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The Need

- A 5% increase for Home & Community-Based Services in 2016 is critical to ensure that quality services for 108,000 people with disabilities and older adults in Minnesota remain available, stable, and sustainable.
- Best Life Alliance supporters are leading reforms that promote choice, independence and individualized options for people with disabilities and older adults, including Minnesota's Olmstead Plan. Achieving these reforms requires a skilled caregiver/Direct Support Professional workforce.
- Funding is needed to address the current statewide workforce crisis with better wages to ensure consistent, quality care so that caregivers and Direct Support Professionals can live their best life too.
- Since Minnesota has reached less than 3% unemployment, providers are under great pressure to staff current services. There are more than 8,000 direct care worker openings in Home & Community-Based Services in Minnesota (HCBS).ⁱ
- Providers are already working with people they support, advocates, families, state and county agencies, and others to help address the workforce crisis with efficiencies, reforms, technology, unpaid supports and more.
- Between 2006 and 2015, provider rates that pay for caregiver wages increased only 10.5% while inflation rose 21.0%.ⁱⁱ

Specifics of 2016 Best Life Alliance Proposal

- Bill language includes a 5% rate increase for HCBS and Intermediate Care Facilities for Developmental Disabilities (ICF/DD), effective July 1, 2016.
- Bill language requires providers to submit a quality improvement plan, as well as a person centered initiative in order to retain the full 5% increase.
 - Quality Improvement component: requires providers to submit a plan to DHS describing an initiative they will implement to improve quality.
 - Person Centered Initiative: Must incorporate person-centered thinking into the provision of services or advance one or more of the goals adopted in the state's Olmstead Plan.
- 90% of the new revenue designated for workforce compensation must be used to increase compensation-related costs for employees, and not persons employed in the central office, owners, or persons paid under a management contract.
- While a formal fiscal note for the 2016 legislation is not yet available, estimates from past fiscal notes show a cost of approximately \$90 million for a 5% increase for HCBS services for FY 2017.

The Benefits

Quality of Life for 108,000 People with Disabilities, Older Adults and their Families

- Home & Community-Based Services increase independence, promote health and safety, meet medical needs, foster skill development, provide job coaching and help people achieve their individual goals.
- These services support 73,000 people with disabilities and 35,000 older adults in Minnesota (total of 108,000).ⁱⁱⁱ
- Funding will support a quality services and the movement to increase options for individuals who want to live in more independent settings, and work in community jobs they choose.

Strengthening the Direct Support Professional Workforce

- A rate increase will help attract and more adequately compensate professional direct care workers who are responsible for turning service reforms into reality in this competitive hiring environment.
- An increase will impact **99,000 caregivers and Direct Support Professionals.**^{iv}

About the Best Life Alliance

The Best Life Alliance is a nonpartisan coalition of more than 130 Minnesota service providers, caregivers, people with disabilities, older adults, family members, and community partners advocating for Home & Community-Based Services. The Best Life Alliance's core priorities are to ensure funding to support quality services, a strong workforce, and reforms including Minnesota's Olmstead Plan.

Questions may be directed to Best Life Alliance Communications Chair Amy Wartick at awartick@lssmn.org.

ⁱ Calculated by CliftonLarsonAllen using DHS data and ARRM member reported vacancy rates as of September 2015.

ⁱⁱ Comparison of Minnesota Disability Waiver adjustments and change in CPI-U, aligned to state fiscal year.

ⁱⁱⁱ Calculated by CliftonLarsonAllen using 2014 DHS Data.

^{iv} Calculated by CliftonLarsonAllen using 2014 DHS and 2015 ARRM data.