



"Giving Voice to Those Seldom Heard"

December 21, 2021

To: Governor Tim Walz
Lieutenant Governor Peggy Flanagan
Senate Majority Leader Jeremy Miller
House Speaker Melissa Hortman
DHS Commissioner Jodi Harpstead
MDH Commissioner Jan Malcolm
MMB Commissioner Jim Schowalter

RE: Urgent needs for workforce and support in disability home and community-based services

Dear Governor Walz and leaders,

We write as the Minnesota Consortium for Citizens with Disabilities (MNCCD). MNCCD is a broad coalition of over 35 advocacy and provider organizations along with individual members, working to change public policy to improve the lives of people with disabilities. We believe in a Minnesota where people who have disabilities experience true belonging and inclusion, and we advocate for ensuring that Minnesota is accessible and equitable for people who have disabilities and that people have true empowerment and choice about their lives, including where they live and how they spend their time.

Joining MNCCD in this effort are the Office of Ombudsman for Mental Health and Developmental Disabilities (OMHDD) and the Minnesota Council on Disabilities (MCD). As you know, the OMHDD mission and vision is to promote the highest attainable standards of treatment, competence, efficiency, and justice for persons receiving services for mental health, developmental disabilities, chemical dependency or emotional disturbance. The MCD serves people with disabilities in Minnesota through development of effective policy, training, technical resources and collaborations with public and private stakeholders.

We write to you about a pressing public health crisis. In addition to the strains imposed by the COVID-19 pandemic, people who have disabilities are currently in crisis given the dramatic shortage of support professionals.

We are hearing heartbreaking stories of people faced with impossible situations and few if any choices. People being forced to leave their homes into larger congregate long-term care settings. Of group homes closing and dozens of people who live there being left in Emergency Rooms as the only care option.

This is not just a crisis for this moment – the changes that are happening right now due to the severe workforce shortage will likely have a lasting impact on the basic health and welfare of people with disabilities and where people with disabilities live and how they receive supports. Leaving these needs unmet not only harms these individuals' lives and leaves the state's commitment and obligations to

inclusion unmet, it also threatens our state's commitment to equity in the workforce. Without an adequate formal support network, the responsibility falls to families and individuals themselves, which often disproportionately impacts families in communities of color, people whose primary language is not English, and women.

Having direct support needs met is foundational and basic to people being able to be healthy and live inclusively in the communities of their choice. Direct support workers – PCAs, direct support professionals, nurses (in facilities and in home care), and others – are essential to ensuring that people can live in their homes and communities. These professionals do incredibly important work and have long been paid less and receive fewer benefits than what they could make in other jobs. Now, with the workforce crunch in so many sectors, these workers have become dangerously scarcer, with dire and likely lasting impacts on people with disabilities and our state's ability to fulfill our commitment under Medicaid and other health plans. Under the Olmstead decision and our state's Olmstead Plan, it is our state's responsibility to ensure that people have the right to receive the basic care and supports they need and to live in the communities they choose.

This crisis calls for many and varied solutions, including immediate, near, and long-term solutions. Right now, people, families, and providers need help meeting essential support and care needs right now. We compound the Covid-19 public health emergency if we can't meet people's day-to-day needs for support with things like getting out of bed, eating, and other basic care. In the near term, we need significant investments in rates to increase wages and retain the workers that are currently providing these supports. In the near and longer terms, we need both investments to make the workforce a sustainable one and approaches to better center people's choices and inherent strengths so that people can live lives that they choose with needed supports.¹

We urge you to take the following actions to address this crisis in the immediate, near, and long term:

Immediate Actions: We urge you to take steps to accomplish these actions as soon as possible. The focus here must be to replace workers who have left the field and to provide people with the flexibilities they need to get by day to day and week to week.

- Utilize the National Guard to provide Home and Community Based Services where workers are not available, including in people's homes and in other settings. Services include PCA, Home Health Care and Nursing, and direct supports provided as part of HCBS. This is especially needed in the rural communities of Minnesota.
- Utilize one-time money, including funds already dedicated by the legislature for workforce development or other appropriate purposes to train National Guard members to meet these needs.
- 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. This might also mean utilizing DHS staff, county agency staff, advocacy partners, and families to meet HCBS needs.
- Utilize available administrative flexibilities for providers when needed to find ways to meet the needs of the people they serve.

¹ We recognize that many individuals and institutions have been working on the direct care workforce shortage crisis for many years that had resulted in the Olmstead Sub-cabinet March 2018 "*Recommendations to Expand, Diversify and Improve Minnesota's Direct Care and Support Workforce Olmstead Subcabinet*" by the Cross-Agency Direct Care and Support Workforce Shortage Working Group. This report, now referred to as the Direct Care Workforce report, continues to provide an essential pathway forward and we urge you to use it as a guide, along with taking the steps outlined above.

- Include stakeholders in ongoing conversations and updates about administrative flexibilities to ensure people's rights are protected amidst short-term administrative flexibilities.

Near term: We urge you to prioritize these items in the coming months, including the 2022 legislative session. The focus here must be to retain the workers we have and to give people the support they need to find their own solutions where available.

- Significant investments in the PCA Rate Framework, Home Care, disability waiver services, and other HCBS services so that we can retain the workers we currently have. While the 2021 first special session HHS Omnibus Bill included several important advances in rates, including for PCA and Home Care, our economy and circumstances have shifted since then such that additional, significant rate increases will be needed to retain current workers, particularly in areas like PCA and Home Care, which have been historically underfunded.
- Maximize existing workforce:
 - o Simplify and streamline UMPI process
 - o Lift the 40 hour per week cap for PCAs for parents of minors and spouses for the CDCS and CFSS programs
 - o Make employee processes and information, such as for background studies, accessible in other languages besides English
- Benefits for workers:
 - o Loan forgiveness and scholarships 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.
 - o Retention bonuses
 - o An overtime rate for the PCA program to maximize existing workers
 - o Better benefits for HCBS workers, such as paid family leave or health insurance subsidies
 - o Creative childcare options for HCBS workers: this could include flexibilities for some workers to bring children to work, innovation grants in this area, or support for non-profit collaboration to provide on-site or near-site childcare.
 - Partner with local childcare setting 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.
 - Increase Basic Sliding Fee support for CCAP so that low-wage HCBS workers have more access to childcare
- Work with stakeholders to remove barriers and increase access to Life Sharing and shared services
- 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 professionals²
- Paid training for HCBS workers
- 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
 - o CDCS budget exceptions expansions
 - o Significantly increase CDCS funding across the board
 - o Expand innovation grants and other grants to explore more community-based alternatives
 - o Make IHS without training service more broadly available and expand the budget exception process for this service

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

- Extend or expand some of the one-time American Rescue Plan Act HCBS spending projects:
 - o 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. Currently, the program serves 350 people per year, but the program could benefit many more people. This could also include allowing grantees to work with people in group homes who rely on 1:1 staff.
 - o Add to the Workforce Development Grants included as part of the HCBS federal Medicaid Match spending from 2021.
- Private transportation pilot projects:
 - o 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
 - o Explore other private transportation options

Long term: We must plan for these now so that they can become reality in 2022 and beyond. The focus here must be to address the structure of our service system while we also enhance and attract new workers so that the HCBS workforce can be sustainable long-term.:

- Create career ladders for direct support professionals and PCAs. This could include partnerships with our state education systems to create infrastructure programs for the fields of disability or elderly support service. It could also include 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.
- Assess our background studies approach to streamline and reduce the financial burden for providers and barriers for individuals
- 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
- Address inequities in budget allocation for in-home services compared to provider-controlled settings
- Invest in solutions brought forward by the community

We look forward to many conversations now and during the legislative session to ensure that Minnesota uses its available resources so that people who have disabilities get the support they need throughout these dire times and, now and into the future, can live where they choose.

Thank you so much for your leadership during these incredibly challenging times. We hope you hear our concerns and the depth and severity of the problem we raise today. We look forward to continuing to partner on this pressing need.

Sincerely,

Melissa Haley & Maren Hulden, 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: Senator Michelle Benson
 Senator Jim Abeler
 Representative Tina Liebling

Representative Jennifer Schultz
 Cheryl Hennen, Ombudsman for Long-Term Care

MNCCD Member Organizations

MNCCD also has individual members who are not listed here

Accord
ACCRA Care
ACT (Advocating Change Together)
AuSM (Autism Society of Minnesota)
Consumer Direct Care Network
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
Hennepin Healthcare
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 First Community Solutions
Minnesota First Provider Alliance
MRCI- Managed Resource Connections, Inc.
Multicultural Autism Action Network
Pediatric Home Service
Proof Alliance
SEIU Healthcare
Special Olympics Minnesota
The Arc Minnesota