

Senate File 1062 Direct Support Professional Certification Pilot Project

Chief Author, The Honorable Senator John A. Hoffman (34, DFL)

Co-author, The Honorable Senator Jim Abeler (35, R)

Introduction of S.F. 1062: The Honorable Senator John A. Hoffman, Chief Author

Testifiers:

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S.F. 1062 Direct Support Professional Certification Pilot Project

Background: In July of 2018 the Minnesota Department of Human Services (DHS) hosted a community meeting to learn of the direct care concerns from people who rely upon direct care services of a direct care worker shortage. The result was a call to action. Jesse Bethke Gomez, Executive Director for Metropolitan Center for Independent Living (MCIL) was asked by DHS to provide a recap of that meeting at subsequent planning meetings. This effort along with growing concerns resulted in 2016 of the following: A Cross-Agency Direct Care and Support Workforce Shortage Working Group (MN DEED and DHS) was charged by the Olmsted Subcabinet of developing direct care recommendations. MCIL Executive Director Bethke Gomez was among the initial members of this Work Group. Mr. Bethke Gomez served as a technical writer for the report entitled: “Recommendations to Expand, Diversify and Improve Minnesota’s Direct Care and Support Workforce,” which was approved by Minnesota’s Olmstead Sub-cabinet in March of 2018.

In 2019, MCIL pursued funding and received a Community Innovation grant from The Bush Foundation to develop two recommendations from that report 1. **“Develop a service corps through partnerships with colleges, universities and/or private partners”** (Direct Care Recommendations Report page 18); and 2. **“Provide tiered credential options and career ladders for direct care and support professionals”** (Direct Care Recommendations Report page 2). Since 2019, MCIL has worked on both concurrent direct care workforce projects, A. The PCA College Service Corps and B. The development of a Direct Support Professional curriculum leading to the credential of a Certified Direct Support Professional.

The purpose of S.F. 1062 is to introduce the MCIL Direct Support Professional Certification curriculum in working with the Minnesota Department of Human Services Disability Services Division, Dakota County, Anoka County and four post-secondary institutions of higher learning in a voluntary education of direct care workers, college students, job seekers and family members to become Certified Direct Support Professionals. The curriculum follows Minnesota’s essential job duties for direct care workers and the Department of Health and Human Services 12 essential job duties for direct care workers as well. This is a three year project to assess scalability for all of Minnesota’s direct care workforce for all who rely upon direct care services for daily living.

The Certified Direct Support Professional is for all Minnesota direct care services that support people with disabilities and older adults in the pilot geography of Dakota county and Anoka County. MCIL is also pursuing a \$1.5 million grant to also support portions of this pilot in the same pilot geographic (*and outside the scope of S.F. 1062, a VA location in Minnesota*), for such costs as support to the four postsecondary institutions in the developing implementation for the curriculum in the two colleges and two universities.

The Certified Direct Support Professional is a new voluntary addition to the direct care workforce career ladder. As the enclosed synopsis of the entitled report, “A More Certain Future: Certification for Personal Care Assistants & Direct Support Professionals” authored by Dr. Kate Caldwell, states the Certified Direct Support Professional is needed for the direct care sector and is the equivalent to the Certified Nursing Assistant for the medical sector.

MCIL led the legislative effort along with the SEIU Union in pursuit of the now passed-into-law Enhanced Rate training of 30 hours of training leading to a 7.5% wage differential. S.F. 1062 follows this landmark legislation with an 80-hour educational curriculum leading to an 18.75% wage differential for the Certified Direct Care Professional. One item to note, the 2018 Recommendations report identified a direct care worker shortage gap of less than 10,000 unfilled jobs, today that direct care shortage gap of unfilled jobs is 53,000. Hence the need for S.F. 1062.

S.F. 1062 also calls for the development of accreditation standards for postsecondary and education institutions to follow in also instituting the curriculum leading to the credential of a Certified Direct Support Professional for Minnesota as a national model committed to excellence in education.

“A More Certain Future: Certification for Personal Care Assistants & Direct Support Professionals”

By Kate Caldwell, Ph.D.

The Metropolitan Center for Independent Living (MCIL) is resolute in solving this direct care worker shortage crisis and is leading efforts to focus on scalability across the United States. Advances in medical technology, the greying of the population, and a shift towards home and community-based services (HCBS) has led to increasing demand for direct care (Litvak, Bruckner, & Berrol, 2000). However, we lack the care infrastructure to meet this demand, particularly as regards the wages and standards of direct care workers (DCW) (Kalipeni & Kashen, 2021).

In general, care has been critically undervalued and underfunded in the U.S. (Kalipeni & Kashen, 2021). Most care is provided by unpaid caregivers, which is estimated to cost as much as \$522 billion annually. When it comes to Veterans, research found that family caregivers provided \$14 billion in uncompensated care each year, a number which is expected to be much higher today (Harrison, 2023). Somewhere between 18 million and 38 million Americans act as unpaid caregivers for older adults and adults living with disabilities (Dawson, Boucher, Stone, & Van Houtven, 2021). Increased investment in HCBS has been associated with lower rates of informal caregiving (Ko et al., 2014). DCWs are a precarious workforce given their low wages, high turnover rates, and low levels of health insurance (Smith & Baughman, 2007). On average, DCW turnover is 44% across the States. High turnover rates and long-term job vacancies are costly for providers, consumers, their families, and DCWs alike (Stone, 2004).

Despite the mounting pressure of the direct care workforce crisis, we have failed to make substantive programmatic and policy changes. Further, more research needs to be done to understand the impact of investing in PCAs, especially pertaining to the implementation and evaluation of PCA certification. We have long known that there has been a lack of training to adequately prepare DCWs and few opportunities for career development and advancement (Stone, 2004); however, PCAs have been relatively overlooked in these efforts. Providing the option for certification of the PCA role, following three core tenets below, will allow for equity with similarly skilled levels of direct care work, such as CNAs. Each tenet goes hand-in-hand with research and policy recommendations contained in this report.

1. Certification for PCAs can establish a clear, standardized level of expertise. The training for certification, utilizing an apprenticeship approach, should give rise to improved levels of professionalism, performance, and quality of service.
2. Certified PCAs should be compensated commensurate with CNAs having similar levels of experience. Certification and improved comparability of compensation (pay equity) should lead to improved retention with reduced employee turnover, hiring expenses, and training costs. Overall productivity should accompany greater expertise and workforce stability; these improvements will be highly cost effective.
3. An established accrediting body can and should develop ongoing, longitudinal data collection and evaluation to secure further improvements in PAS and cost efficiencies. It may also offer or require ongoing education for certified PCAs and may offer advanced certification levels in the future.

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February 28, 2025

Subject: Minnesota Senate File 1062 and Senate File 1418

Dear Members of Minnesota Health and Human Services Committee,

Stratis Health is writing to offer our support for and commitment to two pieces of legislation before you which are intended to support the direct care workforce in Minnesota. SF 1418 establishes a direct care certification program and SF 1062 establishes a human service direct support professional certification pilot program.

Stratis Health is a Minnesota-based independent nonprofit 501(c) 3 organization whose mission is to lead collaboration and innovation to improve health. For more than 50 years, we have pursued a vision to be the collaborative force that builds capacity across settings and services to accelerate improvement, demonstrate value, and foster a health system that is safe, effective, timely, patient-centered, efficient, and equitable.

Direct support professionals are a critical component in improving health and care for those with disabilities and others in our community. The actions proposed in these bills align with our mission and values, and we encourage your committee to act favorably on them.

Sincerely,

A handwritten signature in black ink, appearing to read "Jennifer P. Lundblad".

Jennifer P. Lundblad, PhD, MBA
President & CEO

Stratis Health is a nonprofit organization that leads collaboration and innovation in health care quality and safety and serves as a trusted expert in facilitating improvement for people and communities.



February 28, 2025

Senator John A. Hoffman (34, DFL)
Chairman,
Minnesota Senate Human Services Committee
5 University Avenue W.
Minnesota Senate Bldg., Room 2111
St. Paul, MN 55155

Dear Senator Hoffman,

I am writing on behalf of Northwestern Health Sciences University in support of Senate File 1062 Direct Support Professional Certification Pilot Project and Senate File 1418 Minnesota Council on Direct Support Professionals. Both of these important milestone legislation initiatives are vital to solving Minnesota's direct care workforce shortage crisis for people with disabilities and older adults who rely upon direct care services for daily living.

We are learning in newspaper reports of the direct care worker shortage gap in Minnesota that is resulting in people being forced out of their homes into costly long term care facilities or suffering health complications leading to hospitalizations. We believe both Senate File 1026 and Senate File 1418 prepare Minnesota to carefully go to scale to solve this crisis for the greater good and common good of all in Minnesota.

Thank you for allowing me to share with you my support for Senate File 1062 and Senate File 1418.

Sincerely,

A handwritten signature in black ink that reads "Deborah Bushway". The signature is fluid and cursive.

Deborah Bushway, Ph.D.
President and Chief Executive Officer
Northwestern Health Sciences University

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