An association of resources and advocacy for children, youth and families
www.aspiremn.org

April 2, 2025

Dear Co-Chair Schomacker, Co-Chair Noor and Members of Human Services Policy and Finance Committee,

Thank you for the thoughtful work of the committee in developing HF2115.

As statewide association of children and family services, our members are deeply engaged in the work to address the crisis in access to children's mental health care. AspireMN has prioritized responding to one of the most adverse consequences of the children's mental health crisis, by advancing solutions to children boarding.

We are especially grateful for inclusion in HF2115 system improvements that are seeking increase availability of MnCHOICES assessments for children, support training for additional Certified Family Peer Specialists, and thoughtfully improves systems in all ways possible – with a focus on simplification of processes to improve attention on the direct mental health care being provided to all Minnesotans.

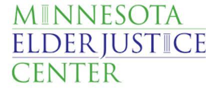
Many thanks once again for the great care and thought invested in the development of HF2115.

Warm regards,

Kirsten Anderson
Executive Director

AspireMN improves the lives of children, youth and families served by member organizations through support for quality service delivery, leadership development and policy advocacy.

1919 University Avenue W. #450, St. Paul, Minnesota 55104



April 3, 2025

To: Chair Noor, Chair Schomacker and Members of the Human Services Finance and Policy Committee

From: Alzheimer's Association, MN/ND Chapter, AARP Minnesota, Mid-MN Legal Aid, Minnesota Elder Justice Center, Office of Ombudsman for Long-Term Care, Office of Ombudsman for Mental Health and Developmental Disabilities

Re: Support for HF 2115

****

Chair Noor, Chair Schomacker, and Members of the Committee:

The undersigned organizations write in strong support of several provisions in HF 2115, an omnibus policy bill that strengthens rights and protections for residents in long-term care settings. While we have one primary concern with the bill, we appreciate the work of this committee to enhance these rights and protections and Chair Noor and Chair Schomacker's leadership to further that goal.

Specifically, we support the following provisions of this bill:

- **Change of ownership and existing contracts.** Article 2, section 16 recognizes the harm done to residents when a contract they agreed to when they moved into a facility is suddenly and unilaterally changed based on a change of ownership. This provision provides protection for a resident by honoring a contract that was agreed to.
- **Impermissible grounds for termination and non-renewal.** Article 2, sections 17 and 18 solve a significant problem for residents and families in assisted living facilities. This language ensures that residents who move into an assisted living facility based on the understanding that a waiver, such as the Elderly Waiver, will be available to them should they spend down their lifetime savings. Residents report selecting an assisted living facility specifically because they have been assured they can stay in that facility—their home— if they spend down all of their savings. However, residents report being told that there is no "EW bed" available to them once they have spent down their entire life's savings. In these situations, residents are forced to move to a new location, often with less choice and a further distance from friends and family. This is an unfair practice remedied by this bill.

One provision not included in HF 2115 is a prohibition on requiring guardianship or conservatorship for admission to a long-term care setting or for continued residency in a 245D-licensed setting, nursing home, or assisted living facility. We encourage adoption of this language as guardianship and conservatorship are the most restrictive form of decision making. Requiring such a severe rights restriction as a condition to move into or remain in a resident's home is an inappropriate application of guardianship and conservatorship. We respectfully request this provision from HF 2215 be included in this bill.

HF 2115 is a strong policy bill that continues Minnesota's legacy of supporting vulnerable adults receiving care from a variety of facilities. Again, we greatly appreciate the inclusion of the above sections and thank the committee for their ongoing work to support vulnerable adults in Minnesota.

AARP Minnesota

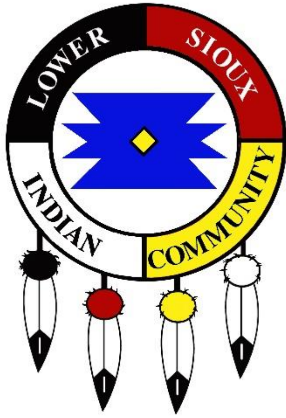
Alzheimer's Association, MN/ND Chapter

Mid-MN Legal Aid

Minnesota Elder Justice Center

Office of Ombudsman for Long-Term Care

Office of Ombudsman for Mental Health and Developmental Disabilities



Lower Sioux Indian Community in the State of Minnesota

P.O. Box 308 ● 39527 Reservation Highway 1
Morton, MN 56270
Cansayapi Otunwe

April 3, 2025

Representative Mohamud Noor, Co-Chair
Representative Joe Schomacker, Co-Chair

House Human Services Finance and Policy Committee
Centennial Office Building
658 Cedar St.
St. Paul, MN 55155

RE: [House Human Services Policy Omnibus; H.F. 2115, DE2 Amendment]

Lower Sioux Indian Community in the State of Minnesota, a sovereign and federally recognized Indian tribe ("Community"), writes to express appreciation and support for the inclusion of language that revises Minnesota Statutes, section 246.462, subdivision 20 (Article 4, Sections 4-5, 7-10, & 35 of the DE2 Amendment). This broadens the definition of mental illness to include "complex posttraumatic stress disorder" (C-PTSD) as someone who has posttraumatic stress disorder (PTSD) symptoms that significantly interfere with daily functioning related to intergenerational trauma, racial trauma, or unresolved historical grief.

These proposed revisions are for the purposes of broadening eligibility for case management and community support services. The current definition does not take into consideration impacts of historical trauma and therefore individuals with PTSD related to such trauma are not eligible for critical services like adult mental health targeted case management (AMH-TCM). These case managers play an important role to assess and address significant impacts of the health of the people they serve, and this legislative change would ensure they have access to this care.

As I shared during my testimony on H.F. 2143, as amended, Indigenous people have experienced trauma from war, death, stolen land, broken treaties, suppression of their spiritual beliefs, forcible removal of children from their families, tribe and culture, and systemic racism. Federal Indian law and policy during the removal, reservation system, allotment and assimilation and termination eras are documented, painful chapters in US history.

Indigenous people have also experienced high rates of out-of-home placement in child welfare proceedings as a result of various state practices and federal policy designed to destroy the Indian family's core and connection to their tribe, including their language and culture. It also stems from federal policy on boarding schools.

Despite the First Amendment freedom of religion guarantees, Indigenous people were targeted for punishment when they practiced their religious beliefs.[1] In 1978, Congress passed the Indian Child Welfare Act and the American Indian Religious Act, yet intergenerational trauma, racial trauma and unresolved historical grief continues to affect many of our people to this day. As recently as 2022, the US Department of Interior acknowledged the intergenerational trauma caused by federal boarding school policies.[2]

The Community's mental health case managers frequently come across intergenerational trauma, racial trauma, or unresolved historical grief as a basis for patient mental health concerns and should be able to provide case management services related to this diagnosis. **Since 2023, forty-three (43) percent of adults seeking mental health services in coordination with our mental health case managers were due to intergenerational trauma, racial trauma or unresolved historical grief.** Your support of this bill would help mental health targeted case managers support Minnesota's medical assistance population on their path toward healing.

We also support the inclusion of a revision that accommodates continued case management or community support services for adults so they can maintain their recovery (Article 4, Section 4), along with the other improvements to increase access to AMH-TCM.

Pidamayado,

Robert L. Larsen
President
Lower Sioux Indian Community

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[1] 1883 Code of Indian Offenses
[2] https://www.bia.gov/sites/default/files/dup/inline-files/bsi_secretarial_cover_letter_esb46-007491_signed_508.pdf

Improving lives for adults living with mental illnesses as well as maintaining the viability of providers through one voice for quality adult mental health services.

Date: April 3, 2025

To: Members of the House Human Services Committee

From: The Mental Health Providers Association of Minnesota

Re: Written Testimony in Support of the Mental Health Provisions in HF 2115 DE Amendment

Members of the House Human Services Committee,

Thank you for the opportunity to submit this testimony in support of the mental health provisions in the HF 2115 DE Amendment. We are submitting this testimony on behalf of the Mental Health Providers Association of Minnesota (MHPAM). MHPAM is a non-profit association of mental health service providers. Our member organizations provide a variety of critical mental health services for adults throughout Minnesota such as: Intensive Residential Treatment Services (IRTS), Assertive Community Treatment (ACT), Home and Community Based Services (HCBS), Adult Rehabilitative Mental Health Services (ARMHS), Crisis Residential Stabilization Services, Targeted Case Management, and more. MHPAM's mission is "Improving lives for adults living with a mental illness as well as maintaining the viability of providers through one voice for quality adult mental health services."

At this moment when increasing access to mental health care is critical for our state, we must take steps to address the specific issues that are creating barriers in access to services. Multiple components of the Behavioral Health Article included in the HF2115 DE Amendment take steps forward in these efforts, including the following:

- Multiple sections from the Mental Health Legislative Network's Regulatory Relief legislation (HF98), including increasing flexibility for currently overly prescriptive mental health regulations and streamlining requirements, to support staff to spend less time on paperwork and more time on direct mental health service provision.
- Expanding eligibility for mental health Targeted Case Management (TCM) services. TCM is a relatively low cost and very effective mental health service. Expanding eligibility for this service will help address barriers in access to this up-stream, cost efficient, impactful service.
- Language recodifying Minnesota statutes to separate Assertive Community Treatment and Intensive Residential Treatment Services into different sections of statute, allowing for increased transparency and streamlining for future legislative proposals impacting these two mental health services.

Thank you for the opportunity to submit this testimony.

Ellie Skelton

Ellie Skelton, Touchstone Mental Health, MHPAM] President, eskelton@touchstonemh.org

Minnesota Alliance of Rural Addiction Treatment Programs

April 3, 2025

Rep. Mohamud Noor, Co-Chair
Rep. Joe Schomacker, Co-Chair
House Human Services Finance and Policy Committee

Dear Chair Noor, Chair Schomacker and members of the House Human Services Finance and Policy Committee,

The Minnesota Alliance of Rural Addiction Treatment Programs (MARATP) is a non-profit organization that seeks to bring together diverse rural interests to address and advocate for strong addiction treatment programs throughout Greater Minnesota. Formed in 2017, MARATP advocates for legislation and policies that strengthen the health and well-being of rural Minnesotans, and improve rural access to higher quality, lower cost health care.

We are writing you today in support of various provisions included in the policy omnibus bill (H.F. 2115) amendment. We will continue to monitor the bill as it is amended.

Thank you for the inclusion of the substance use disorder (SUD) treatment workforce flexibility language in Article 4, Sections 21 and 22. We believe this language is a good first step in eliminating limitations currently in Chapter 245G's SUD program licensing laws that limit licensed individuals from practicing to the full extent of their licensed scope of practice. By allowing qualified professionals to administer comprehensive assessments in SUD licensed treatment facilities, our licensed alcohol and drug counselors (LADCs) in Minnesota will be able to support more individuals in accessing the treatment they need. In this time of a workforce shortage (especially in rural communities in Minnesota), a desperate need for an increase in behavioral health reimbursement rates, but at unfortunate state budget outlook, we must find ways to be flexible. We see this as a small but meaningful change that upholds quality of care for people seeking treatment while supporting our providers to use their qualified workers in the most effective way possible.

MARATP also thanks you for the inclusion of Minnesota Association of Resources for Recovery and Chemical Health (MARRCH) policy proposals, including modifying the 10-day timeline to provide mental health diagnostic assessments to exclude weekends and holidays (Article 4, Section 29). We also support the change clarifying the county of financial responsibility for withdrawal management services (Article 4, Section 36).

Thank you for the work you do in this committee to support Minnesotans with substance use and co-occurring disorders in accessing the care they need.

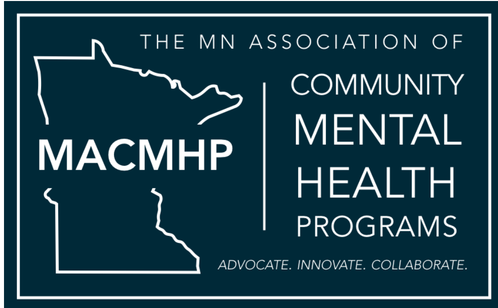
Sincerely,

Marti Paulson, President

Minnesota Alliance of Rural Addiction Treatment Programs

660 18th Street ◆ PO BOX 116 ◆ Granite Falls, MN 56241

Phone◆320.564.4911



Minnesota Association of Community
Mental Health Programs

Representative Mohamud Noor, Chair
Human Services Committee
House of Representatives
April 3, 2025

Dear Chair Noor and Committee Members

On behalf of the Minnesota Association of Community Mental Health Programs – MACMHP, I am writing to express gratitude for the inclusion of our mental health policy provisions in HF 2115.

These provisions include:

- HF 98 – Mental Health Regulatory Relief
- HF 1993 – SUD workforce expansion
- HF 671 – Solutions to Children's Boarding Crisis
- HF 2187 – DCT policy bill
- HF 1995 – SUD assessments
- HF 2143 – Adult Mental health
- HF 973 – Crisis services
- HF2196 – changing children's terminology from "severe emotional disturbance" to "mental illness"
- HF 1963 – SUD (MARRCH) policy bill
- HF2758 – recodification of ACT and IRTS statutes

An increasing number of mental health and SUD clinics and agencies provide co-occurring and integrated services. They employ licensed mental health professionals and LADCs, among a full staff spectrum, across their service lines. In this workforce shortage and service access shortage, these agencies are needing to expand access to treatment to clients we serve and be able to best use their clinicians' time.

We believe these policy and regulatory changes are necessary to sustaining our mental health and SUD services, AND we need state investments in our care system. Limited capacity, the workforce shortage and shrinking service access are all connected by the lack of sustainable investments in our mental health and SUD service delivery system. Solutions must also be comprehensive and address both the inpatient and community services up and downstream from them. We need to invest in community services to prevent situations that we can from becoming critically acute care and support community-based capacity for when clients are ready to move to less intense levels of care. MACMHP thanks this Committee and rest of the legislature for the good work you have done over these several years in bringing our mental health regulations together and steps in you all have taken in streamlining them. We are hopeful this bill is the next step in that good work to build a regulatory system that can respond with the changing needs of our industry and our communities.

We thank you for yours and the legislature's good work for our mental health and substance use disorder system.
Thank you for your leadership and support.

Sincerely

Jin Lee Palen, Executive Director

April 2, 2025

The Honorable Mohamud Noor
Co-chair, Human Services Finance and Policy Committee
Minnesota House of Representatives
5th Floor, Centennial Office Building
St. Paul, MN 55155

The Honorable Joe Schomacker
Co-chair, Human Services Finance and Policy Committee
Minnesota House of Representatives
2nd Floor, Centennial Office Building
St. Paul, MN 55155

Legal Aid/Minnesota Disability Law Center Letter Regarding HF 2115 (DE2 Amendment)

Dear Co-chair Noor, Co-chair Schomacker, and Members of the Committee:

Legal Aid and the Minnesota Disability Law Center (MDLC) thank you for the opportunity to provide written testimony regarding the DE amendment to HF 2115.

We support the following language:

- Article 1, Sections 4 & 14 (lines 3.16-4.30 & 16.11-16.14): We strongly support **long-term care decision reviews.** Too often, the only way to resolve a simple mistake or misunderstanding like missing paperwork or a mistake by an assessor is to go through a time-consuming and expensive appeal process simply because the county will not call clients back. Long-term care decision reviews will save the participant, counties, and state time and money by clearing up these issues without the need for hearings.

- Article 1, Sections 5 & 7 (lines 7.4-7.8 & 10.7-10.11): We support the **addition of informed decision-making curriculum and annual competency evaluations for case managers** by the Department of Human Services. Informed decision making is essential for people with disabilities to live in the most integrated setting appropriate to their needs. Many case

managers lack the necessary training on this important topic, and this requirement will help ensure that people who receive supports and services retain as much control over their lives as possible.

- Article 1, Section 9 (lines 12.4-12.6): We support **parents being able to provide PCA services** to a minor child who has an assessed activity of daily living dependency requiring supervision, direction, cueing, or hands-on assistance, including while traveling temporarily out-of-state.

- Article 2, Section 16 (lines 25.11-25.13): We support language that requires **new owners of assisted living facilities to honor the terms of contracts in effect at the time of the change of ownership.**

We have concerns with the following language:

- Article 2, Section 17 (lines 25.16-26.6): Although we are encouraged to see language that starts to address **source of income discrimination in assisted living facilities**, we believe this language should go farther to protect Minnesotans. Specifically, once someone has been accepted into an assisted living facility, they should not ever be evicted or denied renewal based on switching their source of payment from private to public funds without exception.

Thank you for the opportunity to submit written testimony regarding HF 2115.

Sincerely,

Jennifer Purrington
Legal Director/Deputy Director
Minnesota Disability Law Center

Ellen Smart
Staff Attorney
Legal Services Advocacy Project

This document has been formatted for accessibility. Please call Ellen Smart at 612/746-3761 if you need this document in an alternative format.

NAMI
National Alliance on Mental Illness
MINNESOTA

April 2, 2025

Dear Members of the House Human Services Committee:

On behalf of NAMI Minnesota I am writing in support of HF 2115 as amended. So many of the bills contained in the omnibus policy bill were put forward by the Mental Health Legislative Network (MHLN). MHLN is a coalition of over 40 mental health and SUD related organizations. We work together to identify problems and solutions in our mental health and SUD systems. We believe that by working together we are able to provide the legislature with real solutions that will positively impact our systems and in turn people's lives.

I would like to point out several provisions for which NAMI Minnesota has strongly advocated:

- Extending for two years, until July 1, 2027, the provision specifying that individuals who meet the criteria in the priority admissions (or "48-hour") law must be admitted to a state-operated treatment program within 48 hours of when a medically appropriate bed is available. We hope to address the need for expanding capacity at DCT and the community in the appropriations bill.
- Expanding the criteria for case management to include people with posttraumatic stress disorder and complex post-traumatic stress disorder. These individuals need case management to connect them to services and supports. Expansion of the low-cost service could prevent a crisis in the future and the use of more expensive services.
- Prohibiting county boards from charging for emergency services provided to clients experiencing emotional crisis or mental illness. We need to treat mobile crisis teams as we do other first responders. We don't want any barriers to using crisis teams as they prevent involvement with the criminal justice system and hospitalizations.
- Codifying the school linked grants to intermediate school districts.
- Adding training on tardive dyskinesia to mental health providers. This condition cannot be reversed so it is imperative that it be identified early and treated.
- Updating terminology by deleting the terms "emotional disturbance" and "severe emotional disturbance" and replacing them with "mental illness" and "serious mental illness," and deleting the term "out-of-home placement" and replacing it with "residential treatment and therapeutic foster care" where appropriate. We need to use commonly used terms that aren't confusing. These are mental illnesses, and we need to call them that.

Thank you again for your work putting this bill together. We believe it contains many provisions that will improve the lives of children and adults with mental illnesses and their families.

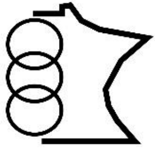
Sincerely,

Sue Abderholden, MPH
Executive Director

CHC CREATING HEALTHIER COMMUNITIES

1919 University Ave. W., Suite 400, St. Paul, MN 55104
651-645-2948 | namihelps@namimn.org | www.namimn.org

Charities Review Council
MEETS STANDARDS
smartgivers.org



April 3, 2025

Chair Noor, Chair Schomacker, and Members of the Committee,

I am writing to you in support of the inclusion of the support person language in HF 2115. Residents in long-term care settings will benefit from having a support person with them.

- **Right to a designated support person.** Article 2, sections 5 and 20 ensure residents in long-term care settings have the right to a support person. This will reduce isolation and loneliness and enhance socialization for residents.

During the Covid-19 pandemic, visitation for residents of long-term care facilities was paused. Before effective infection control protocols were understood and in place, this was meant to support resident safety, a goal OOLTC certainly understands. However, with no support person allowed to be with the resident, social connection was lost for many residents. OOLTC spoke with residents and support persons who could see each other through a window but could not hold each other's hands. Many residents receive hands on care from their support persons. This stopped as well, and, without this additional care, some residents lost weight, went without showers, or lost mobility. Many residents with dementia experienced a steep and significant decline without a support person with them. And in some of the most difficult circumstances, some residents died without their support persons being able to visit. In many cases, visitation restrictions remained even as guidance from the CDC and MDH changed to allow for more social connection.

This language is supportive of residents in nursing homes and assisted living facilities. As Rep. Franson shared in committee, the benefits of allowing a support person to be with a resident can be lifesaving.

Thank you for including this provision for a support person in HF 2115.

Sincerely,

Parichay Rudina
Legislative Specialist
Office of Ombudsman for Long-Term Care

April 3, 2024

Rep. Mohamud Noor, Co-Chair
Rep. Joe Schomacker, Co-Chair

House Human Services Finance and Policy Committee
Centennial Office Building
658 Cedar St.
St. Paul, MN 55155

RE: House Human Services Policy Omnibus (H.F. 2115 DE2 Amendment)

Dear Chair Hoffman and members of the Senate Human Services Committee,

The Residential Providers Association of Minnesota ("RPAMN") is a 501(c)(6) non-profit trade association that represents small, residential customized living and waivers service providers in Minnesota. RPAMN has roughly 200 provider members and subscribers, with the vast majority being BIPOC-owned, culturally-specific service providers who might not otherwise be engaged in the policy development and legislative processes. We are writing you to comment on the policy omnibus bill (H.F. 2115 DE2 Amendment).

We would like to express our gratitude for the inclusion of the delay in the implementation of the Disability Waiver Rate System (DWRS) rate passthrough requirements as well as the exemption for 144G licensed assisted livings (Article 1, Sections 10 and 11 of the DE2). RPAMN is committed to working with its members and organizational partners on education around cost reporting and seek guidance from the Department of Human Services on how to account for these requirements when it is implemented. We appreciate the extension so that we can ensure small residential providers are not disproportionately impacted.

RPAMN will continue to review the language, monitor as the bill changes throughout the process, and engage with this committee on any concerns or needed changes. We are grateful for the partnership with this committee throughout the legislative process and we are available as a resource if needed.

Thank you for your ongoing work.

Sincerely,

Zahnia Harut, Board Chair
Residential Providers Association of Minnesota

April 4, 2025

To: Chair Schomacker & Chair Noor
CC: Members of the House Human Services Policy & Finance Committee

Re: HF2115, House Human Services PolicyOmnibus Bill

On behalf of the Long-Term Care Imperative, which represents over 2,000 providers across the senior care continuum, we appreciate the opportunity to share our areas of support and areas of concern with respect to the House's Human Services Omnibus Policy Bill. We look forward to continued conversation and collaboration as the bill moves forward.

Article 2; Department of Health Policy

- **Sections 1-4: PDPM & Case Mix Classifications.** We are neutral on the case mix review changes in section 1-4; our primary concern is how this transition will impact nursing facility rates, though we recognize that is a DHS- related issue. We would respectfully ask the committee to consider additional policy guardrails in this bill or the Finance Omnibus bill that provide a "do no harm" safe harbor to nursing home providers during this transition.
- **Sections 5 and 20: Designated Support Person.** We thank the committee for inclusion of this section. Limiting visitation, as the state and federal governments required during the pandemic was shown to negatively impact a resident's mental and physical health. In fact, most public health institutions recognize a link between social isolation and chronic illness risks. This language reinforces an assisted living resident's right to have someone of their choosing be with them for support and is consistent with the Assisted Living Bill of Rights in *144G.91*.
- **Sections 7 and 21: MDH approval of Trained Medication Aide Curriculum.** We thank the committee for including language that would allow MDH to approve curriculum for TMA programs for nursing facilities, similar to how our Certified Nursing Assistant training works today. We know that expanding access to training at the location where a caregiver already works and has a relationship with residents can be very

successful for quality outcomes for residents and professional development for caregivers.

- **Sections 12 and 19: Two-hour fire barrier for assisted living facilities.** We have outstanding concerns with the fire barrier language in this section. The language refers to "constructed" vertical barriers. The term "constructed" is not defined in the NFPA, thereby making the amended language more susceptible to variations in MDH interpretation. We strongly encourage the use of statutory language that is more clearly defined and consistently applied.
- **Section 16: Change of ownership contract conditions in assisted living facilities.** We thank the committee for hearing our concerns about the circumstances impacting the affordability of assisted living services.
- **Sections 17-18: Grounds for termination and non-renewal in assisted living settings.** While we appreciate that the language in these sections is different from the original bill, we have outstanding concerns about the burden these prohibitions place on assisted living providers and the restrictions it places on their ability to manage their communities. Additionally, these changes do not inherently fix underlying problems with timely completion of MNChoices assessments and successful enrollment into waivered programs. These kinds of limitations also compound providers' inability to terminate a contract for residents whose acuity or behaviors are a threat to the safety of other residents and staff. We respectfully oppose these sections.