July 28, 2020

Dear Commissioners Harpstead and Malcolm and Members of the Blue Ribbon Commission,

The Long-Term Care Imperative represents senior services providers throughout the state of Minnesota, and we advocate for state policies that allow individuals to age in the setting of their choice and access a menu of quality services that meet their needs. We appreciate the hard work that the Blue Ribbon Commission put in looking at how to improve the efficiency and effectiveness of the state’s health care system.  The Covid-19 pandemic disrupted the work of the commission, and the strategies drafted by the commission need to be viewed considering the impacts of this disruption.

One of the unfortunate impacts of the pandemic was the curtailment of in-person meetings of the commission. The removal of in-person meetings limited the commission’s ability to discuss the truly transformative ideas that could make a real difference in the long run.  We support continuing that conversation in some form, with a look at the long term impacts of various policy changes, including whether some short term savings proposals may end up increasing costs in the long run by forcing clients to use more expensive service options such as institutional long term care settings. The conversation about transforming long-term care and health care services for older adults, is especially vital due to the well-known ongoing and dramatic demographic increase in the population of older adults.

We appreciate the time and effort that the commission put into discussion of complex long-term care issues, including payment to nursing facilities under Value-Based Reimbursement.  We were pleased to see that the final version of the commission report does not include the proposals that would have had the most negative impact, including changes to the payment rates and eliminating the rate increase for the first thirty days of a stay.

Due to the impact of Covid-19 on the state budget, we acknowledge that all providers will have to make some sacrifices, and the remaining nursing home funding proposals in the report remain concerning to us.  That said, much our concern is focused on the present day and the impact of the pandemic on serving clients, and maintaining access despite the worsening provider financial performance. We also believe there is a need investment, not reductions, to improve the older physical plants that are not responsive to the needs of our residents during a pandemic.

We are strongly opposed to a couple of specific proposals in the report:

* The reduction in the absence factor for day services, and
* The curbing of residential costs for clients with disabilities receiving CADI and BI waivered services.

These two strategies will reduce access to housing and health care services for clients served presently and in the future. Combined with the already significant financial impact of the pandemic, these strategies will adversely impact the provider community’s ability to continue services.  Their inclusion in the report raise major concerns about access to community-based services for these clients. This subject deserves much more discussion.

We have submitted detailed comments on these and other issues through the form provided for that purpose.

Thanks for the opportunity to review and comment on this report.