Prescription Drug Purchasing Council
Health Care H — Comments: Wellness in the Woods recommends including consumers of mental health services be recruited for a position on the commission.
Health Care Strategy I — Establish Prescription Drug Affordability Commission

Health Care I — Comments: No entry

Cost Savings Strategies: Long-Term Services and Supports (LTSS) for Persons with Disabilities and Older Adults

LTSS Strategy A — Discontinue Grant Programs
LTSS A — Comments: No entry

LTSS Strategy B — Update Absence Factor in Day Services
LTSS B — Comments: No entry

LTSS Strategy C — Change Disability Waiver Family Foster Care Rate Methodology
LTSS C — Comments: No entry

LTSS Strategy D — Curb Residential Costs in Disability Waivers
LTSS D — Comments: No entry

LTSS Strategy E — Require Medicare Enhanced Home Care Benefit
LTSS E — Comments: Wellness in the Woods recommends that all strategies that provide independence for seniors be explored and implemented

LTSS Strategy F — Update Value-Based Reimbursement in Nursing Facilities
LTSS F — Comments: No entry

Strategies focused on Waste, Including Fraud and Program Integrity

Waste Strategy A — Pursue Fraud, Waste, or Abuse Prevention Enhancements
Waste A — Comments: Wellness in the Woods recommends a easy to access format for consumers of services to report fraud, waste or abuse within the system

Waste Strategy B — Reduce Low-Value Services in Minnesota
Waste B — Comments: Wellness in the Woods recommends increased support to peer specialists and peer recovery coaches to offer preventative, supportive mental health services, rather than awaiting the need for crisis services. Presently there is little support for peer specialists once the certification has been completed leading to low employment and utilization of peer staff

Waste Strategy C — Align State and Federal Health Care Privacy Protections
Waste C — Comments: No entry

Strategies focused on Administrative Efficiencies and Simplification

Efficiencies Strategy A — Improve MnCHOICES and LTSS Processes
Efficiencies A — Comments: No entry
Strategies focused on Health Equity

Health Equity Strategy title A — Improve Dental Access in Public Health Care Programs
Health Equity A — Comments: No entry

Health Equity Strategy title B — Ensure Equitable Access to Aging and Disability Service Programs
Health Equity B — Comments: Wellness in the Woods encourages the development of contract with a consumer organization representing and advocating for consumer needs.

Health Equity Strategy title C — Redesign Targeted Case Management to Reduce Disparities in Access to Medical, Behavioral and Social Services or Supports
Health Equity C — Comments: No entry

Additional Input
Consumer representation and representation from diverse underserved communities is a huge gap when creating new plans and programs. Instead policy and plans are created and then presented for approval after the fact. Consumers need to be on board from the very beginning including gaps assessments.

Attachments

John Klein
Title: Retired
Organization:
Please identify the group you represent: Individual Person
Please list the populations served by your organization, if applicable:

Cost Savings Strategies: Health Care

Health Care Strategy A — Implement Uniform Administration of Non-Emergency Medical Transportation (NEMT)
Health Care A – Comments: Integrated responsibility for Medicaid coverage aligns incentives to manage the total efficiency and effectiveness of care. This strategy would decrease integration, increase costs, and undermine the effectiveness of local initiatives. CBP plans, for example, have already implemented key elements of this NEMT strategy in ways suited to the unique needs and resources of their communities. A one-size-fits-all model imposed from St. Paul would replace these effective local initiatives, and future innovation, with a cumbersome, inflexible model disconnected from the rest of Medicaid coverage. It would also continue the trend of DHS carving out parts of Medicaid coverage piecemeal, a “death by a thousand cuts” to managed care effectiveness. For healthcare, as for education and public safety, the lesson for our times is to listen to local communities and respect their ideas and sense of what works for them. The better strategy would be to build on successful CBP models for NEMT.

Health Care Strategy B — Modify Certain Medical Assistance Durable Medical Equipment Payment Rates to Match Medicare Rates
Health Care B – Comments: No entry

Health Care Strategy C — Expand Volume Purchasing for Durable Medical Equipment
Health Care C — Comments: No entry
Health Care Strategy D — Expand Use of the MN Encounter Alerting Service

Health Care D — Comments: No entry

Health Care Strategy E - Improve Compliance with Third Party Liability (TPL) Requirements

Health Care E — Comments: No entry

Health Care Strategy F — Require Managed Care Organization (MCO) Competitive Price Bidding

Health Care F — Comments: Competitive price bidding can be beneficial where it is well-suited to the characteristics of a specific market. Experience has been shown Minnesota Medicaid is not well-suited. Sound rates are better developed through objective actuarial analysis and negotiation, which Minnesota and other states use for most Medicaid programs. DHS’s experience with MCO price bidding since 2011 has been a mess. The OLA has been critical of DHS’s bidding practices, and legislators held hearings with concerns over huge disruptions to member care, inadequate consultation with counties, poorly drafted RFPs, and multiple lawsuits. DHS continues to claim preposterously large savings from price bidding but has never responded to legislative requests for detailed documentation, independent actuarial analysis and confirmation, or substantive fiscal note impacts. The fact that savings for the draft strategy are now listed at only $1-10 million may be a belated acknowledgement that this strategy is over-blown.

Health Care Strategy G — Create Uniform Pharmacy Benefit

Health Care G — Comments: Integrated responsibility for Medicaid coverage aligns incentives to manage the total efficiency and effectiveness of care. A strategy of centralizing prescription drugs with DHS would decrease integration, undermine MCO-specific initiatives, and increase costs. For example, initiatives by CBP plans to reduce low-value services require a holistic approach including health care, drugs, and supportive services. In prior periods, DHS has achieved less favorable drug pricing than MCOs on an ‘apples-apples’ basis, and DHS has no inherent advantages in expertise or purchasing power. DHS claims their fee-for-service population drug pricing is now better than MCOs’ populations. This should be checked by independent actuaries with adjustments for population, new drugs, and other factors. Moving rebates between MCOs and DHS does not yield net savings to Minnesota Medicaid. It would be better to work collaboratively than imposing a top-down model with no opportunities for local innovation.

Health Care Strategy H — Establish Prescription Drug Purchasing Council

Health Care H — Comments: Integrated responsibility for Medicaid coverage aligns incentives to manage the total efficiency and effectiveness of care. A strategy of centralizing prescription drugs with DHS would decrease integration, undermine MCO-specific initiatives, and increase costs. For example, initiatives by CBP plans to reduce low-value services require a holistic approach including health care, drugs, and supportive services. In prior periods, DHS has achieved less favorable drug pricing than MCOs on an ‘apples-apples’ basis, and DHS has no inherent advantages in expertise or purchasing power. DHS claims their fee-for-service population drug pricing is now better than MCOs’ populations. This should be checked by independent actuaries with adjustments for population, new drugs, and other factors. Moving rebates between MCOs and DHS does not yield net savings to Minnesota Medicaid. It would be better to work collaboratively than imposing a top-down model with no opportunities for local innovation.

Health Care Strategy I — Establish Prescription Drug Affordability Commission

Health Care I — Comments: Integrated responsibility for Medicaid coverage aligns incentives to manage the total efficiency and effectiveness of care. A strategy of centralizing prescription drugs with DHS would decrease integration, undermine MCO-specific initiatives, and increase costs. For example, initiatives by CBP plans to reduce low-value services require a holistic approach including health care, drugs, and supportive services. In prior periods, DHS has achieved less favorable drug pricing than MCOs on an ‘apples-apples’ basis, and DHS has no inherent advantages in expertise or purchasing power. DHS claims their fee-for-service population drug pricing is now better than MCOs’ populations. This should be checked by independent actuaries with adjustments for population, new drugs, and other factors. Moving rebates between MCOs and DHS does not yield net savings to Minnesota Medicaid. It would be better to work collaboratively than imposing a top-down model with no opportunities for local innovation.
Cost Savings Strategies: Long-Term Services and Supports (LTSS) for Persons with Disabilities and Older Adults

LTSS Strategy A — Discontinue Grant Programs

LTSS A — Comments: In addition to the listed LTSS strategies, the commission should consider applying Wisconsin’s “Family Care” in Minnesota. This is an innovative, locally based managed care program serving Medicaid members with disabilities. Like Minnesota’s MSHO program for seniors, Family Care includes Medicaid waiver services as well as health, pharmacy, and dental services. This comprehensive approach allows more innovation, flexibility, and responsiveness to member needs based on local conditions and opportunities. CMS has recognized Minnesota’s leadership in this strategy by highlighting MSHO as a model of comprehensive and highly effective integrated coverage for seniors. It’s time Minnesota considered applying the same effective model for persons with disabilities. The Wisconsin Dept. of Health Services recently announced CMS approval of a 5-year renewal of this nationally recognized program – see https://www.whcawical.org/ill_pubs_articles/dhs-announces-5-year-renewal-of-family-care-program/

LTSS Strategy B — Update Absence Factor in Day Services

LTSS B — Comments: In addition to the listed LTSS strategies, the commission should consider applying Wisconsin’s “Family Care” in Minnesota. This is an innovative, locally based managed care program serving Medicaid members with disabilities. Like Minnesota’s MSHO program for seniors, Family Care includes Medicaid waiver services as well as health, pharmacy, and dental services. This comprehensive approach allows more innovation, flexibility, and responsiveness to member needs based on local conditions and opportunities. CMS has recognized Minnesota’s leadership in this strategy by highlighting MSHO as a model of comprehensive and highly effective integrated coverage for seniors. It’s time Minnesota considered applying the same effective model for persons with disabilities. The Wisconsin Dept. of Health Services recently announced CMS approval of a 5-year renewal of this nationally recognized program – see https://www.whcawical.org/ill_pubs_articles/dhs-announces-5-year-renewal-of-family-care-program/

LTSS Strategy C — Change Disability Waiver Family Foster Care Rate Methodology

LTSS C — Comments: In addition to the listed LTSS strategies, the commission should consider applying Wisconsin’s “Family Care” in Minnesota. This is an innovative, locally based managed care program serving Medicaid members with disabilities. Like Minnesota’s MSHO program for seniors, Family Care includes Medicaid waiver services as well as health, pharmacy, and dental services. This comprehensive approach allows more innovation, flexibility, and responsiveness to member needs based on local conditions and opportunities. CMS has recognized Minnesota’s leadership in this strategy by highlighting MSHO as a model of comprehensive and highly effective integrated coverage for seniors. It’s time Minnesota considered applying the same effective model for persons with disabilities. The Wisconsin Dept. of Health Services recently announced CMS approval of a 5-year renewal of this nationally recognized program – see https://www.whcawical.org/ill_pubs_articles/dhs-announces-5-year-renewal-of-family-care-program/

LTSS Strategy D — Curb Residential Costs in Disability Waivers

LTSS D — Comments: In addition to the listed LTSS strategies, the commission should consider applying Wisconsin’s “Family Care” in Minnesota. This is an innovative, locally based managed care program serving Medicaid members with disabilities. Like Minnesota’s MSHO program for seniors, Family Care includes Medicaid waiver services as well as health, pharmacy, and dental services. This comprehensive approach allows more innovation, flexibility, and responsiveness to member needs based on local conditions and opportunities. CMS has recognized Minnesota’s leadership in this strategy by highlighting MSHO as a model of comprehensive and highly effective integrated coverage for seniors. It’s time Minnesota considered applying the same effective model for persons with disabilities. The Wisconsin Dept. of Health Services recently announced CMS approval of a 5-year renewal of this nationally recognized program – see https://www.whcawical.org/ill_pubs_articles/dhs-announces-5-year-renewal-of-family-care-program/

LTSS Strategy E — Require Medicare Enhanced Home Care Benefit

LTSS E — Comments: No entry
LTSS Strategy F — Update Value-Based Reimbursement in Nursing Facilities

LTSS F — Comments: No entry

Strategies focused on Waste, Including Fraud and Program Integrity

Waste Strategy A — Pursue Fraud, Waste, or Abuse Prevention Enhancements

Waste A — Comments: No entry

Waste Strategy B — Reduce Low-Value Services in Minnesota

Waste B — Comments: No entry

Waste Strategy C — Align State and Federal Health Care Privacy Protections

Waste C — Comments: No entry

Strategies focused on Administrative Efficiencies and Simplification

Efficiencies Strategy A — Improve MnCHOICES and LTSS Processes

Efficiencies A — Comments: No entry

Strategies focused on Health Equity

Health Equity Strategy title A — Improve Dental Access in Public Health Care Programs

Health Equity A — Comments: Integrated responsibility for Medicaid coverage aligns incentives to manage the total efficiency and effectiveness of care. This strategy would decrease integration and undermine local initiatives. CBP plans, for example, have already achieved the best access to dental care according to DHS data. With extensive outreach, CBPs have increased dental rates, improved transportation, and invested in new vans and clinics to improve access. A one-size-fits-all model imposed from St. Paul would replace these local initiatives, and future innovation, with a cumbersome, inflexible model disconnected from the rest of Medicaid. It would continue the trend of DHS carving out parts of Medicaid, a “death by a thousand cuts” to managed care effectiveness. For healthcare, as for education and public safety, the lesson for our times is to listen to local communities and respect their ideas and sense of what works for them. The better strategy would be to build on successful CBP models for dental access.

Health Equity Strategy title B — Ensure Equitable Access to Aging and Disability Service Programs

Health Equity B — Comments: No entry

Health Equity Strategy title C — Redesign Targeted Case Management to Reduce Disparities in Access to Medical, Behavioral and Social Services or Supports

Health Equity C — Comments: No entry

Additional Input

The 1,000 character limit, basically one paragraph, allows very little detail and requires omission of important background, relevant facts, and relevant issues for consideration. I encourage the commission to follow-up for more detail about any comments of interest.
John OLeary

Title: President
Organization: O'Leary Marketing Associates LLC

Please identify the group you represent: Consultant Aging and Long Term Care

Please list the populations served by your organization, if applicable:
- Older adults
- People with apparent and non-apparent disabilities

Cost Savings Strategies: Health Care

Health Care Strategy A — Implement Uniform Administration of Non-Emergency Medical Transportation (NEMT)
Health Care A – Comments: No entry

Health Care Strategy B — Modify Certain Medical Assistance Durable Medical Equipment Payment Rates to Match Medicare Rates
Health Care B – Comments: No entry

Health Care Strategy C — Expand Volume Purchasing for Durable Medical Equipment
Health Care C — Comments: No entry

Health Care Strategy D — Expand Use of the MN Encounter Alerting Service
Health Care D — Comments: No entry

Health Care Strategy E — Improve Compliance with Third Party Liability (TPL) Requirements
Health Care E — Comments: No entry

Health Care Strategy F — Require Managed Care Organization (MCO) Competitive Price Bidding
Health Care F — Comments: No entry

Health Care Strategy G — Create Uniform Pharmacy Benefit
Health Care G — Comments: No entry

Health Care Strategy H — Establish Prescription Drug Purchasing Council
Health Care H — Comments: No entry

Health Care Strategy I — Establish Prescription Drug Affordability Commission
Health Care I — Comments: No entry
Cost Savings Strategies: Long-Term Services and Supports (LTSS) for Persons with Disabilities and Older Adults

LTSS Strategy A — Discontinue Grant Programs
LTSS A — Comments: No entry

LTSS Strategy B — Update Absence Factor in Day Services
LTSS B — Comments: No entry

LTSS Strategy C — Change Disability Waiver Family Foster Care Rate Methodology
LTSS C — Comments: No entry

LTSS Strategy D — Curb Residential Costs in Disability Waivers
LTSS D — Comments: No entry

LTSS Strategy E — Require Medicare Enhanced Home Care Benefit
LTSS E — Comments: This initiative would require that basic LTSS services to be offered as part Medicare Supplement programs with the goal of enabling people on those programs to remain safely at home and avoid and/or delay the need to go into nursing homes or other congregate care facilities. The Covid-19 situation has exacerbated the need for this type of program as deaths in Nursing Homes and other long-term care facilities have skyrocketed to more than half of the Covid-19 deaths statewide. This program provides an important solution to strengthening the availability and funding of care related services in the home. Long term this approach could have Medicaid savings and that, coupled with the benefits of keeping people at home longer, healthier, and safer makes this strategy worthy of continued state support.

LTSS Strategy F — Update Value-Based Reimbursement in Nursing Facilities
LTSS F — Comments: No entry

Strategies focused on Waste, Including Fraud and Program Integrity

Waste Strategy A — Pursue Fraud, Waste, or Abuse Prevention Enhancements
Waste A — Comments: No entry

Waste Strategy B — Reduce Low-Value Services in Minnesota
Waste B — Comments: No entry

Waste Strategy C — Align State and Federal Health Care Privacy Protections
Waste C — Comments: No entry

Strategies focused on Administrative Efficiencies and Simplification

Efficiencies Strategy A — Improve MnCHOICES and LTSS Processes
Efficiencies A — Comments: No entry

Strategies focused on Health Equity

Health Equity Strategy title A — Improve Dental Access in Public Health Care Programs
Health Equity A — Comments: No entry
Health Equity Strategy title B — Ensure Equitable Access to Aging and Disability Service Programs

Health Equity B — Comments: No entry

Health Equity Strategy title C — Redesign Targeted Case Management to Reduce Disparities in Access to Medical, Behavioral and Social Services or Supports

Health Equity C — Comments: No entry

Additional Input

No entry

Attachments

Josh Ney

Title: Manager of State Affairs
Organization: Alzheimer's Association, Minnesota-North Dakota Chapter
Please identify the group you represent: Consumer Organization
Please list the populations served by your organization, if applicable:
  • Older adults

Cost Savings Strategies: Health Care

Health Care Strategy A — Implement Uniform Administration of Non-Emergency Medical Transportation (NEMT)
Health Care A – Comments: No entry

Health Care Strategy B — Modify Certain Medical Assistance Durable Medical Equipment Payment Rates to Match Medicare Rates
Health Care B – Comments: No entry

Health Care Strategy C — Expand Volume Purchasing for Durable Medical Equipment
Health Care C — Comments: No entry

Health Care Strategy D — Expand Use of the MN Encounter Alerting Service
Health Care D — Comments: No entry

Health Care Strategy E — Improve Compliance with Third Party Liability (TPL) Requirements
Health Care E — Comments: No entry

Health Care Strategy F — Require Managed Care Organization (MCO) Competitive Price Bidding
Health Care F — Comments: No entry

Health Care Strategy G — Create Uniform Pharmacy Benefit
Health Care G — Comments: No entry
Health Care Strategy H — Establish Prescription Drug Purchasing Council
Health Care H — Comments: No entry

Health Care Strategy I — Establish Prescription Drug Affordability Commission
Health Care I — Comments: No entry

Cost Savings Strategies: Long-Term Services and Supports (LTSS) for Persons with Disabilities and Older Adults

LTSS Strategy A — Discontinue Grant Programs
LTSS A — Comments: No entry

LTSS Strategy B — Update Absence Factor in Day Services
LTSS B — Comments: No entry

LTSS Strategy C — Change Disability Waiver Family Foster Care Rate Methodology
LTSS C — Comments: No entry

LTSS Strategy D — Curb Residential Costs in Disability Waivers
LTSS D — Comments: No entry

LTSS Strategy E — Require Medicare Enhanced Home Care Benefit
LTSS E — Comments: No entry

LTSS Strategy F — Update Value-Based Reimbursement in Nursing Facilities
LTSS F — Comments: No entry

Strategies focused on Waste, Including Fraud and Program Integrity

Waste Strategy A — Pursue Fraud, Waste, or Abuse Prevention Enhancements
Waste A — Comments: No entry

Waste Strategy B — Reduce Low-Value Services in Minnesota
Waste B — Comments: No entry

Waste Strategy C — Align State and Federal Health Care Privacy Protections
Waste C — Comments: No entry

Strategies focused on Administrative Efficiencies and Simplification

Efficiencies Strategy A — Improve MnCHOICES and LTSS Processes
Efficiencies A — Comments: No entry

Strategies focused on Health Equity

Health Equity Strategy title A — Improve Dental Access in Public Health Care Programs
Health Equity A — Comments: No entry
Health Equity Strategy title B — Ensure Equitable Access to Aging and Disability Service Programs

Health Equity B — Comments: No entry

Health Equity Strategy title C — Redesign Targeted Case Management to Reduce Disparities in Access to Medical, Behavioral and Social Services or Supports

Health Equity C — Comments: No entry

Additional Input

Thank you for the opportunity to provide feedback on the report. I have attached our comments as a letter to this webform.

Attachments

ref:0000000186:Q27

Joshua David Spagnola

Title:

Organization: HMS

Please identify the group you represent: Cost containment and population health management company

Please list the populations served by your organization, if applicable:

• Other

Cost Savings Strategies: Health Care

Health Care Strategy A — Implement Uniform Administration of Non-Emergency Medical Transportation (NEMT)

Health Care A – Comments: No entry

Health Care Strategy B — Modify Certain Medical Assistance Durable Medical Equipment Payment Rates to Match Medicare Rates

Health Care B – Comments: No entry

Health Care Strategy C — Expand Volume Purchasing for Durable Medical Equipment

Health Care C — Comments: No entry

Health Care Strategy D — Expand Use of the MN Encounter Alerting Service

Health Care D — Comments: No entry

Health Care Strategy E— Improve Compliance with Third Party Liability (TPL) Requirements

Health Care E — Comments: Having the ability to identify TPL for members at the point of enrollment and prior authorization offers significant advantages. TPL savings will be dramatically improved. Over the years, it has become apparent that the minimum requirements are insufficient. Government reports show that despite progress made post-DRA, states still encounter challenges getting third parties to pay when they are responsible. Coordination of benefits between Medicaid and TRICARE has been suspended for approximately three years. This suspension has resulted cost shifting by the Federal government onto state Medicaid programs. To offset the state Medicaid expense growth due to increased enrollment, states with HIPP programs may consider the following recommendations, while states without...
HIPP programs may consider establishing one, or at the least facilitating a COBRA coverage enrollment process for newly Medicaid eligible individuals.

**Health Care Strategy F — Require Managed Care Organization (MCO) Competitive Price Bidding**

Health Care F — Comments: No entry

**Health Care Strategy G — Create Uniform Pharmacy Benefit**

Health Care G — Comments: No entry

**Health Care Strategy H — Establish Prescription Drug Purchasing Council**

Health Care H — Comments: No entry

**Health Care Strategy I — Establish Prescription Drug Affordability Commission**

Health Care I — Comments: No entry

**Cost Savings Strategies: Long-Term Services and Supports (LTSS) for Persons with Disabilities and Older Adults**

**LTSS Strategy A — Discontinue Grant Programs**

LTSS A — Comments: No entry

**LTSS Strategy B — Update Absence Factor in Day Services**

LTSS B — Comments: No entry

**LTSS Strategy C — Change Disability Waiver Family Foster Care Rate Methodology**

LTSS C — Comments: No entry

**LTSS Strategy D — Curb Residential Costs in Disability Waivers**

LTSS D — Comments: No entry

**LTSS Strategy E — Require Medicare Enhanced Home Care Benefit**

LTSS E — Comments: No entry

**LTSS Strategy F — Update Value-Based Reimbursement in Nursing Facilities**

LTSS F — Comments: No entry

**Strategies focused on Waste, Including Fraud and Program Integrity**

**Waste Strategy A — Pursue Fraud, Waste, or Abuse Prevention Enhancements**

Waste A — Comments: No entry

**Waste Strategy B — Reduce Low-Value Services in Minnesota**

Waste B — Comments: No entry

**Waste Strategy C — Align State and Federal Health Care Privacy Protections**

Waste C — Comments: No entry
Strategies focused on Administrative Efficiencies and Simplification

Efficiencies Strategy A — Improve MnCHOICES and LTSS Processes
Efficiencies A — Comments: No entry

Strategies focused on Health Equity

Health Equity Strategy title A — Improve Dental Access in Public Health Care Programs
Health Equity A — Comments: No entry

Health Equity Strategy title B — Ensure Equitable Access to Aging and Disability Service Programs
Health Equity B — Comments: No entry

Health Equity Strategy title C — Redesign Targeted Case Management to Reduce Disparities in Access to Medical, Behavioral and Social Services or Supports
Health Equity C — Comments: No entry

Additional Input
No entry

Attachments
ref:0000000467:Q27

Julia Donaldson

Title: Vice President Mission Advancement
Organization: Volunteers of America Minnesota

Please identify the group you represent: Community Organization

Please list the populations served by your organization, if applicable:

- Communities of Color
- Ethnic and/or racial minorities
- LGBTQIA+
- Native American/American Indian people
- Older adults
- People with apparent and non-apparent disabilities
- Rural populations
- Urban populations

Cost Savings Strategies: Health Care

Health Care Strategy A — Implement Uniform Administration of Non-Emergency Medical Transportation (NEMT)
Health Care A — Comments: No Comment
Health Care Strategy B — Modify Certain Medical Assistance Durable Medical Equipment Payment Rates to Match Medicare Rates

Health Care B — Comments: We have concerns about this strategy. This proposal changes the reimbursement for Medicaid Durable Medical Equipment (DME) to the Medicare rate. This strategy is likely to result in people with disabilities losing access to needed specialized medical equipment and is not necessarily likely to offer savings. Additionally, Minnesota’s Medicare population is different from the state’s Medicaid population and they are not readily comparable in terms of DME needs. The Medicaid population likely has far more need for the highly specialized DME products targeted by this proposal and will decrease access to them. Reducing reimbursement for specialized DME and supplies will have a disproportionate impact on diverse families and individuals that need it to live safely at home.

Health Care Strategy C — Expand Volume Purchasing for Durable Medical Equipment

Health Care C — Comments: We have concerns about this strategy. Expanding volume purchasing will make it difficult for people with disabilities and other marginalized communities to access the supplies they need. Volume purchasing has historically reduced the quality and variety of products available, which means that many people cannot access products that work for them. Additionally, the supporting evidence for this strategy focuses on Medicare, and Medicare and Medicaid serve different populations. Medicare tends to serve primarily stable older adults, while Medicaid serves low-income, oftentimes marginalized populations whose health is frequently negatively impacted by social determinants and compounded by significant disabilities.

Health Care Strategy D — Expand Use of the MN Encounter Alerting Service

Health Care D — Comments: We support this strategy. Expansion of the MN Encounter Alerting Service will allow for better-coordinated services – especially among case managers navigating the complexities of seamless transitions of older adults between providers – as well as provide cost savings, improved health outcomes, and better alignment with federal requirements. More attention is needed toward a comprehensive approach of assessing needs; this service improves the coordination of care between settings, reduces potentially preventable utilization, leads to stronger health outcomes, and decreases the total cost of care.

Health Care Strategy E — Improve Compliance with Third Party Liability (TPL) Requirements

Health Care E — Comments: No Comment

Health Care Strategy F — Require Managed Care Organization (MCO) Competitive Price Bidding

Health Care F — Comments: No Comment

Health Care Strategy G — Create Uniform Pharmacy Benefit

Health Care G — Comments: No Comment

Health Care Strategy H — Establish Prescription Drug Purchasing Council

Health Care H — Comments: No Comment

Health Care Strategy I — Establish Prescription Drug Affordability Commission

Health Care I — Comments: We support this recommendation. Prescription drug costs are a significant driver of healthcare expense for Minnesota’s older adults and the system.

Cost Savings Strategies: Long-Term Services and Supports (LTSS) for Persons with Disabilities and Older Adults

LTSS Strategy A — Discontinue Grant Programs

LTSS A — Comments: No Comment
LTSS Strategy B — Update Absence Factor in Day Services

LTSS B — Comments: We oppose this strategy. This rate change would only further threaten the survivability of an already at-risk community-based service used by thousands of older Minnesotans, individual with disabilities, and their families. For Volunteers of America Minnesota this potentially impacts the viability of our Hmong Day Elders program, so calls into question equity implications of this strategy. When this proposal was heard on February 21, several commissioners raised concerns about the impact on this financially fragile line of service in Minnesota that had already seen rate cuts in the previous year. Following the subsequent statewide closure of Adult Day Services last March by Governor Walz due to COVID-19, several communities have now seen permanent closure of their adult day centers. This strategy would likely result in even more closures. This is a valued and cost-effective community-based service that should be enhanced, not cut.

LTSS Strategy C — Change Disability Waiver Family Foster Care Rate Methodology

LTSS C — Comments: No Comment

LTSS Strategy D — Curb Residential Costs in Disability Waivers

LTSS D — Comments: We oppose this strategy. This concept did not receive proper vetting. For Minnesotans with mental health needs, living with HIV/AIDS, chemical dependency or experiencing homelessness, limiting services will make access even more difficult. While a concern regarding increased growth in costs for CADI and BI customized living was offered on February 21, the analysis of the problem and the solution were not. We urge recognition that these are areas of policy seeing complex changes over the last five years, including tiered standards of payment based on size/setting and age of the Medicaid beneficiary which require further review. It is also important that “more stringent guidelines” consider sometimes-different presentations of physical and mental health needs by communities of color, indigenous people, and those with limited English proficiency. Additional discussion on how more stringent guidelines will be developed, by whom, and how they will address equity concerns is needed.

LTSS Strategy E — Require Medicare Enhanced Home Care Benefit

LTSS E — Comments: We support this strategy. Bolstering the work of Minnesota’s Own Your Future initiative, this could increase utilization of home care services as well as require Medigap plans to include adult day benefits. As Minnesota grows older and more diverse each day, this strategy offers a way for a set of home-and community-based services to be provided that could create savings to the state’s Medicaid budget over the next 30 years. Allowing people to age and receive care at home helps them to remain active in their community and is also cost-effective for the state.

LTSS Strategy F — Update Value-Based Reimbursement in Nursing Facilities

LTSS F — Comments: We oppose this strategy. Suspending the Critical Access Nursing Facility Program funding will impact many rural communities, where the local nursing homes are a healthcare hub for older adults. Reduced occupancy and fixed costs will make already fragile operations more precarious. We also oppose suspending the Alternative Payment System automatic property inflation adjustment. Through COVID-19, physical plant and property costs have increased while occupancy declined. The federal transition to the PDPM will require Minnesota to modify and/or completely change the Medicaid-48 Group Case Mix System. Additional investment will be needed. It would make sense to address the therapy issue and any savings through this process.

Strategies focused on Waste, Including Fraud and Program Integrity

Waste Strategy A — Pursue Fraud, Waste, or Abuse Prevention Enhancements

Waste A — Comments: No Comment

Waste Strategy B — Reduce Low-Value Services in Minnesota

Waste B — Comments: We urge great caution with this strategy, as these programs can often represent an essential safety net for a small but valuable part of our population. Review through an equity lens is essential before moving forward.
Waste Strategy C — Align State and Federal Health Care Privacy Protections

Waste C – Comments: We support this strategy. The incongruity of the Minnesota Health Records Act and the federal HIPAA patient privacy protections has created senseless and expensive workarounds for DHS, MDH, providers, health systems, and insurers. The costs of this is borne by the consumer and the taxpayer.

Strategies focused on Administrative Efficiencies and Simplification

Efficiencies Strategy A — Improve MnCHOICES and LTSS Processes

Efficiencies A — Comments: We support this strategy. Exploring a more streamlined MnCHOICES system should be considered by the Legislature. Currently, assessment processes are different in each county and in tribal nations across the state and people asking for help should not have to experience delays because of inconsistencies in the system. Providing a shared understanding of the standards under the MnCHOICES assessment system will ensure all served by the system will receive the most effective and efficient person-centered care. Opportunities for streamlining the system statewide should be developed further by reviewing and improving the MnCHOICES process with a health equity lens.

Strategies focused on Health Equity

Health Equity Strategy title A — Improve Dental Access in Public Health Care Programs

Health Equity A — Comments: We support this strategy for older adults. Improved oral health care across the lifespan creates improved health and sizable savings over many years. There is a strong need for access to dental services by older adults.

Health Equity Strategy title B — Ensure Equitable Access to Aging and Disability Service Programs

Health Equity B — Comments: We support this general strategy and recommend active and ongoing work with the Minnesota Diverse Elders Coalition. We support ongoing efforts to address diversity, equity, and inclusion to ensure Minnesota finds solutions to the disparities in our health and human services system. This report identifies, but does not resolve, how to address health equity and health disparities. Inclusive discussions with BIPOC and LGBTQIA/SOGIE communities as well as their direct participation in future efforts is recommended to ensure all strategies are viewed through the lens of health equity. This recommendation needs specifics beyond the general information that is offered. While having a community engagement strategy is important and necessary, it is but one step toward ensuring equitable access. The report needs to address how service access will not only be assessed but also remedied for marginalized communities.

Health Equity Strategy title C — Redesign Targeted Case Management to Reduce Disparities in Access to Medical, Behavioral and Social Services or Supports

Health Equity C — Comments: We support this strategy and encourage its expansion to Community Health Workers. For many, Minnesota is a great place to age. The state is consistently ranked the healthiest and most senior-friendly in national polls. However, this is not true for all groups. Minnesota ranks as one of the highest in disparities between communities of color and the LGBTQIA community and their peers. Healthy aging is both a public health and health disparities issue. Differences in education, income, and wealth, along with the impact of chronic stress and social exclusion associated with race and language barriers negatively impact the health of BIPOC, older adults, and people with disabilities. The lack of equity (social, health, environmental) impacts the health and well-being of all Minnesotans and their families and creates health disparities. The Commission must continue to advance this focus on eliminating health, economic, and social disparities if our state is to thrive for all Minnesotans.

Additional Input

Volunteers of America Minnesota provides essential community-based health and human services for over 25,000 low-wealth Minnesotans, many of whom access Medicaid and Medicare, across the lifespan every year. We along with other nonprofit providers are critical partners in meeting the needs of Minnesotans with complex support requirements and do so in a cost-effective manner. As an organization that provides vital services for populations facing significant
challenges, much of our work continues to be both essential and in-person during this first wave of the COVID-19 pandemic. While we agree that HHS spending growth is an important consideration as we develop plans to ensure that Minnesotans continue to receive the coverage and care they need, we also recognize that spending growth is due in large part to growth in need for services, especially as it relates to populations with higher average costs such as older adults and people with disabilities. The Commission will need to take great care to ensure that improving outcomes and advancing equity remains at the forefront of decision making, and that this work does not cause harm at a time when demand for core services, especially in the wake of COVID-19, civil unrest and the economic fallout, is on the rise. We thank you for your leadership and for the time and energy by each of the Commissioners dedicated to this important work. We continue to believe it is essential for us to think creatively about our health and human services policies and programs and that proactive, future-oriented thinking carries the day.

Attachments
ref:0000000428:Q27

Julia Dreier
Title: Director of Research and Health Policy
Organization: Minnesota Council of Health Plans
Please identify the group you represent: Professional Association
Please list the populations served by your organization, if applicable:
• MCHP represents health plans; our health plan members serve all of the populations listed above

Cost Savings Strategies: Health Care

Health Care Strategy A — Implement Uniform Administration of Non-Emergency Medical Transportation (NEMT)
Health Care A – Comments: The Council opposes having NEMT handled by a single, state-run administrator. Minnesota’s health plans have established, robust transportation networks and coordinate rides for their members, in addition to utilizing flexible alternative modes such as bus passes and volunteer drivers. Additionally, by being able to look at a member’s full spectrum of care needs, health plans promote care coordination, which helps to promote better health outcomes for members. We would appreciate additional detail supporting the estimate that this initiative could save as much as $10 million as our understanding is the current FFS program has not demonstrated the impact of cost savings initially expected. It is also not clear how this change would enhance program integrity or improve efficiency. Finally, if the Commission chooses to finalize this strategy, we encourage additional focus to further examine potential adverse impacts on Minnesotans in living in rural areas of the state.

Health Care Strategy B — Modify Certain Medical Assistance Durable Medical Equipment Payment Rates to Match Medicare Rates
Health Care B – Comments: No entry

Health Care Strategy C — Expand Volume Purchasing for Durable Medical Equipment
Health Care C — Comments: No entry

Health Care Strategy D — Expand Use of the MN Encounter Alerting Service
Health Care D — Comments: The Council opposes having NEMT handled by a single, state-run administrator. Minnesota’s health plans have established, robust transportation networks and coordinate rides for their members, in addition to utilizing flexible alternative modes such as bus passes and volunteer drivers. Additionally, by being able to look at a member’s full spectrum of care needs, health plans promote care coordination, which helps to promote better
health outcomes for members. We would appreciate additional detail supporting the estimate that this initiative could save as much as $10 million as our understanding is the current FFS program has not demonstrated the impact of cost savings initially expected. It is also not clear how this change would enhance program integrity or improve efficiency. Finally, if the Commission chooses to finalize this strategy, we encourage additional focus to further examine potential adverse impacts on Minnesotans in living in rural areas of the state.

**Health Care Strategy E - Improve Compliance with Third Party Liability (TPL) Requirements**

**Health Care E — Comments:** No entry

**Health Care Strategy F — Require Managed Care Organization (MCO) Competitive Price Bidding**

**Health Care F — Comments:** We agree that a competitive price bidding process would theoretically help contribute to cost savings, but we are concerned that this approach may increase the risk that a carrier who is awarded the contract might not be able to sustain the Medicaid product at the level at which they bid, particularly for new entrants. In addition, we are concerned that an over-emphasis on competitive price bids may not allow for adequate consideration of other important factors such as improving care quality, integrating services to reduce access barriers, driving innovation and reducing racial and other disparities. Rather than limiting health plans rates year over year while requiring more and more benefits and reporting from Minnesota’s nonprofit plans, we support a process that relies on statutorily required, best-value purchasing to advance the state’s health and equity goals while still being cognizant of cost.

**Health Care Strategy G — Create Uniform Pharmacy Benefit**

**Health Care G — Comments:** The Council opposes carve outs of services within Minnesota’s health care programs. Managed care is most effective when care and utilization management activities extend across all health care services. Prescription drugs are a central component of health care services. Carving them out will remove vital opportunities to coordinate care – resulting in fragmented care and higher costs. While this initiative could potentially create a cost savings overall for the state, it is not clear how the Commission has considered the potential for disparate impact to the health care system more broadly. The Commission points to West Virginia’s experience as evidence of the cost savings for this change. The review does not appear to consider broader experiences of states that have demonstrated results counter to the Commission’s assumptions. The Council questions the assumptions driving the projected savings for this proposal. Please see attached studies for more detail.

**Health Care Strategy H — Establish Prescription Drug Purchasing Council**

**Health Care H — Comments:** No entry

**Health Care Strategy I — Establish Prescription Drug Affordability Commission**

**Health Care I — Comments:** The Council supports efforts to lower prescription drug costs but believes that before the state considers setting and enforcing reimbursement limits, that there first be increased study on the cost and therapeutic effectiveness of prescription drugs. In addition, this strategy does not address the primary issue with drug prices, which is the list price set by manufacturers. Focusing on pharmacies could potentially result in them refusing to dispense the drugs that have an upper limit of pharmacy reimbursement and may ultimately impact enrollee access to prescription drugs. Instead, we suggest that a Commission focus on drugs that have a high wholesale acquisition cost (WAC) price that qualifies as a high cost drug and requires manufacturers to make these drugs available for purchase to pharmacies at the ceiling acquisition price, or lower. In addition to WAC, other benchmarks to research are average wholesale price, average sales price for medical drugs, and usual & customary charges.

**Cost Savings Strategies: Long-Term Services and Supports (LTSS) for Persons with Disabilities and Older Adults**

**LTSS Strategy A — Discontinue Grant Programs**

**LTSS A — Comments:** No entry
LTSS Strategy B — Update Absence Factor in Day Services
LTSS B — Comments: No entry

LTSS Strategy C — Change Disability Waiver Family Foster Care Rate Methodology
LTSS C — Comments: No entry

LTSS Strategy D — Curb Residential Costs in Disability Waivers
LTSS D — Comments: No entry

LTSS Strategy E — Require Medicare Enhanced Home Care Benefit
LTSS E — Comments: The Council concurs that there is a need for a more comprehensive method of providing various long-term care services (including nonmedical services) to enable older Minnesotans to remain in their homes. However, given the many recent and significant changes in Minnesota’s Medicare market, we encourage the Commission to update its actuarial analysis to reflect these changes. Based on our experience with this particular market, we believe that this proposal would increase costs for the state and also increase premiums for beneficiaries.

LTSS Strategy F — Update Value-Based Reimbursement in Nursing Facilities
LTSS F — Comments: No entry

Strategies focused on Waste, Including Fraud and Program Integrity

Waste Strategy A — Pursue Fraud, Waste, or Abuse Prevention Enhancements
Waste A — Comments: The Council supports efforts to reduce fraud, waste, and abuse within the health care system. The Council’s member health plans have a long history of working with the Office of Inspector General and Department of Human Services SIRS to help make sure Minnesota’s tax dollars are used for intended health care services.

Waste Strategy B — Reduce Low-Value Services in Minnesota
Waste B — Comments: The Council supports efforts to reduce overused, misused, and low-value services and is willing to participate in projects that support these conversations. We encourage the state to build upon any existing efforts rather than starting something new.

Waste Strategy C — Align State and Federal Health Care Privacy Protections
Waste C — Comments: The Council is supportive of this proposal as it increases efficiencies within the health care system and allows providers to communicate more easily with other providers about a patient’s care. The additional requirements of the Minnesota Health Records Act that prevent health plans and providers from performing standard treatment and operational tasks are unnecessary and administratively burdensome. The protections offered under HIPAA are the industry standard and provide sufficient protections for beneficiaries.

Strategies focused on Administrative Efficiencies and Simplification

Efficiencies Strategy A — Improve MnCHOICES and LTSS Processes
Efficiencies A — Comments: Though MnCHOICES has not yet been implemented in managed care yet, we are supportive of efforts to streamline the eligibility determination and renewals process as it helps to increase access and creates a more favorable health care experience for enrollees. We recommend that these efforts align with other Medicaid eligibility renewal strategies and improvements.
Strategies focused on Health Equity

Health Equity Strategy title A — Improve Dental Access in Public Health Care Programs

Health Equity A — Comments: We are unclear how moving to a single administrator will increase dental access for enrollees. Rather than contracting with a dental administrator, the Council recommends pursuing other, lower-cost ways of improving access to dental care. We recommend maintaining and promoting integration of medical, dental, and mental health/substance abuse disorder care because studies demonstrate that this achieves optimal health outcomes. An additional concern is that the proposal negatively impacts safety net providers, such as rural dentists and critical access dentists who are serving the bulk of Medicaid members despite introducing increased cost to the system. The Council is in support of increasing Medicaid state-set dental rates as a key strategy to address the access concerns in Minnesota and recommends this step be pursued as part of an iterative process.

Health Equity Strategy title B — Ensure Equitable Access to Aging and Disability Service Programs

Health Equity B — Comments: The Council supports further analysis of disparities in home and community-based services (HCBS) utilization and recommends making sure that health plans’ experience with these programs be part of the study.

Health Equity Strategy title C — Redesign Targeted Case Management to Reduce Disparities in Access to Medical, Behavioral and Social Services or Supports

Health Equity C — Comments: No entry

Additional Input

The Council recommends that the Commission consider the implementation of a statewide telepresence network, one of the proposals not yet developed by the Commission (Development of a Single, Interoperable, Secure, Low-Cost Telepresence Network). The current COVID-19 public health emergency highlights the importance telemedicine plays in increasing access to needed treatment for individuals. It has also highlighted the need for one statewide, interoperable, secure, low-cost telepresence network connecting people, particularly those in Greater Minnesota, with providers. We believe that investment in statewide infrastructure allows for greater continuity of care for members and helps to create a more administratively and cost-effective health care system.

Attachments

ref:0000000465:Q27
ref:0000000465:Q28
ref:0000000465:Q29

Julia Dreier

Title: Director of Research and Health Policy
Organizations: Minnesota Council of Health Plans
Please identify the group you represent: Professional Association
Please list the populations served by your organization, if applicable:

- MCHP represents MCOs; MCOs' members include all the populations listed above
Cost Savings Strategies: Health Care

Health Care Strategy A — Implement Uniform Administration of Non-Emergency Medical Transportation (NEMT)

Health Care A – Comments: The Council opposes having NEMT handled by a single, state-run administrator. Minnesota’s health plans have established, robust transportation networks and coordinate rides for their members, in addition to utilizing flexible alternative modes such as bus passes and volunteer drivers. Additionally, by being able to look at a member’s full spectrum of care needs, health plans promote care coordination, which helps to promote better health outcomes for members. We would appreciate additional detail supporting the estimate that this initiative could save as much as $10 million as our understanding is the current FFS program has not demonstrated the impact of cost savings initially expected. It is also not clear how this change would enhance program integrity or improve efficiency. Finally, if the Commission chooses to finalize this strategy, we encourage additional focus to further examine potential adverse impacts on Minnesotans in living in rural areas of the state.

Health Care Strategy B — Modify Certain Medical Assistance Durable Medical Equipment Payment Rates to Match Medicare Rates

Health Care B – Comments: No entry

Health Care Strategy C — Expand Volume Purchasing for Durable Medical Equipment

Health Care C — Comments: No entry

Health Care Strategy D — Expand Use of the MN Encounter Alerting Service

Health Care D — Comments: The Council opposes having NEMT handled by a single, state-run administrator. Minnesota’s health plans have established, robust transportation networks and coordinate rides for their members, in addition to utilizing flexible alternative modes such as bus passes and volunteer drivers. Additionally, by being able to look at a member’s full spectrum of care needs, health plans promote care coordination, which helps to promote better health outcomes for members. We would appreciate additional detail supporting the estimate that this initiative could save as much as $10 million as our understanding is the current FFS program has not demonstrated the impact of cost savings initially expected. It is also not clear how this change would enhance program integrity or improve efficiency. Finally, if the Commission chooses to finalize this strategy, we encourage additional focus to further examine potential adverse impacts on Minnesotans in living in rural areas of the state.

Health Care Strategy E — Improve Compliance with Third Party Liability (TPL) Requirements

Health Care E — Comments: No entry

Health Care Strategy F — Require Managed Care Organization (MCO) Competitive Price Bidding

Health Care F — Comments: We agree that a competitive price bidding process would theoretically help contribute to cost savings, but we are concerned that this approach may increase the risk that a carrier who is awarded the contract might not be able to sustain the Medicaid product at the level at which they bid, particularly for new entrants. In addition, we are concerned that an over-emphasis on competitive price bids may not allow for adequate consideration of other important factors such as improving care quality, integrating services to reduce access barriers, driving innovation and reducing racial and other disparities. Rather than limiting health plans rates year over year while requiring more and more benefits and reporting from Minnesota’s nonprofit plans, we support a process that relies on statutorily required, best-value purchasing to advance the state’s health and equity goals while still being cognizant of cost.

Health Care Strategy G — Create Uniform Pharmacy Benefit

Health Care G — Comments: The Council opposes carve outs of services within Minnesota’s health care programs. Managed care is most effective when care and utilization management activities extend across all health care services. Prescription drugs are a central component of health care services. Carving them out will remove vital opportunities to
coordinate care – resulting in fragmented care and higher costs. While this initiative could potentially create a cost savings overall for the state, it is not clear how the Commission has considered the potential for disparate impact to the health care system more broadly. The Commission points to West Virginia’s experience as evidence of the cost savings for this change. The review does not appear to consider broader experiences of states that have demonstrated results counter to the Commission’s assumptions. The Council questions the assumptions driving the projected savings for this proposal. Please see attached studies for more detail.

**Health Care Strategy H — Establish Prescription Drug Purchasing Council**

**Health Care H — Comments:** No entry

**Health Care Strategy I — Establish Prescription Drug Affordability Commission**

**Health Care I — Comments:** The Council supports efforts to lower prescription drug costs but believes that before the state considers setting and enforcing reimbursement limits, that there first be increased study on the cost and therapeutic effectiveness of prescription drugs. In addition, this strategy does not address the primary issue with drug prices, which is the list price set by manufacturers. Focusing on pharmacies could potentially result in them refusing to dispense the drugs that have an upper limit of pharmacy reimbursement and may ultimately impact enrollee access to prescription drugs. Instead, we suggest that a Commission focus on drugs that have a high wholesale acquisition cost (WAC) price that qualifies as a high cost drug and requires manufacturers to make these drugs available for purchase to pharmacies at the ceiling acquisition price, or lower. In addition to WAC, other benchmarks to research are average wholesale price, average sales price for medical drugs, and usual & customary charges.

**Cost Savings Strategies: Long-Term Services and Supports (LTSS) for Persons with Disabilities and Older Adults**

**LTSS Strategy A — Discontinue Grant Programs**

**LTSS A — Comments:** No entry

**LTSS Strategy B — Update Absence Factor in Day Services**

**LTSS B — Comments:** No entry

**LTSS Strategy C — Change Disability Waiver Family Foster Care Rate Methodology**

**LTSS C — Comments:** No entry

**LTSS Strategy D — Curb Residential Costs in Disability Waivers**

**LTSS D — Comments:** No entry

**LTSS Strategy E — Require Medicare Enhanced Home Care Benefit**

**LTSS E — Comments:** The Council concurs that there is a need for a more comprehensive method of providing various long-term care services (including nonmedical services) to enable older Minnesotans to remain in their homes. However, given the many recent and significant changes in Minnesota’s Medicare market, we encourage the Commission to update its actuarial analysis to reflect these changes. Based on our experience with this particular market, we believe that this proposal would increase costs for the state and also increase premiums for beneficiaries.

**LTSS Strategy F — Update Value-Based Reimbursement in Nursing Facilities**

**LTSS F — Comments:** No entry
Strategies focused on Waste, Including Fraud and Program Integrity

Waste Strategy A — Pursue Fraud, Waste, or Abuse Prevention Enhancements

Waste A — Comments: The Council supports efforts to reduce fraud, waste, and abuse within the health care system. The Council’s member health plans have a long history of working with the Office of Inspector General and Department of Human Services SIRS to help make sure Minnesota’s tax dollars are used for intended health care services.

Waste Strategy B — Reduce Low-Value Services in Minnesota

Waste B — Comments: The Council supports efforts to reduce overused, misused, and low-value services and is willing to participate in projects that support these conversations. We encourage the state to build upon any existing efforts rather than starting something new.

Waste Strategy C — Align State and Federal Health Care Privacy Protections

Waste C — Comments: The Council is supportive of this proposal as it increases efficiencies within the health care system and allows providers to communicate more easily with other providers about a patient’s care. The additional requirements of the Minnesota Health Records Act that prevent health plans and providers from performing standard treatment and operational tasks are unnecessary and administratively burdensome. The protections offered under HIPAA are the industry standard and provide sufficient protections for beneficiaries.

Strategies focused on Administrative Efficiencies and Simplification

Efficiencies Strategy A — Improve MnCHOICES and LTSS Processes

Efficiencies A — Comments: Though MnCHOICES has not yet been implemented in managed care yet, we are supportive of efforts to streamline the eligibility determination and renewals process as it helps to increase access and creates a more favorable health care experience for enrollees. We recommend that these efforts align with other Medicaid eligibility renewal strategies and improvements.

Strategies focused on Health Equity

Health Equity Strategy title A — Improve Dental Access in Public Health Care Programs

Health Equity A — Comments: We are unclear how moving to a single administrator will increase dental access for enrollees. Rather than contracting with a dental administrator, the Council recommends pursuing other, lower-cost ways of improving access to dental care. We recommend maintaining and promoting integration of medical, dental, and mental health/substance abuse disorder care because studies demonstrate that this achieves optimal health outcomes. An additional concern is that the proposal negatively impacts safety net providers, such as rural dentists and critical access dentists who are serving the bulk of Medicaid members despite introducing increased cost to the system. The Council is in support of increasing Medicaid state-set dental rates as a key strategy to address the access concerns in Minnesota and recommends this step be pursued as part of an iterative process.

Health Equity Strategy title B — Ensure Equitable Access to Aging and Disability Service Programs

Health Equity B — Comments: The Council supports further analysis of disparities in home and community-based services (HCBS) utilization and recommends making sure that health plans’ experience with these programs be part of the study.

Health Equity Strategy title C — Redesign Targeted Case Management to Reduce Disparities in Access to Medical, Behavioral and Social Services or Supports

Health Equity C — Comments: No entry
Additional Input

The Council recommends that the Commission consider the implementation of a statewide telepresence network, one of the proposals not yet developed by the Commission (Development of a Single, Interoperable, Secure, Low-Cost Telepresence Network). The current COVID-19 public health emergency highlights the importance telemedicine plays in increasing access to needed treatment for individuals. It has also highlighted the need for one statewide, interoperable, secure, low-cost telepresence network connecting people, particularly those in Greater Minnesota, with providers. We believe that investment in statewide infrastructure allows for greater continuity of care for members and helps to create a more administratively and cost-effective health care system.

Attachments

ref:0000000482:Q27
ref:0000000482:Q28
ref:0000000482:Q29

Julie Bleyhl

Title: Executive Director
Organization: AFSCME Council 5

Please identify the group you represent: Professional Association

Please list the populations served by your organization, if applicable:

- Older adults
- People with apparent and non-apparent disabilities
- Veterans

Cost Savings Strategies: Health Care

Health Care Strategy A — Implement Uniform Administration of Non-Emergency Medical Transportation (NEMT)

Health Care A — Comments: No entry

Health Care Strategy B — Modify Certain Medical Assistance Durable Medical Equipment Payment Rates to Match Medicare Rates

Health Care B — Comments: No entry

Health Care Strategy C — Expand Volume Purchasing for Durable Medical Equipment

Health Care C — Comments: No entry

Health Care Strategy D — Expand Use of the MN Encounter Alerting Service

Health Care D — Comments: No entry

Health Care Strategy E — Improve Compliance with Third Party Liability (TPL) Requirements

Health Care E — Comments: No entry

Health Care Strategy F — Require Managed Care Organization (MCO) Competitive Price Bidding

Health Care F — Comments: No entry
Health Care Strategy G — Create Uniform Pharmacy Benefit

Health Care G — Comments: No entry

Health Care Strategy H — Establish Prescription Drug Purchasing Council

Health Care H — Comments: No entry

Health Care Strategy I — Establish Prescription Drug Affordability Commission

Health Care I — Comments: No entry

Cost Savings Strategies: Long-Term Services and Supports (LTSS) for Persons with Disabilities and Older Adults

LTSS Strategy A — Discontinue Grant Programs

LTSS A — Comments: No entry

LTSS Strategy B — Update Absence Factor in Day Services

LTSS B — Comments: No entry

LTSS Strategy C — Change Disability Waiver Family Foster Care Rate Methodology

LTSS C — Comments: No entry

LTSS Strategy D — Curb Residential Costs in Disability Waivers

LTSS D — Comments: No entry

LTSS Strategy E — Require Medicare Enhanced Home Care Benefit

LTSS E — Comments: No entry

LTSS Strategy F — Update Value-Based Reimbursement in Nursing Facilities

LTSS F — Comments: No entry

Strategies focused on Waste, Including Fraud and Program Integrity

Waste Strategy A — Pursue Fraud, Waste, or Abuse Prevention Enhancements

Waste A — Comments: No entry

Waste Strategy B — Reduce Low-Value Services in Minnesota

Waste B — Comments: No entry

Waste Strategy C — Align State and Federal Health Care Privacy Protections

Waste C — Comments: No entry

Strategies focused on Administrative Efficiencies and Simplification

Efficiencies Strategy A — Improve MnCHOICES and LTSS Processes

Efficiencies A — Comments: No entry
Strategies focused on Health Equity

Health Equity Strategy title A — Improve Dental Access in Public Health Care Programs
Health Equity A — Comments: No entry

Health Equity Strategy title B — Ensure Equitable Access to Aging and Disability Service Programs
Health Equity B — Comments: No entry

Health Equity Strategy title C — Redesign Targeted Case Management to Reduce Disparities in Access to Medical, Behavioral and Social Services or Supports
Health Equity C — Comments: No entry

Additional Input
No entry

Attachments
ref:0000000418:Q27

Julie Johnson
Title: President
Organization: MOHR
Please identify the group you represent: Provider Membership Organization
Please list the populations served by your organization, if applicable:
  • People with apparent and non-apparent disabilities

Cost Savings Strategies: Health Care

Health Care Strategy A — Implement Uniform Administration of Non-Emergency Medical Transportation (NEMT)
Health Care A – Comments: No entry

Health Care Strategy B — Modify Certain Medical Assistance Durable Medical Equipment Payment Rates to Match Medicare Rates
Health Care B – Comments: No entry

Health Care Strategy C — Expand Volume Purchasing for Durable Medical Equipment
Health Care C — Comments: No entry

Health Care Strategy D — Expand Use of the MN Encounter Alerting Service
Health Care D — Comments: No entry

Health Care Strategy E — Improve Compliance with Third Party Liability (TPL) Requirements
Health Care E — Comments: No entry
Health Care Strategy F — Require Managed Care Organization (MCO) Competitive Price Bidding
Health Care F — Comments: No entry

Health Care Strategy G — Create Uniform Pharmacy Benefit
Health Care G — Comments: No entry

Health Care Strategy H — Establish Prescription Drug Purchasing Council
Health Care H — Comments: No entry

Health Care Strategy I — Establish Prescription Drug Affordability Commission
Health Care I — Comments: No entry

Cost Savings Strategies: Long-Term Services and Supports (LTSS) for Persons with Disabilities and Older Adults

LTSS Strategy A — Discontinue Grant Programs
LTSS A — Comments: No entry

LTSS Strategy B — Update Absence Factor in Day Services
LTSS B — Comments: I am the President of MOHR, the association of nonprofit organizations providing employment and life enrichment services to Minnesotans with disabilities. MOHR is strongly opposed to the proposal to reduce the Day Service Absence and Utilization Factor. With the destabilizing financial impacts caused by COVID19, this rate cut of approximately 5% would further damage the already fragile infrastructure for employment and life enrichment services for individuals with disabilities. The nonprofit providers of these day services have, for multiple years, expressed to DHS specific concerns about the analysis behind DHS data and have asked on multiple occasions to work with DHS to re-examine the data. This has only become more critical in our new world of working to provide these services safely in the time of COVID. For further information about this proposal’s impact on access to services, see the multiple letters of concern shared with the Commission on page 75 of the draft final report

LTSS Strategy C — Change Disability Waiver Family Foster Care Rate Methodology
LTSS C — Comments: No entry

LTSS Strategy D — Curb Residential Costs in Disability Waivers
LTSS D — Comments: No entry

LTSS Strategy E — Require Medicare Enhanced Home Care Benefit
LTSS E — Comments: No entry

LTSS Strategy F — Update Value-Based Reimbursement in Nursing Facilities
LTSS F — Comments: No entry

Strategies focused on Waste, Including Fraud and Program Integrity

Waste Strategy A — Pursue Fraud, Waste, or Abuse Prevention Enhancements
Waste A — Comments: No entry

Waste Strategy B — Reduce Low-Value Services in Minnesota
Waste B — Comments: No entry
Strategies focused on Administrative Efficiencies and Simplification

Efficiencies Strategy A — Improve MnCHOICES and LTSS Processes
Efficiencies A — Comments: No entry

Strategies focused on Health Equity

Health Equity Strategy title A — Improve Dental Access in Public Health Care Programs
Health Equity A — Comments: No entry

Health Equity Strategy title B — Ensure Equitable Access to Aging and Disability Service Programs
Health Equity B — Comments: No entry

Health Equity Strategy title C — Redesign Targeted Case Management to Reduce Disparities in Access to Medical, Behavioral and Social Services or Supports
Health Equity C — Comments: No entry

Additional Input
No entry

Attachments

Julie Johnson
Title: President/CEO
Organization: MSS
Please identify the group you represent: Provider Organization
Please list the populations served by your organization, if applicable:
• People with apparent and non-apparent disabilities

Cost Savings Strategies: Health Care

Health Care Strategy A — Implement Uniform Administration of Non-Emergency Medical Transportation (NEMT)
Health Care A – Comments: No entry

Health Care Strategy B — Modify Certain Medical Assistance Durable Medical Equipment Payment Rates to Match Medicare Rates
Health Care B – Comments: No entry

Health Care Strategy C — Expand Volume Purchasing for Durable Medical Equipment
Health Care C — Comments: No entry
Health Care Strategy D — Expand Use of the MN Encounter Alerting Service
Health Care D — Comments: No entry

Health Care Strategy E - Improve Compliance with Third Party Liability (TPL) Requirements
Health Care E — Comments: No entry

Health Care Strategy F — Require Managed Care Organization (MCO) Competitive Price Bidding
Health Care F — Comments: No entry

Health Care Strategy G — Create Uniform Pharmacy Benefit
Health Care G — Comments: No entry

Health Care Strategy H — Establish Prescription Drug Purchasing Council
Health Care H — Comments: No entry

Health Care Strategy I — Establish Prescription Drug Affordability Commission
Health Care I — Comments: No entry

Cost Savings Strategies: Long-Term Services and Supports (LTSS) for Persons with Disabilities and Older Adults

LTSS Strategy A — Discontinue Grant Programs
LTSS A — Comments: No entry

LTSS Strategy B — Update Absence Factor in Day Services
LTSS B — Comments: As a community day and employment provider serving adults with disabilities we are strongly opposed to this strategy. Day and employment providers to date in 2020 have received no emergency funding to offset the huge losses resulting from COVID-19. Prior to this time, we were already experiencing a devastating workforce shortage and an additional 5% reduction in our reimbursement will further exacerbate this problem. Day and employment providers strive to be innovative and provide strong supports for people to achieve their employment and life enrichment goals. We cannot sustain yet another reduction in rates leaving us with no resources to continue this valuable work. At MSS the current utilization factor does not cover the loss of revenue that we experience related to utilization. I urge you not to implement this strategy and further weaken our states community disability service infrastructure.

LTSS Strategy C — Change Disability Waiver Family Foster Care Rate Methodology
LTSS C — Comments: No entry

LTSS Strategy D — Curb Residential Costs in Disability Waivers
LTSS D — Comments: No entry

LTSS Strategy E — Require Medicare Enhanced Home Care Benefit
LTSS E — Comments: No entry

LTSS Strategy F — Update Value-Based Reimbursement in Nursing Facilities
LTSS F — Comments: No entry
Strategies focused on Waste, Including Fraud and Program Integrity

Waste Strategy A — Pursue Fraud, Waste, or Abuse Prevention Enhancements
Waste A — Comments: No entry

Waste Strategy B — Reduce Low-Value Services in Minnesota
Waste B — Comments: No entry

Waste Strategy C — Align State and Federal Health Care Privacy Protections
Waste C — Comments: No entry

Strategies focused on Administrative Efficiencies and Simplification

Efficiencies Strategy A — Improve MnCHOICES and LTSS Processes
Efficiencies A — Comments: No entry

Strategies focused on Health Equity

Health Equity Strategy title A — Improve Dental Access in Public Health Care Programs
Health Equity A — Comments: No entry

Health Equity Strategy title B — Ensure Equitable Access to Aging and Disability Service Programs
Health Equity B — Comments: No entry

Health Equity Strategy title C — Redesign Targeted Case Management to Reduce Disparities in Access to Medical, Behavioral and Social Services or Supports
Health Equity C — Comments: No entry

Additional Input
No entry

Attachments

Julie Ring
Title: Executive Director
Organization: Association of Minnesota Counties

Please identify the group you represent: Professional Association

Please list the populations served by your organization, if applicable:

- Communities of Color
- Ethnic and/or racial minorities
- LGBTQIA+
- Native American/American Indian people
- Older adults
- People with apparent and non-apparent disabilities
- Rural populations
Urban populations

**Cost Savings Strategies: Health Care**

Health Care Strategy A — Implement Uniform Administration of Non-Emergency Medical Transportation (NEMT)
Health Care A – Comments: No entry

Health Care Strategy B — Modify Certain Medical Assistance Durable Medical Equipment Payment Rates to Match Medicare Rates
Health Care B – Comments: No entry

Health Care Strategy C — Expand Volume Purchasing for Durable Medical Equipment
Health Care C — Comments: No entry

Health Care Strategy D — Expand Use of the MN Encounter Alerting Service
Health Care D — Comments: No entry

Health Care Strategy E — Improve Compliance with Third Party Liability (TPL) Requirements
Health Care E — Comments: No entry

Health Care Strategy F — Require Managed Care Organization (MCO) Competitive Price Bidding
Health Care F — Comments: No entry

Health Care Strategy G — Create Uniform Pharmacy Benefit
Health Care G — Comments: No entry

Health Care Strategy H — Establish Prescription Drug Purchasing Council
Health Care H — Comments: No entry

Health Care Strategy I — Establish Prescription Drug Affordability Commission
Health Care I — Comments: No entry

**Cost Savings Strategies: Long-Term Services and Supports (LTSS) for Persons with Disabilities and Older Adults**

LTSS Strategy A — Discontinue Grant Programs
LTSS A — Comments: No entry

LTSS Strategy B — Update Absence Factor in Day Services
LTSS B — Comments: No entry

LTSS Strategy C — Change Disability Waiver Family Foster Care Rate Methodology
LTSS C — Comments: No entry

LTSS Strategy D — Curb Residential Costs in Disability Waivers
LTSS D — Comments: No entry

Public input on draft report 2020
LTSS Strategy E — Require Medicare Enhanced Home Care Benefit
LTSS E — Comments: No entry

LTSS Strategy F — Update Value-Based Reimbursement in Nursing Facilities
LTSS F — Comments: No entry

Strategies focused on Waste, Including Fraud and Program Integrity

Waste Strategy A — Pursue Fraud, Waste, or Abuse Prevention Enhancements
Waste A — Comments: No entry

Waste Strategy B — Reduce Low-Value Services in Minnesota
Waste B — Comments: No entry

Waste Strategy C — Align State and Federal Health Care Privacy Protections
Waste C — Comments: No entry

Strategies focused on Administrative Efficiencies and Simplification

Efficiencies Strategy A — Improve MnCHOICES and LTSS Processes
Efficiencies A — Comments: No entry

Strategies focused on Health Equity

Health Equity Strategy title A — Improve Dental Access in Public Health Care Programs
Health Equity A — Comments: No entry

Health Equity Strategy title B — Ensure Equitable Access to Aging and Disability Service Programs
Health Equity B — Comments: No entry

Health Equity Strategy title C — Redesign Targeted Case Management to Reduce Disparities in Access to Medical, Behavioral and Social Services or Supports
Health Equity C — Comments: No entry

Additional Input
No entry

Attachments
ref:0000000463:Q27

Kate Grathwol
Title: President/CEO
Organization: Vision Loss Resources
Please identify the group you represent: Community Organization
Please list the populations served by your organization, if applicable:
Public input on draft report 2020
• Communities of Color
• Ethnic and/or racial minorities
• LGBTQIA+
• Native American/American Indian people
• Older adults
• People with apparent and non-apparent disabilities
• Rural populations
• Urban populations
• Veterans

Cost Savings Strategies: Health Care

Health Care Strategy A — Implement Uniform Administration of Non-Emergency Medical Transportation (NEMT)

Health Care A – Comments: This would be very beneficial people with vision loss, older adults needing transportation to medical appointments. It would allow easier access to health care and other support system that help people live independently in their own homes. This would allow people to age in place.

Health Care Strategy B — Modify Certain Medical Assistance Durable Medical Equipment Payment Rates to Match Medicare Rates

Health Care B – Comments: No entry

Health Care Strategy C — Expand Volume Purchasing for Durable Medical Equipment

Health Care C — Comments: No entry

Health Care Strategy D — Expand Use of the MN Encounter Alerting Service

Health Care D — Comments: This recommendation would be a great benefit to Minnesotans, of all ages and and all disabilities. It would also make care coordination better between all parties.

Health Care Strategy E- Improve Compliance with Third Party Liability (TPL) Requirements

Health Care E — Comments: No entry

Health Care Strategy F — Require Managed Care Organization (MCO) Competitive Price Bidding

Health Care F — Comments: Competitive price bidding has shown to be very effective in managing cost. As a non-profit we working with industry we are often a part of this process and it really works to manage efficiency and cost savings.

Health Care Strategy G — Create Uniform Pharmacy Benefit

Health Care G — Comments: This would be a great benefit to those using public health care programs pharmacy services. It will save money and it will help people when moving from one plan to another.

Health Care Strategy H — Establish Prescription Drug Purchasing Council

Health Care H — Comments: Lower the cost of Rx proves is on the minds of many older adults with vision loss. The cost of glaucoma drops or food is often a conversation topic we have with our blind and visually impaired clients.

Health Care Strategy I — Establish Prescription Drug Affordability Commission

Health Care I — Comments: Reducing the cost of Rx's for people who need them to maintain and independent lifestyle and avoid hospitalization can not be over stated.
Cost Savings Strategies: Long-Term Services and Supports (LTSS) for Persons with Disabilities and Older Adults

LTSS Strategy A — Discontinue Grant Programs
LTSS A — Comments: No entry

LTSS Strategy B — Update Absence Factor in Day Services
LTSS B — Comments: No entry

LTSS Strategy C — Change Disability Waiver Family Foster Care Rate Methodology
LTSS C — Comments: No entry

LTSS Strategy D — Curb Residential Costs in Disability Waivers
LTSS D — Comments: No entry

LTSS Strategy E — Require Medicare Enhanced Home Care Benefit
LTSS E — Comments: This would be a great benefit to the state. The services Vision Loss Resources provide to people with visual impairment and blindness helps people living in their homes longer than they thought possible. We often hear from clients that they thought they had to move to assisted living to remain safe in their home. After working with our organization and learning adaptive skills for living independently with blindness or visual impairment, our clients and their families are excited to know that they can remain in their home and live independent.

LTSS Strategy F — Update Value-Based Reimbursement in Nursing Facilities
LTSS F — Comments: No entry

Strategies focused on Waste, Including Fraud and Program Integrity

Waste Strategy A — Pursue Fraud, Waste, or Abuse Prevention Enhancements
Waste A — Comments: No entry

Waste Strategy B — Reduce Low-Value Services in Minnesota
Waste B — Comments: No entry

Waste Strategy C — Align State and Federal Health Care Privacy Protections
Waste C — Comments: This would be very helpful to all be working in the same system

Strategies focused on Administrative Efficiencies and Simplification

Efficiencies Strategy A — Improve MnCHOICES and LTSS Processes
Efficiencies A — Comments: This would certainly improve efficiencies in making the assessment process more accessible to more Minnesotans

Strategies focused on Health Equity

Health Equity Strategy title A — Improve Dental Access in Public Health Care Programs
Health Equity A — Comments: This strategy would be so helpful in helping more people have access to dental care. Better dental care means better over all health.
Health Equity Strategy title B — Ensure Equitable Access to Aging and Disability Service Programs

Health Equity B — Comments: This would have a great impact on the older adults we serve. Community engagement is vital to improving access to services. Increasing access to services for more people who need services.

Health Equity Strategy title C — Redesign Targeted Case Management to Reduce Disparities in Access to Medical, Behavioral and Social Services or Supports

Health Equity C — Comments: No entry

Additional Input

I would like to thank the Governor and the Commission for the work done here. This work will benefit many.

Attachments

Kathie Brinkman

Title: N/A

Organization: Interact Center for the visual and Performing Arts

Please identify the group you represent: Individual Person

Please list the populations served by your organization, if applicable:

- Communities of Color
- Ethnic and/or racial minorities
- LGBTQIA+
- Native American/American Indian people
- Older adults
- People with apparent and non-apparent disabilities
- Rural populations
- Urban populations

Cost Savings Strategies: Health Care

Health Care Strategy A — Implement Uniform Administration of Non-Emergency Medical Transportation (NEMT)

Health Care A – Comments: No entry

Health Care Strategy B — Modify Certain Medical Assistance Durable Medical Equipment Payment Rates to Match Medicare Rates

Health Care B – Comments: No entry

Health Care Strategy C — Expand Volume Purchasing for Durable Medical Equipment

Health Care C — Comments: No entry

Health Care Strategy D — Expand Use of the MN Encounter Alerting Service

Health Care D — Comments: No entry

Health Care Strategy E— Improve Compliance with Third Party Liability (TPL) Requirements

Health Care E — Comments: No entry
Health Care Strategy F — Require Managed Care Organization (MCO) Competitive Price Bidding
Health Care F — Comments: No entry

Health Care Strategy G — Create Uniform Pharmacy Benefit
Health Care G — Comments: No entry

Health Care Strategy H — Establish Prescription Drug Purchasing Council
Health Care H — Comments: No entry

Health Care Strategy I — Establish Prescription Drug Affordability Commission
Health Care I — Comments: No entry

Cost Savings Strategies: Long-Term Services and Supports (LTSS) for Persons with Disabilities and Older Adults

LTSS Strategy A — Discontinue Grant Programs
LTSS A — Comments: No entry

LTSS Strategy B — Update Absence Factor in Day Services
LTSS B — Comments: My 22 year old daughter, Katie, who has Down syndrome receives services at Interact Center for the Visual and Performing Arts, a non-profit provider of Adult Day services for Minnesotans with disabilities. This program is very unique in that it provides opportunities for skill development in the fine arts. There is nothing else like it in MN. As Katie's parent, I am very concerned about the proposal to reduce the Day Service Absence and Utilization Factor. With the destabilizing financial impacts caused by COVID19, this rate cut of approximately 5% would further damage the already fragile infrastructure for day services for individuals with disabilities. As the parent of a young adult who receives these Adult Day services, it is very important to me and to Katie that her program is funded adequately and appropriately to ensure Katie's safety, health, career development, and happiness. I urge you to reconsider cutting the Absence Factor. Sincerely, Kathie Brinkman

LTSS Strategy C — Change Disability Waiver Family Foster Care Rate Methodology
LTSS C — Comments: No entry

LTSS Strategy D — Curb Residential Costs in Disability Waivers
LTSS D — Comments: No entry

LTSS Strategy E — Require Medicare Enhanced Home Care Benefit
LTSS E — Comments: No entry

LTSS Strategy F — Update Value-Based Reimbursement in Nursing Facilities
LTSS F — Comments: No entry

Strategies focused on Waste, Including Fraud and Program Integrity

Waste Strategy A — Pursue Fraud, Waste, or Abuse Prevention Enhancements
Waste A — Comments: No entry

Waste Strategy B — Reduce Low-Value Services in Minnesota
Waste B — Comments: No entry

Public input on draft report 2020
Waste Strategy C — Align State and Federal Health Care Privacy Protections

Waste C — Comments: No entry

Strategies focused on Administrative Efficiencies and Simplification

Efficiencies Strategy A — Improve MnCHOICES and LTSS Processes

Efficiencies A — Comments: No entry

Strategies focused on Health Equity

Health Equity Strategy title A — Improve Dental Access in Public Health Care Programs

Health Equity A — Comments: No entry

Health Equity Strategy title B — Ensure Equitable Access to Aging and Disability Service Programs

Health Equity B — Comments: No entry

Health Equity Strategy title C — Redesign Targeted Case Management to Reduce Disparities in Access to Medical, Behavioral and Social Services or Supports

Health Equity C — Comments: No entry

Additional Input

Attached below is a picture of my daughter, Katie Brinkman, with some of the pieces of art she is creating at Interact Center for the Visual and Performing Arts.

Attachments

ref:0000000365:Q27

Kathryne LeMieux

Title: Family Health Manager

Organization: Prairie Island Indian Community

Please identify the group you represent: Community Organization

Please list the populations served by your organization, if applicable:

- Communities of Color
- Ethnic and/or racial minorities
- LGBTQIA+
- Native American/American Indian people
- Older adults
- People with apparent and non-apparent disabilities
- Rural populations
- Urban populations
- Veterans
Cost Savings Strategies: Health Care

Health Care Strategy A — Implement Uniform Administration of Non-Emergency Medical Transportation (NEMT)
Health Care A — Comments: No entry

Health Care Strategy B — Modify Certain Medical Assistance Durable Medical Equipment Payment Rates to Match Medicare Rates
Health Care B — Comments: No entry

Health Care Strategy C — Expand Volume Purchasing for Durable Medical Equipment
Health Care C — Comments: No entry

Health Care Strategy D — Expand Use of the MN Encounter Alerting Service
Health Care D — Comments: No entry

Health Care Strategy E — Improve Compliance with Third Party Liability (TPL) Requirements
Health Care E — Comments: No entry

Health Care Strategy F — Require Managed Care Organization (MCO) Competitive Price Bidding
Health Care F — Comments: No entry

Health Care Strategy G — Create Uniform Pharmacy Benefit
Health Care G — Comments: No entry

Health Care Strategy H — Establish Prescription Drug Purchasing Council
Health Care H — Comments: No entry

Health Care Strategy I — Establish Prescription Drug Affordability Commission
Health Care I — Comments: No entry

Cost Savings Strategies: Long-Term Services and Supports (LTSS) for Persons with Disabilities and Older Adults

LTSS Strategy A — Discontinue Grant Programs
LTSS A — Comments: No entry

LTSS Strategy B — Update Absence Factor in Day Services
LTSS B — Comments: No entry

LTSS Strategy C — Change Disability Waiver Family Foster Care Rate Methodology
LTSS C — Comments: No entry

LTSS Strategy D — Curb Residential Costs in Disability Waivers
LTSS D — Comments: No entry
LTSS Strategy E — Require Medicare Enhanced Home Care Benefit
LTSS E — Comments: No entry

LTSS Strategy F — Update Value-Based Reimbursement in Nursing Facilities
LTSS F — Comments: No entry

Strategies focused on Waste, Including Fraud and Program Integrity

Waste Strategy A — Pursue Fraud, Waste, or Abuse Prevention Enhancements
Waste A — Comments: No entry

Waste Strategy B — Reduce Low-Value Services in Minnesota
Waste B — Comments: No entry

Waste Strategy C — Align State and Federal Health Care Privacy Protections
Waste C — Comments: No entry

Strategies focused on Administrative Efficiencies and Simplification

Efficiencies Strategy A — Improve MnCHOICES and LTSS Processes
Efficiencies A — Comments: No entry

Strategies focused on Health Equity

Health Equity Strategy title A — Improve Dental Access in Public Health Care Programs
Health Equity A — Comments: No entry

Health Equity Strategy title B — Ensure Equitable Access to Aging and Disability Service Programs
Health Equity B — Comments: No entry

Health Equity Strategy title C — Redesign Targeted Case Management to Reduce Disparities in Access to Medical, Behavioral and Social Services or Supports
Health Equity C — Comments: No entry

Additional Input
All of these strategies are important for the Indian communities represented by IHS and MHD. They were descriptive and concise.

Attachments

Kenza Hadj-Moussa
Title: Director of Public Affairs
Organization: TakeAction Minnesota
Please identify the group you represent: Community Organization
Please list the populations served by your organization, if applicable:
• Communities of Color
• Ethnic and/or racial minorities
• LGBTQIA+
• Native American/American Indian people
• Older adults
• People with apparent and non-apparent disabilities
• Rural populations
• Urban populations
• Veterans

Cost Savings Strategies: Health Care

Health Care Strategy A — Implement Uniform Administration of Non-Emergency Medical Transportation (NEMT)

Health Care A – Comments: No entry

Health Care Strategy B — Modify Certain Medical Assistance Durable Medical Equipment Payment Rates to Match Medicare Rates

Health Care B – Comments: No entry

Health Care Strategy C — Expand Volume Purchasing for Durable Medical Equipment

Health Care C — Comments: No entry

Health Care Strategy D — Expand Use of the MN Encounter Alerting Service

Health Care D — Comments: No entry

Health Care Strategy E — Improve Compliance with Third Party Liability (TPL) Requirements

Health Care E — Comments: No entry

Health Care Strategy F — Require Managed Care Organization (MCO) Competitive Price Bidding

Health Care F — Comments: Managed care was begun in Minnesota with the promise of increasing access, improving quality & reducing costs, vs. a fee-for-service model. Capitated payments are supposed to incentivize care management to improve health & manage costs. But access & outcomes are mixed, the cost has not been reliably lower than FFS, & many withholds & metrics have had to be layered on to try to incentivize investment in health. TakeAction Minnesota is an outspoken advocate for MCO accountability, but within the current privatized delivery of public programs, accountability has meant competitive bidding which has resulted in cancelled & broken contracts & disruptions of care. To the extent MCOs are used, we support ensuring they invest in health & do not profit excessively, but the greater value would be in moving away from the MCO model & toward more direct contracting with provider networks, & direct investment in the kind of care coordination we need to address social determinants of health.

Health Care Strategy G — Create Uniform Pharmacy Benefit

Health Care G — Comments: TakeAction Minnesota strongly supports the creation of a uniform pharmacy benefit (UPB). This strategy recognizes that Minnesota already operates a pharmacy benefit for fee for service (FFS) enrollees, and that it is more transparent, has a broader and more stable formulary, and lower cost to the state than the pharmacy benefits offered through MCOs. Payments to MCOs for pharmacy benefits have increased at nearly ten times the rate of costs in the FFS pharmacy benefit program. We are paying for MCOs and PBMs to add layers of cost and complication to what the state could accomplish more directly. We strongly support this effort to leverage the state’s purchasing power to get a better deal, cut out middlemen and excess profits, and we hope this will result in an opportunity to eventually allow other purchasers to buy in and benefit as well.
Health Care Strategy H — Establish Prescription Drug Purchasing Council

Health Care H — Comments: No entry

Health Care Strategy I — Establish Prescription Drug Affordability Commission

Health Care I — Comments: TakeAction Minnesota strongly supports the creation of a Prescription Drug Affordability (PDAB) board with the authority to review drugs that pose an affordability challenge to Minnesotans and, where appropriate, set an affordable, fair, and reasonable upper payment limit for purchases and sales of the drug in Minnesota. The COVID-19 crisis has highlighted the need to ensure access to affordable medications, especially when we, through the federal government, have so often heavily subsidized their development. A PDAB has bipartisan support in both chambers of Minnesota’s legislature, and would create a process to ensure that the state, individual and private payers in Minnesota have access to a fair deal on the medications we need. The U.S. is an outlier in developed countries in not regulating nor leveraging purchasing power to ensure fair costs for prescription drugs, and a state PDAB would begin to correct that grave error and protect Minnesota patients and taxpayers.

Cost Savings Strategies: Long-Term Services and Supports (LTSS) for Persons with Disabilities and Older Adults

LTSS Strategy A — Discontinue Grant Programs

LTSS A — Comments: No entry

LTSS Strategy B — Update Absence Factor in Day Services

LTSS B — Comments: No entry

LTSS Strategy C — Change Disability Waiver Family Foster Care Rate Methodology

LTSS C — Comments: No entry

LTSS Strategy D — Curb Residential Costs in Disability Waivers

LTSS D — Comments: No entry

LTSS Strategy E — Require Medicare Enhanced Home Care Benefit

LTSS E — Comments: As a people-centered organization, TakeAction Minnesota advocates for health care and long-term care supports policies that allow people to age in place. The demographic trends, workforce shortage, elder abuse crisis and increase in abuse and neglect reports for persons with disabilities, not to mention the additional COVID-19 crisis, call for multiple policy solutions that invest in the work of paid and unpaid caregivers. This strategy is one of several selected by the commission that increase access to appropriate services and supports, and would reduce state costs. TakeAction Minnesota supports this strategy to enable seniors to stay in their communities.

LTSS Strategy F — Update Value-Based Reimbursement in Nursing Facilities

LTSS F — Comments: No entry

Strategies focused on Waste, Including Fraud and Program Integrity

Waste Strategy A — Pursue Fraud, Waste, or Abuse Prevention Enhancements

Waste A — Comments: “Pursuit of individual Medicaid fraud is fraught, with a deeply racialized history, the potential for discouraging legitimate use, and relatively low return on investment compared to large scale provider fraud. That said, recent experience in CCAP investigations show that bias is also a concern in the pursuit of provider fraud, and Minnesota’s OIG has been accused by at least one employee of retaliation for blowing the whistle on bias in those investigations. There should be an external racial equity review of MN MA SIRS and FIP investigations, and corrective measures if necessary, before expanding these efforts, particularly in individual investigations. We would also encourage
discretion in use of the term “fraud.” FIP investigates “cases in which ...a person has applied for or is receiving public benefits to which they are not entitled which could result from error anywhere within the complex application system, not necessarily fraud.

**Waste Strategy B — Reduce Low-Value Services in Minnesota**

**Waste B — Comments:** No entry

**Waste Strategy C — Align State and Federal Health Care Privacy Protections**

**Waste C — Comments:** No entry

**Strategies focused on Administrative Efficiencies and Simplification**

**Efficiencies Strategy A — Improve MnCHOICES and LTSS Processes**

**Efficiencies A — Comments:** No entry

**Strategies focused on Health Equity**

**Health Equity Strategy title A — Improve Dental Access in Public Health Care Programs**

**Health Equity A — Comments:** In over a decade of conversations with community members about what they need out of a healthcare system, dental care is one of the top concerns we have heard at TakeAction Minnesota. For those who gain access to Medical Assistance or MinnesotaCare, many report feeling great relief at finally having dental coverage. However many have also reported difficulty finding a dentist to see them or their children, and frustration with the limited coverage of important dental services. We value the critical access providers and rural providers that have made it their priority to see patients with public coverage, and we must acknowledge that the current system is not working to create enough access. TakeAction Minnesota supports this approach to increase payments for dental providers in MPHP, and centralize administration of those benefits rather than continue our current patchwork system.

**Health Equity Strategy title B — Ensure Equitable Access to Aging and Disability Service Programs**

**Health Equity B — Comments:** This strategy acknowledges and addresses the reduced rate of use of services by people of color with disabilities, and the fact that lack of access to appropriate services can actually increase costs. It is particularly important that this strategy begins with listening to communities, who are experts on the barriers they face. TakeAction Minnesota supports implementation of this strategy.

**Health Equity Strategy title C — Redesign Targeted Case Management to Reduce Disparities in Access to Medical, Behavioral and Social Services or Supports**

**Health Equity C — Comments:** No entry

**Additional Input**

Please see our uploaded letter commenting on weaknesses in the overall focus of the Commission's work and report.

**Attachments**

ref:0000000455:Q27
ref:0000000455:Q28

**Kristi Kane**

**Title:** Director
Organization: Arrowhead Area Agency on Aging

Please identify the group you represent: Community Organization

Please list the populations served by your organization, if applicable:

- Communities of Color
- Ethnic and/or racial minorities
- LGBTQIA+
- Native American/American Indian people
- Older adults
- People with apparent and non-apparent disabilities
- Rural populations
- Veterans
- Caregivers of Older Adults

Cost Savings Strategies: Health Care

Health Care Strategy A — Implement Uniform Administration of Non-Emergency Medical Transportation (NEMT)

Health Care A – Comments: AAAA supports Benefits: Many older adults in rural area’s do not have access to transportation programs. A NEMT program would ensure access to medical appointments regardless of where community members choose to age. Challenges: A single administrator could result in higher cost down the road, AAAA would like to see administration of this program go out for public bid every two years. Coordination response time in remote area’s will be challenging. Population Served: Older Adults and their caregivers living in the Arrowhead. Adults with daily transportation needs to cardiac rehab, dialysis, etc as well as intermittent medical needs for testing, lab work, and procedures.

Health Care Strategy B — Modify Certain Medical Assistance Durable Medical Equipment Payment Rates to Match Medicare Rates

Health Care B – Comments: No Comment

Health Care Strategy C — Expand Volume Purchasing for Durable Medical Equipment

Health Care C — Comments: No Comment

Health Care Strategy D — Expand Use of the TN Encounter Alerting Service

Health Care D — Comments: AAAA Supports Benefits: Better communication will allow for a more timely response to needs; It will be important to have a uniform response protocol, improved health outcomes, cost savings for all. Challenges: Including the full range of healthcare providers. Nutrition, fitness, spiritual, HCBS providers, county case managers, tribal health, etc. Population served: Older adults and their caregivers

Health Care Strategy E- Improve Compliance with Third Party Liability (TPL) Requirements

Health Care E — Comments: No Comment

Health Care Strategy F — Require Managed Care Organization (MCO) Competitive Price Bidding

Health Care F — Comments: No Comment

Health Care Strategy G — Create Uniform Pharmacy Benefit

Health Care G — Comments: AAAA Supports Benefits: Better health outcomes and more well rounded health approach with balanced drug costs. Challenges: no proposed solutions yet Population served: Older Adults struggling to pay for...
prescriptions, older adults unable to use the internet to ‘shop’ around, older adults unable to travel distances to purchase pharmaceuticals at a lower cost.

**Health Care Strategy H — Establish Prescription Drug Purchasing Council**

**Health Care H — Comments:** AAAA Supports Rx cost are a significant driver of health care cost and long term health outcomes.

**Health Care Strategy I — Establish Prescription Drug Affordability Commission**

**Health Care I — Comments:** AAAA Supports Benefits: A well represented and diverse in talent Commission could have economic impact on rural mn small pharmacies/communities as well as improved health outcomes. Important to include the voice of aging community members with multiple chronic conditions whom utilize a variety of insurance options. Challenges: Many small town pharmacist have found it difficult to continue providing services, looking at the cost of production for Rx drugs in addition to end cost will be important for the vitality of rural communities. Population Served: Older Adults and their caregivers

**Cost Savings Strategies: Long-Term Services and Supports (LTSS) for Persons with Disabilities and Older Adults**

**LTSS Strategy A — Discontinue Grant Programs**

**LTSS A — Comments:** No Comment

**LTSS Strategy B — Update Absence Factor in Day Services**

**LTSS B — Comments:** B – AAAA Supports Benefits: Reducing or elimination of rate for unscheduled absences creates financial strain for ADS providers whom have adhere to strict staffing requirements and can’t adjust for last minute absences. Challenges: Population Served: Older Adults attending Adult Day Services

**LTSS Strategy C — Change Disability Waiver Family Foster Care Rate Methodology**

**LTSS C — Comments:** No Comment

**LTSS Strategy D — Curb Residential Costs in Disability Waivers**

**LTSS D — Comments:** No Comment

**LTSS Strategy E — Require Medicare Enhanced Home Care Benefit**

**LTSS E — Comments:** AAAA Supports Benefits: Potential better management of chronic conditions; Expands opportunities for individual choice in how people age in place. Population Served: Older Adults

**LTSS Strategy F — Update Value-Based Reimbursement in Nursing Facilities**

**LTSS F — Comments:** No Comment

**Strategies focused on Waste, Including Fraud and Program Integrity**

**Waste Strategy A — Pursue Fraud, Waste, or Abuse Prevention Enhancements**

**Waste A — Comments:** AAAA Supports improvement of internal processes in order to achieve a higher return on investment in identifying fraud, waste and abuse

**Waste Strategy B — Reduce Low- Value Services in Minnesota**

**Waste B — Comments:** No Comment
Waste Strategy C — Align State and Federal Health Care Privacy Protections

Waste C – Comments: No Comment

Strategies focused on Administrative Efficiencies and Simplification

Efficiencies Strategy A — Improve MnCHOICES and LTSS Processes


Strategies focused on Health Equity

Health Equity Strategy title A — Improve Dental Access in Public Health Care Programs

Health Equity A — Comments: AAAA Supports Benefits: Improved overall health – with improved dental health; opportunities for the many older adults without a comprehensive dental plan to access the care they need. Reduced emergency room visits for dental care. Challenges: Population Served: Older Adults

Health Equity Strategy title B — Ensure Equitable Access to Aging and Disability Service Programs

Health Equity B — Comments: AAAA Supports Benefits: Increased flexibility will allow for cultural and governmental adaptations to better serve older adults. Challenges: Inclusion of rural older adults of native American descent in the decision-making process. Population Served: Older Adult of racial and ethnic composition

Health Equity Strategy title C — Redesign Targeted Case Management to Reduce Disparities in Access to Medical, Behavioral and Social Services or Supports

Health Equity C — Comments: AAAA Supports with an emphasis on individuals living in deep rural areas of the state with limited access to service delivery.

Additional Input

AAAA wishes to thank the Commission for its work and appreciates the inclusion of older adults of all backgrounds. We ask the Governor, legislature, staff and communities make the growing older adult population and family caregivers a priority focus for policy and funding transformation, that we pay special attention to language and policies moving forward as we work to create an Age Friendly State that seeks to create inclusion and opportunities for all ages to thrive. Thank you for your work!

Attachments

Laurie Brownell

Title: Executive Director
Organization: Southeastern Minnesota Area Agency on Aging
Please identify the group you represent: Community Organization
Please list the populations served by your organization, if applicable:

- Communities of Color
- Ethnic and/or racial minorities
- LGBTQIA+
- Native American/American Indian people
• Older adults  
• People with apparent and non-apparent disabilities  
• Rural populations  
• Urban populations  
• Veterans  

**Cost Savings Strategies: Health Care**

**Health Care Strategy A — Implement Uniform Administration of Non-Emergency Medical Transportation (NEMT)**

**Health Care A – Comments:** The Southeastern Minnesota Area Agency on Aging (SEMAAA) and our partner agencies support older adults in rural areas in the southeast corner of the state. A uniform administration of non-emergency medical transportation would have an impact on the individuals we serve who experience difficulty with securing rides to medical appointments for preventive health screenings and check-ups. Appointments that are rescheduled or missed may likely have an overall impact on the health of the older adults supported. SEMAAA supports the Blue Ribbon Commission’s strategy to implement consistent oversight that could potentially lower costs to participants and would improve coordination of the rides, ensuring continuity of quality care to older adults in southeastern Minnesota and throughout the state.

**Health Care Strategy B — Modify Certain Medical Assistance Durable Medical Equipment Payment Rates to Match Medicare Rates**

**Health Care B – Comments:** No Comment

**Health Care Strategy C — Expand Volume Purchasing for Durable Medical Equipment**

**Health Care C – Comments:** No Comment

**Health Care Strategy D — Expand Use of the MN Encounter Alerting Service**

**Health Care D – Comments:** The Southeastern Minnesota Area Agency on Aging supports the concept of expanded notification of admissions, transfers and discharges among care coordinators. The improvements in the structure to this system will help care providers to respond to service needs in a timely manner and reduce the number of hospital re-admissions. We also see the potential benefits for improved coordination among social service agencies and other community supports to respond to more effectively to the specific needs of older adults and streamline coordination of services at multiple levels.

**Health Care Strategy E — Improve Compliance with Third Party Liability (TPL) Requirements**

**Health Care E – Comments:** No Comment

**Health Care Strategy F — Require Managed Care Organization (MCO) Competitive Price Bidding**

**Health Care F – Comments:** No Comment

**Health Care Strategy G — Create Uniform Pharmacy Benefit**

**Health Care G – Comments:** The Southeastern Minnesota Area Agency on Aging supports strategies that would support balancing drug costs to older adults. This would eliminate the time spent searching for the lowest price and would result in improved health outcomes overall.

**Health Care Strategy H — Establish Prescription Drug Purchasing Council**

**Health Care H – Comments:** The Southeastern Minnesota Area Agency on Aging supports work in the area of lower pharmacy costs that impact older adults on a fixed income. The establishment of a Prescription Drug Purchasing Council
would provide the necessary oversight and structure to achieve better control of pharmacy pricing and ensure that individuals have access to the medications they need to maintain a healthy lifestyle.

**Health Care Strategy I — Establish Prescription Drug Affordability Commission**

**Health Care I — Comments:** The Southeastern Minnesota Area Agency on Aging supports the opportunity for older adults and organizations that support them to have a voice in the ongoing strategies related to regulating pharmacy pricing. It will be important to include the insight of rural providers to include the unique challenges they face around access and maintaining health outcomes in rural communities.

**Cost Savings Strategies: Long-Term Services and Supports (LTSS) for Persons with Disabilities and Older Adults**

**LTSS Strategy A — Discontinue Grant Programs**

**LTSS A — Comments:** No Comment

**LTSS Strategy B — Update Absence Factor in Day Services**

**LTSS B — Comments:** The Southeastern Minnesota Area Agency on Aging would potentially support this if there was evidence that by reducing the rate for unscheduled absences did not have financial implications to the provider. The primary provider of day services in our area recently stopped providing services and it is critical to have a full view of how this would impact the financial stability of providers. SEMAAA recommends the analysis of a best practices approach. A provider of physical therapy/exercise program for persons with disabilities and older adults in the Rochester area was seeing a direct impact of client absences related to their financial health. They implemented a check-in feature – allocating a percentage of staff time to call clients and ask about any barriers that may stand in the way of getting to their appointment. Weather, which can’t always be controlled was one of the absence factors, but they were able to improve attendance rates for the things that could be prevented.

**LTSS Strategy C — Change Disability Waiver Family Foster Care Rate Methodology**

**LTSS C — Comments:** No Comment

**LTSS Strategy D — Curb Residential Costs in Disability Waivers**

**LTSS D — Comments:** No Comment

**LTSS Strategy E — Require Medicare Enhanced Home Care Benefit**

**LTSS E — Comments:** The Southeastern Minnesota Area Agency on Aging supports the strategy of requiring Medicare health plans have established non-medical services that will help older adults to age well in their communities. This will expand the opportunities for community based organizations to offer additional services to ensure that all the needed supports are in place to help them remain in their own homes.

**LTSS Strategy F — Update Value-Based Reimbursement in Nursing Facilities**

**LTSS F — Comments:** The Southeastern Minnesota Area Agency on Aging supports the proposed strategy of revising value-based reimbursement in nursing facilities. The revised approach would ideally result in improved overall quality of care being provided in nursing facilities.

**Strategies focused on Waste, Including Fraud and Program Integrity**

**Waste Strategy A — Pursue Fraud, Waste, or Abuse Prevention Enhancements**

**Waste A — Comments:** The Southeastern Minnesota Area Agency on Aging supports a strengthened regulation framework to improve internal handling of identifying fraud, waste and abuse.
Waste Strategy B — Reduce Low-Value Services in Minnesota
Waste B — Comments: No Comment

Waste Strategy C — Align State and Federal Health Care Privacy Protections
Waste C — Comments: No Comment

Strategies focused on Administrative Efficiencies and Simplification

Efficiencies Strategy A — Improve MnCHOICES and LTSS Processes
Efficiencies A — Comments: The Southeastern Minnesota Area Agency on Aging supports efforts to improve MnCHOICES and LTSS Process. This effort would potentially improve the efficiency of the assessment process. This will also help reduce the anxiety of older adults applying for long-term care waiver programs.

Strategies focused on Health Equity

Health Equity Strategy title A — Improve Dental Access in Public Health Care Programs
Health Equity A — Comments: The Southeastern Minnesota Area on Agency supports improved dental access in public health care programs. Oral health is a critical component of overall health for older adults. Enhancements in the rate structure and enrollment process will ensure positive experiences for older adults that will directly contribute to their health and independence. This is an area that deserves more attention with improved access to services in rural areas through the support of mobile services and other enhanced service delivery models.

Health Equity Strategy title B — Ensure Equitable Access to Aging and Disability Service Programs
Health Equity B — Comments: The Southeastern Minnesota Area on Aging supports strategies to improve equitable access to aging and disability service programs to racial and ethnic communities including persons with disabilities and older adults. Enhanced program design will allow for a better connection to services without delays or experiencing other barriers.

Health Equity Strategy title C — Redesign Targeted Case Management to Reduce Disparities in Access to Medical, Behavioral and Social Services or Supports
Health Equity C — Comments: No Comment

Additional Input
The Southeastern Minnesota Area Agency on Aging is appreciative of the efforts of the Blue Ribbon Commission to improve the overall well-being of older adults throughout the state of Minnesota. Thank you for your initiatives to improve policies and a structure for funding transformation, ensuring that older adults and their family members have access to needed services. Kudos to the Governor and Legislature for your focus on the growing adult population in our state and nation - your efforts in this regard will truly make a difference in the lives of seniors striving to live independently in communities of their choice.

Attachments

Leah Goldstein Moses
Title: Founder & CEO
Organization: The Improve Group
Please identify the group you represent: Professional consulting organization - sort of a hybrid between community & provider

Public input on draft report 2020
Please list the populations served by your organization, if applicable:

- Communities of Color
- Ethnic and/or racial minorities
- LGBTQIA+
- Native American/American Indian people
- Older adults
- People with apparent and non-apparent disabilities
- Rural populations
- Urban populations
- Veterans
- We serve these populations by bringing their voices and ideas to the organizations that serve them.

**Cost Savings Strategies: Health Care**

**Health Care Strategy A — Implement Uniform Administration of Non-Emergency Medical Transportation (NEMT)**

Health Care A — Comments: No entry

**Health Care Strategy B — Modify Certain Medical Assistance Durable Medical Equipment Payment Rates to Match Medicare Rates**

Health Care B — Comments: No entry

**Health Care Strategy C — Expand Volume Purchasing for Durable Medical Equipment**

Health Care C — Comments: No entry

**Health Care Strategy D — Expand Use of the MN Encounter Alerting Service**

Health Care D — Comments: No entry

**Health Care Strategy E — Improve Compliance with Third Party Liability (TPL) Requirements**

Health Care E — Comments: No entry

**Health Care Strategy F — Require Managed Care Organization (MCO) Competitive Price Bidding**

Health Care F — Comments: No entry

**Health Care Strategy G — Create Uniform Pharmacy Benefit**

Health Care G — Comments: No entry

**Health Care Strategy H — Establish Prescription Drug Purchasing Council**

Health Care H — Comments: No entry

**Health Care Strategy I — Establish Prescription Drug Affordability Commission**

Health Care I — Comments: No entry
Cost Savings Strategies: Long-Term Services and Supports (LTSS) for Persons with Disabilities and Older Adults

LTSS Strategy A — Discontinue Grant Programs
LTSS A — Comments: No entry

LTSS Strategy B — Update Absence Factor in Day Services
LTSS B — Comments: No entry

LTSS Strategy C — Change Disability Waiver Family Foster Care Rate Methodology
LTSS C — Comments: No entry

LTSS Strategy D — Curb Residential Costs in Disability Waivers
LTSS D — Comments: No entry

LTSS Strategy E — Require Medicare Enhanced Home Care Benefit
LTSS E — Comments: No entry

LTSS Strategy F — Update Value-Based Reimbursement in Nursing Facilities
LTSS F — Comments: No entry

Strategies focused on Waste, Including Fraud and Program Integrity

Waste Strategy A — Pursue Fraud, Waste, or Abuse Prevention Enhancements
Waste A — Comments: No entry

Waste Strategy B — Reduce Low-Value Services in Minnesota
Waste B — Comments: No entry

Waste Strategy C — Align State and Federal Health Care Privacy Protections
Waste C — Comments: No entry

Strategies focused on Administrative Efficiencies and Simplification

Efficiencies Strategy A — Improve MnCHOICES and LTSS Processes
Efficiencies A — Comments: No entry

Strategies focused on Health Equity

Health Equity Strategy title A — Improve Dental Access in Public Health Care Programs
Health Equity A — Comments: No entry

Health Equity Strategy title B — Ensure Equitable Access to Aging and Disability Service Programs
Health Equity B — Comments: No entry
Health Equity Strategy title C — Redesign Targeted Case Management to Reduce Disparities in Access to Medical, Behavioral and Social Services or Supports

Health Equity C — Comments: No entry

Additional Input

With 20 years of work in health and human services we have a passion for equity, connections to communities and deep knowledge. We know engaging community members ensures systems are responsive to their needs and strengths. While we were tasked by the Blue Ribbon Commission to engage stakeholders and communities, the work was discontinued. We recommend the Commission and policy makers pause before adopting strategies to connect more fully with communities. This pause would address flaws in the process and advance the Commission’s dual mission of cost savings and equity: • Strategies were gathered early in the Commission’s lifecycle, when it hadn’t yet clarified its purpose and processes. The strategies diverged wildly, were minimally connected to its mission, and weren’t as innovative as they could have been with deeper engagement. • The double crises of George Floyd’s murder and COVID impacted Minnesotans extensively. These highlight the importance of truly transformative changes to improve equity and sustainability, and that opportunity was missed. • The Commission was significantly underresourced so strategies did not get a full analysis or equity review. • The current strategies are separated by focus: equity vs. cost savings. Each strategy should be analyzed by both factors, or else risk working at cross purposes.

Attachments

Linda Nephew

Title: RN manager
Organization: Riverview Adult Day Services
Please identify the group you represent: Provider Organization
Please list the populations served by your organization, if applicable:
• Communities of Color
• Ethnic and/or racial minorities
• LGBTQIA+
• Native American/American Indian people
• Older adults
• People with apparent and non-apparent disabilities
• Rural populations
• Veterans
• We have served Veteran’s but aren’t currently contracted with the VA

Cost Savings Strategies: Health Care

Health Care Strategy A — Implement Uniform Administration of Non-Emergency Medical Transportation (NEMT)

Health Care A – Comments: We are contracted with Tri Valley Transportation in Crookston. Most of our clients do not have the ability to transport to and from services without community contracted transportation.

Health Care Strategy B — Modify Certain Medical Assistance Durable Medical Equipment Payment Rates to Match Medicare Rates

Health Care B – Comments: Our medical reimbursement often doesn’t even cover the cost of staff wages and the cost to operate.

Public input on draft report 2020
Health Care Strategy C — Expand Volume Purchasing for Durable Medical Equipment

Health Care C — Comments: Staff have been known to buy supplies for arts/crafts out of our pockets because of the limited budget. The medical equipment is sometimes donated to the facility such as a W/C, walker or cane that we have on hand for clients use if they do not have their own.

Health Care Strategy D — Expand Use of the MN Encounter Alerting Service

Health Care D — Comments: Our ADS is under the umbrella of our hospital and directly more so under Homecare. We often have dual services for ADS clients and can access the EAS under the software that the hospital uses.

Health Care Strategy E — Improve Compliance with Third Party Liability (TPL) Requirements

Health Care E — Comments: I’m not sure about this strategy in how it relates to ADS?

Health Care Strategy F — Require Managed Care Organization (MCO) Competitive Price Bidding

Health Care F — Comments: The thing that comes to mind with this strategy is food nutrition services we contracts for meals serve in ADS. This is contracted through our hospital nutrition services. We contract our rides through Tri Valley, however we are a small community with limited options for competition in public transport.

Health Care Strategy G — Create Uniform Pharmacy Benefit

Health Care G — Comments: We don't supply or provide any pharmacy benefits in our program.

Health Care Strategy H — Establish Prescription Drug Purchasing Council

Health Care H — Comments: We have had clients who have trouble getting some of their meds due to high pharmaceutical costs. We refer them to social services for assistance or advocate through their medical provider for help.

Health Care Strategy I — Establish Prescription Drug Affordability Commission

Health Care I — Comments: No entry

Cost Savings Strategies: Long-Term Services and Supports (LTSS) for Persons with Disabilities and Older Adults

LTSS Strategy A — Discontinue Grant Programs

LTSS A — Comments: I am not personally familiar with these especially the 2nd strategy.

LTSS Strategy B — Update Absence Factor in Day Services

LTSS B — Comments: No entry

LTSS Strategy C — Change Disability Waiver Family Foster Care Rate Methodology

LTSS C — Comments: We don't provide the family foster care services

LTSS Strategy D — Curb Residential Costs in Disability Waivers

LTSS D — Comments: No entry

LTSS Strategy E — Require Medicare Enhanced Home Care Benefit

LTSS E — Comments: It is important to most people to remain in their homes for as long as possible. ADS is a program that puts much emphasis on providing clients and enabling families that also have that same goal. This has affected the clients that were in our ADS because when we had closure due to pandemic, two of my clients ended up in long term care because they didn't have a place to be while families were working.
LTSS Strategy F — Update Value-Based Reimbursement in Nursing Facilities

LTSS F — Comments: No entry

Strategies focused on Waste, Including Fraud and Program Integrity

Waste Strategy A — Pursue Fraud, Waste, or Abuse Prevention Enhancements

Waste A — Comments: No entry

Waste Strategy B — Reduce Low-Value Services in Minnesota

Waste B — Comments: No entry

Waste Strategy C — Align State and Federal Health Care Privacy Protections

Waste C — Comments: No entry

Strategies focused on Administrative Efficiencies and Simplification

Efficiencies Strategy A — Improve MnCHOICES and LTSS Processes

Efficiencies A — Comments: No entry

Strategies focused on Health Equity

Health Equity Strategy title A — Improve Dental Access in Public Health Care Programs

Health Equity A — Comments: It can be very hard to find dental services in rural communities under MA insurances due to local dentist are not taking as new clients. Transportation for these long distance dental appt's can also be a hurdle.

Health Equity Strategy title B — Ensure Equitable Access to Aging and Disability Service Programs

Health Equity B — Comments: Our community is not as diverse as the larger urban areas but we engage in civil rights and no one is denied ADS for race/ethnicity/disability/age or otherwise.

Health Equity Strategy title C — Redesign Targeted Case Management to Reduce Disparities in Access to Medical, Behavioral and Social Services or Supports

Health Equity C — Comments: No entry

Additional Input

Our ADS is now down to 4 clients, two of whom live in congregate setting. The same congregate setting is the site of our ADS in the community room. Under the current ruling, the congregate setting people can not attend. The other two are not daily people so setting up a staffing schedule is so inconsistent. The clients left that could attend, do not want to come out of their setting for only 3 hours per day. In fact, they are nervous about integrating into a group setting period even with the consistent disinfecting, distancing and facial coverings because they have so many underlying risk factors. We also share a community bathroom with other habitants who live in the building. We have to pass through a lobby to get to and from this bathroom. These challenges make it very difficult for us to even think about opening at this time.

Attachments

Lola A.

Title: Founder
Organization: Partnerships for Permanence

Please identify the group you represent: Provider Organization

Please list the populations served by your organization, if applicable:

- Communities of Color
- Ethnic and/or racial minorities
- LGBTQIA+
- People with apparent and non-apparent disabilities
- Urban populations

Cost Savings Strategies: Health Care

Health Care Strategy A — Implement Uniform Administration of Non-Emergency Medical Transportation (NEMT)
Health Care A — Comments: No entry

Health Care Strategy B — Modify Certain Medical Assistance Durable Medical Equipment Payment Rates to Match Medicare Rates
Health Care B — Comments: No entry

Health Care Strategy C — Expand Volume Purchasing for Durable Medical Equipment
Health Care C — Comments: No entry

Health Care Strategy D — Expand Use of the MN Encounter Alerting Service
Health Care D — Comments: No entry

Health Care Strategy E — Improve Compliance with Third Party Liability (TPL) Requirements
Health Care E — Comments: No entry

Health Care Strategy F — Require Managed Care Organization (MCO) Competitive Price Bidding
Health Care F — Comments: No entry

Health Care Strategy G — Create Uniform Pharmacy Benefit
Health Care G — Comments: No entry

Health Care Strategy H — Establish Prescription Drug Purchasing Council
Health Care H — Comments: No entry

Health Care Strategy I — Establish Prescription Drug Affordability Commission
Health Care I — Comments: No entry

Cost Savings Strategies: Long-Term Services and Supports (LTSS) for Persons with Disabilities and Older Adults

LTSS Strategy A — Discontinue Grant Programs
LTSS A — Comments: No entry
LTSS Strategy B — Update Absence Factor in Day Services

LTSS B — Comments: No entry

LTSS Strategy C — Change Disability Waiver Family Foster Care Rate Methodology

LTSS C — Comments: Foster care services as a whole should be redesigned to better accommodate a disproportionate amount of children of color housed in shelters, group homes, and family homes etc. A focus on recruitment of families of color to help meet the cultural needs of our children is vital, when considering which agencies are receiving the service rates under disability waivers. A more robust criteria that includes better staff training in cultural competency, communication, and needs assessments are just a few steps to help children receive better care within wraparound services. The Life Sharing services must help each child address their whole lives. More targeted resources for providers of color is critically needed.

LTSS Strategy D — Curb Residential Costs in Disability Waivers

LTSS D — Comments: No entry

LTSS Strategy E — Require Medicare Enhanced Home Care Benefit

LTSS E — Comments: No entry

LTSS Strategy F — Update Value-Based Reimbursement in Nursing Facilities

LTSS F — Comments: No entry

Strategies focused on Waste, Including Fraud and Program Integrity

Waste Strategy A — Pursue Fraud, Waste, or Abuse Prevention Enhancements

Waste A — Comments: No entry

Waste Strategy B — Reduce Low-Value Services in Minnesota

Waste B — Comments: No entry

Waste Strategy C — Align State and Federal Health Care Privacy Protections

Waste C — Comments: No entry

Strategies focused on Administrative Efficiencies and Simplification

Efficiencies Strategy A — Improve MnCHOICES and LTSS Processes

Efficiencies A — Comments: No entry

Strategies focused on Health Equity

Health Equity Strategy title A — Improve Dental Access in Public Health Care Programs

Health Equity A — Comments: No entry

Health Equity Strategy title B — Ensure Equitable Access to Aging and Disability Service Programs

Health Equity B — Comments: No entry

Health Equity Strategy title C — Redesign Targeted Case Management to Reduce Disparities in Access to Medical, Behavioral and Social Services or Supports

Health Equity C — Comments: No entry
Lori Vrolson

Title: Executive Director
Organization: Central MN Council on Aging

Please identify the group you represent: Community Organization

Please list the populations served by your organization, if applicable:
- Communities of Color
- Ethnic and/or racial minorities
- LGBTQIA+
- Native American/American Indian people
- Older adults
- Rural populations
- Veterans

Cost Savings Strategies: Health Care

Health Care Strategy A — Implement Uniform Administration of Non-Emergency Medical Transportation (NEMT)

Health Care A – Comments: Central MN Council on Aging supports Benefits: Transportation is one of the biggest obstacles for older adults who do not drive but want to live at home. A NEMT program is a positive step in ensuring older adults and disabled individuals have access to medical appointments. Challenges: Recruitment of a driver’s force in rural communities. Need to create and distribute positive marketing campaigns similar to the Roundabout Educational Campaign to recruit volunteer drivers. Need for assisted transportation providers who can accompany the client into the clinic. Serving older adults with cognitive limitations.

Health Care Strategy B — Modify Certain Medical Assistance Durable Medical Equipment Payment Rates to Match Medicare Rates

Health Care B – Comments: No entry

Health Care Strategy C — Expand Volume Purchasing for Durable Medical Equipment

Health Care C — Comments: No entry

Health Care Strategy D — Expand Use of the MN Encounter Alerting Service

Health Care D — Comments: Support the statewide expansion of the MN Encounter Alerting Services to provide timely notification to case managers that their client has had an incident that requires transitional care planning.

Health Care Strategy E - Improve Compliance with Third Party Liability (TPL) Requirements

Health Care E — Comments: No entry

Health Care Strategy F — Require Managed Care Organization (MCO) Competitive Price Bidding

Health Care F — Comments: No entry
Health Care Strategy G — Create Uniform Pharmacy Benefit
Health Care G — Comments: No entry

Health Care Strategy H — Establish Prescription Drug Purchasing Council
Health Care H — Comments: No entry

Health Care Strategy I — Establish Prescription Drug Affordability Commission
Health Care I — Comments: Benefit: Minnesotan’s across the state are struggling to afford the prescription drugs they need and all too often have to choose between their health and paying rent or groceries. Challenge: To impact fully curtail the rising cost of prescriptions, the Commission should set a threshold review new brand name prescription drugs which enter the market at costs that would greatly impact Minnesotans. Existing brand name and general medications that increase by a set percentage should be revised.

Cost Savings Strategies: Long-Term Services and Supports (LTSS) for Persons with Disabilities and Older Adults

LTSS Strategy A — Discontinue Grant Programs
LTSS A — Comments: No entry

LTSS Strategy B — Update Absence Factor in Day Services
LTSS B — Comments: No entry

LTSS Strategy C — Change Disability Waiver Family Foster Care Rate Methodology
LTSS C — Comments: No entry

LTSS Strategy D — Curb Residential Costs in Disability Waivers
LTSS D — Comments: No entry

LTSS Strategy E — Require Medicare Enhanced Home Care Benefit
LTSS E — Comments: No entry

LTSS Strategy F — Update Value-Based Reimbursement in Nursing Facilities
LTSS F — Comments: No entry

Strategies focused on Waste, Including Fraud and Program Integrity

Waste Strategy A — Pursue Fraud, Waste, or Abuse Prevention Enhancements
Waste A — Comments: No entry

Waste Strategy B — Reduce Low-Value Services in Minnesota
Waste B — Comments: No entry

Waste Strategy C — Align State and Federal Health Care Privacy Protections
Waste C — Comments: No entry
Strategies focused on Administrative Efficiencies and Simplification

Efficiencies Strategy A — Improve MnCHOICES and LTSS Processes
Efficiencies A — Comments: No entry

Strategies focused on Health Equity

Health Equity Strategy title A — Improve Dental Access in Public Health Care Programs
Health Equity A — Comments: No entry

Health Equity Strategy title B — Ensure Equitable Access to Aging and Disability Service Programs
Health Equity B — Comments: No entry

Health Equity Strategy title C — Redesign Targeted Case Management to Reduce Disparities in Access to Medical, Behavioral and Social Services or Supports
Health Equity C — Comments: No entry

Additional Input
No entry

Attachments

Lorna Schmidt

Title: Public Policy Manager
Organization: Catholic Charities of St. Paul and Minneapolis
Please identify the group you represent: Provider Organization

Please list the populations served by your organization, if applicable:

- Communities of Color
- Ethnic and/or racial minorities
- LGBTQIA+
- Native American/American Indian people
- Older adults
- People with apparent and non-apparent disabilities
- Urban populations
- Veterans

Cost Savings Strategies: Health Care

Health Care Strategy A — Implement Uniform Administration of Non-Emergency Medical Transportation (NEMT)
Health Care A — Comments: Implementing a uniform approach to NEMT is important to establishing a more consistent, efficient and equitable program. We support this strategy proposal as a way to create better transportation options for older adults, individuals with disabilities and low-income populations, while also reducing costs.
Health Care Strategy B — Modify Certain Medical Assistance Durable Medical Equipment Payment Rates to Match Medicare Rates

Health Care B — Comments: While generally supportive of consistency in payment rates, we feel additional analysis is needed to ensure this strategy would not limit access to needed DME. Doing so with an equity lens also is important to ensure populations, such as the elderly, are not inadvertently impacted, as pricing changes could have negative impacts on clients who already face greater budget restraints.

Health Care Strategy C — Expand Volume Purchasing for Durable Medical Equipment

Health Care C — Comments: As with Health Care Strategy B, we feel additional analysis and an equity review of this strategy is needed to ensure it would not create barriers to accessing needed DME.

Health Care Strategy D — Expand Use of the MN Encounter Alerting Service

Health Care D — Comments: We support expanded use of this service to improve care coordination and ask that you include community partners as part of this strategy, within the allowance of HIPAA. Currently when clients of Catholic Charities’ aging and disability service programs experience a health event, staff are notified only when health plans send information based on billing systems. This method of informing is inconsistent and can lead to significant delays that prevent staff from helping clients modify and navigate services in a timely way. Expanding use of the Encounter Alerting Service to include community partners would promote better care coordination and outcomes for those we serve.

Health Care Strategy E- Improve Compliance with Third Party Liability (TPL) Requirements

Health Care E — Comments: No entry

Health Care Strategy F — Require Managed Care Organization (MCO) Competitive Price Bidding

Health Care F — Comments: At face-value, requiring MCO competitive price bidding is a reasonable strategy. However, steps should be taken to ensure that provider rates do not decrease as a result of price bidding, and the state should approach this strategy as setting a floor for MCO rates so that payments do not fall below the fee-for-service rate. Incentives should also be incorporated to encourage organizations to continue pursuing more transformative work with a focus on value-based designs and a goal of improving care and equity. It is also worth noting that, in the past, efforts by some organizations to secure a low bid led to their departure from the market shortly after—an act that created a whiplash effect for clients and negatively impacts continuity of care for vulnerable populations. Steps to regulate and protect against such actions should be taken if this strategy is pursued.

Health Care Strategy G — Create Uniform Pharmacy Benefit

Health Care G — Comments: No entry

Health Care Strategy H — Establish Prescription Drug Purchasing Council

Health Care H — Comments: No entry

Health Care Strategy I — Establish Prescription Drug Affordability Commission

Health Care I — Comments: No entry

Cost Savings Strategies: Long-Term Services and Supports (LTSS) for Persons with Disabilities and Older Adults

LTSS Strategy A — Discontinue Grant Programs

LTSS A — Comments: No entry
LTSS Strategy B — Update Absence Factor in Day Services

LTSS B — Comments: We strongly recommend reexamining this strategy with an equity lens, particularly in light of growing economic concerns posed by the COVID-19 pandemic and the impact on the viability of day service providers. Many Catholic Charities care coordination clients use day services offered by ethnic providers. Reducing payment rates could lead to the closure of already limited day service options, which could result in reduced access to culturally appropriate services and greater inequities.

LTSS Strategy C — Change Disability Waiver Family Foster Care Rate Methodology

LTSS C — Comments: No entry

LTSS Strategy D — Curb Residential Costs in Disability Waivers

LTSS D — Comments: While generally supportive of ensuring choice in where a person lives and supports to ensure their success in their new home, the complexity of this issue requires additional analysis and equity considerations to determine its impact and inform a recommendation on this strategy. A lack of affordable housing means that many individuals—particularly those with mental health needs, chemical dependency or chronic health conditions—end up in customized living settings as an only option. If there is less access to these settings, homelessness may be a consequence. We oppose efforts to reduce Home and Community Based Services’ residential capacity at a time when more Minnesotans are experiencing homelessness. There is a significant increase in older Minnesotans becoming homeless, many of whom have serious mental illnesses and chronic health conditions.

LTSS Strategy E — Require Medicare Enhanced Home Care Benefit

LTSS E — Comments: We strongly support requiring Medigap policies to cover certain benefits. This strategy proposal is transformational and would allow Medicare enrollees to receive services that allow them to live supported in their homes, instead of moving into assisted living settings and spending down to receive more expensive Medicaid-funded services and supports. In addition to reducing Medicaid costs, this proposal has the benefit of helping more older adults remain independent in their homes longer.

LTSS Strategy F — Update Value-Based Reimbursement in Nursing Facilities

LTSS F — Comments: No entry

Strategies focused on Waste, Including Fraud and Program Integrity

Waste Strategy A — Pursue Fraud, Waste, or Abuse Prevention Enhancements

Waste A — Comments: No entry

Waste Strategy B — Reduce Low-Value Services in Minnesota

Waste B — Comments: More information is needed on the low-value services being considered as part of this strategy proposal in order to inform a recommendation. It is possible these programs serve as a safety net for a small but valuable part of our population. We recommend conducting a more thorough equity analysis to understand utilization rates and impact on people of color and Indigenous communities.

Waste Strategy C — Align State and Federal Health Care Privacy Protections

Waste C — Comments: We support aligning the Minnesota Health Records Act with federal HIPAA patient privacy protections, which will improve care coordination for clients, improve outcomes and reduce costs.
Strategies focused on Administrative Efficiencies and Simplification

Efficiencies Strategy A — Improve MnCHOICES and LTSS Processes

Efficiencies A — Comments: We support efforts to streamline MnCHOICES and the overall eligibility process for LTSS. The current process of using two tools produces inconsistent results that is not fair to clients and creates costly challenges and administrative burdens for agencies doing the work. This work has been happening for years with too little progress. We strongly recommend that the department act on this strategy proposal with urgency and that they do so with a health equity lens.

Strategies focused on Health Equity

Health Equity Strategy title A — Improve Dental Access in Public Health Care Programs

Health Equity A — Comments: We strongly support strategies to improve dental access in public health care programs. Medical Assistance enrollees face challenges in accessing dental care because there aren’t enough providers, but there aren’t enough providers because reimbursement rates are too low. This is an equity issue.

Health Equity Strategy title B — Ensure Equitable Access to Aging and Disability Service Programs

Health Equity B — Comments: We support strategies to ensure equitable access to aging and disability service programs. As a provider of these services, we see the stark disparities that exist between Whites/Caucasians and BIPOC. We need to examine this work with a strong equity lens to better understand current barriers and obstacles to accessing these services and what remedies are needed to provide them in more culturally appropriate ways that will improve outcomes. Inclusive discussions with BIPOC communities and their ongoing, direct participation are necessary to inform specific actions for this strategy proposal.

Health Equity Strategy title C — Redesign Targeted Case Management to Reduce Disparities in Access to Medical, Behavioral and Social Services or Supports

Health Equity C — Comments: We support a redesign of targeted case management to reduce disparities in access. Catholic Charities serves many individuals who would benefit from targeted case management; unfortunately, we also see the significant disparities that exist for BIPOC in accessing more intensive medical, behavioral and social services. A redesign of case management has been under discussion by various groups and task forces for years with no substantive changes. We hope this recommendation finally moves forward.

Additional Input

We also encourage you to revisit the issue of modernizing Elderly Waiver rates. Providers across the state are subsidizing the cost of care in an unsustainable way. As a result, many are transitioning to discontinuing service or limiting the number of Elderly Waiver clients—both of which threaten to further limit choice and access for individuals. Attention to this issue is needed now to help keep individuals out of more expensive skilled nursing facility settings and to avoid increased HHS costs in the future. Not receiving attention in the draft report but warranting more consideration are the topics of housing instability and homelessness. Housing is inextricably linked to health. It is more cost effective to prevent homelessness than it is to address issues after someone becomes homeless, and it becomes harder and more expensive to re-house someone the longer that person is homeless. As Minnesota continues to experience a housing and homelessness crisis—a crisis that is likely to worsen due to COVID-19—we cannot ignore its impact and the cost of the state’s response to the health and human services budget. As the Commission works to finalize its report and explore additional health equity and system transformation strategies, we urge you to recognize housing as healthcare and to acknowledge homelessness and emergency shelter as part of the housing continuum. We are happy to serve as a resource for discussions on these issues. Much attention has been given to identifying $100 million in HHS savings for the next biennium, but such savings and meaningful improvements to outcomes cannot be achieved through administrative efficiencies alone. We must also think about the return on investment of the programs and services we offer and recognize that we will never fully achieve transformational change and savings without addressing equity.
Luke Lyons

Title: client

Organization: Interact Center for Visual and Performing Arts

Please identify the group you represent: Individual Person

Please list the populations served by your organization, if applicable:

- People with apparent and non-apparent disabilities

Cost Savings Strategies: Health Care

Health Care Strategy A — Implement Uniform Administration of Non-Emergency Medical Transportation (NEMT)

Health Care A – Comments: Interact quite literally saved my life. After six months in the hospital treating my brain injury and attendant complications of my TBI I was released. Within a few months I was admitted to the psyche ward. There was no place for me in my post injury life. Because my hospitalization was so protracted I lost my house, marriage, job, and every activity of my pre TBI life. I was completely untethered, and the ensuing depression was completely debilitating. One day I just laid down on the floor in an utter state of dysfunction. After getting out and knowing there needed to be a change to survive, I came into contact with Interact and they invited me come for an experience day. Over the course of the last 9 years they have given meaning and purpose to my life. I am now an successful artist, with my formerly broken life left behind. Interact has profoundly changed my life and I am thriving with my disability being accepted, and encouraged to enrich my life. I speak of it to anyone who will listen.

Health Care Strategy B — Modify Certain Medical Assistance Durable Medical Equipment Payment Rates to Match Medicare Rates

Health Care B – Comments: No entry

Health Care Strategy C — Expand Volume Purchasing for Durable Medical Equipment

Health Care C — Comments: No entry

Health Care Strategy D — Expand Use of the MN Encounter Alerting Service

Health Care D — Comments: No entry

Health Care Strategy E- Improve Compliance with Third Party Liability (TPL) Requirements

Health Care E — Comments: No entry

Health Care Strategy F — Require Managed Care Organization (MCO) Competitive Price Bidding

Health Care F — Comments: No entry

Health Care Strategy G — Create Uniform Pharmacy Benefit

Health Care G — Comments: No entry

Health Care Strategy H — Establish Prescription Drug Purchasing Council

Health Care H — Comments: No entry
Health Care Strategy I — Establish Prescription Drug Affordability Commission

Health Care I — Comments: No entry

Cost Savings Strategies: Long-Term Services and Supports (LTSS) for Persons with Disabilities and Older Adults

LTSS Strategy A — Discontinue Grant Programs
LTSS A — Comments: No entry

LTSS Strategy B — Update Absence Factor in Day Services
LTSS B — Comments: No entry

LTSS Strategy C — Change Disability Waiver Family Foster Care Rate Methodology
LTSS C — Comments: No entry

LTSS Strategy D — Curb Residential Costs in Disability Waivers
LTSS D — Comments: No entry

LTSS Strategy E — Require Medicare Enhanced Home Care Benefit
LTSS E — Comments: No entry

LTSS Strategy F — Update Value-Based Reimbursement in Nursing Facilities
LTSS F — Comments: No entry

Strategies focused on Waste, Including Fraud and Program Integrity

Waste Strategy A — Pursue Fraud, Waste, or Abuse Prevention Enhancements
Waste A — Comments: No entry

Waste Strategy B — Reduce Low-Value Services in Minnesota
Waste B — Comments: No entry

Waste Strategy C — Align State and Federal Health Care Privacy Protections
Waste C — Comments: No entry

Strategies focused on Administrative Efficiencies and Simplification

Efficiencies Strategy A — Improve MnCHOICES and LTSS Processes
Efficiencies A — Comments: No entry

Strategies focused on Health Equity

Health Equity Strategy title A — Improve Dental Access in Public Health Care Programs
Health Equity A — Comments: No entry

Health Equity Strategy title B — Ensure Equitable Access to Aging and Disability Service Programs
Health Equity B — Comments: No entry
Health Equity Strategy title C — Redesign Targeted Case Management to Reduce Disparities in Access to Medical, Behavioral and Social Services or Supports

Health Equity C — Comments: No entry

Additional Input

No entry

Attachments

Lynn Noren

Title: President
Organization: Rise

Please identify the group you represent: Provider Organization

Please list the populations served by your organization, if applicable:

- Communities of Color
- Ethnic and/or racial minorities
- Older adults
- People with apparent and non-apparent disabilities

Cost Savings Strategies: Health Care

Health Care Strategy A — Implement Uniform Administration of Non-Emergency Medical Transportation (NEMT)

Health Care A – Comments: No entry

Health Care Strategy B — Modify Certain Medical Assistance Durable Medical Equipment Payment Rates to Match Medicare Rates

Health Care B – Comments: No entry

Health Care Strategy C — Expand Volume Purchasing for Durable Medical Equipment

Health Care C — Comments: No entry

Health Care Strategy D — Expand Use of the MN Encounter Alerting Service

Health Care D — Comments: No entry

Health Care Strategy E- Improve Compliance with Third Party Liability (TPL) Requirements

Health Care E — Comments: No entry

Health Care Strategy F — Require Managed Care Organization (MCO) Competitive Price Bidding

Health Care F — Comments: No entry

Health Care Strategy G — Create Uniform Pharmacy Benefit

Health Care G — Comments: No entry
Health Care Strategy H — Establish Prescription Drug Purchasing Council
Health Care H — Comments: No entry

Health Care Strategy I — Establish Prescription Drug Affordability Commission
Health Care I — Comments: No entry

Cost Savings Strategies: Long-Term Services and Supports (LTSS) for Persons with Disabilities and Older Adults

LTSS Strategy A — Discontinue Grant Programs
LTSS A — Comments: No entry

LTSS Strategy B — Update Absence Factor in Day Services
LTSS B — Comments: Implementation of this strategy would further decimate a service sector that is already in crisis, due to the COVID-19 pandemic. Most providers of these services have already experienced losses of 80-90% of their revenues due to having to close programs in mid-March 2020 and then only being able to offer services at a significantly reduced capacity, likely until there is a vaccine in place for the people who have significant disabilities that we serve. In addition, I do not believe the methodology used by MN DHS to propose the reduced absence and utilization factor was conducted appropriately. I have participated on the DWRs Advisory Committee for over a decade and worked in partnership with DHS on the rate components. DHS by its own admission does not have sufficient data related to the actual costs for this rate factor. The current factor should remain in place until cost reporting data is available, following delayed implementation in 2021.

LTSS Strategy C — Change Disability Waiver Family Foster Care Rate Methodology
LTSS C — Comments: No entry

LTSS Strategy D — Curb Residential Costs in Disability Waivers
LTSS D — Comments: No entry

LTSS Strategy E — Require Medicare Enhanced Home Care Benefit
LTSS E — Comments: No entry

LTSS Strategy F — Update Value-Based Reimbursement in Nursing Facilities
LTSS F — Comments: No entry

Strategies focused on Waste, Including Fraud and Program Integrity

Waste Strategy A — Pursue Fraud, Waste, or Abuse Prevention Enhancements
Waste A — Comments: No entry

Waste Strategy B — Reduce Low-Value Services in Minnesota
Waste B — Comments: No entry

Waste Strategy C — Align State and Federal Health Care Privacy Protections
Waste C — Comments: No entry
Strategies focused on Administrative Efficiencies and Simplification

Efficiencies Strategy A — Improve MnCHOICES and LTSS Processes
Efficiencies A — Comments: No entry

Strategies focused on Health Equity

Health Equity Strategy title A — Improve Dental Access in Public Health Care Programs
Health Equity A — Comments: No entry

Health Equity Strategy title B — Ensure Equitable Access to Aging and Disability Service Programs
Health Equity B — Comments: No entry

Health Equity Strategy title C — Redesign Targeted Case Management to Reduce Disparities in Access to Medical, Behavioral and Social Services or Supports
Health Equity C — Comments: No entry

Additional Input
Thank you for the opportunity to provide feedback on this important work.

Attachments

Maren Hulden
Title: Policy Co-Chair
Organization: Minnesota Consortium for Citizens with Disabilities
Please identify the group you represent: Community Organization
Please list the populations served by your organization, if applicable:
- Communities of Color
- LGBTQIA+
- Older adults
- People with apparent and non-apparent disabilities
- Rural populations
- Urban populations

Cost Savings Strategies: Health Care

Health Care Strategy A — Implement Uniform Administration of Non-Emergency Medical Transportation (NEMT)
Health Care A – Comments: We support making NEMT more accessible to people with disabilities, including in rural areas, but we believe more work needs to be done on this proposal to be sure that this proposal will not inadvertently decrease access. This proposal relies on the efficacy of a single administrator, and there are a variety of ways a uniform administration could make it harder for some people with disabilities to access the transportation they need. We are supportive of efforts to improve and streamline this program but urge any further consideration to include people with disabilities who use this service and a means to ensure that the result will be that people who use this service can access the transportation they need.
Health Care Strategy B — Modify Certain Medical Assistance Durable Medical Equipment Payment Rates to Match Medicare Rates

Health Care B — Comments: We do not support this strategy. This is likely to result in people with disabilities losing access to needed specialized medical equipment. Most DME is currently reimbursed at the Medicare rate; the items reimbursed above the Medicare rate are specialized supplies that are medically necessary for certain people but may be costly. Reducing rates will not allow suppliers to be reimbursed at cost and they'll likely stop carrying certain items, leaving people without access. Our Medicare and Medicaid population are different, and people on Medicaid likely have far more need for the specialized DME products at issue. This strategy will have a disproportionate impact on the families that need it to live safely at home. We are concerned about the equity impacts of this proposal. Parents shared stories at our town hall about the need for specialized equipment, including how county barriers created unnecessary delays and costs and her young son lacked access to a needed stroller for months.

Health Care Strategy C — Expand Volume Purchasing for Durable Medical Equipment

Health Care C — Comments: We do not support this strategy and have strong concerns about equity impacts. Expanding volume purchasing to these items will make it difficult for people with disabilities to access the supplies they need. Volume purchasing typically reduces the quality and variety of products available, which means that many people cannot access products that work for them. If a person with a disability does not fit into the "floor model" item because of specialized needs, that person will likely not be able to get the right supplies, even with a doctor’s order. Patients that cannot afford to pay out of pocket will not have access. The supporting evidence for this strategy is the same as for DME rate reform, but Medicare and Medicaid serve different populations, and people with disabilities, including growing children with disabilities, have a diverse set of needs that cannot be met with a "one size fits all" program.

Health Care Strategy D — Expand Use of the MN Encounter Alerting Service

Health Care D — Comments: No entry

Health Care Strategy E - Improve Compliance with Third Party Liability (TPL) Requirements

Health Care E — Comments: No entry

Health Care Strategy F — Require Managed Care Organization (MCO) Competitive Price Bidding

Health Care F — Comments: No entry

Health Care Strategy G — Create Uniform Pharmacy Benefit

Health Care G — Comments: No entry

Health Care Strategy H — Establish Prescription Drug Purchasing Council

Health Care H — Comments: No entry

Health Care Strategy I — Establish Prescription Drug Affordability Commission

Health Care I — Comments: No entry

Cost Savings Strategies: Long-Term Services and Supports (LTSS) for Persons with Disabilities and Older Adults

LTSS Strategy A — Discontinue Grant Programs

LTSS A — Comments: No entry
LTSS Strategy B — Update Absence Factor in Day Services

LTSS B — Comments: We do not support this strategy. People with disabilities and advocacy groups are working hard to improve outcomes for adults with disabilities in their employment and day enrichment goals and this proposal will hinder our state’s progress in this area. Disability employment and day enrichment services were already experiencing a workforce crisis and COVID-19 closures have cut off their primary revenue sources for several months. This would be a particularly challenging time to reduce factors in the rate setting formulas. These combined revenue crunches will make it even harder for providers to pay adequate wages and benefits to people doing good and innovative work supporting people with disabilities to reach their employment and day enrichment goals.

LTSS Strategy C — Change Disability Waiver Family Foster Care Rate Methodology

LTSS C — Comments: We support this strategy’s promotion of a new service: Life Sharing. Life sharing is a relationship-based living arrangement that carefully matches an adult 18 years or older who has a disability with an individual or family who will share their life and experiences, as well as support the person using person-centered practices. This service will lead to better community-based living and person-centered services for adults with disabilities. We do not have enough information about how the rate change component of this strategy will impact people with disabilities living in family foster care and the availability of such settings. We would be concerned about decreased access or ability for providers to offer appropriate community-based services.

LTSS Strategy D — Curb Residential Costs in Disability Waivers

LTSS D — Comments: We strongly support the goal of this strategy, to increase waiver participants’ access to independent housing. Specifically, support planning for people who want to move should be a key driver of this strategy overall. Any bed closures and rate reform should be done in a way that does not decrease access to group residential settings for people who want them. We urge the state to take swift and transformative action to ensure that all people who want to live on their own have access to the opportunity to do so. Not only will this save money, but it will afford people with disabilities the independence and choice they deserve. During the MNCCD town hall a young man testified about moving into his own apartment and the freedom and independence that has afforded him and how everyone who wants that should have access to it.

LTSS Strategy E — Require Medicare Enhanced Home Care Benefit

LTSS E — Comments: No entry

LTSS Strategy F — Update Value-Based Reimbursement in Nursing Facilities

LTSS F — Comments: No entry

Strategies focused on Waste, Including Fraud and Program Integrity

Waste Strategy A — Pursue Fraud, Waste, or Abuse Prevention Enhancements

Waste A — Comments: No entry

Waste Strategy B — Reduce Low-Value Services in Minnesota

Waste B — Comments: No entry

Waste Strategy C — Align State and Federal Health Care Privacy Protections

Waste C — Comments: We support this strategy. This has long been identified as a need by people with disabilities and providers to ensure more seamless and timely medical care.
Strategies focused on Administrative Efficiencies and Simplification

Efficiencies Strategy A — Improve MnCHOICES and LTSS Processes

Efficiencies A — Comments: We strongly support efforts to improve MnCHOICES. As parents shared at the MNCCD town hall, MnCHOICES can be a major barrier to children and adults with disabilities getting access to the services they need and in a timely manner. We strongly support the process review proposed and are eager to support DHS and others in ensuring that the experiences of people who use the process to determine eligibility for needed services are centered in the review and any resulting changes.

Strategies focused on Health Equity

Health Equity Strategy title A — Improve Dental Access in Public Health Care Programs

Health Equity A — Comments: We strongly support efforts to increase Medicaid dental rates but have strong concerns about the specifics of this proposal. Access to dental care for people on Medicaid is extremely limited in Minnesota, often due to depressed rates causing many providers to not accept Medicaid. We applaud the portion of this strategy that increases rates for dental care but are concerned about any cuts in funding or rates to Critical Access providers. Undercutting the backbone of Medicaid dental care providers is not the way to try to expand access to more providers.

Health Equity Strategy title B — Ensure Equitable Access to Aging and Disability Service Programs

Health Equity B — Comments: We strongly support this strategy. Racial disparities across Minnesota’s disability service programs have long resulted in Black, Indigenous, and people of color with disabilities accessing fewer and less services than their White counterparts. We applaud DHS for establishing the HCBS Disparities Advisory Group and urge the Commission to push for the legislature and DHS to implement the plans outlined in this strategy. This strategy was submitted by MNCCD member Mid-Minnesota Legal Aid/Minnesota Disability Law Center.

Health Equity Strategy title C — Redesign Targeted Case Management to Reduce Disparities in Access to Medical, Behavioral and Social Services or Supports

Health Equity C — Comments: No entry

Additional Input

Strategies not developed: We note our strong support for a strategy that was not selected for development: Increasing Access of Home & Community Based Services for Older Adults. Other comments

1. Participation of Impacted People and Communities We understand the challenges to community engagement posed by COVID-19. Yet we believe there is more that could and should be done to hear and incorporate feedback from the people most likely to be impacted by these strategies and we believe that should be done before presenting any strategies as “developed.” The “development” that was done was important and necessary work, but by only one of the stakeholders (the state agencies involved). We are concerned that submitting a version of this report to the Legislature that presents 22 strategies as developed with a few words about the need for further community engagement is not necessarily likely to ensure that such community engagement occurs. COVID-19 presents similar challenges to the Legislature for direct community engagement.

2. Equity Review We have similar concerns about the incomplete equity reviews undertaken for these sets of strategies. We are also curious about how and when equity reviews could be completed for the state’s systems as a whole, rather than these individual strategies. We are concerned about stating the importance of equity considerations, and yet continuing to focus the conversation on a set of strategies. The need for authentic engagement from impacted communities and true equity review is especially important as the 2021 Legislature faces a likely budget deficit. The Commission can and should set an example for prioritizing community engagement and equity before discussing substantive proposals.
Maren Hulden

Title: Staff Attorney

Organization: Mid-Minnesota Legal Aid, Minnesota Disability Law Center, Legal Services Advocacy Project

Please identify the group you represent: Consumer Organization

Please list the populations served by your organization, if applicable:

- Communities of Color
- Ethnic and/or racial minorities
- LGBTQIA+
- Native American/American Indian people
- Older adults
- People with apparent and non-apparent disabilities
- Rural populations
- Urban populations

Cost Savings Strategies: Health Care

Health Care Strategy A — Implement Uniform Administration of Non-Emergency Medical Transportation (NEMT)

Health Care A — Comments: No entry

Health Care Strategy B — Modify Certain Medical Assistance Durable Medical Equipment Payment Rates to Match Medicare Rates

Health Care B — Comments: No entry

Health Care Strategy C — Expand Volume Purchasing for Durable Medical Equipment

Health Care C — Comments: No entry

Health Care Strategy D — Expand Use of the MN Encounter Alerting Service

Health Care D — Comments: No entry

Health Care Strategy E — Improve Compliance with Third Party Liability (TPL) Requirements

Health Care E — Comments: No entry

Health Care Strategy F — Require Managed Care Organization (MCO) Competitive Price Bidding

Health Care F — Comments: No entry

Health Care Strategy G — Create Uniform Pharmacy Benefit

Health Care G — Comments: No entry

Health Care Strategy H — Establish Prescription Drug Purchasing Council

Health Care H — Comments: No entry
Health Care Strategy I — Establish Prescription Drug Affordability Commission
Health Care I — Comments: No entry

Cost Savings Strategies: Long-Term Services and Supports (LTSS) for Persons with Disabilities and Older Adults

LTSS Strategy A — Discontinue Grant Programs
LTSS A — Comments: No entry

LTSS Strategy B — Update Absence Factor in Day Services
LTSS B — Comments: No entry

LTSS Strategy C — Change Disability Waiver Family Foster Care Rate Methodology
LTSS C — Comments: No entry

LTSS Strategy D — Curb Residential Costs in Disability Waivers
LTSS D — Comments: No entry

LTSS Strategy E — Require Medicare Enhanced Home Care Benefit
LTSS E — Comments: No entry

LTSS Strategy F — Update Value-Based Reimbursement in Nursing Facilities
LTSS F — Comments: No entry

Strategies focused on Waste, Including Fraud and Program Integrity

Waste Strategy A — Pursue Fraud, Waste, or Abuse Prevention Enhancements
Waste A — Comments: No entry

Waste Strategy B — Reduce Low-Value Services in Minnesota
Waste B — Comments: No entry

Waste Strategy C — Align State and Federal Health Care Privacy Protections
Waste C — Comments: No entry

Strategies focused on Administrative Efficiencies and Simplification

Efficiencies Strategy A — Improve MnCHOICES and LTSS Processes
Efficiencies A — Comments: No entry

Strategies focused on Health Equity

Health Equity Strategy title A — Improve Dental Access in Public Health Care Programs
Health Equity A — Comments: No entry

Health Equity Strategy title B — Ensure Equitable Access to Aging and Disability Service Programs
Health Equity B — Comments: No entry

Public input on draft report 2020
Health Equity Strategy title C — Redesign Targeted Case Management to Reduce Disparities in Access to Medical, Behavioral and Social Services or Supports

Health Equity C — Comments: No entry

Additional Input
Please see attached letter. Thank you for your work!

Attachments
ref:0000000484:Q27

Mark Brakke
Title: Board Chairman
Organization: Health Care for All Minnesota
Please identify the group you represent: Community Organization
Please list the populations served by your organization, if applicable:
- Communities of Color
- Ethnic and/or racial minorities
- LGBTQIA+
- Native American/American Indian people
- Older adults
- People with apparent and non-apparent disabilities
- Rural populations
- Urban populations
- Veterans

Cost Savings Strategies: Health Care

Health Care Strategy A — Implement Uniform Administration of Non-Emergency Medical Transportation (NEMT)
Health Care A – Comments: No entry

Health Care Strategy B — Modify Certain Medical Assistance Durable Medical Equipment Payment Rates to Match Medicare Rates
Health Care B – Comments: No entry

Health Care Strategy C — Expand Volume Purchasing for Durable Medical Equipment
Health Care C — Comments: No entry

Health Care Strategy D — Expand Use of the MN Encounter Alerting Service
Health Care D — Comments: No entry

Health Care Strategy E — Improve Compliance with Third Party Liability (TPL) Requirements
Health Care E — Comments: No entry
Health Care Strategy F — Require Managed Care Organization (MCO) Competitive Price Bidding
Health Care F — Comments: No entry

Health Care Strategy G — Create Uniform Pharmacy Benefit
Health Care G — Comments: No entry

Health Care Strategy H — Establish Prescription Drug Purchasing Council
Health Care H — Comments: No entry

Health Care Strategy I — Establish Prescription Drug Affordability Commission
Health Care I — Comments: No entry

Cost Savings Strategies: Long-Term Services and Supports (LTSS) for Persons with Disabilities and Older Adults

LTSS Strategy A — Discontinue Grant Programs
LTSS A — Comments: No entry

LTSS Strategy B — Update Absence Factor in Day Services
LTSS B — Comments: No entry

LTSS Strategy C — Change Disability Waiver Family Foster Care Rate Methodology
LTSS C — Comments: No entry

LTSS Strategy D — Curb Residential Costs in Disability Waivers
LTSS D — Comments: No entry

LTSS Strategy E — Require Medicare Enhanced Home Care Benefit
LTSS E — Comments: No entry

LTSS Strategy F — Update Value-Based Reimbursement in Nursing Facilities
LTSS F — Comments: No entry

Strategies focused on Waste, Including Fraud and Program Integrity

Waste Strategy A — Pursue Fraud, Waste, or Abuse Prevention Enhancements
Waste A — Comments: No entry

Waste Strategy B — Reduce Low-Value Services in Minnesota
Waste B — Comments: No entry

Waste Strategy C — Align State and Federal Health Care Privacy Protections
Waste C — Comments: No entry
**Strategies focused on Administrative Efficiencies and Simplification**

**Efficiencies Strategy A — Improve MnCHOICES and LTSS Processes**

Efficiencies A — Comments: No entry

**Strategies focused on Health Equity**

**Health Equity Strategy title A — Improve Dental Access in Public Health Care Programs**

Health Equity A — Comments: No entry

**Health Equity Strategy title B — Ensure Equitable Access to Aging and Disability Service Programs**

Health Equity B — Comments: No entry

**Health Equity Strategy title C — Redesign Targeted Case Management to Reduce Disparities in Access to Medical, Behavioral and Social Services or Supports**

Health Equity C — Comments: No entry

**Additional Input**

We are pleased to see that the commission realized the potential benefits of more centralized purchasing of transportation services, durable medical equipment, and drugs. Centralized bulk purchasing is a core principle of single-payer approaches to health care delivery. We encourage future commissions to take a serious look at other core principles of single-payer approaches such as unified financing of health care without the need for insurance company intermediaries.

**Attachments**

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**Mary J. Wichtendahl**

Title: Community Living Coach, VINE Adult Respite Center Director

Organization: VINE Faith in Action

Please identify the group you represent: Community Organization

Please list the populations served by your organization, if applicable:

- Communities of Color
- Ethnic and/or racial minorities
- LGBTQIA+
- Native American/American Indian people
- Older adults
- People with apparent and non-apparent disabilities
- Rural populations
- Veterans

**Cost Savings Strategies: Health Care**

**Health Care Strategy A — Implement Uniform Administration of Non-Emergency Medical Transportation (NEMT)**

Health Care A — Comments: No entry
Health Care Strategy B — Modify Certain Medical Assistance Durable Medical Equipment Payment Rates to Match Medicare Rates
Health Care B — Comments: No entry

Health Care Strategy C — Expand Volume Purchasing for Durable Medical Equipment
Health Care C — Comments: No entry

Health Care Strategy D — Expand Use of the MN Encounter Alerting Service
Health Care D — Comments: No entry

Health Care Strategy E — Improve Compliance with Third Party Liability (TPL) Requirements
Health Care E — Comments: No entry

Health Care Strategy F — Require Managed Care Organization (MCO) Competitive Price Bidding
Health Care F — Comments: No entry

Health Care Strategy G — Create Uniform Pharmacy Benefit
Health Care G — Comments: No entry

Health Care Strategy H — Establish Prescription Drug Purchasing Council
Health Care H — Comments: No entry

Health Care Strategy I — Establish Prescription Drug Affordability Commission
Health Care I — Comments: No entry

Cost Savings Strategies: Long-Term Services and Supports (LTSS) for Persons with Disabilities and Older Adults

LTSS Strategy A — Discontinue Grant Programs
LTSS A — Comments: No entry

LTSS Strategy B — Update Absence Factor in Day Services
LTSS B — Comments: Our Adult Day program serves those with cognitive impairment, progressive illness, those who suffer from social isolation. We operate in Mankato MN. It is difficult serving older adults as they may suffer a fall, a stroke and end up in the hospital, then in rehab. Our services cannot bill when the person is absent, causing shortages in revenue. None of these things can be planned for, this is the nature of serving those in our program. Over the years there has been a change in the ADS environment, large corporations purchasing facilities once owned and operated by families have made it difficult to compete for smaller, non-profit agencies. The shortage of people in the work force wanting to do personal cares has effected all the facilities including ADS. COVID-19 hit and many small ADS programs went out of business. Currently we can only operate for 3 hours per day, adding more financial stress. Please don't treat outstate MN, the same as the metro!

LTSS Strategy C — Change Disability Waiver Family Foster Care Rate Methodology
LTSS C — Comments: No entry

LTSS Strategy D — Curb Residential Costs in Disability Waivers
LTSS D — Comments: No entry
LTSS Strategy E — Require Medicare Enhanced Home Care Benefit
LTSS E — Comments: No entry

LTSS Strategy F — Update Value-Based Reimbursement in Nursing Facilities
LTSS F — Comments: No entry

Strategies focused on Waste, Including Fraud and Program Integrity

Waste Strategy A — Pursue Fraud, Waste, or Abuse Prevention Enhancements
Waste A — Comments: No entry

Waste Strategy B — Reduce Low-Value Services in Minnesota
Waste B — Comments: No entry

Waste Strategy C — Align State and Federal Health Care Privacy Protections
Waste C — Comments: No entry

Strategies focused on Administrative Efficiencies and Simplification

Efficiencies Strategy A — Improve MnCHOICES and LTSS Processes
Efficiencies A — Comments: No entry

Strategies focused on Health Equity

Health Equity Strategy title A — Improve Dental Access in Public Health Care Programs
Health Equity A — Comments: No entry

Health Equity Strategy title B — Ensure Equitable Access to Aging and Disability Service Programs
Health Equity B — Comments: No entry

Health Equity Strategy title C — Redesign Targeted Case Management to Reduce Disparities in Access to Medical, Behavioral and Social Services or Supports
Health Equity C — Comments: No entry

Additional Input

Please take into consideration that when you treat greater Minnesota the same as the metro area, you are not comparing apples to apples. When COVID closed the ADS in the state, this had adverse effects on the families served. Most of those we serve in our program are elderly, have cognitive impairments, and ADS was their only activity/outing. Families lost contact with others and became socially isolated as we serve the most vulnerable population. Family caregivers were stuck at home with their loved ones, receiving no respite or reprieve from caregiving responsibilities. Now having ADS open for 3 hours per day is also taking it’s toll financially. How long can small non-profits survive on 25% capacity? Funding ADS is difficult with waivers because they pay a tiny piece of what it costs to operate. The VA is slow to pay ADS fees and we can talk to 3 different people at the VA and get 3 different answers, all of which may not be true. We are required to pay for dieticians to look at our menus, offer special diets, pay for RN’s and PT’s to oversee our programs, all of these things cost $$$ each month. Our participants may come one day and be gone the next, but our output of dollars doesn’t decrease, we still have to pay to keep the lights on and pay the staff. It is a hardship when we lose participants. While it’s admirable to try and save dollars, those cuts have top down consequences for providers. The purpose of ADS is to delay placement into a more costly option. I know this to be true for our program has served many
who attended until they passed. It seems providers are continually asked to do their jobs with one or both hands tied behind their backs. Very frustrating!

Attachments

Mary Jo George

Title: Advocacy Director
Organization: AARP MN

Please identify the group you represent: Consumer Organization

Please list the populations served by your organization, if applicable:

- Communities of Color
- Older adults
- Rural populations
- Urban populations

Cost Savings Strategies: Health Care

Health Care Strategy A — Implement Uniform Administration of Non-Emergency Medical Transportation (NEMT)

Health Care A – Comments: No comment

Health Care Strategy B — Modify Certain Medical Assistance Durable Medical Equipment Payment Rates to Match Medicare Rates

Health Care B – Comments: No comment

Health Care Strategy C — Expand Volume Purchasing for Durable Medical Equipment

Health Care C — Comments: No comment

Health Care Strategy D — Expand Use of the MN Encounter Alerting Service

Health Care D — Comments: No comment

Health Care Strategy E — Improve Compliance with Third Party Liability (TPL) Requirements

Health Care E — Comments: No comment

Health Care Strategy F — Require Managed Care Organization (MCO) Competitive Price Bidding

Health Care F — Comments: AARP supports this strategy.

Health Care Strategy G — Create Uniform Pharmacy Benefit

Health Care G — Comments: AARP supports this strategy to address the problem of rising pharmacy services cost by reducing profits of PBMs, and increasing transparency into the pricing of prescription drugs.

Health Care Strategy H — Establish Prescription Drug Purchasing Council

Health Care H — Comments: AARP is unclear how this proposal relates to the Affordability Commission as the Commission would have authority to set upper payment limits for all State Agencies.
Health Care Strategy I — Establish Prescription Drug Affordability Commission

Health Care I — Comments: AARP supports this proposal. The skyrocketing costs of prescription drugs are making it difficult for Minnesotans to afford their medications. The Commission will have the authority to set upper payment limits for high-cost prescription medications.

Cost Savings Strategies: Long-Term Services and Supports (LTSS) for Persons with Disabilities and Older Adults

LTSS Strategy A — Discontinue Grant Programs

LTSS A — Comments: No Comment

LTSS Strategy B — Update Absence Factor in Day Services

LTSS B — Comments: No Comment

LTSS Strategy C — Change Disability Waiver Family Foster Care Rate Methodology

LTSS C — Comments: No Comment

LTSS Strategy D — Curb Residential Costs in Disability Waivers

LTSS D — Comments: No Comment

LTSS Strategy E — Require Medicare Enhanced Home Care Benefit

LTSS E — Comments: AARP supports this strategy. Minnesotans lack affordable options that will help them pay for the long-term care that many will need in the future. By providing benefits such as care coordination chore services; and home-delivered meals, many Minnesotans can delay or prevent the need for costly nursing home services often paid for by Medical Assistance. More attention must be paid to what supports will be provided for low-income Minnesotans who may not be able to afford any additional costs to the premiums.

LTSS Strategy F — Update Value-Based Reimbursement in Nursing Facilities

LTSS F — Comments: AARP needs additional information on this proposal. COVID-19 exposed some of the underlying problems in nursing home care including the need for better staffing; infection control practices and access to testing and Personal Protective Equipment (PPE). Any funding tied to quality improvement must include reliable measures and demonstrate measurable outcomes.

Strategies focused on Waste, Including Fraud and Program Integrity

Waste Strategy A — Pursue Fraud, Waste, or Abuse Prevention Enhancements

Waste A — Comments: No Comment

Waste Strategy B — Reduce Low-Value Services in Minnesota

Waste B — Comments: No Comment

Waste Strategy C — Align State and Federal Health Care Privacy Protections

Waste C — Comments: No Comment
Strategies focused on Administrative Efficiencies and Simplification

Efficiencies Strategy A — Improve MnCHOICES and LTSS Processes

Efficiencies A — Comments: AARP supports this strategy. An effective and efficient assessment system will ensure services are provided based on individual needs and that uses a person-centered approach regardless of where one lives.

Strategies focused on Health Equity

Health Equity Strategy title A — Improve Dental Access in Public Health Care Programs

Health Equity A — Comments: AARP supports this strategy to ensure access to oral health statewide.

Health Equity Strategy title B — Ensure Equitable Access to Aging and Disability Service Programs

Health Equity B — Comments: AARP supports this strategy. Minnesota has some of the most glaring racial disparities in the US. The COVID-19 pandemic is shedding light on a myriad of disparities in MN that existed before this crisis and that have been exacerbated in the months since the spread of the virus began. AARP recommends, if possible, that the Commission include action items to address some of the social determinants of health that could be leading to disparities, including: • Broadening efforts to address chronic disease by increasing access to coordinated care that includes behavioral health providers, substance abuse and other specialists. • Expanding access to broadband internet in underserved areas to increase access to telehealth for more residents. • Increasing access to home and community long-term services and supports. • Transportation to appointments • Adhering to medication as prescribed • Safety at home, including a need for in-home support and modifications such as ramps and handrails.

Health Equity Strategy title C — Redesign Targeted Case Management to Reduce Disparities in Access to Medical, Behavioral and Social Services or Supports

Health Equity C — Comments: AARP supports this strategy. Now is the time to work collectively— across all levels of government, non-profit, and the private sector— to expose and address structural inequities that adversely affect communities of color. It is a matter of life and death.

Additional Input

AARP on behalf of our 650,000 members and all older Minnesotans, appreciates the work of the Blue Ribbon Commission. We are especially pleased that several recommendations put forth by AARP were selected including proposals to address the high cost of prescription drugs and the proposal to expand home care benefits through Medicare private plans. Both of these proposals will not only reduce spending in the Health and Human Services Budget, but also can address the increasing needs of older Minnesotans and the demographic shift we will be facing in our state. However, we ask the Commission to consider several other proven policies to address the significant demographic shift we will experience in the coming decades including: • New models for retirement savings to address the retirement savings crisis that will place significant pressure on state budgets; • Paid family leave proposals to support family caregivers who provide the bulk of long term care in our nation and; • Supporting the work of the Governor’s Council on an Age-Friendly Minnesota. By committing to becoming more Age Friendly, Minnesota can solve for the very real and major challenges facing our state, and simultaneously progress toward creating communities where older adults can thrive. Finally, while we appreciate the Commission’s work in beginning to address health disparities, so much more work will have to be done to address this public health crisis that has existed for decades in Minnesota. The ongoing coronavirus pandemic has once again sent a clear message — this time, perhaps louder than ever. Now is the time to work collectively — across all levels of government, non-profit, and the private sector — to expose and address structural inequities that adversely affect communities of color in our state. Thank you again for your work in ensuring older Minnesotans have access to the quality services they need. If you have any questions, please contact Mary Jo George at mgeorge@arrp.org
Mary Quirk
Title: Executive Director
Organization: Living at Home Network

Please identify the group you represent: Community Organization

Please list the populations served by your organization, if applicable:

- Communities of Color
- Ethnic and/or racial minorities
- LGBTQIA+
- Native American/American Indian people
- Older adults
- People with apparent and non-apparent disabilities
- Rural populations
- Urban populations
- Veterans

Cost Savings Strategies: Health Care

Health Care Strategy A — Implement Uniform Administration of Non-Emergency Medical Transportation (NEMT)
Health Care A — Comments: No entry

Health Care Strategy B — Modify Certain Medical Assistance Durable Medical Equipment Payment Rates to Match Medicare Rates
Health Care B — Comments: No entry

Health Care Strategy C — Expand Volume Purchasing for Durable Medical Equipment
Health Care C — Comments: No entry

Health Care Strategy D — Expand Use of the MN Encounter Alerting Service
Health Care D — Comments: No entry

Health Care Strategy E- Improve Compliance with Third Party Liability (TPL) Requirements
Health Care E — Comments: No entry

Health Care Strategy F — Require Managed Care Organization (MCO) Competitive Price Bidding
Health Care F — Comments: No entry

Health Care Strategy G — Create Uniform Pharmacy Benefit
Health Care G — Comments: No entry

Health Care Strategy H — Establish Prescription Drug Purchasing Council
Health Care H — Comments: No entry
Health Care Strategy I — Establish Prescription Drug Affordability Commission

Health Care I — Comments: Support this recommendation. Prescription drug costs are a serious problem that affects most older adults, is growing worse and needs to be turned around.

Cost Savings Strategies: Long-Term Services and Supports (LTSS) for Persons with Disabilities and Older Adults

LTSS Strategy A — Discontinue Grant Programs
LTSS A — Comments: No entry

LTSS Strategy B — Update Absence Factor in Day Services
LTSS B — Comments: No entry

LTSS Strategy C — Change Disability Waiver Family Foster Care Rate Methodology
LTSS C — Comments: No entry

LTSS Strategy D — Curb Residential Costs in Disability Waivers
LTSS D — Comments: No entry

LTSS Strategy E — Require Medicare Enhanced Home Care Benefit
LTSS E — Comments: Support this recommendation as it has potential for savings in future years and will help older adults stay living at home.

LTSS Strategy F — Update Value-Based Reimbursement in Nursing Facilities
LTSS F — Comments: No entry

Strategies focused on Waste, Including Fraud and Program Integrity

Waste Strategy A — Pursue Fraud, Waste, or Abuse Prevention Enhancements
Waste A — Comments: No entry

Waste Strategy B — Reduce Low-Value Services in Minnesota
Waste B — Comments: No entry

Waste Strategy C — Align State and Federal Health Care Privacy Protections
Waste C — Comments: No entry

Strategies focused on Administrative Efficiencies and Simplification

Efficiencies Strategy A — Improve MnCHOICES and LTSS Processes
Efficiencies A — Comments: No entry

Strategies focused on Health Equity

Health Equity Strategy title A — Improve Dental Access in Public Health Care Programs
Health Equity A — Comments: No entry
Health Equity Strategy title B — Ensure Equitable Access to Aging and Disability Service Programs
Health Equity B — Comments: Support this strategy as creating health equity is critical.

Health Equity Strategy title C — Redesign Targeted Case Management to Reduce Disparities in Access to Medical, Behavioral and Social Services or Supports
Health Equity C — Comments: No entry

Additional Input
We support looking in future at transformational ways to save costs such as focusing on developing more service models and service availability for less costly ways to help older adults stay living at home and to avoid spending down to needing public assistance

Attachments

Matt Massman
Title: Executive Director
Organization: Minnesota Inter-County Association (MICA)

Please identify the group you represent: Professional Association
Please list the populations served by your organization, if applicable:
- Older adults
- People with apparent and non-apparent disabilities
- Rural populations
- Urban populations

Cost Savings Strategies: Health Care

Health Care Strategy A — Implement Uniform Administration of Non-Emergency Medical Transportation (NEMT)
Health Care A – Comments: Addressed in our attached letter.

Health Care Strategy B — Modify Certain Medical Assistance Durable Medical Equipment Payment Rates to Match Medicare Rates
Health Care B – Comments: No entry

Health Care Strategy C — Expand Volume Purchasing for Durable Medical Equipment
Health Care C — Comments: No entry

Health Care Strategy D — Expand Use of the MN Encounter Alerting Service
Health Care D — Comments: No entry

Health Care Strategy E — Improve Compliance with Third Party Liability (TPL) Requirements
Health Care E — Comments: No entry

Health Care Strategy F — Require Managed Care Organization (MCO) Competitive Price Bidding
Health Care F — Comments: No entry
Health Care Strategy G — Create Uniform Pharmacy Benefit
Health Care G — Comments: No entry

Health Care Strategy H — Establish Prescription Drug Purchasing Council
Health Care H — Comments: No entry

Health Care Strategy I — Establish Prescription Drug Affordability Commission
Health Care I — Comments: No entry

Cost Savings Strategies: Long-Term Services and Supports (LTSS) for Persons with Disabilities and Older Adults

LTSS Strategy A — Discontinue Grant Programs
LTSS A — Comments: No entry

LTSS Strategy B — Update Absence Factor in Day Services
LTSS B — Comments: No entry

LTSS Strategy C — Change Disability Waiver Family Foster Care Rate Methodology
LTSS C — Comments: No entry

LTSS Strategy D — Curb Residential Costs in Disability Waivers
LTSS D — Comments: No entry

LTSS Strategy E — Require Medicare Enhanced Home Care Benefit
LTSS E — Comments: No entry

LTSS Strategy F — Update Value-Based Reimbursement in Nursing Facilities
LTSS F — Comments: No entry

Strategies focused on Waste, Including Fraud and Program Integrity

Waste Strategy A — Pursue Fraud, Waste, or Abuse Prevention Enhancements
Waste A — Comments: No entry

Waste Strategy B — Reduce Low-Value Services in Minnesota
Waste B — Comments: No entry

Waste Strategy C — Align State and Federal Health Care Privacy Protections
Waste C — Comments: No entry

Strategies focused on Administrative Efficiencies and Simplification

Efficiencies Strategy A — Improve MnCHOICES and LTSS Processes
Efficiencies A — Comments: No entry
**Strategies focused on Health Equity**

**Health Equity Strategy title A — Improve Dental Access in Public Health Care Programs**

**Health Equity A — Comments:** No entry

**Health Equity Strategy title B — Ensure Equitable Access to Aging and Disability Service Programs**

**Health Equity B — Comments:** No entry

**Health Equity Strategy title C — Redesign Targeted Case Management to Reduce Disparities in Access to Medical, Behavioral and Social Services or Supports**

**Health Equity C — Comments:** No entry

**Additional Input**

No entry

**Attachments**

ref:0000000479:Q27

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**Micah Niermann**

**Title:** Medical Director

**Organization:** Gillette Children’s Specialty Healthcare

**Please identify the group you represent:** Provider Organization

**Please list the populations served by your organization, if applicable:**

- Communities of Color
- Ethnic and/or racial minorities
- LGBTQIA+
- Native American/American Indian people
- People with apparent and non-apparent disabilities
- Rural populations
- Urban populations

**Cost Savings Strategies: Health Care**

**Health Care Strategy A — Implement Uniform Administration of Non-Emergency Medical Transportation (NEMT)**

**Health Care A – Comments:** We ask that any reform of the current NEMT system focus first and foremost on the needs of the children and adults who rely on NEMT to get to and from non-emergency medical service appointments. We recognize that the current system has many areas where improvement is needed. We also recognize that, if done correctly, a system that coordinates rides would greatly benefit patients and families. We do have some questions and hesitation around how these improvements could take place while at the same time generating more than $10 million of savings in the biennium. We ask that the focus shift to the individuals who rely on these services. We ask that any changes to the NEMT program look first at how can the scheduling and coordination of rides be improved, how do we make sure that NEMT providers are available across the state and that patients who need NEMT have timely access to these services, and how do we guarantee access to needed interpreter services?
**Health Care Strategy B — Modify Certain Medical Assistance Durable Medical Equipment Payment Rates to Match Medicare Rates**

**Health Care B — Comments:** When looking at any cost saving strategy it is important to look at who would be most impacted. Medicare primarily serves people over age 65. Medicaid is the single largest health insurer for children and provides benefits to the majority of children with complex medical conditions. Capping payment rate for DME and supplies at the Medicare rate doesn’t take into account the different populations served under the Medicaid program or the often specialized DME needs of both children and adults with disabilities and complex medical conditions who rely on Medical Assistance. Children are not little adults. Children are growing and changing, and they need their DME to grow and change with them. We worry that this strategy could result in Gillette patients losing access to the DME that they need to live safely at home and in their communities if there are fewer DME providers, and in particular providers in Greater Minnesota, who are able to continue offering these specialized products.

**Health Care Strategy C — Expand Volume Purchasing for Durable Medical Equipment**

**Health Care C — Comments:** We are concerned that this could result in children and adults with disabilities not having access to the products that meet their individual needs. Amanda Adkins son Peter is 8 years old and receives services at Gillette. Peter has Spastic Quadriplegic Cerebral Palsy. He uses a wheelchair, stander, adaptive bicycle, IV pole for his g-tube pump, g-tube pump, nebulizer machine, baclofen pump, enteral nutrition, and diapers. Amanda shares that “patients who use DME products need to be able to work with various vendors and be able to access the true scope of their options. It is vital for families to be able to have choices and options especially when we already have a lot to coordinate already for our family members.” We worry about the impact that this cost saving measure could have for Gillette patients who are already using a product that works best for them or have a relationship with a vendor that best meets their needs.

**Health Care Strategy D — Expand Use of the MN Encounter Alerting Service**

**Health Care D — Comments:** No entry

**Health Care Strategy E- Improve Compliance with Third Party Liability (TPL) Requirements**

**Health Care E — Comments:** No entry

**Health Care Strategy F — Require Managed Care Organization (MCO) Competitive Price Bidding**

**Health Care F — Comments:** No entry

**Health Care Strategy G — Create Uniform Pharmacy Benefit**

**Health Care G — Comments:** No entry

**Health Care Strategy H — Establish Prescription Drug Purchasing Council**

**Health Care H — Comments:** No entry

**Health Care Strategy I — Establish Prescription Drug Affordability Commission**

**Health Care I — Comments:** No entry

**Cost Savings Strategies: Long-Term Services and Supports (LTSS) for Persons with Disabilities and Older Adults**

**LTSS Strategy A — Discontinue Grant Programs**

**LTSS A — Comments:** No entry
LTSS Strategy B — Update Absence Factor in Day Services
LTSS B — Comments: No entry

LTSS Strategy C — Change Disability Waiver Family Foster Care Rate Methodology
LTSS C — Comments: No entry

LTSS Strategy D — Curb Residential Costs in Disability Waivers
LTSS D — Comments: No entry

LTSS Strategy E — Require Medicare Enhanced Home Care Benefit
LTSS E — Comments: No entry

LTSS Strategy F — Update Value-Based Reimbursement in Nursing Facilities
LTSS F — Comments: No entry

Strategies focused on Waste, Including Fraud and Program Integrity

Waste Strategy A — Pursue Fraud, Waste, or Abuse Prevention Enhancements
Waste A — Comments: No entry

Waste Strategy B — Reduce Low-Value Services in Minnesota
Waste B — Comments: No entry

Waste Strategy C — Align State and Federal Health Care Privacy Protections
Waste C — Comments: We support the alignment of state and federal health care privacy protections. It is important that providers have a complete picture of a patient’s health status and previous medical care. The separate consent requirements for release of health records under the Minnesota Health Records Act makes it more challenging for providers to obtain needed medical records on a timely basis and negatively impacts effective care coordination as collecting written permission adds significant time and burden when trying to proactively coordinate a patient’s care.

Strategies focused on Administrative Efficiencies and Simplification

Efficiencies Strategy A — Improve MnCHOICES and LTSS Processes
Efficiencies A — Comments: No entry

Strategies focused on Health Equity

Health Equity Strategy title A — Improve Dental Access in Public Health Care Programs
Health Equity A — Comments: We support increased dental access for all individuals on Medicaid. We recognize that the Critical Access Dental program is an important safety net for children and adults with a disability or complex medical condition in accessing the care that they need because this care isn’t always available outside of Critical Access Dental providers. In addition, we support higher base rates for all Medicaid dental providers. We ask that the Critical Access Dental program remain in place and that any changes to the current program be made in consultation with and in collaboration with current Critical Access Dental providers.

Health Equity Strategy title B — Ensure Equitable Access to Aging and Disability Service Programs
Health Equity B — Comments: We support this important work of changing a system that has resulted in inequitable access of disability services for Black, Indigenous, and people of color.
Health Equity Strategy title C — Redesign Targeted Case Management to Reduce Disparities in Access to Medical, Behavioral and Social Services or Supports

Health Equity C — Comments: No entry

Additional Input
No entry

Attachments

Michelle SanCartier
Title: Director of Public Policy and Advocacy
Organization: Minnesota Social Service Association
Please identify the group you represent: Professional Association
Please list the populations served by your organization, if applicable:

- Communities of Color
- Ethnic and/or racial minorities
- LGBTQIA+
- Native American/American Indian people
- Older adults
- People with apparent and non-apparent disabilities
- Rural populations
- Urban populations
- Veterans

Cost Savings Strategies: Health Care

Health Care Strategy A — Implement Uniform Administration of Non-Emergency Medical Transportation (NEMT)
Health Care A – Comments: No entry

Health Care Strategy B — Modify Certain Medical Assistance Durable Medical Equipment Payment Rates to Match Medicare Rates
Health Care B – Comments: No entry

Health Care Strategy C — Expand Volume Purchasing for Durable Medical Equipment
Health Care C — Comments: No entry

Health Care Strategy D — Expand Use of the MN Encounter Alerting Service
Health Care D — Comments: No entry

Health Care Strategy E — Improve Compliance with Third Party Liability (TPL) Requirements
Health Care E — Comments: No entry

Health Care Strategy F — Require Managed Care Organization (MCO) Competitive Price Bidding
Health Care F — Comments: No entry

Public input on draft report 2020
Health Care Strategy G — Create Uniform Pharmacy Benefit
Health Care G — Comments: No entry

Health Care Strategy H — Establish Prescription Drug Purchasing Council
Health Care H — Comments: No entry

Health Care Strategy I — Establish Prescription Drug Affordability Commission
Health Care I — Comments: No entry

Cost Savings Strategies: Long-Term Services and Supports (LTSS) for Persons with Disabilities and Older Adults

LTSS Strategy A — Discontinue Grant Programs
LTSS A — Comments: No entry

LTSS Strategy B — Update Absence Factor in Day Services
LTSS B — Comments: No entry

LTSS Strategy C — Change Disability Waiver Family Foster Care Rate Methodology
LTSS C — Comments: No entry

LTSS Strategy D — Curb Residential Costs in Disability Waivers
LTSS D — Comments: No entry

LTSS Strategy E — Require Medicare Enhanced Home Care Benefit
LTSS E — Comments: No entry

LTSS Strategy F — Update Value-Based Reimbursement in Nursing Facilities
LTSS F — Comments: No entry

Strategies focused on Waste, Including Fraud and Program Integrity

Waste Strategy A — Pursue Fraud, Waste, or Abuse Prevention Enhancements
Waste A — Comments: No entry

Waste Strategy B — Reduce Low-Value Services in Minnesota
Waste B — Comments: No entry

Waste Strategy C — Align State and Federal Health Care Privacy Protections
Waste C — Comments: No entry

Strategies focused on Administrative Efficiencies and Simplification

Efficiencies Strategy A — Improve MnCHOICES and LTSS Processes
Efficiencies A — Comments: No entry
Strategies focused on Health Equity

Health Equity Strategy title A — Improve Dental Access in Public Health Care Programs
Health Equity A — Comments: No entry

Health Equity Strategy title B — Ensure Equitable Access to Aging and Disability Service Programs
Health Equity B — Comments: No entry

Health Equity Strategy title C — Redesign Targeted Case Management to Reduce Disparities in Access to Medical, Behavioral and Social Services or Supports
Health Equity C — Comments: No entry

Additional Input

We have attached a letter based on an undeveloped strategy, "Develop a Single, Interoperable, Secure, Low-Cost Telepresence Network" which we ask that the Commission further explore. Thank you for the opportunity to provide input!

Attachments

ref:0000000399:Q27

Michelle Wincell O'Leary

Title: VP
Organization: Touchstone Mental Health

Please identify the group you represent: Provider Organization

Please list the populations served by your organization, if applicable:

- Communities of Color
- Ethnic and/or racial minorities
- LGBTQIA+
- Native American/American Indian people
- Older adults
- People with apparent and non-apparent disabilities
- Urban populations
- Veterans

Cost Savings Strategies: Health Care

Health Care Strategy A — Implement Uniform Administration of Non-Emergency Medical Transportation (NEMT)
Health Care A – Comments: no comment

Health Care Strategy B — Modify Certain Medical Assistance Durable Medical Equipment Payment Rates to Match Medicare Rates
Health Care B – Comments: No comment
Health Care Strategy C — Expand Volume Purchasing for Durable Medical Equipment
Health Care C — Comments: No Comment

Health Care Strategy D — Expand Use of the MN Encounter Alerting Service
Health Care D — Comments: Strongly support!

Health Care Strategy E - Improve Compliance with Third Party Liability (TPL) Requirements
Health Care E — Comments: No Comment

Health Care Strategy F — Require Managed Care Organization (MCO) Competitive Price Bidding
Health Care F — Comments: No comment.

Health Care Strategy G — Create Uniform Pharmacy Benefit
Health Care G — Comments: No comment

Health Care Strategy H — Establish Prescription Drug Purchasing Council
Health Care H — Comments: No comment

Health Care Strategy I — Establish Prescription Drug Affordability Commission
Health Care I — Comments: No comment

Cost Savings Strategies: Long-Term Services and Supports (LTSS) for Persons with Disabilities and Older Adults

LTSS Strategy A — Discontinue Grant Programs
LTSS A — Comments: No comment

LTSS Strategy B — Update Absence Factor in Day Services
LTSS B — Comments: Given the closures of day program and their ongoing struggles to remain financially viable, I strongly oppose reducing their rates at this time.

LTSS Strategy C — Change Disability Waiver Family Foster Care Rate Methodology
LTSS C — Comments: No comment

LTSS Strategy D — Curb Residential Costs in Disability Waivers
LTSS D — Comments: Stongly oppose this and am extremely concerned that DHS would promote this without any due process, proper analysis or transparency. The changes to customized living have been coming one after the next for people who rely on these services to meet high needs in the time of covid, racial disparities, lack of affordable housing & increased homelessness. Assisted Living licensure rule making threatens to only allow these services in 24 hour settings where some individuals only need a some services during each week in scattered site locations. These services are effectively helping reduce hospitalizations and ER visits, increase housing stability, and improve the health and wellbeing of recipients. Limiting these services would only result in significant difficulties including increased homelessness, increased mental health experiences, increased hospitalizations and ER visits, and overall decreased health and wellbeing of people living with disabilities and in poverty.

LTSS Strategy E — Require Medicare Enhanced Home Care Benefit
LTSS E — Comments: no comment
LTSS Strategy F — Update Value-Based Reimbursement in Nursing Facilities

LTSS F — Comments: no comment

Strategies focused on Waste, Including Fraud and Program Integrity

Waste Strategy A — Pursue Fraud, Waste, or Abuse Prevention Enhancements

Waste A — Comments: Focus on those committing fraud, not on all of us that follow regulations consistently.

Waste Strategy B — Reduce Low-Value Services in Minnesota

Waste B — Comments: Not enough information to understand what this is.

Waste Strategy C — Align State and Federal Health Care Privacy Protections

Waste C — Comments: Please align these standards!

Strategies focused on Administrative Efficiencies and Simplification

Efficiencies Strategy A — Improve MnCHOICES and LTSS Processes

Efficiencies A — Comments: Improvements are certainly needed; the processes are cumbersome and do not result in consistent needed supports for people served.

Strategies focused on Health Equity

Health Equity Strategy title A — Improve Dental Access in Public Health Care Programs

Health Equity A — Comments: Strongly support.

Health Equity Strategy title B — Ensure Equitable Access to Aging and Disability Service Programs

Health Equity B — Comments: Strongly support.

Health Equity Strategy title C — Redesign Targeted Case Management to Reduce Disparities in Access to Medical, Behavioral and Social Services or Supports

Health Equity C — Comments: No entry

Additional Input

Please ensure adequate time to understand the complexity of the strategies. Do not rely only on DHS for information about impacts to people served nor those working to serve people at a time of significant challenge and unrest. Please focus on equal access to health care for everyone and quality of care; paying for burdensome oversight of overly complicated regulations only adds to the cost of care. When covid-19 hit, suddenly the system was able to waive so many burdensome requirements that one HAS to wonder, "How could we be this efficient and focused ongoing instead of only during a pandemic?" Consider cost saving strategies that simplify burdensome regulations as they are already extremely complex and time consuming to address for all of us involved. Don't limit access to Customized Living services; DHS consistently is working to interfere with services that are highly effective for people served. Instead, consider the enormous cost savings for hospitalization, ER and homelessness as a result of customized living services. People will unduly suffer otherwise.
Attachments

Molly Carmody

**Title:** Sr. Legislative Affairs Specialist  
**Organization:** Sanford Health

**Please identify the group you represent:** Provider Organization

**Please list the populations served by your organization, if applicable:**
- Communities of Color
- Ethnic and/or racial minorities
- LGBTQIA+
- Native American/American Indian people
- Older adults
- People with apparent and non-apparent disabilities
- Rural populations
- Veterans

**Cost Savings Strategies: Health Care**

**Health Care Strategy A — Implement Uniform Administration of Non-Emergency Medical Transportation (NEMT)**

**Health Care A – Comments:** We do not have any comments for this recommendation.

**Health Care Strategy B — Modify Certain Medical Assistance Durable Medical Equipment Payment Rates to Match Medicare Rates**

**Health Care B – Comments:** We oppose this proposal. Only a handful of DME and medical supplies categories are not paid at the same rate for both Medicaid and Medicare. In our rural communities, we are concerned that any further rate decrease could make continuous services in these communities unsustainable for DME suppliers, and further impact the patients that we serve.

**Health Care Strategy C — Expand Volume Purchasing for Durable Medical Equipment**

**Health Care C — Comments:** We are concerned that the volume purchasing of certain DME supplies by DHS will add an extra level of complexity on patients in getting these supplies, and that it will result in losses for DME providers that will make continuing to do business unsustainable. As with any change of care for a patient, there is the potential of a loss of care compliance. By making a patient switch who they go to when they order the supplies they need in their care, they will potentially forget to order or become frustrated with having to learn a new process. Especially for enteral nutrition, used for a chronic digestive condition, this potential loss of care compliance could result in later, more expensive care. The loss of this business, especially in the deeply rural communities in Western Minnesota which Sanford Health and GSS provide care in, could cause a loss of DME providers in these areas, which will have repercussions for patients who are on Medicare and private health insurance.

**Health Care Strategy D — Expand Use of the MN Encounter Alerting Service**

**Health Care D — Comments:** We support the expansion of the DHS Encounter Alerting Service as tool for ensuring that care coordination can occur and provide care providers with a holistic understanding of the patient’s care needs. By giving providers further understanding of when their patients receive care by others, providers can have a greater understanding of the patient’s care needs earlier, and help prevent potentially more expensive later care due to a delay in care for the patient.
Health Care Strategy E - Improve Compliance with Third Party Liability (TPL) Requirements

Health Care E — Comments: We do not have any comments on this strategy.

Health Care Strategy F - Require Managed Care Organization (MCO) Competitive Price Bidding

Health Care F — Comments: We do not have any comments on this strategy.

Health Care Strategy G — Create Uniform Pharmacy Benefit

Health Care G — Comments: We are opposed to this proposal as we do not believe the savings that have been estimated will occur, and will cause administrative and care management issues. We are concerned that this proposal could impact medication adherence, will not provide any further savings due to the current use of the Preferred Drug List by the state's managed care organizations, will cause issues with care management, and will cause a ripple effect of higher priced care in our Medicare and private insurance population in the state.

Health Care Strategy H — Establish Prescription Drug Purchasing Council

Health Care H — Comments: We do not have any comments on this strategy.

Health Care Strategy I — Establish Prescription Drug Affordability Commission

Health Care I — Comments: We do not have any comments on this strategy.

Cost Savings Strategies: Long-Term Services and Supports (LTSS) for Persons with Disabilities and Older Adults

LTSS Strategy A — Discontinue Grant Programs

LTSS A — Comments: We do not have any comments on this strategy.

LTSS Strategy B — Update Absence Factor in Day Services

LTSS B — Comments: We do not have any comments on this strategy.

LTSS Strategy C — Change Disability Waiver Family Foster Care Rate Methodology

LTSS C — Comments: We do not have any comments on this strategy.

LTSS Strategy D — Curb Residential Costs in Disability Waivers

LTSS D — Comments: We do not have any comments on this strategy.

LTSS Strategy E — Require Medicare Enhanced Home Care Benefit

LTSS E — Comments: We agree that there is a need for a more comprehensive method of providing long-term care services. However, this proposal is an untested method, and will increase premiums for members, including those who never take advantage of the benefit. We encourage the Commission to explore other programs that are both reimbursed by Medicare and encourage Medicare enrollees to remain in their homes, such as Medicare PACE programs.

LTSS Strategy F — Update Value-Based Reimbursement in Nursing Facilities

LTSS F — Comments: The Evangelical Lutheran Good Samaritan Society (GSS) operates in 23 states across our country. The Minnesota value-based reimbursement system has become a model. VBR brings value to those we serve and incentivizes good care. Any major reductions to VBR in the future would further jeopardize rural nursing homes. VBR changes will affect our ability to recruit and retain professional caregivers who ensure quality care to our residents. Specifically, with the daily therapy rate change, we believe that this will be an administrative headache for facilities as the therapy needs of residents can sometimes change often.
Strategies focused on Waste, Including Fraud and Program Integrity

Waste Strategy A — Pursue Fraud, Waste, or Abuse Prevention Enhancements
Waste A — Comments: We do not have any comments on this strategy.

Waste Strategy B — Reduce Low-Value Services in Minnesota
Waste B — Comments: We do not have any comments on this strategy.

Waste Strategy C — Align State and Federal Health Care Privacy Protections
Waste C — Comments: We are incredibly supportive of this proposal. Since MHRA’s enactment, federal health care privacy regulations under HIPAA were put in place to achieve the same goal as MHRA. These regulations provide effective protections of Protected Health Information (PHI), and provide guidance for when, where, and to whom PHI can be shared, making MHRA a duplicative effort. By aligning state and federal health care privacy protections, Minnesota would reduce administrative burden on health systems, providers, and health plans, facilitate patient-centered care, and be a cost savings.

Strategies focused on Administrative Efficiencies and Simplification

Efficiencies Strategy A — Improve MnCHOICES and LTSS Processes
Efficiencies A — Comments: We do not have any comments on this strategy.

Strategies focused on Health Equity

Health Equity Strategy title A — Improve Dental Access in Public Health Care Programs
Health Equity A — Comments: The unfortunate result of a lack of dental care access is that those who experience dental emergencies end up in our emergency departments, where we can only provide a limited level of care. We are supportive of the state working on dental access, especially in the rural communities that we serve, where there are fewer dental providers who can provide care to Medicaid/MinnesotaCare members. We support an exploration of measures that incentivize more dental providers in our service area of Western Minnesota to provide dental services to this population. However, we would like to be ensured that the current safety-net dental providers will be held harmless in any rate increase to dental providers. Any rate increase which is used to bring more dental providers into the Medicaid/MinnesotaCare program should not come about by cutting rates to the providers currently willing to provide care in the program.

Health Equity Strategy title B — Ensure Equitable Access to Aging and Disability Service Programs
Health Equity B — Comments: We do not have any comments on this strategy.

Health Equity Strategy title C — Redesign Targeted Case Management to Reduce Disparities in Access to Medical, Behavioral and Social Services or Supports
Health Equity C — Comments: An unfortunate fact of life in Minnesota is that we have some of the greatest racial disparities in health care in the nation. This is a statewide problem, not just in our metropolitan communities. However, it is harder for our rural counties to work to eliminate these disparities because they are limited in what they can pay for targeted case management. We are supportive both of the expansion of eligibility for targeted case management and the establishment of a statewide case management rate methodology to provide consistent support of targeted case management across the state.

Additional Input

We do not have any further comments. Thank you.
Title:

Organization:

Please identify the group you represent: state agency

Please list the populations served by your organization, if applicable:

- Communities of Color
- Ethnic and/or racial minorities
- LGBTQIA+
- Native American/American Indian people
- Older adults
- People with apparent and non-apparent disabilities
- Rural populations
- Urban populations
- Veterans

Cost Savings Strategies: Health Care

Health Care Strategy A — Implement Uniform Administration of Non-Emergency Medical Transportation (NEMT)

Health Care A – Comments: while this may lower costs, it puts the control in an administrators hands rather than the person - people should be able to use the transportation that is available to them, when they need it without the bureaucracy of someone controlling the scheduling of those rides. The best approach would be to allow people to use their preferred transportation option, whether it is the bus, rideshare, a family/friend, and then allow for reimbursement when they are on certain programs, such as MA.

Health Care Strategy B — Modify Certain Medical Assistance Durable Medical Equipment Payment Rates to Match Medicare Rates

Health Care B – Comments: No entry

Health Care Strategy C — Expand Volume Purchasing for Durable Medical Equipment

Health Care C — Comments: No entry

Health Care Strategy D — Expand Use of the MN Encounter Alerting Service

Health Care D — Comments: this is a very exciting development and use of existing systems that can impact our services in a positive way.

Health Care Strategy E - Improve Compliance with Third Party Liability (TPL) Requirements

Health Care E — Comments: No entry

Health Care Strategy F — Require Managed Care Organization (MCO) Competitive Price Bidding

Health Care F — Comments: No entry
Health Care Strategy G — Create Uniform Pharmacy Benefit
Health Care G — Comments: No entry

Health Care Strategy H — Establish Prescription Drug Purchasing Council
Health Care H — Comments: No entry

Health Care Strategy I — Establish Prescription Drug Affordability Commission
Health Care I — Comments: No entry

Cost Savings Strategies: Long-Term Services and Supports (LTSS) for Persons with Disabilities and Older Adults

LTSS Strategy A — Discontinue Grant Programs
LTSS A — Comments: No entry

LTSS Strategy B — Update Absence Factor in Day Services
LTSS B — Comments: No entry

LTSS Strategy C — Change Disability Waiver Family Foster Care Rate Methodology
LTSS C — Comments: No entry

LTSS Strategy D — Curb Residential Costs in Disability Waivers
LTSS D — Comments: this is confusing to me - don't we already have services in place for people who want to move? Housing Stabilization Services, Housing Access Coordination? Housing is a really difficult topic, no matter what population you are working with, and figuring out a way to offer more housing that meets people's needs is a better use of funds.

LTSS Strategy E — Require Medicare Enhanced Home Care Benefit
LTSS E — Comments: why just seniors?

LTSS Strategy F — Update Value-Based Reimbursement in Nursing Facilities
LTSS F — Comments: No entry

Strategies focused on Waste, Including Fraud and Program Integrity

Waste Strategy A — Pursue Fraud, Waste, or Abuse Prevention Enhancements
Waste A — Comments: No entry

Waste Strategy B — Reduce Low-Value Services in Minnesota
Waste B — Comments: providers may identify what they think of as low-value services, but it is very important that people who use these services are part of the conversation. Just because a service isn't used widely, doesn't mean it isn't valuable - it may mean that people don't know it is an option for them, which means education and information is needed to ensure people understand their options and how to access a service. People being involved in this discussion is vitally important if you want to ensure the services available meet people's needs, rather than fill providers pockets.

Waste Strategy C — Align State and Federal Health Care Privacy Protections
Waste C — Comments: No entry
Strategies focused on Administrative Efficiencies and Simplification

Efficiencies Strategy A — Improve MnCHOICES and LTSS Processes
Efficiencies A — Comments: No entry

Strategies focused on Health Equity

Health Equity Strategy title A — Improve Dental Access in Public Health Care Programs
Health Equity A — Comments: No entry

Health Equity Strategy title B — Ensure Equitable Access to Aging and Disability Service Programs
Health Equity B — Comments: Isn’t this what Disability Hub MN and Senior Linkage Line already do? They are our state’s Aging and Disability Resource Center and their job is to provide people with disabilities and those in the aging population with information, resources and options, so the person can make an informed choice. This services are already in place and already have funding, and they are available to all people statewide. If this is to provide funding to get the word out, great!

Health Equity Strategy title C — Redesign Targeted Case Management to Reduce Disparities in Access to Medical, Behavioral and Social Services or Supports
Health Equity C — Comments: No entry

Additional Input

it was disappointing to see the list of who was involved in this commission, and that it didn’t seem to include people receiving services. It was also disappointing to hear that community engagement opportunities were cancelled because of Covid-19 - in state government, we need to be more flexible and offer opportunities to participate online and provide feedback. if we’re stuck in only doing in-person events, then we’re missing out on valuable input from people who may not be available to join meetings during the workday, or who cannot get transportation to attend meetings in-person.

Attachments

Nicole Noblet
Title: Miss.
Organization: Interact
Please identify the group you represent: Individual Person
Please list the populations served by your organization, if applicable:

- LGBTQIA+
- People with apparent and non-apparent disabilities
- Urban populations

Cost Savings Strategies: Health Care

Health Care Strategy A — Implement Uniform Administration of Non-Emergency Medical Transportation (NEMT)
Health Care A – Comments: I don’t use medical transportation because many of the drivers I have had in the past are rude, drive over the speed limit and not knowledgeable about disabilities. I experienced one driver who was absolutely
abusive to another passenger. Many drivers don’t speak English well so communication is impossible on board th my part to understand the drivers and the drivers to understand me.

**Health Care Strategy B — Modify Certain Medical Assistance Durable Medical Equipment Payment Rates to Match Medicare Rates**

Health Care B — Comments: No entry

**Health Care Strategy C — Expand Volume Purchasing for Durable Medical Equipment**

Health Care C — Comments: No entry

**Health Care Strategy D — Expand Use of the MN Encounter Alerting Service**

Health Care D — Comments: No entry

**Health Care Strategy E — Improve Compliance with Third Party Liability (TPL) Requirements**

Health Care E — Comments: No entry

**Health Care Strategy F — Require Managed Care Organization (MCO) Competitive Price Bidding**

Health Care F — Comments: No entry

**Health Care Strategy G — Create Uniform Pharmacy Benefit**

Health Care G — Comments: I take many medications that are name brand and expensive, I cannot take generics and I have to get prior authorizations every single year and end up going without for a few months during this process. This is something that needs to change because The need this medication to function at my best.

**Health Care Strategy H — Establish Prescription Drug Purchasing Council**

Health Care H — Comments: No entry

**Health Care Strategy I — Establish Prescription Drug Affordability Commission**

Health Care I — Comments: No entry

**Cost Savings Strategies: Long-Term Services and Supports (LTSS) for Persons with Disabilities and Older Adults**

**LTSS Strategy A — Discontinue Grant Programs**

LTSS A — Comments: No entry

**LTSS Strategy B — Update Absence Factor in Day Services**

LTSS B — Comments: I receive services at Interact Center, a nonprofit provider of Adult Day services for Minnesotans with disabilities. I am very concerned about the proposal to reduce the Day Service Absence Factor. With the destabilizing financial impacts caused by COVID19, this rate cut of approximately 5% would further damage the already fragile infrastructure for day services for individuals with disabilities

**LTSS Strategy C — Change Disability Waiver Family Foster Care Rate Methodology**

LTSS C — Comments: No entry

**LTSS Strategy D — Curb Residential Costs in Disability Waivers**

LTSS D — Comments: No entry
LTSS Strategy E — Require Medicare Enhanced Home Care Benefit
LTSS E — Comments: No entry

LTSS Strategy F — Update Value-Based Reimbursement in Nursing Facilities
LTSS F — Comments: No entry

Strategies focused on Waste, Including Fraud and Program Integrity

Waste Strategy A — Pursue Fraud, Waste, or Abuse Prevention Enhancements
Waste A — Comments: No entry

Waste Strategy B — Reduce Low-Value Services in Minnesota
Waste B — Comments: No entry

Waste Strategy C — Align State and Federal Health Care Privacy Protections
Waste C — Comments: No entry

Strategies focused on Administrative Efficiencies and Simplification

Efficiencies Strategy A — Improve MnCHOICES and LTSS Processes
Efficiencies A — Comments: No entry

Strategies focused on Health Equity

Health Equity Strategy title A — Improve Dental Access in Public Health Care Programs
Health Equity A — Comments: Currently the dentist’s that do accept MA treat me very poorly and don’t listen to my concerns. They rush to finish their job so they can see their higher paying customers. More dentists need to be trained to work with individuals with Autism and Intellectual and Developmental disabilities so that we can be treated with respect and feel comfortable going to the dentist.

Health Equity Strategy title B — Ensure Equitable Access to Aging and Disability Service Programs
Health Equity B — Comments: No entry

Health Equity Strategy title C — Redesign Targeted Case Management to Reduce Disparities in Access to Medical, Behavioral and Social Services or Supports
Health Equity C — Comments: No entry

Additional Input
The service I receive through my CADI waiver benefit me and help me be active in my community. I don’t want them to change when the waivers are changed to the 2 model system next year.

Attachments

Peter Fjelstad
Title: Senior Director - Public Policy
Organization: PhRMA
Public input on draft report 2020
Please identify the group you represent: Professional Association

Please list the populations served by your organization, if applicable:

- Communities of Color
- Ethnic and/or racial minorities
- LGBTQIA+
- Native American/American Indian people
- Older adults
- People with apparent and non-apparent disabilities
- Rural populations
- Urban populations
- Veterans
- Other

Cost Savings Strategies: Health Care

Health Care Strategy A — Implement Uniform Administration of Non-Emergency Medical Transportation (NEMT)
Health Care A – Comments: No entry

Health Care Strategy B — Modify Certain Medical Assistance Durable Medical Equipment Payment Rates to Match Medicare Rates
Health Care B – Comments: No entry

Health Care Strategy C — Expand Volume Purchasing for Durable Medical Equipment
Health Care C — Comments: No entry

Health Care Strategy D — Expand Use of the MN Encounter Alerting Service
Health Care D — Comments: No entry

Health Care Strategy E— Improve Compliance with Third Party Liability (TPL) Requirements
Health Care E — Comments: No entry

Health Care Strategy F — Require Managed Care Organization (MCO) Competitive Price Bidding
Health Care F — Comments: No entry

Health Care Strategy G — Create Uniform Pharmacy Benefit
Health Care G — Comments: No entry

Health Care Strategy H — Establish Prescription Drug Purchasing Council
Health Care H — Comments: As the Blue Ribbon Commission considers establishing a Prescription Drug Purchasing Council, PhRMA respectfully provides several considerations. PhRMA does not oppose multiple state Medicaid programs coming together to negotiate the purchase of medicines, but PhRMA does oppose bulk purchasing that combines Medicaid purchasing with other non-Medicaid programs as this could jeopardize patient health and extends government price controls. Bulk purchasing programs that include multiple patient populations may not meet the medical needs of individual patients. For example, the needs of Medicaid patients differ from state retirees, which differ from the needs of the underinsured and uninsured. Any attempt to combine Medicaid with other programs requires federal approval.
Health Care Strategy I — Establish Prescription Drug Affordability Commission

Health Care I — Comments: PhRMA respectfully opposes the creation of a Prescription Drug Affordability Commission. Discussions about the affordability of drugs are important, but the intention of such proposals is to cap drug prices. Arbitrarily capping drug prices could lead to a shortage of or limit access to medicines for patients who may need a medicine. In the long-term, capping prices can harm the innovation of new therapies and raises constitutional concerns. Further, proposals like this often single out the biopharmaceutical industry when there are a variety of stakeholders involved in determining what consumers ultimately pay for a medicine at the counter, such as plans, PBMs, and others (nearly 50% of what is spent on brand medicines goes to others in the supply chain). Finally, this strategy could jeopardize the competitive market, as well as the positive effect of the biopharmaceutical industry on Minnesota’s economy (over 40,000 jobs and over $661M generated in state and federal taxes).

Cost Savings Strategies: Long-Term Services and Supports (LTSS) for Persons with Disabilities and Older Adults

LTSS Strategy A — Discontinue Grant Programs
LTSS A — Comments: No entry

LTSS Strategy B — Update Absence Factor in Day Services
LTSS B — Comments: No entry

LTSS Strategy C — Change Disability Waiver Family Foster Care Rate Methodology
LTSS C — Comments: No entry

LTSS Strategy D — Curb Residential Costs in Disability Waivers
LTSS D — Comments: No entry

LTSS Strategy E — Require Medicare Enhanced Home Care Benefit
LTSS E — Comments: No entry

LTSS Strategy F — Update Value-Based Reimbursement in Nursing Facilities
LTSS F — Comments: No entry

Strategies focused on Waste, Including Fraud and Program Integrity

Waste Strategy A — Pursue Fraud, Waste, or Abuse Prevention Enhancements
Waste A — Comments: No entry

Waste Strategy B — Reduce Low-Value Services in Minnesota
Waste B — Comments: No entry

Waste Strategy C — Align State and Federal Health Care Privacy Protections
Waste C — Comments: No entry

Strategies focused on Administrative Efficiencies and Simplification

Efficiencies Strategy A — Improve MnCHOICES and LTSS Processes
Efficiencies A — Comments: No entry
Strategies focused on Health Equity

Health Equity Strategy title A — Improve Dental Access in Public Health Care Programs
Health Equity A — Comments: No entry

Health Equity Strategy title B — Ensure Equitable Access to Aging and Disability Service Programs
Health Equity B — Comments: No entry

Health Equity Strategy title C — Redesign Targeted Case Management to Reduce Disparities in Access to Medical, Behavioral and Social Services or Supports
Health Equity C — Comments: No entry

Additional Input
No entry

Attachments
ref:0000000379:Q27
ref:0000000379:Q28

Phil Duran
Title:
Organization: JustUs Health
Please identify the group you represent: Community Organization
Please list the populations served by your organization, if applicable:

- Communities of Color
- LGBTQIA+
- Older adults
- People with apparent and non-apparent disabilities

Cost Savings Strategies: Health Care

Health Care Strategy A — Implement Uniform Administration of Non-Emergency Medical Transportation (NEMT)
Health Care A – Comments: No entry

Health Care Strategy B — Modify Certain Medical Assistance Durable Medical Equipment Payment Rates to Match Medicare Rates
Health Care B – Comments: No entry

Health Care Strategy C — Expand Volume Purchasing for Durable Medical Equipment
Health Care C — Comments: No entry

Health Care Strategy D — Expand Use of the MN Encounter Alerting Service
Health Care D — Comments: No entry
Health Care Strategy E - Improve Compliance with Third Party Liability (TPL) Requirements

Health Care E — Comments: No entry

Health Care Strategy F — Require Managed Care Organization (MCO) Competitive Price Bidding

Health Care F — Comments: No entry

Health Care Strategy G — Create Uniform Pharmacy Benefit

Health Care G — Comments: No entry

Health Care Strategy H — Establish Prescription Drug Purchasing Council

Health Care H — Comments: No entry

Health Care Strategy I — Establish Prescription Drug Affordability Commission

Health Care I — Comments: No entry

Cost Savings Strategies: Long-Term Services and Supports (LTSS) for Persons with Disabilities and Older Adults

LTSS Strategy A — Discontinue Grant Programs

LTSS A — Comments: No entry

LTSS Strategy B — Update Absence Factor in Day Services

LTSS B — Comments: No entry

LTSS Strategy C — Change Disability Waiver Family Foster Care Rate Methodology

LTSS C — Comments: No entry

LTSS Strategy D — Curb Residential Costs in Disability Waivers

LTSS D — Comments: No entry

LTSS Strategy E — Require Medicare Enhanced Home Care Benefit

LTSS E — Comments: No entry

LTSS Strategy F — Update Value-Based Reimbursement in Nursing Facilities

LTSS F — Comments: No entry

Strategies focused on Waste, Including Fraud and Program Integrity

Waste Strategy A — Pursue Fraud, Waste, or Abuse Prevention Enhancements

Waste A — Comments: No entry

Waste Strategy B — Reduce Low-Value Services in Minnesota

Waste B — Comments: No entry

Waste Strategy C — Align State and Federal Health Care Privacy Protections

Waste C — Comments: No entry
Strategies focused on Administrative Efficiencies and Simplification

Efficiencies Strategy A — Improve MnCHOICES and LTSS Processes
Efficiencies A — Comments: No entry

Strategies focused on Health Equity

Health Equity Strategy title A — Improve Dental Access in Public Health Care Programs
Health Equity A — Comments: No entry

Health Equity Strategy title B — Ensure Equitable Access to Aging and Disability Service Programs
Health Equity B — Comments: It is critical to assure equitable access to aging/disability services to ALL Minnesotans, particularly including all the historically underserved populations identified in this report. Racial and ethnic considerations are critical, but this report also identifies, e.g., veterans, LGBTQ, greater-Minnesota, and other populations. To assist, it is critical to have pertinent data related to these populations. We would strongly recommend that the Commission report call for the gathering of relevant data on these populations to inform the State's efforts to best achieve this equitable access.

Health Equity Strategy title C — Redesign Targeted Case Management to Reduce Disparities in Access to Medical, Behavioral and Social Services or Supports
Health Equity C — Comments: No entry

Additional Input
No entry

Attachments

Richard Henriksen

Title: CEO
Organization: Nokomis Health
Please identify the group you represent: Business support organization
Please list the populations served by your organization, if applicable:

- Communities of Color
- Ethnic and/or racial minorities
- LGBTQIA+
- Native American/American Indian people
- Older adults
- People with apparent and non-apparent disabilities
- Rural populations
- Urban populations
- Veterans
Cost Savings Strategies: Health Care

Health Care Strategy A — Implement Uniform Administration of Non-Emergency Medical Transportation (NEMT)
Health Care A — Comments: No entry

Health Care Strategy B — Modify Certain Medical Assistance Durable Medical Equipment Payment Rates to Match Medicare Rates
Health Care B — Comments: No entry

Health Care Strategy C — Expand Volume Purchasing for Durable Medical Equipment
Health Care C — Comments: No entry

Health Care Strategy D — Expand Use of the MN Encounter Alerting Service
Health Care D — Comments: No entry

Health Care Strategy E — Improve Compliance with Third Party Liability (TPL) Requirements
Health Care E — Comments: No entry

Health Care Strategy F — Require Managed Care Organization (MCO) Competitive Price Bidding
Health Care F — Comments: No entry

Health Care Strategy G — Create Uniform Pharmacy Benefit
Health Care G — Comments: No entry

Health Care Strategy H — Establish Prescription Drug Purchasing Council
Health Care H — Comments: No entry

Health Care Strategy I — Establish Prescription Drug Affordability Commission
Health Care I — Comments: No entry

Cost Savings Strategies: Long-Term Services and Supports (LTSS) for Persons with Disabilities and Older Adults

LTSS Strategy A — Discontinue Grant Programs
LTSS A — Comments: No entry

LTSS Strategy B — Update Absence Factor in Day Services
LTSS B — Comments: No entry

LTSS Strategy C — Change Disability Waiver Family Foster Care Rate Methodology
LTSS C — Comments: No entry

LTSS Strategy D — Curb Residential Costs in Disability Waivers
LTSS D — Comments: No entry
LTSS Strategy E — Require Medicare Enhanced Home Care Benefit
LTSS E — Comments: No entry

LTSS Strategy F — Update Value-Based Reimbursement in Nursing Facilities
LTSS F — Comments: No entry

Strategies focused on Waste, Including Fraud and Program Integrity

Waste Strategy A — Pursue Fraud, Waste, or Abuse Prevention Enhancements
Waste A — Comments: A comprehensive payment integrity program is a critical component of any well-run health plan. Paying claims is a complex task, and many payors do not have the resources or capabilities to look deeper at claims to uncover patterns which identify fraud, waste and abuse. We believe that it is essential for the State of Minnesota to implement a complete payment integrity program which includes both internal staff as well as external experts who know how to mine claims data and to review claims and records. Many payment integrity vendors work on a commission basis, so the risk to the plan is very low; the vendor only gets paid if they identify savings. Payment integrity ensures that legitimate claims get paid and that monies are freed up to reinvest in other program services.

Waste Strategy B — Reduce Low-Value Services in Minnesota
Waste B — Comments: No entry

Waste Strategy C — Align State and Federal Health Care Privacy Protections
Waste C — Comments: No entry

Strategies focused on Administrative Efficiencies and Simplification

Efficiencies Strategy A — Improve MnCHOICES and LTSS Processes
Efficiencies A — Comments: No entry

Strategies focused on Health Equity

Health Equity Strategy title A — Improve Dental Access in Public Health Care Programs
Health Equity A — Comments: No entry

Health Equity Strategy title B — Ensure Equitable Access to Aging and Disability Service Programs
Health Equity B — Comments: No entry

Health Equity Strategy title C — Redesign Targeted Case Management to Reduce Disparities in Access to Medical, Behavioral and Social Services or Supports
Health Equity C — Comments: No entry

Additional Input
No entry
Attachments

Rick Varco

Title: Political Director
Organization: SEIU Healthcare Minnesota

Please identify the group you represent: Labor Union

Please list the populations served by your organization, if applicable:

- Communities of Color
- Ethnic and/or racial minorities
- LGBTQIA+
- Native American/American Indian people
- Older adults
- People with apparent and non-apparent disabilities
- Rural populations
- Urban populations
- Veterans
- Workers

Cost Savings Strategies: Health Care

Health Care Strategy A — Implement Uniform Administration of Non-Emergency Medical Transportation (NEMT)

Health Care A — Comments: No entry

Health Care Strategy B — Modify Certain Medical Assistance Durable Medical Equipment Payment Rates to Match Medicare Rates

Health Care B — Comments: No entry

Health Care Strategy C — Expand Volume Purchasing for Durable Medical Equipment

Health Care C — Comments: No entry

Health Care Strategy D — Expand Use of the MN Encounter Alerting Service

Health Care D — Comments: No entry

Health Care Strategy E- Improve Compliance with Third Party Liability (TPL) Requirements

Health Care E — Comments: No entry

Health Care Strategy F — Require Managed Care Organization (MCO) Competitive Price Bidding

Health Care F — Comments: We support this proposal because it allows the public to use our collective power to reduce excessive payments to powerful insurance groups. We supported DHS when they have used this strategy before and it has produced significant savings.

Health Care Strategy G — Create Uniform Pharmacy Benefit

Health Care G — Comments: Drug companies are a major source of waste in our health care system. We support this modest proposal to use our collective power to restrain their excess profits. We have publicly testified in support of similar proposals before the legislature.

Public input on draft report 2020
Health Care Strategy H — Establish Prescription Drug Purchasing Council

Health Care H — Comments: No entry

Health Care Strategy I — Establish Prescription Drug Affordability Commission

Health Care I — Comments: We strongly support this proposal. Prescription drugs are a public good just like utilities. The Public Utilities Commission gives the public a voice in determining the affordability of the power we need for daily life. This commission would give the public a voice over the affordability of drugs that are even more essential to daily life.

Cost Savings Strategies: Long-Term Services and Supports (LTSS) for Persons with Disabilities and Older Adults

LTSS Strategy A — Discontinue Grant Programs

LTSS A — Comments: No entry

LTSS Strategy B — Update Absence Factor in Day Services

LTSS B — Comments: No entry

LTSS Strategy C — Change Disability Waiver Family Foster Care Rate Methodology

LTSS C — Comments: No entry

LTSS Strategy D — Curb Residential Costs in Disability Waivers

LTSS D — Comments: No entry

LTSS Strategy E — Require Medicare Enhanced Home Care Benefit

LTSS E — Comments: As a representative of 25,000 self-directed home care workers in Minnesota, we have seen first hand how they save the state huge sums of money by allowing the elderly and disabled to avoid expensive institutional care and, instead, live in their community. We need a national social insurance program to provide a comprehensive home care benefit. While this is not that proposal, this is an important step to expand access to home care services.

LTSS Strategy F — Update Value-Based Reimbursement in Nursing Facilities

LTSS F — Comments: We strongly object to this proposal. Our system should invest in the workers who provide care and not allow operators to inflate their profits. But this proposal is poorly targeted. While this strategy is labeled under “evidence-based strategies”, most of the savings likely come, not from targeted efficiencies, but from simply capping the growth of the other operating price and the property rate. A flat cap does not by itself promote greater efficiency. Second, instead of intentionally making current funding inadequate to make the value-based limit effective, we prefer to let homes continue growing towards the current limit. The evidence so far is mixed, at best, whether this proposed change will improve quality and efficiency. There is little academic study of the current system and results from other systems in Minnesota and other states are mixed, at best.

Strategies focused on Waste, Including Fraud and Program Integrity

Waste Strategy A — Pursue Fraud, Waste, or Abuse Prevention Enhancements

Waste A — Comments: No entry

Waste Strategy B — Reduce Low-Value Services in Minnesota

Waste B — Comments: No entry
Waste Strategy C — Align State and Federal Health Care Privacy Protections

**Waste C — Comments:** We support this proposal. We have supported previous versions of this policy in the legislative process.

Strategies focused on Administrative Efficiencies and Simplification

Efficiencies Strategy A — Improve MnCHOICES and LTSS Processes

**Efficiencies A — Comments:** No entry

Strategies focused on Health Equity

Health Equity Strategy title A — Improve Dental Access in Public Health Care Programs

**Health Equity A — Comments:** If Minnesota moves to a single administrator system, it should find some way to accommodate the unique structure of HealthPartners. Unlike almost all other dental providers, HealthPartners fully integrates dental care with health care. While single administrator generally reduces complexity and barriers, for HealthPartners it would create a barrier to integrating dental with health care. We represent almost 2000 workers at HealthPartners. Our members value and appreciate this integration.

Health Equity Strategy title B — Ensure Equitable Access to Aging and Disability Service Programs

**Health Equity B — Comments:** No entry

Health Equity Strategy title C — Redesign Targeted Case Management to Reduce Disparities in Access to Medical, Behavioral and Social Services or Supports

**Health Equity C — Comments:** No entry

Additional Input

It should be easy for a group of Minnesota health care policy experts to find a way to spend $100 million less on health care. The American health care system is the most expensive and wasteful system in the world. We spend twice as much per person as comparable countries for care that is not universal and is often inadequate. This waste has made executives in the insurance, hospital, and drug industries wealthy and powerful beyond all measure. For them, ‘waste’ is the goal. They have built our system, not to care for all of us, but to enrich the few. Because this waste is so deeply entrenched, it is not surprising that the Blue Ribbon Commission (BRC) was unable to find easy ways to immediately save large sums of money. To reduce waste, we need to provide greater opportunities to use our collective power take public control of our health care system. Then we will be able to root out the special interests who waste so many of our resources. We would also like to emphasize that, contrary to the draft report, there is no “requirement” that the BRC find $100 million in savings. Nothing in Laws of Minnesota 2019, 1st Special Session, Chapter 9, Article 7, Section 46 requires the BRC to identify savings of any amount. No dollar amount is listed in the “duties” of the BRC in Article 7. In fact, Article 14, the Appropriations article, provides a mechanism to accommodate the BRC recommending no savings at all, see Sec 11 (d) (3). If we propose no savings, it simply reduces the budget reserve $100 million. Recommending no savings is perfectly consistent with the legal duties of the Commission. If this report implies there is a requirement, it unfairly charges commission members with failure to do their duty and improperly attributes an austerity goal to our elected government. Such references should be eliminated.

Attachments

ref:0000000444:Q27

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**Rose Schafhauser**

**Title:** Executive Director

Public input on draft report 2020
Organization: Midwest Association for Medical Equipment Services & Supplies (MAMES)

Please identify the group you represent: Professional Association

Please list the populations served by your organization, if applicable:

- Communities of Color
- Ethnic and/or racial minorities
- LGBTQIA+
- Native American/American Indian people
- Older adults
- People with apparent and non-apparent disabilities
- Rural populations
- Urban populations
- Veterans

Cost Savings Strategies: Health Care

Health Care Strategy A — Implement Uniform Administration of Non-Emergency Medical Transportation (NEMT)

Health Care A — Comments: No entry

Health Care Strategy B — Modify Certain Medical Assistance Durable Medical Equipment Payment Rates to Match Medicare Rates

Health Care B — Comments: This strategy will reduce access to DME & medical supplies and is unlikely to save any money. Medicaid is paying Medicare rates due to a MN law passed in 2019. Effective 7-1-19, Medicaid payment rate is the Medicare payment rate for DME items subject to the Medicare upper payment limit (UPL), established under the 21st Century Cures Act. For the limited items that Medicaid pays more than Medicare, matching Medicare rates would jeopardize access to specialized DME & supplies. If Medicaid makes additional cuts for items such as enteral food, feeding tubes, medical supplies, etc., DME providers would likely no longer be able to provide the same products and services because the reimbursement would not cover their cost of providing the items. In addition, any estimated Medicaid savings would likely result in increased spending on long-term care or hospitalization expenses. Further details on why MAMES opposes this strategy are included in an attachment to these electronic comments.

Health Care Strategy C — Expand Volume Purchasing for Durable Medical Equipment

Health Care C — Comments: This strategy would not save money. In 2017, DHS claimed it would reduce incontinence spending by 35% in a failed volume purchase program for incontinence items. There was consumer opposition and a court injunction against DHS leading to the repeal of the law before implementation. Most items listed in the strategy, like wheelchairs & walkers, are already set by a volume purchase program, Medicare’s competitive bid program (CBP). Medicaid has already reduced payment rates on those items to Medicare rates. If DHS implements additional categories outside of what is already reduced by the Medicare CBP, Medicaid clients would be at risk of going without DME & medical supplies. Unlike Medicare patients who can chose to pay for higher quality items that cost more to provide, they likely do not have any additional financial resources to bypass the Medicaid system when it fails them. Further details on why MAMES opposes this strategy are included in an attachment to these electronic comments.

Health Care Strategy D — Expand Use of the MN Encounter Alerting Service

Health Care D — Comments: No entry

Health Care Strategy E- Improve Compliance with Third Party Liability (TPL) Requirements

Health Care E — Comments: No entry
Health Care Strategy F — Require Managed Care Organization (MCO) Competitive Price Bidding
Health Care F — Comments: No entry

Health Care Strategy G — Create Uniform Pharmacy Benefit
Health Care G — Comments: No entry

Health Care Strategy H — Establish Prescription Drug Purchasing Council
Health Care H — Comments: No entry

Health Care Strategy I — Establish Prescription Drug Affordability Commission
Health Care I — Comments: No entry

Cost Savings Strategies: Long-Term Services and Supports (LTSS) for Persons with Disabilities and Older Adults

LTSS Strategy A — Discontinue Grant Programs
LTSS A — Comments: No entry

LTSS Strategy B — Update Absence Factor in Day Services
LTSS B — Comments: No entry

LTSS Strategy C — Change Disability Waiver Family Foster Care Rate Methodology
LTSS C — Comments: No entry

LTSS Strategy D — Curb Residential Costs in Disability Waivers
LTSS D — Comments: No entry

LTSS Strategy E — Require Medicare Enhanced Home Care Benefit
LTSS E — Comments: No entry

LTSS Strategy F — Update Value-Based Reimbursement in Nursing Facilities
LTSS F — Comments: No entry

Strategies focused on Waste, Including Fraud and Program Integrity

Waste Strategy A — Pursue Fraud, Waste, or Abuse Prevention Enhancements
Waste A — Comments: No entry

Waste Strategy B — Reduce Low-Value Services in Minnesota
Waste B — Comments: No entry

Waste Strategy C — Align State and Federal Health Care Privacy Protections
Waste C — Comments: No entry
Strategies focused on Administrative Efficiencies and Simplification

Efficiencies Strategy A — Improve MnCHOICES and LTSS Processes
Efficiencies A — Comments: No entry

Strategies focused on Health Equity

Health Equity Strategy title A — Improve Dental Access in Public Health Care Programs
Health Equity A — Comments: No entry

Health Equity Strategy title B — Ensure Equitable Access to Aging and Disability Service Programs
Health Equity B — Comments: No entry

Health Equity Strategy title C — Redesign Targeted Case Management to Reduce Disparities in Access to Medical, Behavioral and Social Services or Supports
Health Equity C — Comments: No entry

Additional Input
Please make sure to include uploaded documents for these 2 strategies: 2) Health Care Strategy B - Modify Certain Medical Assistance Durable Medical Equipment Payment Rates to Match Medicare Rates 3) Health Care Strategy C - Expand Volume Purchasing for Durable Medical Equipment

Attachments
ref:0000000366:Q27

Rosemary Perronteau
Title: individual services recipient
Organization: Interact Center For Visual And Performing Arts
Please identify the group you represent: Individual Person
Please list the populations served by your organization, if applicable:

• Communities of Color
• Ethnic and/or racial minorities
• LGBTQIA+
• Native American/American Indian people
• Older adults
• People with apparent and non-apparent disabilities
• Rural populations
• Urban populations
• Veterans

Cost Savings Strategies: Health Care

Health Care Strategy A — Implement Uniform Administration of Non-Emergency Medical Transportation (NEMT)
Health Care A – Comments: No entry
Health Care Strategy B — Modify Certain Medical Assistance Durable Medical Equipment Payment Rates to Match Medicare Rates
Health Care B — Comments: No entry

Health Care Strategy C — Expand Volume Purchasing for Durable Medical Equipment
Health Care C — Comments: No entry

Health Care Strategy D — Expand Use of the MN Encounter Alerting Service
Health Care D — Comments: No entry

Health Care Strategy E - Improve Compliance with Third Party Liability (TPL) Requirements
Health Care E — Comments: No entry

Health Care Strategy F — Require Managed Care Organization (MCO) Competitive Price Bidding
Health Care F — Comments: No entry

Health Care Strategy G — Create Uniform Pharmacy Benefit
Health Care G — Comments: No entry

Health Care Strategy H — Establish Prescription Drug Purchasing Council
Health Care H — Comments: No entry

Health Care Strategy I — Establish Prescription Drug Affordability Commission
Health Care I — Comments: No entry

Cost Savings Strategies: Long-Term Services and Supports (LTSS) for Persons with Disabilities and Older Adults

LTSS Strategy A — Discontinue Grant Programs
LTSS A — Comments: No entry

LTSS Strategy B — Update Absence Factor in Day Services
LTSS B — Comments: I receive services at Interact Center For Visual and Performing Arts, a non-profit Adult Day Program for Minnesotans with Disabilities. I am very concerned about the Proposal To Reduce Day Services Absence and Utilization Factor. With the destabilizing impacts caused by Covid-19, this rate cut of approximately 5% would cause further damage to the already fragile infrastructure for day services for Individuals with Disabilities. Non-profit day service providers have expressed to DHS for years specific concerns about the analysis behind DHS data, and have asked on multiple occasions to reexamine the data. This has only become more critical in our new Covid-19 world. Too often, DHS fails to ask US, the recipients, for our opinion on matters such as this. As a recipient of these vital Adult Day services, it is important to me, that my program is funded adequately and appropriately, to ensure my safety, health, and happiness. I urge you to reconsider cutting the Absence Factor.

LTSS Strategy C — Change Disability Waiver Family Foster Care Rate Methodology
LTSS C — Comments: No entry

LTSS Strategy D — Curb Residential Costs in Disability Waivers
LTSS D — Comments: No entry
LTSS Strategy E — Require Medicare Enhanced Home Care Benefit
LTSS E — Comments: No entry

LTSS Strategy F — Update Value-Based Reimbursement in Nursing Facilities
LTSS F — Comments: No entry

Strategies focused on Waste, Including Fraud and Program Integrity
Waste Strategy A — Pursue Fraud, Waste, or Abuse Prevention Enhancements
Waste A — Comments: No entry

Waste Strategy B — Reduce Low-Value Services in Minnesota
Waste B — Comments: No entry

Waste Strategy C — Align State and Federal Health Care Privacy Protections
Waste C — Comments: No entry

Strategies focused on Administrative Efficiencies and Simplification
Efficiencies Strategy A — Improve MnCHOICES and LTSS Processes
Efficiencies A — Comments: No entry

Strategies focused on Health Equity
Health Equity Strategy title A — Improve Dental Access in Public Health Care Programs
Health Equity A — Comments: No entry

Health Equity Strategy title B — Ensure Equitable Access to Aging and Disability Service Programs
Health Equity B — Comments: No entry

Health Equity Strategy title C — Redesign Targeted Case Management to Reduce Disparities in Access to Medical, Behavioral and Social Services or Supports
Health Equity C — Comments: No entry

Additional Input
No entry

Attachments

Sam Ocel
Title: Owner
Organization: APA Medical Equipment Co, Inc
Please identify the group you represent: Provider Organization
Please list the populations served by your organization, if applicable:
  • Communities of Color
• Ethnic and/or racial minorities
• LGBTQIA+
• Native American/American Indian people
• Older adults
• People with apparent and non-apparent disabilities
• Rural populations
• Urban populations
• Veterans

Cost Savings Strategies: Health Care

Health Care Strategy A — Implement Uniform Administration of Non-Emergency Medical Transportation (NEMT)

Health Care A – Comments: No entry

Health Care Strategy B — Modify Certain Medical Assistance Durable Medical Equipment Payment Rates to Match Medicare Rates

Health Care B – Comments: Capping rates at the bare bones Medicare rates, for all intents and purposes, discriminates against Medicaid clients. If you are on a Medicaid program, you are going to be forced to accept whatever quality of product those rates dictate that the supplier will provide. While a Medicare client also has the same product offer, they are much more likely to choose, and have the ability, to pay privately for the product offer they prefer. The unintended consequence of this policy will be to, effectively, create a two class systems for equipment and supplies. The “haves” will receive the products they choose while the “have-nots” will be forced to accept inferior products. Medicare success at reducing monetary cost is inversely proportional to quality of life cost to their members.

Health Care Strategy C — Expand Volume Purchasing for Durable Medical Equipment

Health Care C — Comments: Volume purchasing would create a one size fits all program that would not take the needs of individual members into account. This would be especially true for incontinence products. Though the directive makes it sound as if there would be choice, the reality would be very limited choice. DHS was sued during the previous implementation. I would expect, at least with the incontinence program, that a similar lawsuit would be filed again (which would be a wasted of taxpayers money).

Health Care Strategy D — Expand Use of the MN Encounter Alerting Service

Health Care D — Comments: No entry

Health Care Strategy E- Improve Compliance with Third Party Liability (TPL) Requirements

Health Care E — Comments: No entry

Health Care Strategy F — Require Managed Care Organization (MCO) Competitive Price Bidding

Health Care F — Comments: No entry

Health Care Strategy G — Create Uniform Pharmacy Benefit

Health Care G — Comments: No entry

Health Care Strategy H — Establish Prescription Drug Purchasing Council

Health Care H — Comments: No entry

Health Care Strategy I — Establish Prescription Drug Affordability Commission

Health Care I — Comments: No entry
Cost Savings Strategies: Long-Term Services and Supports (LTSS) for Persons with Disabilities and Older Adults

LTSS Strategy A — Discontinue Grant Programs
LTSS A — Comments: No entry

LTSS Strategy B — Update Absence Factor in Day Services
LTSS B — Comments: No entry

LTSS Strategy C — Change Disability Waiver Family Foster Care Rate Methodology
LTSS C — Comments: No entry

LTSS Strategy D — Curb Residential Costs in Disability Waivers
LTSS D — Comments: No entry

LTSS Strategy E — Require Medicare Enhanced Home Care Benefit
LTSS E — Comments: No entry

LTSS Strategy F — Update Value-Based Reimbursement in Nursing Facilities
LTSS F — Comments: No entry

Strategies focused on Waste, Including Fraud and Program Integrity

Waste Strategy A — Pursue Fraud, Waste, or Abuse Prevention Enhancements
Waste A — Comments: No entry

Waste Strategy B — Reduce Low-Value Services in Minnesota
Waste B — Comments: No entry

Waste Strategy C — Align State and Federal Health Care Privacy Protections
Waste C — Comments: No entry

Strategies focused on Administrative Efficiencies and Simplification

Efficiencies Strategy A — Improve MnCHOICES and LTSS Processes
Efficiencies A — Comments: No entry

Strategies focused on Health Equity

Health Equity Strategy title A — Improve Dental Access in Public Health Care Programs
Health Equity A — Comments: No entry

Health Equity Strategy title B — Ensure Equitable Access to Aging and Disability Service Programs
Health Equity B — Comments: No entry
Health Equity Strategy C — Redesign Targeted Case Management to Reduce Disparities in Access to Medical, Behavioral and Social Services or Supports

Health Equity C — Comments: No entry

Additional Input

I think that there could be room for cost savings in the Cost Savings Strategies: Health Care area (b). But I think these adjustments would need to be done on an individual procedural code basis (starting with the products that produce the largest outlays to the program). Of course no supplier wants to receive less for their services or products. But if DHS and suppliers could work together, I think we could come up with some mutually agreed upon some cost savings. I'd like to think we could join together to enhance what matters most to both of us, outcomes to the Medicaid members, while providing relief to tax payers and a fair business environment for suppliers.

Attachments

Sam Smith

Title: Public Policy Coordinator
Organization: NAMI Minnesota
Please identify the group you represent: Consumer Organization
Please list the populations served by your organization, if applicable:
  • People with apparent and non-apparent disabilities

Cost Savings Strategies: Health Care

Health Care Strategy A — Implement Uniform Administration of Non-Emergency Medical Transportation (NEMT)

Health Care A – Comments: Non-Emergency Medical Transportation (NEMT) is an important service for people with mental illnesses. However, a patchwork of NEMT providers across the state has led to significant issues with program integrity, including billing challenges and disqualified drivers moving to another NEMT agency. Developing a single administrative structure will reduce program costs and ensure that all drivers bill appropriately and follow the rules. NAMI Minnesota supports the Blue Ribbon Commission NEMT proposal and urges the commission to follow the recommendations of the NEMT advisory committee from several years ago. This has been a very contested issue so making sure that any language is reviewed by former members of the advisory committee will be critical to its passage.

Health Care Strategy B — Modify Certain Medical Assistance Durable Medical Equipment Payment Rates to Match Medicare Rates

Health Care B – Comments: No entry

Health Care Strategy C — Expand Volume Purchasing for Durable Medical Equipment

Health Care C — Comments: No entry

Health Care Strategy D — Expand Use of the MN Encounter Alerting Service

Health Care D — Comments: Health care costs are increasing in Minnesota and across the country because health care is expensive and the care people receive is rarely coordinated. These challenges are more acute for communities of color, people with mental illnesses, and people experiencing homelessness. Expanding participation in the MN EAS will reduce costs and improve outcomes for some of the highest risk patients in our state. When someone receives treatment in the emergency department for a mental health crisis, there were likely many missed opportunities to avert
the crisis. People with serious mental illnesses – many of whom have chronic health conditions – will have better health outcomes at a lower cost with improved care coordination. NAMI Minnesota supports this effort to increase access to the MN EAS system in the mental health system and hopes that the Blue Ribbon Commission focuses on efforts to divert people with complex medical needs from expensive and intensive treatment in a hospital.

**Health Care Strategy E - Improve Compliance with Third Party Liability (TPL) Requirements**

Health Care E — Comments: No entry

**Health Care Strategy F — Require Managed Care Organization (MCO) Competitive Price Bidding**

Health Care F — Comments: Managed Care Organization (MCO) contracts have already significantly reduced health care costs to the state, but often at the expense of providers. NAMI Minnesota has seen that competitive bidding led to low bids which were paid for by low reimbursement rates to mental health providers and a void in terms of trying out new ideas to reduce costs. It is thus very important to ensure that the reimbursement rates are sufficient to sustain community based mental health programs. Mental Health rates under managed care contracts are extremely low, often below fee-for-services rates and do not cover the cost of providing the treatment or service. If the Blue-Ribbon commission is committed to finding additional savings through competitive bidding, it is imperative that there are higher standards and a rate floor for mental health treatment that is not below the fee-for-service rate.

**Health Care Strategy G — Create Uniform Pharmacy Benefit**

Health Care G — Comments: NAMI Minnesota supports efforts to carve-out the outpatient pharmacy benefit for Medical Assistance and allow the state to manage this program. However, if Minnesota moves in this direction it will be very important to significantly improve the ability of the public to make comments to the preferred drug lists. For many smaller community organizations, the reporting requirements necessary to make a public comment are too demanding. Changes in this area will be necessary to ensure that the community has a seat at the table when key decisions are being made on the uniform preferred drug list. In addition, it is important that the benefit reflect the fee-for-service formulary to ensure access to needed medications and to ensure continuity of care.

**Health Care Strategy H — Establish Prescription Drug Purchasing Council**

Health Care H — Comments: No entry

**Health Care Strategy I — Establish Prescription Drug Affordability Commission**

Health Care I — Comments: No entry

**Cost Savings Strategies: Long-Term Services and Supports (LTSS) for Persons with Disabilities and Older Adults**

**LTSS Strategy A — Discontinue Grant Programs**

LTSS A — Comments: No entry

**LTSS Strategy B — Update Absence Factor in Day Services**

LTSS B — Comments: No entry

**LTSS Strategy C — Change Disability Waiver Family Foster Care Rate Methodology**

LTSS C — Comments: No entry

**LTSS Strategy D — Curb Residential Costs in Disability Waivers**

LTSS D — Comments: NAMI Minnesota is strongly opposed to a “reduction in statewide capacity” when people with mental illnesses are homeless or discharged to the streets. People with mental illnesses who are on a CADI waiver have complex needs and often have co-occurring medical conditions. They should have choices as to where they live,
including a preference to live in their own apartment in a building that is exclusively comprised of other people with mental illnesses. Having your own apartment, versus sharing common areas with other people in a four bed group home, should be a valid choice. Small group settings often cannot hire staff like a nurse or a mental health professional, leaving people with mental illnesses without adequate and appropriate staffing to support them. Seeking additional costs cuts in this area, particularly when the providers are reacting to new tiered standards, may create unexpected problems and may leave people without the options that will work best for them.

**LTSS Strategy E — Require Medicare Enhanced Home Care Benefit**

**LTSS E — Comments:** No entry

**LTSS Strategy F — Update Value-Based Reimbursement in Nursing Facilities**

**LTSS F — Comments:** No entry

**Strategies focused on Waste, Including Fraud and Program Integrity**

**Waste Strategy A — Pursue Fraud, Waste, or Abuse Prevention Enhancements**

**Waste A — Comments:** No entry

**Waste Strategy B — Reduce Low-Value Services in Minnesota**

**Waste B — Comments:** No entry

**Waste Strategy C — Align State and Federal Health Care Privacy Protections**

**Waste C — Comments:** NAMI Minnesota supports efforts to align Minnesota health care data privacy protections with federal standards. If these changes move forward, we will see a reduction in administrative costs, strong data privacy protections under HIPAA, streamlining the process of sharing health records to ensure that patients receive the best possible care, and improved care coordination.

**Strategies focused on Administrative Efficiencies and Simplification**

**Efficiencies Strategy A — Improve MnCHOICES and LTSS Processes**

**Efficiencies A — Comments:** No entry

**Strategies focused on Health Equity**

**Health Equity Strategy title A — Improve Dental Access in Public Health Care Programs**

**Health Equity A — Comments:** Minnesota has very uneven access to dental programs on public health programs, with unsustainably low rates for providers. With low access for public health enrollees – especially for children – it is much more likely that people seek dental treatment in more expensive settings like an emergency room. NAMI Minnesota supports this proposal from the Blue Ribbon Commission to ensure better access to dental benefits for public program enrollees, including the elderly and people with disabilities.

**Health Equity Strategy title B — Ensure Equitable Access to Aging and Disability Service Programs**

**Health Equity B — Comments:** NAMI Minnesota strongly supports efforts to reduce racial disparities in accessing Home and Community Based Services (HCBS). Addressing institutional bias in the assessment process is a good start, as well as efforts to engage communities of color in this process. It will also be very important to continue making investments in diversifying our health care workforce and focusing on culturally competent care.
Health Equity Strategy title C — Redesign Targeted Case Management to Reduce Disparities in Access to Medical, Behavioral and Social Services or Supports

**Health Equity C — Comments:** NAMI supports efforts to redesign targeted case management in order to better meet the needs of people who are at risk of falling through the cracks of our social safety net, many of whom are people with mental illnesses and substance use disorders. We appreciate the focus on a uniform rate methodology, as well as expanding access to case management services to help more people access the right supports at the right time. Having said that, a case management redesign has been discussed by various groups and task forces for years without meaningful changes. NAMI Minnesota hopes that this recommendation provides the necessary momentum for much needed reforms to targeted case management.

**Additional Input**

No entry

**Attachments**

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**Sean Denning**

**Title:** Clinical Director

**Organization:** Corner Home Medical

**Please identify the group you represent:** Provider Organization

**Please list the populations served by your organization, if applicable:**

- Communities of Color
- Ethnic and/or racial minorities
- LGBTQIA+
- Native American/American Indian people
- Older adults
- People with apparent and non-apparent disabilities
- Rural populations
- Urban populations
- Veterans

**Cost Savings Strategies: Health Care**

**Health Care Strategy A — Implement Uniform Administration of Non-Emergency Medical Transportation (NEMT)**

**Health Care A – Comments:** This is a needed service since there are many time citizens have issues getting to appointments and having the access to leave their homes. Only concern is the vetting process of the background of the drivers or the subcontracted agency.

**Health Care Strategy B — Modify Certain Medical Assistance Durable Medical Equipment Payment Rates to Match Medicare Rates**

**Health Care B – Comments:** There is a reason why people move to Minnesota for their healthcare. We have had patient move to Minnesota because of the better system that allows them to receive services and medical care in their homes. People want to be mobile and independent as much as they can. If the state does try to match Medicare Rates, there will be a number of very upset citizens. Their medical supplies that they would receive normally will be decreased, thus not able to have the independent lives they live today. The rental of a medical device include more than just the device. My main concern is that my Respiratory Therapist home visit times are included into the rental. The visits that patients receive from Registered Respiratory Therapist monthly will have to be moved to every 6 month or yearly. The number of
Respiratory Therapists are determined on the number of home visits that are needed. If this occurs, there would be a decrease in RTs working. Why would you take jobs away of Healthcare providers?

**Health Care Strategy C — Expand Volume Purchasing for Durable Medical Equipment**

**Health Care C — Comments:** Purchasing equipment in bulk does not solve the issue. Do you understand that the Physician, Dietician, Respiratory Therapist, Registered Nurse, Physical therapist actually orders the supplies or devices? People are unique in their own ways. which tells you that one diaper works for everyone, one enteral food works for everyone. You will have more costs, delayed discharges form the hospital systems. Delayed delivery and home set ups, which can cause a readmission in hospitalizations. Say you decide on bulk wheelchairs. There are a number of factors that determines the correct size of wheelchair. If this isn't done who is liable when a person harms themselves when they are not given the correct size wheelchair? there are many aspects of this business that nobody on your commission understands, yet we help keep people independent and living in their homes. This does not represent the Minnesota I know and grew up in. This is not Healthcare!

**Health Care Strategy D — Expand Use of the MN Encounter Alerting Service**

**Health Care D — Comments:** This could be a great resource, yet the medical record systems across Minnesota are different. How would this be accomplished without a HIPAA violation? There are many times that I am helping a person discharge from hospital A and the person was recently in Hospital B. That information from Hospital B would be of great value to help determine what is needed for that person when leaving to go home. I see this very helpful for people that are addicted to medications and they go to different ER's for their medications. Also would allow multiple providers transparency of their patients.

**Health Care Strategy E- Improve Compliance with Third Party Liability (TPL) Requirements**

**Health Care E — Comments:** No entry

**Health Care Strategy F — Require Managed Care Organization (MCO) Competitive Price Bidding**

**Health Care F — Comments:** This could be a slippery path if all you are looking for is to decrease cost. There are many people I see that say they have a great low cost health plan, yet their out of pocket cost is $10,000 before they hit their deductible. This has a major affect of what people decide what is important to them. Medication or food or rent. Again this has to be carefully Vetted to function successfully. Otherwise you are just passing the cost to the hospitals and the Emergency Rooms.

**Health Care Strategy G — Create Uniform Pharmacy Benefit**

**Health Care G — Comments:** This is a great idea if the Pharmaceutical companies stay out of this development. There are a number of positive sides to this type of program, I see many patients that the Physician will give them a medication sample and when I visit them in their home they will not have the medication filled because of the cost.

**Health Care Strategy H — Establish Prescription Drug Purchasing Council**

**Health Care H — Comments:** This again could be a big benefit to the people of Minnesota. You would have better medication compliance from the patients. Which decreases hospitalizations and ER visits.

**Health Care Strategy I — Establish Prescription Drug Affordability Commission**

**Health Care I — Comments:** Again Great Idea and this can work. You need Physician input also.

**Cost Savings Strategies: Long-Term Services and Supports (LTSS) for Persons with Disabilities and Older Adults**

**LTSS Strategy A — Discontinue Grant Programs**

**LTSS A — Comments:** No entry
LTSS Strategy B — Update Absence Factor in Day Services
LTSS B — Comments: This could be a positive program if vetted correctly.

LTSS Strategy C — Change Disability Waiver Family Foster Care Rate Methodology
LTSS C — Comments: No entry

LTSS Strategy D — Curb Residential Costs in Disability Waivers
LTSS D — Comments: No entry

LTSS Strategy E — Require Medicare Enhanced Home Care Benefit
LTSS E — Comments: Awesome program. People want to stay in their homes. There are a number of different programs that can help facilitate this and decrease the moving, depression and anxiety of people. Telehealth if done correctly does tremendous things in healthcare. We have ran a Telehealth program for the last 4 years and have excellent results keeping people in the home instead of going to nursing homes and the hospital.

LTSS Strategy F — Update Value-Based Reimbursement in Nursing Facilities
LTSS F — Comments: this would only increase the care our elderly or frail patient receive. Value not quantity.

Strategies focused on Waste, Including Fraud and Program Integrity

Waste Strategy A — Pursue Fraud, Waste, or Abuse Prevention Enhancements
Waste A — Comments: Awesome idea to watch this. If we can decrease the waste and fraud that's savings that can be used for another person

Waste Strategy B — Reduce Low-Value Services in Minnesota
Waste B — Comments: Value Based Services

Waste Strategy C — Align State and Federal Health Care Privacy Protections
Waste C — Comments: No entry

Strategies focused on Administrative Efficiencies and Simplification

Efficiencies Strategy A — Improve MnCHOICES and LTSS Processes
Efficiencies A — Comments: No entry

Strategies focused on Health Equity

Health Equity Strategy title A — Improve Dental Access in Public Health Care Programs
Health Equity A — Comments: No entry

Health Equity Strategy title B — Ensure Equitable Access to Aging and Disability Service Programs
Health Equity B — Comments: No entry

Health Equity Strategy title C — Redesign Targeted Case Management to Reduce Disparities in Access to Medical, Behavioral and Social Services or Supports
Health Equity C — Comments: need to streamline the process and make it easier for families.
Additional Input
Telehealth in the home makes sense and works. Registered Respiratory Therapist managing COPD.

Attachments

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Shannah Mulvihill
Title: Executive Director
Organization: Mental Health Minnesota

Please identify the group you represent: Community Organization

Please list the populations served by your organization, if applicable:
- People with apparent and non-apparent disabilities
- Rural populations
- Urban populations

Cost Savings Strategies: Health Care

Health Care Strategy A — Implement Uniform Administration of Non-Emergency Medical Transportation (NEMT)

Health Care A – Comments: We are supportive of a single administrative structure for NEMT, as we believe that it will reduce costs of this important service over time. The NEMT advisory committee already recommended that the state utilize a Web-based single administrative structure assessment tool that meets the technical requirements established by the commissioner, reconciles trip information with claims being submitted by providers, and ensures prompt payment for nonemergency medical transportation services. They also recommended that the commissioner of human services, in coordination with the commissioner of transportation, implement a single administrative structure and delivery system for NEMT, beginning the latter of the date the single administrative assessment tool required in this subdivision is available for use, as determined by the commissioner or by July 1, 2016.

Health Care Strategy B — Modify Certain Medical Assistance Durable Medical Equipment Payment Rates to Match Medicare Rates

Health Care B – Comments: No entry

Health Care Strategy C — Expand Volume Purchasing for Durable Medical Equipment

Health Care C — Comments: No entry

Health Care Strategy D — Expand Use of the MN Encounter Alerting Service

Health Care D — Comments: We are supportive of expanded use of this service to improve care coordination, especially the inclusion of community mental health providers in this service.

Health Care Strategy E — Improve Compliance with Third Party Liability (TPL) Requirements

Health Care E — Comments: No entry

Health Care Strategy F — Require Managed Care Organization (MCO) Competitive Price Bidding

Health Care F — Comments: We understand that this strategy saves money, but want to emphasize the importance of ensuring that provider rates do not decrease as a result of price bidding and that the state look at establishing a “floor” for rates in MCOs, such as not lower than the fee for service rates.
Health Care Strategy G — Create Uniform Pharmacy Benefit

**Health Care G — Comments:** We support this strategy, but there is a need for significant improvement to the ability to provide input related to the preferred drug list, as well as transparency of the list and process. We want it to be as expansive as the Medicaid fee for service formulary.

Health Care Strategy H — Establish Prescription Drug Purchasing Council

**Health Care H — Comments:** We support creation of this council with emphasis on the need for input from providers and consumers, as well as transparency of the council (meetings/discussions/decisions).

Health Care Strategy I — Establish Prescription Drug Affordability Commission

**Health Care I — Comments:** We support creation of this commission with emphasis on the need for input from providers and consumers, as well as transparency of the commission (meetings/discussions/decisions).

Cost Savings Strategies: Long-Term Services and Supports (LTSS) for Persons with Disabilities and Older Adults

**LTSS Strategy A — Discontinue Grant Programs**

**LTSS A — Comments:** No entry

**LTSS Strategy B — Update Absence Factor in Day Services**

**LTSS B — Comments:** No entry

**LTSS Strategy C — Change Disability Waiver Family Foster Care Rate Methodology**

**LTSS C — Comments:** No entry

**LTSS Strategy D — Curb Residential Costs in Disability Waivers**

**LTSS D — Comments:** We are supportive of ensuring choice in where a person lives, and are interested in the development of a new initiative to help people move and ensure their success in their new home. However, we also believe that it is essential that the customized living/residential services that support people’s mental health and well-being continue to have the support they need to serve those who prefer to live in those settings. We are, however, opposed to the suggestion that this strategy would include a reduction of statewide capacity after people move. At a time when more and more people are experiencing homelessness and any live with serious mental illness or other chronic health conditions, it would be a mistake to reduce HCBS residential capacity.

**LTSS Strategy E — Require Medicare Enhanced Home Care Benefit**

**LTSS E — Comments:** No entry

**LTSS Strategy F — Update Value-Based Reimbursement in Nursing Facilities**

**LTSS F — Comments:** No entry

Strategies focused on Waste, Including Fraud and Program Integrity

**Waste Strategy A — Pursue Fraud, Waste, or Abuse Prevention Enhancements**

**Waste A — Comments:** No entry

**Waste Strategy B — Reduce Low- Value Services in Minnesota**

**Waste B — Comments:** No entry
Waste Strategy C — Align State and Federal Health Care Privacy Protections

Waste C — Comments: We are supportive of aligning the Minnesota Health Records Act with federal HIPAA patient privacy protections.

Strategies focused on Administrative Efficiencies and Simplification

Efficiencies Strategy A — Improve MnCHOICES and LTSS Processes

Efficiencies A — Comments: No entry

Strategies focused on Health Equity

Health Equity Strategy title A — Improve Dental Access in Public Health Care Programs

Health Equity A — Comments: We support this strategy, recognizing the difficulties many people have accessing this important piece of health care.

Health Equity Strategy title B — Ensure Equitable Access to Aging and Disability Service Programs

Health Equity B — Comments: We are supportive of efforts to ensure equitable access to all physical health/mental health care and services, including aging/disability service programs.

Health Equity Strategy title C — Redesign Targeted Case Management to Reduce Disparities in Access to Medical, Behavioral and Social Services or Supports

Health Equity C — Comments: We are supportive of a targeted case management service that meets the needs of people who otherwise are likely to fall through the cracks of the current system, as well as reduces disparities in access. However, the redesign of case management has been under discussion by various groups/task forces for a number of years with no substantive changes made to expand the service to more people or address disparities in access. It is our hope that this recommendation moves forward and produces real and lasting improvements to targeted case management.

Additional Input

No entry

Attachments

Steve Howard

Title: Executive Director

Organization: WACOSA

Please identify the group you represent: Provider Organization

Please list the populations served by your organization, if applicable:

- Communities of Color
- Ethnic and/or racial minorities
- Older adults
- People with apparent and non-apparent disabilities
- Rural populations
Cost Savings Strategies: Health Care

Health Care Strategy A — Implement Uniform Administration of Non-Emergency Medical Transportation (NEMT)
Health Care A – Comments: No entry

Health Care Strategy B — Modify Certain Medical Assistance Durable Medical Equipment Payment Rates to Match Medicare Rates
Health Care B – Comments: No entry

Health Care Strategy C — Expand Volume Purchasing for Durable Medical Equipment
Health Care C — Comments: No entry

Health Care Strategy D — Expand Use of the MN Encounter Alerting Service
Health Care D – Comments: No entry

Health Care Strategy E — Improve Compliance with Third Party Liability (TPL) Requirements
Health Care E – Comments: No entry

Health Care Strategy F — Require Managed Care Organization (MCO) Competitive Price Bidding
Health Care F — Comments: As a CARF surveyor, I have met with organizations taken over by managed care. This is a money saving strategy only. There is overwhelming agreement in the disability provider community nationwide from the individuals who administer these programs that managed care orgs do not understand the business of serving folks with disabilities. Again, this is done to save money but not to improve services. It is unclear to most of us in the disabilities services community how reason managed care organizations have the abilities to oversee our services.

Health Care Strategy G — Create Uniform Pharmacy Benefit
Health Care G — Comments: No entry

Health Care Strategy H — Establish Prescription Drug Purchasing Council
Health Care H — Comments: No entry

Health Care Strategy I — Establish Prescription Drug Affordability Commission
Health Care I — Comments: No entry

Cost Savings Strategies: Long-Term Services and Supports (LTSS) for Persons with Disabilities and Older Adults

LTSS Strategy A — Discontinue Grant Programs
LTSS A — Comments: No entry

LTSS Strategy B — Update Absence Factor in Day Services
LTSS B — Comments: As a disability services providers, we have already endured financial cuts time and again. This proposal will hurt services to people with disabilities, made worse by the recent impact of the COVID pandemic. Cutting rates by 5% will take our already depleting resources to new lows, providing safety concerns for providers who are still in business to meet the needs of our clientele and their families. The data you reference is clearly based upon older, questionable data that nonprofit disability service provider organizations have insisted be updated. You have not done so, begging the question as to who is afraid to see additional studies done related to this information. In spite of the
choices being expressed by the vast majority of those we serve, it appears that such "cost saving" is meant to drive one more nail in the casket of center-based services. Cuts like this do not support us, they help to eliminate us, which is quite clear the road we are headed down.

**LTSS Strategy C — Change Disability Waiver Family Foster Care Rate Methodology**

**LTSS C — Comments:** No entry

**LTSS Strategy D — Curb Residential Costs in Disability Waivers**

**LTSS D — Comments:** No entry

**LTSS Strategy E — Require Medicare Enhanced Home Care Benefit**

**LTSS E — Comments:** No entry

**LTSS Strategy F — Update Value-Based Reimbursement in Nursing Facilities**

**LTSS F — Comments:** No entry

**Strategies focused on Waste, Including Fraud and Program Integrity**

**Waste Strategy A — Pursue Fraud, Waste, or Abuse Prevention Enhancements**

**Waste A — Comments:** No entry

**Waste Strategy B — Reduce Low-Value Services in Minnesota**

**Waste B — Comments:** No entry

**Waste Strategy C — Align State and Federal Health Care Privacy Protections**

**Waste C — Comments:** No entry

**Strategies focused on Administrative Efficiencies and Simplification**

**Efficiencies Strategy A — Improve MnCHOICES and LTSS Processes**

**Efficiencies A — Comments:** No entry

**Strategies focused on Health Equity**

**Health Equity Strategy title A — Improve Dental Access in Public Health Care Programs**

**Health Equity A — Comments:** No entry

**Health Equity Strategy title B — Ensure Equitable Access to Aging and Disability Service Programs**

**Health Equity B — Comments:** No entry

**Health Equity Strategy title C — Redesign Targeted Case Management to Reduce Disparities in Access to Medical, Behavioral and Social Services or Supports**

**Health Equity C — Comments:** No entry

**Additional Input**

No entry
Sue Schettle

Title: CEO
Organization: ARRM

Please identify the group you represent: Professional Association

Please list the populations served by your organization, if applicable:

- Providers of disability services

Cost Savings Strategies: Health Care

Health Care Strategy A — Implement Uniform Administration of Non-Emergency Medical Transportation (NEMT)
Health Care A — Comments: No entry

Health Care Strategy B — Modify Certain Medical Assistance Durable Medical Equipment Payment Rates to Match Medicare Rates
Health Care B — Comments: No entry

Health Care Strategy C — Expand Volume Purchasing for Durable Medical Equipment
Health Care C — Comments: No entry

Health Care Strategy D — Expand Use of the MN Encounter Alerting Service
Health Care D — Comments: No entry

Health Care Strategy E — Improve Compliance with Third Party Liability (TPL) Requirements
Health Care E — Comments: No entry

Health Care Strategy F — Require Managed Care Organization (MCO) Competitive Price Bidding
Health Care F — Comments: No entry

Health Care Strategy G — Create Uniform Pharmacy Benefit
Health Care G — Comments: No entry

Health Care Strategy H — Establish Prescription Drug Purchasing Council
Health Care H — Comments: No entry

Health Care Strategy I — Establish Prescription Drug Affordability Commission
Health Care I — Comments: No entry
Cost Savings Strategies: Long-Term Services and Supports (LTSS) for Persons with Disabilities and Older Adults

LTSS Strategy A — Discontinue Grant Programs
LTSS A — Comments: ARRM does not have any opposition to discontinuing the grant programs as described.

LTSS Strategy B — Update Absence Factor in Day Services
LTSS B — Comments: ARRM is not supportive of making any significant changes to the absence factor in day services until further analysis is conducted in conjunction with day service providers. There are significant discrepancies noted in correspondence submitted in February by MOHR, MSS and Rise that needs to be investigated before this strategy should move forward.

LTSS Strategy C — Change Disability Waiver Family Foster Care Rate Methodology
LTSS C — Comments: ARRM recognizes that family foster care providers are important in the State of Minnesota to support people with disabilities and we do not want the state to create barriers for individuals who may choose this as an option. We are concerned about the stability of family foster care providers with the rate increases expected in 2020 to be over 20% yet the following years, given this strategy, that rate would be reduced significantly.

LTSS Strategy D — Curb Residential Costs in Disability Waivers
LTSS D — Comments: * We oppose aligning corporate residential billing with framework rates. It clearly puts providers at financial risk for people who stay under 351 days in their residence. * Cost reporting is now required to evaluate the framework component values. Before changes are made we should see what the data shows us. * The 3.9% absence factor has 2 components: absence factor accounting for leave days and the utilization factor accounting for program vacancy. ARRM providers are experiencing more and longer vacancies due to staffing challenges. This may demonstrate the factor is too low or it may lead to further conversation about reducing capacity. * If there is a billable day cap then the leave day exception criteria should be decreased to the days a provider is unable to bill for so a provider doesn’t take a financial risk. * Capping the # of “appropriate” units in the calculation of customized living rates for CADI and BI runs counter to person-centeredness and choice.

LTSS Strategy E — Require Medicare Enhanced Home Care Benefit
LTSS E — Comments: No entry

LTSS Strategy F — Update Value-Based Reimbursement in Nursing Facilities
LTSS F — Comments: No entry

Strategies focused on Waste, Including Fraud and Program Integrity

Waste Strategy A — Pursue Fraud, Waste, or Abuse Prevention Enhancements
Waste A — Comments: No entry

Waste Strategy B — Reduce Low- Value Services in Minnesota
Waste B — Comments: No entry

Waste Strategy C — Align State and Federal Health Care Privacy Protections
Waste C — Comments: No entry
Strategies focused on Administrative Efficiencies and Simplification

Efficiencies Strategy A — Improve MnCHOICES and LTSS Processes
Efficiencies A — Comments: No entry

Strategies focused on Health Equity

Health Equity Strategy title A — Improve Dental Access in Public Health Care Programs
Health Equity A — Comments: No entry

Health Equity Strategy title B — Ensure Equitable Access to Aging and Disability Service Programs
Health Equity B — Comments: No entry

Health Equity Strategy title C — Redesign Targeted Case Management to Reduce Disparities in Access to Medical, Behavioral and Social Services or Supports
Health Equity C — Comments: No entry

Additional Input

No entry

Attachments

ref:0000000184:Q27

Thomas Weaver

Title: CEO
Organization: Achieve Services
Please identify the group you represent: Provider Organization
Please list the populations served by your organization, if applicable:

- Older adults
- People with apparent and non-apparent disabilities

Cost Savings Strategies: Health Care

Health Care Strategy A — Implement Uniform Administration of Non-Emergency Medical Transportation (NEMT)
Health Care A – Comments: No entry

Health Care Strategy B — Modify Certain Medical Assistance Durable Medical Equipment Payment Rates to Match Medicare Rates
Health Care B – Comments: No entry

Health Care Strategy C — Expand Volume Purchasing for Durable Medical Equipment
Health Care C — Comments: No entry
Health Care Strategy D — Expand Use of the MN Encounter Alerting Service
Health Care D — Comments: No entry

Health Care Strategy E — Improve Compliance with Third Party Liability (TPL) Requirements
Health Care E — Comments: No entry

Health Care Strategy F — Require Managed Care Organization (MCO) Competitive Price Bidding
Health Care F — Comments: No entry

Health Care Strategy G — Create Uniform Pharmacy Benefit
Health Care G — Comments: No entry

Health Care Strategy H — Establish Prescription Drug Purchasing Council
Health Care H — Comments: No entry

Health Care Strategy I — Establish Prescription Drug Affordability Commission
Health Care I — Comments: No entry

Cost Savings Strategies: Long-Term Services and Supports (LTSS) for Persons with Disabilities and Older Adults

LTSS Strategy A — Discontinue Grant Programs
LTSS A — Comments: No entry

LTSS Strategy B — Update Absence Factor in Day Services
LTSS B — Comments: On behalf of the people we serve, Achieve strongly objects to this strategy. During normal times, our participants are frequently absent due to illness, hospitalizations, medical appts, vacations, etc. Occasionally, participants are gone for extended periods of time due to behavioral and/or medical issues. In addition, the proposal totally disregards Minnesota's climate and weather-related closures. At Achieve, our utilization factor for the past several years has consistently been between 10% and 12%. And these are not normal times. COVID forced us to close our doors completely for nearly three months, and we're currently only able to serve about 10% of our normal caseload. Reducing the utilization to the unrealistic 4.5% would result in a rate reduction of about 5%, at a time when programs like ours are struggling to survive, particularly with the uncertain future of the COVID crisis. Accordingly, we are requesting that this strategy be deleted from the Commission's report.

LTSS Strategy C — Change Disability Waiver Family Foster Care Rate Methodology
LTSS C — Comments: No entry

LTSS Strategy D — Curb Residential Costs in Disability Waivers
LTSS D — Comments: No entry

LTSS Strategy E — Require Medicare Enhanced Home Care Benefit
LTSS E — Comments: No entry

LTSS Strategy F — Update Value-Based Reimbursement in Nursing Facilities
LTSS F — Comments: No entry
Strategies focused on Waste, Including Fraud and Program Integrity

**Waste Strategy A — Pursue Fraud, Waste, or Abuse Prevention Enhancements**

*Waste A — Comments:* No entry

**Waste Strategy B — Reduce Low-Value Services in Minnesota**

*Waste B — Comments:* No entry

**Waste Strategy C — Align State and Federal Health Care Privacy Protections**

*Waste C — Comments:* No entry

Strategies focused on Administrative Efficiencies and Simplification

**Efficiencies Strategy A — Improve MnCHOICES and LTSS Processes**

*Efficiencies A — Comments:* No entry

Strategies focused on Health Equity

**Health Equity Strategy title A — Improve Dental Access in Public Health Care Programs**

*Health Equity A — Comments:* No entry

**Health Equity Strategy title B — Ensure Equitable Access to Aging and Disability Service Programs**

*Health Equity B — Comments:* No entry

**Health Equity Strategy title C — Redesign Targeted Case Management to Reduce Disparities in Access to Medical, Behavioral and Social Services or Supports**

*Health Equity C — Comments:* No entry

Additional Input

No entry

Attachments

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**Tina Rucci**

**Title:** This is Medicaid - Coalition Coordinator

**Organization:** Amherst H. Wilder Foundation

**Please identify the group you represent:** Community Organization

**Please list the populations served by your organization, if applicable:**

- Communities of Color
- Ethnic and/or racial minorities
- LGBTQIA+
- Native American/American Indian people
- Older adults
- People with apparent and non-apparent disabilities
- Rural populations
Cost Savings Strategies: Health Care

Health Care Strategy A — Implement Uniform Administration of Non-Emergency Medical Transportation (NEMT)

Health Care A – Comments: This is Medicaid coalition neither opposes or supports this strategy. Half of the coalition stated they would need more information in order to decide where they stand on this strategy.

Health Care Strategy B — Modify Certain Medical Assistance Durable Medical Equipment Payment Rates to Match Medicare Rates

Health Care B – Comments: This is Medicaid coalition opposes this strategy.

Health Care Strategy C — Expand Volume Purchasing for Durable Medical Equipment

Health Care C – Comments: This is Medicaid coalition opposes this strategy. Comments: "Could support if it reduces costs without reducing access."

Health Care Strategy D — Expand Use of the MN Encounter Alerting Service

Health Care D – Comments: This is Medicaid supports this strategy. Comments: "Supportive, but it should include community partners (within allowance of HIPAA) to promote care coordination."

Health Care Strategy E – Improve Compliance with Third Party Liability (TPL) Requirements

Health Care E – Comments: This is Medicaid coalition is neutral on this strategy.

Health Care Strategy F — Require Managed Care Organization (MCO) Competitive Price Bidding

Health Care F – Comments: This is Medicaid coalition is neutral on this strategy. Comments: "The impact for people who access MA through MCOs is unclear." "Should be a no-brainer but need to ensure it doesn't lead to worse care (by dis-incentivizing transformative work). If not managed well, frequent changes MCOs can create a whiplash effect for clients and negatively affect continuity of care." "Concern about secondary effects of decreasing access to certain services. This should be avoided if this strategy is implemented."

Health Care Strategy G — Create Uniform Pharmacy Benefit

Health Care G – Comments: This is Medicaid coalition is neutral on this strategy, and members stated they needed more information in order to decide where they stand. Comments: "Could support if there is the ability to get drugs not on the formulary if determined to be medically necessary by a doctor." "DHS’ track record with its preferred drug list has caused concern for several patient organizations. If they use this tool to make certain specialty medications arbitrarily hard to get, that will hurt patients."

Health Care Strategy H — Establish Prescription Drug Purchasing Council

Health Care H – Comments: This is Medicaid coalition is mostly neutral on this strategy, while 30% are supportive. Comments: "We don't formally have positions on Rx cost-savings proposals like this, but it's still important to acknowledge the importance of exploring innovative paths forward in this arena."

Health Care Strategy I — Establish Prescription Drug Affordability Commission

Health Care I – Comments: This is Medicaid coalition is mostly neutral on this strategy, while 30% are supportive. Comments: "We don't formally have positions on Rx cost-savings proposals like this, but it's still important to acknowledge the importance of exploring innovative paths forward in this arena."
Cost Savings Strategies: Long-Term Services and Supports (LTSS) for Persons with Disabilities and Older Adults

LTSS Strategy A — Discontinue Grant Programs
LTSS A — Comments: This is Medicaid coalition is neutral on this strategy.

LTSS Strategy B — Update Absence Factor in Day Services
LTSS B — Comments: This is Medicaid coalition is neutral on this strategy. Comments: "Concerned this would lead to cuts for providers and clients that are already disproportionately impacted by COVID19. Recommend an analysis on what impact this would have on the financial viability of these organizations, which often provide ethnic services." "This could be very challenging for day providers, especially right now during COVID when they have not been able to bill for most services."

LTSS Strategy C — Change Disability Waiver Family Foster Care Rate Methodology
LTSS C — Comments: This is Medicaid coalition is largely neutral on this strategy, with 25% of members supportive. Comments: "Support increased life sharing, but have some concerns about the changed rate."

LTSS Strategy D — Curb Residential Costs in Disability Waivers
LTSS D — Comments: This is Medicaid coalition is mostly supportive of this strategy. Comments: "Lutheran Social Services supports strategies one and two, but opposes three." "Hard to assess impact. Need to examine with equity lens. If access to these units is reduced, homelessness may be a consequence."

LTSS Strategy E — Require Medicare Enhanced Home Care Benefit
LTSS E — Comments: This is Medicaid coalition is largely neutral on this strategy, with 30% of the coalition supportive.

LTSS Strategy F — Update Value-Based Reimbursement in Nursing Facilities
LTSS F — Comments: This is Medicaid coalition is 100% neutral on this strategy.

Strategies focused on Waste, Including Fraud and Program Integrity

Waste Strategy A — Pursue Fraud, Waste, or Abuse Prevention Enhancements
Waste A — Comments: This is Medicaid coalition is largely neutral on this strategy. Comments: "Nobody supports fraud, waste, and abuse -- at the same time, the limited amount of savings touted by the Commission should tell us that this line of argument should be used with care when evaluating state programs." "This should focus on process changes, not simply hiring more investigators. Should also include funding for cultural competence training."

Waste Strategy B — Reduce Low-Value Services in Minnesota
Waste B — Comments: This is Medicaid coalition is split on this strategy. 33% need more information, 33% are neutral, 16% support, and 16% oppose. Comments: "It is unclear what these services are. It would be good to do an equity analysis on this." "DHS should base which services are 'valuable' or not based on consumer experiences. That information could be gathered by DHS with claims information, or DHS could require plans to survey participants."

Waste Strategy C — Align State and Federal Health Care Privacy Protections
Waste C — Comments: This is Medicaid coalition is supportive of this strategy.
Strategies focused on Administrative Efficiencies and Simplification

Efficiencies Strategy A — Improve MnCHOICES and LTSS Processes

Efficiencies A — Comments: This is Medicaid coalition is supportive of this strategy.

Strategies focused on Health Equity

Health Equity Strategy title A — Improve Dental Access in Public Health Care Programs

Health Equity A — Comments: This is Medicaid coalition is supportive of this strategy.

Health Equity Strategy title B — Ensure Equitable Access to Aging and Disability Service Programs

Health Equity B — Comments: This is Medicaid coalition is supportive of this strategy. Comments: "Supportive, but it is important to recognize that there are additional underserved populations beyond those defined by race and ethnicity -- as the report itself acknowledges on p.13. This goal should reflect that equitable-access concerns are shared by many different populations, in addition to those named."

Health Equity Strategy title C — Redesign Targeted Case Management to Reduce Disparities in Access to Medical, Behavioral and Social Services or Supports

Health Equity C — Comments: This is Medicaid coalition is neutral on this strategy, with 30% of members supportive.

Additional Input

This is Medicaid is a coalition of organizations that partner to protect Medicaid from harmful changes and funding cuts. The nonpartisan organizations advocate for, or directly serve, people who access healthcare and supports through Medicaid. Coalition members were surveyed on the 22 proposed strategies by the Coalition Coordinator, and the members’ responses have been entered in the survey provided by the Blue Ribbon Commission. This is Medicaid coalition stands ready to continue collaboration with and provide support to the Blue Ribbon Commission in whatever capacity may be needed. If there are any questions regarding this submission, please reach out to Tina Rucci, Coalition Coordinator at tina.rucci@wilder.org.

Attachments

Todd Bergstrom on Behalf of the Long-Term Care Imperative

Title: Director of Research and Data Analysis
Organization: Care Providers of Minnesota
Please identify the group you represent: Professional Association
Please list the populations served by your organization, if applicable:

- Communities of Color
- Ethnic and/or racial minorities
- LGBTQIA+
- Native American/American Indian people
- Older adults
- People with apparent and non-apparent disabilities
- Rural populations
- Urban populations
- Veterans
- All of these populations are served by member organizations (and employed by member organizations).
Cost Savings Strategies: Health Care

Health Care Strategy A — Implement Uniform Administration of Non-Emergency Medical Transportation (NEMT)

Health Care A — Comments: No entry

Health Care Strategy B — Modify Certain Medical Assistance Durable Medical Equipment Payment Rates to Match Medicare Rates

Health Care B — Comments: No entry

Health Care Strategy C — Expand Volume Purchasing for Durable Medical Equipment

Health Care C — Comments: No entry

Health Care Strategy D — Expand Use of the MN Encounter Alerting Service

Health Care D — Comments: We strongly support the expansion of the DHS Encounter Alerting Service. The expansion of the MN Encounter Alerting Service will allow consumers, providers, and the state agencies to: o Better coordinate care o Inform case managers of consumer status and accessing of health care o Align with federal mandates and rules o Allow the state and providers to engage in reforming the payment arrangements made on behalf of Medicaid beneficiaries. o Create cost savings as well as improve health care outcomes.

Health Care Strategy E - Improve Compliance with Third Party Liability (TPL) Requirements

Health Care E — Comments: No entry

Health Care Strategy F — Require Managed Care Organization (MCO) Competitive Price Bidding

Health Care F — Comments: No entry

Health Care Strategy G — Create Uniform Pharmacy Benefit

Health Care G — Comments: No entry

Health Care Strategy H — Establish Prescription Drug Purchasing Council

Health Care H — Comments: No entry

Health Care Strategy I — Establish Prescription Drug Affordability Commission

Health Care I — Comments: No entry

Cost Savings Strategies: Long-Term Services and Supports (LTSS) for Persons with Disabilities and Older Adults

LTSS Strategy A — Discontinue Grant Programs

LTSS A — Comments: No entry

LTSS Strategy B — Update Absence Factor in Day Services

LTSS B — Comments: We strongly oppose this strategy. • This would result in rate cuts to day services providers at a very bad time- after they were closed for over three months due to the emergency and many were forced out of business • Day services have always been in marginal financial condition so any cut will impact the ability to maintain staff and continue services • When this proposal was heard on February 21, 2020 several commissioners raised concerns about the impact on providers, and that was before the state ordered shutdown due to Covid-19 • If DHS feels strongly that the absence factor is set at an inappropriately high level, then we recommend that they reconfigure the rates using
the lower factor but retaining the funds in the rate system so that providers have access to that funding as they attempt to recover from the Covid-19 pandemic impact.

**LTSS Strategy C — Change Disability Waiver Family Foster Care Rate Methodology**

**LTSS C — Comments:** No entry

**LTSS Strategy D — Curb Residential Costs in Disability Waivers**

**LTSS D — Comments:** We strongly oppose this strategy. • This idea was never fully vetted by the commission. While a concern regarding the increased growth of providers and costs for CADI and BU customized living was offered to the commission on February 21, 2020, the analysis of the problem and the solution were not. • CADI and BI Customized Living is an area of policy with many and very complex deliberations occurring of the last five years. These deliberations include: o Size and setting of provider o Developing tiered standards of payment based on size, setting, and age of Medicaid beneficiary. • Limiting these services will make access for persons with the following characteristics much more difficult: o Homeless o Mental health needs o HIV/AIDS o Chemical Dependency

**LTSS Strategy E — Require Medicare Enhanced Home Care Benefit**

**LTSS E — Comments:** We strongly support this strategy. 60,000 Minnesotans turn 65 every year. The strategy offers an avenue for a set of services to be provided and, over the next 30 years create savings to the state’s Medicaid budget. • Requires Medigap plans to include new benefits, including Adult Day. • A key step to Minnesota’s Own Your Future Initiative.

**LTSS Strategy F — Update Value-Based Reimbursement in Nursing Facilities**

**LTSS F — Comments:** We are concerned about these proposals but we understand that all providers will need to make sacrifices and these proposals are designed to have limited impact: • While it is true that Suspend the Critical Access Nursing Facility Program (CANF) funding does not fit into VBR, the COVID-19 epidemic has reduced occupancy of nursing facilities throughout the state. Reduced occupancy and fixed costs will make already fragile operations more precarious. The need for a special access program is quite possible. • With the COVID-19 epidemic physical plan and property costs have increased at the same time that occupancy has declined. While the Suspend the Alternative Payment System automatic property inflation adjustment is a minor reduction, nursing facilities require continued investment. The pandemic has caused us to rethink our physical layouts and the need to create avenues for investment and transformation.

**Strategies focused on Waste, Including Fraud and Program Integrity**

**Waste Strategy A — Pursue Fraud, Waste, or Abuse Prevention Enhancements**

**Waste A — Comments:** No entry

**Waste Strategy B — Reduce Low-value Services in Minnesota**

**Waste B — Comments:** No entry

**Waste Strategy C — Align State and Federal Health Care Privacy Protections**

**Waste C — Comments:** We strongly support this strategy. The incongruity of the Minnesota Health Records Act with the federal HIPAA patient privacy protections, has create senseless and expensive workarounds for DHS, MDH, providers, health systems, insurers etc. The costs of this is borne by the consumer and the taxpayer.

**Strategies focused on Administrative Efficiencies and Simplification**

**Efficiencies Strategy A — Improve MnCHOICES and LTSS Processes**

**Efficiencies A — Comments:** No entry
Strategies focused on Health Equity

Health Equity Strategy title A — Improve Dental Access in Public Health Care Programs

Health Equity A — Comments: We strongly support this strategy. There is a strong need for access to dental services. Effective oral health care (from fluoride shellacking for youths to dentures) will create sizeable savings over many years.

Health Equity Strategy title B — Ensure Equitable Access to Aging and Disability Service Programs

Health Equity B — Comments: No entry

Health Equity Strategy title C — Redesign Targeted Case Management to Reduce Disparities in Access to Medical, Behavioral and Social Services or Supports

Health Equity C — Comments: We support this strategy and to the extent this is aimed at reducing disparities in the provision of long-term care services and supports, we would like to join the effort and help fill in the policy details.

Additional Input

No entry

Attachments

ref:0000000451:Q27
ref:0000000451:Q28

Touney T. Xiong

Title: President/CEO
Organization: Unique Adult Day Care Center, LLP

Please identify the group you represent: Provider Organization

Please list the populations served by your organization, if applicable:

• Communities of Color
• Ethnic and/or racial minorities
• Older adults
• People with apparent and non-apparent disabilities

Cost Savings Strategies: Health Care

Health Care Strategy A — Implement Uniform Administration of Non-Emergency Medical Transportation (NEMT)

Health Care A – Comments: No entry

Health Care Strategy B — Modify Certain Medical Assistance Durable Medical Equipment Payment Rates to Match Medicare Rates

Health Care B – Comments: We strongly oppose this strategy. • This would result in rate cuts to day services providers at a very bad time after they were closed for over three months due to the emergency and many were forced out of business • Day services have always been in marginal financial condition so any cut will impact the ability to maintain staff and continue services • When this proposal was heard on February 21, 2020 several commissioners raised concerns about the impact on providers, and that was before the state ordered shutdown due to Covid-19 • If DHS feels strongly that the absence factor is set at an inappropriately high level, then we recommend that they reconfigure the rates using
the lower factor but retaining the funds in the rate system so that providers have access to that funding as they attempt to recover from the Covid-19 pandemic impact.

**Health Care Strategy C — Expand Volume Purchasing for Durable Medical Equipment**

Health Care C — Comments: No entry

**Health Care Strategy D — Expand Use of the MN Encounter Alerting Service**

Health Care D — Comments: No entry

**Health Care Strategy E - Improve Compliance with Third Party Liability (TPL) Requirements**

Health Care E — Comments: No entry

**Health Care Strategy F — Require Managed Care Organization (MCO) Competitive Price Bidding**

Health Care F — Comments: No entry

**Health Care Strategy G — Create Uniform Pharmacy Benefit**

Health Care G — Comments: No entry

**Health Care Strategy H — Establish Prescription Drug Purchasing Council**

Health Care H — Comments: No entry

**Health Care Strategy I — Establish Prescription Drug Affordability Commission**

Health Care I — Comments: No entry

**Cost Savings Strategies: Long-Term Services and Supports (LTSS) for Persons with Disabilities and Older Adults**

**LTSS Strategy A — Discontinue Grant Programs**

LTSS A — Comments: No entry

**LTSS Strategy B — Update Absence Factor in Day Services**

LTSS B — Comments: We strongly oppose this strategy. • This would result in rate cuts to day services providers at a very bad time after they were closed for over three months due to the emergency and many were forced out of business • Day services have always been in marginal financial condition so any cut will impact the ability to maintain staff and continue services • When this proposal was heard on February 21, 2020 several commissioners raised concerns about the impact on providers, and that was before the state ordered shutdown due to Covid-19 • If DHS feels strongly that the absence factor is set at an inappropriately high level, then we recommend that they reconfigure the rates using the lower factor but retaining the funds in the rate system so that providers have access to that funding as they attempt to recover from the Covid-19 pandemic impact.

**LTSS Strategy C — Change Disability Waiver Family Foster Care Rate Methodology**

LTSS C — Comments: No entry

**LTSS Strategy D — Curb Residential Costs in Disability Waivers**

LTSS D — Comments: No entry

**LTSS Strategy E — Require Medicare Enhanced Home Care Benefit**

LTSS E — Comments: No entry

Public input on draft report 2020
LTSS Strategy F — Update Value-Based Reimbursement in Nursing Facilities

LTSS F — Comments: No entry

Strategies focused on Waste, Including Fraud and Program Integrity

Waste Strategy A — Pursue Fraud, Waste, or Abuse Prevention Enhancements

Waste A — Comments: No entry

Waste Strategy B — Reduce Low-Value Services in Minnesota

Waste B — Comments: No entry

Waste Strategy C — Align State and Federal Health Care Privacy Protections

Waste C — Comments: No entry

Strategies focused on Administrative Efficiencies and Simplification

Efficiencies Strategy A — Improve MnCHOICES and LTSS Processes

Efficiencies A — Comments: No entry

Strategies focused on Health Equity

Health Equity Strategy title A — Improve Dental Access in Public Health Care Programs

Health Equity A — Comments: No entry

Health Equity Strategy title B — Ensure Equitable Access to Aging and Disability Service Programs

Health Equity B — Comments: No entry

Health Equity Strategy title C — Redesign Targeted Case Management to Reduce Disparities in Access to Medical, Behavioral and Social Services or Supports

Health Equity C — Comments: No entry

Additional Input

Unique ADC has faced financial hardship due to the mandated closure and the limitations currently placed on provider operations due to COVID-19.

Attachments

Trisha Stark, PhD, LP, MPA, MJ

Title: Legislative Chair and Federal Advocacy Coordinator

Organization: Minnesota Psychological Association

Please identify the group you represent: Professional Association

Please list the populations served by your organization, if applicable:

- Communities of Color
- Ethnic and/or racial minorities
- LGBTQIA+

Public input on draft report 2020
• Native American/American Indian people
• Older adults
• People with apparent and non-apparent disabilities
• Rural populations
• Urban populations
• Veterans

Cost Savings Strategies: Health Care

Health Care Strategy A — Implement Uniform Administration of Non-Emergency Medical Transportation (NEMT)

Health Care A — Comments: No entry

Health Care Strategy B — Modify Certain Medical Assistance Durable Medical Equipment Payment Rates to Match Medicare Rates

Health Care B — Comments: No entry

Health Care Strategy C — Expand Volume Purchasing for Durable Medical Equipment

Health Care C — Comments: No entry

Health Care Strategy D — Expand Use of the MN Encounter Alerting Service

Health Care D — Comments: The Minnesota Psychological Association strongly supports this strategy. Expanding the Encounter Alerting Service (EAS) to more community providers will result in better care coordination across systems of care. Providing more integrated care will reduce overuse and costs. But most importantly, Minnesotans will have more high quality healthcare. Using the EAS does not represent risks to privacy as only basic information about admissions, discharges, and transfers to different levels of care would be communicated. This is an easy way to integrate care when Minnesota has yet to invest in a robust Health Information Exchange that could more fully integrate care.

Health Care Strategy E- Improve Compliance with Third Party Liability (TPL) Requirements

Health Care E — Comments: No entry

Health Care Strategy F — Require Managed Care Organization (MCO) Competitive Price Bidding

Health Care F — Comments: No entry

Health Care Strategy G — Create Uniform Pharmacy Benefit

Health Care G — Comments: No entry

Health Care Strategy H — Establish Prescription Drug Purchasing Council

Health Care H — Comments: No entry

Health Care Strategy I — Establish Prescription Drug Affordability Commission

Health Care I — Comments: No entry

Cost Savings Strategies: Long-Term Services and Supports (LTSS) for Persons with Disabilities and Older Adults

LTSS Strategy A — Discontinue Grant Programs

LTSS A — Comments: No entry
LTSS Strategy B — Update Absence Factor in Day Services
LTSS B — Comments: No entry

LTSS Strategy C — Change Disability Waiver Family Foster Care Rate Methodology
LTSS C — Comments: No entry

LTSS Strategy D — Curb Residential Costs in Disability Waivers
LTSS D — Comments: No entry

LTSS Strategy E — Require Medicare Enhanced Home Care Benefit
LTSS E — Comments: No entry

LTSS Strategy F — Update Value-Based Reimbursement in Nursing Facilities
LTSS F — Comments: No entry

Strategies focused on Waste, Including Fraud and Program Integrity

Waste Strategy A — Pursue Fraud, Waste, or Abuse Prevention Enhancements
Waste A — Comments: No entry

Waste Strategy B — Reduce Low-Value Services in Minnesota
Waste B — Comments: No entry

Waste Strategy C — Align State and Federal Health Care Privacy Protections
Waste C — Comments: While this is a controversial topic, the Minnesota Psychological Association strongly supports the shift in privacy protections to the national HIPAA standard. The promise of interoperability of health care records across systems of care can only happen if this privacy standard is changed. The change in privacy standards will improve the quality of care and in the not too distant future, it should result in savings as duplication of services can be minimized.

Strategies focused on Administrative Efficiencies and Simplification

Efficiencies Strategy A — Improve MnCHOICES and LTSS Processes
Efficiencies A — Comments: No entry

Strategies focused on Health Equity

Health Equity Strategy title A — Improve Dental Access in Public Health Care Programs
Health Equity A — Comments: No entry

Health Equity Strategy title B — Ensure Equitable Access to Aging and Disability Service Programs
Health Equity B — Comments: No entry

Health Equity Strategy title C — Redesign Targeted Case Management to Reduce Disparities in Access to Medical, Behavioral and Social Services or Supports
Health Equity C — Comments: No entry
Additional Input

The Minnesota Psychological Association would ask that the commission revisit the topic of embracing robust Health Information Exchanges that have the potential to improve quality of care and reduce costs.

Attachments

Wendy L Johnson

Title:  
Organization: Interact Center  
Please identify the group you represent: Adult Day Program  
Please list the populations served by your organization, if applicable:  
• People with apparent and non-apparent disabilities

Cost Savings Strategies: Health Care

Health Care Strategy A — Implement Uniform Administration of Non-Emergency Medical Transportation (NEMT)
Health Care A – Comments: No entry

Health Care Strategy B — Modify Certain Medical Assistance Durable Medical Equipment Payment Rates to Match Medicare Rates
Health Care B – Comments: No entry

Health Care Strategy C — Expand Volume Purchasing for Durable Medical Equipment
Health Care C — Comments: No entry

Health Care Strategy D — Expand Use of the MN Encounter Alerting Service
Health Care D — Comments: No entry

Health Care Strategy E- Improve Compliance with Third Party Liability (TPL) Requirements
Health Care E — Comments: No entry

Health Care Strategy F — Require Managed Care Organization (MCO) Competitive Price Bidding
Health Care F — Comments: No entry

Health Care Strategy G — Create Uniform Pharmacy Benefit
Health Care G — Comments: No entry

Health Care Strategy H — Establish Prescription Drug Purchasing Council
Health Care H — Comments: No entry

Health Care Strategy I — Establish Prescription Drug Affordability Commission
Health Care I — Comments: No entry
Cost Savings Strategies: Long-Term Services and Supports (LTSS) for Persons with Disabilities and Older Adults

LTSS Strategy A — Discontinue Grant Programs
LTSS A — Comments: No entry

LTSS Strategy B — Update Absence Factor in Day Services
LTSS B — Comments: I receive services at Interact Center for the Visual and Performing Arts, a non-profit provider of Adult Day services for Minnesotans with disabilities. I am very concerned about the proposal to reduce the Day Service Absence and Utilization Factor. With the destabilizing financial impacts caused by COVID19, this rate cut of approximately 5% would further damage the already fragile infrastructure for day services for individuals with disabilities. Non-profit day service providers have expressed to DHS for years specific concerns about the analysis behind DHS data, and have asked on multiple occasions to work with DHS to re-examine the data. This has only become more critical in our new COVID-19 world. Too often, DHS fails to ask us, the recipients of these vital services, for OUR opinion on matters such as this. As an individual receiving these Adult Day services, it is so important to me that my program is funded adequately and appropriately to ensure my safety, health, and...

LTSS Strategy C — Change Disability Waiver Family Foster Care Rate Methodology
LTSS C — Comments: No entry

LTSS Strategy D — Curb Residential Costs in Disability Waivers
LTSS D — Comments: No entry

LTSS Strategy E — Require Medicare Enhanced Home Care Benefit
LTSS E — Comments: No entry

LTSS Strategy F — Update Value-Based Reimbursement in Nursing Facilities
LTSS F — Comments: No entry

Strategies focused on Waste, Including Fraud and Program Integrity

Waste Strategy A — Pursue Fraud, Waste, or Abuse Prevention Enhancements
Waste A — Comments: No entry

Waste Strategy B — Reduce Low-Value Services in Minnesota
Waste B — Comments: No entry

Waste Strategy C — Align State and Federal Health Care Privacy Protections
Waste C — Comments: No entry

Strategies focused on Administrative Efficiencies and Simplification

Efficiencies Strategy A — Improve MnCHOICES and LTSS Processes
Efficiencies A — Comments: No entry
Strategies focused on Health Equity

Health Equity Strategy title A — Improve Dental Access in Public Health Care Programs
Health Equity A — Comments: No entry

Health Equity Strategy title B — Ensure Equitable Access to Aging and Disability Service Programs
Health Equity B — Comments: No entry

Health Equity Strategy title C — Redesign Targeted Case Management to Reduce Disparities in Access to Medical, Behavioral and Social Services or Supports
Health Equity C — Comments: No entry

Additional Input
No entry

Attachments