

April 8, 2025

Senator John Hoffman, Chair Senate Human Services Committee 95 University Avenue W. Minnesota Senate Bldg., Room 2111 St. Paul, MN 55155

RE: S.F. 3054—Senate Omnibus Supplemental Human Services Appropriation Bill

Chair Hoffman and members of the Senate Human Services Committee:

The Minnesota First Provider Alliance (the "Provider Alliance") is a trade association of personal care assistance (PCA)/Community First Services and Supports (CFSS) agencies and waiver service providers. The PCA/CFSS program is a critical service that assists over 47,000 Minnesotans in their home and community. We are writing to offer our support for three provisions in S.F. 3054.

First, the Provider Alliance would like to offer its support of the language in S.F. 3054 (Article 2, Section 37-40) that would increase the enhanced PCA/CFSS rate from 7.5% to 12.5% as part of the ratification of the state's collective bargaining agreement with Service Employees International Union of Minnesota (SEIU). Minnesotans with the highest support needs often have a greater level of difficulty in recruiting and retaining staff. This has led to individuals having no choice but to relinquish their preferred choice of living in the community or even going without the care they need. Increasing the enhanced rate will ensure people with disabilities can pay higher wages to attract and retain staff and therefore maintaining their choice of living in their communities. In the same vein, the Provider Alliance supports the proposed modest CFSS rate and budget increase as well as the improved benefits and other investments in the CFSS workforce.

Second, the Provider Alliance would like to express support for the language from S.F. 815 (Fateh), as amended, that would eliminate the additional training requirements for individuals eligible for the enhanced PCA/CFSS rate. As presented in committee, the training requirements have been a burden to individuals accessing additional funds to pay staff and are generally included in the new training obligations for CFSS. The fiscal note for S.F. 815 even noted an estimated 88.7% of all claims potentially e ligible for the enhanced rate are paid at the normal rate. The language in the bill would eliminate an unnecessary barrier to higher wages for those individuals struggling most to recruit and retain staff.

Finally, the Provider Alliance supports the language in S.F. 3054 (Article 2, Section 55) that would direct the commissioner of human services to seek to amend Minnesota's federally approved CFSS program to reimburse for delivery of CFSS during an acute care stay in an acute care hospital setting. The reimbursement services must be identified in an individual's person-centered support plan, be provided to meet the needs of the person that are not met through the provision of hospital services, not substitute services the hospital is obligated to provide, and be designed to preserve the person's functional abilities during a hospital stay for acute care to ensure smooth transitions between acute care settings and home and community-based settings.

Despite a very difficult budget situation, the Provider Alliance believes that S.F. 3054 makes significant improvements in the PCA/CFSS program that will help its members recruit and retain staff and serve the individuals in our community most at risk for high-cost care.

Thank you for the opportunity to provide comments on S.F. 3054. Please let us know if you have any questions.

Sincerely,

Dena Belisle, President Minnesota First Provider Alliance