

May 2, 2023

Respectfully to Chairs Hoffman & Noor as well as all Human Services Committee members,

We submit this letter regarding SF 2934 and HF 2847 and the Governor's proposal to move FRS (Family Residential Services) homes from the current framework rate to a flat tiered rate as of 1/1/2026. We have seen the proposed rates, which would actually be a rate reduction to a large number of providers, possibly the majority. This is not a professional or competitive wage in exchange for the good work FRS provide in our communities. We strongly believe many FRS homes will (be financially forced to) close since this flat rate is not sustainable to the care we provide in our homes.

We also want to make sure that you support the HF 999 and SF 1015 for the Best Life Alliance and DWRS frameworks rate INCREASE. FRS homes NEED supplemental Direct Support Professionals (DSP) to serve a growing segment of our population, individuals and persons who need and thrive in the family style of supported housing. As an employer, we NEED to be able to pay all DSP fair and competitive wages, to both attract and retain accountable DSP for safety, security, and stability of all we serve. Please support this important work.

We started an Adult Foster Care business in 2014 after purchasing a home with more space than our family need. We have a desire to help people, and upon learning the home had previously been licensed for Adult Foster Care we started our educational & professional journey of caring for people with various disabilities in our home by starting with a 245A AFC (Adult Foster Care) license. Within a few years of an intense learning curve, we became 245D licensed, now running a FRS home for 5 years. Over the years we have filled a great need in our community caring for individuals suffering with severe & persistent mental illness, which result in various behaviors, medical and mental health appointments, and even police calls to our home. Countless times friends, acquaintances, neighbors, and even strangers have privately stated to us **"I could NEVER do what you do!"**.

Please permit us to paint a picture: we do not serve "easy people" in our homes, as some might think or often suggest. We serve those with serious & persistent mental illness, some on anti-psychotic medication, take home methadone treatments, etc, all in a family setting. We've had our lives threatened and threatening hate letters left behind when someone's mental health disrupts their services. David is 6'7" and took a hit across the face by a tiny 18 year old female who intentionally swung a large shoulder bag like a bat at his head, while he was seated at an outdoor table. We have served many, who, for a variety of reasons, including their history of behaviors, have limited or no natural family support, meaning they do not leave our home to go to family or social events, holidays, or overnights, some rarely, many NEVER, meaning we have limited or NO natural breaks. That was even worse during Covid for example, when 1 young lady did not spend a single night away from our home for nearly 2 years.

Those we serve are treated as an extension of our family. They call our grandmas "Grandma". We provide a stable family function for each, that for various reasons, many of those we serve, do not come from or have. That function includes people of a household to call family and consistent relationships with people who are caring, responsible, trustworthy, dependable, and compassionate. Our FRS serves as a safe place to call home, provides opportunities and experiences many have not had chances to participate in prior to placement in our home. We provide person centered hobbies and activities they already enjoy, community inclusion, as well as creatively introduce new experiences and growth opportunities. Their preferred involvement in the home and in the community provides as much "normalcy" as possible for individuals who have trauma histories far from ideal backgrounds.

We currently care for 2 vulnerable adults in our home. We hire supplemental DSP to assist with providing care and support as well as much needed breaks (some call vacation/ travel) to continue the work of care-giver. We need to be able to continue to hire supplemental DSP. We are down to 1 supplemental DSP in addition to ourselves. That reality means we have chosen NOT to serve 1 additional person within our capacity of 3, meaning intentionally NOT filling the 1 current opening we have. Our home would physically allow us to revert/expand our license capacity to 4 (which we had previously) but with limited DSP we are NOT currently considering expanding our capacity. We have turned down inquiries for the open space, as we must carefully consider if we can meet the needs of serving additional people.

State & county workers inspect our paper work, our homes, and even our personal bedrooms. Our residence is basically a place of business that is open 365 days a year. Due to our limited DSP, it is difficult to get away. It IS a GOOD work, yet we can't live off accolades, do NOT have work-life "balance" and have very limited privacy and autonomy in our own home. We're willing to continue serving in this way for a PROFESSIONAL income, yet we will not give this much of

ourselves, our home, vehicles, and all we own for less pay. The proposed flat rate would be a mistake for FRS. Many homes, in addition to ours will have serious consideration of serving (additional/ future) persons in our homes, IF they are able to stay open.

I recently had a case manager assign \$20,000 to 1 individual for taxi transportation through ConnectAbility in a new annual Support Plan of a person we serve. We were asking for about \$100 monthly (\$1200 annual) to allow her some flexibility for other transportation options in addition to what we provide. For fiscal responsibility and to keep costs low, including insurance, etc, we drive vehicles that are well cared for and paid off, yet considered old. We are provided \$1,831.49 annually through DWRS per person. Our transportation costs are consistently **above** what we are compensated for, even more so in the past 3 years. I was shocked at the funds that were offered and made available! I know there are different “pots of money” and you may not consider the information pertinent, but please take this into serious consideration!

After reading our story I hope this is your take away:

- Not all FRS homes are “typical” or accept only people who have simple needs or fit the narrative of being “easy” to care for.
- FRS homes take persons who require all levels of support, including those with complex medical and mental health needs and destructive behaviors.
- Not all FRS homes can operate without supplemental DSP, to support the individuals’ needs, a healthy quality of life for all, to protect against caregiver burnout, longevity, and to navigate (personal family) emergencies, medical situations, etc. that arise.
- Daily rates and people we serve need to be person-centered because no two people are alike.
- The need for decision-makers to have a better understanding of both similarities and differences we FRS have compared to CRS, or you will lose, in my opinion, the best type of programming available to those who need and THRIVE in the FRS environment.
- Reducing rates from the current DWRS framework to a proposed FLAT rate is NOT OK.

These are some rules that apply to FRS homes:

- We aren’t supposed to work out of the home.
- We must be available 24/7 for support.
- We must have someone in the home at night (Background study & trained).
- We must personally provide half of the direct care.
- We still need to do all the same paperwork as a CRS home.

We serve as great a need in our communities as CRS do.

Please keep us under the Disability Waiver Rate System framework.

I implore you to vote AGAINST this proposed flat rate to FRS homes, SF 2934 and HF 2847.

Please support the HF 999 and SF 1015 for the Best Life Alliance and DWRS frameworks rate INCREASE.

Show FRS providers that we matter to the legislators and citizens of MN that we all serve!

We sincerely thank you for taking the time to read this,

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