

**Damon A. Leivestad**

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Hello, my name is Damon Leivestad. I'm a 51-year-old Mechanical Engineer and Disability Advocate from Plymouth, MN and have been using PCA homecare services for 33 years. I was born with a neurological disorder known as Spinal Muscular Atrophy (SMA). This progressive condition results from the gradual deterioration of nerve cells called the anterior horn cells. As these nerves degenerate, the connection between the brain and muscles weakens, leading to muscle atrophy and eventually their death from disuse. Though the mechanics differ, SMA's long-term effects are similar to ALS.

I'm a Mechanical Engineer by profession, but I began working with SEIU Healthcare Minnesota Iowa in the fall of 2017 and I was a bargaining team member in 2020 and 2022. More recently, I also started working with the Minnesota Consortium for Citizens with Disabilities (MNCCD), and the Direct Care Workforce Stakeholder Group.

I believe that homecare workers are the foundation and the most critical need for people with disabilities. Historically, the homecare sector has suffered from minimal investment, resulting in a staggering workforce shortage. Recently, however, there have been increasing efforts to invest and align homecare with other professions, but many challenges remain. To establish homecare as a respected profession that attracts talent, we must continue to build on the progress made by increasing wages, offering health insurance, retirement benefits, and other supports to ensure that workers can continue to provide high-quality care for their clients as well as their own families.

Investing in and valuing the homecare workforce is essential for improving the quality of care and support they provide. The time and energy spent trying to find reliable workers leaves people with disabilities feeling very vulnerable and often hopeless. This in turn inhibits our ability to have the security and stability that most people take for granted. Additionally, the inability to hire and retain quality homecare workers jeopardizes the health and safety of people in the disability community, increasing the risk of developing catastrophic health issues. Without adequate care, even the simplest tasks like getting out of bed, become impossible. This makes it difficult for people with disabilities to attend school, seek employment, engage in their communities, or lead fulfilling lives with equitable opportunities.

By working together, I believe we can enhance the solid foundation we've established in recent years while continuing to develop a meaningful profession that people desire.

Sincerely,

Damon Leivestad

August 30, 2024

For many years, the homecare sector saw minimal investment. This neglect of homecare workers and their clients resulted in a significant workforce shortage. In recent years, there have been considerable strides to align homecare with other professions, but challenges remain. If we become complacent and cease investing in homecare now, conditions will swiftly worsen, potentially leading to a scenario worse than before. To establish homecare as a respected profession that attracts talent, we must continue to build and invest in the progress that's been made in recent years.

- Despite improvements in [livable wages](#), a large segment of the workforce remains uninterested in homecare work unless hourly earnings reach approximately \$23 to \$25.
- As homecare workers experience wage increases aimed at improving their financial stability, they may inadvertently lose their eligibility for [health insurance](#) programs, particularly those based on income thresholds. Addressing this issue is critical to ensuring that workers retain access to necessary healthcare benefits.
- [Retirement](#) is a concern for those without savings. Will the government support them after they stop working? Investing modestly today could be more cost-effective than covering future expenses for housing, healthcare, transportation, food, and utilities.
- The latest SEIU contract introduces [experience tiers](#) that provide increased wages for experienced employees. This was a large step in acknowledging and rewarding workers' skills and longevity in the workforce.
- Implementing [higher pay for weekend shifts](#) in homecare could significantly enhance recruitment and retention of staff, making it more competitive with hospitals, nursing homes, and group homes that already offer such incentives. By providing financial motivation, clients and homecare agencies can attract qualified caregivers who may otherwise prefer positions in facilities offering premium weekend compensation, ultimately leading to improved care quality and continuity for clients.
- [Increasing pay for night shifts](#) in homecare would boost competitiveness by helping to attract and keep qualified employees, which ensures patients receive continuous, high-quality care. Higher wages can mitigate the difficulties of working nights, leading to greater job satisfaction and stability among staff. This initiative could also alleviate staffing shortages while making homecare a more appealing choice for workers.
- [Paid time off \(PTO\)](#) provided to full-time homecare workers is insufficient, as they only receive about 69.33 hours annually, which translates to roughly 8.5 days, including sick leave. This limited PTO leads to burnout and discouragement among workers, impacting both their well-being and the quality of care they provide. More generous PTO could enhance job satisfaction and retention in this demanding field.
- [Holiday pay is insufficient](#) when compared to other positions in the healthcare field.

- Creating a [tiered enhanced rate system](#) for workers providing advanced medical and physical care can effectively incentivize staff while ensuring clients receive the specialized attention they need. By establishing a pay structure that reflects the complexity and demands of the care required, clients can attract and retain skilled professionals, improve job satisfaction, and enhance the overall quality of care. This can help address workforce shortages in critical areas and ensure that clients receive appropriate, high-level support tailored to their specific health requirements.
 - Clients with complex cares rely heavily on their caregivers for essential daily support, and without adequate homecare services, they face increased risks of deteriorating health, potential institutionalization in costly facilities, or even death due to neglect of their basic needs. Providing effective homecare is vital to enhancing their quality of life and reducing the overall burden on the healthcare system.
 - The disparity between clients requiring varying levels of care can lead to a preference for lower-needs clients, as they offer similar financial rewards with significantly less physical and emotional strain. Care providers are likely to opt for clients needing 10 hours of care to maximize their earnings while minimizing the demands placed on them. This misalignment between pay and care requirements may necessitate a reevaluation of compensation structures to ensure that those caring for clients requiring complex supports are adequately incentivized for the increased responsibilities and challenges they face.

SF 1127 - Damon Leivestad Direct Care Sustainability Act

New ideas from Damon, along with updated language from his bills and other bills he championed during the 2024 Session.

Section 1:

Names the bill after Damon

Section 2:

SF4197 (Maye Quade) / HF4158 (Hicks); Remove Premiums for MA-EPD

- **Remove Asset Limits for MA-ABD; New**
 - Last session the asset limits for MA-EPD were removed which will allow people with disabilities to work and save for the future. Unfortunately, if you quit working after the age of 65 you will transition from MA-EPD to MA-ABD which still has a \$20,000 asset limit. This would mean that people would have to continue to work or would have to spend down the money they were able to save to remain eligible for services.

Section 3:

SF4197 (Maye Quade) / HF4158 (Hicks); Remove Premiums for MA-EPD

- Recently, the parental fees for TEFRA (Tax Equity and Fiscal Responsibility Act), which allows MA eligibility for children with disabilities in families with incomes too high to qualify for MA was removed. Growing up without these types of services, I saw firsthand how difficult it was for my parents and the parents of my friends who were disabled. So, while I'm thankful that these programs now exist, I'm disappointed that these fees were removed for middle class families before they were removed for people with disabilities who are systematically forced to live at or near poverty levels to maintain eligibility for services critical for their survival.

Sections 4, 6-10:

SF4045 (Hoffman) / HF4218 (Noor); Modify existing and adds new enhanced rate classifications.

- **Add enhanced rate for overnight shifts. See item (d) below.**
- **Enhanced Rates:** Creating an Enhanced Rate Tier would help ensure those with complex needs can find adequate care to continue to live and work in their communities. Homecare workers who earn an enhanced rate require mandatory training by the state and additional training dependent on the client they work for (Ventilator, Bi-Pap, Cough Assist, Suction Machine, G-Tube, Catheter, Nebulizer, Electric Wheelchair, Hoyer Lift, etc.) and provide more labor-intensive work than those who work with clients with less serve disabilities. An enhanced rate is imperative for clients with 10 or more hours of care per day but the current 7.5% is not enough for clients with even more complex care. There are very few clients (only hundreds) in these upper tiers so the additional costs would be minimal compared to the overall PCA budget.

- (a) An enhanced rate of 107.5% of the rate paid must be paid for services provided to people who qualify for 10 or more hours care per day when provided by a support worker who meets the requirements.
 - (1) an enhanced rate of 107.5% of the rate paid must be paid on top of any other enhancements in this subdivision for services provided to people who qualify for 10 to 14.75 hours of support per day; and
 - (2) an enhanced rate of 12.5% of the rate paid must be paid on top of any other enhancements in this subdivision for services provided to people who qualify for 15 to 19.75 hours of support per day; and
 - (3) an enhanced rate of 117.5% of the rate paid must be paid on top of any other enhancements in this subdivision for services provided to people who qualify for 20 or more hours of support per day.
- **Professional Development Rates:** The lack of skilled training required for homecare workers is often used as an argument for their low wages. We need to develop a program that would pay PCA's certified or licensed as a RN, LPN, HHA, or CNA 25% more per hour. This would draw more skilled people into the homecare field. It would also create an incentive for current PCA's to get additional training. Together, this would provide a pipeline of highly skilled and trained PCA's into the workforce.
 - (b) An enhanced rate of 125% of the rate paid on top of any other enhancements in this subdivision must be paid for services provided by a support worker certified or licensed as a registered nurse, licensed practical nurse, home health aide, or certified nursing assistant.
- **Weekend Rate Differentials:** Currently, it's very difficult to find staff for weekend shifts, which can place clients in potentially dangerous situations that could result in expensive medical complications. Creating a higher weekend rate would help clients fill open shifts and create a safer and more stable environment for their physical and emotional wellbeing.
 - (c) An enhanced rate of 110% of the rate paid on top of any other enhancement in this subdivision must be paid for services provided from 8 p.m. Friday night to 8 a.m. Monday morning.
- **Overnight Rate Differentials:** Finding staff for overnight shifts can be challenging, without adequate care overnight, clients may face potentially dangerous situations that could result in expensive medical complications. Creating a higher overnight rate would help clients fill open shifts and create a safer and more stable environment for their physical and emotional wellbeing.
 - (d) An enhanced rate of 110% of the rate paid on top of any other enhancement in this subdivision must be paid for services provided from 10 p.m. at night to 6 a.m. in the morning.

Section 5:

[SF4531](#) (Fateh) / [HF4682](#) (Curran); Enhanced rates should focus on the individual client's needs.

- The current system is very difficult to access for English-speaking caregivers and almost impossible for those who are non-English-speaking.
- The skills learned completing the enhanced rate courses are simple common-sense classes like Personal care: The basics of hygiene, Personal care: Basics of grooming and dressing, Personal care: Oral care, etcetera and don't teach the caregiver any specific advanced cares that enhance rate clients require.
- Caregivers who already have some of the required certificates such as CPR or BLS aren't allowed to use them because **they're not from the American Heart Association or the American Red Cross.**

Section 11:

[SF5335](#) (Hoffman) / [HF5280](#) (Noor); Direct Care Support in Hospitals

- This passed for waivers last session, **but not for PCA statutes.**
 - **Update:** For Personal Care Assistance (PCA) and Community First Services and Supports (CFSS) services, DHS was recently informed that the federal allowance for personal care staff to be available in an inpatient setting is limited to 1915 Home and Community-Based Services (HCBS) authorities and HCBS provided under a 1115 waiver. CFSS uses two 1915 authorities, so CFSS could allow personal care staff in hospitals, but our PCA program would not allow that.

Damon also has bills in other committees this session that are updated language from his bills during the 2024 Session

SF 93 – in Health and Human Services

- [SF4042](#) (Hoffman) / [HF4606](#) (Noor); Create a new category in MinnesotaCare.
 - Would allow homecare workers the ability to buy into affordable healthcare.

SF 777 – in Higher Education

- [SF4041](#) (Hoffman) / [HF4667](#) (Hanson); Student Recruitment and Retention.
 - Create college tuition grants to recruit students to work in the homecare field.
 - Create a student loan forgiveness program to help retain students after they graduate from school.