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***Action is critical in 2018 to address the serious workforce crisis and support Minnesota's community-based disability services. This will strengthen services, communities and local businesses statewide while supporting people with disabilities and their caregivers to live their best life.***

## The Situation

Minnesota's Home & Community- Based Services (HCBS) support people with intellectual and physical disabilities to live their best life. These services are tailored to meet individuals' needs – whether that means help getting to work, supports to live independently in the community, or complex 24/7 medical care. **Right now the foundation of this community-based disability service system - a strong and stable direct care workforce - is crumbling.** Without immediate action, the entire system is at risk.



- **Failure to maintain Minnesota's community-based disability services will lead to increased costs per individual**, including emergency room visits and hospitalizations, mental health crises, and dangerous health consequences. System wide, this failure to maintain the system will make it harder for Minnesotans accessing and providing community-based disability services to live their best life.
- **Direct care workers who assist people with disabilities have demanding, highly-skilled, professional jobs** and should receive competitive wages. \$12.32/hour is the average wage of HCBS direct care workers in Minnesota, and many earn less<sup>i</sup>. This pay is directly tied to state reimbursement rates set by lawmakers and that pay has not kept up with rising costs over the past decade.
- **Due to these low wages and other factors, more than 8,700 unfilled HCBS caregiver and staff jobs exist in Minnesota today<sup>ii</sup>.** Individuals with disabilities struggle to maintain their independence without needed staff, there is a huge strain on currently overworked direct care staff, and providers' work to innovate and reform service delivery as much as possible is greatly hampered when they are having to constantly struggle to find and retain new staff.

- **HCBS providers are some of the largest employers in Greater Minnesota.** Investing in this workforce and service system means providing sustainable, quality jobs for communities that need them.

## Action Needed in 2018

Many reforms were recently passed by the 2017 Minnesota legislature to help set HCBS providers on a more sustainable path, but those reforms do not take full effect until future years. Best Life Alliance is grateful for the many legislators who worked hard to ensure the passage of these reforms that will, over the long-term, strengthen community-based disability services.

However, we must take additional steps *now* to stabilize this workforce and community-based disability service system. **Best Life Alliance's 2018 legislative proposal will help address the workforce crisis and stabilize the service system so that Minnesotans accessing and providing community-based disability services can live their best life.**

## About Best Life Alliance

Best Life Alliance is a statewide coalition of more than 130 organizations, people with disabilities, families and supporters advocating for Home & Community-Based Services. These essential services include a wide variety of training and employment programs, as well as medical and residential support services that allow people with disabilities to stay healthy, active, and independent. Best Life Alliance was formerly known as The 5% Campaign.

## About Home & Community-Based Services

More than 1,500 provider organizations deliver these essential and customized services to 73,000 people with disabilities in virtually every Minnesota neighborhood. Home & Community-Based Services include a wide variety of services that increase independence, promote health and safety, foster skill development, provide job coaching, meet medical needs, allow people to work and volunteer, and much more.

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<sup>i</sup> Calculated using ARRM's 2016 Member Workforce Survey Data.

<sup>ii</sup> Calculated by CliftonLarsonAllen using DHS data and ARRM member reported vacancy rates as of September 2015.