



February 2, 2022

Governor Tim Walz  
Minnesota State Capitol  
75 Rev Dr Martin Luther King Jr Blvd. # 130  
St Paul, MN 55155

Dear Governor Walz,

The Minnesota First Provider Alliance (MNFPA) was formed in 2016 as a non-profit organization for the purpose of developing and advocating for legislative and regulatory reforms and government investment in the quality and integrity of the state's personal care assistance (PCA) program. While recent investments by the Minnesota Legislature have been essential to stabilizing an essential Medicaid program, we continue to struggle to recruit and retain the necessary workers. We are writing you today to express our ongoing concerns with the Minnesota Department of Human Services' (DHS) recent changes in the statewide fingerprinting and photo services vendor, IDEMIA, and the problems MNFPA members are having getting individuals cleared to begin work.

As you are likely aware, after dissatisfaction with the previous fingerprint vendor, DHS issued a Request for Proposals (RFP) in 2019 as it sought a new service provider. The RFP weighed a number of criteria, including cost, quality and reliability of a vendor's enrollment center locations. While the eventual contract awardee, IDEMIA, was expected to be an improvement, MNFPA members, amongst other providers, have been extremely frustrated by a slow roll out of locations, long wait times, and confusion regarding types of allowable identification.

The MNFPA understands that COVID-19 has created numerous challenges in operations and workforce issues for many industries and that the backlog of temporary emergency background studies stresses the system in a way never envisioned prior to the pandemic. However, human services providers like the PCAs employed by MNFPA members are essential to the state's Medical Assistance service delivery system and the human impacts of individuals not being cleared to work is catastrophic. The looming end of the peacetime waivers surrounding fingerprinting background checks threatens thousands of individuals relying on PCA services as their workers could suddenly become ineligible to provide care.

As DHS transition to the new vendor, MNFPA members have identified a number of barriers and roadblocks to helping their PCAs navigate the new system. For example, provider agencies are no longer allowed to purchase their own machines unless they reach a certain threshold of employees per month. If a provider reaches the appealingly arbitrary threshold, the machines now cost \$20,000 (on top of the \$5,000 many providers spent on machines from the prior vendor that are now obsolete). Further, the new fingerprint machines are not portable and limits how effectively organizations can use the machines throughout their organizations.

Due to the financial infeasibility of PCA providers purchasing fingerprint equipment, there is more pressure on the public sites. In some areas of the state, there are very few locations. In Duluth, the vendor only has one public site—a provider agency—that has limited hours only three days per week.

In addition to site scarcity, the MNFPA is concerned that IDEMIA's process cuts out the provider agencies with all communications going directly to potential PCAs. These communications are only done in English and the PCA program relies on a diverse workforce including communities of color and immigrant populations. The inability to PCA agencies to help their employees navigate the system is incredibly problematic. Lastly, all these issues are compounded for PCA agencies, particularly smaller, culturally competent agencies, by the fact that the Legislature adopted a 2021 proposal from DHS to increase the background study fee paid by providers.

The MNFPA has compiled a list of issues with the current vendor that we believe creates barriers to onboarding new employees and possible solutions that we would like your administration to consider. Most notably, the MNFPA respectfully requests that DHS move quickly to contract with a second vendor (as they were authorized to do last June) and invest state or federal dollars to help PCA agencies purchase equipment (including shared equipment) at a reduced cost to take the pressure off the public sites.

Lastly, but perhaps most troubling, just yesterday, MNFPA leadership heard from a member who received a notice from DHS regarding the return to federally compliant fingerprint background studies for licensed and unlicensed services stating the following:

*"From Feb. 2 through March 31 provider entities assigned to Group 3 – DHS licensed and non-licensed provider entities and MnDOT special transportation service providers – must submit fully compliant fingerprint-based studies for all individuals who currently have an emergency study."*

This notice raises several concerns for the MNFPA, most notably is the question as to how the already beleaguered system will handle a sudden and massive influx of required studies and why such an expedited timeline is needed when emergency studies remain effective through July 1, 2022. Additionally, since hearing from the provider who received the notice, MNFPA leadership has reached out to more than 40 other members and none of them have received a similar notice. This raises questions as to DHS' methodology for communicating with agencies and the scope of the potentially expedited deadlines.

As provider agencies, we strive to provide impeccable care to Minnesotans who need our services and, like many service industries, are struggling to do so in the face of a historic workforce crisis. The administrative barriers outlined in this letter and detailed in the Attachment are severely impacting our ability to hire new PCAs. We look forward to working with the Legislature, your administration, and the Department of Human Services to preserve essential personal care assistance services in Minnesota.

Please feel free to reach out to me with any questions or concerns.

Sincerely,



Dena Belisle, President  
Minnesota First Provider Alliance

Cc:

Commissioner Jodi Harpstead, Department of Human Services  
Sen. Paul Utke, Chair, Senate Health and Human Services Committee  
Sen. Jim Abeler, Chair, Senate Human Services Reform Committee  
Rep. Tina Liebling, Chair, House Health Finance Committee  
Rep. Jennifer Schultz, Chair, House Human Services Finance Committee

**Attachment A**

Issue	New Vendor (IDEMIA)	Old Vendor (Gemalto/Thales)	Possible solutions
Costs for service (Increase was legislated and not due to vendor)	\$42BGS \$9.50 FP	\$20 BGS \$9.10 FP	Include the BGS fee in the PCA rate framework.
Cost of machines	\$20,000 (not portable)	\$5,000 (portable)	Possible grants from ARPA money.
Ability to purchase machine	Must conduct a certain # per month	Any agency could purchase	Allow providers to purchase machines and for providers to be able to partner with another agency to share the device.
Lack of access	Due to the inability for providers to purchase the fingerprint equipment, there is more pressure on the public sites. In some areas of the state, there are fewer FP locations, e.g., Duluth now has only one public site which is a provider agency with limited hours. Previously there were two public sites, and many providers had their own equipment.	More sites were available in some areas and providers were able to purchase their equipment and run FP for their own employees.	Add additional public sites to at least the level that existed previously. See recommendations for allowing providers to purchase equipment. Or, add another vendor.
Transparency for locations	Does not provide the addresses for FP locations on their website, some are just the city, some have the street name, but not the full address.	Exact addresses were posted on the website.	Post exact addresses for fingerprinting sites on website, along with the hours of operation.
No employer engagement	Communication goes directly to the employee and only in English. The employee may not know to look for the email or it may end up in spam. Doesn't notify the potential employer about the appointment	The employer was able to assist the employee with the process. They had the employee sign the consent form as part of the hiring packet and could assist with	Have the employer obtain the consent forms. Have the Fingerprint vendor CC potential employer about appointment so employer can follow up with potential

	for potential employee – many are immigrants who may not read English or use email.	language translation and the process.	employee and guide them through process.
Extension to the 14 days.	An extension can be granted when an employee is not able to get their fingerprints completed in 14 days. However, several providers have reported that either DHS or the vendor goes in and actually cancels the study, and the provider has to either contest this to get it re-opened or start the process over.	When an employee was not able to get their fingerprints completed in the 14 days, an extension could be requested.	Review the process for request for an extension for fingerprinting to ensure the study stays active.
Time for fingerprinting	Long wait times at appointments, up to three hours from the scheduled appointment time.	Many agencies had their own equipment; this took pressure off the public sites.	Allow for additional vendors to provide fingerprinting. Identify the issues with the IDEMIA equipment and until resolved do not book appointments every 10 minutes.
Clearance Delays	Employers are not able to see where the background study clearance is at in the process if the consent form wasn't signed by the employee. The employer does not know if the consent form was signed.	Employer had the employee complete the consent form and therefore were able to see where it was at in the process.	Have the employer get the consent form so they can get information on where the study is at in the process.
Equipment issues	FP equipment breaks down, has difficulty reading some documents, e.g., passports. Employees are told to bring two forms of ID as one may not work, some employees may not have two forms of ID. These	Equipment was less problematic.	Evaluate the equipment that is used and if problematic, require new equipment.

	issues create backlog in FP.		
--	---------------------------------	--	--

4867-9368-4748, v. 2