

Waiver Reimagine Advisory Committee Report

September 2025

To: The Minnesota Legislature and The Legislative Task Force on Waiver Reimagine

Submitted by: The Waiver Reimagine Advisory Committee tri-chairs Tricia Brisbane, Jennifer Ballinger and Pat Wright

Background

The Waiver Reimagine Advisory Committee (WRAC) was established in 2021 at the request of stakeholders to advise the Minnesota Department of Human Services (DHS) on the design of the Waiver Reimagine initiative.

From March 2022 through June 2025, WRAC met virtually on a bimonthly basis. Until early 2025, DHS solely developed and presented all meeting agendas and materials. In response to stakeholder concerns, the structure shifted to include elected tri-chairs and a neutral facilitator. However, the structural changes were just being implemented when the WRAC was dissolved.

With the creation of the Advisory Task Force on Waiver Reimagine, WRAC was formally dissolved in June 2025.

Key accomplishments

- Named the two new waivers:
 - Individual Support Waiver
 - Residential Support Waiver
- Elevated the need for meaningful stakeholder involvement in decision-making. Many members felt DHS had already made core decisions prior to WRAC convening.

Key themes and stakeholder concerns

Opposition to a two-waiver system based on living setting

Stakeholders overwhelmingly opposed dividing waivers by living arrangement. This system, introduced in the 2018 HSRI Transition Report and codified in 2019 legislation, was not open for discussion in WRAC.

Concerns

- Lacked stakeholder-driven design
- Favored a residence-based model instead of a needs-based system

WRAC member quotes

- “...major concern that has not been sufficiently addressed.” – WRAC family member
- “...true stakeholder engagement involves ownership at all phases...” – WRAC family member

Consensus

Members with lived experience were strongly opposed to a two-waiver model tied to living setting.

Individual budgets tied to living setting

Budgets under Waiver Reimagine were proposed to differ dramatically depending on residence, with individuals in corporate foster care receiving 100%+ higher budgets than those in family or independent settings.

Concerns

- Funding inequities
- Restricted individual choice
- Devaluation of self-directed, community-based care
- Incentivizing institutionalization despite evidence that community living is more cost-effective (HSRI).

Representative quotes

- “Equal access is essential and needs to be included in guiding principles.” – WRAC member
- “Underfunding self-direction and non-licensed settings forces people into more expensive licensed care, increasing overall costs instead of promoting community integration at a lower expense.” – WRAC member

Consensus

Members overwhelmingly opposed budgets linked to living setting.

MNChoices 2.0: Accuracy and transparency issues

Members expressed deep concerns about the validity of the MnCHOICES 2.0 assessment tool, including unexplained budget reductions. DHS stated MnCHOICES was outside WRAC’s scope. Members reported claims from waiver recipients that many were experiencing unexplained budget reductions based upon this new assessment tool.

Concerns

- Accuracy and reliability of assessments
- Perceived manipulation of data
- Budgets determined by a questionable tool.

Representative quotes

- “I am concerned assessors are manipulating data...” – WRAC member
- “We are investigating unexplainable decreases...” – DHS representative

Consensus

Validity of MNChoices 2.0 must be independently confirmed.

Preserve Consumer-Directed Community Supports (CDCS)

A core WRAC priority was ensuring CDCS remains available under both new waivers.

Representative quote

- “It is important for CDCS to remain an option...aligning with the MN Olmstead Plan.” – WRAC member

Consensus

CDCS should remain universally available.

Need for true partnership

Stakeholders emphasized the need for co-creation and shared power. Instead, they were asked to provide input on predetermined DHS policies.

Representative quotes

- “There is a strong desire for authentic partnership...” – WRAC family member
- “Waiver Reimagine should be done with people, not to or for them.” – WRAC member

Consensus

WRAC was not structured as a true stakeholder partnership.

Budget exceptions

WRAC did not produce formal recommendations on budget exceptions. Members remained concerned about adequate supports for individuals with complex needs.

Transition between waivers

Members asked how transitions would occur if a person's needs or residence changed. DHS did not provide detailed answers on how budgets or services would be impacted.

Equal access to services

Stakeholders strongly agreed that all services should be available under both waivers, including:

- Extended PCA, nursing, home health aide and therapies
- Positive supports, prevocational services, specialist services
- Specialized equipment and supplies
- Transitional and transportation services.

Consensus

Services must be accessible on both waivers, regardless of setting.

Removing the habilitation requirement

Most WRAC members supported eliminating the habilitation requirement in the DD waiver, describing it as outdated and misaligned with person-centered practices.

Concerns

- Rooted in a medical-model approach
- Burdensome for participants
- Limits flexibility.

One member supported retaining it to ensure skill-building remains available.

Case management inconsistencies

Stakeholders cited wide variation across counties in case management practices, particularly in onboarding, training, role expectations and approval processes.

Consensus

Standardization and improved quality are necessary for equitable service delivery.

Conclusion

Throughout its tenure, WRAC members — particularly those with lived experience — consistently called for a more inclusive, equitable and needs-based Waiver Reimagine system. While dialogue occurred, many core decisions were predetermined, limiting authentic stakeholder engagement.

As the Legislative Task Force on Waiver Reimagine advances this work, we urge the adoption of authentic partnership practices and reconsideration of waiver structures that may unintentionally restrict choice, equity, and community integration.