



"Giving Voice to Those Seldom Heard"

January 2, 2023

To: Governor Tim Walz
Lieutenant Governor Peggy Flanagan
Senate Majority Leader Kari Dziedzic
House Speaker Melissa Hortman

Representative Tina Liebling
Representative Peter Fischer
Representative Mohamud Noor
Senator Melissa Wiklund
Senator John Hoffman

RE: Immediate action needed on home care workforce and disability supports crisis

Dear Governor Walz and Legislative Leaders,

We, the undersigned, write to you with an urgent request for immediate action. We represent over 100,000 Minnesotans with disabilities who are facing life or death situations because of a lack of direct support professionals. Our organizations are on the front line of this crisis and each day is getting worse. We ask that legislative action be at the forefront of the January calendar.

The Minnesota Consortium for Citizens with Disabilities (MNCCD), the Office of Ombudsman for Mental Health and Developmental Disabilities (OMHDD), and the Minnesota Council on Disabilities (MCD) share a deep concern for the work left undone in the 2022 Legislative Session that has resulted in even further harm to people with disabilities in Minnesota. We continue to hear heartbreaking stories of people faced with impossible situations and few if any choices. These stories include unnecessary hospitalizations, unnecessary institutionalization of people who were living independently, health care issues such as amputations, and deaths.

This severe workforce shortage not only impacts the basic health and welfare of people with disabilities, it also places the State of Minnesota in jeopardy:

- The commitment to One Minnesota and equity for the entire workforce
- The disproportionate impact on families especially those from communities of color, whose primary language is not English, and women.
- The commitment to the Americans with Disabilities Act, the Minnesota Olmstead Plan¹, and other civil rights laws and court decisions.

Having a strong, dependable workforce including direct support professionals, personal care assistants (PCAs), nurses, and others is essential to ensure that people with disabilities can live in their homes and communities. This crisis requires both near and long-term solutions that honor informed choice of the individuals with disabilities while also strengthening the state's commitment to the workers.

¹ [The Minnesota Olmstead Plan](#)

As leaders in Minnesota, you have the unparalleled opportunity to address this crisis and prioritize Minnesotans with disabilities in the first days of the legislative session. The days of incremental changes are over. People with disabilities need to be prioritized and they need action by the state's leaders immediately.

On January 3rd, we call on you to pass provisions from the 2022 Legislative Session:

- The PCA rate framework (with inflationary adjustment)
- PCA rate increase
- The lift on the 40 hour per week cap per household for parents of minors and spouses on the Consumer Directed Community Supports (CDCS) and Community First Services and Supports (CFSS) program to enable parents and spouses to provide additional support during this shortage.

Also pass a new proposal with the same urgency:

- Obtain a waiver to allow parents of minors and spouses to continue to provide PCA services after the Public Health Emergency ends so that we do not lose this workforce until CFSS begins.

We implore you with even more urgency to pass home and community based service workforce solutions immediately in the coming 2023 Legislative Session including, but not limited to, the solutions listed in *Appendix A*.

We hope you share our concerns and understand the depth and severity of the problem we raise today. We are here to collaborate and work to address this pressing need. Please call upon us to help in addressing this situation.

Sincerely,

Julia Page & Trevor Turner, MNCDD Policy Co-Chairs
Minnesota Consortium for Citizens with Disabilities
(organizational membership list below)

David Dively, Executive Director
Minnesota Council on Disability

Bud Rosenfield, Ombudsman
Office of the Ombudsman for Mental Health and Developmental Disabilities

CC: DHS Commissioner Jodi Harpstead
MDH Commissioner Brooke Cunningham
MMB Commissioner Jim Schowalter

Cheryl Hennen, Ombudsman for Long-Term Care
House Minority Leader Lisa Demuth
Senate Minority Leader Mark Johnson

MNCCD Member Organizations

MNCCD also has individual members who are not listed here

Access Press
Accord
ACCRA Care
ACT (Advocating Change Together)
AuSM (Autism Society of Minnesota)
Consumer Direct Care Network Minnesota
Minnesota Consumer Directions, Inc.
Courage Kenny Rehabilitation Institute (Allina Health)
Down Syndrome Association of Minnesota
Epilepsy Foundation of Minnesota
Family Voices of Minnesota
Fraser
Get Up Stand Up to Cure Paralysis
Gillette Children's Specialty Healthcare
Goodwill- Easter Seals Minnesota
GT Independence
Hammer Residences
Hemophilia Foundation of Minnesota/Dakotas
Hennepin Healthcare
InControl
Kaposia
Lifeworks
Living Well Disability Services
Lutheran Social Service of Minnesota
Mains'l
Medica
Metropolitan Center for Independent Living (MCIL)
Midwest Association for Medical Equipment, Services & Supplies (MAMES)
Minnesota Brain Injury Alliance
Minnesota Council on Disability
Minnesota Disability Law Center
Minnesota Disability Support Alternatives
Minnesota First Community Solutions
Minnesota First Provider Alliance
MRCI- Managed Resource Connections, Inc.
Multicultural Autism Action Network
Pediatric Home Service
Proof Alliance
SEIU Healthcare
The Arc Minnesota
True Friends

Appendix A:

Workforce Shortage Solutions

In-home and self-directed services are primary safety net services for people who live in their own homes that are consistent with Minnesota's Olmstead Plan. The current rate, structure, and household hour cap are exacerbating the workforce crisis and we must address these issues with immense urgency.

On January 3rd, we call on you to pass provisions from the 2022 Legislative Session:

- The PCA rate framework (with inflationary adjustment)
- PCA rate increase
- The lift on the 40 hour per week cap per household for parents of minors and spouses on the Consumer Directed Community Supports (CDCS) and Community First Services and Supports (CFSS) program to enable parents and spouses to provide additional support during this shortage.

Also pass a new proposal with the same urgency:

- Obtain a waiver to allow parents of minors and spouses to continue to provide PCA services after the Public Health Emergency ends so that we do not lose this workforce until CFSS begins.

The above proposals cannot wait until the end of session and must not be delayed to align with implementation of CFSS. This needs immediate passage and must apply to all current services.

Soon thereafter, you must pass a robust workforce solutions omnibus. This is a multifaceted problem requiring improvements to the current structure as well as innovative solutions. Many of the solutions listed below are bills that were introduced last year and led by many of our member organizations—we can support you in compiling a meaningful workforce solutions omnibus bill.

Rate and Wage Increases

- Significant investments in the Home Care, home nursing care, disability waiver services, other HCBS services, and the home care workers union contract so that we can retain the workers we currently have. We must maximize our existing workforce and retain the workers we do have. While rate and wage increases are imperative, we cannot address this issue with those efforts alone—we have to use the tools available to us. We may not be able to compete dollar-for-dollar with the private sector, but we have various tools and solutions at our disposal to attract and retain workers.

Maximize Existing Workforce & Increase Flexibility During this Crisis

- Establish an overtime rate for the PCA program to allow existing workers to work additional hours.
- Simplify and streamline the Unique Minnesota Provider Identifier (UMPI) process. The delays in this process waste precious time when enrolling new providers into the system before they can begin to work.
- Improvements to the Enhanced Rate
 - Increase the Enhanced Rate from the current rate of 107.5% of the current PCA rate for people assessed for 10 hours or more of PCA services per day.
 - Provide an exception process for the Enhanced Rate training for non-English workers until the materials can be translated into other languages. The training is currently only available online and in English—creating further barriers to maximizing the workforce.

Worker Benefits

- Loan forgiveness, scholarships, or free postsecondary education at Minnesota State colleges and universities for Home and Community Based Services and disability workers. This would be valuable for workers in many aspects of human services and could include a wage threshold and term commitment for eligibility.
- Retention bonuses for workers.
- Paid family leave or health insurance subsidies
- Increase Basic Sliding Fee support for CCAP so that low-wage HCBS workers have more access to childcare.

Career Opportunities

- Paid training for HCBS workers
- Create career ladders for direct support professionals and PCAs.
 - Partnerships with our state education systems to create infrastructure programs for the fields of disability or elderly support service.
 - A PCA apprenticeship program or the development of a PCA Direct Care Service Corps to attract college students to become PCAs or pursue a certified PCA role.
 - Create a program that allows PCAs who attain advanced degrees in certain health care fields to receive a higher wage, but remain working as PCAs.
- Invest in the current work in the development of the Certified PCA credit-based curriculum led by Metropolitan Center for Independent Living (MCIL) and HealthForce Minnesota, which would provide tiered credential options and career ladders for direct care and support professionals.²

Stabilize Family and Own Home Settings

- Expand support for people who find their own support-need solutions. We need to stabilize family and own home settings, along with making temporary care in family homes a more viable option when congregate care settings close.
 - CDCS budget exceptions expansions
 - Significantly increase CDCS funding across the board
 - Expand innovation grants and other grants to explore more community-based alternatives
 - Make Individualized Home Supports (IHS) without training service more broadly available and expand the budget exception process for this service
 - Change unit of service options for IHS with training and allow billing for indirect time used for support coordination of other services and medical appointments

System Flexibility

- Utilize any available administrative flexibilities so that in individual situations, people can stay in their current living arrangements. This might mean individual waivers or other exceptions to meet the person-centered planning or support needs of an individual.
 - Include stakeholders in ongoing conversations and updates about administrative flexibilities to ensure people's rights are protected amidst short-term administrative flexibilities.
- Utilize available administrative flexibilities for providers when needed to find ways to meet the needs of the people they serve.

² See Direct Care Workforce Report, referenced in note 1 above, at page 2.

- Include stakeholders in ongoing conversations and updates about administrative flexibilities to ensure people's rights are protected amidst short-term administrative flexibilities.
- Remote support expansion for Qualified Professional visits for those accessing PCA/CFSS services who have compromised immune systems.

Innovative Solutions

- Expand shared services for all home and community based waivers
- Increase access to Life Sharing
- Extend or expand some of the one-time American Rescue Plan Act HCBS spending projects:
 - Extend HCBS technology grants by making permanent and also expand Technology for Home grants. Technology for Home grants provide tech assessments for homecare and people who are eligible for HCBS. This could also include allowing grantees to work with people in group homes who rely on 1:1 staff.
 - Add to the Workforce Development Grants included as part of the HCBS federal Medicaid Match spending from 2021.
- Private transportation pilot projects:
 - Recruit private individuals who are willing to provide regular scheduled day program transportation when otherwise unavailable as well as ad hoc community access trips, centrally or regionally coordinated with user-friendly scheduling
- Recruit retired workers to return to providing HCBS supports.
- Paid training and job placement for people who have disabilities to fill HCBS direct support roles

During this Legislative Session, you must consider, evaluate, and pass other solutions:

- Address inequities in budget allocation for in-home services compared to provider-controlled settings.
- Assess our background studies approach to streamline and reduce the financial burden for providers and barriers for individuals.
- Ensure implementation of Electronic Visit Verification (EVV) does not destabilize an already struggling PCA program and seek alternatives or variance in implementation date if stabilization cannot be achieved.
 - Several safeguards were added to these human service programs because of reports from the Office of Legislative Auditor. During this crisis these limitations can be lifted to provide more flexibility.
- Study the The PCA College Service Corps (PCA CSC) Pilot for scalability.
- Creative childcare options for HCBS workers
 - This could include flexibility for some workers to bring children to work (if appropriate and safe for the person accessing services), innovation grants in this area, or support for non-profit collaboration to provide on-site or near-site childcare.
 - Partner with local childcare settings to offer DSP and DSP in training support and to support people who have disabilities to build skills for working in childcare settings with DSP support.
- Explore the possibility of establishing a program for high school juniors and seniors to earn high school credits for working in HCBS jobs.
- Explore other private transportation options.