

MNCCD 2018 Policy Agenda Proposal

TIER I – Legislative Priorities

Consumer Directed Community Supports (CDCS)

Lead Organizations: Lutheran Social Services and Arc MN

The goal of this proposal is to pass legislation that will break down the budget barriers so that CDCS becomes an appropriate option for any individual on a waiver program to consider. To make certain that CDCS and self-direction are easier to accomplish for people with disabilities and their families. This includes:

1. Expand the list of exceptions of people who will be able to access CDCS without a reduction in their allocation to Adult Foster Care, Children’s Foster Care, mental health placement.
2. Expand exceptions for the increase of up to 20-30% to training.
3. Provide CDCS budget information within the summary from MnCHOICES assessment and an explanation of what CDCS is.
4. Instruct DHS to track county by county data for before and after budget is shared.
5. Education funding for workshops to disability providers.

MnCHOICES Assessment Reform

Lead Organization: MNCCD Children’s Workgroup

Our goal is to pass legislation to improve the MnCHOICES assessment to ensure that children and adults with disabilities get timely access to the services they need through a process that is easier for individuals and families. Improvements would include:

1. Revised training for assessors to ensure a greater understanding of the primary disability and also to address cultural issues,
2. Revised questions including more open ended questions, continuity over multiple assessments,
3. Simplification of the service agreement for clients, verbal communication of the right to appeal
4. A list of conditions that would guarantee automatic eligibility.
5. Develop the option for families and individuals to go through the assessment process either annually, or every three years, with the ability to request a new assessment with a change of condition.

Improve the MA enrollment and re-enrollment process for children and adults with disabilities

Lead Organization: MNCCD Children’s Workgroup

We propose to address the obstacles currently faced by children and adults with disabilities when applying and reapplying for MA through proper training, transparency, and redesign of the process and forms.

1. Streamline the process for children and adults with disabilities to enroll and re-enroll in MA with designated staff trained to take these applications.
2. A direct line established so that individuals and families of individuals with disabilities have one number that they can call and be connected to the appropriate staff member trained and ready to help.
3. A redesign of the online and paper applications with separate application forms for children with a disability.
4. Explore a condensed application form for re-enrollment for a child or adult with a disability.
5. If possible under federal guidelines, create a list of conditions that are exempted from the every 6-month State Medical Review Team determination.
6. Give providers access to a client's MA renewal date through the current MN-ITS system.

TIER II – Support

Complex PCA Services – Increased Rate and Training Required

Lead Organization: Metropolitan Center for Independent Living

To enact legislation to:

1. Establish a Complex Care level for PCA services in statute
2. Define eligibility for Complex Care PCA as those needing 10 or more hours of PCA per day
3. Require training for PCA's serving persons with Complex Care needs
4. Establish the Complex Care rate at 10% more than the regular PCA rate (an additional 5% more than the SEIU contract rate for Complex Care that becomes effective in 2018)

Repeal Preferred Incontinence Program

Lead Organization: Pediatric Home Service (PHS)

Repeal the law passed last session that requires DHS to “implement a preferred incontinence product program by July 1, 2018.” Although DHS has yet to design the preferred incontinence program, regardless of the design, such a program will reduce patient and caregiver choice about the type of incontinence product a MA recipient will be able to obtain based on experiences from other states.

Homecare Collective Bargaining Agreement

Lead Organization: SEIU Healthcare Minnesota

Our goal is to restore the funding of our original Tentative Agreement with the administration and achieve additional wage increases and other benefits to address the care crisis through roughly an additional 1.64% rate and budget increase.

Brain Injury (BI) Waiver Criteria Expansion

Lead Organization: Minnesota Organization on Fetal Alcohol Syndrome (MOFAS)

Fetal Alcohol Spectrum Disorders (FASD) is a medical condition present at birth because of alcohol exposure in utero. The alcohol impacts the developing brain and results in a brain injury. And individuals suffering from this type of brain injury need varying levels of support and some could utilize support through a BI waiver, except the waiver contains an exclusion stating that it will not cover individuals with a congenital, meaning present at birth, injury. They are excluded from the BI waiver because their disability is present at birth and they are often excluded from the DD waiver because their IQ's are too high.

Home and Community Based Services (HCBS) Incentive Pool

Lead Organization: Lutheran Social Services

To help providers who have innovative ideas for increasing independence in disability services in both work and living and incentivize people towards that goal. This will also increase creativity and give providers a funding stream for sometimes unfunded ideas.

Require health plan coverage of Sensory Integration Therapy and Cognitive Therapy for children

Lead Organization: MNCCD Children's Work Group

Medical assistance currently covers Sensory Integration Therapy and Cognitive Therapy for children. Some of the health plans in Minnesota cover these therapies while some do not, thus there is an inconsistency in terms of access for children who need these services based on whether they have Medical Assistance or commercial coverage and what type of commercial insurance they have.

TIER III – Endorsed

Prescribed Pediatric Extended Care Center Reimbursement

Lead Organization: Pediatric Home Service (PHS)

The goal is to pass a law that includes funding and methodology for Medicaid reimbursement for Prescribed Pediatric Extended Care Center services. In the 2016 legislative session, funding for licensing a PPEC was passed into law, but reimbursement for the services did not pass. We are returning this year to obtain reimbursement for PPEC services through Medicaid.

Step Therapy Reform

Lead Organization: National Multiple Sclerosis Society

Create an exemption process for providers to waive a step therapy protocol for a medication needed by their patients.

Chloe Barnes Rare Disease Advisory Council

Lead Organization: Gillette Children's Specialty Healthcare

To create a rare disease advisory council to advise state agencies on research, diagnosis, treatment and education related to rare diseases.

Update the Minnesota Health Records Act

Lead Organization: Gillette Children's Specialty Healthcare

Create a better system to share medical record for better collaboration between providers.

Prior Authorization Reform

Lead Organization: Gillette Children's Specialty Healthcare

Reform the current prior authorization (PA) process for medications.

Best Life Alliance

Lead Organization: Lutheran Social Services and many other CCD members

Support the initiative of the Best Life Alliance which may include further changes to DWRS or low/no cost proposals to improve the workforce crisis.

Board Certified Behavior Analyst (BCBA) Licensure

Lead Organization: Frasier

Our goal is to pass a bill that would allow for BCBA licensure under the auspices of the Minnesota Board of Behavioral Health and Therapy.

Parenting with a Disability Support Services Pilot Project

Lead Organization: Metropolitan Center for Independent Living

Require DHS to establish a pilot project to assist parents with disabilities in childrearing tasks. The purpose of this pilot -project is to assist parents with disabilities in childrearing tasks and to prevent removal of children from parents solely because the parents have disabilities.

Coordinate Health Services Through Direct Secure Messaging

Lead Organization: MN Behavioral Health Network

The goal is to pass a bill to become law requiring all health care providers to have and report a direct secure message address at the time of license renewal.

Supplemental Rate 2 Banked Beds

Lead Organization: Stepping Stone Emergency Housing

Change the policy of banked beds by removing an individual county's ability to hold onto the banked beds indefinitely and allowing DHS to allocate them based on an agreed upon application process.