

April 16, 2024

Dear members of the Human Services Committee,

I am writing in support of Senate File 4420. I am a parent of a young man with cerebral palsy who uses Consumer Directed Community Supports (CDCS). He has been using CDCS on the Developmental Disability waiver for over 20 years. Now that he is an adult living independently in his own apartment, the CDCS budget matrix and funding model simply does not work without relying on my husband and I volunteering over 65 hours a week of unpaid care. For us that means that:

- My husband has not been able to work outside of caregiving for our son for the past 8 years.
- My son often needs to come home on weekends or my husband or I stay at my son's apartment because there is not the budget to hire additional staff.
- We are exhausted and have no idea how this is sustainable long-term as we near retirement.

The budget provided for CDCS is not comparable to budgets provided for individuals with similar needs using non-CDCS waived services and does not provide a budget that covers my son's assessed staffing needs. Why do we continue to try to continue using CDCS?

- Even with adding the amount of funding to cover my son's assessed staffing needs, it would be **more cost-effective** than traditional waived services, group home or other institutionalized setting. Under CDCS, \$25/hour would cover the direct support staff he needs at the union-negotiated pay rate and fees. For the 24-hour care he needs, this would come to around \$220,000/year. He currently receives \$137,000/year.
- It offers my son the **most self-directed** options for services. This is what the Olmstead Plan is all about. Being forced to move off CDCS means less choice for him.
- Leaving CDCS will **negatively impact his current staff** and could result in losing trusted, dependable staff that are critical for him to live independently. Being forced to use licensed or Medical Assistance homecare services means:
 - Less choice in pay rates, hiring, employee management, back-up care, and scheduling.
 - Staff would need to do additional training that is not necessary for his care needs.

Unfortunately, we have decided that CDCS is no longer a viable option for my son's care. We are now in the process of switching to In Home Supports (IHS) with Training and Nighttime Supervision. The state will now be paying well over \$350,000 a year for his care. This is \$130,000 more than what my son was asking for to cover the care he needed using CDCS.

Links that DHS provides on its website for CDCS services point to 2017 legislation stating that "The new methodology should develop individual consumer-directed community supports budgets **comparable to those provided for similar needs individuals if paying for non-consumer-directed community supports waiver services.**" ([Chapter 6 - MN Laws](#) Chapter 6, Section 46). The MN Department of Human Services extols person-centered planning, self-direction, and choice, yet does not provide people who want these choices with enough funding to meet their assessed needs. This forces many adults to leave CDCS, costing the state far more than just making CDCS a viable, equitable service option. My son will now be another person forced to leave the most self-directed choice.

Thank you,

Kris Schulze and Michael Smith

White Bear Township, MN 55110