

Plan Amendments Public Comment Survey Results

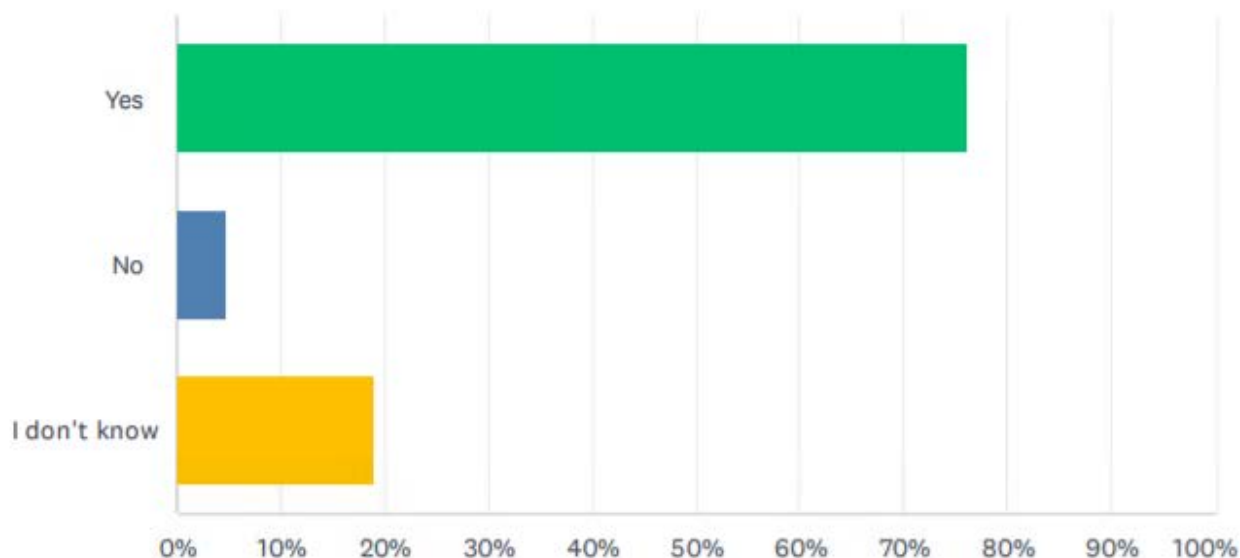
Person-Centered Planning Goal One

This goal currently states that plans for people using disability home and community-based waiver services will be based on the principles of person-centered planning and informed choice.

Proposed changes:

- Two additional strategies will be added: The Department of Human Services (DHS) will review and improve how information is collected about:
 - decision making; and
 - race and ethnicity.
- New recommendations will be made by June 30, 2023.

Do you feel Person-Centered Planning Goal One is a good goal for the Olmstead Plan?

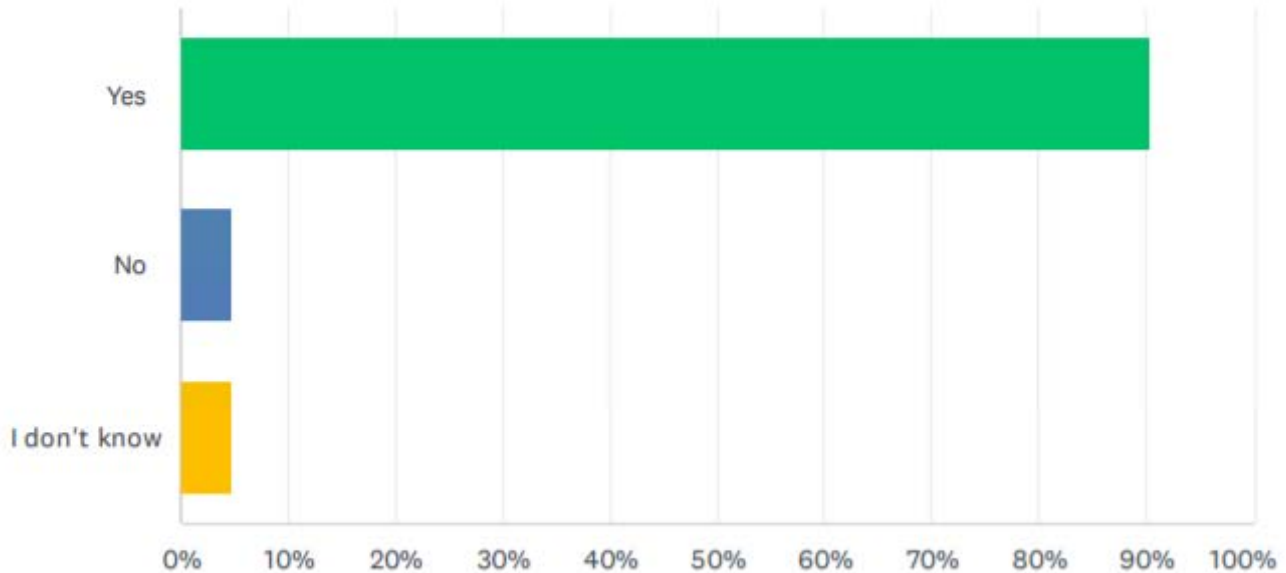


Answered: 21

- Yes: 16 people (79.19%)

- No: 1 person (4.76%)
- I don't know: 4 people (19.05%)

Do you feel that person-centered planning is important for people using disability home and community-based waivers?



Answered: 21

- Yes: 19 people (90.48%)
- No: 1 person (4.76%)
- I don't know: 1 person (4.76%)

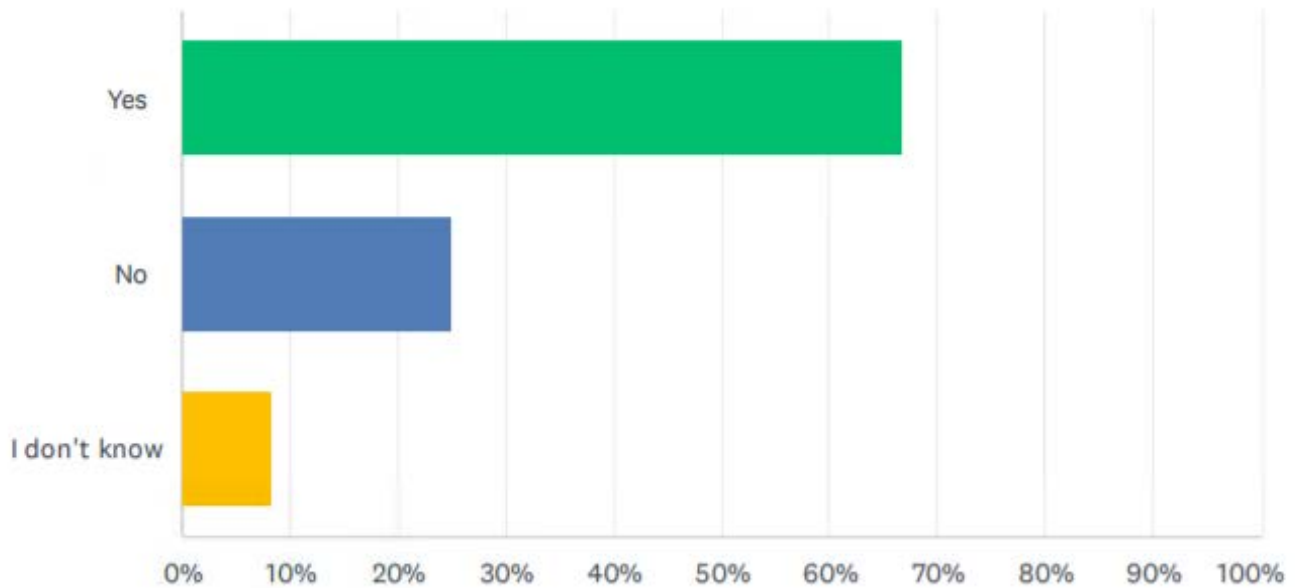
Transition Services Goal Two

The goal currently states that people who are ready to leave the Anoka Metro Regional Treatment Center (AMRTC) will move to a more integrated setting faster. There will be fewer people waiting to move.

Proposed changes:

- By June 30, 2023, 25% (reduced from 30%) of people at AMRTC will be waiting to move (by daily average). In 2021, 27.6% of people at AMRTC were waiting to move.
- This goal would be extended until 2023.

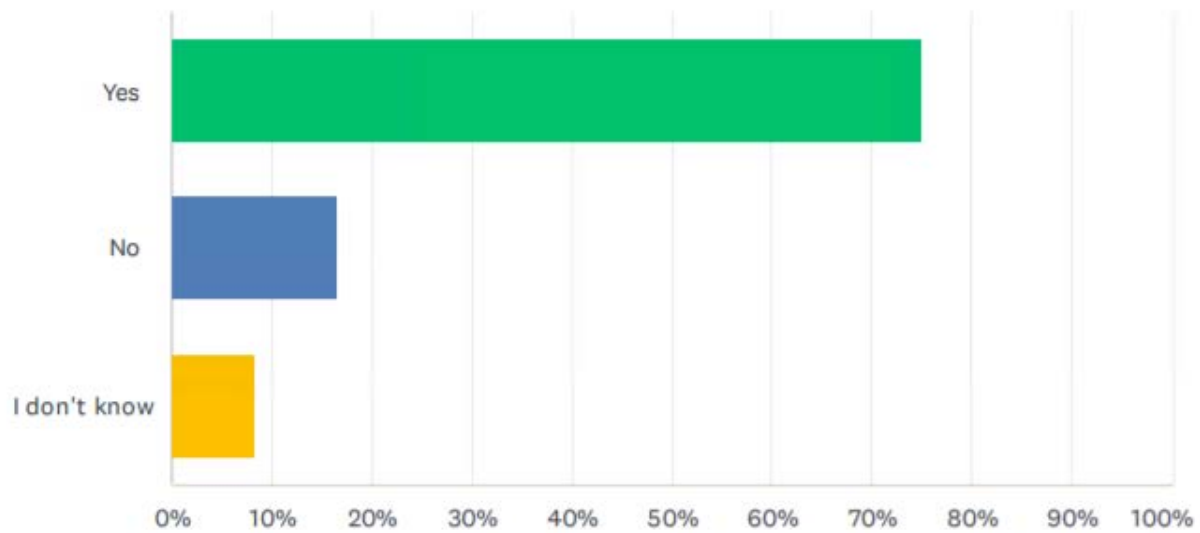
Do you feel Transition Services Goal Two is a good goal for the Olmstead Plan?



Answered: 12

- Yes: 8 people (66.67%)
- No: 3 people (25.0%)
- I don't know: 1 person (8.33%)

Do you feel like this goal is important for people going through a transition?



Answered: 12

- Yes: 9 people (75.00%)
- No: 2 people (16.67%)
- I don't know: 1 person (8.33%)

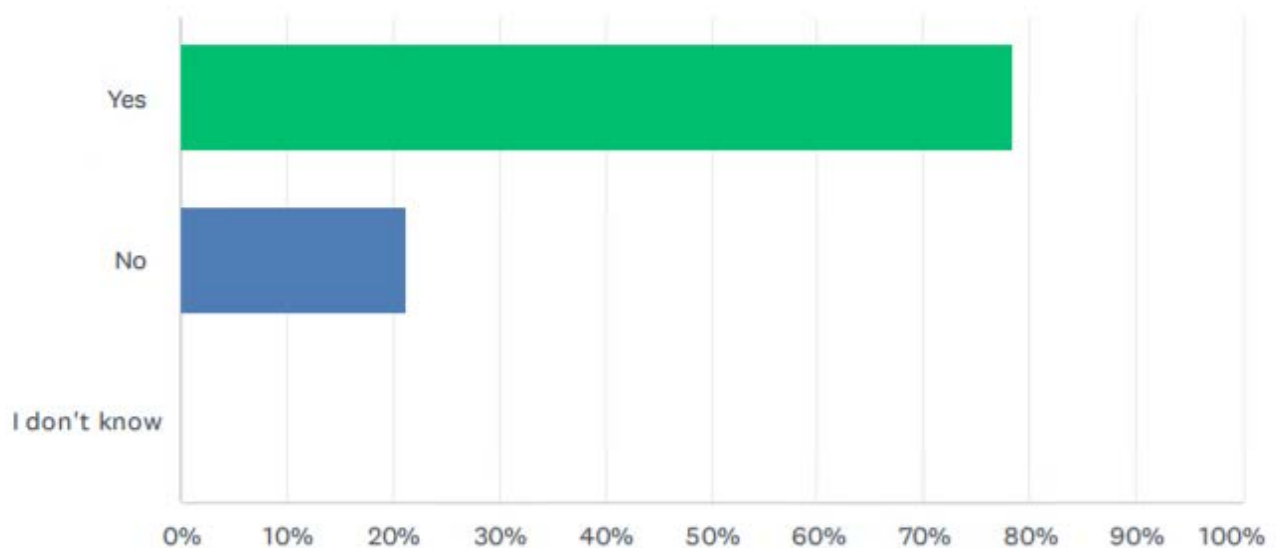
Transition Services Goal Four

This goal currently states that 90% of people with disabilities who are going through a transition will use informed choice, person-centered planning, and the “My Move Plan Summary” form.

Proposed changes:

- This form would be improved and made more specific to the needs of each individual person.
- The date of this goal would be changed from June 30, 2022 to June 30, 2024.

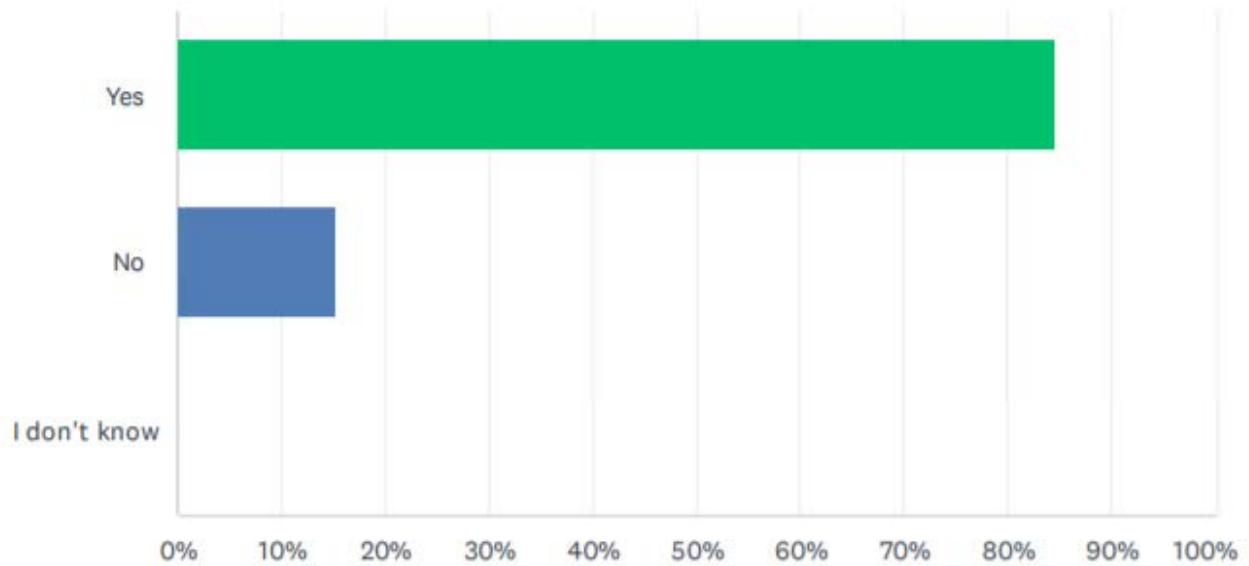
Do you feel like Transition Services Goal Four is a good goal for the Olmstead Plan?



Answered: 14

- Yes: 11 people (78.57%)
- No: 3 people (21.43%)
- I don't know: 0 people (0.00%)

Do you feel like Transition Services Goal Four is a good goal for people going through a transition?



Answered: 13

- Yes: 11 people (84.62%)
- No: 2 people (15.38%)
- I don't know: 0 people (0.00%)

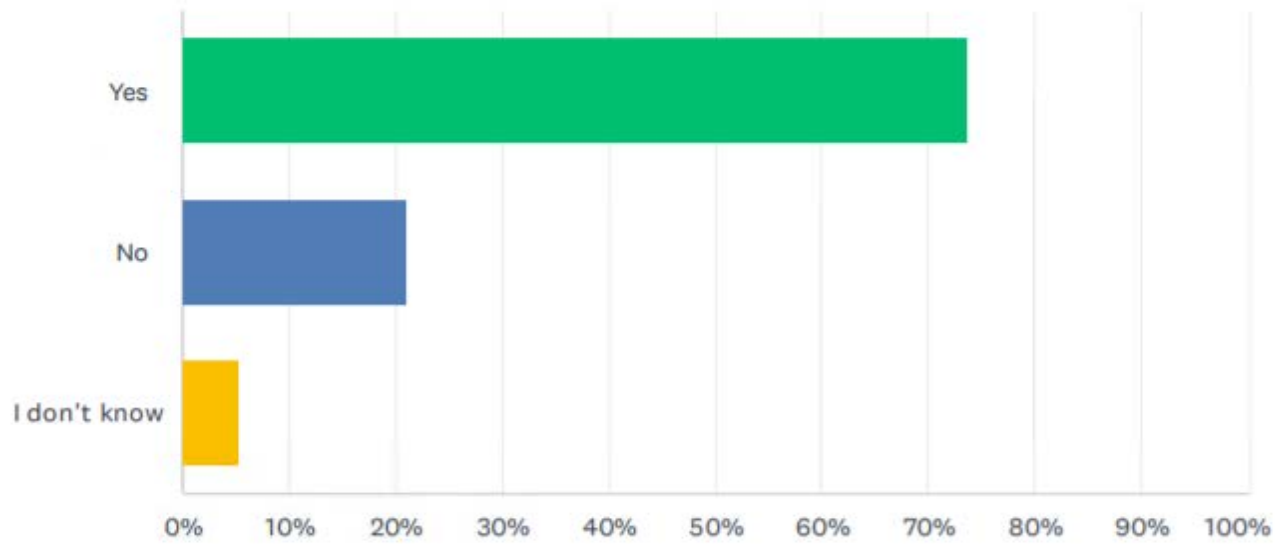
Housing Services Goal One

This goal currently states that by June 30, 2022, the number of people with disabilities who live in the most integrated housing of their choice where they have a signed lease and receive financial support to pay for the cost of their housing would be increased from 1,167.

Proposed changes:

- The target number of people with disabilities would be increased from 1,167 to 2,467.
- The goal would be extended until 2024.
- A new strategy would be added to improve how information about this goal is collected. The Department of Human Services will review how they gather information about housing and choice and about race and ethnicity. They will have recommendations by June 30, 2023.

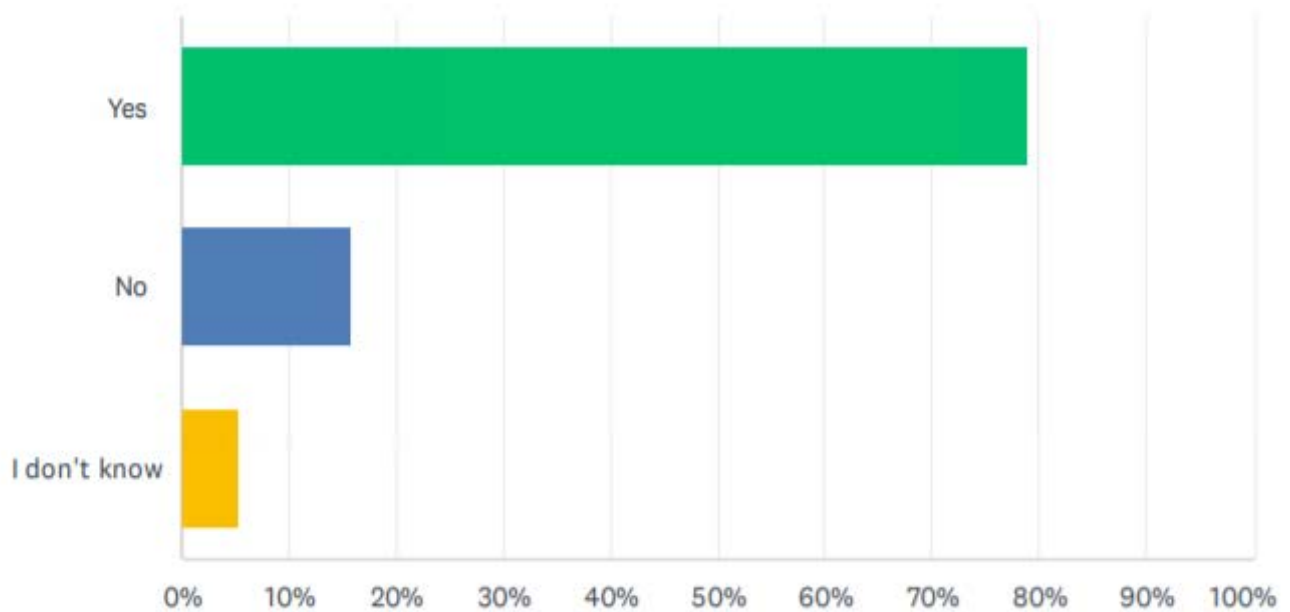
Do you feel that Housing Services Goal One is a good goal for the Olmstead Plan?



Answered: 19

- Yes: 14 people (73.68%)
- No: 4 people (21.05%)
- I don't know: 1 person (5.26%)

Do you feel like this goal is important for people who want integrated housing?



Answered: 19

- Yes: 15 people (78.95%)
- No: 3 people (15.79%)
- I don't know: 1 person (5.26%)

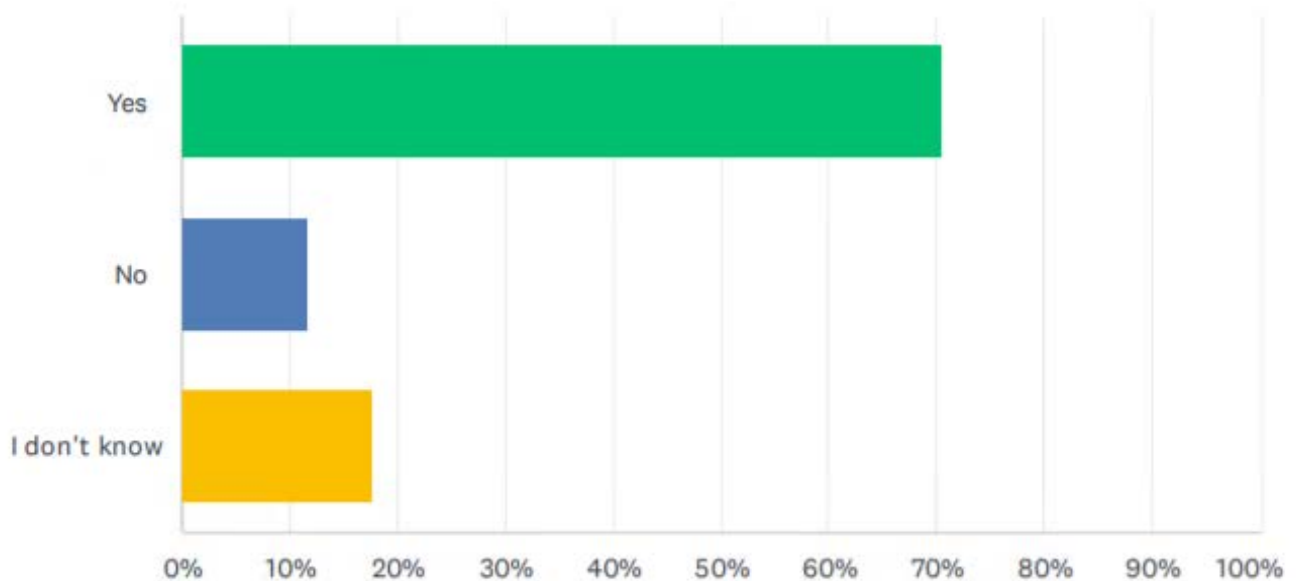
Employment Goal Two

This goal states that of the 50,157 people receiving services from certain Medicaid-funded programs, there will be an increase of 6,283 over baseline to 12,420 in competitive integrated employment.

Proposed changes:

- By September 30, 2022, there will be a better measure of how many people achieved competitive integrated employment.
- The measures of the goal would be changed to better reflect a person's access to competitive integrated employment and would also track race and ethnicity.
- New strategies would require collaboration between the Department of Human Services (DHS) and the Department of Employment and Economic Development (DEED).

Do you feel like Employment Goal Two is a good goal for the Olmstead Plan?

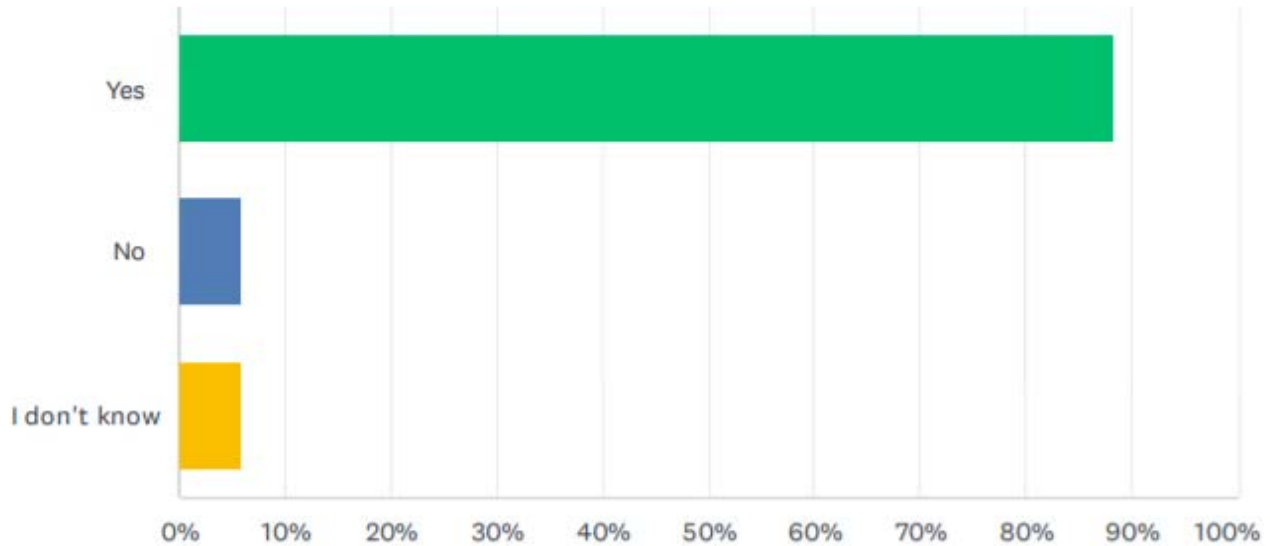


Answered: 17

- Yes: 12 people (70.59%)
- No: 2 people (11.76%)

- I don't know: 3 people (17.65%)

Do you feel like this goal is important for people who want competitive, integrated employment?



Answered: 17

- Yes: 15 people (88.24%)
- No: 1 people (5.88%)
- I don't know: 1 person (5.88%)

Employment Goal Three

This goal states that by June 30, 2025, 1,513 students with developmental and cognitive disabilities, ages 19-21, will enter into competitive, integrated employment through the Employment Capacity Building Cohort (ECBC). ECBC is an activity in school districts and county teams focused on professional developmental and technical assistance. The goal of ECBC is to improve the rate of competitive, integrated employment for students with cognitive disabilities ages 19 to 21 years.

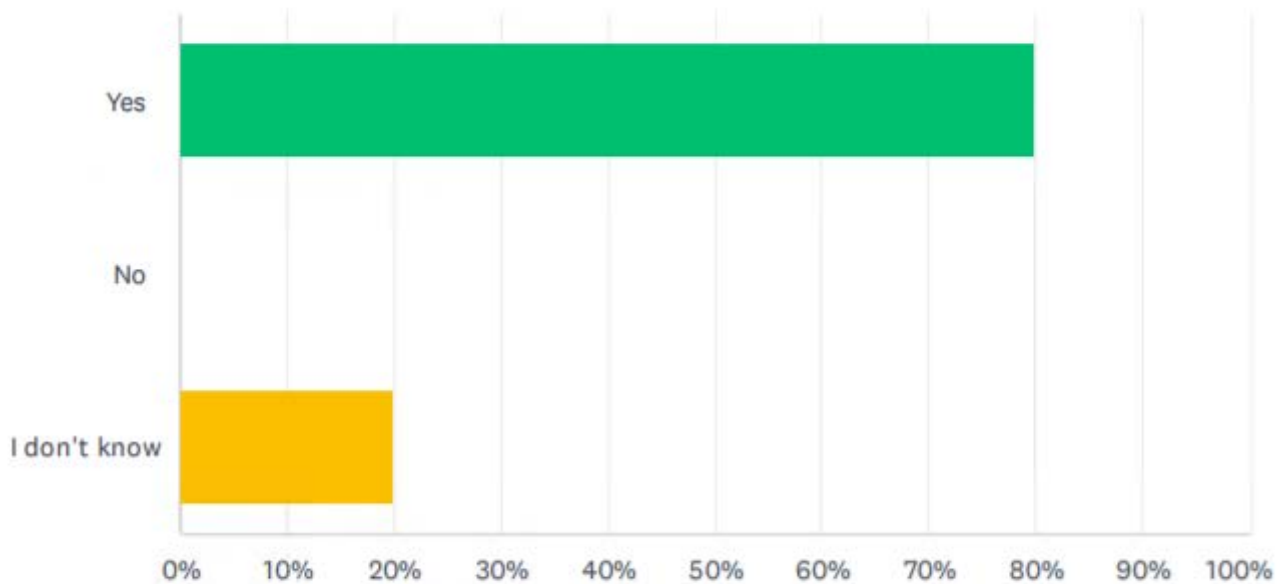
Proposed changes:

- Four new strategies would be added to improve how information about this goal is collected.

Special education research shows that self-determination increases quality of life for students with disabilities. Self-determination is how someone controls decisions about their own life.

1. Through October 2022, the Minnesota Department of Education (MDE) will explore ways to measure the self-determination of students with cognitive and developmental disabilities who are in secondary transition work and doing employment planning with their Individualized Education Program (IEP) teams.
2. From October 2022 through September 2023, MDE will partner with school districts to measure self-determination in education.
3. From October 2023 through January 2024, MDE will use the measurements to create a framework for self-determination and education.
4. From July 2024 through September 2025, MDE will test the framework in partnering school districts.

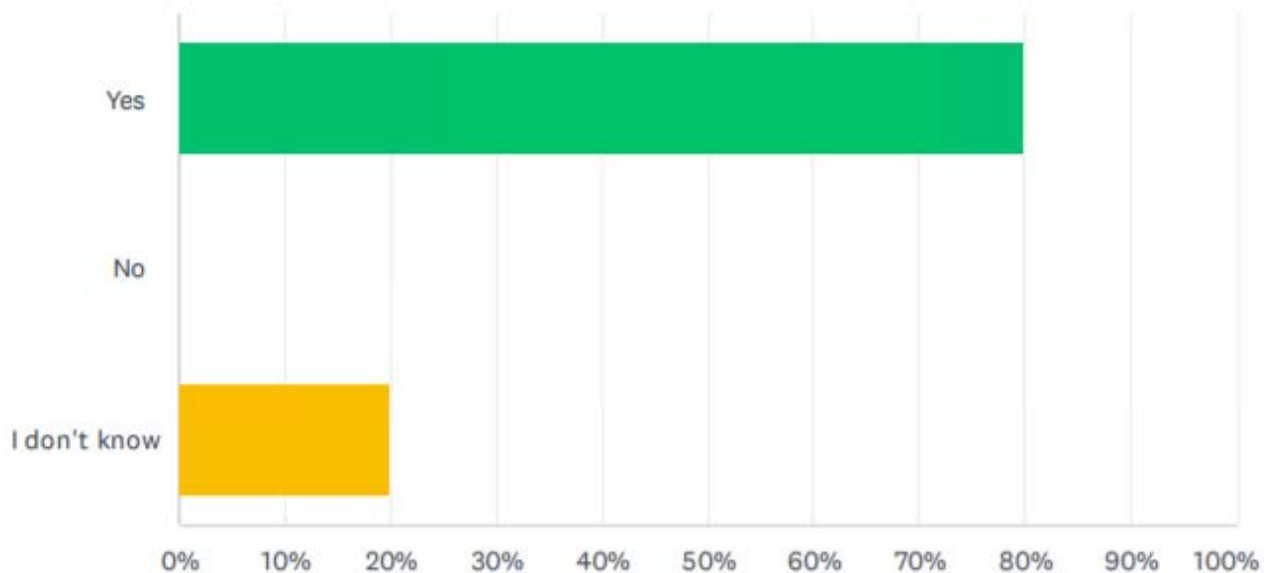
Do you feel like Employment Goal Three is a good goal for the Olmstead Plan?



Answered: 15

- Yes: 12 people (80.00%)
- No: 0 people (0.00%)
- I don't know: 3 people (20.00%)

Do you feel like this goal is important for people who want competitive, integrated employment?



Answered: 15

- Yes: 12 people (80.00%)
- No: 0 people (0.00%)
- I don't know: 3 people (20.00%)

Life-Long Learning and Education Goal One

This goal states that by December 1, 2021 the percent of students with disabilities receiving instruction in the most integrated setting will increase to 63%.

Proposed changes:

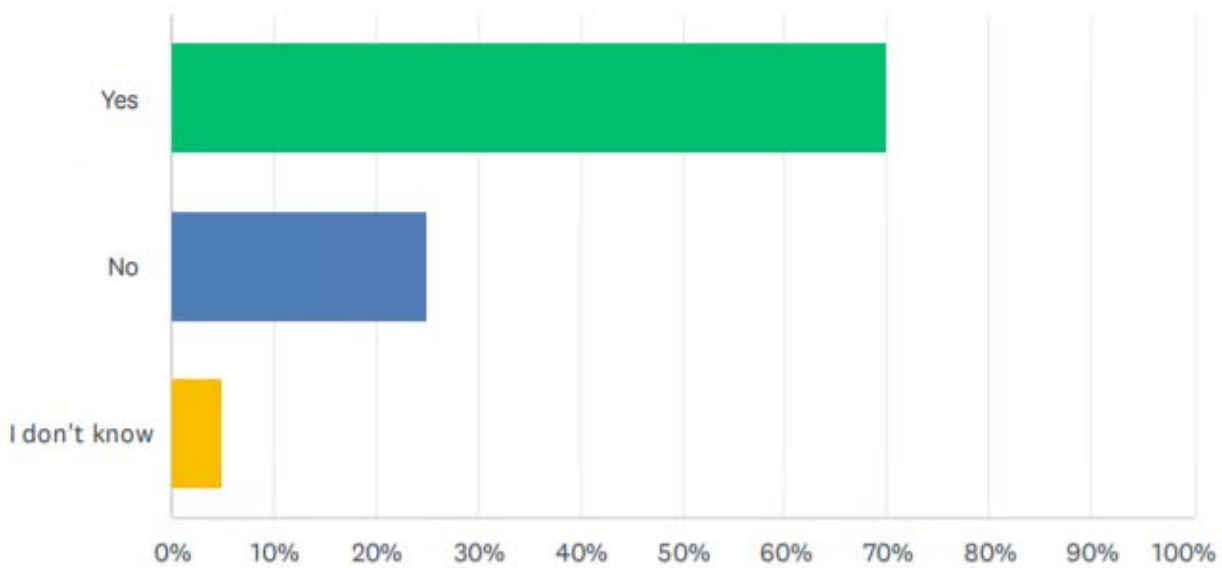
- Four new strategies would be added to improve how information about this goal is collected.

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1. Through October 2022, the Minnesota Department of Education (MDE) will explore ways to measure the self-determination of students with cognitive and developmental disabilities who are in secondary transition work and doing employment planning with their Individualized Education Program (IEP) teams.
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4. From July 2024 through September 2025, MDE will test the framework in partnering school districts.

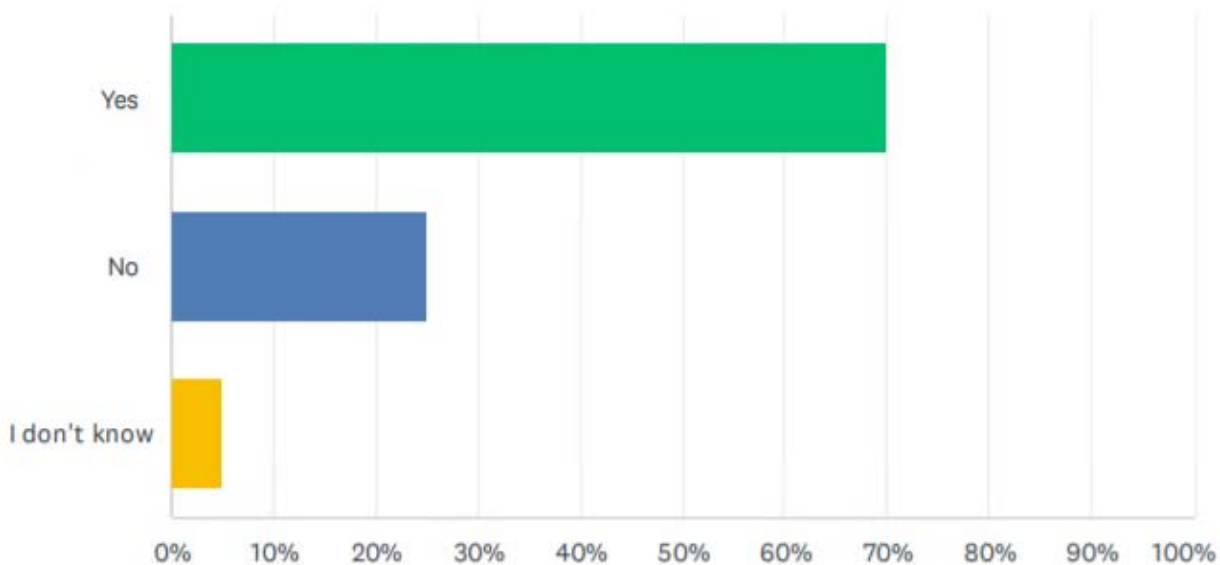
Do you feel like Lifelong Learning and Education Goal One is a good goal for the Olmstead Plan?



Answered: 20

- Yes: 14 people (70.00%)
- No: 5 people (25.00%)
- I don't know: 1 person (5.00%)

Do you feel like Lifelong Learning and Education Goal One is important for students learning in an integrated setting?



Answered: 19

- Yes: 15 people (78.95%)
- No: 3 people (15.79%)
- I don't know: 1 person (5.26%)

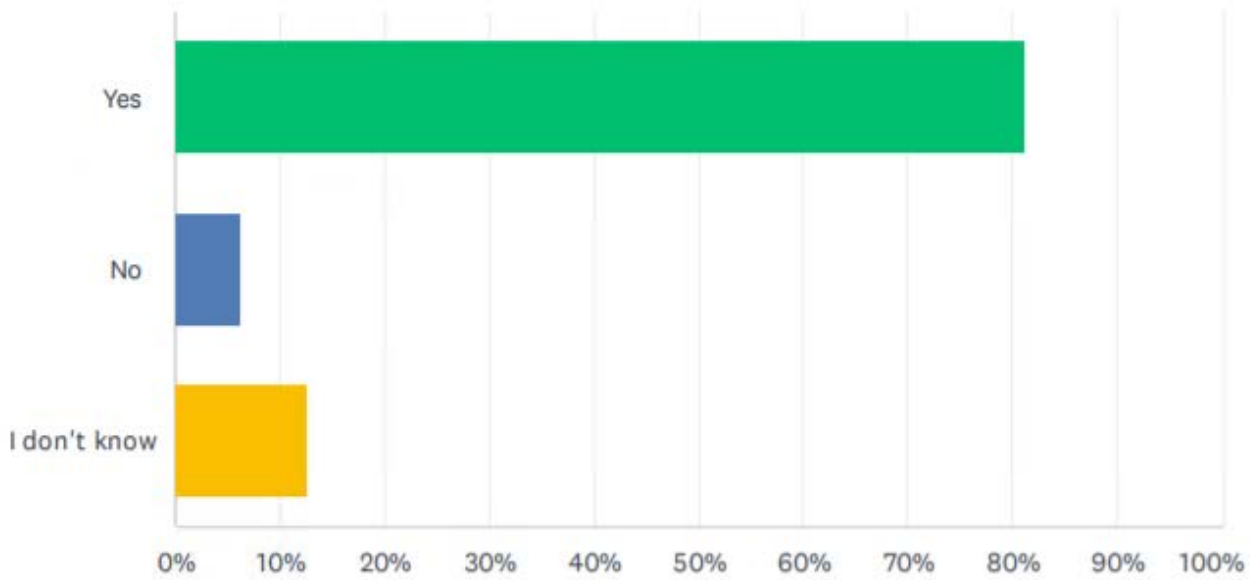
Transition Goal One

This goal currently states that by December 31, 2020 accessibility improvements will be made to 6,600 curb ramps and 430 accessible pedestrian signals, and by October 31, 2021 improvements will be made to 55 miles of sidewalks.

Proposed changes:

- The Department of Transportation will build more curb ramps and traffic signals that help people cross the street safely. They will also add more miles of sidewalks.
- By December 31, 2023, accessibility improvements will be made to:
 - Increase curb ramps from 6,600 to 10,299 (increase from 19% to 79%)
 - Increase accessible pedestrian signals at crosswalks from 430 to 490 (increase from 10% to 79%)
 - Increase miles of sidewalks from 55 to 113 (increase from 46% to 64%)
- The goal would be extended until 2023.

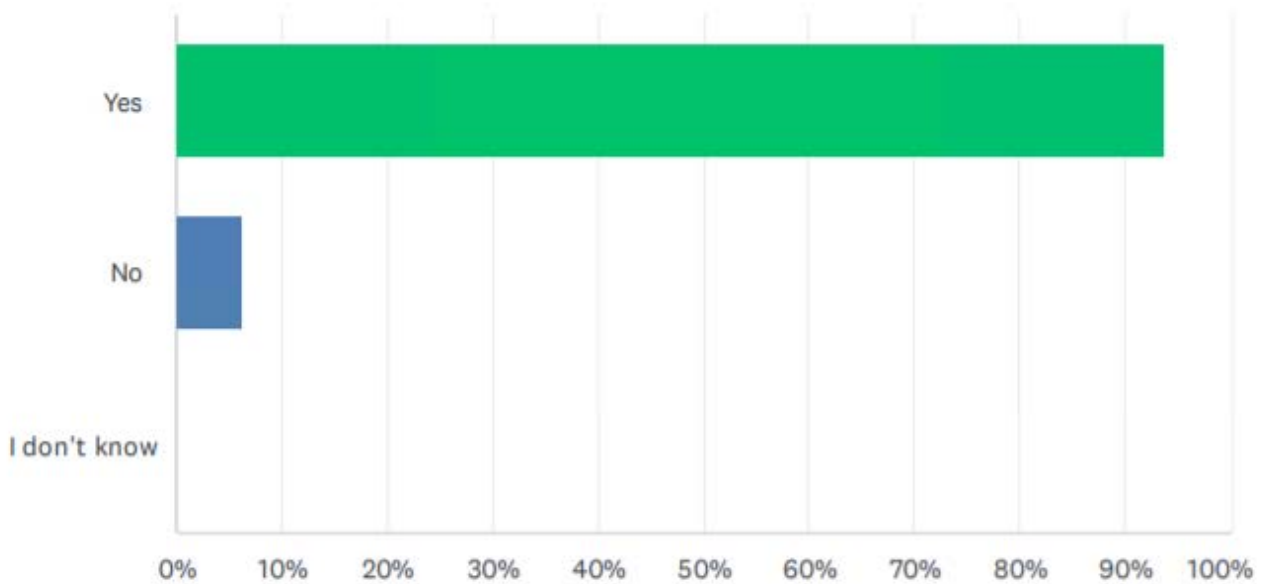
Do you feel like Transportation Goal One is a good goal for the Olmstead Plan?



Answered: 16

- Yes: 13 people (81.25%)
- No: 1 person (6.25%)
- I don't know: 2 people (12.50%)

Do you feel like this goal is important for people who use curb ramps, pedestrian signals, and sidewalks?



Answered: 16

- Yes: 15 people (93.75%)
- No: 1 person (6.25%)
- I don't know: 0 people (0.00%)

Crisis Services Goal One and Two

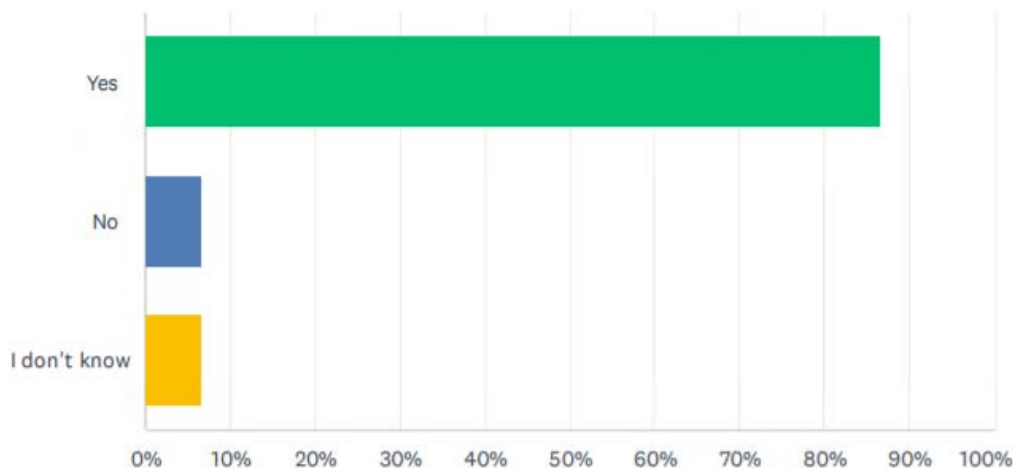
Goal One states that by June 30, 2022, the percent of children who receive children's mental health crisis services and remain in their community will increase to 85% or more.

Goal Two states that by June 30, 2022, the percent of adults who receive adult mental health crisis services and remain in their community (e.g., home or other settings) will increase to 65% or more.

Proposed changes:

- Four new strategies would be added to improve how information about this goal is collected and communication about mental health and crisis services:
 1. Improve how information is collected about the goal.
 2. The Department of Human Services (DHS) will hire more people to take phone calls so adults and children with a mental health crisis can get help.
 3. To help reach these goals, DHS will expand Mobile Crisis Services. They will increase financial support to counties and tribes to staff mobile crisis lines and be able to take more calls.
 4. DHS will increase capacity for same-day or next-day appointments for children's mental health outpatient care for those in crisis.

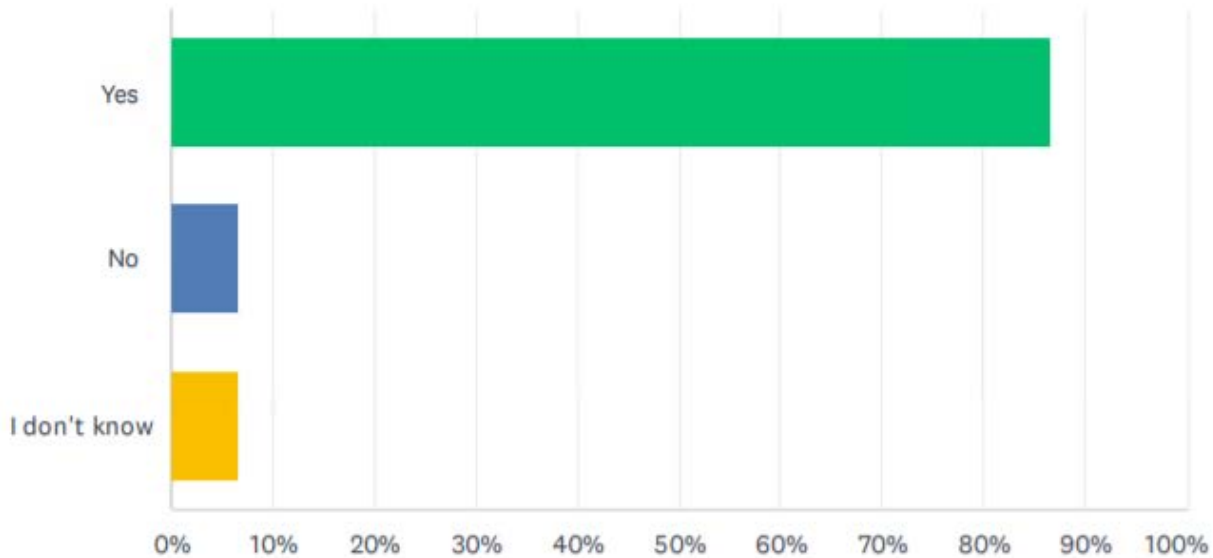
Do you feel like Crisis Services Goal One and Two are good goals for the Olmstead Plan?



Answered: 15

- Yes: 13 people (86.67%)
- No: 1 person (6.67%)
- I don't know: 1 person (6.67%)

Do you feel like this goal is important for people who use mental health and crisis services in their communities?



Answered: 15

- Yes: 13 people (86.67%)
- No: 1 person (6.67%)
- I don't know: 1 person (6.67%)

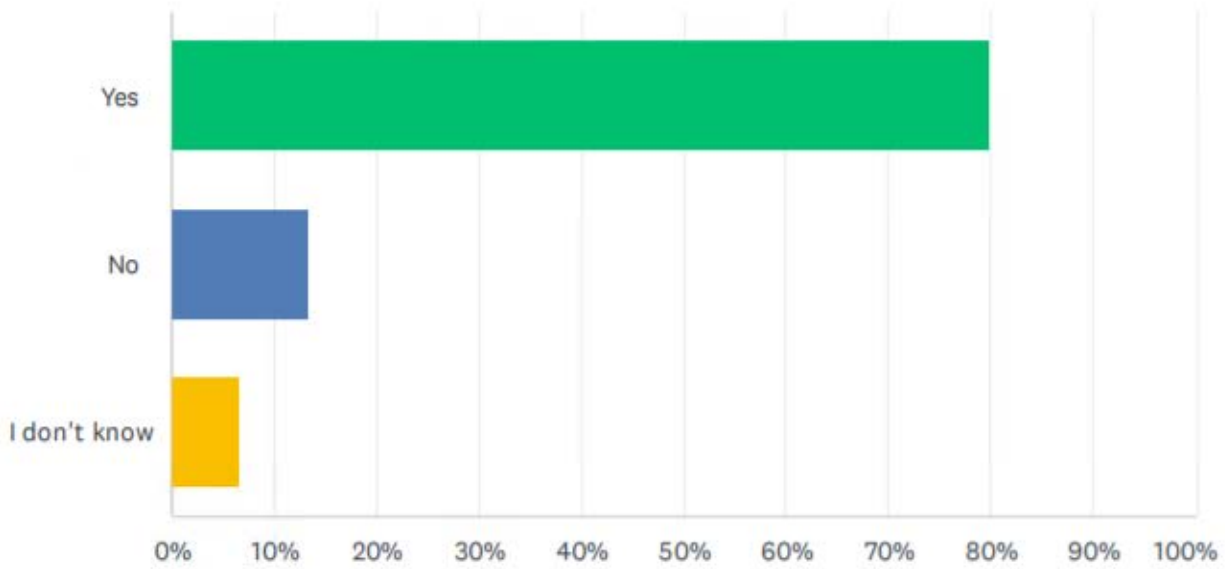
Preventing Abuse and Neglect Goal Three

The current goal states that by December 31, 2021, the number of vulnerable adults who experience more than one episode of the same type of abuse or neglect within six months will be reduced by 20% compared to the baseline.

Proposed change:

- The goal is being extended to 2022 with the same target: By December 31, 2022, 20% fewer adults will experience more than one episode of the same type of abuse or neglect within 6 months.

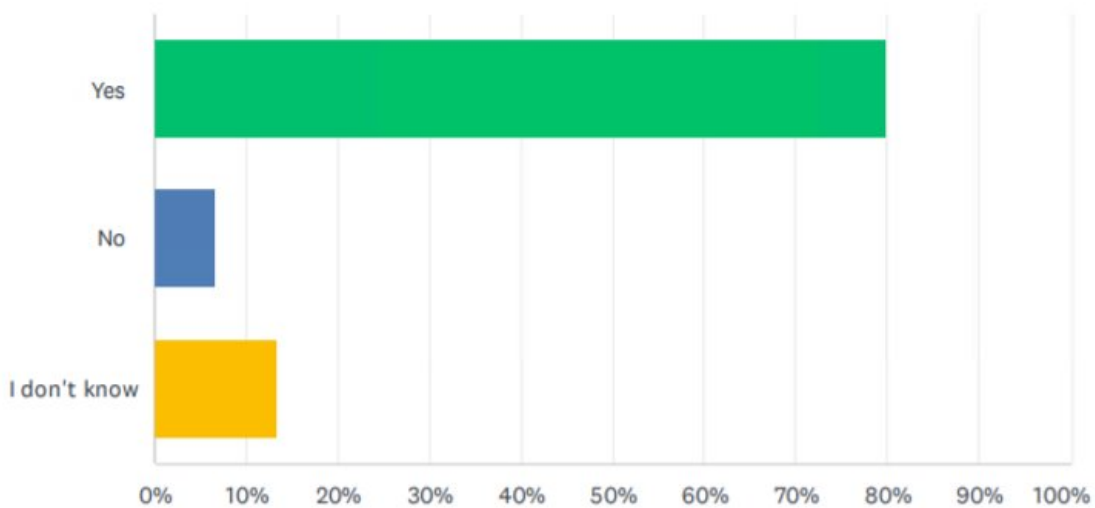
Do you feel like Preventing Abuse and Neglect Goal Three is a good goal for the Olmstead Plan?



Answered: 15

- Yes: 12 people (80.00%)
- No: 1 person (6.67%)
- I don't know: 2 people (13.33%)

Do you feel like this goal is important for preventing abuse and neglect?



Answered: 15 people

- Yes: 12 people (80.00%)
- No: 1 person (6.67%)
- I don't know: 2 people (13.33%)

Assistive Technology

In 2021, the System of Technology to Achieve Results (STAR) Program loaned 482 assistive technology devices to 482 Minnesotans. STAR demonstrated 209 devices to 263 people. 246 Minnesotans received open-ended device loans, which saved them \$531,585.

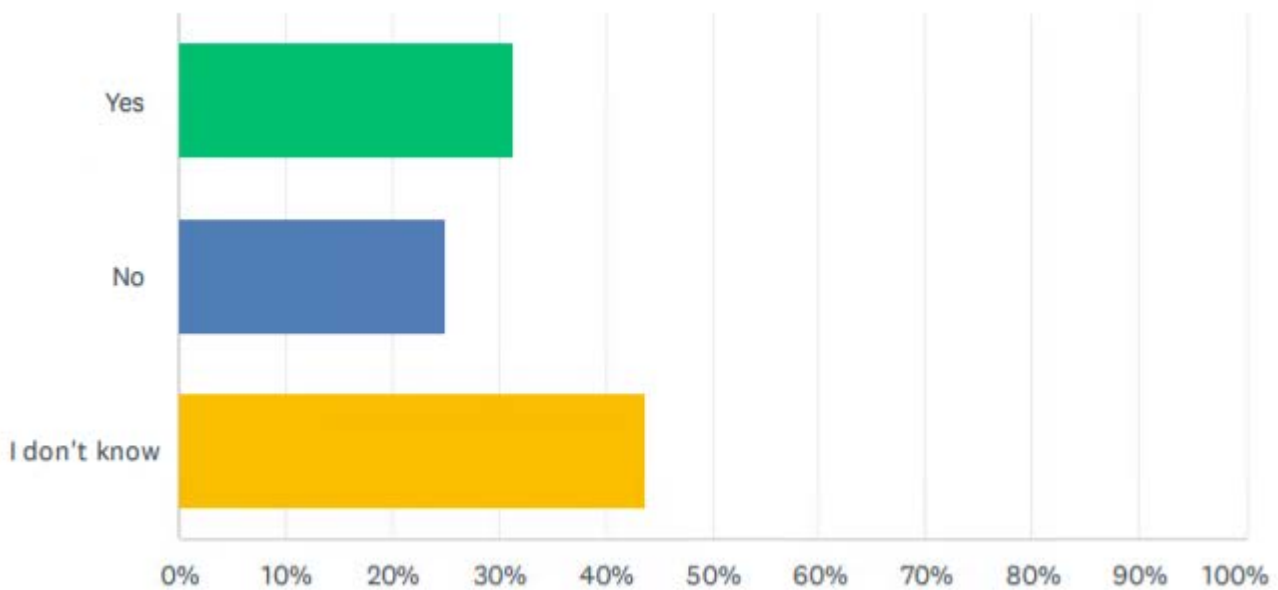
As of October 2021, Minnesotans can use the Minnesota Assistive Technology for All website to learn about equipment that is available for short or long-term loans. Minnesotans can create an account to request device demonstrations or loans online.

In 2021, an assistive technology workgroup began meeting regularly. They will review the website and make updates as needed.

Proposed change:

- New strategies would be added to improve a person's understanding of types of assistive technology and the availability of equipment.

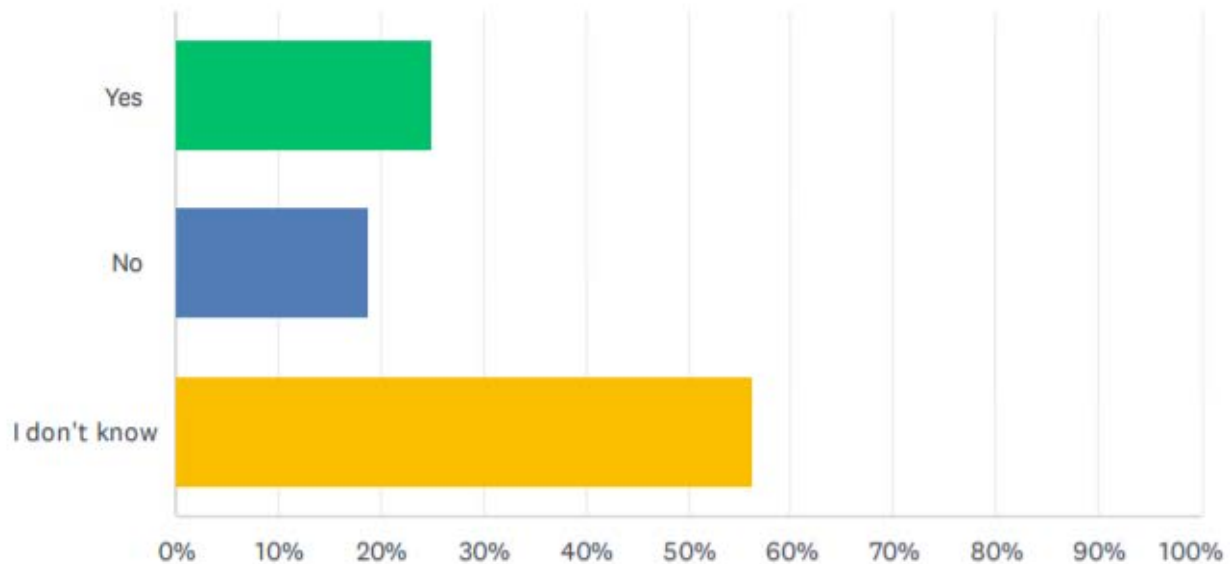
Are you happy with STAR assistive technology and services overall?



Answered: 16

- Yes: 5 people (31.25%)
- No: 4 people (25%)
- I don't know: 7 people (43.75%)

Do you feel that these website updates will help people with disabilities access assistive technology?



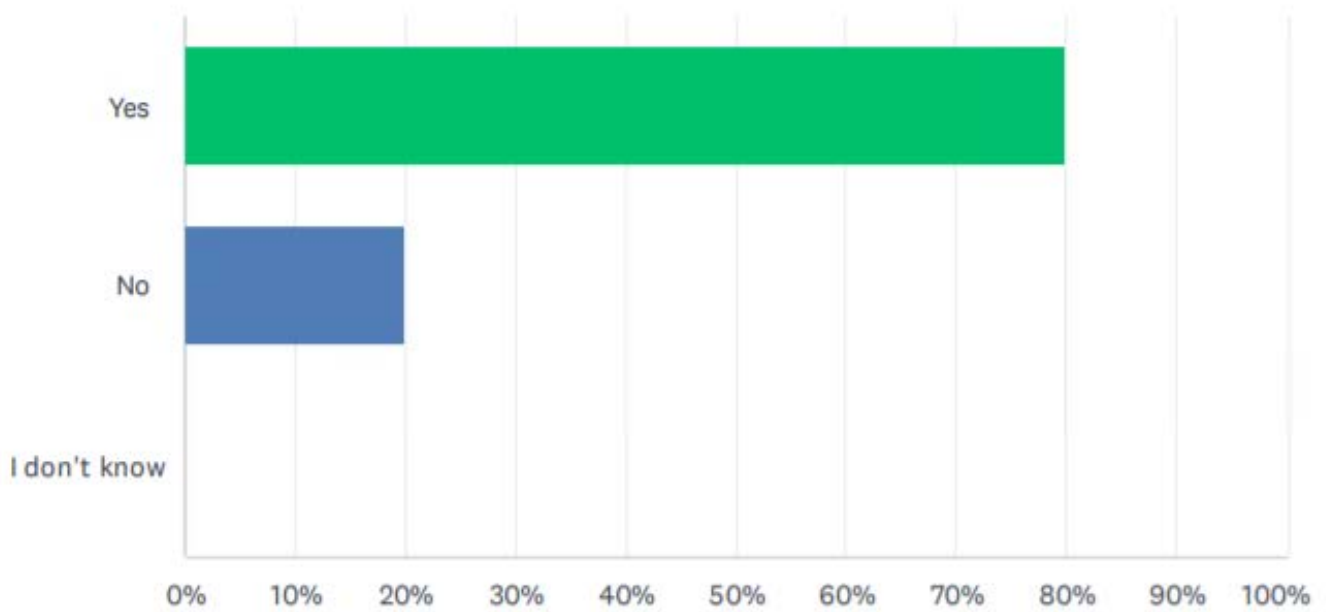
Answered: 16

- Yes: 4 people (25%)
- No: 3 people (18.75%)
- I don't know: 9 people (56.25%)

Homeless Disabled Vets

The Minnesota Department of Veterans Affairs (MDVA) will work to find out what homeless veterans with disabilities experience and how to meet their needs. They will look at available data in the Homeless Veteran Registry and improve the registry as needed. With this information, MDVA will create a goal and measurements by December 31, 2022.

Do you feel like the Olmstead Plan needs a goal for homeless veterans with disabilities?



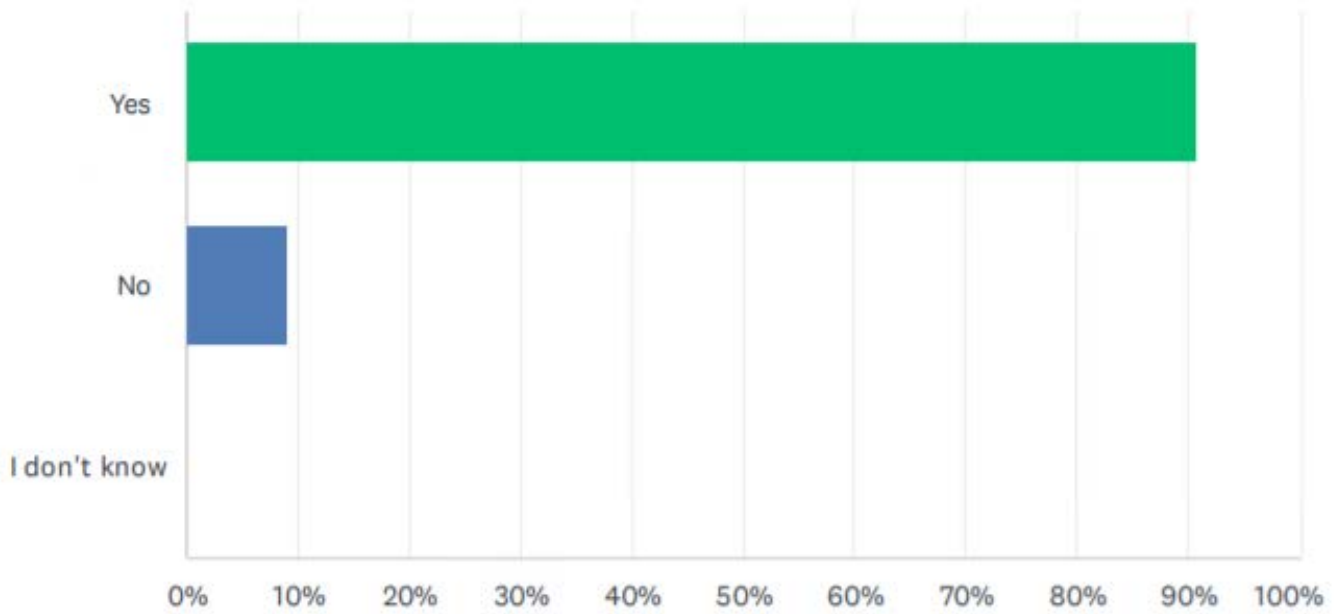
Answered: 10

- Yes: 8 people (80.00%)
- No: 2 people (20.00%)
- I don't know: 0 people (0.00%)

Crime Victims

People with disabilities are victims of crime at a higher rate than non-disabled people. They need equal access to services that can help them recover and heal. The Department of Public Safety (DPS) will explore what programs currently exist and if they are accessible for people with disabilities. They will create a goal to make sure programs are equipped to serve people with disabilities.

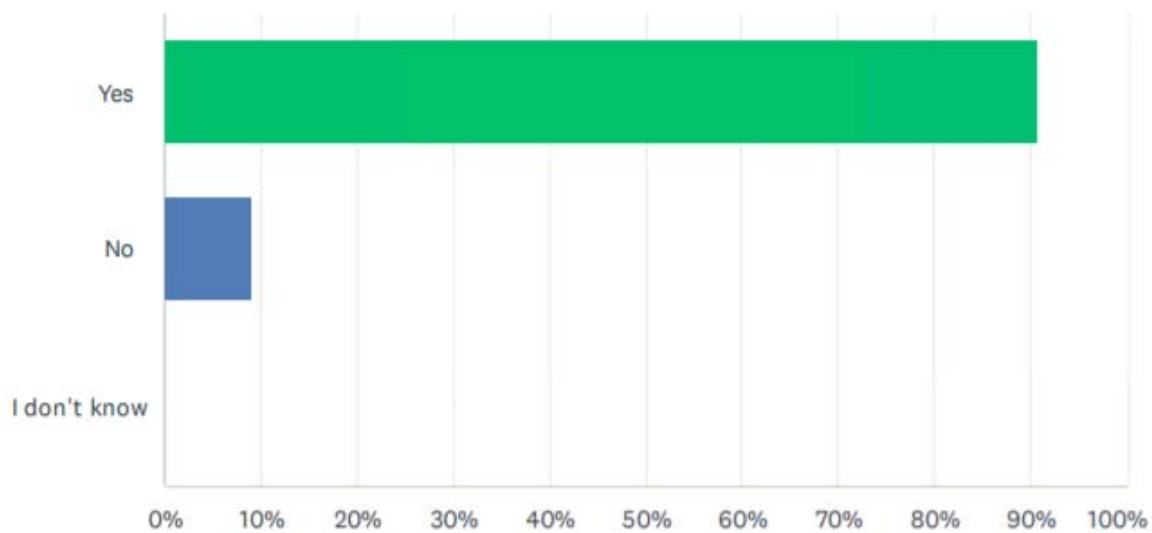
Do you feel like the proposed ideas about servicing crime victims is a good goal for the Olmstead Plan?



Answered: 11

- Yes: 10 people (90.91%)
- No: 1 person (9.09%)
- I don't know: 0 people (0.00%)

Do you feel like it is important for crime victims with disabilities to have better access to services?



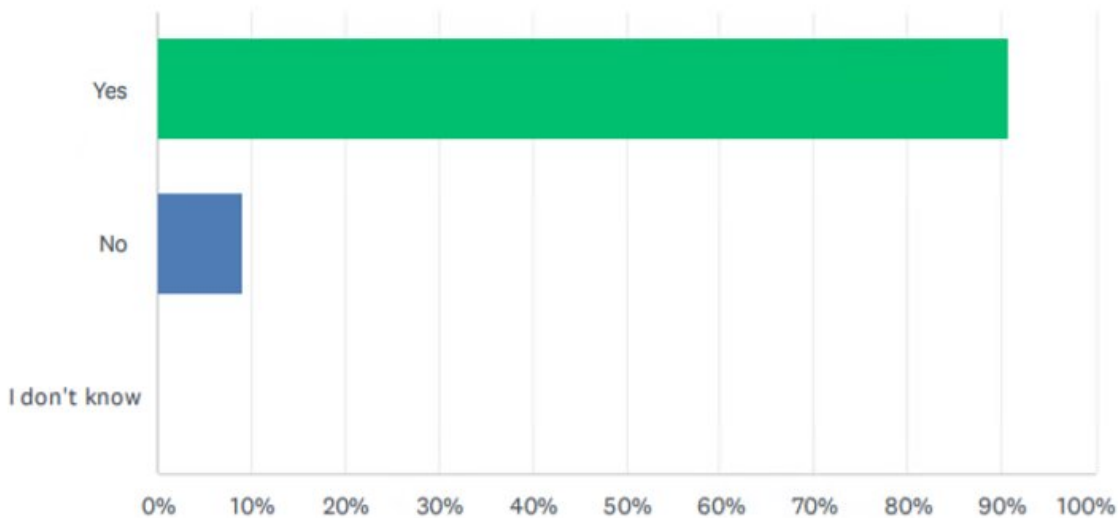
Answered: 11

- Yes: 10 people (90.91%)
- No: 1 person (9.09%)
- I don't know: 0 people (0.00%)

Juvenile Justice

The Department of Public Safety (DPS) will develop a Juvenile Justice-Mental Health Continuum of Care. This will help juvenile justice facilities and child welfare service staff have a coordinated response to mental health crisis. This work began in January 2022.

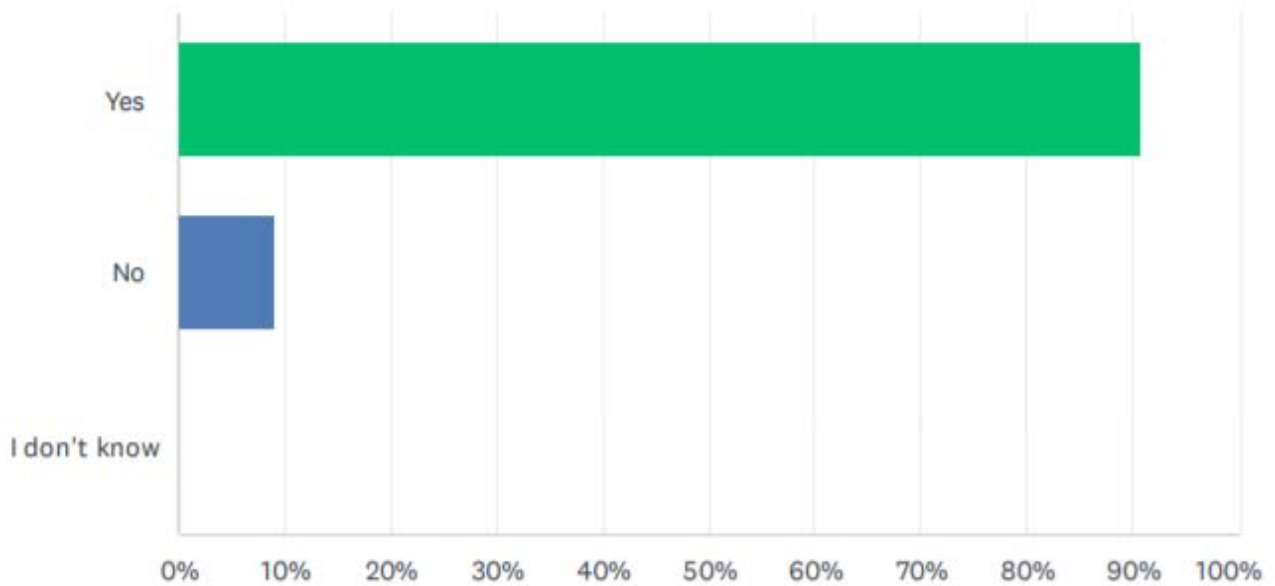
Do you feel like this is a good goal for the Olmstead Plan?



Answered: 11 people

- Yes: 10 people (90.91%)
- No: 1 person (9.09%)
- I don't know: 0 people (0.00%)

Do you feel like a Continuum of Care program is important for people serving juveniles in the justice system?



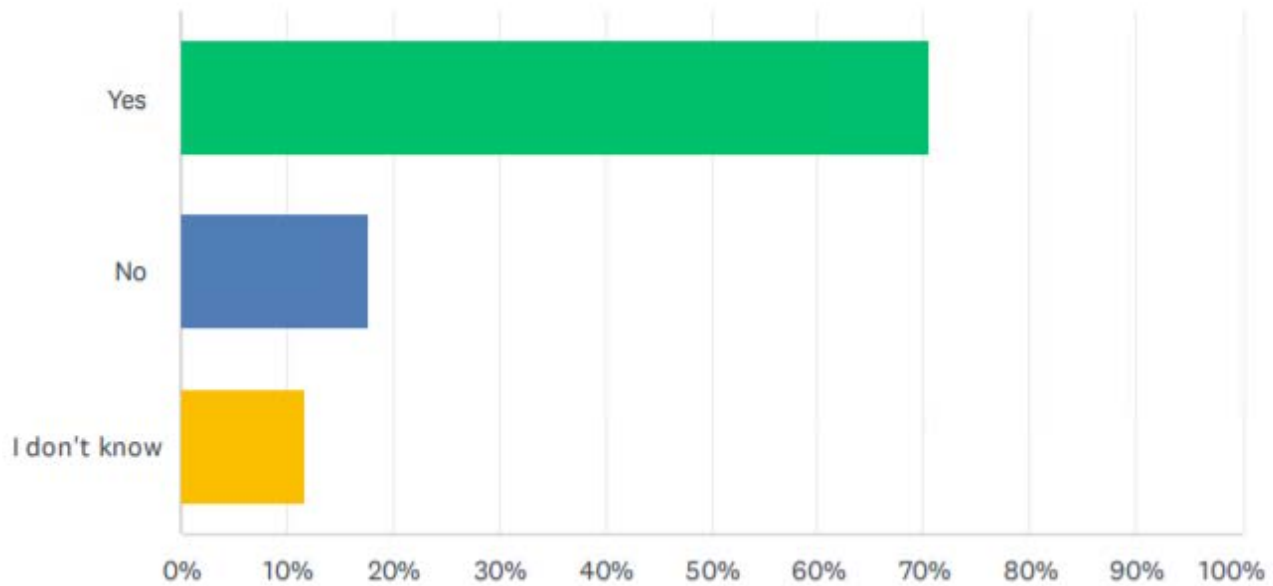
Answered: 11

- Yes: 10 people (90.91%)
- No: 1 person (9.09%)
- I don't know: 0 people (0.00%)

Health

The Minnesota Department of Health (MDH) has been focused on the pandemic and its impact on people with disabilities. This includes access to testing, vaccines, and care. As MDH continues these efforts, they will also look at data collection standards. By including disability in data, MDH thinks this will help identify differences in health outcomes for people with disabilities. This information will lead to better care.

Do you feel like the Olmstead Plan needs a goal about care for people with disabilities during Covid-19?



Answered: 17

- Yes: 12 people (70.59%)
- No: 3 people (17.65%)
- I don't know: 2 people (11.76%)

Additional Comments:

- Hi, my name is [redacted]. First, thank you for allowing me to speak with you, I appreciate the opportunity. I would like to talk with you today about the Lifelong Learning and Education Goal Number One in the Olmstead Plan. I fully support this goal, but the amendments are inadequate. They leave out younger students who are not yet in high school or engaged in employment training. This is far too late to address self-determination. Furthermore, the amendments do not address how self-determination will be measured and how the framework for self-determination and education will be created. I have 3 children with a genetic intellectual disability. My oldest son is severely affected by his disability, and I have spent most of my time fighting for his right to be included and integrated in school. Finally, and despite the seemingly relentless pushback from his school district, this year his inclusion has greatly increased. It is not a coincidence that this year he has also made the fastest and most meaningful progress he has ever made. His behaviors are occurring less and less frequently, and it is clear that he is happy, connected, and knows that he is a valuable part of the community. My son is learning to regulate his emotions, advocate for himself, and make choices by

observing and interacting with his peers. He will not learn these skills in a segregated, controlled setting that does not allow him to make choices and one where the only behaviors he sees are similar or worse than his own. Last year, I asked my sons' IEP team to include a goal in his IEP in which he would say "no," or refuse an item or activity. I'm happy to say that he met that goal. Well, some days, I'm annoyed he met that goal. But, The importance of teaching my son that he has choices and that he has the right to say "no" cannot be understated. Often in special education programs, students are never given the opportunity to use their voice. Waiting until high school to address self-determination is too late. The amendments must include younger students, and they must specifically include training for all staff (general education and special education) on the importance of the research backed practices of inclusion and self-determination for students with disabilities. The framework should also include that each student's IEP include at least one self-determination goal each year, starting in Kindergarten. Making these changes is absolutely necessary for the lifelong success and integration of children and adults with disabilities. Thank you so much for your time and your consideration.

- We have concerns about the goal related to Preventing Abuse and Neglect. It states "By December 31, 2022, 20% fewer adults will experience more than one episode of the same type of abuse or neglect within 6 months." We have concerns about extending this goal rather than aiming for additional reductions into 2023. We are excited about the OIO's efforts to assess whether individuals have self-determination in decision making around education and employment, but would like additional information about how the data will be used to inform efforts to enhance self-determination. We are very excited about the increased goal related to individuals who are living in homes of their choice (in which they have a lease).
- Many goals are focused on gathering information but I feel we already have much information. What missing is accountability.
- This is entirely about mental health and homelessness. Where are the goals and objectives for the staffing catastrophe that exists for people who are ACTUALLY totally dependent in all ADL's and IADL's ? You are totally ignoring an entire group of people. 2. Waivers should not be used to cure the homelessness crisis for people that are drug addicts or alcoholics. 3. People are being forced to live in congregate care against their wills due to LACK OF CHOICE. Your office doesn't care. 4. The Community Support Plan is a worthless paper tiger. It has NO AUTHORITY and NOBODY holds ANY Provider accountable for the actual goals. It is ridiculous and laughable and insulting. MAKE SOMEBODY ACCOUNTABLE. MAKE THE CSP HAVE SOME TEETH.
- Over all health needs to be addressed, and more reliable transportation options are needed as well, as the population grows, metro mobility isn't going to be able to handle the growth
- I am concerned that these changes won't be accompanied by funding. MDE and DHHS are chronically underfunded and that erodes the standard of care for vulnerable kids and adults.
- A goal of 63% for integrated classroom learning would only get Minnesota to 40th in the nation. 40th! At this snail's pace, Minnesota may crack the top 10 around the time the Earth

experiences the heat death from the expanding sun! Why set the bar so low? Minnesota has an opportunity to tell our kids with disabilities that they matter! It has a huge opportunity to tell able bodied, neurotypical kids that kids who are different to them matter! Children learn from children. There is absolutely ZERO reasons that kids with developmental and intellectual disabilities shouldn't be integrated into a common setting with "typical" students at least 80% of the school day. Do better!

- The need to require Minnesota cities to comply with at least using their building codes department to check plans for compliance of the Fair housing Act Amendments 1988 that requires cities plan and take affirmative action must be enforce by explicitly including the details in the MN State Accessibility laws. Currently the State director of building codes claims they do not have the "authority" to enforce the FHA but that is not accurate. Checking for compliance is not the same as legal enforcement. The FHA allows lawsuits PRIOR TO construction beginning. However, there is no basis for someone to sue if it is unknown that a developer does not follow the 7 simple rules. Lawsuits after the fact are expensive for everyone, the developer and the State or the Federal governments. It is also nearly impossible for the people with disabilities to afford a private lawsuit or find a private lawyer willing or able to represent us. Getting the State and Feds to take a case is almost impossible too. I know, I have been working on it for 8 years. Changing the MN State Statute that preemptively forbids any more "restrictive" local code requirements should not be interpreted as forbidding universal design -- which actually EXPANDS housing accessibility and the rules are not "more restrictive" by definition. Universal design should not be thought of as making more requirements for housing development, it defines what is the lowest minimum requirements for acceptable fair housing for 100% of the population. Unlike the traditional rules that are discriminatory because they only meet the needs of abled people. We need age-in-place, housing -- including ownership despite the bad choice of 1988 to exclude single family homes and townhouses from the 7 simple requirements, such as interior doors equally as wide as one 36" exterior door. Minnesota State has a visitability law, but it only applies to MN funded projects. That is discriminatory since disabled people deserve to be able to visit the homes of family and friends, get in at least one entrance door, and to have an accessible bathroom (with a 36" wide door) on the main floor. It doesn't matter that the FHA doesn't require this of single family homes or townhouses. They were wrong during the discussion in the Federal Register from 1988 even though visitability was even brought up in the debate. Back then, all the single family housing dwellings were also assumed to be owner occupied and most likely to be built independently. In 2022, developers build large conglomerations of mixes of condos (covered by FHAA 1988), and rentals. Many single family houses are being built for rental purposes and not home ownership. Part of the intention of Congress with the FHAA 1988 requirements was to ensure accessible housing was being built in multifamily dwellings which were a majority of rental apartments. Condos are distinguished from townhouses by a legal distinction that with condos you own the apartment but not the ground it sits on. Townhouses were deemed similar

to single family dwellings because they also have you own the land the house since on. Attached houses, while being single family dwellings also should be considered to necessarily be built to be accessible, especially if they are rentals. They are little different than 2 story houses anyway. The current ADA and MN State Accessibility law is archaic and based on ignorance and false assumptions regarding exemption for some dwellings. For example, the minimum only requires that 2% of some units be actually accessible when built. Only 5% are required to be Class B, adaptable, such as having reinforced bathroom walls for the installation of grab bars *by the tenant* if needed. Since 25% (underestimated) of the population is disabled, having 1% of all housing cannot meet the needs of the disabled community, and 1% is next to worthless since these are allowed to be rented to abled people precluding vacancy listings for people with disabilities. MN State also has an irrational law that says if a disabled person wants to live in a covered multi family dwelling unit, the abled person must MOVE * if * there is a vacant unit in the same complex. The law does not provide funding to assist the abled person to move, which is very expensive, physically demanding, and costs too much in time and effort they might not be able to afford or take time off work to move. Socially, the abled tenant would have the physical capability and motivation to retaliate against the new disabled tenant. It simply is an unrealistic law that no disabled person would want to invoke. Plus it could and undoubtedly would lead to litigation because the law makes no common sense. All housing starting immediately should be based on universal design. A no lip entry, interior doors of 36" wide (only cost \$12 more retail than 30" doors) with halls at least 36" wide are crucial. As is at least a 1/2 bath on the main floor. It would be nice if builders pushed for more variety, cheaper, and to have residential elevators in two story homes, townhouses, and any 2 story dwelling complex since if the apartment complex has only 2 stories of units, half of them only are accessible without an elevator. This is why less than 1% of US housing is accessible. And when cities offer rehab funding, especially money that comes from federal grants, they don't always (or even usually) change the bathrooms to become ADA compliant to "save money" to be able to rehab more ABLED housing. This is discrimination, but unlike other Civil Rights laws, disability laws * permit* discrimination based on "too expense" or "unreasonable" criteria established by ABLED people. Plus the good old "technologically infeasible" which, since it was written in 1988, may as well refer to cave dwellings when in 2021 or earlier we put a remote control vehicle on Mars and had it take video and pick up sample. There should be nothing considered technically infeasible for housing if we can do that. Institutionalize people with disabilities cannot be integrated into the community if there is NO ACCESSIBLE HOUSING. We should not have to wait on the federal government under today's conditions to make accessible housing a priority. Generations will die before the 1988 law would ever be changed. It would not even pass the 2022 Senate, federal or State at this time. Especially since COVID, accessible housing has never been more important. We were already in crisis since 1988 and before but now with the aging boomer generation, the problem has gotten worse. Topped off by long COVID as a mass disabling event, universal design will be even more crucial in the immediate future. Age-in-Place

starting now is essential to everyone, not just people with disabilities. Plus we need to create a "homestead foreclosure presentation" tax deferral program for people with disabilities who are excluded now even if they are seniors because of two ridiculous conditions in the existing Senior Property Tax Deferral program. One requires a 15 year homestead requirement when the average homeownership length has changed dramatically over the last several decades to be only 10 years. It is irrelevant how long you have lived in a house. If you get in a car crash and become disabled, you need property tax relief to survive immediately, not wait 15 years. And people become disabled by diseases like MS at the prime of their lives, after having paid form homes in full, but when property taxes double in 5 years and you are on a fixed income that does not increase every year and usually only 1 to 2 %, then you could lose your home because you can't pay for property taxes. I have put forward such a bill to multiple state legislators already, including Senators Senjem and Nelson, Reps. Tina Liebling, Liz Boldon, and some others, including candidates running for office in 2022. Your support for the proposed creation of a disabled person deferral program would be a help. Oh and the other stupid and irrelevant condition in the SPTD program is that your spouse may not be less than 3 years younger than the eligibility of the person applying for the deferral. The maximum household income must be under \$60,000 and that is the criterion that really matters. The other matter that needs to be addressed is the unrealistic and discrimination of the income limit required to be eligible for MA. It is based on the cruelly low Federal Poverty Guidelines (FPG). People get disability based on their earnings and other obscure formula conditions. These amount average between \$900 - \$1,200 a month. Not wealthy by any common sense assessment. And the fact that SSDI is even considered income defeats the pupose. People on SSDI are the most medical needy of the population. Most people on SSDI are not just disabled, we are disabled by chronic and / or progressive diseases. We can't afford Medicare premiums (or the two year waiting period), plus Medicare supplements for the 20% balance, plus copays and deductibles and RX insurance and RX copays and deductibles on top of rent / mortgage / association dues and utilities, garbage, telephone, and internet basic fixed costs of life in 2022. The maximum anyone can receive on SSDI is about \$3,000 but that is stated to be "extremely rare" on their own website. Additionally other estimate conclude living with disabilities is 25% more expensive than living as abled body people. Even the way the disabled property tax exemption works is backwards compared to other states. In Minnesota the more your home market value increases the lower your property tax exemption is, as if an arbitrary made up market value provides any more income on a monthly basis. Increased value only matters when a house is sold or transferred when you die. The property tax exemption for all homesteads and especially disabled homesteads should increase the same percentage of increase of the market value. Otherwise you are essentially being taxed twice, once on the increase of the property taxes and again by the reduction of the exemption. Other states increase the exemption to keep pace with increased market value. The only sensible way to match the intention of the exemptions. Please contact me for more information. [Information redacted]

- This comment is about this survey. As a researcher who has been heavily involved in survey research, this survey is heavily biased towards a positive response. There are numerous items where insufficient information was provided and thus, informed comments could not be made about the plan amendments. While some of the information is available in the pdf files, they also did not address questions. Finally, the 2 responses for each question addressed the goals when the changes were to "strategies" not the goals. This survey will not provide any useful information and the results should be considered unreliable.
- You say you want informed choice for people living with disabilities, but where is the choice when services are collapsing from underneath people due to the staffing crisis? Over half of group home providers are closing sites, and single occupancy sites take twice the number of staff. We are closing more sites, and no one wants to take our cherished clients, some of whom we've served for over 20 years. Both they and we are heartbroken. If you offer "be your own leaseholder" as a choice, you are misleading vulnerable people, and that's unconscionable. This whole plan is an embarrassing demonstration that you don't understand reality. How can we offer more employment options when DTH providers can't get staff? How can we offer better transportation when they can't get staff. Come work some shifts so you understand the direction your policymaking needs to take. We need to allow options that optimize the resources we have and fight for better wages. Services for people living with a disability in MN are on the verge of collapse.