March 2, 2026

Subject: Support for HF 3375 to Preserve Adequate IHST Hours

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

As the Program Director for In-Home Supports (IHST) at CCRI, Inc., I have witnessed firsthand the profound impact IHST services have on the individuals and families we serve. CCRI serves more than 450 individuals and employs over 500 dedicated staff. Limiting IHST services to six hours would create immediate and harmful consequences for the many Minnesotans who rely on consistent support to build independence and remain safely in their homes.

When IHST hours are restricted, the following outcomes are common:

- **Interrupted skill development**: Adults working on essential daily-living skills—such as budgeting, grocery shopping, and meal preparation—lose the consistency and repetition required to build and maintain independence. Reduced hours undermine progress and lead to setbacks.
- **Insufficient family support:** Families who depend on coaching and training receive fewer tools to safely support their loved ones at home. Without adequate guidance on routines, behavior supports, and safety strategies, caregiving becomes more stressful and less sustainable.
- **Limited community access:** Young adults practicing community navigation skills have fewer opportunities to learn transit routes, practice safety, and build confidence, often leading to increased isolation and fewer meaningful community connections.
- **Increased health and safety risks:** Individuals who rely on consistent wellness routines—including medication reminders and safety checks—lose critical reinforcement, creating avoidable risks to their health and wellbeing.
- **Regression and higher future costs:** People who require regular skill-reinforcement are more likely to experience regression when hours are insufficient, often resulting in the need for more intensive, costly, and restrictive services later on.

For these reasons, I respectfully urge Members of the Human Services Committee to support the provisions in HF 3375. Preserving adequate IHST hours is essential to maintaining independence, stability, and quality of life for the individuals and families we serve. Thank you for your consideration and for your continued commitment to supporting Minnesotans with disabilities.

Sincerely,

Lynette Weber
Options Director

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

October 25,2025

We are urgently seeking your support on bill HF 3375, to ensure that our son, David, will be able to continue his current program 'In-Home-Services with Training'. This program has been life-changing for our son and our whole family. It provides the safety critical to David's needs.

David is 33. As a young boy, he was diagnosed with developmental delays (F70), autism spectrum disorder (F84.0), pervasive developmental disorder (F84.9), Impulse control disorder (F63.9), and depressive disorder (F32.9). David was supported with one-to-one programming throughout his academic years. As a young man, David was also diagnosed with hallucinations and psychotic disorder. David has had self-injurious behaviors and dangerous elopement conduct. He has had episodes of Tachycardia, Eosinophilic esophagitis & strictures, and varicose veins with complications. In addition to the above, he is healing from metatarsal bone fractures from a severe accident in 2023. This accident has resulted in more than a year of physical recovery and lingering trauma from being run over as a pedestrian by a pickup truck. Fortunately, he was not killed.

David has difficulty understanding day-to-day verbal and nonverbal communications as well as social pragmatics. He is verbal, and exhibits strong echolalia; he often says what he believes others want to hear rather than what is appropriate or 'real'. David needs assistance throughout his day to navigate and understand the world around him.

Supervision is necessary for all medication administration throughout the day, as well as every aspect of daily hygiene and self-care. He needs assistance each day to dress appropriately. David needs significant help with all meal preparation, healthy choices and portion sizes. Care is needed overnight to ensure his safety. Throughout the 24-hour day, David benefits from knowledgeable staff for sensory calming, mood regulation and all basic living activities to assist in keeping him safe.

In the one-to-one Learnability program, David feels a sense of safety. He has experienced consistent staff who work to understand his needs, his abilities, his communication style and encourage his participation in all aspects of life. David's stamina for activity is limited. With instruction and care, David can help with his day-to-day living, including social events in the community. The consistency of the Learnability staff and the importance of regular routine in his own home, is critical for David's ability to address daily challenges given his disabilities. One important element allowed by the In-Home-Services with Training care is that staff is able to bring their animals into David's home. This is a very important element for his psychological and physical well-being.

The level of safety provided by the 'In-Home-Services with Training' program had not been realized in the past when he lived in a group home setting without the needed one-to-one care. In that environment, David did not have the necessary level of supervision to ensure that he ate properly or exercised and received accurate medicines. The result of which was significant weight gain (obesity) and vein complications and episodes of tachycardia. David didn't have staffing such that he got up and got dressed each day and attended a day program regularly or participated in community or social events. The lack of care resulted in frequent elopements which put him in danger. These elopements resulted in calls to the police as well as calls for EMT care and emergency room visits, ultimately resulting in the 2023 accident as noted above, when he was left unsupervised by group home staff out in the community. Unfortunately, he also experienced verbal abuse while in the group home setting. Regrettably, the care that David received while in the group home setting was so poor that it resulted in multiple MAARC reports, multiple state agency investigations and actions.

Before we found the Learnability program and the ‘In-Home-Services w/ Training’, we worked with our Case Manager, Craig Raymond, for many months and we were unable to find any program with adequate care for David. His behaviors and care are high-need. We recognize that.

David is now in a safe environment. He is in his own home with the support of the Learnability program. He is supervised by trained, caring, consistent staff and attends important day programming regularly. He participates in social outings, and is now able to get frequent exercise. The last 18 months have been the most successful of David’s adult life. He is safe! He is participating in his world! To deviate now from this program would put David’s physical and mental health back in danger as we have unfortunately experienced. The ‘In-Home-Services with Training’ program has proven to be life-changing for David and his whole family.

The team that surrounds David today, including the Learnability organization and staff, his day program at Kaposia, his involved guardian parents, and his medical team, allows David to live successfully. This combined care enables David to safely participate in life and reveal his heart of gold.

We are desperately imploring the Department of Human Services to continue to support this proven, person-centered care model in David’s own home. We applaud the creation of the ‘In-Home-Services with Training’ model and Learnability’s successful implementation of this model. We thank you for taking the time to learn about our son David and the unique, high-need nature of his support. We look forward to the opportunity to provide clarification or additional information on any of the above. Please do not hesitate to reach out.

David is a wonderful person, he loves to help people, volunteer his time and be of service to others.

Sincerely,

Mark Stoering, Father and Co-Guardian (715) 577-7600

and

Lee Elliott- Stoering, Mother and Co-Guardian (612) 770-2397

18309 Tristram Way

Eden Prairie, MN 55346

egh

February 27, 2026

Chair Schomacker
Chair Noor
Members of the Human Services Committee,

My name is Jeremy Wendt, and I'm the Executive Director at EGH, a non-profit HCBS provider. We support people in numerous programs including Individualized Home Supports with Training, which was subject to rule changes in the last legislative session.

We understand the spirit of the changes, but disagree with their practice and implementation. Rule changes included a six-hour limit on IHSwT services for each day, and put a consecutive hour limit of IHS services at three hours.

MN Statutes section 245D.07 and 245D.071, state that persons served have the right for their services and supports to be provided in a manner that respects and takes into consideration their preferences. IHSwT recipients may prefer their supports to take place over the course of one or two days in a week instead of several shorter sessions. Also, support needs of IHSwT recipients vary greatly. These supports may not fit tidily into a three-hour consecutive limit or a six-hour daily cap.

These rules are also at odds with providers' responsibilities to provide unedited billing entries for federally-mandated Electronic Visit Verification details, in the event the three-hour "clock" expires in the middle of a person's active support needs.

HF 355 alleviates these problems by providing a monthly cap that will adhere to the spirit of the IHS limits without impinging on service recipients' rights. I encourage members of the committee to move HF 355 forward.

Sincerely,

Jeremy Wendt
Executive Director
EGH, Inc

Lisa Gemlo
1925 Kelly Drive
Golden Valley, MN 55427
lrgemlo@gmail.com

October 13, 2025

Dear Chair Schomacker, Chair Noor, and Members of the Human Services Committee,

I am writing to you to please support the provisions included in bill HF 3375 and about the need for continuing the current level of services for my son Peter. After extensive person-centered planning, including extensive planning that operationalized the vision for Peter, our family has invested extensively in supporting his best life. Upon finding a service provider willing to provide the 24- hour support he needed (Learnability), we purchased a townhouse, remodeled it to fit his needs as well as the needs of a future roommate. As you can imagine, this exhausted many of our resources, both financially and physically as we were caring for /managing Pete's care at the same time of building a new way of life. We cannot afford to throw all this away. Pete is happy, thriving and growing in his independence and skills with this model. We no longer see the behavioral challenges we saw while living at home with his aging parents.

We won the lottery with Pete. It could have been you just as easily. He has a rare genetic condition, called SATB2 syndrome. He is one of approximately 750 people in 47 countries around the world. Half of them are like Pete. They are nonverbal. All have language delays. Many are like him in other ways. Cleft palate, IDD/DD, Dental & skeletal anomalies, behavioral and sleep challenges. Pete is also vision impaired so never…I mean never…does he watch a TV, iPad, phone or computer screen. How many times have you used these mediums as distractions for your own children or people you have supported? He wakes early and rarely rests, always needing to be on the move. He is extremely social. The IHS with training staffing model we have is critical to ensure that people are well trained, active, engaging and willing to be part of the community with him. 16 hours of 1:1 staffing are required for Peter to meet his needs. He is awake and needing support every minute.

His father and I are now over 60. We are unable to sustain the interrupted sleep and constant movement he requires. Our plan to pivot to this model was to do it while we could still contribute. If the hours provided are decreased, the only way that Pete will be "contained" is through psychotic medication. Are we now resorting to that as our approach to supporting individuals with disabilities? It is my hope that that is not the case and that we look creatively at models such as ours that have demonstrated success. We hope leaders such as yourselves continue to support them.

Thank you for your consideration.

Lisa Gemlo

Lisa R Gemlo MPH, RD, LD

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

Please support Bill HF 3375.

First, I describe our daughter, best I can.

I am writing to you today out of grave alarm regarding the potential reduction for our daughter's services in 2026. We all know these are really difficult times for budgets. But our daughter and we will be very challenged if those caring for her lack insight and training. In fact, the kind of care our daughter has should be applied much more broadly. It enables persons who otherwise would need one to one staffing in a group home, to have a "normal" life in their own home. And it keeps them out of the hospital. Both options that would very likely be even more expensive.

Our daughter Ashley (prefers Alex) is incredibly complex. She started life 40 years ago with autism and deficient cognition (IQ 64) and after several neuropsychs at Fraser, anxiety was added. As she aged the anxiety increased considerably. For many years, she stabilized at that level. But the pandemic changed everything. In one week, she and her partner lost the services they shared, and my husband and I became sole supports. It was an extremely difficult time. By late fall of 2020, her partner went in the hospital with mental health issues. This lasted many months. And she began losing weight. For quite a while we thought it was an eating disorder brought on by the stress of his hospitalization and the anxieties of the pandemic. In the end, it was diagnosed by HCMC physicians as a delusion/schizophrenia. She thought she had a poison in her body and could not eat.

By the time this was discerned, she looked like she had been in a concentration camp. At the time of hospitalization her weight was 115 pounds. We had her in the hospital at Methodist to try to get her into an eating disorders program. Because of her comorbidities, only HCMC mental health would admit her. By then she had lost her relationship, and nearly her life. HCMC saved her through all of this, she gained two more diagnoses: schizophrenia and severe OCD. We both became physically and mentally exhausted. We found Learnability through our therapist. July 11th three years ago, Callie and Ada walked into our lives and once again, everything changed. Gradually, carefully, both Ashley and we were able to return to the world of the living. We had the support she and we needed. And continue to need.

There have been multiple ups and downs in these three years. Antipsychotics brought her mentally back to us, but they have their own serious challenges. Since hospitalization, she has gained 100 pounds and become far less motivated than she was in the past. As a team we are constantly trying to titrate meds and co-affirm behaviors. There are constant shifts… In weight, in eating, in med tolerances, in behaviors. Currently, we feel we have a very good balance of staffing during the week at her apartment with other DD persons and weekends with us. Staff has been quite stable for several years. That seems, although nothing is certain, the stability she hadn't had for several years.

She has, however, also added another level of complexity. Because genetic testing has come a long way in Ashley's 40 years, we did a second round of testing last year. It was discovered that she has genetics for autism but also for a pituitary deviation inherited from her father. When a subsequent MRI was completed, it showed she has a pituitary malformation. She also appears to have some female hormonal imbalances that may be related. All this also requires on going monitoring. In addition, the geneticists think she may have seizuring. We are still in exploration regarding that piece. She has grown very testy about all the medical interventions and testing. Finally, this genetic deviation may explain why she considers herself non-binary. It may be, in affecting her hormonal balances, it is creating confusion about her sexuality. She has great distain re her periods, in part because they are exceptionally painful.

She has also become a multiple victim for scammers. Her inability to discern bad behavior and delusional thinking makes her incredibly vulnerable. We have had to shut down all financial avenues that scammers could use. Staff have also had to watch for elopement. A scammer directed her to a Walgreens to sign something. Her staff followed her and brought her back to her apartment. But it made all of us realize just how vulnerable she is.

Ashley is also very challenging re communication. She withdraws and shuts down when any major change happens…to her staffing, her schedules, her physical and mental health. But never does she tell you what is happening. You must be a detective. You must know her, to keep her safe. Amid everything else, two years ago, she kept ordering sandals and would not wear regular shoes. After months of this, we took her to podiatrists at HCMC. They discerned she was having so much pain in her bunions, that she needed bilateral bunionectomies. When they manipulated her feet, she began to respond to the pain. Before, she never mentioned it. She is a constant puzzle. Without training, staffing for her will be unsafe. No doubt about it.

Now to Learnability and what its support means.

I have already touched on this. The training and stability of staffing provided by Learnability is all important to Ashley.

Without them our choices would be few and our ability, as parents, fewer. We are both 77. My husband is a Vietnam vet who now deals with multiple health issues from agent orange. These include multiple myeloma and rheumatoid arthritis. Years past we picked up the slack for lack of trained or consistent staffing. We really cannot do that anymore on a full-time basis. That said, for short stints, weekends with our daughter help us monitor her physical and mental health along with staff. But when she was with us full time, we were exhausted and she was very much under stimulated. Her therapist, Cindy Nollette, has noted how important it is for her to have the quality and stability of her current program. Cindy has worked with this population for over 40 years. She has noted time after time how well Ashley has responded to her staff, compared to most of her other clients. And she has noted it is largely because, unlike many of her clients, Ashley's staff is well trained and paid enough to be retained and stable. Most of her clients go through new staff all the time. The results create a lot of instability for clients. She has also noted that 16 hours is not at all excessive and wishes more of her clients had that level of support. We think too, that Ashley needs her 16 hours of trained staffing. Her overall mental and physical health would be much diminished without it. She would have many more hospitalizations.

Alex's daily routine is never the same two days in a row. She does always start her day with a morning coffee run. And ends her days with dinner and taking her medication. But in-between, throughout the week there are exercise classes, yoga, work on her POD caste with local musicians, jam sessions with her music mentor, doctor visits and time with friends, etc. All of this is necessary for her mental health and all of it is facilitated by her staff. They also do activities of daily living, ensuring she wears appropriate clothing for the weather, keep her apartment clean (she does not on her own) help with cooking (she can't) and drive her everywhere (she can't). This sounds trite but in fact, part of Ashley's recover and maintenance has been car rides with music. She finds it a very calming and necessary part of her recovery and stability.

IN CLOSING,

I want to thank you for taking the time to consider what my husband and I have to say about this possible

Reduction. As a Hennepin County public health nurse/waiver assessor for nearly 30 years, I can discern quality of care.

The learnability model, for persons like our daughter, is the best model I have ever seen. Staff are trained to address all of Ashley's complex issues, her lack of self-initiative, her constant safety needs. They are also paid enough to stay for very long periods of time. Her house manager has been with her three years. Other staff have had similar tenures.

We do not feel IHS without training or other models like CRS/ICS would provide the safe, appropriate support Ashley needs.

Please continue to support this now proven, person-centered model of care. And consider providing it to a broader

Population, rather than reducing it.

Karen and Dan Goedken

Parents and co-guardians for Ashley Goedken

952-250-6297/952-938-5929

LIVING WELL
DISABILITY SERVICES
Transforming Lives

March 2, 2026

Chair Schomacker
Chair Noor
Members of the Human Services Committee

Subject: Support HF 3375 – Protect Person-Centered Disability Services

Living Well Disability Services urges your support of HF 3375. This bill is essential to maintaining the integrity of person-centered services in Minnesota.

The U.S. Supreme Court's 1999 decision in *Olmstead v. L.C.* affirmed the right of individuals with disabilities to receive services in the most integrated setting appropriate to their needs. Individuals have the right to choose to live with family, independently with support, or in group residential settings.

For individuals living independently who require support, we often provide **Individualized Home Supports with Training (IHST)**—a habilitative service focused on skill-building and fostering independence at home and in the community. IHST includes strong accountability measures:

- **Electronic Visit Verification (EVV):** Staff verify their location at the start and end of each shift; claims may be denied if location data does not match approved service addresses.
- **Documentation Requirements:** Staff document skill-building goals, activities, and progress, whether services occur at home or in the community.
- **Ongoing Planning and Coordination:** Annual and continuous collaboration with lead agencies, guardians/conservators, and the individual to ensure appropriate services and support independent living goals.
- **DHS Licensure and Oversight:** Providers are licensed and subject to regular compliance reviews.

During the 2025 legislative session, DHS implemented a significant reduction in allowable IHST hours - from a 16-hour daily cap to a limit of 3 hours per shift, and 6 hours per day. While intended as a cost-saving measure, this change restricts individual choice and does not reflect how services are effectively delivered.

Many individuals rely on a longer, consolidated support day—such as an 8-hour shift—to manage budgeting, grocery shopping, meal planning, medical appointments, and development of independent living skills. These activities cannot be meaningfully completed within a 3-hour shift or 6-hour daily cap for every person. Additionally, individuals with complex emotional and behavioral needs require consistent, intensive support that cannot be confined to arbitrary time limits. Many individuals will have to consider moving into a more expensive supported living environment if we implement these 2025 changes.

We recognize the importance of fiscal accountability and fraud prevention. HF 3375 does not increase funding or weaken oversight protections. Rather, it corrects restrictive language enacted in 2025 that unintentionally limits individuals' choice and independence.

We respectfully ask for your support of HF 3375 to ensure Minnesotans with disabilities retain meaningful access to person-centered services.

M.Nelson, Regional Director

MaryLynn Nelson
Regional Director
Living Well Disability Services
1168 Northland Drive
Mendota Heights, MN 55120
651-688-8808
www.livingwell.org

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

I am writing this letter on behalf of Hiawatha Homes and our Family Support Services program. The name of the program tells you a lot about what we offer, and that is support to families who need it! Many of our individuals are high medical needs, and some do not get out of the house or have community engagement besides our programming.

We have dedicated staff to pick them up and take them out on Community Activities and then return them to their homes. We travel as far as Pine Island to pick up one of our individuals so to cap her IHST hours would make it very hard to keep the schedule we have with her right now of 4 days a week. She is very attached to our staff and this extra support for her and the family is life changing, and a support system she relies on to have community engagement. That is just one of many examples.

Since our individuals live in their homes with parents/family some have other approved IHS hours where other agencies pay staff to go into their homes. If we have to cut one of these services completely from their Service Support Plan we would not be providing person centered services, or doing what is in the best interest of the individual. It would be impossible to reduce this to 6 hours a day in most cases.

I have only been with Hiawatha Homes for 1.5 years and have grown this program from 3 individuals to 10 and would love to see it continue to grow but in order to do that we need the support of all of you to stand by our mission and vision which is to provide quality support to individuals with disabilities by making sure they live a fulfilling life of their choice in a community that values and includes them. Family Support Services does just that by making sure they are actively involved in our community every time they are in our care.

I am asking you as the committee to please support the provisions included in HF 3375, as to not have any interruptions to our services.

I appreciate your time and can be contacted directly

Jonell Sam Program Manager 507-718-0733

One Day at a Time

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

On behalf of One Day at a Time, a 245D-licensed provider serving individuals with disabilities across Scott, Carver, Chisago and Dakota Counties, I am writing to express our deep concern regarding the proposal to cap Individualized Home Supports with Training (IHST) at 6 hours per day. We respectfully urge the committee to support the provisions included in HF 3375, which protect the flexibility and person-centered nature of IHST services.

A daily cap of 6 hours would have a profoundly negative impact on the individuals we support. Many of the people we serve rely on consistent, extended support to maintain their health, safety, and independence. Their needs do not fit neatly into a fixed hourly limit. Reducing IHST to 6 hours would create dangerous gaps in care, disrupt essential routines, and undermine progress toward individualized goals. For individuals who require coaching, skill-building, behavioral support, and supervision throughout the day, this cap would strip away the stability and continuity that allow them to thrive in their homes and communities.

This change would also place significant strain on families and unpaid caregivers, many of whom are already stretched thin. Without adequate professional support, families would be forced to fill the gaps—often without the training, capacity, or resources to do so safely. The result would be increased caregiver burnout, higher crisis intervention needs, and a greater likelihood of institutional or hospital placements.

IHST was designed to be a person-centered service, tailored to the unique needs of each individual. A one-size-fits-all hourly cap contradicts the very purpose of the service and jeopardizes the wellbeing of the people who depend on it. HF 3375 offers a balanced and thoughtful solution that preserves flexibility while ensuring individuals continue receiving the level of support necessary to remain safe, stable, and included in their communities.

For these reasons, we respectfully ask the committee to support HF 3375 and reject any proposal that would limit IHST to 6 hours per day. The individuals we serve deserve services that reflect their needs, not arbitrary limits that put their health, safety, and independence at risk.

Thank you for your consideration and for your commitment to supporting Minnesotans with disabilities.

Sincerely,

Dianna Windish

President- One Day at a Time

Learnability
Making life user-friendly

Dear Chair Schomacker, Chair Noor, and Members of the Human Services Committee,

The cap on Individualized Home Supports with Training (H2014 UC, U3) for our exceptional-needs, high-risk individuals is neither clinically nor financially sustainable for Learnability within the “own home” model. Please support the provisions included in HF 3375.

This mismatch will push individuals & families into crisis, collapse provider capacity, and raise public costs.

Individuals & Families (Learnability average parent age: 74)
Hennepin County previously supported a long-term, own-home plan precisely because these individuals do not fit CRS/ICS or other congregate settings, in fact, most of the individuals we serve have already come from those settings unsuccessfully. Families invested savings in non-provider controlled housing and accessibility. With parents aging out of direct care, removing 62% IHS w/Training eliminates the only scalable substitute for family care.

Who will receive these residents if Learnability cannot serve them in their own homes? Learnability will need to plan, because our 60 day service termination period is already over the timeline.

Providers (Learnability)
We built an entire service model specifically for individuals with higher needs and greater risks rooted in trauma-informed, person-centered, and protocol-driven care. Each home is supported by dedicated Designated Coordinators and Managers who provide consistent oversight so people can remain safe, stable, and supported in their own homes. Re-rating required hours to a non-training service removes the funding that funds this competence. The immediate result is unsafe coverage or closure, not because need declined, but because payment did.

With appreciation,

Calli Brown
Chief Executive Officer
Learnability LLC

THE IMPACT OF CAPPING IHS W/T

The cap on Individualized Home Supports with Training (IHS w/T) creates an immediate destabilization crisis for high-risk individuals with exceptional-needs that will severely affect individuals & families, providers, and the state.

Impact for Individuals & Families

- **No viable alternative:** These individuals do not fit ICS/CRS settings, some have come from CRS unsuccessfully, and would require clinical crisis placements.
- **Impact of cut:** Loss of trained coverage would lead to ER visits, psychiatric crises, evictions, and unsafe gaps in care.
- **Individual impacts:** Service stability and least restrictive environment lost. Decrease of independence and community integration.
- **Aging caregivers:** The average parent age is 76; families cannot return to 24/7 caregiving.
- **Own-home investment:** Learnability families personally funded housing and accessibility modifications; public dollars only fund staffing, not housing.
- **Urgent question:** If Learnability is forced to terminate services (some waivers renew as early as Jan 2026), who receives these residents and where will they live?

Impact for Learnability

- **Built for complex cases:** Learnability stabilizes individuals with complex behaviors and medical fragility through trauma-informed, person-centered, protocol-driven care.
- **Competence costs:** Wage structure ensures trained staff capable of managing complex protocols, medication adherence, and 2:1 staffing when needed.
- **Funding drops, risks unchanged:** After 24 units, rates drop to “without Training,” even though staffing, oversight, and DC/DM responsibilities remain identical.
- **System impact:** Dismantles a proven safety net that took years to develop and that currently prevents crises and institutionalization.

Impact for The State/County (Public Interest)

- **People will lose their services and their homes.**
- **Costs shift, not cost savings:** Reductions at Learnability will move spending from planned supports to ER, ICU, psychiatric boarding, 911/EMS response, and displacement, erasing current efficiencies in the Learnability model.
- **Housing strategy alignment:** Learnability’s own-home model avoids capital costs and vacancy risks, aligning with state housing goals and fiscal prudence.

February 27, 2026

RE: Negative Impact of Capping IHST Hours

Greetings Chair Schomacker, Chair Noor, and Members of the Human Services Committee,

I am writing to you today to share with you the negative impact of capping IHST hours to only 6!!

I am also requesting the support of the provisions included in Bill HF 3375!

I am mom to Ashlin. She is 27 years old and is diagnosed with Rett Syndrome and an uncontrolled seizure disorder. She is completely disabled and will not change, which is approved by the state! I would like to explain to you how these changes to service hours will affect Ashlin, our family, our DSP's, our service providers, ect. It will have a long reaching effect on way more than the Legislature realizes!!

1. **IHST hours from 16 hours a day down to 6-the effects for Ashlin**
2. Ashlins needs go way beyond 6 hours a day. She needs one on one, hands on care at all times, 24-7. She has violent seizures and unpredictable ambulation.

   **Grand mal violent seizures, 2-4 times a week with no forewarning. Drop seizures (meaning you can be standing with her or walking and she will literally drop to her knees/chest/head if we don't catch her). Very hard bucking seizures. We have been hit, kicked, bucked off of her. We have to hold her down as she is literally a bucking bronco in these seizures. It requires 2 people to keep her safe. We have 2 different rescue meds and protocols for different situations. Her seizures are from a few seconds on up to the longest having been 39 minutes! In 2025 her total seizures were 411!!!! Each year they have been increasing in numbers and intensity.

   **Unpredictable Ambulation- with her diagnosis of Rett Syndrome, her ambulation varies every day. She can do great walking with someone holding onto her (always), and other days she walks at a 90 degree angle. This is very common in Rett. Same with her hands. They can work great one day and the next day, can't hold anything. But when everything connects just right in the brain, she can stand up all of a sudden from a sitting or laying position and take some steps. This is extremely dangerous b/c her balance is not there without someone holding on to her. She will fall and possibly break bones, get a concussion, ect. There is no forewarning of this mobility.

Ashlin needs staff to work on Occupational Therapy, Physical Therapy, Speech Therapy, Stretches, walking protocols, eating, giving her meds, changing her pullups, keeping her hydrated with the mickey button, and then some fun things like crafts, games, reading, swinging ect. The thing with Rett Syndrome is that if you "don't use it, you lose it". It is imperative that Ashlin receives this one on one staffing all day.

This ONE decision of decreasing IHST hours from 16 to 6 hours a day will affect not just Ashlin but our family life.
***I cannot take her by myself for her therapies and appts. One person cannot handle her seizures outside of our home. So she always needs double staff for outings.**
***I also have back issues and occasionally my back gives out and I can barely walk, let alone lift her or keep her safe with her seizures.**
***How can I work full time? It takes an hour out of my day for travel as we live a little out of town, which means I'm down to 5 hours a day, times 5 days a week, is 25 hours/wk, 1300 hours for the year. My minimum hours to work to keep my insurance in tact is 1600 hours per year.**
***If I can't work full time, you are taking away my income, my families health insurance as I carry that through my work, and my retirement funds.**

3**. IHST and Respite cannot be billed together?? This takes away Ashlins double staffing which is an absolute must for PT, OT, Speech, Chiro, Dr Apps, accessing the community…which I have explained.**

***this now means one of those services will need to be provided by another agency if possible?? How can we have continuity of care between agencies?? How will the communication be accurate and consistent?
**another agency staff: Can they give Ashlin her meds? Can they transport the client? Can they give rescue meds? Who is going to coordinate this between agencies? Who documents all of her cares?
**Not only will it affect us, it will be taking away working hours from staff!
****One of Ashlins main staff has been with her for 15 years! She is the one that was scheduled under the IHST hours. Now those particular hours will be reduced, what is SHE supposed to do???? What about her livelihood, her benefits, her retirement??**

One of our major goals has always been to keep Ashlin at home with us for as long as possible, NOT in a 24 hour care home or facility. It is much less expensive with her in our care in our home. This is PERSON CENTERED CARE!!

***What about cutting the increases to the rate management system which determines the pay for staff?** Our staff are already paid too little for the work, commitment, and relations they provide!!

This is such a slap in the face and certainly tells us all that there is lack of investment in caregivers. What long-term effects will this create in this field? Nothing good!

Companies already struggle to be competitive with other industries, and the lack of investment makes it worse year by year.

I truly hope you give this great consideration and see how absurd these changes are!

We are very disappointed in government who makes these decisions with having no INSIDE knowledge of how it will affect REAL PEOPLE!!

If you don't believe these facts I have laid out (as we live them daily), I invite you into our home, into a day of caring and working with and for Ashlin. With our family and her caregivers working tirelessly, she has some semblance of quality of life!

I encourage you to contact me for a home visit.

I also encourage and give you permission to share this letter with others making detrimental decisions and lets get this changed!

Sincerely,

Tracy Heng

Mom, caregiver, guardian, conservator to my beautiful daughter who deserves to have a life like you and me!!

Tracy.a.heng@gmail.com

218-937-5108

Dear Chair Schomacker, Chair Noor and Members of the Human Services Committee,

I am writing to express serious concerns regarding the proposed restrictions on weekly service hours and caseload limitations for individuals receiving support services. While the intent may be to improve oversight, these changes will unintentionally harm the individuals the system is designed to support.

Requiring staff to divide services into multiple time segments will significantly increase administrative burden through separate time entries, case notes, and EVV billing. This shift focuses away from person-centered care and toward clock management, increasing the likelihood of documentation errors and reducing meaningful time spent with individuals.

The proposed limits would also reduce access to authorized services. Individuals approved for more than the daily cap would not receive their full hours, forcing essential supports into rushed timeframes. This undermines person-centered planning and disrupts routines, which can lead to increased anxiety, behavioral challenges, and reduced stability.

Safety is a critical concern. Staff cannot step away mid-shift in community or home settings where supervision is required. Mandated breaks within rigid billing caps create untenable situations where either safety is compromised.

Operationally, these requirements will decrease billable hours while increasing administrative and non-billable time, threatening provider sustainability and undoing recent progress made to maximize meaningful service delivery.

For example, Jane, a 39-year-old woman with autism and anxiety. Jane lives independently in a supportive apartment community. She receives 10 hours of support per week. The first portion of each shift is spent on essential tasks such as personal care, budgeting, shopping, cooking, and therapy appointments. She then relies on staff support to attend on-site programming that fosters social connection and independence. A three-hour billing cap would require staff to end services mid-schedule, potentially while she is in the community, creating safety risks and disrupting her routine. If limited to three hours, she would lose access to critical programming that supports her independence and well-being. This is just one example of the many individuals we support.

In summary, these proposed restrictions risk decreasing service access, undermining person-centered care, increasing safety vulnerabilities, and weakening provider capacity. We respectfully urge you to reconsider or revise these requirements to ensure policy changes strengthen and not weaken the support system for vulnerable individuals. Please consider supporting the provisions included in HF 3375.

Thank you for your time and consideration.

Sincerely,

Hailey Haen

In Home Services Manager

Reach for Resources

Residential Services Inc
Nurturing Abilities

Residential Services Inc.
2900 Piedmont Avenue
Duluth, MN 55811
Phone: (218) 727-2696 Fax: (218) 727-2893
Website: www.residentialservices.org

Dear Chair Schomacker, Chair Noor, and Members of the Human Services Committee,

I am writing to you as an established 245D provider serving individuals with disabilities and their families across Minnesota to express serious concern regarding the proposed change to cap Individualized Home Supports with Training (IHS-T) at six hours per day. I respectfully urge the Committee to support the provisions included in HF 3375.

While we understand the financial pressures facing the state and the need for thoughtful budget decisions, imposing a strict daily cap of six hours on IHS-T will have significant and immediate unintended consequences for the individuals we support and their families. This proposal comes at a time when Minnesota's human services system is already under extraordinary strain due to recent federal funding reductions, workforce shortages, and increasing service demands. Providers and families are navigating profound uncertainty, and further restricting service flexibility will only deepen instability.

Without the ability to adjust hours based on real-time needs, individuals are at greater risk of crisis, regression, and higher-cost interventions. In this environment, adopting an annualized cap as proposed in HF 3375 is not simply a policy preference—it is a necessary safeguard that offers stability, preserves essential flexibility, and helps prevent further disruption to an already fragile system.

Many individuals receiving IHS-T services have complex behavioral, medical, and daily living needs that do not fit neatly into a daily six-hour structure. Support needs fluctuate. Some days require fewer hours, while other days—due to medical appointments, behavioral crises, employment challenges, or changes in routine—require additional staffing to ensure health, safety, and community stability. A rigid daily cap removes the flexibility necessary to respond appropriately to those fluctuations.

The impact on individuals will include:

- Increased risk to health and safety when support hours are exhausted before critical needs are met.
- Greater likelihood of crisis situations, emergency room visits, or higher-cost placements if preventative supports are reduced.
- Disruption to employment, community engagement, and skill-building activities that promote independence.
- Emotional and behavioral regression when consistent, individualized support is interrupted.

Families will also face significant strain. Many rely on IHS-T services to maintain employment and manage caregiving responsibilities. A daily cap may force families to reduce work hours, leave the workforce, or attempt to fill complex support gaps without adequate training. This will increase caregiver burnout and instability in the home.

HF 3375 offers a practical and responsible solution. By supporting an annualized cap rather than a strict daily cap, the legislation maintains the intended financial limitations while allowing providers and families the flexibility to allocate hours based on real-life needs. An annual framework preserves budget predictability while preventing harmful service disruptions. It reflects how support needs actually occur — unevenly and unpredictably — rather than assuming uniform daily demand.

As a provider, we are committed to accountability, person-centered planning, and responsible stewardship of public funds. We believe HF 3375 strikes the right balance between fiscal responsibility and protecting vulnerable Minnesotans from destabilizing service reductions.

I respectfully ask the Committee to support the provisions included in HF 3375 and to protect the flexibility necessary to meet the individualized needs of those who rely on IHS-T services.

Thank you for your time, leadership, and commitment to Minnesotans with disabilities and their families.

Sincerely,

Nicole M. Lind

Nicole Lind
Executive Director
Residential Services of NE MN, Inc.
Nicole.lind@residentialservices.org
(218) 302-0873

Ruth Schoon
14531 Woodruff Road
Wayzata, MN 55391

Date October 20, 2025

Dear Hennepin County Long Term Service Officials:

Subject: URGENT Request to Maintain 16-hour IHS w/Training for Rachel Schoon

I'm writing to you today regarding the services my daughter receives from Learnability.
Rachel is a high risk, dual diagnosis, (MMH and Bipolar) rather unique client. In some ways, she seems higher functioning, but due to her cognitive ability, extreme anxiety and "elopement," she has previously not been able to function as well as she does today. Rachel failed at three previous group homes, one apartment, and was placed in three crisis homes. She spent many days in various hospitals --- Fairview, Abbott, Riverside, HCMC, Mercy, United, New Ulm, Spirit Lake, Sioux Falls to mention a few. She also experienced law enforcement in several communities and was involved in the court system.
As her guardian, I ended up taking her home during the pandemic as I was recently retired and could do so. She was going to go back to her group home following the vaccinations. Even though she paid the rent during this time, she was terminated due to their lack of staff. I appealed this decision but lost due to their staffing issues. During the next few months --- which turned into years, I looked into other group homes and apartments and also found out there really was not an appropriate day program available. Hennepin County seemed to emphasize employment at this time which I agreed to pursue. I personally found her a job at Culvers (9 months) Adogo (4 months) and CDS (Costco) for the past year and on-going. Due to my age and health, I am no longer capable of managing this situation. (I experienced a TIA and a small stroke during the last year). This is where Learnability has been able to take over this challenge. Through their expert training and person centered model, Rachel is still striving at her employment and continues to grow at her apartment. I realize that her maturity and better medication mix have contributed to her success. However, without the highly trained, consistent staff, she would not be able to retain her rate of current success.
Learnability has helped her to take ownership of her life. They are helping her meet her emotional, physical, social and spiritual needs. The primary goal of "keeping her safe" is being met. She is not running off. She is no longer a danger to herself or to others. Here are some of the specific ways this on-going challenge is being supported:
1) Exercise -- she is able to take walks, which is huge for someone with anxiety. They supported special olympic tennis participation this past summer. They also can support swimming and workouts on equipment available at the apartment.
2) Live Independent from parents in "her" own apartment. The trained staff know how to help her learn independent living skills --- cooking, cleaning, laundry, money management, buying groceries/healthy diet, etc. Also, help with simple skills like appropriate clothes selection. Anxiety can often be decreased with their excellent training as to when to help but not take over simple tasks.

3) Medication management and helping with medical needs and appointments. (weekly on-line psychologist appointment --- and other psychiatrist and doctor appointments.) They also are able to support emotional ups and downs of bi-polar with their training and expertise.
4) Employment support -- setting up Lyft rides, getting her started at her job, giving direction when needed, helping to support when it becomes too overwhelming, keeping her safe!!
5) Spiritual Enrichment -- helping her to attend Bible Study, Choir, community meal, church.
6) Helping to facilitate social activities and to get her out into the community.
We are at the initial stages of this support. There have been numerous challenges but taking everything into consideration, Rachel has made strides to increase her independence. The 16-hour IHS w/Training model has been life changing and sustaining for Rachel and her family!! As guarantor of her apartment and legal guardian, I recommend the continuation of her present services. The 16-hour IHS w/Training model has proven so far to enable Rachel to remain safe, stable, and growing in her own home. Other models have had outcomes that would not be safe, appropriate, or clinically ethical. Also, in the long run, I believe this model is a cost effective model for the county. Thank you for taking the time to understand the unique and high-needs nature of my daughter's care.

Sincerely,

Ruth Schoon (mother and legal guardian)

Dear House Committee Representative,

Services for people with disabilities are critical. For individuals who were previously approved with an annual cap of Individual Home Supports with Training staff per day, to now just six hours, will have serious and far-reaching consequences. People should not be put in a one size fits all waiver.

This level of reduction leaves significant gaps in basic daily support, including personal care, meal preparation, medication management, transportation, and safety monitoring. Six hours of support is often insufficient to cover both morning and evening routines, leaving long stretches of the day when essential needs go unmet. As a result, individuals may be forced to choose between unsafe independence and institutional care—an outcome that directly contradicts the goal of community-based living.

The loss of adequate staffing also increases health risks, including falls, missed medications, unmanaged medical conditions, and mental health stress caused by isolation and anxiety. Family members may be forced to step in without training or compensation, or individuals may experience burnout, loss of autonomy, and declining quality of life.

Restoring appropriate service hours is not a luxury—it is necessary to ensure safety, dignity, and the ability to live independently in the community. Adequate support prevents costly emergency care and institutionalization while honoring the rights of people with disabilities to live full, self-directed lives.

Thank you for your support and consideration,

Brenda Mohrland

Program Manager – QIDP

Living Well Disability Services

1168 Northland Dive

Mendota Heights MN 55120

2/28/26

To: Honorable Chair Schomacker, Honorable Chair Noor and Members of the Human Services committee

From: Linda Fairchild, owner of Fairchild's FosterCare

RE: Concerns about the change to the IHST capping at 6 hours

Thank you for your time to read my letter. I am writing to you as I am very concerned about the impact that is happening with the capping of IHST at 6 hours.

First: I am not understanding why DHS felt this change was needed. I understand that they (DHS) are charged with giving methods to you for cutting the budget, but did they look at the needs of persons who would be affected and their families?

Currently there is a staff shortage and cutting a staff's hours down to 6 hours will cause staff to leave and find employment elsewhere so they can have hours and the family is now without help.

Second: Capping IHST at 6 hours and only allowing 3 hours consecutively, meaning staff need to stop working clock out and then 15 min. later clock in and do 3 more hours. What happens if the person needs help during the 15 min.? Again, why is this what would work? Companies who supply the staff cannot have a second staff who goes to other homes to fill in for the 15 min. as that is then consecutive and you can only have 3 hours consecutive. So, what happens to the safety and needs of the individual served during this time staff can not work based on the new change in statute?

I implore you to support ARRM's bill HF 3375 and the provisions it has to make this needed service work.

Thank you for your time.

Linda Fairchild, owner

Fairchild's FosterCare

6718 Odean Ave. NE

Otsego, MN 55330

Lutheran
Social Service
of Minnesota

March 3, 2026

Chair Mohamud Noor
5th Floor Centennial Office Building
St. Paul, MN 55155

Chair Joe Schomacker
2nd Floor Centennial Office Building
St. Paul, MN 55155

Dear Chair Noor, Chair Schomacker, and Committee Members,

Thank you for the opportunity to share Lutheran Social Service's support of HF 3375 – a bill to modify new limits to Individualized Home Supports with Training (IHS-T). LSS is a community-based nonprofit provider of essential services across all 87 counties with more than 2,500 employees who serve one in 63 Minnesotans every year. Our deep experience and commitment to innovate high-quality, person-centered service delivery informs our support of policies that protect access to essential services that strengthen the ability of individuals and families to build stability and create meaningful change in their lives.

We appreciate and understand the difficult decisions your committee had to make last session to reduce spending and ensure a balanced state budget. However, we remain concerned regarding the new limitation on IHS-T as it will create access issues for people who live in their own home. As a statewide provider, we are especially concerned for those we support who live in rural communities and those with an assessed higher level of support need. For example, due to the distances our rural neighbors must travel with their IHS direct support professional the new limitations will disrupt access to the support and training required to fully participate in community events, medical care, or household management.

HF3375, as amended, establishes a monthly cap on services hours, rather than a daily cap, and removes the 3-hour consecutive policy passed during the 2025 legislative session. For a majority of the people LSS supports with IHS-T services, this policy change will offer the flexibility needed to maintain service continuity without changing the number of authorized hours.

HF3375 also states that IHS-T caps will not apply to individuals who meet the residential support services criteria. LSS supports three individuals who currently receive 16 hours of IHS-T and 8 hours of night supervision, because they have been assessed to need 24 hours of care due to complex medical and behavioral support needs. If new limits continue to apply to individuals with complex needs, we are concerned they will not be able to access the support needed to live in their own home where they are thriving and would likely return to a provider-controlled setting.

Thank you, again, for this opportunity to share our comments. Please contact Erin Sutton, LSS' Senior Director of Public Policy, at erin.sutton@lssmn.org if we can provide further information. LSS is thankful for your thoughtful leadership and care consideration to ensure the most critical needs of Minnesotans are met through services that help build independence and community integration.

Sincerely,

Alexis Oberdorfer
Senior Vice President of Services
Lutheran Social Service of Minnesota

Mark Dubbels
Associate Vice President of Residential
and Customized Community Supports
Lutheran Social Service of Minnesota