



April 28, 2021

Dear Senator Benson and Senate Members,

We are writing to share the Long-Term Care Imperative's perspective with respect to the Senate Omnibus Health and Human Services (HHS) policy and finance bill (SF 2360).

Minnesota is facing the largest population of seniors in U.S. history. 60,000 Minnesotans will turn 65 this year and every year this decade. By next year, there will be more than a million seniors in Minnesota, and we project that 70 percent of older Minnesotans will need some type of senior care.

The current state of senior care in Minnesota is one of extreme stress, having shouldered a disproportionate impact of COVID 19 in the past year, the network of services and supports for Minnesota's seniors has become increasingly fragile. Furthermore, the pandemic has exacerbated an already extreme shortage of senior care workers in our field. At the same time, a key segment of the senior care network, assisted living providers, are preparing to convert to a new licensure system by June 1, 2021. The Long-Term Care Imperative approached this legislative session identifying strategies to address the most critical needs of the sector, including COVID 19 relief and recovery, workforce and smooth implementation of new assisted living regulations.

We are most concerned that the bill does not include hero pay bonuses for senior care workers that have worked tirelessly throughout the pandemic. This proposal was introduced as SF 2313. We remain hopeful that as lawmakers continue discussions on spending of American Rescue Plan dollars, this will be a top priority. Hero pay for senior care workers is vital to recognize the extraordinary work of these individuals and to support retention efforts of our sector. We estimate that providers have nearly 10,000 open positions in our field and that 25,000 additional caregivers will be needed to meet growing demand in the next decade. Hero pay would be a small step to help stabilize our workforce by lifting up and honoring this profession.

We are encouraged that the bill makes critical investments in the nursing home moratorium exceptions process, which will help address critical infrastructure needs in our nursing homes, and invests in Elderly Waiver rates, which providers aid to low-income seniors seeking care outside nursing homes.

We are encouraged that the bill is taking steps to address the backlog of fingerprint background checks and look forward to working with the authors and the respective agencies to ensure a smooth transition for all employees affected by the transition.

There are many additional sections that we are supportive of and thank you for including these in your bill:

Article 6. Background Studies: We are supportive of fixing the fingerprinting background study backlog to allow sufficient time for all employees to receive the appropriate checks.

Article 14, Section 3 Nursing Home Moratorium Exception Funding: We support this section. As you are aware, we learned many lessons during the pandemic, including the need to update our aging infrastructure. The funding for the moratorium exception process will help address the need for update to physical plant infection control measures including single rooms and private baths.

Article 14 Section 75 Elderly Waiver Increases: We support these much-needed increases to the payment rates of Elderly Waiver.

Article 14 Section 60 Elderly Waiver Disproportionate Share: We are supportive of this increase.

Article 14 Section 65 PACE: We support the inclusion of this language to determine the viability of the PACE model in Minnesota.

Article 14 Section 72 Retainer Payments: We are supportive of this proposal and view it as a very helpful approach to assisting HCBS providers as they work on recovering from the many impacts of the pandemic.

There are two other sections of the bill which we have concerns:

Article 14 Section 22 Caps on Disability Waivers: We are opposed to the inclusion of this proposal and what it will mean for access to services for people with disabilities who have significant needs.

Article 14 Section 36 Limit Customized Living Based on Acuity: We are concerned about this provision since the specific details of how acuity will be scored for a population with characteristics including homelessness, HIV/AIDS, mental health needs, and chemical dependency issues are not known. Nor do we know the specific basis for the limits to be used (based on acuity). The Minnesota Department of Human Services (DHS) has not discussed this momentous change in policy with the provider community or disclosed how they intend to accomplish such an arduous task.

The Long-Term Care Imperative looks forward to continuing conversations and is happy to serve as a resource going forward.

Sincerely,



Toby Pearson
Vice President of Advocacy
Care Providers of Minnesota



Kari Thurlow
Senior Vice President of Advocacy
LeadingAge Minnesota

Cc: Senator Jim Abeler

Senator Karin Housley