

Chair and Members of the Committee,

My name is Mitchell Loegering and I own and run with my wife Living Freely a Family Residential Services (FRS) provider in Minnesota for the last 6 years.

I am writing to respectfully ask for your support and a “yes” vote on HF 4288.

From a nursing standpoint, the level of care provided in Family Residential Services (FRS) homes is comparable to that of Community Residential Services (CRS). We follow the same care plans, medication administration protocols, safety standards, and documentation requirements. Our responsibility is to ensure the health, stability, and dignity of the individuals we serve every single day.

However, under the proposed flat rate model, the funding structure would not reflect the true clinical demands of this work. My home would face an estimated reduction of more than 50% in funding, while still being required to meet the same care standards. This creates a serious concern for maintaining safe staffing levels, proper training, and quality care outcomes.

FRS settings provide a more personalized, lower-stimulation environment, which is often clinically appropriate for individuals with complex medical and behavioral needs. These homes can prevent unnecessary hospitalizations, reduce behavioral escalations, and support better overall health outcomes.

If the flat rate is implemented, many FRS homes may be forced to close. From a nursing perspective, this would disrupt continuity of care, displace vulnerable individuals, and increase the likelihood of higher-cost interventions such as hospital stays or more restrictive placements.

Most importantly, limiting access to FRS settings undermines a person’s right to receive care in the least restrictive environment, as supported by the Olmstead v. L.C. decision.

HF 4288 helps ensure that individuals continue to receive appropriate, person-centered care in the settings that best meet their medical and emotional needs.

I respectfully urge you to support and pass HF 4288 to protect both patient care and provider sustainability.

Thank you for your time and your commitment to the health and well-being of Minnesotans.

Sincerely,  
Mitchell Loegering, RN  
Living Freely  
Livingfreely2019@gmail.com  
612-810-4288

Dear Honorable Chair Joe Schomacker and Committee Members:

I thank you for your service and your response to our pleas as Family Residential Services Providers today, on behalf of the Disability Community we serve, and the business of caring for individuals in our home. I submit my letter to you today, compelled to share just as Rep Hoffman encouraged Committee last week to “remember WHY I do what I do”: since 2014 I have experienced firsthand the life-changing impact of providing high-quality, person-centered residential supports and advocacy, for under-represented and marginalized Minnesotans, Vulnerable Adults living in my home. I respectfully urge you to SUPPORT **HF 4288**. This Bill reenacts Framework Rates for Family Residential Services (FRS), ensuring these vital services remain under the proven Disability Waiver Rate System (DWRS), like all the other groups that provide waiver services in MN, instead of creating another “DHS System failure”, in the Flat tiered-rate.

This Flat tiered-rate passed in 2023 to take effect on January 1, 2026, ultimately **de-funds** Minnesota’s Vulnerable Adults living in Family Residential Services homes, which means reducing their Continuity of Care, something multiple Human Services Committees have expressed valuing on behalf of our vulnerable population. **HF 4288 reenacts funding to Family Residential Services**, correcting an Omnibus that directly penalized and defunded Disability services provided only in FRS, quality of life, accessing the community (integration, activities, programming) and potentially choice of housing for individuals participating in this housing option. You all like to see the numbers. This may initially seem like a cost savings measure, but this is about persons’ daily quality of life: Two specific examples of those **de-funded** person-centered categories, based on 2025 DWRS values include: **Transportation** for Standard vehicle **\$2113.36/** Adapted Vehicle With Lift **\$3,773.84** AND **Client Programming and Supports \$2741.07**. This category cover costs to provide participants access to the community or care in their home, including regular supplies & equipment. (Copied from DWRS) Examples include, but are not limited to: Supplies and equipment that are not available through MA state plan or other waiver services; Participation costs for staff; Reinforcers as defined in the participant’s support plan; Cost to access residential services.

Without **HF 4288**, Minnesota’s FRS providers—who deliver 24/7 care to individuals with significant disabilities in family-like settings—will face unsustainable flat rates that ignore medical and mental health complexity, behavioral challenges, aging needs, and individualized staffing requirements. The DWRS framework allows for tailored rates and exceptions that we can attest make true person-centered care possible. The Flat tiered-rate does not.

I have already lost the only 2 employees/ Supplemental Supports that provided my husband & I limited relief. We reduced our capacity. Our rates have been reduced by 45% to do the same work with same compliance requirements, while paying increased licensing and other fees. Cutting DWRS rates by implementing the Flat tiered system is already creating chaos and disrupting continuity of care for many Vulnerable Adult Minnesotans being served. Providers like me will be forced to reduce services, lay off staff, or close entirely. The result will be disrupted lives, increased hospitalizations, higher state costs for more expensive corporate, institutional, individual placements, and families left without options.

**HF 4288** offers a straightforward, targeted solution: it simply reenacts the framework rates that have successfully supported FRS under DWRS. This is not a new program or major spending increase— it is a common-sense fix to prevent a crisis already looming for hundreds of Minnesotans with disabilities and the families and Direct Support Professionals who support them.

Thank you for your leadership on Human Services issues and for protecting vulnerable Minnesotans.

*I ask that you please **SUPPORT HF 4288** and move it forward so that Family Residential Services can continue doing our important work under the effective DWRS framework that works.*

***Tami Lubowitz,***

ARRM Member in Support of MARSH Bill HF 4288

The Way Home, LLC

1292 10th Ave North | St. Cloud, MN 56303 | 320-345-1367

Dear Honorable Mohamud Noor, Heather Keeler, and Committee Members:

I thank you for your service and your attention to our pleas as Family Residential Services Providers today, on behalf of the Disability Community we serve, and the business of caring for individuals in our home. I submit my letter to you today, compelled to share just as Rep Hoffman encouraged everyone last week to “remember WHY I do what I do”: since 2014 I have experienced firsthand the life-changing impact of providing high-quality, person-centered residential supports and advocacy, for under-represented and marginalized Minnesotans, who are Vulnerable Adults. I respectfully urge you to SUPPORT **HF 4288**. This Bill reenacts the Framework Rates for Family Residential Services (FRS) in 2027, ensuring these vital services remain under the proven Disability Waiver Rate System (DWRS), like all the other groups that provide waiver services, instead of creating another “DHS System failure”, in the Flat tiered-rate.

This Flat tiered-rate was passed in 2023 to take effect on January 1, 2026, ultimately **de-funding** Minnesota’s Vulnerable Adults living in Family Residential Services homes, which means reducing their services, quality of life, accessing the community (integration, activities, programming) and potentially choice of housing. Two specific examples of those **de-funded** person-centered categories, based on 2025 DWRS values include: **Transportation** for Standard vehicle **\$2113.36**/ Adapted Vehicle With Lift **\$3,773.84** AND **Client Programming and Supports \$2741.07**. Category to cover costs to provide participants access to the community or care in their home, including regular supplies & equipment. Examples include, but are not limited to: Supplies and equipment that are not available through MA state plan or other waiver services; Participation costs for staff; Reinforcers as defined in the participant’s support plan; Cost to access residential services

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Thank you for your leadership on Human Services issues and for protecting vulnerable Minnesotans. *I ask that you please **SUPPORT HF 4288** and move it forward so that Family Residential Services can continue doing our important work under the effective DWRS framework that works.*

**Tami Lubowitz**, ARRM Member

The Way Home, LLC

1292 10th Ave North | St. Cloud, MN 56303 | 320-345-1367

**Tariku Gebre Bashenu, AFC**

1068 Dennis Street South

Maplewood, MN 55119

Phone: 651-246-4425

Email: tgebre2009@gmail.com

**Re: Request for Support of HF 4288**

Dear Megan,

My name is Tariku Bashenu, and I have been a licensed family foster care provider for the past six years. Throughout my experience, I have remained deeply committed to ensuring the health, safety, and well-being of the individuals I serve.

I am writing to respectfully request your support for HF 4288. This bill addresses the removal of the current flat-rate provision, which has created significant challenges for providers, service recipients, families, and the broader community. The existing structure places vulnerable populations at increased risk and contributes to disparities in care across Minnesota.

HF 4288 proposes a transition from the flat-rate system to the Disability Waiver Rate System (DWRS) standard waiver rate beginning in 2027. This change is essential to ensuring that providers are adequately supported in delivering safe, high-quality care.

Eliminating the flat rate will help providers maintain appropriate staffing levels, protect the benefits of those receiving services, and strengthen the overall quality and safety of care for individuals supported by more than a thousand providers statewide.

Thank you for your continued leadership and for considering support of HF 4288. Your commitment to this issue will have a meaningful impact on improving the quality of life, health outcomes, and overall well-being of the communities we serve.

Thank you for your time and consideration.

Sincerely,

**Tariku Bashenu**

## **Testimony of Christopher Freilinger In Support of Family Residential Services (FRS) & HF4288 / SF4310**

Good morning, Chair and members of the committee,

My name is Christopher Freilinger.

Before coming into this home, I was in constant crisis, dealing with what felt like hell every single day. The place I was living in was eventually shut down due to neglect and abuse.

That was my reality.

It wasn't until five years ago, when I moved into the Strasser Family Foster Care home, that my life began to change.

Because of that home, I have grown.

I have a job.

I have independence.

I have stability.

Without it, I truly believe I would be in a very dark place. I would not be capable of having a stable job. I would not have independence. I would likely still be isolated, struggling with my mental health and unable to function in the community.

This model didn't just give me a place to live it gave me a life.

What concerns me is what happens if this goes away.

If I were forced into a group home setting, I can tell you honestly, I would not succeed there.

Those environments have rotating staff, shift changes, different cultures and constant inconsistency. For someone like me, that instability is overwhelming. The uncertainties are traumatic for me.

It wouldn't take long before things would spiral. And when that happens, people like me don't just "fail placement" we

end up in crisis. Those placements called me a monster.

Sometimes that means hospitalization. Sometimes that means involvement with the criminal justice system.

So I must ask — how is that saving money?

Because it's not.

Family foster care works because it is consistent, personal, and truly supportive. People with disabilities are not problems to be managed or costs to be reduced.

We are people. If family foster care providers are forced to close, where are we supposed to go?

We need these programs. Please support HF4288 because my life matters and I'm worth it.

Thank you for your time.

Christopher Freilinger

*Christopher  
Freilinger*

## Testimony in Support of HF 4288

Chair and Members of the Committee,

Good morning. Thank you for the opportunity to testify today in support of House File 4288.

My name is Angela Strasser. I am an Adult Family Foster Care provider of 7 years, a disability advocate for nearly 30 years, and the Vice President of MARSH.

I knew very little about advocacy or government until I realized the system wasn't working for the very people who deserved more. So I stepped forward. And that's where this journey began.

My career started in institutional and group home settings with Lutheran Social Service but when my husband and I became empty nesters, something changed, and we stepped into an opportunity to be Adult Family Foster Care Providers.

Case managers were not finding placements in traditional corporate settings. They were desperate.

So we made a decision, we opened our home to individuals with severe, high-acuity mental health needs giving them an opportunity they would not otherwise have, a stable, family foundation with endless opportunities. If they can dream it, together we can accomplish it.

One individual came to us after being retraumatized in another setting. He had already endured a life of trauma from his parents. He laid in a bed for 21 hours a day at that program, was severely overweight, and on 17 medications. He was bullied, abused and neglected. We were told he would not get out of bed.

But through consistency, trust, and relationship-based care he did.

Today, he communicates.

He engages.

And even during a current medical crisis he asks one thing:

*"I live here. I come back here. This is my home."*

So, we provide the medical support in "his" home, our home that is essential to his needs.

Another individual came to us believing he was a monster as that is how other settings defined him.

Today he is working, stable, and part of his community.

Across the three individuals we currently support:

- Medications have been reduced by 21
- Hospitalizations and crisis visits have decreased by 98%
- They are working, volunteering, and making their own choices

Where other providers could not succeed, we did. It's not easy but they are worth it.

But now...I have had to issue a 60-day termination notice.

Not because we failed but because the flat-rate system cannot support the level of care required.

Since September 2025, 55 homes have closed & 141 beds lost.

And more are coming.

Because providers cannot meet federal HCBS requirements under the flat rate especially for those with the highest needs.

So I ask you

Please support HF 4288.

Because this isn't about disabilities

It's about the ability to choose where you live and work.

It's about not being forced into more restrictive environments because the system failed.

This is not about improving a system, it is about preventing its collapse.

Minnesota, we can do better. We must do better.

What happened to *better lives, not better paper?*

Because right now we are not achieving either.

And I'll leave you with this-

Do you go to bed every night wondering who will be standing next to your bed in the morning?

Because if the individuals we support are forced into more restrictive environments...  
that is exactly what they will face.

New revolving “just for a paycheck” staff.

New settings.

New uncertainty.

And with that comes the return of trauma, instability, and fear.

**Minnesota cannot meet federal HCBS requirements without sustaining Family Residential Services.**

Thank you.

Angela Strasser

*Angela Strasser*

Strasser Family Foster Services

## **Testimony of Tammy Freilinger in Support of HF4288**

My name is Tammy Freilinger, and I am Christopher's mother.

Before Christopher came to Strasser Foster Services, our life was crisis after crisis. My son was not understood, he was labeled. He was treated like a problem to manage instead of a person to support. Over time, he began to believe what others showed him that he was a monster, that he was too much, that he would never succeed.

Chris has lived through things no parent ever wants to see. He has been on suicide watch. He has cycled through crisis situations, behavior plans, and programs that were inconsistent, underprepared, and at times unsafe. One of his previous placements ultimately closed due to abuse and neglect. That alone tells you everything about the kind of system families like mine have had to rely on.

The instability made everything worse. Staff didn't show up. Job coaching failed him. Expectations changed constantly. And each time, Chris spiraled further. He didn't trust anyone. He didn't want therapy. He would quit before it even had a chance to help him.

At home, we were drowning. Chris would call and text me up to 45 times a day sometimes angry, sometimes desperate, sometimes threatening. Our entire family lived in a constant state of emotional exhaustion. We loved him, but we were losing him.

Then Chris moved into the Strasser home in July of 2020.

For the first time, someone didn't give up on him.

Instead of reacting to his behaviors, they worked to understand them. They advocated for deeper answers, which led to updated psychological testing and a clearer picture of what Chris is truly dealing with including Autism Spectrum Disorder, ADHD, Bipolar Disorder, and Antisocial Personality Disorder . That understanding changed everything.

They didn't shame him. They taught him.

They introduced DBT therapy, and for the first time in his life Chris stayed. He committed. He learned how to regulate his emotions, how to pause, how to deescalate. These are skills that are saving his life.

The consistency, structure, and trust this family provides cannot be replicated in a shift-based, rotating staffing model. Chris requires people who know him deeply, who understand his triggers, his patterns, and how to redirect him before he escalates. His clinical evaluation clearly states that he needs structured behavioral interventions, clear communication, and consistency to be successful. That is exactly what he receives every single day in this home.

And the transformation is undeniable.

Chris is working. He participates in his life. He communicates differently. He takes accountability. And perhaps most importantly our relationship has been restored. I am no longer receiving 45 calls a day filled with chaos and distress. We can finally be a family again.

Strasser Foster Services doesn't just support Chris they support all of us. They step in when things are hard. They provide stability when everything else has failed. They have given my son something he has never truly had before: a placement where he feels safe, respected, and understood.

HF4288 is not just policy. It is the difference between stability and regression.

If Family Residential Services like this are forced to close because of a flat-rate system that does not account for individuals like Chris, he will not succeed in a traditional setting. He will fall back into crisis. He will lose the progress he has fought so hard to achieve. And as his mother, I fear we could lose him entirely.

This bill is about preserving what works.

Because when you finally find the right support for someone like Chris... you don't change it—you protect it.

**We already know what happens to my son without this level of care because we lived it. The question is... are you willing to send him back there?**

**Please support HF4288.**

With sincere appreciation

Tammy Freilinger

TUSE IRE FOSTER CARE PROGRAM

2389 SCHADT DRIVE E MAPLE WOOD

MN 55119

Name - TUSE IRE

Position or Role- Provider and manager for the facility

RE- REQUEST TO SUPPORT HF **4288** BILL.

Phone- 6122989738

Email - taliilee68@yahoo.com

Dear Megan,

My name is Tuse Ire, and I have been a family foster care provider for the last 8 years. I know and value client health and safety.

I am emailing you to support HF 4288, aimed at removing a flat rate provision that puts all the providers, the most vulnerable population being served, families, and the community, including the local counties and our great state of Minnesota, at the highest risk and significant health care disparities. This HF 4288 will reverse and change the current flat rate pending and change it to the DWRS rating system regular waiver rate in 2027

Removing the flat rate will support the providers to serve safely, keep the most affected service recipients' benefits, provide adequate staffing, and promote the health and safety of clients in the community who are receiving care and services from more than one thousand providers.

Thank you so much for standing with the providers and making HF4288 Possible and amending it into law so that populations served will get the quality of life, be healthier, and be happier in the communities they live in.

Thank you so much for your remarkable support.

With kind regards,

Tuse Ire, Management,



**Mary Franson**  
Representative, District 12B  
Proudly serving Douglas,  
Pope, and Stearns Counties



# Minnesota House of Representatives

March 20, 2026

Commissioner Shireen Gandhi  
Minnesota Department of Human Services  
Commissioner's Office  
PO Box 64998  
St. Paul, MN 55164

*Via electronic delivery*

Commissioner Gandhi,

As the State Representative for District 12B and its many constituents who are affected by the recent and ongoing transitions within the family residential service (FRS) program, I am writing to draw your attention to some questions and concerns my constituents and other FRS providers have for your team at DHS as you continue to transition to the new tiered rate system.

Since authoring HF4288, I have received many letters from FRS providers across the state expressing concern with the new rate system. While I would like to believe DHS has carefully evaluated the effects of this change, it has clearly raised significant provider concerns, which many providers feel have gone unaddressed.

Below is a list of questions I have received, to be directed to your team at the Department of Human Services. Please share your responses to these questions with me via email. I would also ask that you make the responses to these questions available to FRS providers across the state as they seek answers as well.

1. How will DHS ensure individuals needing 1:1 or 2:1 staffing, awake overnights, or nursing care still receive those services once the flat rate is approved by CMS?
2. What is the projected closure rate after implementation of the flat rate system? 55 homes with 141 beds have closed since September 2025, and I have been made aware that many providers are unsure whether they will be able to remain open with the new system.
3. With the loss of FRS providers comes the loss of capacity. However, it is clear that demand will remain, as the individuals needing these services remain part of our communities. What is the plan for those losing their ability to stay in their current FRS setting when programs start to close?
4. In the October 21<sup>st</sup>, FRS Tiered Rate DSD Webinar, when asked for guidance for those providers that will need to go back to work, DHS representatives noted that the county case managers would need to find creative solutions to provide those extra supports. Since then, at least 13

5. HCBS services have been suspended – what is the plan for those needing "creative solutions" as discussed?
6. When asked what would happen if a program closes because the flat rate system is unsustainable due to the inability to meet the needs of the individuals being supported, DHS responded that a person's rate is not grounds for service termination and that the individual's case manager has the responsibility to take action against the provider. If that is true, how can DHS force programs to stay open if that would result in that family's financial hardship?

Again, I hope that DHS has been carefully evaluating every possible outcome of this change and will be able to thoroughly answer each of the questions above. Thank you in advance for your attention to these concerns. I look forward to your reply.

All my best,

A handwritten signature in black ink that reads "Mary D. Franson". The signature is written in a cursive style with a large, looped initial "M".

Mary Franson  
State Representative, District 12B  
[rep.mary.franson@house.mn.gov](mailto:rep.mary.franson@house.mn.gov)  
651-296-3201

March 2026 Testimony

Chair Schomacker and House Human Service Finance and Policy Committee members:

My name is Dawn Filipiak. My husband and I have operated Oak Hill Adult Services, a Family Residential Services home, since 2009. We have two long-term residents over age fifty. Our home supports House File 4288, to put Family Residential Services back on the Disability Waiver Rate System (DWRS).

Tier System under-funding of residents with disabilities in 245D Family Residential Services (FRS) settings will irreparably change the future of family-centered housing options for vulnerable individuals with disabilities. People with disabilities are being under-funded by the Tier System, which impacts their MN Family Residential Services homes. These are family environments that provide individual supports and protect these challenging, yet vulnerable, individuals.

At one of our two residents' January 2026 annual meeting, it was determined by our county that this particular resident would be placed on Tier 3, Case Mix B. Which equates to \$254.06 (\$10.58/24 hr. care). This resident's service supports require three 8-hour shifts. This resident is over seventy years old, retired after thirty-plus years of cleaning out dog kennels at a local business, has multiple medical diagnosis, behavioral management supports, programming supports, and cannot be left alone. This resident's service and supports will be under-funded by 55% because he/she chose to live in a Family Residential Services (FRS) home for fifteen years instead of a Community Residential Services (CRS) home. Two types of homes with the same 245D HCBS requirements.

Who is benefiting from closing and removing vulnerable adults from Family Residential Services homes? Is there a hidden agenda? When we calculate our two residents' exact same service hours from the FRS Disability Waiver Rate System (DWRS) on the CRS Disability Waiver Rate System (DWRS), it costs an additional \$181.13 per day (\$66112.45 per year) for one resident and an additional \$165.95 per day (\$60571.75 per year) for these residents to live in a Community Residential Services (CRS) setting. This is a cost savings to MN of \$126,684.20 per year for our two residents to live in our Family Residential Services home vs. a Community Residential Services home. ***If Family Residential Services homes are forced to close because their residents are under-funded through the Tier System, these same residents will end up in a more costly environment with re-instated DWRS funding. Why is this true? Because most of the individuals in FRS homes cannot safely live with untrained, often exploitive, relatives or go back to elderly parents who have passed. If these were options, FRS residents would already be living in this type of arrangement. Family Residential Services is less costly and considered a least-restrictive environment in comparison to Community Residential Services.***

It appears that we live in a time where retaliation seems to be the name of the game. However, what everyone forgot was that this is not a game, and these are real people. Under-funding and minimizing people who cannot stand up for themselves speaks to the character of the over-riding institution. MN needs to consider its legacy. These are real people, vulnerable people with disabilities. It's *their* lives. Putting them on the Tier System means you are changing who they see when they wake up in the morning. You are taking away important relationships, routines, loved spaces, favorite people, cuddles with pets, special moments with the FRS families they are meant to be with. You are taking away people with whom they have formed lasting bonds and creating

more trauma in a vulnerable adult who has already been through enough trauma just by being disabled. Compassion arises when we have the ability to look at ourselves in the mirror, check our mistakes, and make a different decision going forward. The depth of relationships in Family Residential Services homes speaks to the quality of care provided by these unique homes. The Tier System is taking away Minnesota's vulnerable adults' rights to choose to live in family environments. The Tier System is NOT person-centered, it is government-centered.

It seems like the world is divided, but I think we can all agree that one little sensitive person over age fifty-five with Down syndrome who presents at a cognitive age of three and loves to say "Good morning sunshine" to his/her DSP each morning, should not be a victim of a messed-up system. Nor should a seventy-plus retired resident who is slightly irritable, enjoys word-finds, and loves paddling a kayak down the river with his/her Family Residential Services family have to worry about being displaced from a fifteen-year home.

Please do not let these vulnerable adults be victims. The Tier System is not an accurate system. The Disability Waiver Rate System calculates resident supports in a much more accurate, trackable, and transparent manner. Thank you for your time.

Respectfully Submitted,

*Dawn Filipiak, Executive Director/DCDM*  
*Oak Hill Adult Services*  
[oakhill@runestone.net](mailto:oakhill@runestone.net)  
13321 Church Rd. SW Farwell, MN 56327  
320-283-5591

## **A Letter of All Letters: Save Family Residential Services Before It's Too Late**

To: The People of Minnesota

Date: March 23rd, 2026

### **Subject: Family Residential Services Will Collapse Under the Flat Tiered-Rate System—We Must Remain on the Current DWRS Model**

We are at the edge of a precipice. If action is not taken immediately, Family Residential Services (FRS) in Minnesota will collapse in 2026 and lives hang in the balance. **Right now, Family Residential Services providers operate under the Disability Waiver Rate System (DWRS).** A carefully developed, individualized rate structure that enables us to provide 24/7, person centered care to Minnesotans with significant disabilities. This system works. It is not perfect, but it is functional and fair. **In 2023, that changed.** Laws 2023, Chapter 61, Article 1, Sections 46(m) and 47, mandated that Family Residential Services be absorbed into a rigid, one-size-fits-all **flat tiered-rate system**—effective **January 1, 2026 or pending CMS approval (which I hope never happens)** Let that sink in: **Providers who serve the most medically fragile and behaviorally complex individuals will lose 42%-82% or more of their funding, with no legal recourse to ask for more.** Even more alarming: **this was done without consulting the families, providers, or residents it impacts.** There was no broad outreach and no transparent cost analysis. Let me be clear. If this tiered rate system goes into effect as planned, **Family Residential Services will not survive.** We are family homes licensed under 245D. We serve people who have chosen to live with us long-term in a stable home. Most of our residents require 24-hour, year-round support. They do not fit into standard “tiers. “And yet, the 2023 law removes all exceptions. It flattens their humanity into formulas. It pushes providers like myself to shut our doors, not because we want to, but because **we legally, ethically, and financially cannot comply** with DHS 245D HCBS requirements on just a fraction of the current funding. We have tried to stop this. Bills like SF 3841/ HF 3712 (2024) died, and SF 2297 / HF 1894 (2025) sought to delay implementation until 2029 and establish an advisory task force with stakeholders at the table. They were widely supported. They died quietly in end-of-session closed door negotiations. **SF 3027** sought to clarify licensing and repeal part of the 2023 law but remained hollow and never advanced. **Our voices are being ignored.** DHS continues to insist on implementing the tiered rate without transparency or stakeholder input. There is no public-facing plan. **Many families will not know they are losing their homes until the day their provider closes.**

**We are calling on every person of conscience in this state to demand action:**

**Please hear and pass HF 4288** which I'm told will continue to keep FRS on the DWRS frameworks that we are currently on and will let us be able to continue to serve our individuals currently in our care.

**We need respect for the lives of people with disabilities who chose Family Residential Services as their home.**

**This is our last stand. If you allow this law to go into effect, the closures will be swift, the trauma deep, and the responsibility will lie with those who had the power to stop it.**

Please, do not let Family Residential Services die in silence.

Sincerely,

Julie Steinke, Family Residential Services Provider/DSP

## Adult Foster Care Licenses by Capacity - September 2024

**Total Active AFC Licenses: 1,162**

**Total Available Beds: 2,778 Beds**

Licensed Capacity of AFC Residence	Number of Residences	Percentage of all AFC Residences	Total Number of Beds
1	344	29.6%	344
2	348	29.9%	696
3	190	16.4%	570
4	232	20.0%	928
5	48	4.1%	240

*Information drawn from DHS Licensing Information Lookup at <https://licensinglookup.dhs.state.mn.us/>*

## Adult Foster Care Licenses by Capacity - March 2025

**Total Active AFC Licenses: 1,137**

**Total Available Beds: 2,659 Beds**

Licensed Capacity of AFC Residence	Number of Residences	Percentage of all AFC Residences	Total Number of Beds
1	356	31.3%	356
2	340	29.9%	680
3	182	16.0%	546
4	213	18.7%	852
5	45	4.0%	225

*Information drawn from DHS Licensing Information Lookup on 03/13/2025 at <https://licensinglookup.dhs.state.mn.us/>*

### Notes:

1. In 2024, 62.6% of all AFC beds were in residences with capacity of 3 or more.
2. In 2025, 61.0% of all AFC beds were in residences with capacity of 3 or more.
3. In comparison to 2024, there are:
  - a. 119 less beds in AFC homes - a 4.3% decrease.
  - b. 15 less 5 bed homes - a 6.3% decrease.
  - c. 76 less 4 bed homes - an 8.2% decrease
  - d. 24 less 3 bed homes - a 4.2% decrease.
  - e. 16 less 2 bed homes - a 2.3% decrease.
  - f. 12 more 1 bed homes - a 3.5% increase.

## **Adult Foster Care Licenses by Capacity - March 2026**

**Total Active AFC Licenses: 1,105**

**Total Available Beds: 2,521 Beds**

<b>Licensed Capacity of AFC Residence</b>	<b>Number of Residences</b>	<b>Percentage of all AFC Residences</b>	<b>Total Number of Beds</b>
1	363	32.9%	363
2	331	30.0%	662
3	176	16.0%	528
4	197	17.8%	788
5	36	3.3%	180

*Information drawn from DHS Licensing Information Lookup on 03/21/2026 at <https://licensinglookup.dhs.state.mn.us/>*

### **Notes:**

- 1. In 2024, 62.6% of all AFC beds were in residences with capacity of 3 or more.**
- 2. In 2025, 61.0% of all AFC beds were in residences with capacity of 3 or more.**
- 3. In 2026, 59.3% of all AFC beds were in residences with a capacity of 3 or more.**
- 4. In comparison to 2025, there are:**
  - a. 257 less beds in AFC homes - a 9.3% decrease.**
  - b. 45 less 5 bed homes - a 20% decrease.**
  - c. 64 less 4 bed homes - a 7.5% decrease.**
  - d. 18 less 3 bed homes - a 3.3% decrease.**
  - e. 18 less 2 bed homes - a 2.7% decrease.**
  - f. 7 more 1 bed homes - a 2% increase.**

March 20, 2026

Chair Schomacker, Chair Noor, and Members of Human Services Committee:

Thank you for the opportunity to provide a letter of support for HF 4288, a bill that will move the rates for Family Residential Services (FRS) and Life Sharing services back into the Disability Waiver Rate System.

Family Residential and Life Sharing Services are a critical part of the spectrum of services that support people with disabilities. These services allow individuals to choose to live with a family, in the family's home, as opposed to a provider-controlled home.

During the 2023 legislative session, a new flat rate tier reimbursement system was passed by the legislature and will be effective in 2026, pending federal approval. These flat rate tiers will result in large rate cuts for providers, resulting in many no longer being able to provide services.

ARRM is proud to represent many Family Residential Service providers. They have been extremely vocal about their concerns of not being able to provide services beyond 12 months if the flat rate tier structure is fully implemented. While FRS providers support people in their homes, they still have to comply with the same licensing requirements as other residential providers, including training, background studies, documentation, and policies and procedures.

With over 1,200 Family Residential Service providers in our state, the closure of even a few would represent a major loss to the network of providers who do this work. Thousands of people who get their services through FRS will find themselves not only without a service provider, but without the home they have lived in for many years.

Moving Family Residential and Life Sharing Services to a flat rate tier system will result in major disruptions, not just to these homes, but to the entire ecosystem of services that support people with disabilities. Now, more than ever, is the time to ensure that all services are sustainable going forward.

We urge the committee to support HF 4288.

Sincerely,

Sara Grafstrom  
Senior Director of State and Federal Policy, ARRM



Chair and Members of the Committee,

My name is Capri Loegering and I own and run with my husband Living Freely a Family Residential Services (FRS) provider in Minnesota. I can be reached at livingfreely2019@gmail.com or 763-219-5935.

I am writing to respectfully ask for your support and a “yes” vote on HF 4288.

This bill would return Family Residential Services (FRS) to the Disability Waiver Rate System (DWRS) framework, aligning FRS with other waiver service providers. FRS providers operate under the same policies, expectations, and level of care as Community Residential Services (CRS) homes. The work does not change—only the reimbursement structure does.

Under the proposed flat rate, my home would experience a major reduction of funding, despite continuing to provide the same level of care and support. This creates an unsustainable model for providers like myself. We will need to have the person we serve move out, back into a group home, which isn't what he or his family wants for his best quality of life. Or we need to find a bigger home and the right type of person to join our home to make up for the loss. Either way that is a lot of unnecessary change for everyone.

FRS homes are not only essential—they are also more cost-effective than CRS settings. If the flat rate structure is implemented, many FRS providers will be forced to close their doors. Which 55 have already had to do! This would reduce access to smaller, family-style settings and limit choice for individuals with disabilities.

Most importantly, this change risks violating the principles of the *Olmstead v. L.C.* decision, which affirms the right of individuals with disabilities to live in the least restrictive, most integrated setting of their choosing.

HF 4288 helps preserve these options and ensures that individuals can continue to live in the homes and communities they prefer.

I respectfully urge you to support and pass HF 4288.

Thank you for your time and for your service to Minnesotans.

Sincerely,  
Capri Loegering, MS  
Living Freely  
Livingfreely2019@gmail.com  
763-219-5935

Dear Megan Rossbach,

In my Wright County licensed Adult Foster Home, my staff and I care for senior ladies who would normally live in nursing homes and hospice units. We do this around the clock on all days of the year. I, my staff, the ladies that we care for, and their families, gratefully thank you for your service to our communities and beg you to hear and approve HF 4288 that will move Family Residential Services (FRS) back to the DWRS frameworks, like all the other groups that provide waiver services.

Due to the high intensity, constant one-on-one care needed for ladies with severe memory loss and a wide variety of end-of- life needs and illnesses, we are all very concerned that a slash of 15% to 63% if moved to the flat rate, could necessitate the closure of our home if HF 4288 is not heard this session.

I believe that we provide a unique one-on-one service, a nurturing home not found in larger facilities. Unless requested otherwise, for example, I have always showered each lady and curled their hair every single day, as well as attended to their every need and wish, always going with them to every medical appointment. We have helped four different ladies be able to walk again when the doctors had said there was no further hope for this and helped three different ladies be able to be removed from Hospice care, saving the tax payer Physical Therapy and Hospice costs. No one has ever needed to wait to be taken to the restroom since we have one-on-one staff; staff that I need to employ and pay a living wage with health insurance. Family Residential Services (FRS) do the same work, and I believe in our case, always have gone far above the quality of work, as do Community Residential Services (CRS) homes. Because of this, it would not be fair to slash our pay to a flat rate while endangering our closer.

It has been extremely important for the ladies and the family members that love them that this personal one on one care in their last days be given to them in a home setting, that they have a choice, honoring the Olmstead rule.

Please support and pass HF 4288.

Thank you again for your help! If you have any questions, please call: 612-816-5330 or email me at: [p.jones.seniorcare@gmail.com](mailto:p.jones.seniorcare@gmail.com)

Pamela Jones



Dear Members of the Human Services Finance and Policy Committee-

Our names are Jodi Beuch & Elizabeth Hvidsten and we are in support of Bill HF 4288. We reside in Shakopee which is in Scott County. We are licensed for 4 beds and those are all currently filled, with no indication of anyone leaving anytime soon. We have been doing Family Residential Services (FRS) for 2 years now; however, Elizabeth did work for 13 years and Jodi for 26 years in Community Residential Services (CRS) so we are very familiar with both sides.

Currently the 245D statutes require that all in the frameworks must operate the same. If placed on flat-tired rates, we as Family Residential Services (FRS) providers will still be required to provide the same level of care for less money. Since we have opened our home to Family Residential Services (FRS) we wear all the hats that a Community Residential Services (CRS) provider would hire for, but we are taking less pay for. Let us give some examples of how we believe this works. In our Family Residential Services (FRS) we are responsible for caring for the individuals- meeting all their medical, social and emotional needs. With this we are responsible for aiding in the planning of social outings, as well as coordination of transportation. We are also responsible for maintenance on the home, IT for everyone in the home, documentation of all that is going on, financial reconciliation and communication with guardians/families. Now if we recall our years working in Community Residential Services (CRS) a number of these tasks are broken down and hired out by different people. There was a Program Manager of the home who handled medical/communication, IT Department, Maintenance Department, Finance Department, as well as other various upper management and lastly the Direct Support Professionals. It is very difficult to say we do not do the same job. In our opinion we do more, and now we are facing being paid less.

Frameworks were designed to pay correctly based on the individual's needs. Why is it now that the Family Residential Services (FRS) are not in need of the same budget as the other 16 entities on the frameworks? It is important to note that not all individuals fit nicely into tiers and should be looked at individually, so pay is based on the work that is being provided. In our home specifically we have someone who is much higher needs, at times is a 2:1 and we would be paid the same as someone who is much more independent. This is why keeping the frameworks in place is so important.

If the frameworks are not left in place, we would have to make some tough financial decisions, which could potentially lead to the closure of our home. We purchased a home 1 year ago and moved because it suited the needs of 1 of our individuals better due to their decline. If our home had a closure, I worry where these individuals would go? The system is already overloaded with limited beds available. The guardians chose to place their loved ones with us because they knew the level of care their loved ones would receive. Please do not take this option away from them.

Thank you for your time and consideration,

Jodi Beuch & Elizabeth Hvidsten

[ljhomefoster@gmail.com](mailto:ljhomefoster@gmail.com) Phone: 952-201-1972 or 952-454-1439

## Megan Rossbach

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**From:** Becky Bosl <beckybosl123@gmail.com>  
**Sent:** Monday, March 23, 2026 9:30 AM  
**To:** Megan Rossbach  
**Subject:** Testimony for HF 4288 -Framework Rates Reenactment for Family Residential Services

### **Testimony: Bill HF 4288 (Franson) -Framework rates for family residential services reenacted.**

Chair Schomacker and House Human Service Finance and Policy Committee members,

Thank you to Representatives Mary Franson and Joe Shomaker for authoring and supporting this bill.

For the record my name is Becky Bosl, owner and manager of Cedar Hills Foster Care. I am in support of HF 4288.

This bill has the power to influence the livelihood of thousands of people with disabilities in MN. In 2023 a new law passed that put Family Residential Services on a flat-rate tiered payment system rolling out in 2026. This tiered system does not adequately capture all the needs and services of the people we serve. It severely underfunds providers, risking mass home closures, continuity of care, and the right to person-centered choice of where to live and who provides the services.

I have been a 245D licensed Family Residential Service provider since 2016. Currently we serve one person in our home who has been with us since 2019. This person **chose** to live with us. She and her family chose us because they wanted a family lifestyle, they trusted us, knew who we were, and they live close enough to still have frequent visits with their daughter. We provide the same state-licensed standards and quality of care as the other settings of 245D licensed home (for example: our corporate group homes). *The new tiered rate system **cuts** our client's funding by **41.5%** for choosing to live in a family setting. These cuts are unsustainable for our home.* If this same person would have to live in a corporate group home, the cost of her care would be 25% higher than the cost to live in a family residential home, before these tiered rates are implemented. Family Residential Services are the cost-effective option before any changes to tiered rates.

We are a unique sector of disability services that offers a family setting, continuity of care, consistency of providers, with high standards and exceptional planning and service delivery through our 245D licensing and extensive training. We provide 24/7 support in our home. Every aspect of our daily lives is integrated with the services we provide.

The people with disabilities living in family residential service homes stand to lose so much. When our family homes are forced to close due to these drastic rate cuts, the people we serve can and will lose:

- Proximity to their families

- Trusted Health Care team
- Jobs/Day programs
- Community and Friends
- Religious Affiliations
- Extended Foster Family
- Special Olympics Teams
- Community organizations

Can you imagine waking up one day and being told you have to give all this up? The people affected by this change did not cause this, most will not understand, and cannot advocate for themselves. They need our support. Losing everything and everyone they know, and trust can lead to a vast array of concerns:

- Mental Health issues
- Trauma
- Behaviors,
- Homelessness
- PTSD
- Health Related Complications
- Elopement

All of this will lead to more support needs, more costs to the state, and an urgent need for licensed housing.

For us family residential service providers, the people we serve become our families. We care about them, include them in every aspect of our lives, and connect them with all our friends, family and community. We can and do impact their lives all while providing the same level of care as any other 245D licensed home. Why is it that only Family Residential Services are expected to succumb to extreme rate cuts while maintaining the same quality and standard of care?

The unrealized costs of the tiered rate structure are tremendous. Please support this bill. Keep family residential services in the DWRS system where we are paid fairly and appropriately for our services. This will ensure the livelihood and continuity of person-centered care for thousands of individuals with disabilities in our state.

Thank you for your consideration and for hearing this bill today.

*Becky Bosl  
Cedar Hills Foster Care  
19605 150th Street  
Sauk Centre, MN 56378  
Phone: (320) 493-9500 or (320) 352-3453  
Fax: (320) 352-3453*

[beckybosl123@gmail.com](mailto:beckybosl123@gmail.com)

Chair Schomacker and Members of the Committee,

My name is Andrea German, and my husband and I provide Family Residential Services (FRS) to three women in our home. I am writing in strong support of HF 4288 (Franson) to re-enact framework rates for family residential services, as these rates directly determine whether providers like us can continue operating.

As it stands, FRS providers are facing significant funding reductions under the proposed transition to a flat rate system. For many providers, this change will make it financially unsustainable to continue offering services, forcing closures or reductions in capacity. This will leave vulnerable Minnesotans with fewer options for care that meets their individual needs.

My husband and I have several years of experience working in Community Residential Services (CRS) homes, which are the most common alternative when FRS placements are unavailable. While CRS homes play an important role, they are not the best fit for every individual. Many residents benefit significantly from the smaller, family-oriented environment that FRS provides.

The women we care for in our home are integrated into daily family life. They share meals, participate in holiday gatherings, and build meaningful relationships. One of our residents previously lived in a CRS setting and has expressed that the flexibility and personalized care in our home better supports her needs.

The shift to a flat rate system has been presented as a cost-saving measure, but it fails to account for the downstream impact. If FRS providers close, many individuals will transition into Community Residential settings. In the case of our resident who previously lived in a CRS setting, we are reimbursed at 1/3rd the amount the CRS home was billing for her care. Residents moving from FRS to CRS, which will happen if HF 4288 fails, **will** result in a substantially higher overall cost of care, and fewer choices for our most vulnerable Minnesotans.

I respectfully urge the Committee to support HF 4288 and preserve framework rates for Family Residential Services to ensure both the sustainability of providers and the continued availability of high-quality, cost-effective care options for Minnesotans.

Andrea German  
Owner – Nevada Lane  
[Andrea.Eve65@gmail.com](mailto:Andrea.Eve65@gmail.com)  
612-274-0928

March 23<sup>rd</sup>, 2026

To whom it may concern,

My name is Troy Ostrowski. I am a Family Residential Service provider located in Sherburne County. I have been a 245d licensed provider for 20+ years. I take care of 3 adult males with developmental disabilities and one with high behaviors.

I am writing you today in regards to HF 4288 that will put Family Residential Service providers back in the DWRS frame works, like all other group waived service. Please take the time to hear and approve this bill.

Family Residential Services (FRS) are required to work and have the same policies as Community Residential Services (CRS) homes. The advantage with Family Residential Services (FRS) is that it is a more family time atmosphere, less staff turnover, and more consistency. The guardians in my home are happy with the services their loved ones are receiving and are disturbed as to why DHS feels there is a need to cut rates especially when work and policy requirements are the same between Family Residential Services and Community Residential Services and their loved one is happy and wants to be in the home.

The new flat rate system, will threaten Family Residential Services (FRS) by imposing cuts up to 61%. These are drastic cuts and providers will not be able to keep their doors open. This in turn will affect hundreds of adults living with a disability who could find themselves without care, and without a place to call home. Family Residential Services (FRS) are one of the most cost-effective ways to provide for our most vulnerable adults. It is critical that we stay on the DWRS frame works. DHS created it and it does pay us for the work we do, why change what is working and risk homes closing? The cost to move a person from a Family Residential Services (FRS) to a Community Residential Services (CRS) setting is significantly higher. Not all persons with disabilities are able to live on their own, and will lose the ability to live where they want to live. This then goes against the Olmstead rule.

Please support and pass HF 4288. Please let persons with disabilities live in the waiver home of their choice.

Thank you for your time.

Sincerely

Troy Ostrowski, Provider, Owner-320-420-8333

Haven Country Care Home, St Cloud MN 56304 (Sherburne County)



HF4288 / SF4310

## Minnesota's Residential Care System: Every Bed Matters

Minnesota's disability service system depends on a balanced continuum of care including Family Residential Services, Corporate Foster Care, and supported living models. Each plays a critical role in ensuring individuals receive safe, person-centered supports and the right to choose.

**Family Residential Services providers are held to the same 245D HCBS federal compliance standards as corporate licensed providers in Minnesota.**

- FRS programs do not experience the same workforce instability, as they are staffed by family members and extended family or trusted supports.
- Case managers are increasingly placing individuals with higher support needs in family settings due to staffing limitations in other models.
- Since COVID, many day programs have closed, leaving corporate residential providers with limited daytime options and increasing strain on staffing models.
- Consistency is critical—many individuals with high needs cannot thrive in environments with constant staff turnover or rotating shift staff, often resulting in crisis situations and increased hospitalizations.
- Family settings often result in improved stability, reduced need for medications, and better overall health outcomes due to consistent, relationship-based care.

## THE RISK WE FACE

### ■ ■ *Policy Impact Alert*

Since September 2025, 55 Family Foster Care homes have closed, resulting in 141 beds lost statewide. Closures are accelerating as providers recognize the flat-rate system makes it unsustainable to meet HCBS federal requirements for individualized support plans—particularly for individuals with exceptions and higher support needs—resulting in increasing provider closures and financial instability.

## Closures vs Growing Need

Minnesota is simultaneously experiencing provider closures and increasing demand for high-quality, person-centered residential services. Every lost bed reduces access and increases system strain.

## THIS IS A SYSTEM AT RISK—ACT NOW

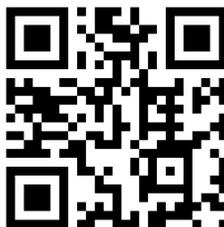
On behalf of MARSH, the providers we represent, and the individuals we support, we urge you to support HF 4288.

**This is not about improving a system—it is about preventing its collapse.**

Once these homes are gone, the people who relied on them don't just lose services—they lose stability, safety, and their family home. What happens to their right to choose?

While the current flat-rate legislation may be tied to a fiscal note, what will be the long-term cost to Minnesota taxpayers if Family Residential Services disappear? Increased hospitalizations, crisis services, and institutional placements will far exceed any short-term savings.

## Scan to Learn More, Join MARSH, or Support Minnesota Providers



**Minnesota cannot meet federal HCBS requirements without sustaining Family Residential Services.**



## Megan Rossbach

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**From:** Alisha Johnson <alishamarie79@ymail.com>  
**Sent:** Sunday, March 22, 2026 2:26 PM  
**To:** Megan Rossbach  
**Subject:** In Support of HF 4288 Family Fostercare

[Yahoo Mail: Search, Organize, Conquer](#)

----- Forwarded Message -----

**From:** "Alisha Johnson" <alishamarie79@ymail.com>  
**To:** "megan.rossbach@house.mn.gov" <megan.rossbach@house.mn.gov>  
**Sent:** Sun, Mar 22, 2026 at 1:21 PM  
**Subject:** In Support of HF 4288 Family Fostercare

Alisha Mayfield  
Family Adult Fostercare  
218-849-5709  
alishamarie79@ymail.com  
In Support of HF 4288

I am reaching out because I am very concerned about this tiered rate and how it would dramatically affect family Fostercare providers' pay. It will force Fostercare family's to have to close their doors and / or get a 2nd job. I know it would be devastating to the providers to have to tell their clients they can no longer take care of them due to financial issues. It would also be devastating to the individuals with special needs to lose their providers/family they have been with for years and to have to be placed in a group home when they really want to have a family setting where they can feel loved and be a part of a family and enjoy all the things as a family! In the group homes, there is such a turn over with staff, and clients moving in and out. How can individuals feel safe? How can they form a friendship? Who do they have to turn to? Who do they have to trust in? Who will truly love them? In family Fostercare homes, they become family and love and care about each other, and to have the tiered rate will make things difficult to provide the best quality care for the individuals due to having to seek a second job. I know for myself and other family Fostercare providers we rely on that income to provide for our clients, family and ourselves because that is our only job so we can always be there for our clients. Myself along side all other providers are disagreeing with the tiered rate. It is not fair, none is it right to all involved! If family Fostercares close their doors, where do all the individuals go? Making the clients move would cause so much stress, depression anger, anxiety, and confusion. It also costs more to place individuals into group homes than it does in a family Fostercare homes. Then it would cost MN more money instead of saving money. It does not make any sense. It will hurt so many individuals with special needs and Fostercare families! I personally know some of the clients family's don't want their adults/children to live in a group home! They want a Fostercare family home so they can be a part of something special and get the love and care they deserve every day! They want their child/adults to have a stable home and someone they can trust. We want our voices to be heard, we want to protect family Fostercare jobs and the individuals we support in family Fostercare homes! Family Fostercare is needed in MN. Its important!

People with disabilities need to have good quality care and love they deserve every day and be able to feel like they belong and are loved and respected, and they get to decide where to live and who to live with. NO to the tiered rate!!!

Sincerely Ms. Mayfield

I am opposed to the flat rate system. That is denial of access to waived services under title II of the ADA. Access to appropriate community-based services isn't just a preference it's a civil right! People with disabilities have the right to receive services in the most integrative setting appropriate to their needs, and the flat rate/tiered rate funding threatens that fundamental right. It could force family foster care homes to close their doors entirely and families to scramble for alternative care options that may not meet their loved ones' needs, placing them in group homes would be devastating to them. Then ultimately costing minnesota more money in the long run and hurting many adults with disabilities and taking away their rights.

Thanks for taking the time to read and consider our letters!

Ms. Mayfield

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## Megan Rossbach

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**From:** Amy Staples <amyjostaples@gmail.com>  
**Sent:** Monday, March 23, 2026 8:40 AM  
**To:** Megan Rossbach  
**Subject:** HF 4288

To Whom It May Concern,

My name is Amy Staples. I live near Kensington and have been a Family Residential Service (FRS) provider for almost six years. Before that I taught Special Education in the public school system until the summer of 2020. I love my current job!

My husband and I have one licensed bed in our home. That bed is occupied by a beautiful soul who needs support, daily cares, and consistency of care. Without the option of a Family Residential Service she would be in a very emotionally dangerous situation as her family would not consider a Community Residential Service (CRS) setting. I am concerned that many homes like ours will be forced to close without HF 4288 as we will take a pay cut of approximately 70%!

We are required to give the person living with us exactly the same services as a Community Residential Service. My question is why wouldn't we, as a Family Residential Service, get paid the same? Why would we have a flat rate regardless of the needs of the person? What is going to happen to all of the people and families who trust and rely on a Family Residential Service home when they are forced to close? Where will our most vulnerable people go?

The Olmstead Rule, which was passed by the Supreme Court states that people with disabilities have a qualified right to receive state funded supports and services in the community rather than institutions. Family Residential homes are the least restrictive environment for many people and they should have the right to live in the type of setting they choose.

Please hear and vote to approve HF 4288 which moves Family Residential Services (FRS) back to the DWRS frameworks like all other groups that provide waiver services.

Thank you for your time!

Amy Staples  
17357 County Road 107 SW  
Kensington, MN 56343  
320-760-8225

## Megan Rossbach

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**From:** Angela Strasser <angelas70@icloud.com>  
**Sent:** Monday, March 23, 2026 12:16 AM  
**To:** ashamelia17@gmail.com  
**Cc:** Megan Rossbach  
**Subject:** Re: Testimony in Support of HF 4288

Excellent! 🙌🙌

Angela Strasser  
612-581-3030

sent from iPhone

On Mar 22, 2026, at 10:11 PM, Ashley A <ashamelia17@gmail.com> wrote:

- Your full name: Agozie and Ashley Asuzu
- Your organization name and title (if applicable): Family adult foster care providers
- Your email address: [ashamelia17@gmail.com](mailto:ashamelia17@gmail.com)
- Your phone number: 701-527-6286
- Your position on the bill: In Support of HF 4288

Hello, our names are Agozie and Ashley Asuzu. We live in Moorhead, Minnesota. We are both licensed nurses and currently support a young man in our family adult foster home. We support HF 4288.

The young man we support is living with significant behavioral needs as a result of his medical diagnoses. He needs 24-hour, 1:1 supervision by people who are familiar with him and trained in his behavioral needs. He is at high risk for harming himself and has had to be hospitalized numerous times in the past year for self-injury. He throws his body against walls and furniture, punches holes in walls and furniture, hits his head on the toilet bowl, and has attempted to elope from our home. This resulted in us installing a perimeter fence and home alarms for his safety.

In the past, he has been placed in group home settings and was very unsuccessful. He often screamed throughout the night and went without sleep, relieved himself on the floor, and aggressively took food from shared spaces.

At the same time, he is a young man with so much joy and personality. He loves going for walks to the local park—swings are his favorite—and he enjoys food and snacks, especially candy. He loves to dance and exercise, especially when someone does it with him. Soccer is his favorite game, and he loves to play with our family. He gets excited when he can be included in meal prepping, and he loves to do chores when carefully guided.

Since living in our home, with consistency, structure, and the same stable individuals providing his care, he has been extremely successful. He is encouraged daily and provided with options that allow him to participate in his life in meaningful ways. Our entire team—including his occupational therapist, behavioral support specialist, and case manager—cannot believe the transformation that has taken place over this past year.

Previously, he was not even able to ride safely in a car, as he would throw himself into the front seat, creating a very dangerous situation. Today, he is learning each step of his daily routine. Every day he successfully learns a new skill, like folding his clothes or putting his backpack away. He clearly feels a sense of accomplishment. He freely gives hugs and has a goofy side that shines through when he feels safe and supported.

We are diligent in making sure he is successful. We are patient, and we provide the supports, structure, and options he needs to thrive. A goal for him is to someday perform 50% of his daily activities independently, and we believe he has the best chance of achieving that in a family home setting.

This young man deserves to experience the care, independence, and stability that a family home can provide. Everyone deserves to have a family and the least restrictive level of care possible. We have been able to provide that under the DWRS rate system as family adult foster care providers.

If the DWRS rate system goes away and a flat rate is implemented, we will not be able to continue providing the level of care he needs. The current structure allows us to meet his needs with trained support staff and maintain compliance with his care plan and federal HCBS requirements.

Under a flat rate system, we would not be able to sustain the 24-hour, 1:1 care that he requires. Accepting a lower rate would not reflect his actual needs and would put us out of compliance with his care plan and federal HCBS standards. There is simply no way, practically speaking, that we—or any provider—could safely provide this level of care under a flat rate system.

If that happens, he will lose the stability, progress, and safety he has worked so hard to achieve.

Thank you for considering our testimony and for your support of HF 4288. People living with disabilities across the state of Minnesota are relying on you to do the right thing.

Agozie & Ashley Asuzu

## Megan Rossbach

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**From:** ANITA GARNER <anita.garner@gmail.com>  
**Sent:** Monday, March 23, 2026 5:14 AM  
**To:** Megan Rossbach  
**Subject:** Testimony in support of HF 4288

Anita Garner, Adult Foster Care/Family Residential services

Anita Garner, Designated Coordinator and Designated Manager

[anita.garner@gmail.com](mailto:anita.garner@gmail.com)

320-219-3275

13075 Turtle Lake Ct SW

Alexandria, MN 56308

Please hear and vote to approve HF 4288. This bill moves Family Residential Services (FRS) back to the Disability Waiver Rate System (DWRS) framework, like ALL the other groups that provide waiver services. There are 17 other entities on the DWRS and we are the only one being cut, and some have received raises.

Family Residential Services (FRS) do the same work, have the same policies, complete the same training, and requirements that Community Residential Services (CRS) corporate group homes have.

The impact of this devastating cut will mean many Family Residential Service (FRS) homes will close if budgets are slashed by 40%-80%. I know that time is limited but having HF 4288 approved is so important to my home and numerous others. We have cared for two people with disabilities for 12.5 years. I do not have enough time to explain the trauma this will cause. We will not be able to provide the services required to care for our people. We are required to pay \$11.47 an hour for respite care (I can't hire anyone for less than \$15), but we will only be paid less than \$6.00 an hour (after fees, mileage, training, insurance which come out of our rates). The State is paying DSP's (Direct Support Professionals) over \$20.00 an hour. This is what we do 24x7 plus management. They want us to work for less than minimum wage; this cannot possibly be legal.

This cost-saving methodology DHS recommended is more costly and people with disabilities will lose the ability to live where they want to live. This goes against the Olmstead rule.

PLEASE support and pass HF 4288. Please let people with disabilities live in the waiver home setting they want.

Thank you for your time,

Anita Garner



<b>Person 1</b>		
<b>No Alone Time</b>		
<b>Medications 4x Daily (Oral, Ears, Nasal, Eyes)</b>		
Chronic illnesses, Autism, Epilepsy – Active Seizures, Communication Disorder, Communication Device, Behaviors, Keto Diet		
<b>Costs (Calculated on a 335 day calendar year)</b>	<b>Monthly</b>	<b>Daily</b>
License/Misc Fees	\$175.00	\$6.60
Monthly Milage	\$350.00	\$13.21
Special Diet 20%	\$60.00	\$2.26
Respite \$15/Hr	\$750.00	\$28.30
Training \$15/Hr	\$150.00	\$5.66
Core/Functional/Management	\$75.00	\$2.83
Nurse	\$20.00	\$0.75
CPR	\$21.00	\$0.79
Liability Insurance	\$22.00	\$0.83
Entertainment	\$81.00	\$3.06
Safety Inspections (Required by County)	\$18.00	\$0.68
Office Supplies	\$335.00	\$12.64
PPE/Sanitation	\$185.00	\$6.98
Total:	\$1,485.00	\$84.60
<b>Daily Flat Rate \$194.83 (Hourly \$8.11)</b>		
<b>Hourly Rate After Expenses</b>	<b>\$4.59</b>	
<b>Governor Proposed Daily Flat Rate \$154.82 (Hourly \$6.45)</b>		
<b>Hourly Rate After Expenses</b>	<b>\$2.93</b>	

- \*No paid time off, no 401K, no health insurance, no life insurance
- \*Unreasonable to expect two DSP's to work 24/7 for these rates
- \*Inconsistency in Flat Rate System

<b>Person 2</b>		
<b>4 Hours Alone</b>		
<b>Medications 3x Daily (Oral)</b>		
Intellectual disability, Seizure disorder, Impaired proprioception, behavior disorder, Thrombocytopenia, blindness, Hearing loss, Special Diet		
<b>Costs (Calculated on a 353 day calendar)</b>	<b>Monthly</b>	<b>Daily</b>
License/Misc Fees	\$175.00	\$6.03
Monthly Milage	\$536.00	\$18.48
Special Diet 20%	\$60.00	\$2.07
Respite \$15/Hr	\$750.00	\$25.86
Training \$15/Hr	\$150.00	\$5.17
Core/Functional/Management	\$75.00	\$2.59
Nurse	\$20.00	\$0.69
CPR	\$21.00	\$0.72
Liability Insurance	\$22.00	\$0.76
Entertainment	\$81.00	\$2.79
Safety Inspections (Required by County)	\$18.00	\$0.62
Office Supplies	\$335.00	\$11.55
PPE/Sanitation	\$185.00	\$6.38
Total:	\$2,428	\$84
<b>Daily Flat Rate \$254.06 (Hourly \$10.58)</b>		
<b>Hourly Rate After Expenses</b>	<b>\$7.10</b>	
<b>Governor Proposed Daily Flat Rate \$201.89 (Hourly \$8.41)</b>		
<b>Hourly Rate After Expenses</b>	<b>\$4.92</b>	

## Megan Rossbach

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**From:** Ashley A <ashamelia17@gmail.com>  
**Sent:** Sunday, March 22, 2026 10:11 PM  
**To:** Megan Rossbach  
**Subject:** Testimony in Support of HF 4288

- Your full name: Agozie and Ashley Asuzu
- Your organization name and title (if applicable): Family adult foster care providers
- Your email address: [ashamelia17@gmail.com](mailto:ashamelia17@gmail.com)
- Your phone number: 701-527-6286
- Your position on the bill: In Support of HF 4288

Hello, our names are Agozie and Ashley Asuzu. We live in Moorhead, Minnesota. We are both licensed nurses and currently support a young man in our family adult foster home. We support HF 4288.

The young man we support is living with significant behavioral needs as a result of his medical diagnoses. He needs 24-hour, 1:1 supervision by people who are familiar with him and trained in his behavioral needs. He is at high risk for harming himself and has had to be hospitalized numerous times in the past year for self-injury. He throws his body against walls and furniture, punches holes in walls and furniture, hits his head on the toilet bowl, and has attempted to elope from our home. This resulted in us installing a perimeter fence and home alarms for his safety.

In the past, he has been placed in group home settings and was very unsuccessful. He often screamed throughout the night and went without sleep, relieved himself on the floor, and aggressively took food from shared spaces.

At the same time, he is a young man with so much joy and personality. He loves going for walks to the local park—swings are his favorite—and he enjoys food and snacks, especially candy. He loves to dance and exercise, especially when someone does it with him. Soccer is his favorite game, and he loves to play with our family. He gets excited when he can be included in meal prepping, and he loves to do chores when carefully guided.

Since living in our home, with consistency, structure, and the same stable individuals providing his care, he has been extremely successful. He is encouraged daily and provided with options that allow him to participate in his life in meaningful ways. Our entire team—including his occupational therapist, behavioral support specialist, and case manager—cannot believe the transformation that has taken place over this past year.

Previously, he was not even able to ride safely in a car, as he would throw himself into the front seat, creating a very dangerous situation. Today, he is learning each step of his daily routine. Every day he successfully learns a new skill, like folding his clothes or putting his backpack away. He clearly feels a

sense of accomplishment. He freely gives hugs and has a goofy side that shines through when he feels safe and supported.

We are diligent in making sure he is successful. We are patient, and we provide the supports, structure, and options he needs to thrive. A goal for him is to someday perform 50% of his daily activities independently, and we believe he has the best chance of achieving that in a family home setting.

This young man deserves to experience the care, independence, and stability that a family home can provide. Everyone deserves to have a family and the least restrictive level of care possible. We have been able to provide that under the DWRS rate system as family adult foster care providers.

If the DWRS rate system goes away and a flat rate is implemented, we will not be able to continue providing the level of care he needs. The current structure allows us to meet his needs with trained support staff and maintain compliance with his care plan and federal HCBS requirements.

Under a flat rate system, we would not be able to sustain the 24-hour, 1:1 care that he requires. Accepting a lower rate would not reflect his actual needs and would put us out of compliance with his care plan and federal HCBS standards. There is simply no way, practically speaking, that we—or any provider—could safely provide this level of care under a flat rate system.

If that happens, he will lose the stability, progress, and safety he has worked so hard to achieve.

Thank you for considering our testimony and for your support of HF 4288. People living with disabilities across the state of Minnesota are relying on you to do the right thing.

Agozie & Ashley Asuzu

## Megan Rossbach

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**From:** Ashley Daniels <22ashley.daniels@gmail.com>  
**Sent:** Sunday, March 22, 2026 3:03 PM  
**To:** Megan Rossbach  
**Subject:** In Support of HF 4288 family foster care

Ashley Daniel's (foster client)  
218-331-5486  
[22ashley.daniels@gmail.com](mailto:22ashley.daniels@gmail.com)

Minnesota Foster care families are important and needed.

Hi my name is Ashley i am living in a family foster care home 24/7. I love my foster family and they love me. I call her mom and she calls me her daughter. I have a little foster sister to she calls me her sister. They help me live the best life for me that i choose. I am important to them. They care about me and show me love every day. I give them lots of hugs and they hug me. We do all kinds of things as a family. We go camping, play games, go to movies, out to eat out, out for coffee, shopping, cook together, go to church, roller skating, we go to fairs, we have meals as a family, ride bike, walks together, state parks, parades and swimming. i wanted a job so my foster mom helped me get a job a real job that i wanted. I didn't want to work at the DAC. I wanted to work with normal people. I love my job and make friends and meet new people and my foster mom take me to work and packs my lunche for me. My boss likes me to. I am a good worker. I have lots of friends at work. My foster family tell me they love me and I really love them. I always say i am going to live here forever and ever and I wish she could adopt me. They listen to me and I know i am important to them. We celebrate holidays together and I get to help decorate the tree and I get gifts on my birthday and all the other holidays too. I get to hang out at A Place to Belong with other people with disabilities too and do fun things. I get to see my real family and all my friends. I spend the night with my friends and family sometimes and sometimes my friends spend the night with me. When i was 18 i was placed in a bad place and i hated my life i wanted to kill myself and i didnt talk to my own family some of them thought i was dead. My own family was scared. I prayed for a new home an new family and then God answered my prayers and gave me my foster mom i have now. She listens and helps me and now i dont hate my life anymore and i dont want to kill myself anymore. She comforts me when i am sad. My real mom and real daddy have died now and my foster mom was with me the hole time and loved me up and held me when i cried. She came to the funerals too. My real family love my foster family. I wanted to be a movie star and my foster mom helped me make my dreams come true. We found out about a play coming up in town. She took me to tryouts for the play at the Holmes Theater and I got a part. I loved it so much and want to do it again. They were proud of me and I even invited all my friends and family. I also wanted to be a star and sing in front of a crowd. I got to sing at church and everyone clapped for me and gave me hugs and said I did a great job. Now they ask me to sing again sometime. I will because I love being a star. It makes me happy. My dream was to go to Disney World and Sea World and my foster family took me there. I got to go for my birthday. I got to see all kinds of princesses and Elmo. I talked to Elmo for a very long time. I loved it and had so much fun. It was a blast. I love my foster family because I feel safe and loved and important to them and I can talk to them about anything and they listen and help me. One year for my birthday they surprised me and we went to Arizona and i got to see my grandpa, my dad and aunts and uncles. It was so much fun I had a blast. My parents and my family don't want me to ever live in a group home. They only want me to live in my family foster care home. All my family love my foster mom and foster family to. I have goals I pick every year and she helps me meet them every day. She helps me with everything I need help with like cooking, how to dress that day, laundry and lots of reminders with everything during the day because i forget a lot of stuff and setting up my appointments and getting me my prescription and taking me to all my appointments and work and all the things we decide to do together. I help with cleaning the house, put dishes away, and taking out the garbage and i like to get the mail. I get to volunteer at church and play with little kids and volunteer at the animal shelter. We have 2 little dogs I play with and help take care of. I want you to know Foster care familys are important to people like me. I want a home where I feel safe and loved and that I belong. A place to call home a real home. I would be depressed again if i lived in a group home and my dark side would come back. We have a voice to and feelings. Mom talked to me about whats going on and the flat rate system/tiered rate. I say no to the flat rate system. That will hurt the foster care familys and how they take care of us. It will hurt people with disabilities. No to the flat rate. No to hurting foster care familys. People with disabilities need them and we want them.

The flat rate system is in violation of civil rights under title II of the ADA and Olmstead Decision. People with disabilities have the right to community based services in the least restrictive setting

Please put a STOP to the Flat rate system/tiered rate (cutting pay in half) and all the extra fees they are adding to Family Fostercare due to all the fraud done in MN.

Please save MN family Fostercare and my right to live in a family setting. I have rights. I want my voice to be heard. I want to live in my family foster care home forever.

From Ashley Daniels with foster moms help

[Yahoo Mail: Search, Organize, Conquer](#)

## Megan Rossbach

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**From:** Ayantu Bekuto <afc202214@gmail.com>  
**Sent:** Monday, March 23, 2026 8:59 AM  
**To:** Megan Rossbach  
**Subject:** Support for HF 4288

Dear Megan,

I hope you are doing well. My name is Ayantu Bekuto, and I am the provider and owner of Ayantu G. Bekuto Foster Care Program in Burnsville. I have been a family foster care provider for the past four years. During this time, I have gained a deep understanding of how essential client health, safety, and stability are within our community-based care system.

I am writing to express my strong support for HF 4288, which would remove the flat-rate provision currently applied to family foster care providers. The flat-rate model places providers, vulnerable service recipients, families, counties, and our state at significant risk. It contributes to health disparities, limits the ability to maintain adequate staffing, and threatens the quality and continuity of care for the individuals we serve.

HF 4288 would reverse the pending flat-rate model and transition to the DWRS waiver rate system in 2027, a more accurate, needs-based, and sustainable approach. Removing the flat rate will allow providers to:

- Deliver safe, high-quality care
- Maintain appropriate staffing levels
- Preserve essential benefits for service recipients
- Support the health, safety, and well-being of more than a thousand Minnesotans receiving foster care services

Thank you for your leadership and for standing with providers. Your support for HF 4288 will help ensure that the individuals we serve can continue to live healthier, happier, and more stable lives in their communities.

Warm regards,

Ayantu G. Bekuto  
Provider & Owner  
Ayantu G. Bekuto Foster Care Program  
Burnsville, MN  
Phone: 612-431-1892  
Email: [afc202214@gmail.com](mailto:afc202214@gmail.com)

## **Megan Rossbach**

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**From:** Becky Gaul <blgaul@hotmail.com>  
**Sent:** Sunday, March 22, 2026 9:16 PM  
**To:** Megan Rossbach  
**Subject:** HF 4288

My name is Becky Gaul and I am a licensed Family Residential Services provider in Sherburne County.

Please hear and vote to approve HF 4288. This bill moves Family Residential Services (FRS) back to the DWRS frameworks, like all the other groups that provide waiver services.

Family Residential Services (FRS) providers do the same work and follow the same policies as do Community Residential Services (CRS) homes. If moved to the flat rate, we would still be expected to complete the same work to meet licensing standards but at a significantly reduced rate. My home will be cut by 40% which will result in me making some tough decisions. In the end, it's the individuals living in my home who will be the most impacted by reduced rates. Taking away an individual's right to live where they choose and a budget to support the appropriate services based on their assessed needs goes against the Olmstead rule. A person's assessed needs does not change based on an address.

PLEASE support and pass HF 4288. This will allow persons with disabilities to live in the waiver home setting of their choice.

Thank you for your time and attention to this very important matter.

Respectfully,

Becky L Gaul  
Gaul Family Adult Foster Care  
(612) 209-0794

## Megan Rossbach

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**From:** Brenda Bosaaen <riverbendcottage55@gmail.com>  
**Sent:** Monday, March 23, 2026 7:33 AM  
**To:** Megan Rossbach  
**Subject:** HF 4288 bill

Good morning Megan.

My name is Brenda Bosaaen. I own and manage River Bend Cottage, a FRS home in Mora, Mn. I have provided services for individuals for 7 years. I am worried that if the flat rate goes into effect I will most likely have to close my FRS home. I will lose 66% or more of my monthly income. I absolutely love what I do and the services I provide to the people I serve. I have 2 individuals that are very active in Special Olympic sports. We are part of the North Branch Delegation which is a 1.5 hour drive (one way) from our home. We choose to make that drive 1-2 times a week for my individuals to play and have a sense of belonging to the community. Regional and state tournaments are always held around the twin city area. We have driven as far as 2 hours (one way) to partake in a state tournament. One of my individuals attends Anoka Ramsey Community College in Cambridge 1-2 days a week depending on the semester. The commute is a 45 minute drive one way. I drive to Elk River, Zimmerman and Princeton a few times a month for Dr. appointments for the other person I serve. It will be a heart crushing day when I tell my individuals that there will no longer be Special Olympics due to financing, or I can no longer afford to drive to Cambridge 1-2 days a week for her to continue her education.

I am sure you are probably bombarded with stories like this and I am sorry to add to your list. However, the things we do on a daily basis for our individuals, so hopefully they can have a decent quality of life is

costly. Gas prices and the cost of groceries are skyrocketing again. It is going to be a make it or break it sinarior if the Flat Rate Tier System goes in effect. Everyone deserves a fair chance at a decent quality of life and these individuals have been dealt a pretty poor hand right out of the gate.

If you did take the time to read this email, I thank you from the bottom of my heart. I ask, beg and plead for your help in keeping our pay rate on the DWRS frameworks. Again, thank you !! Brenda Bosaaen. [Riverbendcottage55@gmail.com](mailto:Riverbendcottage55@gmail.com)

## Megan Rossbach

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**From:** Brian Beert <beerttruck1962@gmail.com>  
**Sent:** Friday, March 20, 2026 5:43 PM  
**To:** Megan Rossbach  
**Subject:** In SUPPORT of HF 4288

Hi Mary:

Brian A. Beert / License Holder  
The Beert Residence (Adult Foster Care Program)  
[beerttruck1962@gmail.com](mailto:beerttruck1962@gmail.com)  
(651) 338-7302

### **IN SUPPORT OF HF 4288**

My name is Brian Beert and I am a Family Residential Services (FRS) provider in St. Peter, Minnesota.

My home supports an individual with significant medical and behavioral needs. This individual was on Hospice in the end. On March 12th, 2026 @ 8:00pm this individual passed away peacefully in my home with his family present, which was his final wish. Because my program is a small family residential setting, the family was going to stay overnight and be there together when their loved one passed. This kind of compassionate end-of-life care would not typically be possible in a larger residential facility.

I am extremely concerned about the proposed flat tier rate structure for Family Residential Services. The change would significantly reduce the funding available to provide care while still requiring providers to meet the same 245D licensing standards and staffing responsibilities.

Homes like mine rely on being able to provide individualized staffing and stable environments for people with complex needs. If the flat rate moves forward, many Family Residential Services homes will not be financially sustainable, and individuals may be forced into larger, higher-cost settings that cannot provide the same level of stability and personal care.

I respectfully ask that you support **HF 4288** and return Family Residential Services providers to the DWRS framework so that homes like mine can continue providing safe and stable care for vulnerable Minnesotans.

Thank you for your time and consideration.

Sincerely,  
Brian A. Beert (License Holder)  
St. Peter, Minnesota  
[beerttruck1962@gmail.com](mailto:beerttruck1962@gmail.com)

## Megan Rossbach

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**From:** Bryan Comcast <bryanbochler@comcast.net>  
**Sent:** Monday, March 23, 2026 9:27 AM  
**To:** Megan Rossbach  
**Subject:** In Support of HF 4288

Hi,  
My names is Bryan Bochler and my brother, Mark, is in an adult foster care home with two other men. I am writing in support of HF 4288.

My brother lived with my parents until they passed away and then with my wife and me until we could get him placed. He has many challenging behaviors, making it difficult to find an appropriate setting for his care. The foster family he has lived with the past few years has been a godsend for our family. They became his advocate in every sense of the word. They have gotten him involved in community activities that he is interested in that his social worker was unaware of. They research and help him to find, schedule and get to activities. They proactively get him needed medical service. Without his foster family's efforts my brother would be more isolated and unable to live his best, most independent life.

We don't believe a group home would have been able to provide the same level of support that has enabled Mark to thrive. He is an active member of their family. There is little to no turnover in staffing which gives consistency and understanding of his needs and promotes success in working on difficult behaviors and improving the safety of him and others. They help him realize his dream of traveling to places like Disney World and Dollywood which wouldn't happen if not for their willingness to take him.

I also have a disabled daughter of my own and the foster family frees me to focus on my daughter without having to worry about my brother all the time. I am not sure what I will do should this bill not be passed and the foster family is no longer able to provide services to him. It would have a devastating impact on Mark and our family.

Thank you,

Bryan Bochler  
781 Eagan, MN. 55123  
651-764-6364  
Bryanbochler@comcast.net

Sent from my iPad

## **Megan Rossbach**

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**From:** Evan O'Connor <oconnorevan1@gmail.com>  
**Sent:** Sunday, March 22, 2026 9:25 PM  
**To:** Megan Rossbach  
**Subject:** In Support of HF4288

Dear Chairperson and Members of the Human Services Finance and Policy Committee,

My name is Evan O'Connor. I am the cousin of Shawn Engman, and as of March 19, 2026, I am his emergency legal guardian.

Shawn has been in the care of Strasser Foster Services, a Family Residential Services provider, for six years. Before Shawn was in their care, he was suffering. Standard group home settings with other adults with special needs were not only inadequate, his health and wellbeing suffered greatly. Shawn's case manager in Dakota County recommended Family Residential Services to our Aunt Maura, Shawn's former legal guardian, who passed away in February.

In the six years he has been in the care of the Strasser family, he has received the attention and dedication to his wellbeing that my family has wanted dearly for him for years.

My late aunt supported HF4288. We have seen firsthand how Shawn's quality of life improved and continues to do so in the care of a FRS that can pay their residents with proper financial compensation in place. I am writing in support of HF4288. If this bill moves forward, not only will Shawn continue to receive the care he needs, so will the thousands of other adults with needs like him.

Thank you,

Evan O'Connor  
Minneapolis, MN  
612-432-0702

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Evan O'Connor  
612-432-0702

SOFIA WEYO ADUL FOSTER CARE PROGRAM  
11012 London Dr Burnsville  
MN,55337  
Name - Feyissa Wagesso  
Position or Role - Provider and Manager for the Facility

RE- REQUEST TO SUPPORT HF 4288 BILL.

Phone- 218-979-7692

Email -fwagesso4@gmail.com

Dear Megan,

My name is Tuse Ire, and I have been a family foster care provider for the last 8 years. I know and value client health and safety.

I am emailing you to support HF 4288, aimed at removing a flat rate provision that puts all the providers, the most vulnerable population being served, families, and the community, including the local counties and our great state of Minnesota, at the highest risk and significant health care disparities. This HF 4288 will reverse and change the current flat rate pending and change it to the DWRS rating system regular waiver rate in 2027

Removing the flat rate will support the providers to serve safely, keep the most affected service recipients' benefits, provide adequate staffing, and promote the health and safety of clients in the community who are receiving care and services from more than one thousand providers.

Thank you so much for standing with the providers and making HF4288 Possible and amending it into law so that populations served will get the quality of life, be healthier, and be happier in the communities they live in.

Thank you so much for your remarkable support.

With kind regards,  
Feyissa Wagesso

Thank you for hearing our voices and for authoring, supporting these bills (SF4310 & HS4288). I recognize your leadership on behalf of Family Residential Services.

The impact of this bill not being heard can mean many FRS homes will close as they cannot survive if the budgets are slashed 15-63%.

Providers have been divided from the beginning. Family Residential Services VS. Community (Corporate) Residential Services. We both serve the same range of vulnerable adults, and we have the same rules, policies, requirements, fees, etc. What differ is Community Residential Services get a much higher rate, and generally budget cuts do not pertain to them. We need to restore fairness and recognition for the vital care that Family Residential Services providers deliver every day.

HF4288 restores providers to the current DWRS frameworks and creates payment structure which is what DWRS was intended to do.

I know that timed is limited, but that having HF4288 heard is so important to my home and clients.

Please support the bill and put family residential services back into the frameworks.

By moving to the flat rate will affect my home.

1. Will I be able to stay open?
2. Where are all the vulnerable adults going to relocate to?
3. Families to these clients are in disbelief and angry, as they have had their loved ones in a family setting for years. They do not want to move them and create increased behaviors and more mental health issues.

I have been doing Family Foster Care now for 25 years, and still have my first client; the other one has been here for 20 years. They become our family.

Thank you for your time in hearing and understanding this serious matter.

Lori Ostrowski, owner

Country Care Center

## Megan Rossbach

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**From:** Gebi Felema <gfelema@yahoo.com>  
**Sent:** Sunday, March 22, 2026 11:24 PM  
**To:** Megan Rossbach  
**Subject:** support for HF 4288,

Homewood Adult Foster Care  
2405 Schadt Drive E  
Maplewood, MN 55119  
Phone: 763-923-4532  
Email: [gfelema@yahoo.com](mailto:gfelema@yahoo.com)

Name: Gebi Felema  
Position: Provider / Manager

RE: Request to Support HF 4288 Bill

Dear Megan,

My name is Gebi Felema, and I have been a Family Adult Foster Care provider for the past 10 years. In my role, I am committed to maintaining the health, safety, and well-being of the individuals we serve in our community.

I am writing to express my strong support for HF 4288, which aims to remove the flat-rate provision that currently affects providers and the vulnerable individuals receiving services. The current flat-rate structure places providers, service recipients, families, counties, and the State of Minnesota at risk of reduced quality of care and increased health care disparities.

HF 4288 proposes to replace the flat-rate system with the DWRS rating system waiver rate beginning in 2027. This change is essential to ensure that providers have the resources needed to deliver safe, high-quality care. Removing the flat rate will help providers maintain adequate staffing, protect the benefits of those receiving services, and promote the health and safety of clients living in community settings across Minnesota. More than one thousand providers and the individuals they support will benefit from this change.

Thank you for standing with providers and supporting HF 4288. Your support will help ensure that the people we serve can continue to live healthier, safer, and happier lives in their communities.

Thank you for your time and your continued support.

With kind regards,

Gebi Felema  
Homewood Adult Foster Care Provider  
2405 Schadt Drive E  
Maplewood, MN 55119  
763-923-4532/gfelema@yahoo.com

## **Megan Rossbach**

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**From:** Greg Bosl <bosleearthworks@gmail.com>  
**Sent:** Monday, March 23, 2026 9:53 AM  
**To:** Megan Rossbach  
**Subject:** Testimony for HF 4288 -Framework Reenactment for Family Residential Services

Testimony: HF 4288 (Franson) -Framework rates for family residential services reenacted.

Chair Schomacker and House Human Service Finance and Policy Committee members,

Thank you to Representatives Mary Franson and Joe Shomaker for authoring and supporting this bill.

For the record my name is Greg Bosl, DSP, Cedar Hills Foster Care. I support HF 4288.

Approximately 1,200 homes provide 24-hour care for nearly 3,000+ people. These are homes with a 245D state license. The 245D home follows all protocols similar to a nursing home or a group home facility. People providing services with a 245D in home have extensive training and follow strict guidelines about safety and finances.

People with disabilities in most of the 245D homes cannot live independently. Most of the people receiving these services need 24-hour care.

Tim Walz and his Blue-Ribbon Committee have repeatedly tried to cut funding for the family residential care program.

Family residential care is less costly for taxpayers than all other options. It is absolutely critical that DWRS framework rates be established to prevent thousands of critically vulnerable adults from imminent harm.

Thank you for your consideration and thank you for hearing this bill today.

Greg Bosl, DSP

Cedar Hills Foster Care

19605 150th Street

Sauk Centre, MN 56378

320-260-5200

[bosleearthworks@gmail.com](mailto:bosleearthworks@gmail.com)

## Megan Rossbach

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**From:** Heather Angell <angell.heather@yahoo.com>  
**Sent:** Saturday, March 21, 2026 8:36 PM  
**To:** Megan Rossbach  
**Subject:** Support HF 4288 – Prevent Loss of Family Residential Homes & Displacement of Vulnerable Minnesotans

Dear Megan Rossbach,

My name is Heather Angell, RN, and I am co-owner of Heather L. Angell & Troy E. Howland Foster Care, a Family Residential Services (FRS) provider in Minnesota.

I am writing in urgent support of HF 4288, as the proposed flat-rate system will immediately and directly impact our ability to continue providing care in our home and will result in the displacement of vulnerable individuals we currently serve.

Our home is unique in Minnesota. We carry a variance that allows us to provide both adult and child foster care services under FRS. Most providers under the current system serve adults only. Our model is family-based, multigenerational, and highly individualized.

I am a registered nurse who worked at Mayo Clinic for 18 years, including in the pediatric intensive care unit and emergency department. In 2019, I left my nursing career to provide full-time care in our home after we became licensed under 245D and began serving individuals with intensive needs under the framework rate system. That system allowed reimbursement based on actual care needs, including direct care hours and nursing-level support. Because of that system, I was able to leave hospital nursing and provide consistent, high-level care in a home setting.

Our care model is entirely family-driven. My husband and I provide care alongside our adult children and their spouses. We have no staff turnover, and that consistency is critical for the individuals we support.

The proposed flat-rate system does not reflect the true complexity of care. It groups individuals with vastly different needs into the same reimbursement level, making our model unsustainable.

These are not future concerns—these changes will impact our home immediately, forcing care decisions and potential displacement within months.

I would like to share what that impact looks like in real life:

LT is a woman in her late 60s with dementia and complex medical needs who has lived with us for seven years. It has taken her this long to feel safe and recognize the people in her environment. Because we have no staff turnover, she now has stability and trust. In a nursing home setting with rotating staff, she would experience constant distress and escalation. Without our home, she would lose both her stability and her independence.

MK, who had Down syndrome, moved into our home in her late 40s after living with family. When she developed Alzheimer's disease in her early 50s and required end-of-life care, we were able to care for her in her own bedroom, allowing her to remain in her home, surrounded by family. As an RN present in the home, I was able to make this possible. This level of dignity and continuity would not occur in an institutional setting.

SM is a young adult with severe mental illness, including borderline personality disorder, and a significant history of past trauma. She has lived with us for over five years, graduated high school while in our home, and is now working and attending college. Our team understands her history and provides consistent, trauma-informed support, which has allowed her to stabilize and make meaningful progress. In institutional or hospital settings, she escalates significantly and requires 2:1 staffing due to behavioral crises. When new providers unfamiliar with her needs interact with her, she often presents with suicidal ideation and is admitted, despite this being a pattern that worsens her condition. She has now been refused by multiple facilities and has no viable placement alternatives in Minnesota. Providers consistently agree she does best in our home. Our home prevents these escalations, reducing the need for intensive staffing, hospitalizations, and system involvement. Under the flat-rate system, her funding would be reduced by nearly half, making it impossible for us to continue her care.

BS is an adult with schizophrenia who found stability and safety in our home after living alone in a vulnerable situation. He has expressed his desire to grow old here. Without sustainable funding, he will be forced to leave the only stable home he has.

We have also supported a medically complex child awaiting a liver transplant, allowing her to remain in a home instead of a hospital. She is now thriving. This level of care is only possible under a system that recognizes medical complexity within the home.

Currently, we have been asked to consider placement for a teenager with significant disabilities so she can remain near her family and school. Under the flat-rate system, her needs would not be adequately funded, and we will be unable to accept her. She will instead be placed in an out-of-state institutional setting, removed from her community and support system.

There is no transition plan for the individuals who will be displaced—only a shift into more restrictive and more costly systems.

Family Residential Services under the framework rate system are not only more individualized—they are also more cost-effective for the state. Nursing home placements often exceed \$300–\$500 per day, and specialized or out-of-state placements can exceed \$600–\$1,000 per day. Family-based providers like us prevent hospitalizations, crisis placements, and system failures at a significantly lower cost.

Without support for HF 4288:

- LT will be forced into a nursing home setting, losing her stability and independence
- BS will lose the only stable home he has and be displaced from the community he knows
- SM will not be able to return to the only placement where she has been successful, leaving her without viable options in Minnesota
- AC will be placed out of state in an institutional facility, separated from her family, school, and community

We are not a corporate provider—we are a family. The people in our home are not placements; they are part of our lives.

We respectfully but urgently ask for your support of HF 4288. Without action, homes like ours will not survive, and the individuals we serve will lose not just services—but their homes.

Sincerely,  
Heather Angell, RN  
Heather L. Angell & Troy E. Howland Foster Care  
[angell.heather@yahoo.com](mailto:angell.heather@yahoo.com)  
(507) 319-8566



## Megan Rossbach

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**From:** Judyann Fridgen <sjfridgen@outlook.com>  
**Sent:** Monday, March 23, 2026 7:48 AM  
**To:** Megan Rossbach  
**Subject:** testimony for HF 4288

Chair Schomacker and House Human Services Finance and Policy Committee members,

For the record I am Judyann Fridgen, a family residential foster care provider. I support for HF 4288. I have been a provider since 2014. We support 2 people in our home. Both have come from Community Residential Services programs and struggled in those larger settings. Today, they are doing well. While some people do well in Community Residential Services, please recognize that there are populations that do not do well in these larger settings. We need both worlds.

I would like to share about the human cost to flat rates. The flat rates are not cost effective for many of us. While this looks like a lot of money, please know for most, this is 24-hour care and supervision. Most often, the flat rates are less than minimum wage in a 24-hour period. Please understand this is NOT take-home pay and will force programs to close across the state. There are no health insurance benefits, retirement benefits, or paid time off included with flat rates.

These programs are unique and special. We not only provide the same services, have the same training, and same 245D requirements as a community residential setting, but we also provide the love of a family. A person served in our home does not wish to see, talk, or be with their family due to the extensive physical, emotional and sexual abuse they've been through. This person's dream was to have a family. While it took years for this person to trust and feel safe, she is so grateful to have a family. The trauma she lives with has left her with complex mental health and behavior issues. She is doing well with constant support, and lower staff turnover. Her dream of having a family is important to her. Isn't this why we have program like these, to make dreams happen? Please don't take this away from her, or so many others like her.

The human cost is this. When our programs close, the people we support will be forced to look for new homes. To find a new home locally, in the same community would be nearly impossible. Not only will they be forced to move away from what they consider their home, their families, but they will also lose their ability to see their friends, have the same jobs, have their healthcare teams. Can you imagine yourself losing your home, being forced to move away from your friends, neighbors. Imagine then that you lost your job, your healthcare teams. It's a lot of stress, isn't it? This will cause a mental health crisis nobody is prepared for.

We are not just looking at a bill, or a budget, but at people's lives. I think we all sadly know and have seen the unfortunate ways the people we support have been mistreated. They have been teased, picked on in schools, buses, and in the community. As kids, they have often left out from birthday parties, not chosen for teams. We are all familiar with the "R" word. Let's never forget the neglect, abuse, and trauma from institutions. These are beautiful souls we are talking about, some of the kindest hearts you will ever meet. But I must ask, are we somehow no better than those that have mistreated them when we force them from homes, communities, friends, healthcare teams they love? We desperately need your

help. Please support HF 4288. Chair Schomacker and House Human Services Finance and Policy Committee, thank you for your time and consideration.

Judyann Fridgen

***Fridgen Foster Care***

Judyann Fridgen

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## Megan Rossbach

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**From:** julie eittreim <eittreimfamily@yahoo.com>  
**Sent:** Sunday, March 22, 2026 1:23 PM  
**To:** Megan Rossbach  
**Subject:** Please support HF4288 and the invaluable service Family Residential Services provide

Dear Human Services Finance and Policy Committee,

My name is Julie Eittreim and I have been an Adult Foster Care Provider, now referred to as a Family Residential Services Provider for 11 years. I was previously a Wright County Social Worker working in the Developmental Disabilities Unit. I have written numerous times to committee members, my representatives, and congress members regarding the effect the Flat Rate will have on Family Residential Service Providers, myself, and the consumers we serve.

I provide care for 3 women all with specialized needs. One of my consumers is 63 years old with a developmental disability and dementia as well as increasing physical needs. She requires 1:1 staffing during all waking hours. She had been in numerous corporate group home settings, that were unsuccessful, prior to coming to my home. I also care for a woman who has Serious and Persistent Mental Health issues as well as a developmental disability. She also requires 1:1 supervision during waking hours. This particular consumer has been in multiple group homes/Community Residential settings, prior to living with me, that were unsuccessful as they were unable to meet her needs. Her whole team is impressed with the stability of her current mental health due to the dedication and hard work of my staff and myself. The third woman I care for has high medical needs and monitoring, a developmental disability and increasing memory loss.

If Family Residential Services Providers are moved to a Flat Rate many if not most of us will have to close our doors. I cannot provide the level of staffing that each one of my consumers person centered needs require at 152.00 a day! All of the women I serve require hands on assistance with all Activities of Daily Living including two that require assistance with toileting. If I have to close my doors my elderly woman will have to go to a nursing home/memory care facility, the consumer with Serious Persistent Mental Health would need to go to a facility that specializes in mental health. None of the women I serve want to live in a group home setting/Community Residential Services setting. Furthermore, the Governor's Budget Recommendation is not targeting corporate/Community Residential Service Providers that already cost more than a Family Residential Service Provider. Has anyone on the committee, people making the decisions on HF4288 even looked at, compared the costs of Community Residential Services, Nursing Homes and Family Residential Service Providers? I guarantee you it is more cost effective to have consumers live in a Family Residential Services home! Have any of you on the committee visited a Family Residential Services home to observe what it is our jobs really entail, the quality of service we provide, the opportunities we provide our consumers. The big questions I have for the committee is WHY are we being targeted? Family Residential Service Providers are required to adhere to exactly the same policies, procedures and meet the same standards as a corporate/Community Residential Service Provider. Why are Family Residential Service Providers being targeted out of all 17 Frameworks entities? Why are corporate/Community Residential Services continued to be paid at the Frameworks Rate?

One of the big differences between Family Residential Services is that I am on call 24/7, I am here day in and day out, no sick days, no holidays, and these women are part of a real family. The level of care and opportunities I provide is something these women will not get in an institutional setting. Again, the cost to the state for an institutional placement will far exceed what I would receive, this is one reason why restoring the Framework Rates is necessary. Another reason the Framework Rate is important is it addresses the individual needs, level of care that individuals require, the Flat Rate does not. The Flat Rate system does not account for the complexity of care that we deliver

every day. The Framework Rate meets the Person Centered Services that consumers are required to have. The Framework Rate is necessary to sustain Family Residential Services as without the Framework Rates Family Residential Service Providers will have to close their doors. When Family Residential Service Providers close their doors, because they cannot sustain quality of care, thousands of Vulnerable Adults will lose their homes!

I also need to ask what the point of establishing a Waiver Reimagine Advisory Task Force was if the Governor and the committee are not going to take under consideration the Task Forces current recommendations? It appears the Task Force has some serious concerns about the move to a Flat Rate as well.

Thank you for your time in reading my 'testimony' and please support and pass HF4288. The lives of thousands of Vulnerable Adults, their choice to live where they want, get their services from whom they want, and to be part of a family count on it!

Julie Eittreim  
Eittreim Family Foster Care  
1700 Whitetail Run  
Buffalo MN 55313  
612-388-3942

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## Megan Rossbach

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**From:** Karly Manion <karly.manion@gmail.com>  
**Sent:** Sunday, March 22, 2026 6:26 PM  
**To:** Megan Rossbach; Joe Schomacker; Mohamud Noor  
**Cc:** Ethan Cha  
**Subject:** In support of HF4288

To Representative Joe Schmacher and Representative Mohamund Noor and Members of the Minnesota House Human Services Finance and Policy Committee

In support of HF4288 (the bill to reenact framework rates for Family Residential Services)

My name is Karly Manion. I have been providing Family Residential services, Adult Foster Care, in my Woodbury home for 18 years. The first individual I supported had complex medical and physical needs and ultimately passed away in my home under hospice care due to those complications. The family was grateful she was able to be supported in my home and was able to pass peacefully with her family surrounding her. Currently, I support 2 adults with disabilities living in my home. They moved into my home together 7 years ago when their Family Adult Foster Care home was closing. I was not set up to accommodate 2 individuals at the time, so I remodeled my home to accommodate them. They had been living together, as roommates, for decades. Moving together provided the support they both needed to survive the move and now thrive living in my home. I am the primary caregiver. There are two additional part time support staff that support the individuals living in my home when I need some time off. Both support staff have been working with these adults for over 5 years. Both residents benefit from the consistency of care.

The 2020 MN Department of Human Services Legislative report on the Disability Waiver Rate System (DWRS) Family Foster Care Rate Methodology Study conducted by the Disability Services Division of the Department of Human Services stated that “Family Foster Care rate framework uses many of the same rate component values as corporate setting, even though these settings likely have different costs.” I strongly disagree as we share many of the same costs. Adult Foster Care (AFC) family providers incur substantial annual expenses, worker comp insurance, increased home, auto, and umbrella insurance premiums, a (new) \$2,100 MN Adult Foster Care annual licensing fee, administrative and accounting expenses, 245D MN licensing compliance costs (either through subcontracting or direct licensure), and payroll expenses.

The new tiered flat daily rate does not account for the differences between individuals who attend day programs and those who remain home all day. At the same time, Adult Foster Care providers like me have already endured multiple rate cuts over the years, making the change even more concerning. Under this new tiered rate model, funding would be reduced for the people I support by 35%, a significant cut that severely underfunds the Family Residential Services I provide.

I have considered:

- Closing my doors, which would force the individuals I support out of the least-restrictive, home-based settings and separate them
- Reduce opportunities for community engagement and inclusion
- Reducing the number of support staff hours which puts added stress on me

- Changing the services I provide and how they are provided
- Seeking additional employment on top of providing AFC services

All these options that I have explored would cause destabilization to how the house is currently run and the care provided. The adults I support thrive on consistency. When they don't know what to expect it causes anxiety and increased negative behaviors. This includes: self-injurious behaviors, hitting, punching, throwing chairs, failure to show up to work, overeating, increased illness and thereby increasing medical appointments.

Family Residential Services (Adult Foster Care) are not institutions — they are homes. My home is a small, community-based setting that allows the adults with disabilities I support to live with dignity, choice, and belonging.

I support bill HF4288. This bill would restore the framework rate methodology that appropriately reimburses Family Residential Services (Adult Foster Care) providers based on the actual needs of the individuals I serve. The current flat-rate tiered system does not account for the complexity of care that I deliver every day.

Karly Manion  
Family Adult Foster Care Provider  
11460 Dale Road  
Woodbury, MN 55129  
[Karly.manion@gmail.com](mailto:Karly.manion@gmail.com)  
651-444-9131

CC Representative Ethan Cha  
Senator Amanda Hemmingsen-Jaeger

## Megan Rossbach

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**From:** Kelly Martin <jkemartin1@hotmail.com>  
**Sent:** Monday, March 23, 2026 7:10 AM  
**To:** Megan Rossbach  
**Subject:** HF 4288

To whom I may concern:

My name is Kelly Martin, I am an adult foster care provider in Mn. I am writing you and praying you hear how devastating it will be to change the reimbursement rates from the flat rate to the the tiered rate. I have been doing this for 5 years and although it is not easy at times, I love the chance to give someone in need a soft place to land and a family to share it with. I have worked mostly with mental health individuals that have burnt bridges with family and friends along their journey and like having a second chance at family life.

I feel we do the same work as Community Residential Services but at a more personal level giving them a sense of home living. Is it fair to not pay us all equally based on needs. These people have rights also and forcing them to move out of a home they are familiar with and family they have come to love is unfair due to budget cuts. The individual I have with me now has severe mental health problems and I know that moving will put her back to square one. We have doctors, therapists a job and community services for her here and she would have to start over with all of this if moved. She is very close to my family and has had very little contact with her family due to her past. She came from a group home where she had been living for 4 years, her symptoms are so that she doesn't work well with others and needs more individualized care , I feel the tiered rate doesn't accomodate for people like this as she is able to dress herself and does not need physical care but needing many hours of emotional support and taking her out in the community and driving around just for mental health reasons takes up more time than helping her put on her clothes each morning. I can't tell you how many times a day I have to talk her off a ledge and calm her down due to symptoms of her illness. The tiered rate does not take this into consideration.

I feel that the residents are the ones that are going to suffer in the long run, forcing them to move which is more devastation in their lives that they can't deal with due to their diagnosis.

Please take the time to hear the HF 4288 as we do the same work as Community Residential Services only with more love and compassion and not a revolving door of employees.

Thank you for your time

Kelly Martin

## Megan Rossbach

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**From:** Leisa Schwab <twinriversafc@gmail.com>  
**Sent:** Monday, March 23, 2026 10:06 AM  
**To:** Megan Rossbach  
**Subject:** In Support of HF 4288

Leisa Schwab  
Twin Rivers AFC LLC  
[twinriversafc@gmail.com](mailto:twinriversafc@gmail.com)  
(218) 428-6540  
In Support of HF 4288

Hi, my name is Leisa Schwab, and I am a Family Residential Service (FRS) Adult Foster Care provider in Stearns County, MN. I have been a Family Residential Service provider for 3 ½ years. I currently care for an individual that is non-verbal, needs help with all personal cares, needs assistance walking, needs assistance eating, wears Depends, is mentally at a 12–15-month age level, and requires 24-hour high-level care.

At my client's most recent semi-annual review with her social worker, we were informed that under the flat rates plus 25% that most recently passed the legislature, my pay would be decreased 61%. We now also must pay a new yearly fee to the county of \$2100, and the State fee has increased as well. Governor Walz's new budget proposal recommends on page 16, third paragraph, stating: "recommends reversing the rate tier increase for Family Residential and Life Sharing services". The way I understand this, my pay would be cut even more by removing the previous legislature's 25% increase, amounting to a cut of nearly 73% from the Framework rates. This rate minus our costs of care puts me well below minimum wage, and does not accurately reflect the amount of care that my client needs.

We as Family Residential Service (FRS) providers do the same work and follow the same rules and regulations that Community Residential Services (CRS) does. I have also seen positive outcomes from Family Residential Services existing. I have personally seen our children and their friends become better, more caring individuals, especially towards those with developmental disabilities. My client gets to go with us into the community, as she is a part of our family. My understanding is that these benefits also come with a lower cost to the State of Minnesota under the current Framework rates we are fighting to keep, than if she was put in a corporate group home under Community Residential Services.

If the Framework rates go away in favor of the tiered rates, most Family Residential Service providers will have to close, and their people will be forced into corporate homes at a higher social cost to the clients and a higher monetary cost to Minnesota tax payers. Whether the client is in a Family Residential Setting, or a Community Residential Setting, their care needs are the same, so why eliminate the Family Residential Service providers by cutting the pay so much it puts us out of business? This is only happening to the Family Residential Service providers out of the 17 frameworks entities.

In closing, I am asking you to vote in favor of HF 4288 to put Family Residential Services back into the Frameworks Rates so we can continue to care for our most vulnerable developmentally disabled adults. Thank you for your time.

Leisa Schwab

Twin Rivers AFC LLC

## Megan Rossbach

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**From:** Mary Jo Then <maryjo@jojosplice.net>  
**Sent:** Monday, March 23, 2026 8:07 AM  
**To:** Megan Rossbach  
**Subject:** HF 4288

My name is Mary Jo Then and I am a Residential Family Provider in Morrison County MN to three high medical needs individuals.

Please hear and vote to approve HF 4288. This bill moves Family Residential Services (FRS) back to the DWRS frameworks, like all the other groups that provide waiver services.

Family Residential Services (FRS) do the same work and policies in our homes as do Community Residential Services (CRS) homes. We would still need to complete the same work even when moved to the Flat Rate. On the flat rate a home like mine would lose money needed to care for the individual in my home. A home that has higher functioning individual would get more money. We have to cut and save money somewhere. I believe that there is room in the DWRS framework to have savings. I strongly believe that there needs to be more understanding of how the framework works for all individuals. I do not think that moving Family Foster Homes to this flat rate is the answer. My question is why are we taking money away from homes that have high needs and giving homes that have the lower needs more money?

Community Residential Services (CRS) homes are a needed part of the waiver housing plan but Family Residential Services (FRS) are more cost effective.

If the flat rate goes into effect many Family Residential Services (FRS) homes will need to close. If I was to close and my individuals go into a CRS it will cost the state approx \$225 more per day. Persons with disabilities will lose the ability to live where they want to live. This then goes against the Olmstead rule.

PLEASE support and pass HF 4288. Please let persons with disabilities live in the waiver home setting they want.

Thank you for your time.  
my email is maryjo@jojosplice.net  
my phone number is 320 656-1311

Mary Jo Then

## Megan Rossbach

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**From:** rick vaughn <rpmrickzz4@gmail.com>  
**Sent:** Saturday, March 21, 2026 1:22 PM  
**To:** Megan Rossbach  
**Subject:** Bill: HF 4288 (Franson) Framework rates for family residential services reenacted

We are writing to express our strong support for HF 4288.

As Adult Foster Care providers licensed since March 1996, we have dedicated 30 years to serving individuals with a wide range of care needs. While we have seen many positive program changes over the decades, the proposed shift to flat-rate tiered pay will be devastating to our program and others like it.

It is imperative that the individuals we serve are not further disadvantaged by circumstances within your control. Reducing FRS pay for these essential services significantly impacts Minnesota's most vulnerable citizens. Many individuals risk losing their chosen homes, proximity to friends, employment opportunities, and established healthcare teams.

I respectfully urge you to approve HF 4288 and return to DWRS rates for FRS settings. Current flat rates often fall below minimum wage for the 24/7 care we provide. As license holders, 245D regulations and the demands of continuous supervision prevent us from seeking supplemental employment. Furthermore, these rates are not take-home pay; they must cover all operational costs, including licensing, insurance, staff compensation, and training. Without addressing these concerns, many homes may be forced to close.

We have spent years advocating for those in our care through outreach to families, health and human services workers, and legislators. Your immediate assistance is urgently needed, as you are their final avenue of support.

Sincerely,

Rick and Nita Vaughn  
Vaughn Family Home AFC  
8826 Darrow Ave NE  
Monticello, MN 55362  
H: 763-295-5809  
C: 763-516-8300  
[rpmrickzz4@gmail.com](mailto:rpmrickzz4@gmail.com)

## Megan Rossbach

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**From:** Ronda Nelson <adultfostercaremn@msn.com>  
**Sent:** Monday, March 23, 2026 3:41 AM  
**To:** Megan Rossbach  
**Subject:** Support of HF 4288

Dear Representative Rossbach  
Committee Administrator

My name is Ronda Nelson and I have been an adult foster care/family residential services provider for 40 years. For most of that time, I served two clients, but now have one. I contract with Companion Link for 245d licensing. I am a former foster care provider of the year, an award given by MNSW.

The proposed tier rate will have a negative affect myself and other providers. This is a drastic cut of upwards of 60% of our current incomes. Salary I have earned for most of that 40 years. I am the households only wage earner. Can you imagine losing most of your salary after working somewhere for 40 years. It will reduce community activities, food budgets, home budgets, transportation, lawn care, respite services, other relief staff. We are not provided health insurance and need to pay for that and we need to pay workman's comp, we don't get social security. And many other items I can't think of right now. Approximately 1 months salary will go towards a new annual licensing fee of \$4,200, which will even further reduce what we are able to do. It doesn't account for if a person is home all day or goes to work, it doesn't take into regard if a person receiving services can have alone time, or needs 24/7 staffing needs. The new tiers certainly don't account for extremely medically fragile people or those with high maladaptive behaviors; which I have spent the majority of time doing. . It groups people into a rate system that doesn't account for their individual abilities, strengths or needs. It also goes against the Olmstead Act by limiting their life choices and activities.

Providers may lose their homes, cars and maybe their foster care license itself. It will reduce community activities for the individuals that live with us, as we not only pay for ourselves, but many times have to pay for our individuals as they receive limited funding for personal needs items, clothing and activities. The cuts I need to make will take away my respite care, so I'll be working 365 days each year, with no time to vacation with our families, or do activities on our own, which will be a big stressor, and potentially put individuals at risk of maltreatment.

This tier rate system was put in place with no notice to providers and with no provider input. We were only notified at the end of October, with these changes reportedly starting January 1st, but still haven't. We don't know if this will start on the same date for everyone or when service agreements are due. We don't even know for sure what our salary will be. It puts everyone in limbo. If homes close due to the cuts, people will need to move from their current family, stable homes, with no staff turn over into group homes, where there will be shift staff, high turnover and where no one knows them and with many of them not even understanding why this is happening. For some of the people receiving services, we are the only family they know. For the person living with me, I am

the only home they've lived in besides their family home. She loves us, considers us family and doesn't want to leave and live somewhere else.

I support HF4288, as it will maintain rates where they are/were and myself and others will be able to continue doing the work that we love. We will still be able to provide a family setting, going to movies, dances, holidays, out for dinner and so many other things that distinguish family foster cares personal touch and keep people out of group homes or nursing homes; both which are more expensive.

I am available to testify, if you would like. I also welcome anyone to come visit my house and see how I provide services.

Thank you for your time.

Sincerely,

Ronda L Nelson  
Licensed adult foster care provider  
Court appointed guardian  
6556 - 15th St Cir N  
Oakdale, MN 55128  
651-485-2543  
[Adultfostercaremn@msn.com](mailto:Adultfostercaremn@msn.com)

## Testimony for FRS Home for hearing

My name is Roni Maynard and I am an AFC licensed (1106520) and 245 D (1118222) licensed provider. I have taken care of my participant for 11 years, almost 6 years on my own with Sandy Bonds help. I started out with the local companies, then when I wasn't treated well, and when my participant wasn't treated well, I left. I was lucky enough through a now retired licenser I met Sandy, and we both have a lot of the same values, ideals and we both have passion and love for what we do.

To live with my participant and to be able to take care of her the way she wants to be taken care of is something I never thought possible. With the help of a few licensers my dream became reality. As an Adult Foster Care provider I have to come to learn that not only is this position rewarding, but to fulfil someone else's dreams of living on their own, in their own home, has a meaning beyond words. My participant has become such a huge part of my family, my children are her siblings, my granddaughters are her granddaughters, my niece and nephew are her niece and nephew and call them all the time. As a FRS home, it becomes a FRS home that's the whole point is to involve our participants in our family setting, and that's exactly what it becomes. To take that away from us, and especially our participants, will rip our hearts out. To take our participants' family and home away from them is maltreatment. Maltreatment is defined as the abuse and or neglect of a person (commonly a child under the age of 18, and or a **vulnerable adult**) by a parent, caregiver, or other person in a custodial role. It includes acts or failures to act that result in **actual or potential harm to a person's health, survival, development or dignity**. If you take our participants out of their homes it is maltreatment, its taking away their right to make that choice, taking away their family, and their right to choose how things are done. It is also causing **Neglect**: defined as the failure of a caregiver to provide for a persons basic needs, such as food, clothing, shelter, medical care, education, or adequate supervision. This will be taking away their medical care, shelter, adequate supervision basic needs that our participants have come to know and love.

Key Components of Maltreatment: **Acts of Commission ( Abuse)** Deliberate and intentional acts to harm that person. This is not being Person Centered; this is not protecting our participants this is taking from them. **Imminent Risk**- even if physical harm has not yet occurred, placing a person in a situation that presents a high probability of serious harm is considered maltreatment. Your putting our participants in Imminent Risk by forcing us to break Federal Law to provide services. This is not being Person Centered, that is forcing Maltreatment on our participants.

Person Centered care is the collaborative healthcare approach that treats individuals as partners, focusing on their specific needs, values, and preferences rather than just their illness. It promotes dignity, respect, and autonomy, ensuring patients are actively involved in decision-making, supported by compassionate staff and tailored, coordinated care plans. Where is the person centered in any of this? IT's taking away their dignity, their respect, their decision making of the right to choose. Person Centered Values in Practice include : Individuality, Independence, Privacy and Choice. This will take away their choice in all of it, by closing programs because the programs can't stay open being forced to break Federal Law.

I really hope you take the time to consider what you're doing to every participant in this state. You are taking everything they know and come to love away from them and not by their choice. This will cause statewide panic, statewide closures, not only that but where are the participants going to go? A lot of their families cannot take care of them that's why we do, and we enjoy it. Please don't force us to close and our participants too loose all that they love.

Sincerely,

*Roni Maynard*

3/23/26

## Testimony in Support of HF4288

Chair and members of the committee,

Hello, I am Shawn Engman.

Please support HF4288, because this bill will determine what happens to my life.

I have lived in my Family Foster Care home with the Strasser's for the past 6 years. This is the safest place I have ever been able to live, and it is where I have been the most successful.

Before I came here, my life looked very different.

I was on 17 medications.

I spent about 21 hours a day lying in bed.

I was neglected and abused.

I was not living, I was surviving.

Today, because of the care I receive, I am down to just 2 medications and a PRN.

I have the same case manager in Dakota County who has been with me for a long time, and she is in awe of the progress I have made. The entire team supporting me has seen the transformation that has happened because I have been able to live with a family who are consistent, patient, and knowledgeable. I can tell you this, if they don't have the answers they research until they have them. They don't stop supporting and advocate for my every need.

I have a lot of medical and mental health conditions. I live with anxiety, PTSD, autism, and a moderate intellectual disability. I also have serious physical health problems that make it hard for me to walk and move safely. I use a walker in my home and a wheelchair when I go out. I need help so I don't fall. I need help getting out of bed. I need help doing almost everything in my day.

I also have central sleep apnea. I am in the process of getting an ASV ventilator because my condition is severe. I stop breathing 113 times per night. My brain is essentially being deprived of oxygen. My family is doing everything they can to keep me healthy and safe.

Because of trauma in my past, I am afraid of certain people. I need to feel safe with the people who support me. I cannot just be placed anywhere with anyone. Trust matters for me.

I also need time.

It can take me 15 minutes to answer what might seem like a simple question — but it is not simple for me.

My provider advocates for me every day, even in the community, helping others understand that I need that time. They make sure I am not rushed or dismissed.

It can take me two hours in one aisle at Target just to pick out a comforter.

In my home, that is okay.

I am not rushed.

I am not pushed.

I am not shuffled through life.

I am supported.

I am honored.

I am treated with dignity.

The family that cares for me supports my every need. They are patient. They understand me. They stay with me through every step, no matter how long it takes.

They are committed to keeping me out of long-term care. They are helping me work toward a future where I can be healthier, stronger, and maybe someday walk more independently without the constant risk of falling.

But now, I have been given a 60-day notice.

Not because I did anything wrong.

Not because my home failed me.

But because of the flat rate system.

If this system moves forward, the home I live in will not be able to provide the level of staffing and support I need to stay safe and follow my support plan. They will not be able to meet federal HCBS requirements under a flat rate.

That means I will have to leave my home.

And I will likely be placed somewhere more restrictive, somewhere that does not know me, does not understand my trauma, and does not have the staffing or time to support me the way I need.

That is not just a change.

That is a loss of my safety.

My progress.

My dignity.

My needs do not fit into a flat rate. They tell me I'm an exception.

My life cannot be reduced to a number.

I deserve to continue to live in my home — a place where I matter, where I am known, and where I am truly cared for.

**So I'm asking you, please don't decide my future based on a rate. Decide it based on my life.**

Please support HF4288.

Thank you for listening to me. I plan to be present at the hearing however due to my inability to speak in a timely fashion I wish to have this testimony read aloud by someone else if they are willing to do that.

With great appreciation,

Shawn Engman  
Shawn Engman

## Megan Rossbach

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**From:** Shawn Fridgen <shawnfridgen73@outlook.com>  
**Sent:** Monday, March 23, 2026 7:54 AM  
**To:** Megan Rossbach  
**Subject:** Testimony for HF4288

Chair Schomacker and House Human Services Finance and Policy Committee members

For the record I am Shawn Fridgen, a family residential foster care provider. I support HF 4288. I have been a provider since 2014. We support 2 people in our home.

The flat rates are not cost effective for many of us. While this can look like a lot of money, please know for most, this is 24-hour care and supervision. Most often, the flat rates are less than minimum wage in a 24-hour period. Please understand this is NOT take-home pay and will force programs to close across the state. There are no health insurance benefits, retirement, or paid time off included in this.

It is difficult to understand why Family Residential settings that have the same 245D requirements are the only ones being put on Flat rates. We do the same work and have the same training requirements. I firmly believe we need both Family Settings and Community Settings to be successful in MN.

My biggest concern is the welfare of those supported in these programs when they are forced to close due to budgets. Already we have seen programs close as this law was passed. This is traumatizing to the people supported by these programs. Most will find it difficult to find a new home locally. As family providers, we never started this business to break their hearts like this.

Please support HF 4288. Chair Schomacker and House Human Services Finance and Policy Committee, thank you for your time and consideration.

Shawn Fridgen

Fridgen Foster Care

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320.815.7566

## Megan Rossbach

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**From:** Toaila Unga <ila@ungaafc.org>  
**Sent:** Sunday, March 22, 2026 7:48 PM  
**To:** Megan Rossbach  
**Subject:** HF 4288

Toaila Unga

Unga Adult Foster Care Services

ila@ungaafc.org

612-434-0054

I am In Support of HF 4288

We run a family residential home in Ramsey County. We work only with high medical need residents which include, but are not limited to, wound care and scheduled treatments, medication management, mobility assistance, and 24 hour care.

We provide medical treatment in a residential setting where we can promote healing, safety, and assistance with daily living. We are highly involved in the community and disability advocacy.

The tiered rate system would not only close our doors, but many places like ours that our residents call home. The proposed rates are not enough to cover the services that we provide. I ask that you please put vulnerable adults first. Imagine being institutionalized and being told when you can eat, shower, or come and go. There is no community inclusion, independence, or humanity in that. The entire goal of our waiver system is that we be "person-centered". This is the complete opposite of our goal. How did we get here?

Waiver reimagine needs time, attention to every detail, and the very best leadership at its core. DHS cannot provide the resources right now to make such a drastic change without causing harm. It's simply not ready. To be honest, nothing about waiver reimagine is a good idea at all.

Please restore the framework rates. If they are not restored, it will destroy this community at every turn. There are already states that have tried implementing the tiered rate system. These states are riddled with lawsuits, homelessness, and innocent people are getting hurt, or worse. Please make the right decision.

Thank you for your time.

March 23, 2026

Greetings,

My name is Aimee Libby, and my husband and I are Family Residential Services (FRS) providers. We live in Hanover, MN in Wright County and are licensed for 2 beds. We have a 21 year old daughter with an intellectual disability who also lives with us and accesses waiver services. We also have a 20 year old son who is a college sophomore but lives with us when he's not at school. Currently, our 2 beds are filled with two friends from our Special Olympics team whom we have known and have been involved in their lives for the past 14 years. Our "bonus guys" as we call them are biological brothers and the reason we became a licensed Family Residential Services (FRS) home. When we learned their previous providers were retiring, our family decided to pursue licensing to welcome them into our home as "bonus" family members. They truly are part of the family!

Please hear and vote to approve HF 4288. This bill moves Family Residential Services (FRS) back to the DWRS frameworks, like all the other groups that provide waiver services.

As Family Residential Services (FRS) homes, we follow the same policies and regulations as Community Residential Services (CRS) homes. However, in most cases (especially in ours!), FRS providers offer a more personalized and consistent level of care than residents receive when living in Community Residential Services (CRS) homes. Even when moved to the Flat Rate, we would still need to complete the same amount of work to meet our individuals' support needs, but **my home pay would decrease by 26%**. This will not be sustainable, especially given the 24-hour care we provide 24/7. Currently, if I calculate my hourly rate, I could make more working at McDonald's, and that's BEFORE the proposed 26% decrease.

If Tiered Rates go into effect, it will force many Family Residential Services (FRS) homes to close their doors. When this happens, individuals with disabilities will have even fewer housing options available than they currently do. This then goes against the Olmstead rule.

Community Residential Services (CRS) homes are a needed part of the waiver housing plan, but Family Residential Services (FRS) are more cost effective.

This cost-savings methodology that DHS recommended is now not cost-effective; it is more costly and persons with disabilities lose the ability to live where they want.

PLEASE support and pass HF 4288. Please allow individuals with disabilities to live in the waiver home setting they want, receiving care from FRS providers who consistently provide care and include individuals as part of the family.

Thank you for your time and consideration.

Sincerely,

Aimee Libby

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1315 Oakwood Lane

Hanover, MN 55341

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Protecting Person-Centered Care. Ensuring Federal Compliance.

## **FEDERAL COMPLIANCE RISK BRIEF**

### Proposed Flat Rate & Elimination of Rate Exceptions for Family Residential Services (FRS)

#### **Executive Summary**

The proposed transition of Family Residential Services (FRS) into a flat, tiered rate structure eliminates individualized rate exceptions for 1:1 staffing, 2:1 supports, awake overnight supervision, and nursing oversight.

This structural change places Minnesota at significant risk of violating federal Medicaid Home and Community-Based Services (HCBS) requirements under 42 C.F.R. § 441.301 and Section 1915(c) waiver assurances.

If reimbursement does not reflect assessed need, providers cannot legally implement person-centered service plans. This creates federal compliance exposure.

#### **Federal Requirements**

- 42 C.F.R. § 441.301(c)(1): Services must be delivered in accordance with a person-centered plan reflecting assessed needs and ensuring health and welfare.
- 42 C.F.R. § 441.301(c)(4): Services must be individualized and delivered in settings supporting autonomy and community integration.
- Section 1915(c) Waiver Assurances: States must ensure services are delivered as authorized and payment methodologies are sufficient to maintain access and safety.

#### **Structural Issue: Removal of Rate Exceptions**

Under current structure, rate exceptions allow adjustments when individuals require:

- 1:1 staffing due to behavioral or medical necessity
- 2:1 crisis stabilization supports
- Awake overnight supervision
- Enhanced nursing or medical oversight
- Complex safety interventions

The proposed flat rate eliminates these mechanisms entirely.

#### **Why Rate Exceptions Are Necessary**

- Align funding with MnCHOICES-assessed need
- Prevent institutional placement
- Maintain required staffing ratios
- Protect health and welfare
- Sustain workforce capacity for high-acuity individuals

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Protecting Person-Centered Care. Ensuring Federal Compliance.

Without rate exceptions, individuals with complex needs are funded identically to those with minimal needs. Providers are left with unfunded mandates, making compliance with authorized service plans financially impossible.

### **Resulting Federal Compliance Risk**

- Inability to implement person-centered plans as authorized.
- Break in the link between assessment and reimbursement.
- Increased risk of CMS corrective action or waiver findings.
- Exposure of Federal Financial Participation (FFP).
- Potential service disruption for vulnerable adults.

### **Immediate Legislative Action Requested**

We respectfully urge legislators to contact:

- John Connolly  
Minnesota State Medicaid Director  
Minnesota Department of Human Services

Request clarification on how elimination of rate exceptions complies with 42 C.F.R. § 441.301 and how Minnesota will maintain federal waiver assurances if funding does not match assessed need.

### **Conclusion**

This proposal removes the structural mechanisms that allow Minnesota to meet federal HCBS requirements. A flat rate without individualized exceptions creates systemic compliance risk.

Returning FRS to the Disability Waiver Rate System (DWRS) preserves individualized funding, supports workforce sustainability, and protects federal compliance.

Minnesota must ensure its rate methodology allows providers to deliver services exactly as authorized in person-centered plans.