

Honorable Senator John F. Hoffman,

My name is Linda Fairchild and I own Fairchild's FosterCare in Otsego, MN. It is a 4 bed FRS (Family Residential Service) home.

I am testifying to you today regarding SF 2934 and the Governor's budget proposal to move FRS (family Residential Services) homes from the current framework rate (where our rates are based on staffing in the home) to a flat tiered rate as of 1/1/2026.

I care for 4 adults with multiple disabilities in my home with my husband and supplemental staff (2 part time staff). I have been a family foster care provider for 35 years and those who live with me have lived with me for 21 to 33 years. They are my life and my family. I have provided Adult Foster Care services since 1988, I have seen the good, the bad and currently the sad scenario of DHS feeling family providers do not need to be paid a sustainable wage as we "live in our own homes". DHS tells me this often that I should be happy that "I get to sleep in my own bed." The tier system recommendation came out of the 2020 Legislative Report

["DWRS Family Foster Care Rate Methodology Study"](#).

Of which I am not sure how many persons on the advisory committee were Family Foster Care providers as I was asked to attend this committee at the end and was shocked to learn that they wanted to stop paying us at night as, "we sleep in our own beds". I had DHS meet with 60 family providers to help them learn what we really do. Not sure it helped them understand us but, they did not take out our pay for sleep time.

Yes, I work in my own home, I choose to and to be honest it is the most rewarding job I have ever had. People will tell you that I say the best part of my day is getting everyone up and then putting them to bed. I am an Occupational Therapist by trade and use those skills to help with the medical and behavioral needs of those I care for. The consistency that I have been able to provide has allowed me to figure out that one of those I care for was not just having behavioral issues that caused them to harm themselves but was experiencing severe pain from an undiagnosed medical condition.

I have another person I figured out had developed lactose intolerance and was not just soiling their clothes, due to severe OCD behaviors and dementia. Those two issues mean myself and my supplemental staff must be aware of food eaten and behaviors that happen so that the right plan of action can happen all day long. All persons in my home require 24-hour cares, 3 are wheelchair bound, they have medical complications and behavior issues that can lead to physical aggression especially to me. I don't just make meals I am caring for these people all day long.

Yes, I sleep in my own bed but every night I sleep with a baby monitor on so I can hear if one in my home is in distress due to medical and behavioral issues. I am up 1-2 times a night to toilet and generally only get 4 hours of sleep if it is a good night. But yes, I sleep in my own bed.

The Governor's proposal is to move FRS to a flat tier system of payment and add Life Sharing skills to that group. It would be a \$11.700 million fiscal savings in 2026-27. DHS stated, "FRS have a DWRS rate framework, but the service is unique among DWRS services." It is the same framework that CRS uses and both of us have staff. DHS created this service model. We follow the rules and regulations as all the other groups on the DWRS framework do. What the state says we need to do we do. But sometimes how the counties interpret or expect us to do

the paperwork is not how DHS wants it done. That can mean that the state sees us as not following the rules. As an FRS you must be careful to not make the county, or the SW/CM assigned for each person angry with you. This may sound silly, but it is true. If we don't do what is asked, we can be told that our people we care for can be moved especially if we feel we should be paid more. I can honestly state that I was verbally told I need to accept a lower rate prior to 2014 or the person would be moved. That person had lived with me for 25 years and I could not see myself having them move so took the rate cut.

We have supplemental staff to help us so that we can do outings, paperwork, interact with our people and maybe have an evening or day off. Having staff is part of any other framework setting except we live in the home and that is our choice. If we move to the flat tier rate many homes will close as rates will not be sustainable. DHS will state that with the flat rate we do not have to do staffing sheets or cost reporting. This is the area they feel we are most out of compliance with. I have told them that if DHS look at staffing for a home and feel it is wrong then ask the home why the staffing is at that level? Before we submit any staffing levels to DHS, we must first submit it to our county. The county should ask questions first if they feel we are over staffing our homes as they know our homes. FRS homes want to be paid a fair rate and myself as the primary staff I work 17 hours a day as the support staff, along with doing all the other things an FRS provider must do I deserve a fair rate of pay.

I sent letters to your committee last year because of the same proposal by DHS. They see us as a way to cut costs but do not understand that they are then going to cause family homes to close as we are not able to pay staff a fair wage that they will work for. I must ask my staff 3 to 6 months in advance to take a weekend off or plan a vacation and hope that they will work. I pay more for them to work the weekends, or they don't want to work. If wages were higher, I would hope that staff

would want to work but right now the rate we are paid is low and FRS tend to use their wage earnings to pay staff to work.

A frustrating point I have with DHS is it seems they feel FRS homes have easy and high functioning persons in our homes. Yes, some may have that scenario, but I would hope those persons are working to move out. Most FRS homes now are caring for persons with mental health issues or significant medical issues because they do better in a small home vs group home with many people. I do believe that CRS homes are good homes too do not get me wrong about that. Each home style serves a need in our communities.

During Covid I went 19 months without a day off, but my home was not short staffed. I got to go get groceries or get meds while my husband took care of those we care for in our home. I just want to be paid like the others who do what I do. Moving FRS to a tier rate is not good for the foster care system. The flat rate is not sustainable for my home to then continue to function, as I would be cut 40 to 48% for my persons as they all have high needs.

I beg of you to not let this happen to FRS homes. We serve a great need like CRS homes do. Please keep us under the rate system like the CRS homes so that our rates are based on staffing to help us and pay us for the hours we work.

Thank you for your time,

Linda Fairchild