MINNESOTA: SCDD FIVE-YEAR STATE PLAN

This draft document was reviewed by the Council on April 1, 2026, and June 3, 2026. The federal template imposes character limits that substantially reduce the length of the proposed Five-Year Plan. This draft Plan is attached to the June 3, 2026, minutes for public transparency. Thank you.

SECTION I: COUNCIL IDENTIFICATION

State Plan Period:	
Start Period	2026-10-01
End Period	2031-09-30

Contact Information	
Contact Person	Colleen Wieck, Ph.D.
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Date of Establishment:	Date (1971-10-28)

Authorization:	State Statute (2)

Authorization Citation:	Minn. Stat. Sections 16B.053 and 16B.054

Council Membership Rotation Plan:-
The Minnesota Governor's Council on Developmental Disabilities (the Council) comprises 25 members, each appointed to a three-year term, with a maximum of two consecutive terms. The Governor appoints the Chair, who can serve two 2-year terms. A member continues to serve until a successor is appointed, even after the expiration of their term. Council staff work with the Governor's Office to monitor that appointment terms and limits are followed, and the Council notifies the Governor's Office when vacancies on the Council remain unfilled for a significant period of time. Recently, the Governor's Office set an annual schedule and deadlines for completing State Council, Board, and Commission appointments, which has helped ensure that vacancies are filled promptly. The process to make Governor appointments is prescribed in Minnesota's Open Appointments Law: 1. The chair or designee (Executive Director) must notify the Secretary of State (the Secretary) by electronic means at least 45 days prior to the expiration of a member's term. 2. The chair or designee (Executive Director) will notify the Secretary as soon as possible, within 15 days of any vacancy that occurs for reasons other than expiration of a term. 3. A list of all vacancies of which the Secretary has been so notified will be published monthly on the website of the Secretary of State. 4. Only one notice of a vacancy shall be published unless the Governor rejects all applicants and requests the Secretary republish the notice of vacancy. Listings must be publicly available. 5. Mail or electronic copies of the listings will be distributed to requesting persons by the Secretary. The listing for all vacancies scheduled to occur in January shall be published on the website of the Secretary of State together with the Annual Statistical Report. 6. If a vacancy occurs within three months after an appointment is made to fill a regularly scheduled vacancy, the Governor may, upon notification by electronic means to the Secretary, fill the vacancy by appointment from the list of people submitting applications to fill the regularly scheduled vacancy.

7. Any person may make a self-nomination for appointment to any vacancy by completing an application on a form prepared and distributed by the Secretary. The Secretary may allow the application to be submitted electronically. Any person or group of persons may, on the prescribed application form, nominate another person to be appointed to a vacancy, so long as the person so nominated consents to the nomination on the application form.
8. The application form shall specify the nominee's name, mailing address, electronic mail address, telephone number, preferred agency position sought, a statement that the nominee satisfies any legally prescribed qualifications, a statement whether the applicant has ever been convicted of a felony, and any other information the nominating person feels would be helpful to the Governor. The nominator may indicate the nominee's gender, political party preference (or lack thereof), disability status, race, veteran status, and national origin on the application form. The application form shall make the option known.
9. Twenty-one days after publication of a vacancy on the website of the Secretary of State, the Secretary shall submit electronic copies of all applications received for a position to the Governor's Office.
10. Applications received by the Secretary shall be deemed to have expired one year after receipt of the application.
11. In making an appointment to a vacant position, the Governor shall consider applications for positions in that agency supplied by the Secretary.
12. At least five days before the date of appointment, the Governor shall issue a public announcement and inform the Secretary by electronic means of the name of the person the Governor intends to appoint to fill the vacancy and the expiration date of that person's term.
13. The Secretary shall annually deliver to the Governor and the Legislature a report in an electronic format containing the following information:
(1) the number of vacancies occurring in the preceding year;
(2) the number of vacancies occurring as a result of scheduled ends of terms, unscheduled vacancies, and the creation of new positions;
(3) breakdowns by county, legislative district, and congressional district, and, if known, gender, political party preference or lack thereof, status about disability, race, veteran status, and national origin, for members whose agency membership terminated during the year and appointees to the vacant positions; and
(4) the number of vacancies filled from applications submitted by
(i) the appointing authorities for the positions filled,
(ii) nominating persons and self-nominees who submitted applications at the suggestion of the appointing authorities
(iii) all others.

Recruitment for Council vacancies, occurs through the Governor's appointment staff presentations, social media, news media announcements, and Council social media and outreach efforts. The recruitment and appointment timeline is continuous while there are vacancies with the Governor's Office undertaking a year-round effort to identify and recruit applicants. The timeline ends when the Governor makes appointments.
1. The Governor's Office requests the Council to complete a worksheet for all applications received. The Governor's Office format includes describing the Council; presenting the federal law requirements about membership; describing the current demographics of the Council members; listing all methods of outreach and recruitment; listing all applications and providing a brief description of each applicant including the person's demographics; listing the vacancies; listing which applicants are eligible for which vacancy; and adding any additional information such as the age of the family member. Virtual or in-person interviews are then held with the Council Executive Director and stakeholders. The worksheet is required at the beginning of each calendar year.
2. The worksheet is one way to illustrate the need for diversity in representation, whether it is geographic location, race, or ethnicity. Another channel for increasing diversity is to work with the Governor's appointment staff to prioritize areas for improvement, such as geographic representation, race, or ethnicity. (Timeline is based upon the Governor's Office request, but usually two months before appointments by the Governor).
3. The Governor's Office conducts additional vetting by contacting leading advocacy organizations and stakeholders. (Timeline is concurrent with finalists being selected)
4. Finalists are notified, and background checks and verification that taxes have been paid begin (Timeline is concurrent with step #3, which is the vetting of finalists). The Governor's Office finalizes recommendations, and the Governor makes appointments. (Timeline is based upon the Governor's schedule).

SECTION II: DESIGNATED STATE AGENCY—

The DSA is:	Other Agency (2)

Agency Details:	
Agency Name	Department of Administration
State DSA Official's Name	Stacey Christensen
Address	50 Sherburne Avenue, St. Paul, MN 55155
Phone	6512012563
FAX	6512977909
E-mail	Stacey.christensen@state.mn.us

If DSA is other than the Council, does it provide or pay for direct services to persons with developmental disabilities?	No (0)

If yes, describe the general category of services it provides (e.g., health, education, vocational, residential, etc.) (250 character limit)	

Does your Council have a Memorandum of Understanding/Agreement with your DSA?	No (0)

If DSA is not the Council, describe (250-character limit).	
The DSA provides support with communications, Human Resources, legislative coordination, budgeting, reporting, online financial systems, facilities, and more. The Assistant Commissioner has authority and responsibility for daily interactions with the Council.	

PART E - Calendar Year DSA was designated [Section 125(d)(2)(B)]	1991

SECTION III: COMPREHENSIVE REVIEW AND ANALYSIS—

Introduction:	
The Council began its Five-Year Planning process by collecting, reviewing, and analyzing public input using a four-stage process: 1. **A Meta-Analysis Report Update** was completed and served as a resource to identify gaps, refine focus areas, and lay the groundwork for the upcoming 2025 Five-Year Plan research. The meta-analysis and summary report of prior IPSII studies conducted in 2000, 2005, 2010, 2015, and 2020 were completed before the 2025 study. 2. **Qualitative Research** among advocates, self-advocates, and other subject matter experts uncovered relevant and timely insights to help inform the new Five-Year Plan. Throughout this report, italicized text represents direct quotations from stakeholders and subject-matter experts. In-depth interviews (IDIs) (total n=24): 60-minute interviews conducted among Council Members, plus leaders of various advocacy non-profit organizations and other subject matter experts. Additional focus groups and interviews with self-advocates were also conducted. 3. **A quantitative survey** was administered online and in-person, sometimes with paper copies, to self-advocates and family-member advocates of people with developmental disabilities. The survey instrument included comprehensive measures of independence, productivity, self-determination, integration, and inclusion (IPSII), which have been administered consistently since 2000. The 2025 wave of this longitudinal tracking study was conducted from January to April 2025.	

4. **Community Specific Insights**: Questions were added to the survey, and outreach efforts were made to gain insights into the effect on treatment and approach to people with developmental disabilities in underserved communities.

A total of 353 qualified respondents (59% self-advocates and 41% families) started the 2025 Quality-of-Life Assessment Survey (QOLAS), though not all answered every question. Approximately 315 respondents completed the entire quantitative survey; 59% were male, 38% were female, and 3% chose not to identify their gender. Of the respondents, 25% came from non-white racial and ethnic communities.

Several groups lent their support to the Council to solicit these responses, including Advocating Change Together (ACT), The Arc Minnesota, Autism Society of Minnesota (AuSM), Autism Sibs Universe, Cow Tipping Press, Epilepsy Foundation of Minnesota (EFMN), Minnesota Diversified Industries (MDI), Minnesota State Academies for the Deaf and Blind, MSS, Newtrax, Partners in Policymaking, Somali Parents of Autism Network (SPAN), and Self-Advocates Minnesota (SAM).

This statewide survey found the disability community currently feels a strong sense of power, momentum, and unity. Notable areas of progress include:

- **Increased legislative support**, such as:
    - Higher pay for service providers.
    - Disability waiver rate increases.
    - Expanded employment supports.
    - Waiver reforms.
- **Greater public awareness and acceptance** of people with developmental disabilities.
- **Improved access to technology**, enhancing communication and independence.
- **Stronger social interaction and community engagement**, as reported by council members and community leaders.

Despite these gains, significant barriers persist. Many respondents expressed concerns about potential **federal policy changes and funding cuts** that could severely affect the availability and quality of services. Additionally, respondents identified several **critical issues** needing urgent attention:

- Transportation
- Employment
- Special Education
- Accessing Services
- Staffing Shortages
- Inclusive Spaces
- Funding Concerns

Although overall agreement with positive statements about quality of life is relatively high, **strong agreement is notably low** in key areas—particularly related to community inclusion and financial security ("I have enough money to live on"). This indicates that while improvements have been made, there is **room for growth**, especially in building a more inclusive, sustainable, and equitable future for people with developmental disabilities.
In the future, the findings suggest the need to:

- **Continue grassroots advocacy** to foster awareness and improve public perception of people with developmental disabilities.
- **Push for systemic reforms**, particularly in transportation and service access, to better support full community inclusion and self-determination.

YOUTH SURVEY
The Council sponsored a qualitative study released on August 22, 2024, and includes the responses from youth and family members who participated in a two-week online dialogue. Some of the subjects covered include community experiences, positive and negative educational experiences, and frustrations with accessing waivers and receiving support services. The hopes, desires, dreams, and goals of young people are also presented.

These aspirations were expressed as achieving independence and fulfillment through education, meaningful work, and personal milestones. Supportive environments are crucial for achieving these goals and for feeling valued in the community. This support not only benefits young Minnesotans with disabilities but also their families, friends, and the community.
Young people urged better accessibility, increased access to assistive technologies, more education and training, and better access to health, wellness, and social supports. By focusing on improving these areas, Minnesota can be a place where young people with disabilities can work towards achieving their aspirations and leading quality lives, rather than having to fight for their basic rights.

PRIVATE SECTOR EMPLOYER STUDY
In addition to 2025 QOLAS Survey data, the Council also considered key findings taken from a 2023 survey of 201 Minnesota employers, including:

- 69% of Minnesota employers surveyed with 5 or more employees in a physical location employ individuals with disabilities.
- Employers are equally satisfied with their employees with disabilities as they are with their employees without disabilities.
- Just over half of employers have needed to provide accommodations for their employees with disabilities.
- Companies that employ people with disabilities tend to be much larger and more likely to be involved in retail trade or manufacturing.
- Over half of the businesses that employ people with disabilities were assisted by Vocational Rehabilitation Services (VRS) from the MN Department of Employment and Economic Development (DEED).

Minnesota's private-sector employers gave the State very high ratings for its efforts to enhance employment opportunities for people with disabilities.
Additionally, 72% of surveyed employers that do not currently employ people with disabilities would be likely to pursue the possibility of hiring a person with a disability if contacted by DEED or one of its partnering organizations.

Describe how the DSA supports the Council:	

The Council has been part of the Minnesota Department of Administration (the Department) since 1991. The State Legislature chose this department because it does not provide direct services or support to people with developmental disabilities. The Council is fully supported by the Commissioner, Deputy Commissioner, and Assistant Commissioners as an integral part of the Department. As an example, the Senior Leadership Team fully embraced the Council's initiative to establish a disability affinity group within the Department for those team members with disabilities, as well as those team members with family and loved ones who have disabilities.

The Senior Leadership Team reviews the Council's Strategic Quarterly Review results and engages in direct discussions to support monitoring progress. They also make it a priority to attend Council-hosted events, fully support the Governor's appointment process for new Council members, and support Executive Orders that affect the Council, such as the Olmstead Plan, implementation of the ADA, and improved state hiring practices for employees with disabilities.

The Assistant Commissioner of Community Services has supervisory responsibility for the Council, as well as for the Office of Grants Management, and the Office of State Procurement, and ensures the Council fully complies with all policies governing program goals. Within the Department, the Council most frequently interacts with the Fiscal Management and Reporting division. This division supports transactions involving the Federal Payment Management System, and includes under its purview:

- Accounts Payable division
- Agency Indirect Costs,
- Internal Controller Function
- Overall Budgeting and Management for the Department.

The Data Practices Office has several experts who support the Council by answering questions about the Data Practices Act and the Open Meeting Law. The State Demographic Center helps the Council with demographic questions, Census 2030, the American Community Survey (ACS), and any demographic analysis involving the Census and the ACS. Human Resources supports hiring, new-employee onboarding, training, and contract-related questions. The Risk Management division handles all insurance coverage for the Council and sponsors safety seminars. The Office of Equity in Procurement supports efforts to increase the number of small business owners with disabilities who do business with the state government through the Select Equity Program.

The Department also houses the STAR program, Minnesota's federally funded Assistive Technology Program. It works daily with the Council on a variety of issues, such as the Olmstead Plan goals, IT accessibility, and joint exhibitions at state conferences. The Council receives $229,000.00 from the Minnesota Legislature for DSA functions.

Poverty Rate:	9

(i) Racial and Ethnic Diversity of the State Population	
Percentage of Population (White, alone)	83.1
Percentage of Population (Black or African American alone)	5.1
Percentage of Population (American Indian and Alaska Native alone)	1
Percentage of Population (Asian alone)	3.9
Percentage of Population (Native Hawaiian and Other Pacific Islander alone)	N/A
Percentage of Population (Some other race alone)	N/A
Percentage of Population (Two or more races:)	2.2
Percentage of Population (Two races including Some other race)	N/A
Percentage of Population (Two races excluding Some other race, and three or more races)	N/A
Percentage of Population (Hispanic or Latino (of any race))	4.7

(a) Prevalence of developmental disabilities in the state:	1.58

Explanation (of % of prevalence):
About eleven percent of Minnesotans, or 604,779 individuals, have a disability. It is estimated that 1.58 percent of people in Minnesota have developmental disabilities. This estimate, as requested by the federal government, was created based on research from the Office of Intellectual and Developmental Disabilities' (OIDD) Administration for Community Living (ACL).

(b) Residential Settings:	
Total Served (2017)	33115
A. Number Served in Setting of under 6 (per 100,000) (2017)	182
B. Number Served in Setting of over 7 (per 100,000) (2017)	11
C. Number Served in Family Setting (per 100,000) (2017)	228
D. Number Served in Home of Their Own (per 100,000) (2017)	60

Total Served (2016)	N/A
A. Number Served in Setting of under 6 (per 100,000) (2016)	N/A
B. Number Served in Setting of over 7 (per 100,000) (2016)	N/A
C. Number Served in Family Setting (per 100,000) (2016)	N/A
D. Number Served in Home of Their Own (per 100,000) (2016)	N/A
Total Served (2015)	31486
A. Number Served in Setting of under 6 (per 100,000) (2015)	193
B. Number Served in Setting of over 7 (per 100,000) (2015)	14
C. Number Served in Family Setting (per 100,000) (2015)	205
D. Number Served in Home of Their Own (per 100,000) (2015)	42

(c) Demographic Information about People with Disabilities:	
Percentage (Population 5 - 17 years)	5
Percentage (Population 18 - 64 years)	9
Percentage (Population 65 years and over)	31

Race and Hispanic or Latino Origin of people with a disability	
Percentage (White alone)	11
Percentage (Black or African American alone)	12
Percentage (American Indian and Alaska Native alone)	17
Percentage (Asian alone)	7
Percentage (Native Hawaiian and Other Pacific Islander alone)	15
Percentage (Some other race alone)	7
Percentage (Two or more races)	10
Percentage (Hispanic or Latino (of any race))	8

Employment Status Population Age 16 and Over	
Percentage with a disability (Employed)	48
Percentage without a disability (Employed)	84
Percentage with a disability (Not in labor force)	47
Percentage without a disability (Not in labor force)	13

Educational Attainment Population Age 25 and Over	
Percentage with a disability (Less than high school graduate)	14
Percentage without a disability (Less than high school graduate)	6
Percentage with a disability (High school graduate, GED, or alternative)	36
Percentage without a disability (High school graduate, GED, or alternative)	23

Percentage with a disability (Some college or associate's degree)	31
Percentage without a disability (Some college or associate's degree)	33
Percentage with a disability (Bachelor's degree or higher)	19
Percentage without a disability (Bachelor's degree or higher)	39

Earnings in the Past 12 months Population Age 16 and Over with Earnings	
Percentage with a disability ($1 to $4,999 or less)	19
Percentage without a disability ($1 to $4,999 or less)	9
Percentage with a disability ($5,000 to $14,999)	21
Percentage without a disability ($5,000 to $14,999)	12
Percentage with a disability ($15,000 to $24,999)	14
Percentage without a disability ($15,000 to $24,999)	11
Percentage with a disability ($25,000 to $34,999)	11
Percentage without a disability ($25,000 to $34,999)	12

Poverty Status Population Age 16 and Over	
Percentage with a disability (Below 100 percent of the poverty level)	18
Percentage without a disability (Below 100 percent of the poverty level)	8
Percentage with a disability (100 to 149 percent of the poverty level)	12
Percentage without a disability (100 to 149 percent of the poverty level)	5
Percentage with a disability (At or above 150 percent of the poverty level)	70
Percentage without a disability (At or above 150 percent of the poverty level)	87

(i) Health/Healthcare:	

The state of Minnesota makes a wide range of health services, supports, and other assistance available to qualified state residents, including individuals with developmental disabilities and their families. Like anyone, people with disabilities do better when they are able to access a strong, healthy health care system that is inclusive and responsive to individual needs. The following section provides a broad overview of Minnesota's public health care system.

Public Support for Medicaid

Medical Assistance (MA) is Minnesota's Medicaid program for people with low incomes and Minnesota's largest health care program. It serves children and families, pregnant women, adults without children, seniors, and people who are blind or have a disability, including those with developmental disabilities. Most people who have Medical Assistance get health care through managed care health plans, but there are programs and services, including many waiver services, that are managed on a fee-for-service basis, with providers billing the state directly for provided services.

In May 2025, the Minnesota Department of Health (MDH) partnered with the University of Minnesota's State Health Access Data Assistance Center (SHADAC) to survey 2000 Minnesotans on their views on the MA program and potential changes under discussion in Congress. Support for MA was evident across all demographics and regions of the state. The study was summarized, and the quotes come from the communications team at the Minnesota Department of Health.

Minnesota has historically had low uninsurance rates (3.8% in 2023) due to high employer coverage and a robust state public health insurance system (MA and MinnesotaCare). Additionally, with simplified enrollment and extra financial assistance for private insurance through MNsure, the state's health insurance exchange, Minnesotans have maintained strong access to healthcare.

"The consequences of having a large number of people without health insurance are significant—not only for those who lack coverage but also for our health care system and everyone in Minnesota," said Minnesota Health Commissioner Dr. Brooke Cunningham. "In the long run, access to health care coverage through Medicaid saves resources, saves money, and saves lives."

Other key findings from the survey included:
• The vast majority of survey respondents (93.3%) supported providing coverage through the government to people who lose their job-related coverage.
• Most people had heard about changes to MA being considered by lawmakers in Congress, but only 15.6% believed the changes would improve the health of people on MA. The majority (70.7%) thought they would reduce spending.
• Eight out of 10 respondents opposed cutting the federal funding for the MA expansion.
• Among those who supported reducing funds for MA expansion, about a quarter (27.3%) changed their minds when they learned that states might not be able to cover the loss, and 20 million people would lose coverage nationally.
• Respondents were divided on whether they supported requiring everyone of working age on MA to work or look for work. Opinions shifted somewhat when they were informed about the potential impacts of such a policy.
Proposed changes to MA in Congress include federal funding cuts that would increase costs for states, counties, Tribes, providers, and enrollees. The proposed reforms also include new work or community engagement requirements, as well as other measures that would reduce the number of people qualifying and increase the reporting burden on those who remain enrolled. The increased documentation and reporting requirements for enrollees would subsequently create more administrative burden and cost for staff managing the program.

Maternal and Infant Health Report (January 2025)
Nationally, Medicaid finances ~41% of all births in the United States. In Minnesota, MA finances ~34% of all births. The following is a summary of findings from the report on Maternal and Infant Health provided to the Minnesota legislature in January of 2025 about the receipt of services and health outcomes for pregnant and postpartum enrollees in the MA program covering:

- prenatal services and doula services: Black enrollees consistently had higher rates than all other known race and ethnicity groups across all years for prenatal visits and doula services. Although Black pregnant people had the highest rate of doula services, this rate never exceeded 5%.
- deliveries by primary cesarean section: American Indians had the highest rates of cesarean sections (average of 31% between 2017 and 2022.
- infants who received care in the neonatal intensive care unit: American Indians had the highest rates of infants who spent time in the NICU (average of 34%).
- infants born premature or with low birth weight: Black enrollees had the highest rates of low birth-weight infants, approaching 12% of births by 2022. American Indians had the highest rate of infants born prematurely (average of 13%).
- postpartum hemorrhage: The percentage change in postpartum hemorrhage rates increased or remained stable for all groups between 2017 and 2022. Whites had the lowest rate of postpartum hemorrhaging, averaging 5% across all years, while Hispanics, Asians and Pacific Islanders, and American Indians had rates between 7% and 8%. Black enrollees fell in the middle with a rate of 6%.

- postpartum care within six weeks of childbirth: Hispanics experienced the highest rates of postpartum care within six weeks of delivery in 2017, 2018, 2020, and 2021, with rates of 77%, 75%, 73%, and 75%, respectively.

Home and Community-Based Waivers

The Minnesota waiver system for people with developmental disabilities has been in place since 1984. The Council reviews the most recent data about the movement from segregated to integrated settings every quarter through the Olmstead Quarterly Reports.

In July 2000, the last adult with a developmental disability living in a large Minnesota Regional Treatment Center moved into the community. As of 2025, more than 95% of people with developmental disabilities in Minnesota receive long-term services and support at home and in the community.

In 2014, the federal Centers for Medicare & Medicaid Services (CMS) published regulations that changed the definition of home and community-based settings for the Medicaid HCBS waivers. CMS set a March 2023 deadline to bring its systems into compliance with the HCBS settings requirements. The rule raises expectations about what is possible for people with disabilities, requiring all people to have information and experiences with which to make informed decisions, be treated with respect, be empowered to make decisions about how, when, and where to receive services, and have opportunities to be involved in the community, including living and working in integrated settings. DMS approved Minnesota's HCBS plan on February 12, 2019. HCBS rule compliance is monitored and evaluated through licensing standards, provider enrollment processes, and case management. DHS has formed several internal teams to come into compliance with CMS requirements.

Minnesota has entered into several waiver agreements with the federal government to provide Minnesotans with more choice in their services. There are differences in the services available under each waiver, and in the amount of money a person may use to purchase supports.

Home and community-based waiver programs available to people who meet the eligibility criteria include:

- **Alternative Care**, a program that supports certain home and community-based services for older Minnesotans, age 65 years and older, who are at risk of nursing home placement and have low levels of income and assets.
- **Brain Injury (BI)** Waiver for people with acquired or traumatic brain injuries who need the level of care provided in a nursing facility that provides specialized (cognitive and behavioral supports) services for people with brain injury or neurobehavioral hospital level of care.
- **Community Alternative Care (CAC) Waiver** for chronically ill and medically fragile people who need the level of care provided in a hospital.
- **Community Access for Disability Inclusion (CADI) Waiver** for people with disabilities who require the level of care provided in a nursing facility.
- **Developmental Disabilities (DD) Waiver** for people with a developmental disability or related condition who need the level of care provided in an Intermediate Care Facility for Persons with Developmental Disabilities (ICF/DD).
- **Elderly Waiver (EW**) for people older than 65 years who require the level of care provided in a nursing facility.

Consumer-directed community supports (CDCS) are available under the Alternative Care program and each waiver.

Minnesota continues to grapple with trends in recent years that pose challenges to the systems that support many enrollees, including people with developmental disabilities. These include:

- **Workforce Shortages:** An increase in the number of people with higher needs, the subsequent need to support them, and systemic inequities that limit access to services is reshaping the service landscape. Addressing these challenges requires Minnesota to develop innovative approaches to meet individual needs throughout the state.
- **Build a Person-Centered System to Promote and Support Choice and Control:** Minnesota continues to develop a person-centered disability service system that offers individuals opportunities to choose and manage their care, direct their lives in ways that are most meaningful to them, and honor and respect what

each person considers important. Person-centered practices include assurances that power is shared rather than exerted over others and that strengths and assets are recognized and built upon. There is a balance between what is essential TO people and what is vital FOR people.

- **Disability Service System Transformation:** The Minnesota disability service system is undergoing significant change and includes:
    - Developing a more straightforward, equitable, and transparent waiver structure.
    - Revising the MnCHOICES assessment tool
    - Transitioning from personal care assistance (PCA) services to Community First Services and Supports (CFSS)
    - Providing more support to families
    - Focusing on advancing equity across all systems that support people with disabilities

Continuing demand for consumer-directed options

Demand for self-directed services and customized living preferences continues to grow. CDCS is a unique service option available through the HCBS waivers. This popular option provides more choice and control over services, allowing people to customize their services, hire and fire staff, and purchase goods and services.

From FY 2017-2021, the percentage of people who use CDCS through disability waivers increased by 70% from 10 to 17%. This outpaces the waivers' 7.5% growth rate during the same period and indicates the number of people opting to direct their own services is increasing rapidly.

Children are the fastest-growing group of people using disability waivers. Over the last 7 years, the number of people on disability waivers has grown approximately 8% per year. The "younger than age 18" age group grew approximately 6.7% per year during the same timeframe. Age correlates significantly with CDCS use and growth in use. During FY 2015-2017, the percentage of children using CDCS grew ~20% each year. Approximately 71% of children on disability waivers use CDCS, compared with 17% of all people on disability waivers.

Overall, CDCS use has increased across all four disability waivers. However, use rates vary by waiver. People on the CAC Waiver use CDCS the most. Part of this reflects age. For example, people on the CAC Waiver are far younger (on average) than people on the BI Waiver. Over the past several years, CDCS use has grown significantly for people who use CAC and DD waivers. CDCS use among people on the CAC waiver increased from 46% in 2017 to 68% in 2021. CDCS use among people on the DD Waiver rose from 17% in 2017 to 27% in 2018.

Individualized Home Support Service

In the spring of 2017, DHS received CMS approval for a waiver amendment that authorized the individualized home support service. The option became effective on July 1, 2018. By December 31, 2020, 1,254 people had been approved for the individualized home support service through the BI, CAC, and CADI waivers. The experience and utilization of individualized home support helped DHS determine how to add this service to the DD waiver.

Effective January 1, 2021, DHS simplified the individualized home supports service across all four disability waivers to make the waiver service menu clearer and easier to understand. The simplified menu combines 12 previous services into six new options. The services merged into individualized home supports include adult companionship, personal supports, independent living skills (ILS) training, supported living services for adults in their own homes, and in-home family supports. A person may receive individualized home supports if they are eligible for the following disability waivers: BI, CAC, CADI, and DD. The individualized home support service provides comprehensive assistance in a person's or family's home and within their community, offering support (such as supervision, cueing, reminders, etc.) and training as a single, all-inclusive service.

Program Growth and Population Changes

Data on who uses services and participant demographics indicate that program enrollment is increasing, with more individuals with higher needs accessing services. Additionally, people's preferences and the service options available in Minnesota are evolving. On average, serving people through HCBS is less costly than institutional care. Therefore, increasing the number of people served in their homes and communities contributes to the system's ongoing

sustainability. From FY 2022 to 2027, projections indicate that participation in the waiver program will increase by 3.1% annually. There is a continued trend of people with higher needs (e.g., requiring more assistance with activities of daily living, behavioral interventions, and/or clinical or nursing care) participating in HCBS programs. People who need intensive and specialized services can and do receive services in home and community-based settings rather than in institutional settings. In addition to adapting services to meet the needs of increasingly diverse populations, programs must also cater to the needs of individuals new to the system, who may have different expectations and goals from those who have previously entered it. People want more choice and control over their services, as well as greater opportunities to be fully integrated and valued members of their communities. The service system must adapt to support people in different ways while maintaining stable services for current participants. Minnesota's service systems are changing to better meet the needs of people with disabilities by expanding options to support people where they want to live, using assistive technology to substitute or enhance the direct support workforce and increase independence, designing services to achieve outcomes that are important to the person, providing choices about who delivers services, and providing opportunities for greater control over services. In addition to residential models in which providers are responsible for and control housing and services, people with disabilities have greater access to flexible approaches that support them in their own homes or those of their families. These service options can be cost-effective and often lead to higher reported quality of life and greater satisfaction among people who receive services.

CFSS (Community First Supports and Services)

The CFSS program promotes person-centered practices by offering flexible personal care options to meet the unique needs of people with disabilities. CFSS will replace personal care assistance (PCA) services while still covering the same health-related tasks and daily activities services. CFSS will have two service delivery models: the agency model and the budget model. In both models, individuals who receive services will direct their care by choosing their worker, who may be their spouse, a parent of a minor, or another CFSS user. Participants will also, as desired, create their service delivery plan with the help of their consultation services provider and have the option to purchase goods and services that increase independence or reduce reliance on in-person staff. CFSS also includes a new service called "consultation services." This service will support people in understanding their options and making informed choices and decisions about their services. As of February 2023, DHS has contracted with 22 consultation services providers, six of which are owned or managed by Black, Indigenous, and/or people of color. These six providers received grants to share valuable feedback on how content and materials can better meet the needs of the communities they represent. The necessary amendments to the Centers for Medicare & Medicaid Services (CMS) were submitted in March 2022, and DHS is currently working with CMS to gain approval. CFSS was approved during FFY 2024, and implementation began in FFY 2025.

Intermediate Care Facilities

Intermediate Care Facilities are residential settings certified by the Centers for Medicare and Medicaid Services (CMS) that offer habilitative, therapeutic, and specialized support services to individuals with developmental disabilities. These facilities are designed to promote residents' functional status and independence through a structured program of active treatment. The Minnesota Department of Health (MDH) conducts certification reviews of ICF/DD settings. The Council monitors the adequacy of ICFs/DD through MDH reports and through the Olmstead Plan.
779 people with developmental disabilities lived in ICF/DD settings as of September 2024. During FFY 2025, there were 326 ICF deficiency citations issued by the MDH, representing fewer deficiency citations than in FFY 2024. The top citations grouped into categories are as follows:

- Individual planning, implementation and monitoring-76 citations
- Client rights, finances, protections, and communications with families-52 citations
- Staff treatment of individuals-47 citations
- Health care services (physicians, nurses, dentists)-43 citations
- Drug use, drug regimen review, storage, and drug administration-30 citations
- Physical environment, floors, space, equipment, evacuation drills-19 citations
- Dietetic, food, meals, menus, dining areas, and nutrition-12 citations
- Infection control-9 citations
- QIDP and staff training-8 citations
- Behavior and restraints-8 citations

- Admissions, transfers, and discharges-2 citations

Most Recent Olmstead Plan Data
During FY 2024, 49 people transitioned from an ICF/DD to a more integrated setting, falling short of the Olmstead Plan goal of 81. During the first two quarters of SFY 2025, 42 individuals left ICFs/DD and moved to more integrated settings, which is on track to meet the goal of 81. The Department of Human Services offered several reasons for the differing performance results, including fewer ICF settings, more individuals choosing to age in place, and workforce shortages. The Department of Human Services provides counties with reports on individuals in ICFs/DD who are not opposed to transitioning to community services, based on their most recent assessment. As part of the current reassessment process, individuals are being asked whether they would like to explore alternative community services in the next 12 months. Some individuals who initially expressed interest in moving have changed their minds or would like a more extended planning period before making the move. For those leaving an institutional setting, such as an ICF/DD, the Olmstead Plan's reasonable pace goal is to ensure access to waiver services funding within 45 days of requesting community services. The DHS monitors and provides technical assistance to counties, ensuring timely access to the financing and planning necessary to facilitate a smooth transition to community services. DHS continues to work with private providers that have expressed interest in the voluntary closure of ICFs/DD. Providers are developing service delivery models that better reflect a community-integrated approach requested by people seeking services. As of 2019, Minnesota State Operated Community Services (MSOCS) no longer has any ICF/DD settings.

Other Institutional Settings
-Nursing Facilities
During FY 2024, the number of people with disabilities under 65 years old who moved from nursing facilities totaled 737, which was short of the goal of 750 people. During the first two quarters of SFY 2025, 367 people with disabilities aged 65 and under moved from nursing facilities to more integrated settings. The goal remains 750, so it is on track. DHS reported that performance should improve due to the transition services offered by Moving Home Minnesota, a federal Money Follows the Person initiative.

-Other segregated settings
In FY 2024, 1,471 people with disabilities moved from various segregated settings to more integrated settings. These results met the annual goal of 1200 people. During the first two quarters of SFY 2025, 734 people moved from various segregated settings, which is on track to meet the goal of 1,200 people.

-Anoka Metro Regional Treatment Center (mental health facility)
With data from the last two quarters now reported as an annual figure, the rate for all individuals at AMRTC who no longer meet the hospital level of care and are awaiting discharge, across all quarters combined, was 29%, which does not meet the 25% goal. During one quarter in 2025, the percentage increased to 32.2%, and it is trending in the wrong direction toward the goal.
The annual goal in the 2022 Olmstead Plan is to move 500 people from other segregated housing to more integrated settings.

(ii) Employment:

People with a disability in Minnesota significantly lag behind people without a disability in the areas of employment, educational attainment, earnings, and poverty, as demonstrated by the most recent data:

- The employment rate for Minnesotans aged 16 and older with a disability is ~75% lower (48%) than that of Minnesotans without a disability (84%).
- The rate of Minnesotans with a disability with less than a high school education (14%) is 133% than that of Minnesotans without a disability (6%), and the rate of Minnesotans with a disability obtaining a bachelor's degree or higher (19%) is 105% lower than that of Minnesotans without a disability.
- The percentage of employed Minnesotans with disabilities earning under $35,000 annually is ~48% than for those without a disability, and the overall percentage of Minnesotans with disabilities who live below 150 percent of the poverty level (30%) is ~57% greater than those without disabilities (13%).

To help people with disabilities find and obtain meaningful employment, several programs, services, and supports are offered in the State of Minnesota.

Minnesota Workforce System, Services, and Supports
Minnesota's statewide workforce system is known as CareerForce. WIOA and state-funded employment programs collaborate to serve a diverse group of career-seekers. In particular, the Minnesota WIOA and state youth (student) programs serve a high percentage of young people with disabilities and have high employment outcomes.

Vocational Rehabilitation Services (VRS) helps people with disabilities prepare for, find, and keep a job, and live as independently as possible. The VRS mission is to empower Minnesotans with disabilities to achieve their employment, independent living, and community integration goals. VRS does this by offering training, preparation, and workplace accommodations.

Youth and students are a growing share of VRS participants, as are potentially eligible students. Extensive coordination occurs with individual schools and the Minnesota Department of Education under a memorandum of understanding and a branded initiative, Employment First (E1MN). Statewide, a large gap in post-secondary completion exists for students with a disability. Stakeholders identified the following underserved groups:

- Students with the most significant disabilities, who need work experience
- Students with mental health issues
- Students who are learning remotely and are harder to connect with
- Students who are in institutions (mental health or chemical dependency)
- Students who move frequently
- Individuals with a late diagnosis of Autism (after school age) who have limited supports
- Students with disabilities who don't have an IEP

Additional systemic needs or barriers were identified, including:

- Rural and suburban youth, in particular, struggle with transportation
- Families require education and support, including mental health support
- Need for more job coaching, especially evenings and weekends
- Need for more specialists trained in mental/behavioral health, chemical dependency, and learning disabilities

Employment supports for people on waivers are provided by multiple state agencies. The Engage, Plan, Find, and Keep framework, developed by E1MN, shows how waivers and VRS/State Services for the Blind (SSB) services support people at different stages of the path to employment. The person's thoughts about competitive integrated work determine where to start and how to progress through the framework's phases. E1MN outlines professionals' roles and responsibilities, uses MyVault to encourage collaboration among all team members, and uses a common referral form.

Employment First (E1MN)
E1MN works to deliver a seamless, timely employment support system for youth and adults with disabilities, so they understand their options and receive the support they need to achieve and maintain competitive, integrated employment. E1MN is led by the State of Minnesota Departments of Education (Career and Technical Education and Special Education), Employment and Economic Development (Vocational Rehabilitation Services and State Services for the Blind), and Human Services (Disability Services Division). E1MN coordinates its work through steering committees for adults (out-of-school) and youth (in-school).

The second year of the E1MN initiative recently concluded. Over 3,100 individuals on an MA waiver received VRS/State Services for the Blind (SSB) services last year, an 18% increase from the first year. Over 550 of those individuals found stable employment, a 49% increase from the year prior. Nearly half of all individuals who exited from VRS/SSB did so successfully.

DHS day programs

Day training and habilitation (DT&H) are licensed supports to help adults:

- Develop and maintain life skills
- Participate in community life
- Engage in proactive and satisfying activities of their own choosing

DT&H services are available in 81 Minnesota counties and serve more than 12,000 people. Services include:

- Supervision, training, and assistance with self-care, communication, socialization, and behavior management
- Supported employment and work-related activities
- Community-integrated activities, including the use of leisure and recreation time
- Training in community survival skills, money management, and therapeutic activities that increase adaptive living skills
- Non-medical transportation to help people travel to and from locations where services are provided

State Employment

In 2018, the Legislature directed a state task force to recommend modernization of Chapter 43A, the laws governing all state employment practices. The Council served as a member of this task force. The 2023 Legislature adopted most of the recommendations. As a result of this work, the percentage of state employees with disabilities has increased to 11.6%, surpassing the 10% goal set by Executive Order 19-15. The share of employees with disabilities in cabinet agencies increased from 11.5% in fiscal year 2023 to 14% in fiscal year 2024. The executive branch experienced a lower separation rate than hires across all job categories for employees with disabilities. Work continues on the Connect 700 program and a revamped customized employment program.

Subminimum Wages Task Force

In the 2021 special legislative session, the Minnesota Legislature set up the Task Force on Eliminating Subminimum Wages (Task Force). The Task Force completed its legislative report in February 2023, which included 20 recommendations. Recommendations include improving transitions between VRS/SSB and waiver services and increasing collaboration and opportunities for work experiences between schools and VRS/SSB.

In 2022, Minnesota received a six-year, $13M Disability Innovation Fund (DIF) grant to serve individuals who work or are contemplating working in subminimum-wage jobs. Additionally, the 2023 Legislature provided funding for the phase-out of the subminimum wage. However, a deadline to end the practice of paying people with disabilities a subminimum wage was not set. Bills were considered to set deadlines for phasing out subminimum wages during both the 2024 and 2025 legislative sessions, but none passed.

(iii) Informal and formal services and supports:

The following section provides a summary of a broad range of formal services and supports offered in Minnesota that support people with developmental disabilities and their families.

Informal (or natural) supports are defined in Minnesota by the Department of Human Services (DHS) as supports freely given and available to people with or without disabilities to navigate the world. Informal supports can be especially helpful in building relationships and decreasing reliance on formal service systems. Because informal supports can help people feel more included, they can support independent living. Examples of informal supports in housing include:

- Friends and family connecting someone with housing options and helping with housing searches
- Friends becoming roommates to share expenses
- Neighbors checking in on each other or being available for back-up if needed
- Coworkers serving as a reference on rental applications
- Cultural communities

SOCIAL SERVICES

A wide range of social services, income support, health care, and long-term services are available in Minnesota. The DHS is the primary supervisory state agency for these services, which are administered by the 87 counties, 11

Indigenous tribal nations, and several managed care organizations within the State. People must apply for services through their local county social service agency or lead agency.

All public benefit programs in Minnesota have special rules that allow people with disabilities to keep their health care coverage, increase their monthly income, and maintain access to benefits while working. Still, the rules can be complicated — and misinformation is widespread. This is where benefits planning comes in.
Benefits planning is the person-centered process of reviewing and understanding how work affects public benefits. Benefits planning ensures that people with disabilities:

- Have accurate information about current benefits and how to manage them
- Understand what benefits are available and how to access them
- Review and understand the impact of work on public benefits
- Understand benefit work rules and how work impacts benefits
- Request and implement work incentives
- Build financial stability through work and saving

Early Intensive Developmental and Behavioral Intervention (EIDBI) January 2025
The EIDBI benefit was established in 2013, initially to serve children with autism spectrum disorder (ASD) and related conditions up to age 18. It was later expanded to include young people up to age 21 enrolled in Minnesota Health Care Programs (MHCP), such as MA or MinnesotaCare. It is estimated that about 2.5 percent of 4-year-olds in Minnesota—roughly one in 40—have ASD. There is a significant need for EIDBI services, but there is a shortage of providers to meet this demand. The DHS licenses or certifies various provider types.

Around 2012 communities across Minnesota identified a need for an ASD-specific service, prompting DHS to work closely with providers, partners, and families to develop the EIDBI program. The Legislature authorized DHS to seek federal approval and implement EIDBI, but did not include a licensing framework. As a result, EIDBI agencies are neither licensed nor certified, raising concerns about the quality, safety, and integrity of the services they provide. These concerns worsened during the pandemic, when site visits—crucial for ensuring minimum provider standards—were put on hold. DHS understands how essential EIDBI services are for children and families. The review of licensed DHS providers shows that they must meet additional basic program requirements to ensure client safety and are monitored for compliance. Proposed recommendations include establishing a licensure process for EIDBI provider agencies, with clinical oversight by DHS to evaluate various aspects of their operations and service delivery. In 2025, the Minnesota Legislature passed several changes to the EIDBI benefit, including a phased implementation of licensing rules. The FBI discovered fraud in the EIDBI program, and the Governor initiated reforms.

Independent Living and State Independent Living Council:
The Minnesota Statewide Independent Living Council (MNSILC) is a group of Minnesota citizens recruited from around the state and representing various ethnic groups, ages, disabilities, and backgrounds
The Governor appoints members to serve one-, two- or three-year terms. MNSILC is federally funded as authorized under Title VII of the Rehabilitation Act of 1973, as amended. More than 51% of MNSILC members identify as having a disability. MNSILC is responsible for creating, monitoring, reviewing, and evaluating a State Plan for Independent Living and promoting the services of the eight centers for independent living. Centers for Independent Living (CILs) are community-based, cross-disability, nonprofit organizations designed and operated by people with disabilities. CILs are unique in that they operate according to a strict philosophy of consumer control. People with all types of disabilities directly govern and staff the organization. Centers for Independent Living provide Peer Support, Information and Referral, Individual and Systems Advocacy, Independent Living Skills Training, and Transition Services.

The Minnesota Independent Living Network refers to the entire independent living community, including individuals with disabilities, the Minnesota Statewide Independent Living Council (MNSILC), the eight Minnesota Centers for Independent Living (CILs), the Minnesota Department of Employment and Economic Development/Vocational Rehabilitation Services (DSE), and State Services for the Blind (SSB).

The eight Centers for Independent Living (CILs) in Minnesota provide direct services to people of all ages and disabilities. While each CIL has services unique to its area, all eight are mandated to provide five core services. Those services are advocacy, information and referral, independent living skills, peer support and mentoring, and transition. This year, MNSILC visited two of our centers. In May, Southeastern Minnesota Center for Independent Living, Inc. (SEMCIL), where MNSILC heard from staff, toured the facility and its new all-inclusive play space, Boundless. In September, we visited the Metropolitan Center for Independent Living (MCIL), where MNSILC heard from staff and took an educational tour of their facility.

In FFY 2024, 6,552 individuals were served by Minnesota's eight CILs. The total number of requested and received IL services during this reporting period was 46,942.
The eight centers are:

- Access North Center for Independent Living
- FREEDOM Resource Center for Independent Living
- Independent Lifestyles, Inc. A Center for Independent Living – ILICIL
- Metropolitan Center for Independent Living – MCIL
- OPTIONS Interstate Resource Center for Independent Living
- Southern Minnesota Independent Living Enterprises and Services – SMILES
- Southeast Minnesota Center for Independent Living – SEMCIL
- Southwestern Center for Independent Living – SWCIL

The Council began working with Boundless during this past Five-Year Plan. Boundless is a program of SEMCIL. Founded in 1981, the Southeastern Minnesota Center for Independent Living (SEMCIL) is a 501(c)(3) nonprofit, nonresidential organization that has been serving the southeastern Minnesota community since 1981. Run by people with disabilities for people with disabilities, SEMCIL's work is built on full inclusion and community participation. SEMCIL partners with individuals to explore the tools and resources they need to challenge and overcome barriers and accomplish their desired goals. Boundless is an invitation to learn and grow toward a fully inclusive future through play. It is widely recognized that the social and physical benefits of play are important to all individuals of all ages. Play supports development in communication, coordination, problem-solving, imagination, and relationship-building at a pace determined by the individual. Children should have inclusive access to recreational activities in all communities. Parks and playgrounds are spaces that foster this need, yet Southeast Minnesota lacked fully accessible play spaces, particularly indoors and in rural communities. While many community and indoor parks and playgrounds have ramp access to play structures, they lack ground-level surfacing and access to many of the actual play features, including slides. These design deficiencies hinder engagement, especially for children and their caretakers who have a disability. SEMCIL designed Boundless to remove as many barriers as possible and to open the play experience in a new way.

Minnesota Board on Aging

Minnesota consistently performs well across a range of metrics, including overall resident health, volunteerism rates, and the quality of medical care. This success can be attributed in large part to the services and supports provided by the Minnesota Board on Aging (MBA) and DHS, which enable older adults to live with autonomy, dignity, and maximal independence. Minnesota took early action to recognize and prepare for demographic shifts toward an older population. In 1997, Minnesota launched Project 2030, an effort to understand how demographic trends would impact our communities and the futures of older Minnesotans. Why 2030? That's the year baby boomers begin turning 85, a milestone age when many individuals may require additional support and consider a transition to congregate settings. Through Project 2030, Minnesota took proactive measures to prepare for this turning point, leading to the MN2030 Looking Forward strategic planning effort to pursue Age-Friendly State status. In December 2019, Minnesota began the process of becoming an Age-Friendly State, kick-started by the Governor's Executive Order 19-38, which established the Governor's Council on an Age-Friendly Minnesota. As directed by the executive order, the Council on Age-Friendly Minnesota released eight preliminary recommendations in 2020. These preliminary recommendations, along with eight Age-Friendly "Status Check" issue briefs, helped to guide the five Minnesota State Plan Goals: 1. Advance equity and eliminate disparities, while empowering rural and diverse communities and respecting the sovereignty of Tribal Nations 2. Make aging in community truly possible for all

Minnesotans 3. Support families, friends, and neighbors in sustaining their caregiving roles 4. Promote and support healthy aging for all Minnesotans 5. Dismantle ageism and promote the rights, autonomy, and protection of older adults.

The MBA is Minnesota's federally designated State Unit on Aging. MBA's 25 members are appointed by the Governor and represent diverse backgrounds, ages, interests, and communities across the state. MBA works to ensure that older Minnesotans and their families are served effectively by state and local policies and programs, so they can age well and live well. MBA does this through its three major roles: administrator, advisor, and advocate. MBA administers federal and state funds to deliver a range of in-home and supportive services to older adults and their family caregivers. The Older Americans Act (OAA) instructs MBAs to designate a statewide network of Area Agencies on Aging (AAAs). The AAAs leverage additional local dollars and resources to ensure local input and accountability in the delivery of aging services across the state. The Minnesota Indian Area Agency on Aging (MIAAA), currently administered through MBA, administers OAA funds to deliver services to Native American elders in the northern half of the state. In its administrator role, MBA manages two direct service programs: Minnesota Aging Pathways (MAP, formerly the Senior LinkAge Line) and the Office of Ombudsmen for Long-Term Care (OOLTC). MAP and its public resource site, MinnesotaHelp.info, are services of MBA, in partnership with AAAs. These resources provide free, objective information and assistance to help older Minnesotans and their families. MAP can help with Medicare, health insurance, long-term services and supports, counseling, care transitions, prescription drug costs, and connect Minnesotans to local services. In 2022, MAP served over 80,000 new clients. Top topics included Medicare, finances, and assisting caregivers. MAP works in tandem with Disability Hub MN and LinkVet to help people navigate to services, find answers, and get the help they need. MinnesotaHelp.info provides access to the Nursing Home Report Card, assisted living facility licensure information, and the Assisted Living Report Card (official website launched in 2023.

OOLTC is responsible for providing advocacy services and interventions for individuals receiving long-term services and supports. OOLTC is committed to upholding the rights, well-being, and empowerment of long-term care recipients, in line with the principles of trauma-informed care. For more information, please refer to the 2022 Minnesota Ombudsman for Long Term Care Annual Report. In 2022, OOLTC staff served 2,000 licensed assisted living facilities and 345 licensed nursing homes, including five veterans' homes.

Certified Ombudsman Volunteer program: 247 volunteer hours were donated. Volunteers reached 16 counties and 11 regions. 18 volunteers provided advocacy. Area Agencies on Aging (AAAs) in Minnesota recruit and partner with local organizations to meet service needs in their areas. AAAs leverage additional funds, including participant contributions and cost share, community donations, and actively apply for grants to supplement OAA dollars. As trusted community partners, AAAs play a crucial role in connecting older Minnesotans and their caregivers to local resources and services. By collaborating with a wide range of organizations, AAAs can provide targeted support and information that is tailored to the needs of each service area. This 18 includes essential services such as transportation, homemaker and chore assistance, nutrition programs, caregiver support services (respite, support groups, and counseling), and information assistance. Together, these programs help ensure that individuals can age well in the community of their choice. In FFY 2022, MBA, in partnership with AAAs and their contracted service providers, served 213,295 older Minnesotans and those caring for them through the MAP and a variety of supports.

(iv) Interagency Initiatives:

The following is a summary of interagency initiatives in Minnesota that support people with developmental disabilities and their families.

Disability Hub

The Aging and Disability Resource Centers are a free statewide network of resources that makes it easier for people with disabilities and their families to understand their options, find solutions, and explore possibilities for their unique situations. The Hub achieves these goals through a network of experts, tools, and partnerships that bridge systems and help people create their best life. The Hub has roughly 40 statewide staff who provide phone, online chat, email, and in-person support. Highlights of the Hub's work include creating a video series on supported decision-making to help people understand alternatives to guardianship and retain choice and control over their own lives.

Other Disability Hub tools include:

- Deciding if a waiver is right for you.
- Helping people navigate the complicated pathway to services.
- Adding a planning path to My Vault.
- Planning for work that includes activities from Charting the LifeCourse to help people plan and advocate for meaningful work.
- Creating a video series that highlights stories of young adults who found meaningful employment, in partnership with E1MN.
- Expanding professional toolkits to build standard practices across the system.
- Launching the new Youth in Transition Toolkit.
- Building additional benefits planning training to help professionals incorporate benefits planning into their work.

Assistive technology (AT)

AT is any technology or device that helps people with disabilities perform tasks that would otherwise be difficult or impossible to perform. Examples include screen-reading software, electronic organizers, assistive listening devices, and roll-in desks for wheelchair users.

The System of Technology to Achieve Results (STAR) program provides access to assistive technology through device loans and demonstrations.

Minnesota CareerForce centers can also help people try out assistive technology.

Funding

Typically, a person's employer pays for necessary assistive technology. If the assistive technology is too expensive for the employer or the person wants to keep the technology if they switch employers, consider alternative funding sources. For example:

- Medical Assistance helps pay for assistive devices prescribed by a physician for a medical condition.
- Vocational Rehabilitation Services funds assistive technology to help people with disabilities find, get, and keep employment.
- The U.S. Department of Veterans Affairs offers funding for assistive technology for eligible veterans with disabilities.
- Workers' compensation may pay for assistive technology for people with work-related injuries.

Social Security's Plan to Achieve Self-Support (PASS) is a program for people who get SSI or SSDI. Through PASS, people can save money for assistive technology without losing eligibility for benefits.

Technology can have a profoundly meaningful impact on the lives of people with disabilities by improving access to services, increasing independence, expanding opportunities for community participation, and enhancing quality of life. To address the lack of available support staff and not having ability to receive services in person, people with disabilities are accessing AT and remote support at a higher frequency. Minnesota's Olmstead Plan mandates that people of all ages with any disability have access to AT and other technologies that will improve their quality of life and provide support, especially in integrated settings. The STAR program implements a cross-agency workgroup to develop a standard process for identifying people's technology needs and the resources to meet them. The cross-agency workgroup developed the Minnesota Guide to AT website and regularly updates it.

STAR has been participating in a cross-agency disability work group focused on “AT Needs for Transition-Aged Students with IEPs.” The interagency team decided to create a guide for IEP teams to use during the students’ transition period. The group included representatives from Vocational Rehabilitation Services (including Youth Services), State Services for the Blind, the Department of Education (AT Lead, Deaf/Hard of Hearing Services, Blind/Low Vision Services, and a Secondary Transition Specialist), and Medicaid. As we documented the process, each member contributed their specific expertise, helping ensure the final resource was comprehensive and that no key perspectives or steps were overlooked. Vocational Rehabilitation supported the work by funding a consultant to guide the group through the development process. Also, it covered the cost of a designer to produce the final physical and digital tool.

The Olmstead Subcabinet continues to track progress on this work to advance the use of technology to improve people's lives. The Olmstead Third Follow-up Study on Quality of Life (FFY 2025) asked respondents about the use of AT. Sixty percent of participants reported using AT. The most common types of AT mentioned were mobility aids such as wheelchair, walker, cane, or chair lift; visions aids such as glasses or cane for blindness/low vision; standard technology such as computer cell phone, digital calendar, digital reminders or GPS maps; hearing aids; Medical devices such as heart monitor, CPAP machine, blood sugar monitor, or life alert safety monitor; and specialized communication technology such as speech-to-text, text-to-speech, eye-tracking device, or communication/picture board. Some participants said they choose not to use assistive technology because they feel it is unnecessary or find it uncomfortable (e.g., hearing aids). Some participants choose to use AT conditionally (e.g., using a wheelchair only after a seizure). Four participants reported that they have requested AT and are waiting for their requests to be approved and received.

Interagency Coordinating Council

The Governor's Interagency Coordinating Council (ICC) advises and assists the Minnesota Department of Education in planning, coordinating, and delivering a coordinated statewide, interagency system of services for children from birth to five with special needs and their families. The Council is responsible for fulfilling the duties required by federal law, as further defined in Minnesota Statutes section 125A.28.

The Council consists of 17-25 members appointed by the Governor. Members must include parents of children with disabilities, public and private service providers, and advocates, including representatives from state and local education, health and human services, higher education, and the state Legislature.

Beginning in 2020, the Minnesota Department of Education's Early Childhood Special Education (ECSE) team is committed to engaging with stakeholders who support and implement early intervention/early childhood special education programs and services across the state. The strategic plan that was developed will serve as a roadmap for the next 6 years with the goal of improving current systems and supports and focusing on new priorities. This plan aligns with the Department of Education's Strategic Plan and the Governor's Due North Plan and focuses on improving outcomes for infants, toddlers, and young children with disabilities and their families.

To better coordinate systems and programming for caregivers participating in Part C, the ECSE Team from both MDE and DCYF collaborated with other early childhood partners in FFY 2023 as follows:

- Dream Catcher sessions with American Indian Home/School Liaisons as part of efforts to increase collaboration between American Indian Education and supports for caregivers and early childhood special education through our Part C Coordinator
- Minnesota Learn the Signs Act Early Interagency Committee, through multiple MDE and DCYF early childhood special education team members.
- Various projects in partnership with Special Education, Low Incidence Provider groups, and Early Hearing Detection and Intervention initiatives supporting infants and toddlers with sensory loss through one of our ECSE Specialists and our Part B/619 and CSPD Coordinator
- Leadership participation in a cross-agency, cross-partner language acquisition group for infants, toddlers, and young children who are deaf and hard of hearing
- Continued co-leadership with Child Welfare through the Department of Human Services for a statewide workgroup developing materials and supports for child welfare workers and early childhood special education providers serving children who are automatically referred to Part C when identified as a child with a substantiated case of abuse
- Building on relationships with Child Care Services staff at the Department of Children, Youth, and Families to increase access to consistent and quality childcare for children and families receiving Part C supports and services, and an intentional focus on decreasing "soft expulsions" of our youngest children.
- Supportive communications and outreach in coordination with our Center for Inclusive Child Care organization
- Continued direct involvement with Help Me Connect, serving as our Part C resource directory through our Part C Coordinator on the Planning and Leadership Team, and supporting the move of Help Me Connect to our Early Learning Services Department at DCYF in January 2025

State Rehabilitation Council

The State Rehabilitation Council (SRC) guides decisions about Minnesota's VRS program, which serves thousands of people with disabilities statewide by helping them reach their vocational goals. The SRC is created under state law and the Federal Rehabilitation Act, and its members are appointed by the Governor.

In its latest annual report, the State Rehab Council published an essay on breaking the glass ceiling for people with disabilities. Included here are excerpts written by the Chair of the SRC and Partners in Policymaking graduate:

Barriers that reinforce the disability glass ceiling:

1) Earning more can mean losing access to essential supports like healthcare or personal care assistance.
2) Low expectations within support systems.
3) Workforce systems often push people into low-wage tracks, regardless of capability.
4) Access barriers to higher-level roles and higher-level roles come with rigid hours, travel, and systems that don't accommodate complex support needs.
5) Obstacles in education and certification. Inaccessible graduate programs and licensing systems block professional advancement.
6) Bias and stereotyping. Leadership potential is still judged by outdated norms that exclude people with disabilities.

How do we break the ceiling?

1) Normalize accommodation at all levels. Access shouldn't end at the entry level.
2) Build advancement pipelines that include disability. The focus is on removing the barriers that keep talent out of the running, not about setting aside a spot.
3) Stop penalizing progress. We need to untangle benefits structures that punish success.
4) Rethink the "ideal" candidate. We need to redefine qualifications to include authenticity, lived experience, and adaptive brilliance.
5) Shift the narrative. We need everyone involved in making decisions, setting strategies, influencing policy, and changing the rules for the better.
6) Include people in system design, not just feedback loops. When professionals with disabilities are meaningfully involved in shaping policy, training programs, and hiring systems, the outcomes are more inclusive from the start.

(v) Quality Assurance:

MONITORING:

Minnesota has numerous quality assurance processes and systems in place to monitor and address quality issues, which are summarized below. Beyond what is currently in place, the State is also in a state of great change as it moves to address concerns of fraud, waste, and abuse. As the State moves quickly to address identified issues and cases, as well as concerns from both internal and external sources, there will be a great need for the Council to help support the many Minnesotans with developmental disabilities, and their families, who will be directly impacted to effectively advocate for their needs and ensure that systemic change does not result in harm to them, nor that it reverses the many positive gains this community has achieved in recent years.

Minnesota's Out-of-home Care and Permanency and Child Maltreatment Reports

The 2024 Legislature amended the Out-of-Home placement plan (OHPP) requirements in Minnesota Statutes, section 260C.212. Effective March 1, 2025, before parents or guardians sign out-of-home placement plans for their child, county social service agencies must provide a one- to two-page, plain-language document outlining the requirements they must complete to reunify with their child. The plan must also include a summary of the contents.

A summary document must also be updated and provided to parents/guardians whenever out-of-home placement plans are updated. The new requirements apply to new placements occurring after March 1, 2025, when the child or youth's permanency goal is reunification with their family.

The OHPP summary document must be completed and provided to the child's or youth's parent(s) or guardian(s) before the comprehensive OHPP is provided and signed by the parent(s) or guardian(s). The OHPP summary document must be on a form developed by the commissioner. The Department of Children, Youth, and Families is currently revising the OHPP, Help Text, and OHPP summary.

Child Maltreatment

The 2024 Minnesota Legislature passed legislation requiring the Department of Children, Youth, and Families (DCYF) to review child maltreatment reporting processes and systems. As part of the review, the legislation requires the department to examine child maltreatment reporting systems in other states, consult with stakeholders, and outline the benefits, challenges, and costs of a transition.

Time limitations prevented full engagement of all Tribes and voluntary reporters in the information-gathering process. Counties, mandated reporters, and the Initiative Tribes primarily provided data obtained during the study. Most of these groups strongly opposed centralizing the child maltreatment reporting system. DCYF could continue exploring centralization with additional time and resources. However, DCYF does not recommend pursuing a centralized child maltreatment reporting system at this time due to insufficient support for centralization from partners who would be affected, as well as the need to modernize SSIS. The DCYF instead recommends the following support and resources to enhance the current reporting system:

- Access to reporting contact information: The department and local child welfare agencies should ensure child maltreatment reporting contact numbers are clearly publicized and kept up to date.
- Intake and screening training: The department should enhance, maintain, and provide intake and screening training for intake and screening staff and multidisciplinary screening teams. It was noted that additional resources will be needed to implement this recommendation.
- Training on cultural responsiveness and legal protections for overrepresented communities, including disability and economic stability: Training must include education on the Minnesota Indian Family Preservation Act (MIFPA), the Indian Child Welfare Act (ICWA), and the Minnesota African American Family Preservation and Child Welfare Disproportionality Act (MAAFPCWDA). It was noted that additional resources will be needed to implement this recommendation.
- Mandated reporter training: DCYF should increase efforts to ensure widespread awareness of available mandated reporter training.
- Strengthened screening guidelines: The DCYF should engage with the existing statewide intake and screening workgroup to enhance the current guidance on engagement and questions to ask when receiving a report. An intake desk aid should also be developed.
- Anonymous screening: There should be further exploration of a pilot related to anonymous screening. It was noted that additional resources will be needed to implement this recommendation.
- Warm line: There should be further exploration on developing a “warm line” for reporters. It was noted that additional resources will be needed to implement this recommendation.
- Modernizing technology: Modernizing the Social Service Information System (SSIS) for reporting and documenting intakes is necessary. It was noted that additional resources will be required to implement this recommendation.

Adult Protection

Minnesota's vulnerable adult protection reporting system provides a safety net for individuals who use services or are vulnerable due to an impairment in their ability to meet their own needs. The state strives to ensure safe environments and services for vulnerable adults. When there is suspected maltreatment of a vulnerable person, DHS encourages good faith reporting to the Minnesota Adult Abuse Reporting Center (MAARC), the centralized reporting system operated by DHS. Minnesota's Vulnerable Adult Act (VAA) was initially passed in 1980 and was last updated in 2013. DHS has conducted research, reviewed national models and best practices, engaged stakeholders, and is now working with lawmakers to pass legislation to update and redesign the Vulnerable Adult Act.

At the end of March 2025, there were 9,695 licensed programs, and between April 2024 and March 2025, DHS received 8,735 reports of alleged maltreatment, averaging 728 per month. For adults, the most common reports were for neglect (8,090), followed by abuse (5,893), and then financial exploitation (3,195). DHS assigned 7% of the reports for an out-of-office investigation. 46% of the reports were substantiated.

Maltreatment Reports Received

DHS received reports of alleged maltreatment from many licensed programs serving children. Between April 2024 and March 2025, the most common types of reported maltreatment were neglect of minors. There were 397 reports of neglect and 301 reports of abuse. Unfortunately, the data for children was not broken out from the adult abuse reports.

Rights and Protections

People receiving services have the right to live with dignity and freedom from harm, and to receive high-quality care. DHS has several initiatives underway to strengthen quality assurances throughout the HCBS system. Efforts include implementing licensing standards, redesigning the vulnerable adult system, adopting a culture of accountability, and fostering learning and continuous improvement in response to critical incidents.

Treat People Like People

In 2018, the Olmstead Subcabinet approved the *Comprehensive Plan for Prevention of Abuse and Neglect of People with Disabilities Report*. The report called for a public education campaign. The Office of Ombudsman for Mental Health and Developmental Disabilities and the Governor's Council on Developmental Disabilities responded by sponsoring this initiative.

Treat People Like People was co-created with people with disabilities to challenge attitudes, cultural norms, and policies that contribute to the abuse and neglect of people by providing education and information to create respectful and inclusive communities.

Started six years ago as a public awareness campaign, Treat People Like People has since become a MOVEMENT … calling each of us to be better. To treat people like people. Since September 2019:

6,900,000 people viewed social media posts; 5,328,260 people viewed ads; 2,914,347 people watched our videos; 216,538 people clicked on ads; more than 200,000 branded items have been distributed; 144,775 people visited the website; and more than 2,520 followers on our social media.

Workforce Shortages.

People rely on direct support professionals (DSPs) to increase their independence and help with daily activities. However, low wages, inadequate benefits, competition from other employers, and other factors have placed considerable pressure on the ability to build and maintain a qualified workforce. Workforce shortages existed before the pandemic and worsened afterward. In every region of the state, both agency employers and people who hire their own DSPs are struggling to recruit and retain DSPs. The already dangerously small workforce is predicted to worsen over the next decade. The workforce crisis prevents access to and diminishes the quality of services, both of which can be a factor in abuse, neglect, and injury incidents, and contributes to people losing their choice and control over the services they need.

(vi) Education/Early Intervention:

Oversight of early childhood special education services to infants, toddlers, and young children with disabilities or developmental delays from birth to kindergarten, as required by the Individuals with Disabilities Education Act (IDEA), is the responsibility of the Minnesota Department of Education (MDE). MDE oversees all aspects of public K-12 education in the State, which includes special education.

Minnesota's special education population continues to rise, with 19% of all students qualifying for services in 2025, up from 15% in 2018 and 13% in 2010. This increase reflects a diverse mix of disabilities, including autism, learning disabi lities, and speech or language impairments. The state's special education program has been in place since the 1950s a nd has seen a steady increase in enrollment due to better identification of needs and federal standards-based education reforms.

Minnesota special education policies are designed to always meet the minimum standards set by federal law but also include statutes that exceed those minimum requirements. Minnesota Statute Chapter 125A defines state-specific provisions for special education. Minnesota Rule 3525 - Administrative rules guiding the implementation of special education services; include parental rights, dispute resolution procedures, and service delivery requirements.

Screening is a quick process facilitated by trained professionals using a standardized tool in partnership with families to: (1) identify areas of strength or concern by domain or area (2) determine if additional information is needed and/or (3) inform policy makers if systems are equitably and inclusively supporting children and families, particularly those who have been traditionally underserved or marginalized.

Assessment is a process of gathering evidence of a child's development and learning and using it to inform decisions about children's learning experiences and instruction. Assessment is sometimes referred to as a "child assessment" or "early learning assessment."

Services for babies and toddlers
In Minnesota, specially trained staff from local school districts or special education cooperatives provide services to eligible infants and toddlers and their families. These early intervention (Part C) services are free to eligible children and their families regardless of income or citizenship status.

Services are typically provided in the family's home or anywhere the family spends their day. This can even include childcare settings and the park. Families are central to the planning and delivery of services. Outcomes of the plan are based on families' concerns, priorities, and resources.

Another part of services for babies, toddlers, and families is Service Coordination. With the support of a Service Coordinator, families can make informed decisions about services, opportunities, and additional resources available for their child and family.

Services for ages 3 to kindergarten enrollment
School districts and special education cooperatives provide special education services and support for eligible preschool-aged children. School staff work with the child's family to design services provided in a variety of settings, including district and community preschools.

These preschool special education services (Part B/619) are free for eligible children regardless of income or citizenship status.

A referral can be made at any time by a family member or anyone concerned about a young child's development.

Special education and related services are provided to eligible students with disabilities who need specialized instruction.
Special education in Minnesota:

- Provides Free, Appropriate, Public Education (FAPE) to a student with a disability in the Least Restrictive Environment (LRE). LRE begins with a discussion of what it takes for the student to be successful in the general education classroom
- Creates an individualized plan of instruction for students with disabilities
- Offers a range of services that are provided in different ways and different settings, depending on the needs of the students
- Focuses on the unique needs of the student
- Assists individuals with disabilities to learn and develop skills
- Requires a student with a disability to spend as much time with peers without disabilities as possible

Related services are:

- Services that may not be educational, that students need to benefit from special education
- Examples of related services include special transportation, speech-language therapy, social work, speech therapy, adapted physical education, and school health services

Students with disabilities who are eligible for special education and related services must be the following criteria:

- Minnesota resident aged birth through 21 who is determined to need special education to access the general education curriculum based on a comprehensive evaluation done by the school district

A school's disciplinary practices can significantly affect students' experiences, including attendance, mental or emotional health, academic outcomes, and even future involvement with the criminal justice system. For example, students attending schools with high suspension rates are 15-20% more likely to be arrested and/or incarcerated as adults. In Minnesota, male students, students of color, and those with disabilities experience exclusionary discipline at higher rates than their peers. Exclusionary discipline refers to actions that remove students from the classroom, such as suspension or expulsion. These disparities have been so stark that in 2017, the Minnesota Department of Human Rights (MDHR) agreed with 41 districts and charter schools to mitigate the racial and disability-based disparities in their discipline practices. Specifically, MDHR found these schools had large gaps in disciplinary action for subjective behavior, such as being disruptive, rather than for objective behavior, like physical violence. This trend highlights how teachers' and staff members' biases, whether conscious or unconscious, can influence disciplinary action for more subjective behaviors. National research suggests that Black students and low-income students are punished more harshly for similar behavior, even when controlling for other factors like disciplinary history. These disparities hold steady across districts, across schools within the same districts, and within schools themselves. Furthermore, the effects of biased and/or punitive disciplinary practices persist over time and negatively affect students from targeted groups, even if they are not disciplined.

In response to the Department of Human Rights report, collaborative agreements were reached with 10 Minnesota public school districts and charter schools to reduce the disparities in suspension and expulsion rates for students with disabilities and students of color. The collaborative agreements aim to reduce disparities in suspensions and expulsions, giving every student the chance to participate fully in their education, partnering with educators to address the implicit bias that influences perceptions of student behavior, and increasing student and community engagement. The agreements allow school officials to develop their own strategies to retain local control in student discipline decisions, maintain effective learning environments that promote academic success, and offer alternatives to suspension that keep students in school.

(vii) Housing:

Finding and maintaining affordable, accessible housing has long been a challenge for people with disabilities. The difficult housing market has made access to housing even more challenging. This problem worsens when property owners are unwilling to rent to individuals receiving public assistance, those with limited rental history, or others with similar factors.

Several programs are working to address the disparity and access issues for people with disabilities when it comes to housing. Housing Stabilization Services (HSS) was a new Medical Assistance (MA) benefit designed to help individuals with disabilities or disabling conditions, as well as older adults, who are experiencing homelessness, at risk of homelessness at risk of institutionalization, or currently living in an institution, find and maintain stable housing. HSS is for people who are. The FBI is investigating fraud, and the Governor ended the HSS program, calling for a complete overhaul.

DEPARTMENT OF HUMAN SERVICES HELPING PROVIDE ACCESS AND MAINTAIN HOUSING

Moving Home Minnesota (MHM), known federally as Money Follows the Person (MFP), is a demonstration project that supports people's transition from institutions to their own homes in the community. Since the program's inception in 2013, MHM has helped over 1,000 people transition to a home of their choice in the community. Each project must focus on equity, housing, service quality, self-advocacy, person-centered thinking, and administration and system improvement. Additionally, the project must be approved by the Centers for Medicare & Medicaid Services (CMS) and meet one of the four MFP goals: Increase the use of HCBS and reduce the use of institutional care, identify and eliminate barriers to people using HCBS in a setting of their choice through systems change, strengthen the state Medicaid program's ability to serve people choosing to transition out of institutions, and put procedures in place for HCBS quality assurance and improvement. To date, MHM has invested nearly $11 million to support 31 projects across DHS, including Community Living Infrastructure (CLI) Grants, Collaborative Safety, and HCBS evaluation of assessment processes for racial and ethnic disparities (HEARD). Ten of the 31 projects focus on equity, including cultural responsiveness, equity-based provider

development for Community First Services and Supports (CFSS) and MnCHOICES, and the development of diverse, person-centered planning facilitators.

Integrated Community Supports (ICS) is a program that emphasizes self-direction of services. ICS provides training and support to meet adults' individualized, assessed needs and goals in at least one community living service category, including community participation, health, safety and wellness, household management, and adaptive skills. To be eligible for ICS, a person must be at least 18 years of age and reside in a living unit of a provider-controlled ICS setting (e.g., an apartment in a multi-family housing building). People can receive ICS training and support up to 24 hours per day in their living unit or in the community. ICS became available on Jan. 11, 2021, for people on the BI and Community Access for Disability Inclusion (CADI) waivers, and on Jan. 1, 2023, for people on the CAC Waiver. ICS became available to people on the DD Waiver after federal approval. Capacity for ICS continues to grow as it launches additional waivers, and more providers seek authorization to deliver it. There is no recent report on this topic.

Minnesota Housing Finance Agency Programs:
The State of Minnesota is committed to ensuring that people with disabilities live, learn, and work in the most integrated setting. A crucial component of that commitment is providing affordable, accessible housing supported by self-directed services and linked to community amenities. People with disabilities must have the opportunity to choose where they live, with whom, and in what type of housing. Supports and services need to provide sufficient flexibility to allow individuals to choose where they live and how they engage in their communities.
Minnesota adopted an Olmstead Plan in 2015 that includes measurable goals related to housing, services, transportation, and other factors that affect the ability of individuals with disabilities to live in the most integrated setting. Progress has been made. Between 2014 and 2022, the number of people who had lived in segregated settings and now live in integrated rental housing of their choice with rent support more than doubled, from 5,995 to 12,897. Nevertheless, much more work remains, and the ongoing shortage of affordable, accessible housing across the state is a barrier that must be addressed.

Supportive Housing is permanent housing affordable to the people served and provides access to an array of services designed to foster housing stability and improve health and quality of life.
Minnesota Housing offers various capital and rental assistance funding and incentives to create supportive housing units for the highest need households experiencing homelessness and for people with disabilities.
Minnesota Housing has funded more than 7,500 supportive housing units across more than 400 properties statewide over the last 20 years. A third of these properties are primarily supportive housing properties.

(viii) Transportation:

Statewide Services by the Minnesota Department of Transportation (DOT)

The Minnesota Department of Transportation (DOT) regularly publishes updates to its overall Transit Plan. Title II of ADA pertains to the programs, activities, and services that public entities provide. As a provider of public transportation services and programs, MnDOT must comply with this section of the Act, as it applies specifically to state public service agencies and state transportation agencies.

MnDOT's Transit Plan is a living document that is updated routinely every four years.

The Transit Plan does not stand as an independent document; instead, it provides several planning documents owned by the Minnesota Department of Transportation. The development of the plans and their relationship to accessibility are iterative processes guided by the goals of the Transit Plan. As MnDOT's long-range plans have been developed, they consider the role of accessibility in meeting multimodal goals, creating livable communities, and identifying investment needs.
In addition to MnDOT's planning and investment documents, the Transit Plan supports the outcomes of Minnesota's Olmsted Plan, which focuses on ensuring that individuals with disabilities live, learn, work, and enjoy

life in the most integrated setting of their choice. The Olmstead Plan was first approved in 2015 and is part of a legal settlement with the state. As part of the Subcabinet tasked with developing and implementing the Olmsted Plan, MnDOT is focused on how the needs of the Olmsted population affect the prioritization and delivery of our transportation system, particularly in transit in Greater Minnesota.

Since adopting the Transit Plan and the Pedestrian Right-of-Way guidance, MnDOT has conducted numerous training sessions for MnDOT staff and contractors to raise awareness and provide specific technical knowledge on ensuring accessibility in the public right-of-way. The primary training was conducted for MnDOT employees, cities, counties, and consultants to provide an overview of the ADA, MnDOT's compliance direction, and design training. Over 600 individuals participated in the training, which provided a broader understanding of ADA requirements and Title II obligations. In subsequent years, MnDOT has run classes for its construction inspectors to improve the quality of accessibility features, which MnDOT routinely provides on all projects that meet or exceed that threshold. Managing and implementing the MnDOT ADA Transit Plan requires a multidisciplinary approach that encompasses policy development, outreach, technical support, and oversight. These responsibilities, required by 28 CFR 35.107, are managed by two peer positions: the Title II Coordinator/ADA Implementation Coordinator and the ADA Design Engineer in MnDOT's Operations Division.

The Title II Coordinator/ADA Implementation Coordinator is responsible for addressing complaints as they are received and for tracking the overall progress of implementing the MnDOT Transit Plan. The Title II coordinator is also responsible for investigating all formal grievances filed against MnDOT. To ensure compliance with the ADA and the Transit Plan, the coordinator develops policies and procedures to integrate Title II requirements into MnDOT practices. The Implementation Coordinator also serves as chair of the Internal ADA committee, co-chair of the ADA Stakeholders group, and agency lead for implementing Minnesota's Olmstead Plan.

The ADA Design Engineer works with the ADA Implementation Coordinator to develop policy and provide technical support for design and construction at a project level. The position also oversees three full-time staff members who provide support and direction for project scoping and development, as well as oversight of design and construction when necessary. Specifically, the unit works with districts to scope their accessibility projects and conducts design reviews before final signature. In addition to supporting projects, this position will be available to assist districts in implementing design options that address accessibility complaints.

Self-Evaluation
MnDOT, as required by Title II of ADA, must conduct a self-evaluation of physical assets and current policies and practices. MnDOT has identified seven areas that will need to have and maintain inventories. As inventories are updated, the Transit Plan will be updated accordingly.

Fixed Work Sites

MnDOT owns and leases numerous buildings throughout the state. MnDOT has identified 46 buildings that are routinely accessed by the public. The 46 buildings were re-evaluated for potential accessibility improvements. The buildings have been divided into two categories: Priority One and Priority Two. Priority One buildings are those with employee use and a high potential for public use. Priority Two buildings are those that employees use and that have moderate potential for public use. The evaluation of the worksites found no major barriers to public access; however, there are numerous recommendations for minor accessibility improvements, as ongoing maintenance and renovations are underway.

Rest Areas

All rest areas and their associated elements must comply with the 2010 ADA Standards. The Minnesota State Building Code, Chapter 1341, also includes specific accessibility requirements. Some State accessibility requirements in Chapter 1341 are more restrictive than the 2010 ADA Standards.
In addition to the 2010 ADA Standards, the Code of Federal Regulations (CFR) includes regulations related to accessibility that apply to Interstate rest areas, historic rest areas, and waysides:

- Interstate Rest Areas: 49 CFR 27.75 requires States to make Interstate rest area facilities accessible whenever the State uses federal financial assistance to improve the rest area or whenever the State uses

federal financial assistance to construct, reconstruct, or otherwise alter the roadway adjacent to or in the near vicinity of the rest area.

- Historic Rest Areas & Waysides: Several State rest areas and waysides are historic properties listed in or eligible for listing in the National Register of Historic Places or are designated as historic under appropriate State or local law. 28 CFR 35.151(d) requires alterations to comply, to the maximum extent feasible, with Section 4.1.7 of ADAAG.

Accessible Pedestrian Signals (APS)

MnDOT completed a statewide inventory of all 1,171 signalized intersections with push buttons that MnDOT owns and operates. As part of the inventory, each intersection was assigned a rating to determine its priority for conversion to an APS signal. The ranking of the intersections was conducted using the methodology outlined in the National Cooperative Highway Research Project 3-62 *APS Prioritization Tool.* In general, signalized intersections with higher scores are those with the greatest need for conversion to APS, but rankings are always considered in context so that the greatest needs are served first. Factors outside the ranking that affect an intersection's priority for APS include the number of pedestrians at the intersection, the presence of nursing homes, hospitals, transit, and other public services, and requests for APS. Each district traffic engineer will be responsible for determining which intersections are priorities in their district, taking the intersection score and other factors into consideration.

MnDOT's policy is to install APS at any eligible intersection where an existing traffic signal has aged to the point of needing replacement. APS is also required for all new signals installed at eligible locations. Based on normal replacement intervals for aging signals, MnDOT expects to achieve 100 percent statewide APS compliance by the year 2030.

Curb ramps and sidewalks

Over the course of three summers, each MnDOT district has located and cataloged all sidewalks and curb ramps within MnDOT right-of-way. The inventory includes both an accounting of the facilities and their condition. The system at the time of this writing consists of 617 miles of sidewalk and 19,324 curb ramps.
In determining the compliance of curb ramps, MnDOT inventoried the locations and five accessibility elements for each curb ramp:

- Presence of a landing
- Landing slope – no more than 2% in any direction
- Ramp running slope – 5% - 8%
- Cross slope – no more than 2%
- Presence of detectable warnings

To be compliant under PROWAG, a curb must meet all five requirements; if any element is non-compliant, the ramp does not meet accessibility requirements, even if it may be usable. When reporting on MnDOT's compliance level, we include all ramps that meet all five requirements, as well as those that meet all requirements except for having truncated domes. The reason for including both types of ramps is that truncated domes were not introduced as a requirement until 2001 and are not a retrofit requirement, meaning that a compliant ramp built before the requirement remains compliant until the alterations threshold is met. Of the 19,324 curb ramps on MNDOT's right of way, 3,543 or 18% are compliant.

Sidewalks

The total system consists of over 600 miles of sidewalk on MnDOT right-of-way. The inventory includes an assessment of width, cross slope, barriers, and general condition. The most common deficiency in the network is the violation of cross slopes at the driveway. The total length of fully compliant sidewalks in MnDOT's system is 263.5 miles.

Pedestrian Bridge Inventory

MnDOT owns 170 pedestrian bridges and underpasses throughout the state. Any pedestrian bridge or underpass crossing an interstate or state highway is the responsibility of MnDOT, unless an agreement has been made with a

local government agency. To be accessible, pedestrian bridges and underpasses must have a ramp leading up to the overpass; the ramp must meet the PROWAG standards for ramps, railings must meet the requirements found in the MnDOT Bikeway Facility Design Manual, and the bridges must have a cross slope of no more than 2 % and a running slope of no more than 5%. Those that do not meet PROWAG accessibility requirements will be replaced as necessary.

Greater Minnesota Transit

As the administering agency for Federal Transit Administration grant programs, MnDOT is required to ensure that grant recipients comply with the Americans with Disabilities Act. Specific transit-related aspects of ADA fall into two distinct categories: (1) ensuring that transit services and facilities are designed to allow access by individuals with disabilities and (2) ensuring that transit vehicles purchased with federal funds meet the accessibility standards of ADA.

Regarding the first function, the Office of Transit has developed tools for MnDOT staff to monitor ADA compliance during grant oversight. This includes checking that the telephone reservation system is accessible to all; schedulers capture necessary passenger information to ensure that the person's trip needs can be fully accommodated; ADA trip requests in Duluth, East Grand Forks, La Crescent, Mankato, Moorhead, Rochester and St. Cloud are not denied at a higher rate than other trip requests; system advertising and information is produced in a variety of formats; transit facilities are laid out with appropriate clearances and accessibility; etc.

Regarding vehicle purchases, the Office of Transit maintains a full range of specifications for vehicles that meet ADA accessibility standards. All transit vehicles acquired with MnDOT grants are fully ADA-compliant. Because this policy has been in place for many years, the current fleet acquired through MnDOT is ADA-accessible. MnDOT's inventory of right-of-way features will include an assessment of the accessibility of transit stops on MnDOT right-of-way that have received MnDOT funding. To be accessible, bus stop boarding and alighting areas must provide a clear length of at least 8 feet, measured perpendicular to the curb or street or highway edge, and a clear width of at least 5 feet, measured parallel to the street or highway. Bus stop boarding and alighting areas must connect to streets, sidewalks, or pedestrian paths by a pedestrian access route. The grade of the bus stop boarding and alighting area must be the same as the street or highway, to the maximum extent practicable, and the cross slope of the bus stop boarding and alighting area must not be greater than 2 percent.

In addition to meeting the operations obligations of ADA, MnDOT is reaching out to communities in the development of local service plans to ensure that, as service is developed and expanded, the needs of the Olmstead population are included.

The Metropolitan Council is the agency responsible for paratransit services (Metro Mobility) in the 7-county Metropolitan area of Minneapolis and St Paul.

Metro Mobility is a civil right for all eligible riders, defined in the Americans with Disabilities Act. Metro Mobility is a lifeline, helping people get to jobs, medical appointments, and social events. Metro Mobility is in demand, growing 5 to 8% annually over the last five years.

The Metro Mobility service area has three zones, each served by a different trip provider. Customers are assigned to a trip provider based on their home address. The trip provider is responsible for scheduling and coordinating all trips, regardless of pickup or drop-off location.

Metro Mobility is a shared-ride public transportation service for certified riders who are unable to use regular fixed-route buses due to a disability or health condition.

As demand grows, the focus remains on maintaining service, meeting new riders' needs, and delivering the quality of service riders deserve. At the end of the 2019 legislative session, Metro Mobility secured a one-time funding increase and its own budget line, separate from transit system operations. This ensures Metro Mobility is funded without placing significant pressure on the bus system, which has historically shared the same funding pot.

Metro Mobility provides safe and reliable ride-sharing services with clean, well-maintained vehicles and courteous, professional, and trained drivers. Metro Mobility works toward on-time pickup and arrival with ride times comparable to regular-route transit. Metro Mobility offers driver-assisted pickup from the first door (pickup) through the first door (drop-off). The drivers will aid with packages.

Metro Mobility is committed to providing safe, reliable, courteous, accessible, and user-friendly services to its customers. To ensure equality and fairness, Metro Mobility is committed to making reasonable modifications to its policies, practices, and procedures to avoid discrimination and ensure programs and services are accessible to individuals with disabilities.
With respect.

Metro Mobility Eligibility
The federal Americans with Disabilities Act (ADA) guidelines determine eligibility for Metro Mobility services. People are generally eligible if:

- They are physically unable to get to the regular fixed-route bus
- They are unable to navigate regular fixed-route bus systems once they are on board
- They are unable to board and exit the bus at some locations

Under the federal ADA guidelines, individuals may be eligible for Metro Mobility services if any of the following conditions apply:

- A person is physically unable to get to the bus because of their disability or health condition within an area that the fixed route serves.
- A person is unable to navigate the regular fixed-route system because of their disability.
- A person is unable to board or exit the bus at some locations because of their disability.

To be eligible for Metro Mobility, a person must be “unable” to use the fixed route at least sometimes. If their disability makes it “hard” or “harder” for them to use the fixed route, they will not qualify for Metro Mobility.

Generally, people are eligible for up to four years. Certification dates are set to coincide with the expiration date on the rider's Minnesota State ID card or driver's license when possible. In limited cases where a person is of advanced age or has a deteriorating health condition, Metro Mobility may grant ‘permanent’ or lifetime certification. If an applicant with a lifetime certification does not ride for four years, their file will be marked inactive, and they will need to contact the Metro Mobility Service Center to resume ridership.

People visiting from outside the Metro Mobility Service area can ride as temporary visitors for up to 21 days per year. To access Metro Mobility, visitors must have disabilities or health conditions that sometimes prevent them from using regular-route buses and trains. Visitors who need more than 21 days of access in a year must complete the Metro Mobility certification process.

PLEASE NOTE:

- Lack of fixed-route service does not qualify a person for Metro Mobility. If the person could use the fixed route available in their area, they would not be eligible.
- Fear of riding the fixed-route city bus does not qualify a person for Metro Mobility.
- Social vulnerability, taken by itself, does not qualify a person for Metro Mobility.

(ix) Childcare:
Childcare for all Minnesotans, including children with developmental disabilities, is provided by Licensed Childcare and Family Childcare Centers.

The Department of Children, Youth, and Families was created on July 1, 2025. This department joined the efforts of the Olmstead Plan and proposed a goal to build inclusive capacity in early care and education (ECE) for children with disabilities. DCYF believes Inclusive ECE is beneficial for children with and without disabilities. Benefits

include better education and social outcomes. Disabled children in inclusive ECE programs are also less likely to experience segregation later in life.

Families with disabled children often struggle to find inclusive ECE programs. Children with disabilities are also suspended and expelled from these programs at higher rates than non-disabled children. In Minnesota, it is illegal to suspend or expel children from preschool and pre-K programs, except in certain cases outlined in statute. However, informal suspensions and expulsions still happen. ECE programs may say, “Please pick up your child early today.” “Let’s try half days for the next few weeks.” “The program isn’t a good fit for your child.”
DCYF wants to measure attendance and inclusion of children with disabilities in ECE programs. However, DCYF doesn't currently have the data, but will be working to obtain it.

DCYF will create a framework to align training and support for staff across different ECE programs. The framework will give staff more access to high-quality coaching and other resources. They will also explore better systems for ECE programs to access and track training. The new system will offer and track data on courses related to the inclusion of children with disabilities.

To support the needed modernization of regulations for both types of facilities, the Minnesota legislature passed legislation and allocated federal funding in 2021. The Childcare Regulation Modernization project supports the development of three components:

- Key indicator systems for abbreviated inspections
- Risk-based tiered violation systems (the Weighted Risk System)
- Revised licensing standards

During the 2025 legislative session, the Family Childcare Regulation language was amended to repeal the requirement for “national regulatory best practices” for the Weighted Risk System and to expand provisions related to engagement and language requirements. Additionally, this update notes that the Weighted Risk System may not be implemented before January 1, 2027.

The 2026 Legislative report, prepared by the Department of Children, Youth, and Families, includes the proposed childcare licensing standards and a summary of notable differences between them and the current requirements in the rules and statutes. The report also outlines the project’s three components, summarizes recent developments, describes stakeholder engagement efforts, and identifies anticipated implementation considerations. The report fulfills a legislative requirement and is provided for informational purposes only; it does not constitute a formal policy proposal from the Governor.

The Minnesota Department of Children, Youth, and Families (DCYF) plays a critical role in monitoring and supporting health and safety in approximately 10,600 licensed childcare programs in Minnesota. Licensure ensures that childcare is provided in a healthy and safe environment. Parents who use childcare entrust their children to a care provider for many hours each day. Licensing childcare helps protect children's health and safety by requiring providers to meet minimum standards for care and the physical environment.

In Minnesota, licensed childcare is provided through either family childcare or childcare centers. Family childcare is generally provided in the caregiver's home, and no more than 14 children can be cared for at any one time. A childcare center is generally characterized by a location other than the provider's or caregiver's residence, a larger number of children being cared for, and staff qualification and training requirements.
A childcare center must have the appropriate number of staff qualified as teachers, assistant teachers, and aides based on the number of children in each age group.

Teacher: A childcare center teacher must be at least 18 years old and meet one of nine possible combined credential, educational, and experience requirements, such as a high school diploma, 4,160 hours of experience as an assistant teacher, and 24 credit hours in a childcare-related area of study.

Assistant teacher: An assistant teacher must work under the supervision of a teacher, must be at least 18 years old, and meet one of nine possible combined credential, educational, and experience requirements; for example, a high school diploma with 2,080 hours of experience as an aide or intern and 12 quarter credits in a childcare-related area of study.

Aide: An aide carries out the childcare program activities under the supervision of a teacher or assistant teacher. An aide must be at least 16; if under 18, the aide must always be supervised by a teacher or assistant teacher except when assisting with sleeping children or with toileting and diapering.

Volunteers: If included in the adult/child ratio, volunteers must meet the requirements for the assigned staff positions. The director, teacher, or assistant teacher must supervise volunteers who have direct contact or access to children.

To protect children's safety, staff and other individuals who have direct contact with children in care must have a background study conducted by the Minnesota Department of Human Services. This study reviews the person's criminal record and checks for any record of maltreatment of children.
A childcare center must ensure that all staff and volunteers who have direct contact with children participate in orientation training before starting work. At least one staff member trained in CPR must always be present in the center when children are in care. The center must develop and implement an annual in-service training plan for staff to ensure they are well-trained in caring for children.
The center must develop a written childcare program that addresses the following:

- Supervision
- Age categories and number of children served
- Days and hours of operation
- Goals and objectives
- Specific activities
- Documentation of each child's progress
- Daily schedule

When a child with special needs joins a childcare center, the center must develop an individual plan for that child.

Policies
Childcare centers must develop and implement written policies governing behavior, information, emergencies, and health.
Behavior guidance: A childcare center must have guidelines for how caregivers should guide each child to help them develop a positive self-image and learn self-control and acceptable behavior. The guidelines should address how caregivers manage unacceptable behavior and what actions, such as corporal punishment, are prohibited.
Information for parents: When a center enrolls a child, it must give parents written notification of:

- Ages and numbers of children in care
- Hours of operation
- Educational methods
- Political, religious, behavioral, and philosophical ideology
- Parents' Rights
- Parents' conferences
- Health care summary
- Sick care policies, first aid
- Medication administration
- Parental permission policy
- Pet policy
- Visiting procedures
- Grievance procedures

The Childcare Assistance Program (CCAP)

To help support the need of low-income families to pay for childcare and enable parents to work or attend school, and give children have more opportunities to thrive as learners, Minnesota has established the Childcare Assistance Program (CCAP). Every month, CCAP helps to fund childcare for over 23,000 children from over 12,000 families. This care is offered by ~4,000 CCAP registered childcare providers.

Childcare and early education providers registered with CCAP benefit by:

- Receiving consistent and predictable payments from CCAP.
- Being ready to provide childcare to all Minnesota families and children.

Committing to serving all Minnesota families and children in need of childcare services.

(x) Recreation:

More than just relaxation or entertainment, recreation is a critical component of development, socialization, and inclusion for every person. Availability and access to appropriate, inclusive recreational opportunities varies widely across the state and can be heavily dependent on factors such as availability of adaptive equipment and intentional design or provision of specific adaptative classes or supports offered by community parks and recreation departments, local residents coming together to develop local infrastructure to increase inclusion such as barrier free playgrounds and Miracle League ball fields, and the willingness of local businesses to offer inclusive or adaptive courses. In Minnesota, as with the rest of the nation, here are few small or for-profit recreation-oriented businesses that cater specifically to the local community of people and families with developmental disabilities. The following describes organizations and state efforts that help support recreation for this community.

Minnesota Department of Natural Resources

The Minnesota Department of Natural Resources (DNR) is working hard to update its public spaces and programs to meet state and federal accessibility standards and ensure inclusiveness.

Fishing: The DNR offers fishing licenses and a list of Minnesota's 200-plus fishing piers and onshore platforms. These piers and platforms are in urban and rural areas throughout the state, on everything from small rivers to large lakes. Most fishing piers and shore fishing sites have protective railings or edges. The accessibility of nearby parking areas and the paths leading to the piers and platforms vary from site to site.

Hunting: To make hunting more accessible, people with certain physical disabilities — such as those who use crutches, a wheelchair, or bottled oxygen — are exempt from certain hunting regulations, including restrictions on using a crossbow and on shooting from a motor vehicle. To qualify for one of the special permits for hunters with disabilities, the individual and the doctor complete an application.

State forest campgrounds and day-use areas are developed with minimal disturbance to the natural environment and are often in remote locations. This means they are less accessible than many state park campgrounds and facilities. Also, state forests do not have full-time staff available.

State Parks: The DNR offers

- 1000 campsites at 46 campgrounds,
- 44 day-use areas,
- about 900 miles of trails, and
- 142 water accesses.

Campgrounds:

There are two types of campgrounds in state forests, developed and primitive.
Developed campgrounds charge a fee and have at least one accessible campsite with a level surface, accessible picnic table, and fire ring. Accessible paths lead from the campsite to a well and an accessible vault toilet.
Primitive camp sites are also available at no charge. Most of these lack accessible features.

- State forest campgrounds do not have electric hookups or showers.

- Most drinking water is provided from hand-pumped wells. Some campgrounds have accessible wells with concrete pads and level approaches.
- Reservations at state forest campgrounds are not required or accepted.

Day Use Areas:
Many state forests have day-use areas equipped with picnic tables, fire rings, drinking water, and toilets. They are often located on lakes and have hiking trails, boat access, and swimming beaches. Some have accessible picnic tables, vault toilets, and wells. Overnight camping is not allowed in day-use areas.

Minnesota state parks and recreation areas preserve the state's most scenic and historic areas. They offer a variety of facilities, services, and outdoor recreation opportunities. The degree of accessibility varies from park to park.

- Every state park has picnic facilities.
- Many state parks offer boating and fishing opportunities, historic sites, visitor centers, or interpretive programs.
- Three Minnesota state parks offer tours, all with accessible options.
- 20+ Minnesota state parks have all-terrain track chairs that can be used on designated trails.
- Many Minnesota state parks have accessible campsites, lodging, and trails.

Discounted state park permits:
A valid Minnesota state park vehicle permit is **required** for all vehicles entering Minnesota state parks. All permits are valid for one year from the month of purchase.
If a vehicle has been issued Minnesota disability license plates or a hang tag, or if a person with a disability has a Federal Access Pass, Minnesota residents can get a reduced-rate year-round vehicle permit for $12.

Discounted camping rates:
For Minnesota residents with physical disabilities (holders of a State-issued permit or a Federal Access Pass), half-price camping is available Sunday through Thursday nights. This discounted fee applies to drive-in, backpack, walk-in, and other rustic or remote campsites. It does not apply to any lodging, group sites, or other facilities.

The DNR also works with several nonprofit organizations, primarily focused on disability issues:

Capable Partners is a Minnesota-based non-profit 501(c)(3) organization dedicated to offering fishing, hunting, and other related opportunities to the physically challenged. Their goal over the last 31 years has been to educate and raise awareness of disability issues. Approximately 230 members strive to help new and existing members participate and realize their potential. There's a great feeling of independence, a sense of accomplishment, and the building of higher self-esteem. Most of the organization's members would not be able to enjoy these experiences without the volunteers' help. Capable Partners hosts over 50 outings a year.

Courage Kenny Rehabilitation Institute's Adaptive Sports and Recreation Department provides a wide range of adaptive sports and recreational opportunities for people with disabilities. Activities include lifetime sports such as cycling, golf, bowling, pickleball, rock climbing, tennis, downhill skiing, snowboarding, Nordic skiing, and water skiing, as well as competitive team sports such as wheelchair basketball, wheelchair rugby, track and field, swimming, power soccer, wheelchair lacrosse, and wheelchair softball. Courage Kenny Rehabilitation Institute's Adaptive Sports and Recreation Department offers activities in the greater Twin Cities area in Minnesota and eastern Wisconsin.

The benefits of sports and recreational activities are well-documented and extend beyond increased community activity. Participation in adaptive sports for people with disabilities can provide positive physical, emotional, and social benefits. The health and well-being of children with disabilities can also be positively impacted by sports and recreation opportunities. The benefits include physical strength, cardiovascular health, weight control, and psychological health. In 2024, 543 in-person participants accounted for 1,159 registrations in the adaptive sports and recreation programs offered by Courage Kenny Rehabilitation Institute's Adaptive Sports and Recreation Department. Thirty percent of in-person participants were female, and 60% were male.

Wilderness Inquiry's mission is to connect people of all ages, backgrounds, identities, and abilities through shared outdoor adventures so that all people can equitably experience the benefits of time spent in nature. The core values are paddling together, seeking the exceptional, finding a way, and nurturing inclusion. Inclusion is foundational to Wilderness Inquiry's mission to connect people of all ages, backgrounds, identities, and abilities through shared outdoor adventures, so that everyone can equitably experience the benefits of time spent in nature. Since 1978, Wilderness Inquiry has sought to serve people from all walks of life, including individuals with disabilities, youth from diverse backgrounds, and others who face barriers to using and enjoying public lands and waters. Wilderness Inquiry remains committed to providing welcoming outdoor adventures and educational programs for all people. Wilderness Inquiry believes that people are part of all natural systems and that every person deserves access to the physical, mental, emotional, and social benefits of time spent outdoors.

Local Non-Profits that Support Recreation Opportunities
Minnesota has many nonprofits that support people with developmental disabilities and their families in a variety of ways. Two statewide strong, statewide organizations that support the provision of athletic, team sport, and recreational opportunities for this community are:

- **Special Olympics Minnesota** offers children and adults with developmental disabilities year-round sports training and competitions. Special Olympics Minnesota believes that through their athletic, health, and leadership programs, people with developmental disabilities have the opportunity to transform themselves, their communities, and the world.
- **The Arc Minnesota** offers scholarship opportunities to support people with disabilities, including developmental disabilities, in their education, careers, and more. This includes the Minnesota Inclusion Initiative, a small-grant program that people with developmental disabilities can use to solicit funding to increase community capacity for inclusion.

27-31 ELIGIBILITY SECTION—

Eligibility:
The following are eligibility criteria for various supports and services available in Minnesota.

MINNESOTA MEDICAID
To be eligible for Minnesota Medicaid (Medical Assistance), a person must be a resident of Minnesota, a U.S. national, citizen, permanent resident, or legal alien, in need of health care or insurance assistance, and whose financial situation would be characterized as low income or very low income. An applicant must also meet one of the following criteria: Pregnant; Responsible for a child 18 years of age or younger; Blind; Have a disability or a family member in your household with a disability; 65 years of age or older; or Meet income limits.

To get coverage, you must:
- Be a Minnesota resident
- Be a U.S. citizen or a qualifying noncitizen
- Provide a Social Security number for each person requesting MA, unless an exception is met
- Meet the income limit and asset limit, if any
- Meet any other program rules

HOME AND COMMUNITY-BASED WAIVERS
If an individual is eligible for Medical Assistance (MA), a home and community-based services (HCBS) waiver can help pay for the services needed to live at home or in the community - rather than in a hospital, nursing facility, or intermediate care facility. Eligibility for DD Waiver services is determined through a screening process. To be eligible for DD Waiver services, a person must meet all the following criteria: Be determined to have a developmental disability or related condition; Be determined to likely require the level of care provided to individuals in an Intermediate Care Facility for Persons with Developmental Disabilities (ICF/DD); Be eligible for Medical Assistance; and Make an informed choice requesting home and community-based services instead of ICF/DD services.

To be eligible for HCBS waivers in Minnesota, you must meet the following criteria:

- Be certified disabled by the Social Security Administration or the Minnesota State Medical Review Team (SMRT).
- Complete an MnCHOICES assessment through your county agency or tribe.
- Qualify for disability based Medical Assistance (MA) or Medical Assistance for Employed Persons with Disabilities (MA-EPD).
- Meet the specific eligibility requirements for each HCBS waiver program, which may include having a developmental disability, chronic illness, or specific medical needs.

CONSUMER SUPPORT GRANT

To be eligible for a Consumer Support Grant you must meet the following criteria:

- Be eligible for Medical Assistance (MA).
- Have functional limitations that require ongoing support to live in the community.
- Live in your own home or a family home and not in an institution.
- Able to direct and purchase your own care and supports or have someone do so on your behalf.
- Cannot receive alternative care, Home and Community-Based Services (HCBS) waivers, or other specific services that conflict with CSG eligibility.

PERSONAL CARE ASSISTANCE AND COMMUNITY FIRST SERVICES AND SUPPORTS

To receive PCA/CFSS services, a person must meet all the following criteria:

1. Use one of the following Minnesota Health Care Programs:
    - Alternative Care (AC)
    - Home and community-based services (HCBS) waivers
    - Medical Assistance (MA)
    - Pregnant people and people under the age of 19 who are on MinnesotaCare
2. Do not live in any of the following settings:
    - Hospital
    - Nursing facility
    - Intermediate care facility for people with developmental disabilities (ICF/DD)
    - Foster care setting licenses that are for more than six people

A person planning to move to an allowable setting can access consultation services in an institution before moving. There are additional guidelines for people living in some HCBS settings and the individual may not live in housing owned or controlled by their PCA/CFSS provider agency.

Personal care assistance (PCA) is available to eligible people enrolled in a Minnesota Health Care Program. PCA helps a person with day-to-day activities in their home and community. The goal is to help a person maximize their independence. PCA offers options to allow the service to be consumer-directed.

INTERMEDIATE CARE FACILITIES

Eligibility for ICF/DD services is determined through a screening process. The person must:

- Have developmental disabilities or a related condition
- Manifest conditions before the person is 22 years old
- Need a 24-hour plan of care
- Need continuous active treatment
- Cannot apply skills learned in one environment to a new environment without aggressive and consistent training

MEDICAL ASSISTANCE FOR EMPLOYED PERSONS WITH DISABILITIES (MAEPD)

To be eligible for MA-EPD, you must:

- Be certified disabled by either the Social Security Administration or the State Medical Review Team

- Be employed and have required taxes withheld or paid from earned income
- Have monthly earnings of more than $65 on average over six months
- Pay a premium (American Indian or Alaska Natives are exempt from paying a premium)
- Pay an unearned income obligation if required
- There is no income limit for MA-EPD
- Effective January 1, 2024, there is no asset limit for MA-EPD.

FAMILY SUPPORT

To qualify for the Family Support Grant, families must meet the following criteria:

- Age: The child must be under the age of 25.
- Living Situation: The child must live in their biological or adoptive family home. Exceptions may apply for children in licensed residential facilities who would return home if granted the support.
- Income Limit: As of January 1, 2025, families with an annual adjusted gross income of $130,807 or less are eligible, with exceptions for extreme hardship cases.
- Disability Certification: The child must be certified as having a disability by the Social Security Administration, State Medical Review Team, or through developmental disability case management.

CRISIS RESPITE SERVICES

Individuals are eligible for crisis respite services when they have screened positive for a potential mental health crisis during a crisis screening. This eligibility is based on the assessment during a crisis assessment to determine if the individual is experiencing a mental health crisis. Crisis respite services are designed to provide short-term, community-based support for individuals experiencing a mental health or behavioral health crisis, helping to stabilize them in a safe environment and prevent unnecessary institutionalization.

SEMI-INDEPENDENT LIVING SERVICES

The following criteria determine eligibility for Semi-Independent Living Services (SILS):

- Developmental Disability: Individuals with developmental disabilities or related conditions are eligible for SILS.
- Community Living: SILS is intended for those who are not at risk of placement in an intermediate care facility for people with developmental disabilities (ICF/DD).
- Self Directed Lives: The goal of SILS is to support individuals in achieving their personally desired outcomes and leading self-directed lives.
- Eligibility Exclusions: Individuals who use home and community-based waiver services are not eligible for SILS.
- Transportation: SILS Support Staff may transport clients if transportation is essential for the completion of the goal and is included in the Care Plan.

BIRTH CONDITIONS MONITORING

In Minnesota, individuals and families can be eligible for congenital disabilities monitoring if they have a child diagnosed with specific health conditions within the first year of life. The Minnesota Department of Health's Birth Defects Monitoring and Analysis program collects data on these conditions, which can help identify potential public health problems and assist in responding to congenital disabilities clusters. The program also provides information to health professionals and citizens about the prevalence and risks of congenital disabilities.

EARLY SPECIAL EDUCATION

Screening is necessary to determine whether a child can be considered to have a disability. In Minnesota, early childhood special education services are available to infants, toddlers, and young children with disabilities or developmental delays from birth to kindergarten enrollment. These services are provided free of charge, regardless of income or citizenship status. Families are central to the planning and service delivery process, and the services are typically offered in the family's home or any location where the family spends their day.

To be eligible for these services, families can refer their child if they have developmental concerns or worries. The local school district or cooperative will contact the family to perform a screening to determine eligibility. The services include early intervention (Part C) for infants and toddlers and special education (Part B/619) for preschool-aged children. If a child is suspected of having a disability, assessment and evaluation are required. If the district already

suspects a child has a disability, such as may be the case for certain conditions with a high probability of developmental delay, screening would be unnecessary. With parent permission the District would move forward with assessment and evaluation of the child to determine appropriate supports, services, and accommodations. Authority: C.F.R. 303.320 (a)(1), (2)(i); C.F.R. 303.321(a)(1).

Screening: A quick process facilitated by trained professionals using a standardized tool in partnership with families to: (1) identify areas of strength or concern by domain or area (2) determine if additional information is needed and/or (3) inform policy makers if systems are equitably and inclusively supporting children and families, particularly those who have been traditionally underserved or marginalized. Professionals screen children according to recommended and required age- or grade- intervals from birth to age 22.
Early Childhood Health and Developmental Screening (ECS): Is a specific type of screening. It is a check-in with a family about how a child is seeing, hearing, growing, moving, talking, and behaving. ECS must be offered by Minnesota districts at no cost to families from age three to or within the first 30 days of kindergarten or first grade, see Screening Requirements. While ECS is considered a "universal screening" (i.e., all children in this age range should be screened), families may decline or opt out by contacting their school district.
Evaluation/Special Education Evaluation: Used to determine which children are eligible for early intervention or special education and related services. Evaluations occur after a child has been referred to the school district due to concerns regarding their development and parental consent for evaluation has been obtained.
Assessment: The process of gathering evidence of a child's development and learning and using it to inform decisions about children's learning experiences and instruction. Answers the questions: What does a child know and what are they able to do?" and "Where is a child in their learning progression?" Assessments are typically conducted by providers or teachers, although other qualified ECE professionals or educators may also administer assessments.

SPECIAL EDUCATION
Minnesota has 13 categorical disability areas, and anyone can access information, resources, and contacts for each area. A team of qualified professionals, including parents, determines whether a student meets the criteria in one of the 13 areas and needs special education services. The eligibility process is defined in Minnesota Rules and includes a team assessment with eligibility determined using the following criteria:

- **Documented Disability**: The student must have a documented disability recognized under federal law, such as autism, intellectual disabilities, specific learning disabilities, emotional or behavioral disorders, and speech or language impairments.
- **Adverse Effect**: The disability must adversely affect the student's educational performance, requiring specialized instruction and related services to access the general education curriculum.
- **Section 504:** A federal civil rights statute that assures individuals will not be discriminated against based on their disability. All school districts that receive federal funding are responsible for the implementation of this law. It protects a student with an impairment that substantially limits one or more major life activities, whether the student receives special education services or not. This is referred to as a 504 Plan.

When eligibility is confirmed, a comprehensive evaluation is conducted to assess the student's needs, which may involve multiple assessments and input from various sources, including parents and teachers. The results of the comprehensive evaluation, which must be conducted, at a minimum, every three years, is used to develop an Individualized Education Plan (IEP) that outlines the specific services and supports needed to meet the student's unique needs.

ASSISTIVE TECHNOLOGY
Assistive Technology (AT) is a broad term that encompasses a wide range of high (e.g., a voice-activated computer) and low (e.g., a pencil grip) technology devices or services for people with disabilities. AT promotes greater independence by helping people complete tasks at home, at school, or at work that they could not do on their own or had great difficulty with. While in school, educators must consider AT for all children with an IEP/504 Plan and provide AT for students who require it.
In Minnesota, **eligibility for Assistive Technology (AT)** is determined by various factors, including:

- **Disability Waivers**: Individuals on waivers such as Brain Injury, Community Alternative Care, and Developmental Disabilities waivers may qualify for AT services.

- **STAR Program**: The Minnesota STAR program provides access to AT equipment and training for individuals with disabilities.
- **Case Management**: Eligibility can also be discussed with case managers who can help determine the best options based on individual needs.
- **Financial Assistance**: Some AT may be covered under Medicare, VA benefits, or Medical Assistance, depending on the specific needs and circumstances.

VOCATIONAL REHABILITATION

Eligibility for Vocational Rehabilitation Services (VRS) is based on whether you have a disability that makes it difficult to prepare for, get, or keep work. Under the Ticket to Work Program, adults aged 18 - 64 who get SSI or SSDI due to a disability are automatically eligible for VRS. Minnesota Rehabilitation Services sometimes lacks sufficient resources to provide services to everyone eligible. People who have the most severe disabilities receive services first.

Both vocational rehabilitation agencies and schools are required by law to provide certain transition services and supports to improve post-school outcomes of students with disabilities.

The Workforce Innovation and Opportunity Act (WIOA) amends the Rehabilitation Act of 1973 and requires vocational rehabilitation (VR) agencies to set aside at least 15% of their federal funds to provide ***pre-employment transition services*** (Pre-ETS) to students with disabilities who are eligible or potentially eligible for VR services. The intent of pre-employment transition services is to:

- improve the transition of students with disabilities from school to postsecondary education or to an employment outcome,
- increase opportunities for students with disabilities to practice and improve workplace readiness skills, through work-based learning experiences in a competitive, integrated work setting and
- increase opportunities for students with disabilities to explore post-secondary training options, leading to more industry recognized credentials, and meaningful post-secondary employment.

Pre-employment transition services:

- represent the earliest set of services available for students with disabilities who are eligible or potentially eligible for VR services,
- are short-term in nature, and
- are designed to help students identify career interests, which may be further explored through additional vocational rehabilitation (VR) services, such as transition services and other individualized VR services
- are provided to all who meet the definition of a student with a disability who may need such services.

Minnesota VRS eligibility: To be eligible for Vocational Rehabilitation Services (VRS) in Minnesota, individuals must meet the following criteria:

- Physical or Mental Disability: The disability must significantly limit the individual's ability to prepare for, find, or keep a job.
- Supplemental Security Income or Social Security Disability Insurance: If the individual is eligible for these benefits and has not yet reached full retirement age, they are automatically eligible for VRS services.
- Severe Disability: VRS uses an "Order of Selection" to determine eligibility, prioritizing individuals with the most severe disabilities.
- Long-term Support: VRS provides long-term support to help individuals work and advance in their careers.

SECTION 8 HOUSING:

To qualify for Section 8 housing in Minnesota, households must meet specific income limits and other eligibility criteria, including:

- Be a U.S. citizen or have an eligible immigration status.
- Meet criminal background requirements set by the local housing authority, in accordance with HUD guidelines.
- Satisfy rental history requirements established by the local housing authority, if applicable.
- Resolve any outstanding balances owed to a previous housing authority or landlord, if required by the local program.
- Meet the housing authority's definition of "family."

Meeting eligibility requirements does not guarantee assistance, as demand for affordable housing often exceeds supply. Many areas in Minnesota have long waiting lists, so applying as early as possible is essential.

BARRIERS FOR PEOPLE WITH DEVELOPMENTAL DISABILITIES BECAUSE OF SERVICE ELIGIBILITY CRITERIA:
The Council sponsored a study based on the promise of Governor Tim Walz to create One Minnesota. The individuals who participated identified several barriers caused by the eligibility criteria. A primary barrier identified is the lack of consistency in application of eligibility criteria in the state-supervised, county-administered system of services. With 87 counties, our constituents testify that there are 87 different ways to interpret eligibility criteria.

(ii) Analysis of the barriers to full participation of unserved and underserved groups of individuals with developmental disabilities and their families:	

POPULATIONS IDENTIFIED AS UNSERVED AND UNDERSERVED: The Council has identified people with developmental disabilities who are immigrants and people with developmental disabilities whose primary language is not English as populations that are the most likely to be underserved, along with rural residents with developmental disabilities. Minnesota is home to large immigrant and refugee communities, including Somali, Karen, and Hmong communities. Anecdotally, based on the Council's cultural outreach grant programs, we have heard that the Somali and South Asian communities have difficulty accessing social services. The Council has also identified that because Minnesota has a state-supervised, county-administered service system, rural residents with developmental disabilities are also likely underserved.

The results of the 2025 Olmstead Quality of Life survey also indicated regional differences in perceived quality of life. Respondents in the Twin Cities Metropolitan region reported the lowest outing interactions. The Southeast region of the state reported the fewest close relationships. These differences in outcomes may be related to service delivery, although more research is needed to understand the causes. Finally, people with guardians, especially public guardians, may be underserved, based on outcomes reported in the 2025 Olmstead Quality of Life survey: respondents with a public guardian reported lower levels of community engagement than respondents without a guardian or with a private guardian. Respondents with public guardians also reported limited choice-making power. Use of assistive technology was significantly higher among respondents without a guardian than among those with a guardian. Again, more research is needed to understand the causes behind these different outcomes.

BARRIERS TO FULL PARTICIPATION OF UNSERVED AND UNDERSERVED POPULATIONS:
Persistent inequitable outcomes across measures of health, employment, income, and education between white Minnesotans and Minnesotans of color are a clear indication that governmental service systems in Minnesota do not serve people equitably, and we can assume those inequities. It should be assumed that this inequity is equally present in the systems that serve Minnesotans with developmental disabilities. The following are examples of barriers to participation.

Underrepresentation of People Served Under the DD Waiver:
People who are Black, Indigenous, and people of color with developmental disabilities are underrepresented and underserved by the DD waiver program due to a historical bias regarding the DD waiver being a more comprehensive, diagnostic-based waiver. A recent DHS report indicates that this is problematic for two primary reasons:

1) There is a long-standing history in the clinical world of under-diagnosing, in part due to inherent bias built into diagnostic assessment tools, black children with developmental disabilities. These children, especially males, are instead over-diagnosed as having behavioral conditions. This effectively prevents many children from accessing the diagnosis-based DD Waiver.
2) For those who do beat the odds and are able to access the DD waiver must contend with the additional layer of inherent bias that exists toward people diagnosed with developmental disabilities. These biases are reinforced by the diagnostic-based waiver structure. As an example, a common bias is that people with developmental disabilities are incapable of recognizing harmful situations or directing their own care. These assumptions lead to around-the-clock staffing, which increases the barriers to living independently or having time alone without a support person present.

Because of these issues, people of color are under-represented in the DD waiver and over-represented in the home care program, which covers PCAs, home care nurses, and home health aides, but are less comprehensive than the DD waiver.

Language Barriers: Another example of how gaps in the system lead to inequitable access is the lack of translation services. DHS, MDH, and other state agencies all offer multilingual communication. However, requesting translated materials frequently requires an additional step be taken by people whose primary language is not English, which creates an additional barrier to access. Additionally, translated government documents are not helpful to someone with limited literacy in their primary language or who communicates most effectively orally.

County Level Service Administration: Additionally, DHS services are administered at the county level, which creates opportunities for inequities to exist in how counties choose to fund services and interpret and implement state policies. For example, some Minnesota counties do not offer programs that support self-determination, such as the consumer support grant or the consumer-directed community support grant. This does lead to inequitable access for some Minnesotans with developmental disabilities, including many living in more rural areas of the state, is that many counties have markedly lower participation rates in the waiver program than others.

(iii) The availability of assistive technology

Assistive technology is any device or tool that helps people with daily activities. These tools can help people speak, walk, remember, see, hear, learn, and more. For those who use it, the most frequently used assistive technology included: Assistive technology Examples Mobility aids Wheelchair, walker, cane, chair lift Vision aids Glasses, cane for blindness/low vision Standard technology Computer, cell phone, digital calendar, digital reminders, GPS maps Hearing aids Hearing aids Medical devices Heart monitor, CPAP machine, blood sugar monitor, life alert safety monitor Specialized technology Speech-to-text device, text-to-speech device.

The Council conducted its Input Survey for this Five-Year Plan and asked this Survey Question: Think about all the technology products and services currently available, including computers, mobile phones, internet access, and more. To what extent do you agree or disagree with the statement? Eight out of ten respondents agreed strongly or somewhat that they have access to the technology options they need. (There were no differences between white and BIPOC respondents, or between those who live in the Twin Cities metro area and greater Minnesota residents.)

In 2024, 506 people completed the Olmstead Quality of Life survey. 87% of participants lived in potentially segregated settings, with half living in Community Residential Settings. 32% of participants received day services. 75% of participants had a guardian. The survey asked participants about the tools they use to help them do things on their own. 60% of participants use assistive technology.

Assistive technology is any device or tool that helps people with daily activities. These tools can help people speak, walk, remember, see, hear, learn, and more. For those who use it, the most frequently used assistive technology included: Assistive technology Examples Mobility aids Wheelchair, walker, cane, chair lift Vision aids Glasses, cane for blindness/low vision Standard technology Computer, cell phone, digital calendar, digital reminders, GPS maps Hearing aids Hearing aids Medical devices Heart monitor, CPAP machine, blood sugar monitor, life alert safety monitor Specialized technology Speech-to-text device, text-to-speech device.

The survey asked people how much of a difference assistive technology has made in increasing their independence, community integration, and productivity, while decreasing their need for help from another person. Most people who use assistive technology said it has made “a lot” or “some” difference in their lives in the following ways:

- Increased independence 83%
- Increased community integration 79%
- Increased productivity 72%
- Decreased need for help from another person 69%

STAR manages the Centralized Accommodation Fund. This program is funded through the State's General Fund and is available to all Executive Branch agencies. We continue to see state agencies utilize this program for employee accommodations. The fund was depleted in 2025, reducing award amounts. According to the 2025 Annual Progress Report, STAR assisted 25 individuals in acquiring AT devices and services; 303 individuals in acquiring reused AT; demonstrated AT to 259 people; provided 606 short-term AT loans; and provided education and training to 1732.

(iv) Waiting Lists: required per Section 124(c)(3)(C)(v)	
State Pop (100,000) (2023)	57.42
Total Served (2023)	36880
Number Served per 100,000 state pop. (2023)	475
National Average served per 100,000 (2023)	285
Total persons waiting for residential services needed in the next year, as reported by the State, per 100,000 (2023)	40
Total persons waiting for other services as reported by the State, per 100,000 (2023)	N/A
State Pop (100,000) (2022)	57.17
Total Served (2022)	36464
Number Served per 100,000 state pop. (2022)	460
National Average served per 100,000 (2022)	280
Total persons waiting for residential services needed in the next year, as reported by the State, per 100,000 (2022)	35
Total persons waiting for other services as reported by the State, per 100,000 (2016)	N/A
State Pop (100,000) (2021)	57.07
Total Served (2021)	35956
Number Served per 100,000 state pop. (2021)	445
National Average served per 100,000 (2021)	275
Total persons waiting for residential services needed in the next year, as reported by the State, per 100,000 (2021)	30
Total persons waiting for other services as reported by the State, per 100,000 (2021)	N/A

a. Entity that maintains waitlist data in the state for the chart above:	
Case management authorities	1
Counties	3
State Agencies	4
Other (please specify)	5
	Tribal nations and managed care organizations.

b. There is a statewide standardized data collection system in place for the chart above:	Yes (1)

c. Individuals on the wait-list are receiving (select all that apply) for the chart above:	
No services	1

Only case management services	2
Inadequate services	3

d. To the extent possible, provide information about how the state places or prioritizes individuals to be on the waitlist:	
Other (please specify)	2

The Department of Human Services (DHS) developed new policies for managing disability waiver waiting lists following the implementation of the Olmstead Plan's waiting list goals in May 2014. As a result, the state of Minnesota eliminated Community Alternative Care (CAC), Community Alternative for Disabled Individuals (CADI), Brain Injury (BI), and Developmental Disability (DD) waiver waitlists in 2016, and significantly fewer people now wait for waiver services.

CAC, CADI, and BI waivers
The CAC, CADI, and BI waivers no longer have a waitlist.

DD Waiver
Although waitlists are no longer in effect, funding for the DD Waiver must be approved within specified timelines for those determined to need it. DHS tracks timely funding approvals and provides technical assistance to lead agencies to ensure compliance with reasonable pace standards. For more information, see the CBSM - Developmental Disabilities (DD) Waiver waiting list guide.
The lead agency must assign an urgency category to a person who meets all the following criteria:

- The person is eligible for the DD Waiver.
- The person does not have immediate access to DD Waiver services.
- The lead agency places the person on a DD Waiver waiting list.

The lead agency uses the DD Waiver Waiting List Category Determination Tool, DHS-7209 (PDF), to determine an urgency category. The lead agency should use information from the person's assessment to complete the form.

Categories
The four urgency categories are:
1. Institutional exit: A person in an intermediate care facility for persons with developmental disabilities (ICF/DD) or a nursing facility who does not oppose leaving that setting.
2. Immediate need: A person who meets one of the following criteria:

- Has a living situation that is unstable due to age, incapacity, or sudden loss of a primary caregiver.
- Suddenly loses their current living arrangement.
- Requires protection from confirmed abuse, neglect, or exploitation.
- Experiences a sudden change in need that state plan services or other funding resources alone do not cover.

3. Defined need: A person who has a current need for waiver services not covered by the institutional exit or immediate need categories.
4. Future need: A person who does not have a current need for waiver services but might in the future.

Reasonable Pace Standards
A reasonable-pace standard is the time a person can expect to wait on a waiting list. Reasonable pace starts when the lead agency assesses the person and ends when the lead agency approves the person for waiver funding using the "pend enter" function in the Waiver Management System (WMS).
Each urgency category has its own reasonable-pace standard:

- Institutional exit: 45 days from assessment to funding approval.
- Immediate need: 45 days from assessment to funding approval.
- Defined need: 45 days from assessment to funding approval.
- Future need: No reasonable pace standard.

Use the space below to provide any information or data available to the related response above:	
The data in the table above comes from the Olmstead reports and the Residential Information Systems Project (2020). Minneapolis: University of Minnesota, RISP, Research and Training Center on Community Living, Institute on Community Integration. Retrieved from: https://risp.umn.edu. The data entered for 2017 is actually 2018, as RISP did not have 2017 data reported in the most recent reporting (2020). Also, in 2017 (i.e., 2018 data for Minnesota), RISP's counts of people waiting for waiver supports DID NOT INCLUDE people who already received Medicaid Waiver-funded supports who were asking for different supports, people living in an ICF/IID, nor people not living with a family member. There is no data to report on other waitlists. Minnesota focuses its data and tracking of waiver waitlists on measuring and improving the amount of time it takes to fund a waiver request. The goal in the Minnesota Olmstead Plan related to the timeliness of waiver funding is: Lead agencies will approve funding at a reasonable pace for people in need of the Developmental Disabilities (DD) waiver. By June 30, 2022, the percentage of people approved for funding at a reasonable pace for each urgency of need category will be: (A) Institutional exit (71%); (B) Immediate need (74%); and (C) Defined need (66%). Data is tracked and reported publicly on the Department of Human Services website. https://mn.gov/dhs/partners-and-providers/news-initiatives-reports-workgroups/long-term-services-and-supports/public-planning-performance-reporting/waiver-program-waitlist/	

e. Description of the state's wait list definition, including the definitions of other wait lists:	
In accordance with Minnesota State Statute 256B.49 Subd. 11a. Waiver services statewide priorities: (a) The commissioner shall establish statewide priorities for individuals on the waiting list for community alternative care, community access for disability inclusion, and brain injury waiver services, as of January 1, 2010. The statewide priorities must include, but are not limited to, individuals who continue to need waiver services after they have maximized the use of state plan services and other funding resources, including natural supports, before accessing waiver services, and who meet at least one of the following criteria: (1) no longer require the intensity of services provided where they are currently living; or (2) request to move from an institutional setting. (b) After the priorities in paragraph (a) are met, priority must also be given to individuals who meet at least one of the following criteria: (1) have unstable living situations due to the age, incapacity, or sudden loss of the primary caregivers; (2) are moving from an institution due to bed closures; (3) experience a sudden closure of their current living arrangement; (4) require protection from confirmed abuse, neglect, or exploitation; (5) experience a sudden change in need that can no longer be met through state plan services or other funding resources alone; or (6) meet other priorities established by the department. (c) When allocating new enrollment resources to lead agencies, the commissioner must take into consideration the number of individuals waiting who meet statewide priorities	

f. Individuals on the wait list have gone through an eligibility and needs assessment:	Yes (0)

Use the space below to provide any information or data available to the related response above:	
The MnCHOICES process involves three steps: (1) Intake, (2) Assessment, (3) Support planning. The MnCHOICES application: 1) Creates an efficient and effective way to gather information, makes eligibility determinations for multiple programs in one assessment, and provides this information for other systems and stakeholders. 2) Fosters a person-centered assessment and support planning process. 3) Improves the assessment and support planning process by capturing all required information in a way that meets the lead agency's workflow needs by producing documentation required by federal and state law and incorporating rate calculations into support planning.	

g. There are structured activities for individuals or families waiting for services to help them understand their options or assistance in planning their use of	Yes (0)

supports when they become available (e.g., person-centered planning services):	

h. Specify any other data or information related to wait lists	

The Disability Hub offers several tools for individuals and families waiting for services. Briefly, the Disability Hub features tools and resources related to:

1) Charting the Life Course and Person-Centered Planning booklet
2) In-depth planning for employment, called DB 101
3) In-depth planning for housing, HB 101
4) My Vault, a secure site for storing personal documents

i. Summary of Waiting List issues and challenges	

The Council requested the most recent updated information about waiting lists and was referred to the Olmstead Reports, which is the information provided to the Olmstead Subcabinet by the Department of Human Services (DHS). From October to December 2022, of the 209 individuals assessed for the Developmental Disabilities (DD) waiver, 112 individuals (54%) had funding approved within 45 days of the assessment date. An additional 71 individuals (34%) had funding approved after 45 days. Only 26 individuals (12%) were pending funding approval. Individuals on the waiting list can be identified and placed in an urgent category. Individuals identified in the urgent category received approved funding within 45 days, as follows: Institutional exit—85% were approved, exceeding the 2022 goal of 71%. Sixty-four percent of individuals in the Immediate Need category were approved, which is below the 2022 goal of 74%. Individuals in the Defined Need category had an approval rate of 48%, which is below the 2022 goal of 66%.
DHS continues to allocate funds to lead agencies to support funding approvals for people in the Institutional Exit and Immediate Need categories. DHS continues to provide training and technical assistance to lead agencies as pending funding approval issues occur. Additionally, DHS has added staff resources to monitor compliance with reasonable pace goals and formed several internal teams to address the timeliness of waiver approvals.

(v) Analysis of the adequacy of current resources and projected availability of future resources to fund services:	

Department of Human Services Forecast:
From fiscal year 2020 to fiscal year 2025, Minnesota Medicaid (Medical Assistance or MA) expenditures increased by $2.0 billion. DHS publishes a Medicaid Forecast at least twice a year. During the past Five-Year Plan period, funding increased as follows: Long-Term Care Facilities funding increased from $528M to $1.1B for the biennium (24-25). Long-term care waivers and Home Care funding increased from $1.9B to $6.8B for the biennium (24-25). Medicaid Basic Care for the Elderly and People with Disabilities funding increased from $1.7B to $4.73B for the biennium (24-25). Housing Support funding (formerly Group Residential Housing) received $480 million for the biennium (24-25). Disability grants totaling $237.6 million were received from the Legislature.

Medicaid
Health Care: Over 1.1 million Minnesotans, or approximately 20% of the state's population, received comprehensive health care coverage through the state's publicly funded health care programs, Medicaid (called Medical Assistance in Minnesota) and MinnesotaCare (Minnesota's Basic Health Program), in the state fiscal year (FY) 2020. Nearly half (46%) of all enrollees across Medical Assistance and MinnesotaCare were children under 19. Through these health insurance programs, the state pays for all or part of enrollees' health care services. The federal Centers for Medicare & Medicaid Services regulates and helps finance Medicaid and the Basic Health Program nationwide. In Minnesota, the Department of Human Services (DHS) is the State Medicaid Agency and partners with Minnesota counties and tribes to administer Medical Assistance and MinnesotaCare. Medicaid (Medical Assistance).

DD Waiver: In the state fiscal year 2022, an average of 22,499 people were served under the DD waiver each month, at a monthly cost of $7,370 in state and federal funds.

CADI Waiver: Children and adults with disabilities who require nursing facility-level care may be eligible for assistance. Instead of receiving care in a nursing facility, people can receive services in the community. It might be the person's own home, the home of biological or adoptive parents, the home of relatives (e.g., siblings, aunts, grandparents), a family foster care home, a corporate foster care home, or an integrated community support setting. If married, a person may receive services while living at home with their spouse. The Community Access for Disability Inclusion (CADI) waiver supports these options. In state fiscal year 2022, an average of 35,084 Minnesotans were served under the CADI waiver each month, at a monthly cost of $4,396 in state and federal funds.

CAC Waiver: Children and adults who are chronically ill and require hospital-level care may be eligible for help. Instead of receiving care in a hospital, people can receive services in the community. It might be the person's own home, the home of a biological or adoptive parent, the home of relatives (e.g., a sibling, aunt, or grandparents), a family foster care home, a corporate foster care home, or an integrated community support setting. If married, a person may receive services while living at home with their spouse. The Community Alternative Care (CAC) waiver supports these options. In state fiscal year 2022, an average of 663 people were served under the CAC waiver each month, at a monthly cost of $8,382 in state and federal funds.

Non-Medicaid DHS Programs

MSA: Minnesota Supplemental Aid is an income supplement for people who receive federal Supplemental Security Income (SSI) benefits, or who would be receiving SSI if their income were not above the SSI limit. In 2024, approximately 31,000 Minnesotans received Minnesota Supplemental Aid each month. The typical monthly Minnesota Supplemental Aid benefit is $81 for an individual and $111 for a couple. The monthly benefit may be less if an individual or couple shares a household with others. The monthly benefit may be more if applicants are eligible for special needs payments. Special needs payments can be authorized for medically prescribed diets, guardian or conservator fees, some home repairs or replacement of household furniture and appliances, and some high housing costs. For qualified recipients, Minnesota Supplemental Aid Housing Assistance adds $483.50 to the monthly allotment.

Housing Support (formerly known as Group Residential Housing) is a state-funded program that pays for room and board costs for adults with low incomes who have a disabling condition or are 65 or older. Recipients live in a licensed facility or an authorized community-based setting, such as their own home. The program aims to reduce and prevent institutional residence or homelessness. The Housing Support rate was paid to an average of 20,844 recipients per month statewide in fiscal year 2024. As of July 1, 2024, the monthly Housing Support room-and-board rate is $1,170 for group settings and $1,220 for community settings. The standard limit for the Supplemental Service rate is $494.91 per month. A total of $228.4 million was spent on the Housing Support program in fiscal year 2024. The state paid an additional $5.3 million for the Housing Support Community Living Infrastructure grant to Counties and Tribal Nations.

Other Enterprise Programs:

Direct Care and Treatment became an independent agency on July 1, 2025, and has a budget of $1.083 billion. This department is responsible for administering state institutions for sex offenders, psychopathic personalities, and mental health issues.

During 2024-2025, the Met Council received $112 million to provide paratransit services through Metro Mobility and Metro Moves.

Vocational Rehabilitation Services received $80.7 million, and State Services for the Blind received $20.9 million. There is no longer an order of selection for Vocational Rehabilitation; however, approximately 2,000 individuals with developmental disabilities have indicated they want to work more hours and earn more money. There are only four higher education programs in Minnesota for individuals with developmental disabilities, and the Minnesota Inclusive Higher Education Consortium received $250k from the Legislature to promote inclusive higher education options.

Special Education

In the past five years, special education funding increased from $2.6 billion to $4.9 billion for the biennium. However, $800 million in cross-subsidies remains a concern for the Minnesota legislature. Of the $4.9 billion, $3.066 million was designated for basic aid, $8.1 million for level 4 settings or higher, $500 million for out-of-state tuition, $4.870 billion for regular special education, and $859,000.00 for home-based services.

Minnesota Statutes 2021, section 125A.21, subdivision 2, requires school districts to seek reimbursement from insurers and other third parties for the cost of services provided by a Local Educational Agency (LEA) whenever the child's health insurance covers these services. Schools are reimbursed when a child with a disability and an IEP or IFSP requires health-related services to benefit from special education and is eligible for MHCP (which includes Medical Assistance (MA), MinnesotaCare, and other public, government health programs). Reimbursable IEP or IFSP health-related services include assessments and services for: physical therapy, occupational therapy, speech-language-hearing, mental health, nursing, personal care assistance, assistive technology devices (medical equipment), and interpreter services when needed during medical services. Actual expenditures for IEP services totaled $194,753,198 according to the February 2026 Medicaid Forecast (SFY 2025).

Analysis
Under the Olmstead Plan, the Minnesota Department of Management and Budget prepared a spreadsheet listing all expenditures by source across all state agencies for disability programs and services. The total spend was $7 billion, up significantly from $3 billion in 2015. There are questions of adequacy and alignment: do the funds support the federal outcomes of independence, productivity, self-determination, integration, and inclusion in the community, or is redistribution of resources needed? As noted above, there is a waiting list for the Developmental Disabilities Waiver, but it is now prioritized by urgency of need. Counties spend funds, and there has been a return of funds to the general fund when the waivers are not provided.

Regarding special education spending and resources, there has long been an underinvestment at both the state and federal levels. To meet IDEA requirements, school districts in Minnesota are left to plug budget holes left unfilled by government funding; this is referred to as the special education cross-subsidy, which was nearly $800 million in 2023. Like all Minnesota children, special education students deserve a high-quality education that meets their needs. The structural problems within special education must be addressed with meaningful solutions to ensure special education students no longer lag behind their peers. The growing proportion of special education students only makes the need for solutions more urgent. In 2023, Minnesota was one of the states with the lowest per-pupil IDEA funding allocations.

(vi) Analysis of the adequacy of health care and other services, supports, and assistance that individuals with developmental disabilities who are in facilities receive:	

The Council conducted its Input Survey for this Five-Year Plan and found that perceptions of access to healthcare have improved since 2015. There were no differences between white and BIPOC respondents, or between those who live in the Twin Cities metro area and those in greater Minnesota. In response to the question, "I have access to the healthcare I need," 88% agreed in 2025, compared with 82% in 2010 and 2015.

When asked specifically about healthcare challenges, the most common response was related to having access to the right level of care can be difficult to obtain. The perception is that many people don't know that a higher level of care is available when needed. Another challenge identified is accessing timely and appropriate diagnostic services and then identifying and accessing appropriate treatments and therapies.

Health Status Among Minnesota Adults, BRFSS (2023)
The Minnesota Behavioral Risk Factor Surveillance System (BRFSS) is an annual telephone survey of adults conducted by the Minnesota Department of Health (MDH) in cooperation with the Centers for Disease Control and Prevention (CDC) since 1984. More than 16,000 Minnesotan adults participated in the BRFSS in 2023. This survey collects data on a variety of health-related topics. This report of 2023 BRFSS data on Minnesotans provides a comprehensive snapshot of these health indicators, offering valuable insights into the health of Minnesota's adult population. In 2023, 48

states (excluding Kentucky and Pennsylvania) and the District of Columbia participated in the BRFSS, allowing comparison of Minnesota adults with those in other states.

Compared to the national median, fewer adults in Minnesota report fair or poor health (15.5% in Minnesota vs. 18.2% in the U.S.), frequent poor physical health days (10.5% in Minnesota vs. 12.6% in the U.S.), and poor mental health days (14.2% in Minnesota vs. 15.4% in the U.S.). Minnesotans also report better-than-average preventive health behaviors, such as flu vaccinations (46.2% in Minnesota vs. 42.9% in the U.S.) and seat belt use (90.2% in Minnesota vs. 86.4% in the U.S.). Chronic conditions like obesity (33.3% in Minnesota vs. 34.3% in the U.S.), hypertension (31.1% in Minnesota vs. 34.0% in the U.S.), high cholesterol (33.8% in Minnesota vs. 36.9% in the U.S.), and arthritis (22.1% in Minnesota vs. 26.3% in the U.S.) are less prevalent, reflecting overall healthier outcomes for Minnesotan adults.

However, Minnesota lags the national median in other areas. Routine health checkups are slightly less common (75.9% in Minnesota vs. 78.2% in the U.S.), and HIV testing is lower (33.8% in Minnesota vs. 37.5% in the U.S.). Binge drinking is higher in Minnesota (17.0% in Minnesota vs. 15.2% in the U.S.). These findings demonstrate specific areas that may benefit from focused public health efforts. This report highlights inequalities in health behaviors and outcomes across age, sex, income, education, race, disability status, and sexual orientation/gender identity.

Individuals without a disability are less likely to report fair or poor health, frequent poor mental and physical health days, loneliness, and stress than those with a disability. They are less likely to smoke, use e-cigarettes, and consume marijuana. Additionally, they are less likely to experience chronic conditions such as obesity, hypertension, heart disease, stroke, asthma, arthritis, diabetes, depression, anxiety, and long COVID. Adults without disabilities report better overall health; however, they are also more likely to engage in binge drinking. By comparison, adults with disabilities, as compared to their non-disabled peers, are:

- Four times more likely to report fair or poor health
- Over six times more likely to report frequent poor physical health
- Over three times more likely to report frequent poor mental health
- Four times more likely to report feeling lonely
- Over three times more likely to report feeling stressed
- Significantly more likely to have a routine checkup
- Nearly twice as likely to smoke
- Significantly less likely to binge drink
- Nearly four times more likely to report fall-related injuries
- Significantly more likely to be obese
- Significantly more likely to report hypertension
- Over three times more likely to report congenital heart defects (CHD) or myocardial infarction (MI)
- More than three times as likely to report having a stroke compared
- Over twice as likely to report a diabetes diagnosis
- Over four times more likely to report cognitive decline

State Health Improvement Plan

The Statewide Health Improvement Plan is a multi-year action plan to address prioritized issues identified by the Healthy Minnesota Partnership. High priority issues included affordability, access and availability of services, system complexity, and inequities. People with disabilities, including cognitive disabilities was a specific population named as experiencing health disparities. Rural areas were named for an overall shortage of general services, long travel distances, and lack of maternal and dental care. Rural hospitals and clinics continue to close.

(vii) To the extent that information is available, the adequacy of home and community-based waivers services (authorized under section 1915(c) of the Social Security Act (42 U.S.C. 1396n(s))):	
QUALITY OF LIFE SURVEY RESULTS 2025 REPORT-	

The Quality of Life (QOL) Survey, authorized by the Olmstead Subcabinet in 2013, is a multi-year initiative to evaluate the QOL for Minnesotans with disabilities receiving state services in potentially segregated settings. The first QOL Survey was conducted in 2017. The Minnesota Department of Human Services identified potentially segregated settings, including group homes, nursing facilities, and center-based employment programs. The results of the QOL surveys are shared with state agencies implementing the Olmstead Plan to evaluate their efforts and better serve Minnesotans with disabilities. The third Follow-up QOL Survey began in FFY 2024. The results released in FFY 2025 are listed below.

The QOL survey is longitudinal, meaning it measures change over time by asking the same people the same questions each time, thereby revealing how people's lives change. People took the Third Follow-up QOL survey between June 2024 and October 2024. When possible, results are compared to results from previous rounds of the study. The Improve Group, in collaboration with the Olmstead Implementation Office and the Quality of Life Survey Advisory Group, conducted the survey and prepared the report. The specific population who participated in the survey was people with disabilities who, at the time of the first survey (2017), were eligible to receive state-paid services in work or home settings that might keep them separate from others, also known as "potentially segregated settings." In potentially segregated settings, people may not be given choices about their own lives. This means they might not have the option to decide where they live, with whom, how often they see family and friends, or whether they can attend work or school.

Overall Quality of Life Scores

The 474 participants in this survey group had an average baseline QOL score of 77.8 on a 100-point scale, as reported in the previous two surveys. The QOL average score increased by nearly 2% in the Third survey. A t-test determined this increase was statistically significant. QOL scores were statistically significantly higher for White Respondents than for those from all other racial and ethnic communities. Additionally, those in the 55- to 64-year age range had statistically significantly higher QOL scores than their baseline scores, and respondents on a DD Waiver had a statistically significantly higher QOL score than non-DD Waiver respondents.

Respondents were asked to name three things that would improve their quality of life.

The following are the top five themes that emerged from those responses:

1. **More access to leisure activities (n=138).** Participants said that increased access to activities they enjoy or more time spent on them would improve their quality of life. For example, participants expressed a desire to visit restaurants or the movies, play games, watch or participate in sports, collect items, engage in outdoor activities, or go on vacation. These activities varied by individuals' interests and hobbies, and this theme describes how people wish to spend their free time and other resources.
2. **Closer personal relationships (n=103).** Participants said that having better relationships with people they care about would improve their quality of life. Some participants named specific people in their lives whom they wish to spend more time with. Other participants said they want to socialize more with other people in general. Some participants expressed a desire for a romantic partner.
3. **Changes to living situation (n=99).** Participants expressed that changes to their living situation would improve their quality of life. Some examples included moving to a different location to be closer to family, living independently, or moving in with a partner or friend. Some participants mentioned dissatisfaction with current housemates or a lack of privacy. Most participants who shared these responses have public or private guardians. However, the share of participants without guardians who said they want changes to their living situations is larger than the share of participants without guardians in the overall survey respondent group.
4. **More opportunities to be out in communities (n=90).** Participants expressed a desire for more opportunities to engage with others in their communities. While some participant responses in this theme overlap with leisure activities, this theme is distinct in describing the need for community integration and inclusion. Many participants requested more opportunities to interact with others outside of their homes and be more fully included in their communities. Some participants named specific community places they would like to visit more often, such as their church, the library, and local stores. Others named specific community events they want to attend, such as the Minnesota State Fair. Some participants expressed interest in volunteering more or securing community jobs. Some named barriers to spending more time in the community include a lack of transportation and inaccessible public spaces.

5. **Better program staffing and capacity (n=84).** Twenty-eight participants stated that changes to their program staff and/or capacity could enhance their quality of life. Participants expressed dissatisfaction with staffing shortages and high staff turnover, which limit their freedom and ability to participate in activities. Some participants expressed a desire for more funding and staff capacity to organize group activities.

Decision-making control

The Decision Control Inventory measures the extent to which people have control over their choices. This is determined by asking participants to what degree decisions are being made by the participant (or their chosen supporter) or by paid staff. The average decision control score (66.2 in 2017 to 66.7 in 2024) has remained relatively static since the first survey results were collected in 2017.

Respondents indicated that they have the least amount of control over major decisions, such as the choice of support personnel, the option to hire and fire support personnel, the choice of their provider agency's support persons or staff, how to spend residential funds, the choice of people to live with, and who their case manager is. Two factors affect the decision control scores: (1) guardianship status, with those under guardianship having lower scores; and (2) type of residential setting, with those who live in more segregated settings having lower decision control scores.

2022-2023 MINNESOTA NCI STUDY FOR PEOPLE WITH DEVELOPMENTAL DISABILITIES.

The 2022-2023 NCI-IDD IPS report for Minnesota provides a comprehensive overview of the experiences of individuals with disabilities receiving state-funded services.

Key findings include:

- **Employment**: 17% of individuals with developmental disabilities have paid jobs in the community, and 42% of those not employed express a desire for paid work.
- **Community Inclusion**: 71% feel they can participate in activities they enjoy in the community, and 28% engage in community groups.
- **Choice and Decision-making**: 23% report they chose where they live, and 17% chose their staff.
- **Relationships**: 12% of individuals often feel lonely, and 44% seek help with making and maintaining friendships.
- **Satisfaction**: 35% of individuals desire to be more involved in community groups.
- **Self-direction**: 21% report using self-directed supports, with 15% mainly making decisions about these services.
- **Workforce**: 42% report frequent staff turnover or changes.
- **Health**: 29% visited the emergency room in the past year.
- **Service Impact**: More than 90% of families feel the services and supports their loved ones with developmenta l disabilities receive help them live a good life.
- **Family Satisfaction**: 88% of family guardians report accessing necessary services, and 73% of adult families and 64% of child families report the same.

Part D. Rationale for Goal Selection [Section 124(c)(3)(E)]	

GOAL #1: SELF-ADVOCACY AND LEADERSHIP DEVELOPMENT

By September 30, 2031, people with developmental disabilities (youth and adults) and families will have increased access to educational and skill-building resources that promote self-advocacy and community leadership, as required by the federal Developmental Disabilities Act. The Council will promote outreach, alliance-building, and networking initiatives, expanding opportunities for all.

The Council conducted a statewide input survey in preparing this Five-Year Plan, which identified self-advocacy issues (knowing your rights, speaking up for yourself, respect, and dignity) as critical to quality of life. The 2025 Council's QOL Survey showed improvements in self-determination, productivity, integration, and inclusion, while independence remained the same as in the 2020 survey. The public comment period reinforced the strong support for self-advocacy. The CRA also provided background about peer support activities, volunteering, and leadership activities. The self-advocacy goal is explicitly mentioned in the Minnesota Olmstead Plan and aligns with federal DD Act requirements. The survey also revealed that leadership training is a key factor in outcomes under the DD Act,

including independence, productivity, self-determination, integration, and inclusion (IPSII). The areas of greatest concern continue to be the support needed for people with developmental disabilities to be fully included in the community and treated with respect and dignity. One critical aspect of leadership training is increasing awareness of how to access the services and support needed, often by applying for and receiving a Medicaid HCBS Waiver. One critical aspect of leadership training is increasing awareness of how to access the services and support needed, often by applying for and receiving a Medicaid HCBS Waiver. Issues of availability, access, and funding are addressed through leadership training and the education of the next group of passionate and informed self-advocates. The highest return on investment from funding is leadership training, which was a factor in selecting and prioritizing this goal. Public input and feedback about this program goal indicate strong support for leadership training. The CRA describes major issues addressed by leadership training, including LTSS, IL, SILS, CFSS, and family support; waivers, 245D, crisis, residential habilitation, and health care; and the adequacy of the waiver, customer satisfaction, and inclusion results. This goal is also supported in the Minnesota Olmstead Plan.

According to the Input Survey, self-advocates were more likely to be satisfied (80%) with all aspects of IPSII than those whose responses were provided on behalf of people with developmental disabilities by a parent or family member (61%).

Quotes from the Input Survey
Quote: “There is tremendous power, momentum, and unity within the disability community right now.” Self-advocates offered their insights, including: (1) More communication between people with disabilities themselves, learning from each other, (2) Chat rooms, sharing experiences and ideas, (3) More awareness within the community about services, support, and resources available, and (4) Self-advocacy is more empowered with technology.
Quote: We hosted the 1st annual Disability Pride Festival in July of 2023, with about 150 folks. The second annual Pride Festival last year had around 650.
Quote: Most people with developmental disabilities have cell phones or iPads, which would have been unheard of 10 years ago.
Quote: Some of our programs and services have remained virtual because we've increased accessibility across the state. Anyone in the state can now join one of our groups.
Quote: Continue teaching people with developmental disabilities how to tell their stories.

GOAL #2: EMPLOYMENT
By September 30, 2031, youth and adults with developmental disabilities will be individually supported in their choices of services and opportunities, including achieving, retaining, and advancing in self-employment and competitive integrated employment, while maintaining access to other essential benefits.
In reviewing the statewide input survey results for the topic of Employment, the proportion of respondents who work or volunteer has remained consistent since the 2010 survey, averaging 50% to 57%, while the proportion volunteering has ranged from 11% to 22%. In the 2025 survey, 77% believed they were working the right number of hours, a statistically significant increase from previous surveys.

Within the factors that define productivity, 73% believed their responsibilities challenged them; 77% believed they were rewarded fairly for the things they do; 86% believed they were improving their skills; and 79% were as productive as they can be; and 81% believed they were satisfied with their level of productivity.

The CRA documents the continued unemployment rate of people with developmental disabilities. The Council sponsored a statewide input survey, and the results point to the importance of employment as a driver of improved IPSII. Employment remains one of the highest-rated areas of need across the state. These results were used to prioritize the Employment Goal. The Council’s Quality of Life Survey revealed productivity improvement compared to the 2020 Quality of Life Survey. Gains in meaningful employment top the list of most critical issues that people with developmental disabilities believe they will face over the next five years. Other customer research results show no change in employment levels in 2025 compared to previous studies. This goal was written to align with the Minnesota Olmstead Plan and with the Employment First policy, Executive Order 19-15, the implementation of WIOA, and the CMS Final Rule on HCBS. This goal received several positive comments during the public input and feedback period.

Quotes from the Input Survey Supporting the Employment Goal

Quote: "I am an optimist. I would say things have improved in multiple areas, even though it may not always look that way."

Legislative progress, including higher service provider pay, increases in disability waiver rates, expanded employment support services, and waiver reforms, has improved the lives of people with developmental disabilities.

Employment for people with developmental disabilities supports two very important, interconnected dimensions of well-being: societal inclusion and personal empowerment. Participation in the workforce is not just an economic necessity but a vital pathway to dignity, participation, and visibility in society.

Societal Inclusion - There are transformative psychological and social benefits to work, such as confidence, belonging, and self-worth.

Quote: It is underestimated how people gain confidence when they are working. We see that difference after they have the opportunity to experience success. We see people who come in who won't talk to anybody, and a year later, six months later, they have friends. They're talking. They feel good about what they're doing. And that's just immeasurable.

Personal Empowerment - Employment gives people with developmental disabilities a voice in society, preventing isolation and marginalization.

Quote: If you don't have people with disabilities being employed, you're pulling on society. And so, there's a gain as a taxpayer; and if you're a taxpayer, you have a voice, which says, 'These are my tax dollars, here's how they should be spent.' Keeping people with disabilities in the home isolates them, and then they don't exist in society.

Despite progress from several federal and state initiatives, employment opportunities for people with developmental disabilities face challenges, including employer reluctance, Medicaid cuts, and staffing shortages. While the decline of sheltered workshops marks positive change, the push to eliminate subminimum wages risks unintended job losses. Sustained progress requires addressing systemic barriers while promoting inclusive hiring.

- Closure of sheltered workshops, moving towards paid integrated employment
- Ending subminimum wages may inadvertently reduce opportunities to attend day programs
- Not enough businesses actively hire people with developmental disabilities
- Funding cuts and staff shortages threaten progress in employment.

While Minnesota took steps to eliminate subminimum wage to promote fairness, it may have unintentionally reduced work options for some people with developmental disabilities. Those with higher support needs are losing structured employment opportunities, which could result in:

- Lost income and purpose - even small paychecks provide dignity and self-worth
- Risk of increased isolation if community-based work options are no longer available
- Reduced employment opportunities for individuals whose productivity may not meet minimum wage requirements

Quote: Most providers in the state of Minnesota have or are in the process of getting rid of their 14C certification… If it's eliminated, none of those organizations will be able to [pay subminimum wage], and so individuals won't be able to work. I don't see them being able to get a job.

Quote: If 14C goes away, many individuals won't find work. Employers can't subsidize the wage gap.

Quote: Somebody forgot that each person's an individual... [For some], that was their place. That was where they worked. That was their job.

Employer Reluctance - Despite policy advancements, many employers have failed to follow through with meaningful workplace inclusion. Corporate disability initiatives often prioritize optics over structural change, leaving workers with developmental disabilities without real opportunities for advancement.

Quote: Most employers do not hire people with developmental disabilities; there has to be something in it; it has to be intentional.

FUTURE OUTLOOK - Employment Services and Opportunities

Just over a third of the respondents (35%) believe people with developmental disabilities will be worse off in two years, related to employment services and opportunities. This negative outlook is significantly higher than it was in 2020 (19%).

Quote: Being excluded from job opportunities because of disabilities, being robbed of what they need or want to get a job and being told they aren't going to get a job because of a disability.
Quote: Having adequate funding for the programs we currently have. Having funding for the work program and staffing that support my independence and quality of life.
Quote: Competitive Integrated Employment for people with disabilities is also a big issue. People with disabilities need to have a job that pays a living wage and where they can be fulfilled and feel accomplished, just like any other person.
Quote: People with disabilities might get a raise, but it is nowhere near price increases. We really must watch where our money goes. We have a certain amount for bills, medication, and food. It's getting harder. I have a full-time job, so I don't qualify for most services. I must sit down and really look at my budget. I must make hard decisions every week, every month, every year. I wish I could qualify for some services to help with my housing, groceries, and transportation.
Quote: The more you try to make, the more they take away. If I make over $2,000, I lose services. We need these services! Don't knock us down when we're trying to build ourselves up.

GOAL #3: EDUCATION, RESOURCES, RESEARCH, AND CONTINUOUS IMPROVEMENT
By September 30, 2031, the Council will remain a nationally recognized archive of easy-to-access, high-quality information, education, and training materials in multiple formats. People with developmental disabilities and families, along with their supporters, will develop knowledge and skills through ongoing education and training resources that support the federal Developmental Disabilities Act's goals. The Council will sponsor research evaluating the outcomes of the Developmental Disabilities Act using qualitative and quantitative survey methods, and Council practices will be regularly reviewed and continuously improved.

The input survey results indicated an ongoing need for **education** across all major areas of emphasis under the DD Act. The CRA documents the ongoing need to disseminate promising practices and best-practice information in training sessions on childcare, transportation, housing, peer support, volunteering, Quality Assurance monitoring, Olmstead implementation, assistive technology, and youth issues. Training events must be flexible and respond to emerging issues during the next five-year planning period. The Council received a strong testimonial about the power of training events, showing that a small investment can have a great impact. Education and training also align with several measurable goals included in the Minnesota Olmstead Plan. Previous surveys sponsored by the Council document the need for **resources** such as information, education, and training to be available to end users 24/7/ 365 and at no cost. This goal aligns with the Olmstead Plan and the Governor's initiative to reduce, reuse, recycle, and repurpose by converting all Council products and services into digital formats. The Council collects, curates, publishes, and posts online courses, website features, webinars, video products, and workbooks. This action was critical during the pandemic and continues to be critical today. The CRA also documents the ongoing need for information, education, and training, especially around MNDisability.Gov, Disability Justice, and the Project SEARCH websites. This goal supports **research** findings that have informed several public policy initiatives, public education campaigns, and the development of the Olmstead Plan. Within the last five years, the Council began collecting data about abuse of people with developmental disabilities. This abuse data was then used in the following ways: the Comprehensive Plan for the Prevention of Abuse and Neglect, the Treat People Like People campaign, the Bill of Rights training package, the Ambassadors for Respect Anti-Bullying Program, Continuing Legal Education courses, media exposés, and news stories. Another major topic has been employment, both in the public and private sectors. The Council has worked with a state task force and the Legislature to modernize the state statute governing employment with an emphasis on hiring more people with disabilities. The 10% employment goal was surpassed in the fall of 2025, with 11.7% of all state employees reporting a disability. The CRA illustrates the importance of documenting customer needs, requirements, desires, and expectations about the delivery of services. The survey topics are selected on a year-to-year basis. The Council received support for including customer research in the public input process because it enables data-driven decisions. This goal is meant to supplement, not supplant, other data initiatives currently underway, and is widely supported by the UCEDD, the Protection and Advocacy System, advocacy groups, and providers. The statewide input survey illustrates the need for continuous improvement. The State of Minnesota is implementing measurable goals defined in the Minnesota Olmstead Plan under the supervision of the Olmstead Subcabinet. New attention is now being paid to the State's progress toward the federally defined outcomes of integration and inclusion. Level funding allocations under the DD Act require every effort to continuously improve

products and services and enhance IPSII's ratings in the community. Without any increase in funding, gains must be made through efficiencies. The Council Business Results documents ongoing gains in market penetration, customer satisfaction, stakeholder satisfaction, productivity, efficiency, and return on investment. This goal aligns with the Government Performance and Results Modernization Act (GPRMA) of 2010, ACL performance indicators, and the Governor's Results-Based Accountability (RBA) framework. Both GPRA and RBA focus on outputs, efficiency, and outcomes. This goal also aligns with a continuous improvement framework and the use of the logic model for the Five-Year Plan goals.

Quotes from the Input Survey

Efforts to enhance awareness and treatment of people with developmental disabilities appear to be paying off, including the Treat People Like People campaign, advocacy organizations educating the general public about developmental disabilities, and Disability Pride events. These opinions are supported by statistically significant improvements in measures of Integration and Inclusion compared with previous studies (the input studies used for the five previous Five-Year Plans).

Council members and other community leaders believe there have been significant improvements over the past 5 years related to social interaction, public awareness, and access to technology.

- Continue grass-roots efforts to increase awareness and positive perceptions of people with developmental disabilities among the general population.
- Continue campaigns to enlighten the public regarding the lives of people with disabilities.
- Use the power and reach of local and social media to educate the community.
- Share ideas with advocates, government, and others on ways to improve the lives of people with developmental disabilities in Minnesota.

The top issues identified by the Council in 2025 were fear of defunding, lack of accessible and affordable services in these areas:

- General Programs and Supports, All Programs 32%
- Housing 19%
- Employment 17%
- Medicaid, Healthcare 14%
- Education 14%
- Transportation 12%
- Staffing, Staff support 11%
- Other 11%
- Discrimination, Bullying, Unequal Treatment 16%
- Political Climate, Current Administration 14%
- Other 21%

Please note: The Council has collected IPSII data in 2000, 2005, 2010, 2015, 2020, and 2025. We recognize this is not a scientific conclusion. Compared with the 2000 results, all indicators increased in the 21st Century as measured in 2025. Independence increased from 64% to 72%. Productivity increased from 67% to 81%. Self-determination increased from 61% to 71%. Integration increased from 64% to 73%, and inclusion from 55% to 68%.

Collaboration [Section 124(C)(3)(D)	

The Minnesota DD Network collaborates regularly to fulfill the Developmental Disabilities Act and consists of:

- **The Minnesota Governor's Council on Developmental Disabilities (the Council)**
- **The Minnesota Disability Law Center (MDLC)**, Minnesota's protection and advocacy program
- **The University of Minnesota's Institute on Community Integration (ICI)**, Minnesota's University Center of Excellence in Developmental Disability

The Director of ICI and the Director of MDLC are Governor-appointed members of the Council. Members of the Council, in turn, serve on the advisory committees of both the ICI and MDLC.

Resources created by the ICI and the MDLC are regularly used by the Council's subgrantees, including for self-advocacy, Partners in Policymaking, training conferences, and website content development. The ICI and the MDLC also help disseminate the results of the Council's customer research and its publications.

The Council's Executive Director and the Directors of the ICI and MDLC regularly participate in discussions about self-advocacy in Minnesota. Both the ICI and the MDLC are also involved in the Partners in Policymaking program, serving as speakers and leveraging their resources. The ICI has been an ongoing ally and supporter of Self-Advocates Minnesota (SAM), including evaluation, and the MDLC offers training and provides ongoing support to SAM. The Council, the ICI, and the MDLC support the Statewide Self Advocacy Conference and the Annual Olmstead Academy by sponsoring events, speaking, and assisting individuals.

The Council's Executive Director is a regular speaker at graduate-level classes at the University of Minnesota. The Council has assisted with the ICI's IMPACT newsletter, participates in the Minnesota Inclusive Higher Education Consortium (MIHEC) to expand inclusive post-secondary options for students with developmental disabilities, and works closely with the ICI on the goals of the Minnesota Olmstead Plan.

The Council and the MDLC have collaborated for years on the Disability Justice Resource Center. This online legal resource helps individuals with disabilities, families, professionals, and members of the legal community better understand the complex issues related to justice for people with disabilities, particularly those with developmental disabilities. Created in 2014 to challenge the harmful assumption that individuals with developmental and other disabilities do not need - or deserve - equal treatment, the website houses historical and educational resources covering a range of topics and includes the voices of self-advocates as well as members of the legal profession in hours of compelling video material. The MDLC and the Council collaborated to add a series of videos to this site. The Council and the MDLC also collaborated on continuing legal education (CLE) courses sponsored by the Robins Kaplan law firm for the past 15 years.

In addition to the ICI and the MDLC, the Council regularly collaborates with the Disability Services Division of the Minnesota Department of Human Services, the state agency responsible for developmental disability services. This collaboration occurs daily through grants, technical assistance, and interagency work on the Minnesota Olmstead Plan. The Disability Services Division is a regular partner of the Council because it is pivotal to the lives of people with developmental disabilities in Minnesota. Participating in the Olmstead Subcabinet is a substantial source of connection and collaboration for the Council with other parts of the state government beyond the Department of Human Services.

Finally, the Council is closely connected to self-advocates, advocacy organizations, and providers, many of whom serve on the Council itself. Many of the ways the Council has directly supported or collaborated with people and organizations outside the ICI, MDLC, and state government are described throughout this plan, and include collaboration through the Partners in Policymaking program, Self-Advocates Minnesota (SAM), and coordination with organizations such as The Arc Minnesota and many others.

Collaboration with the ACL partners is documented in the ACL Annual Work Plans. The ADRC, AT program, SILC, and CILs interact with almost all Council grants, as noted in the latter section of this plan.

Identify the 5-year state plan goals, objectives, and outcomes

Goal 1. GOAL 1: Self-Advocacy and Leadership Development

Description

GOAL #1: SELF-ADVOCACY AND LEADERSHIP DEVELOPMENT

By September 30, 2031, people with developmental disabilities (youth and adults) and families will have increased access to educational and skill-building resources that promote self-advocacy and community leadership, as required by the federal Developmental Disabilities Act. The Council will promote outreach, alliance-building, and networking initiatives, expanding opportunities for all.

Expected Goal Outcome

At the end of the Five-Year Plan, it is expected that there will be more self-advocates and family advocates who are better trained, presenters, and actively involved in organizations. It is expected that IPSII will increase, and there will be a greater unity of the disability community.

The Council will comply with the federal Developmental Disabilities Assistance and Bill of Rights Act (DD Act) requirements: (A) Establish or strengthen a program for the direct funding of a state self-advocacy organization, led by individuals with developmental disabilities. (B) Support opportunities for individuals with developmental disabilities who are considered leaders by providing leadership training to those who may become leaders. (C) Support and expand participation of individuals with developmental disabilities in cross disability and culturally diverse leadership coalitions (Public Law 106-402, Section 124); and (D) Assist in identifying alternative/other funding opportunities.

Objectives

Objective 1. SAM and A4R	By September 30, 2031, 150 people with developmental disabilities (unduplicated count) will increase their knowledge and skills through participation in training sessions. These training sessions will support people with developmental disabilities in becoming trainers or presenters and engaging in coalitions. Overall, these activities have a 90% customer satisfaction rating and a 10% increase in pre- and post-measurement of independence, productivity, self-determination, integration, and inclusion (IPSII). This objective fulfills the Self-Advocacy requirements in the Developmental Disabilities Act.
Objective 2. Leadership (Partners in Policymaking)	By September 30, 2031, 125 people with developmental disabilities and family members (unduplicated count) overall 90% customer satisfaction rating will be achieved, along with a 10% increase in participants' independ
Objective 3. Outreach if funding is available	By September 30, 2031, 100 people with developmental disabilities and family members (unduplicated count) will complete 24 hours of outreach training annually, with at least 25 people (5 annually) enrolling in the Home and Community-Based Waiver System. At least 90% of participants will report customer satisfaction and a 10% increase in their independence, productivity, self-determination, integration, and inclusion (IPSII) in the community, as measured by pre- and post-assessments.

Goal 2 Employment

Description

GOAL #2: EMPLOYMENT

By September 30, 2031, youth and adults with developmental disabilities will be individually supported in their choices of services and opportunities, including achieving, retaining, and advancing in self-employment and competitive integrated employment, while maintaining access to other essential benefits.

Expected Goal Outcome

At the end of the Five-Year Plan, it is expected that there will be an increase in self-employment and competitive integrated employment; an increase in hours worked and wages earned; more job choices; the implementation of IPSII Employment First policies; and greater adoption of customized employment.

Objectives

Objective 1.	By September 30, 2031, 100 transition-aged students and adults with developmental disabilities (unduplicated count) will be self-employed or employed in a broad range of competitive integrated employment opportunities, using the discovery process and person-centered approaches, with an overall 90% customer satisfaction rating and metrics assessing hours worked, wages, and benefits. There will be an increase in independence, productivity, self-determination, integration, and inclusion (IPSII) as measured by pre- and post-assessments.

Goal #3: EDUCATION, RESOURCES, RESEARCH, AND CONTINUOUS IMPROVEMENT

Description

GOAL #3: EDUCATION, RESOURCES, RESEARCH, AND CONTINUOUS IMPROVEMENT

By September 30, 2031, the Council will remain a nationally recognized archive of easy-to-access, high-quality information, education, and training materials in multiple formats. People with developmental disabilities and families, along with their supporters, will develop knowledge and skills through ongoing education and training resources that support the federal Developmental Disabilities Act's goals. The Council will sponsor research evaluating the outcomes of the Developmental Disabilities Act using qualitative and quantitative survey methods, and Council practices will be regularly reviewed and continuously improved.

Expected Goal Outcome

At the end of the Five-Year Plan, it is expected that more professionals and providers will be aware of promising and best practices across the areas of emphasis and will support the federal DD Act outcomes. Statewide research studies will be conducted or commissioned to assess quality outcomes (independence, productivity, self-determination, integration, and inclusion) of the DD Act through annual qualitative and quantitative surveys on new topics or issues, or through further research on previously studied topics or issues. The number of online course users will increase. Council productivity will increase through the application of continuous quality improvement techniques. Objective #3 addresses any potential emergencies.

Objectives

Objective 1. Publications, Web, Online Courses,	Websites: By September 30, 2031, at least 2,000 individuals will enroll in the Council's online courses. These enrollees will include people with developmental disabilities, family members, professionals, allies, and students. Other educational resources will be available in multiple formats, including print versions. A sample of end-users will report 90% customer satisfaction and a 10% increase in independence, productivity, self-determination, integration, and inclusion (IPSII).
Objective 2. *Customer Research:*	By September 30, 2031, 750 individuals with developmental disabilities, family members, and/or general households will be surveyed on critical issues and policy topics facing Minnesotans with developmental disabilities; the study results will be reported using generally accepted statistical methods.
Objective 3. *Continuous Improvement*	By September 30, 2031, 50 individuals with developmental disabilities and family members will participate in five user-centric testing projects to identify ongoing process improvements that increase customer satisfaction and improve independence, productivity, self-determination, integration, and inclusion (IPSII). This objective includes continuous improvement projects and annual verification of performance results.
Objective 4. Natural Disasters and Emergencies (no budget)	Emerging Need Objective: By September 30, 2031, the Council will respond to emerging needs arising from unforeseen emergencies, including biological, chemical, natural disasters, terrorist attacks, or other emergencies deemed so by the Federal Emergency Management Agency or a related entity in our State. In the event of an emergency, the Council will provide information, education, and training to 100 individuals with developmental disabilities and their families, with a 90% satisfaction rate.
Objective 5.Training Conferences (if funding available)	By September 30, 2031, a total of 1500 people with developmental disabilities, family members, allies, and professionals will participate in 50 training conferences to build knowledge and skills that enhance independence, productivity, self-determination, integration, and inclusion in the community (IPSII), with an overall 90% customer satisfaction rating.

Self-Advocacy Goal(s)/Objectives	

Self-advocacy is addressed in several goals and objectives. Goal 1: Self-Advocacy and Leadership Development and Goal 3: Education, Resources, Research, and Continuous Improvement: the activities involved in achieving these goals, the Council will increase the number of self-advocates who are trained to impact policy decision that affect

them; will increase the number of people with developmental disabilities who become advocates, spokespersons, and active members of the larger disability rights movement; support self-advocates with developing their knowledge, skills, and abilities in a variety of ways; and help self-advocates expand their networks.

Evaluation Plan [Section 125(c)(3) and (7)]:	

Outline how the Council will assess progress toward achieving the State Plan's goals.

Since 1997, the Council has applied the National Baldrige Criteria for Performance Excellence, which are aligned with the Government Performance and Results Modernization Act of 2010 (GPRMA). The Council's State Plan, Annual Work Plan, Monthly Activity Reports, and Logic Model for each goal are aligned with the Baldrige and GPRMA. Enacted in 2010, the Government Performance and Results Modernization Act (GPRAMA) requires federal agencies to set performance goals that deliver results for the American people, establish management processes to review progress, and regularly communicate progress being achieved against those goals. The Baldrige approach to evaluating performance results is a comprehensive, data-driven method for measuring an organization's performance and improvement. This comprehensive framework for organizational improvement focuses on seven key areas:

1. Leadership and Governance
2. Strategy
3. Customers, Markets, and Community Relations
4. Organizational Learning
5. Workforce
6. Operations
7. Results

The Council adopted the Baldrige Criteria because the Gubernatorial Administration emphasized continuous quality improvement. The Baldrige Criteria provide a proven framework for reviewing the entire organization as a whole. Decisions are based on data and tracking progress over time. The Plan-Do-Check-Act cycle of improvement worked and lent itself to the Listen-Learn-Act-Improve cycle. Finally, the Council has sustained its efforts across three Gubernatorial Administrations, building a track record that lasts.

The Council approves an internal annual work plan (separate from the ACL annual work plan) that aligns with the Baldrige Criteria. Each month, Council staff report results across the seven key areas. For example, the topic of Customers, Markets, and Community Relations includes an accounting of key projects, meetings, technical assistance provided, presentations made, Olmstead progress, Treat People Like People progress, and interagency committee progress.

The Council spent more than two years developing the current State Plan and began with a thorough review of its customer research. In FFY 2025, the Council sponsored an Input Survey, which has been repeated every five years since 2000, to provide a state-of-the-state review. The Plan is drafted, reviewed, and edited by the Council members, then presented for public review and comment. There were no substantive amendments, only minor edits made to improve clarity.

Following this step, the Council prepared, reviewed, and edited the objectives, rationale, allocations, and logic models for each goal. The Council goes beyond the ACL customer satisfaction survey. Targets are set for each objective, covering both outputs and outcomes. For example, for training activities, the Council collects data from subgrantees on knowledge gained, the usefulness of the training, and the quality of the presenters (KUQ). These questions have been standardized and are included in the performance contract. For each subgrantee, the Council requires the collection of pre- and post-IPSII data to assess improvements in the federally defined outcomes under the DD Act (Independence, Productivity, Self-Determination, Integration, and Inclusion). IPSII measurements have been in place since 1998. Annual targets are established based on past performance. In terms of leadership development, the subgrantee is responsible for collecting baseline data, data six months after graduation, and a longitudinal follow-up survey of the three most recent graduating classes. The six-month and longitudinal studies ask questions about contacts with public officials, the type of contacts (letters, phone calls, visits, emails, social media), leadership work such as testifying at public hearings, presentations to community groups, presentations to conferences, serving on a

committee, appearances on television and radio, and the number of articles or editorials published. Respondents are asked to list specific memberships in coalitions and groups. Results are presented to Council members during a full-day meeting with subgrantees.

Once the federal government approves the Five-Year Plan, the Council will begin preparing RFPs and selecting subgrantees. Performance contracts grounded in the ACL performance measures and the Baldrige principles will be developed. Continuous quality improvement is stressed at every step. Both the Grant Review (GR) Committee and the full Council review progress toward goals. As part of continuous quality improvement, funding levels can be adjusted annually, activities can be modified, the timing of activities can be adjusted, and recruitment practices can be strengthened. A performance dashboard for subgrantees guides the Council.

Because the Council participates in the Olmstead Subcabinet, staff members and Council members can also benefit from the extensive reports provided to the Subcabinet and available online. For example, the Olmstead Plan has been tracking participation on Governor-appointed boards and commissions. The Council provides a Chronology of Olmstead actions to track improved policies and practices. This information is also transferred to the Minnesota Historical Society for future researchers.

Long-term systemic change is measured through the Olmstead Quality of Life study and the Council's repeated Quality of Life Assessment (Input Study), which provides both qualitative and quantitative data to show progress in IPSII (Independence, Productivity, Self-Determination, Integration, and Inclusion). As noted elsewhere, from 2000 to 2025, IPSII has made gains across all aspects.

The Council also repeats the 1962 baseline Attitude Survey of Minnesotans, effectively collecting and tracking changes in attitude over more than 60 years, and has published findings for 45, 50, 55, and 60 years later. These findings document the changes in public attitudes about people with developmental disabilities.

Measuring public attitudes using the same survey repeated every five years offers several strategic benefits.

1. Track change over time: Regular surveys reveal whether Minnesotans' views about developmental disabilities, inclusion, and policy priorities are improving, declining, or staying the same. This helps identify long-term trends rather than relying on one-time impressions.
2. Provide evidence for policy and budget decisions: Reliable data on public attitudes strengthens the Council's ability to inform legislators, agencies, and partners. Evidence of support—or concern—can influence policy directions, resource allocation, and legislative proposals.
3. Identify gaps in understanding or misconceptions: Survey results can highlight where the public may lack information about disability issues, rights, or services. This helps guide public education campaigns and outreach efforts.
4. Evaluate the impact of Council initiatives: If public attitudes become more positive after certain programs or campaigns, the Council can demonstrate impact. If changes are not occurring, the data may help in redirecting the strategy.
5. Support inclusive planning: Public attitudes affect inclusion in schools, workplaces, housing, transportation, and community life. Survey findings help shape statewide plans that reflect real experiences and public readiness for change.
6. Strengthen advocacy and partnerships: Clear, credible data helps advocates, state agencies, nonprofits, and community groups align efforts and speak with a unified voice. It also helps partners understand public priorities.
7. Increase transparency and accountability: Regular surveys show communities and policymakers that the Council monitors how Minnesotans think about issues affecting people with developmental disabilities and uses data to guide work responsibly.

The Council will fund the Attitude Survey again in FFY 2027. The following is a summary of overall trends observed through Attitude Survey results from 2007-2022. Across all survey years, Minnesotans have expressed strong general support for inclusion, rights, and opportunities for people with developmental disabilities. However, deeper attitudes,

especially those related to community integration, employment expectations, and perceptions of capability, show more gradual change. Major recurring findings that inform the Council's work include:

1. Broad support for inclusion, but mixed comfort in practice: Most respondents agree that people with developmental disabilities should live, work, and participate in the community. Yet some express uncertainty or discomfort in close personal interactions, suggesting lingering social distance.

2. Strong belief in equal rights and protections: Large majorities consistently support equal civil and legal rights. Support increases slightly over time, especially regarding protection from discrimination.

3. Continued skepticism about employment expectations: While Minnesotans believe people with developmental disabilities should have opportunities to work, they are less confident about their capability in competitive, integrated employment. Misconceptions about job performance and needed supports persist.

4. Education seen as key, but doubts about inclusive classrooms remain: Respondents value education for all students, but surveys show ongoing hesitation about fully inclusive K–12 classrooms—often tied to assumptions about teachers' capacity or concerns about the impact on other students.

5. Growing recognition of self-determination and independence: Over time, more respondents support people with developmental disabilities in making their own decisions about housing, employment, and daily life. Attitudes here have improved steadily since 2007.

6. Continued confusion about terminology and disabilities in general: Surveys throughout the years show that many Minnesotans still lack familiarity with developmental disabilities as a category. This creates gaps in understanding that can influence attitudes.

7. Awareness of services is low and stable: Public awareness of disability services, funding mechanisms, or policy structures (such as waivers) remains limited. This trend appears consistent across all survey cycles.

8. Perceptions vary by age, education, and personal experience: Younger respondents, those with higher education levels, and people with personal relationships with someone with a disability tend to hold more positive attitudes.

Describe how the Council will assess the effectiveness of the strategies used that contributed to achieving the goals of the State Plan: According to the Baldrige Criteria, effectiveness is defined as how well a process, or a measure, addresses its intended purpose. Determining effectiveness requires assessing how well the process aligns with the organization's needs and evaluating the measure's outcome. Assessing the effectiveness of strategies begins with the performance results reported by subgrantees. If results are missing in the Individual and Family Advocacy and the Systems Change performance targets and measures, then strategy or work processes are reviewed. Monitoring the effectiveness of strategy or work processes begins with the subgrantee. If the monthly or quarterly reports show any lag, Council staff must review them with the subgrantee and determine whether it is a systemic issue or another type of barrier. The Grant Review Committee addresses any performance deficiencies first. Every effort must be made to assist subgrantees in meeting performance measures. Additional information is included in the following responses. If continuous improvement is not occurring, then the Grant Review Committee and Council can adjust strategies, timelines, or funding to achieve the targeted performance.

Describe how the Council will examine progress toward achieving the outcomes of the self-advocacy goal. The Council has been funding various self-advocacy efforts since the mid-1970s, including a public education and media campaign that emphasizes that people with developmental disabilities are people first. Self-advocacy has grown over the years, culminating in the reauthorization of the DD Act in 2000, which mandated that Councils meet new federal requirements. The Council monitors progress in self-advocacy using the same Baldrige processes. The Council will continue to follow its RFP process and supplier management system. Contracts will be executed that contain the federal performance measures. Tracking will be required for the number of participants, customer satisfaction, training evaluation (knowledge gained, usefulness, and quality of presenters), and IPSII measurement. For advocacy and leadership development, all subgrantees are asked to report on their representation on boards, committees, and coalitions. The leadership development objective includes baseline assessment of leadership skills, six-month post-graduation leadership skills, and a three year Longitudinal survey which asks several questions about contacts with public officials, type of contacts (letters, phone calls, visits, emails, social media), leadership work such as testifying at public hearings, presentations to community groups, presentations to conferences, serving on a committee, appearances on television and radio, number of articles or editorials published. Two subgrantees conduct interviews to gather qualitative feedback on impact and program improvement. Council staff and Council members also participate in several events, which is another way to gather feedback, stories, and photos.

Reporting will be ongoing, and results will be entered into a performance dashboard, culminating in an annual presentation to the full Council. A performance dashboard is a data visualization tool that organizes and displays important information at a glance. It consolidates and presents key metrics in a single location, allowing users to monitor subgrantee performance on 1-2 pages. Performance dashboards enable decisions based on data, not intuition. Dashboards are used to track progress toward specific goals and objectives. They measure performance against established targets and key performance indicators (KPIs), providing a real-time view of subgrantees' performance. This continuous monitoring helps Council staff and members focus on achieving objectives and provides feedback for improvement. Another benefit is the ability to identify trends and develop performance improvement plans quickly. By consolidating data from multiple systems into one accessible location, it ensures everyone in the organization is working with the same reliable information. This shared understanding aligns efforts toward common objectives, including supporting greater insight and alignment with senior leaders in the DSA and self-advocates.

How will the annual review identify emerging trends and needs to update the CRA? In following the Baldrige Criteria, the Council undertakes ongoing, systematic environmental scanning, including daily reviews of national listservs for news and updates (e.g., every Council member receives Inclusion Daily Express). As discussed earlier, Council staff reviewed hundreds of legislative reports, websites, and needs assessments to prepare the State Plan CRA. This process includes regular reviews of key state agency websites, the Legislative Reference Library acquisitions, and national PNS data collection websites. The Council also sponsors annual customer and market surveys that enable in-depth analysis of specific trends and needs, including employment, health care, IT, special education, and public attitudes. The survey results are always presented to the full Council at a meeting and summarized in news releases and on the Council website. Copies are disseminated broadly through public media. The Council receives regular updates at every meeting about the progress of the Olmstead Plan, including:

1) Progress toward the measurable goals
2) Longitudinal study of QOL outcomes

The Olmstead Plan has been another avenue for receiving real-time data from 11 state agencies, which report on ~47 measurable goals.

Explain the methodology that will be used to determine if needs are being met and if Council results are being achieved (include evaluation of consumer satisfaction). Since 1998, the Council has used quantitative and qualitative data to measure IPSII outcomes under the federal DD Act. In 2025, a statewide survey was conducted with over 300 people with developmental disabilities and family members responding. The survey findings support the need for ongoing efforts and continued collaboration with the Olmstead Subcabinet.

The Baldrige Criteria emphasize systematic approaches to accountability. The Council sponsors an ongoing evaluation that includes collecting and regularly reviewing data (monthly or quarterly reports), addressing issues as they arise, and making adjustments as needed. Monitoring must be continuous. As part of the learning and improving process, the Council shares best practices, works collaboratively, and publicly posts outcomes. This culture of accountability supports continuous improvement.

Every subgrantee must report on applicable performance measures, use the ACL customer satisfaction survey, and use the Council's IPSII pre- and post-evaluation forms. These results are submitted in program reports to the Council staff and summarized in reports to the Council (additional details in the next section). Data is collected on an ongoing basis. Results are summarized in monthly activity reports, then mid-year supplier results, and then into annual Business Results, the federal PPR, and the Council's Annual Report. The Baldrige Business Results present data in graphic format, showing trend lines for key business measures, including IPSII results. Customer satisfaction forms are also reviewed for compliments or complaints that provide direction for improvements or actionable items. We also examine other customers' results to identify opportunities for improvement. Continuous quality improvement experts objectively verify survey results and provide additional insights into recommended improvements. Return-on-investment measures for Council results are also calculated in consultation with experts on continuous quality improvement. The Council can also monitor issues at the system level, not just Council results. The annual customer or market survey fosters an in-depth review of systems-level topics and provides the Council with both quantitative

and qualitative feedback. DHS adopted the National Core Indicators, and the Olmstead Subcabinet has adopted a longitudinal survey approach to measure quality of life. These additional surveys will be important sources of information for identifying system-level needs.

Describe the Council's processes, procedures, and role in reviewing and commenting on progress toward reaching the goals in the Plan. The Baldrige Criteria outlines systematic approaches to measuring performance and outlining performance improvement plans. The Council has aligned its approach to a supplier management system for all subgrantees, beginning with performance contracts aligned with the State Plan. The GR Committee oversees the supplier management system, and the whole Council reviews results on an ongoing basis. The Council requires subgrantees to comply with all applicable state and federal laws and other contract requirements. This is true regardless of the dollar amount involved or the type or size of the business. These requirements include a record-keeping system best suited to the business for monitoring and tracking progress toward goals, income and expenses, and other programmatic, financial, and business transactions. The Council maintains an online repository of all requirements and conducts financial reviews for grants totaling or exceeding $50,000. Together, these activities provide greater compliance with 2 CFR 200.62. Another part of the supplier management system is reporting based on the contract terms, including the ACL customer satisfaction survey and federal outcomes for IPSII and applicable performance measures. These reports accompany the financial reports. Performance reports are summarized and presented to the Grant Review Committee.

Each subgrantee is expected to show results in person to the Committee. This report includes updates, results, process improvements, and ideas or suggestions to help achieve greater IPSII results. These performance reviews are summarized and presented to the full Council. The GR Committee reviews results and allocations annually, with a preliminary allocation process in June and final funding recommendations and Council approval at the August Council meeting. All performance results are summarized for the full Council to review before acceptance of the final funding recommendations. The above process is summarized in the Annual Work Plan, approved by the Council at the Annual meeting in October. The State Plan goals are embedded in the Annual Work Plan. Monthly Activity Reports are distributed at each Council meeting and are aligned with the Baldrige Criteria and the Annual Work Plan. The annual results of monthly reports and all subgrantees are also summarized into Baldrige Business Results for the full Council in December. Continuous improvement experts review these Business Results before being posted online. The Annual Report is also posted in November. The Business Results and performance dashboards are thoroughly discussed, including any exceptional performance (above or below goals).

SECTION V: ASSURANCES

Written and Signed Assurances	Written and signed assurances are on file at the Council. They will be made available to the Office on Intellectual and Developmental Disabilities, Administration for Community Living, United States Department of Health and Human Services, upon request, regarding compliance with all requirements specified in Section 124 (C)(5)(A)(N) in the Developmental Disabilities Assurance and Bill of Rights Act. (true)

Approving Officials for Assurances	For the State or Territory (DSA is to assist the DD Council in obtaining assurances) (2)

Designated State Agency	A copy of the State Plan has been provided to the DSA (true)

SECTION VI: PUBLIC INPUT AND REVIEW

Describe how the Council made the plan available for public review and comment. Include how the Council provided appropriate and sufficient notice in accessible formats of the opportunity for review and comment.	

Lanterna Consulting assisted the MN Governor's Council on Developmental Disabilities in reviewing and updating its program goals in preparation for its next federal Five-Year Plan. The new Plan will guide the period from October 1, 2026, through September 30, 2031.

Services Timeline and Components
September 2025

- Review of current program goals document and other background materials, including Council membership list and brief bios
- Initial client meetings to develop focus group objectives and design parameters
- Council focus group availability survey and scheduling

October 2025

- Preparation and facilitation of five small group input sessions. Each focus group session was scheduled for 45 minutes and structured as follows:
    - Welcome, overview of focus group objectives and approach
    - Brief, sequential high-level refresher on the current eight goals, focusing on the essence of each goal, guided by a facilitator with the Council's Executive Director and Planner available to provide organizational/historical context and address questions for Council focus group participants
    - Guided Council member input opportunities on each of the current goals with the next Five-Year Plan in mind, allowing approximately 3-5 minutes per goal.
    - Final input round and review of planning next steps
    - Appreciation message and meeting wrap-up
- Brief client debriefing meetings immediately following each focus group

November 2025

- Develop December 3 Council planning meeting objectives, agenda, and process design
- Review notes from five Council focus groups and create a synthesis of themes
- Preparation of focus group summary document for Council's December meeting packet.

- Iterative drafting and editing of three different potential Council strategic goals scenarios, including draft goal statements for each scenario, based on focus group input:
    - Scenario 1: updated and streamlined draft of the current eight goals
    - Scenario 2: draft condensing the current eight goals into five goals
    - Scenario 3: draft condensing the current eight goals into three goals
- Client meetings and communications in preparation for the Council's strategic planning meeting scheduled for December 3

December 2025

- Final preparations and facilitation of Council presentation and planning session on December 3, resulting in the approval of the following three draft goals for the next Five-Year Plan. The draft goals were posted for public comment on December 4, 2025:

Goal 1: Self-Advocacy and Leadership Development
People with developmental disabilities (youth and adults) and families will have increased access to educational and skill-building resources that promote self-advocacy and community leadership as required by the federal Developmental Disabilities Act. The Council will promote outreach, alliance-building, and networking initiatives that expand opportunities for all.

Goal 2: Employment
Youth and adults with developmental disabilities will be individually supported in their choices of services and opportunities to achieve, retain, and advance in self-employment and competitive integrated employment while maintaining access to other essential benefits.

Goal 3: Education, Resources, Research, and Continuous Improvement
The Council will remain a nationally recognized archive of easy-to-access, high-quality information, education, and training materials in multiple formats. People with developmental disabilities and their families, along with their supporters, will have opportunities to build knowledge and skills through ongoing education and training resources aligned with the federal Developmental Disabilities Act's goals. The Council will sponsor research evaluating the outcomes of the Developmental Disabilities Act through qualitative and quantitative surveys, and Council practices will be regularly reviewed and continuously improved.

Public Comment Period
On December 4, 2025, the Council staff began the public comment period that ended on January 20, 2026, a total of 48 calendar days, which exceeded the 45-day comment period. Notification of the public comment period was handled through the GovDelivery announcement to 10,300 subscribers, a Facebook post with over 4.4k followers, a general mailing to all Partners in Policymaking graduates, and a notice to all grantees and contractors.
We followed Minnesota Management and Budget Policy #1358 that governs the availability and accessibility of documents. This Policy governs the language about the availability of alternative formats. The public comment documents complied with WCAG 2.0 standards (AA) required by our MNIT Accessibility Standards legislation. The State of Minnesota has contracts with multiple vendors to provide translation services. The public input process followed Minnesota statutes and policy bulletins to ensure that standards for availability, accessibility, language, and cultural competency were met. More importantly, people's engagement requires targeted outreach. Feedback can be provided to Council staff by email, letter, or phone.

The public comment period ended on January 20, 2026. The Council received 25 pages of comments from over 46 people (duplicated count). There were 13 submissions in the Self-Advocacy category, with 21 statements. There were 12 submissions in the Family category, with 17 statements. There were 19 submissions in the Professional category with 27 statements. Two statements were submitted from individuals who did not specify a category.

All public input was summarized and presented to the Council members at the February 4, 2026, meeting. Two documents were prepared. The first document was 25 pages of all comments (unedited). The first document

organized the comments around several headings: (1) agreement, (2) editing suggestions, and (3) other topics unrelated to the goals.

The second document focused on the second category to improve efficiency in editing decisions. The Council reviewed this memo together.

- Four commenters were in full agreement and offered no changes.
- Fifteen comments totaling 10 pages fully supported Self-Advocacy and Leadership Development. Four commenters requested clarification but did not offer substantive comments. Self-Advocacy Leadership Development received the most comments. Many of these commenters expressed appreciation for the skills they gained in the Disability Equality and Training Services and the Partners in Policymaking classes. The Council decided that no changes were needed.
- Three commenters agreed, and four emphasized the need for individual choice about whether to work.
- Commenters expressed gratefulness for their meaningful employment and the supportive role of their employment teams. The Council added clarifying language to emphasize individual choice.
- Seven commenters fully supported Education, Resources, Research, and Continuous Improvement, while five comments stressed accessibility. The Council deleted three words to clarify the delivery of education and training.

The Public Policy Committee reviewed a range of topics, including affordable housing, case management, direct support professionals, co-creation, community integration, crisis services, guardianship, health, literacy, medical coverage, partnerships, geographic equity, post-transition services, and waivers. The Committee has asked the staff to refer the comments to the Governor's Office or the appropriate state agency responsible for the issues; schedule speakers on the topic at future meetings; or integrate ideas into the Annual Work Plan. No substantive changes were made.

The Council pledged that the State Plan's goals would align with the Minnesota Olmstead Plan. The Olmstead Plan, which has multiple goals under revision in 2026, involves 11 cabinet agencies, the Ombudsman for Mental Health and Developmental Disabilities, and the Governor's Council on Developmental Disabilities.

At the April 1, 2026, meeting, the draft Plan was accepted, and allocations were finalized for each program goal. The Council members were given 30 days to review the draft Five-Year Plan and provide additional comments. All input was accepted. The Plan was approved in June 2026.

Describe the revisions made to the Plan to take into account and respond to significant comments.	

During the full Council meeting on February 4, 2026, the members reviewed all comments.
No substantive changes were made. Specifically:

- No changes were needed in the Self-Advocacy and Leadership Development area.
- The Council added clarifying language to emphasize individual choice in the Employment area.
- Regarding Education, Resources, Research, and Continuous Improvement, the Council deleted three words to clarify the delivery of education and training to develop knowledge and skills.