

Redacted Survey Responses: Disability Systems Change Council (DSCC)

These survey responses have been redacted to exclude personally identifying information.

What is one issue you think the Disability Systems Change Council (DSCC) should focus on?

- Inclusion for all not just those with mild disabilities.
- Systemic changes
- A strong, consistent safety plan is in place where people with disabilities and families will not be afraid to speak out about concerns.
- Having to choose between keeping benefits and employment.
- The Government often views and treats disabled people as “less than” or an afterthought. Systems and structures must foster authenticity, belonging, and full community participation. inclusion is Need everywhere , make sure Once people start earning a living wage, they may lose their benefits. why does this happen? a Once people start earning a living wage, they may lose their benefits this shouldn't happen to anyone the system need to change , people with disabilities' still need .
- Hiring competent staff.
- Income limits and financial support With Situations, such as the war in Iran, raising prices and inflation, the cost of living increases are outpacing obsolete income limits. They do not allow disabled people to make enough money or inherit money in such a way that allows for them to pay for living costs. Also, hours to qualify for services should be variable. With some weeks being allowed to work up to 30 hours while other weeks working less to average out to the appropriate hours. Hours should not be income limited. A disabled person can have a high paying job and only be able to work up to 10 hours a week.
- One issue I think the DSSC should focus on, is the most pressing one. One that won't allow us to solve the other issues until it finds resolution. The trust between public officials and providers of disability services has been severely damaged. The state invests a lot of money into waived services, without having any real way of ensuring or being confident that service providers are then using those tax-dollars in good faith. Here's what needs to be done somehow, we as a state must: 1. Figure out a system that ensures disability services are fully funded while also

making sure that said system is transparent enough to no longer need to rely on 'trust' for the system to actually operate as intended. - Basically, we need to figure out a way to know that providers have enough funding to do what we're asking them to do. We need to know whatever money were allocating toward waiver services is enough for providers to keep the lights on, pay their DSP's more than a window worker at a fast-food restaurant and provide high quality services to people, without going broke in the process. That's the first step, and to do this: a) First, we need a mechanism to be able to track and measure, with full transparency, the actual costs of service provision and administration for disability service providers. b) Second, we as a state must require full access to the financial data for service providers who are receiving any amount of govt. dollars. The percentage of waiver revenue received by providers that then requires them to report how they use said revenue must be lowered to... like one dollar. If they receive so much as a single dollar from the taxpayer, then the taxpayer should be able to know immediately, where that one dollar is going to be used. c) By creating mechanisms to accomplish both "a)" and "b)," then there will be no question about which service providers in MN are fraudulent, or which one's aren't spending dollars correctly, etc. Because you'll know exactly how much money they truly need, where they're spending what they receive and how much money they are, in fact, receiving. d) Once we know the actual costs of providing service per each provider, then we know how much money is truly goes to 'waste'. Otherwise, how on earth could we ever know if the money is, in fact, being wasted if we don't know how much needs to be spent in the first place? 2) Create a system that rewards compliance, instead of one that punishes non-compliance. 3) Replace or optimize the DWRS rate system to correlate with actual, and true expenses incurred by service providers, once you know exactly how much compensation they require and exactly what they're spending the revenue on, this shouldn't be an issue. 4) To put it in simple terms: Make it impossible not to know how service providers are spending our spend tax-dollars, then figure out how much of their 'need' for more money is a result of their spending choices and/or how much is truly an under-funding problem, where we need to invest more. Then, trust is no longer an issue. Reward service providers for demonstrating compliance, while knowing they aren't cutting costs elsewhere to fund their compliance functions/departments. Invest when the systems indicate underfunding, correct when the systems indicate non-compliant spending. Hopefully, you get the picture.

- A person centered approach. There is always a risk to try and solve a problem for everyone. It isn't possible - what needs to be available are the RESOURCES which allow individuals to make choices about how they live, where they live, how they work, where they work, how they get around - how they spent their time, how they get their needs met best, I have 3 daughters with Down Syndrome - each are unique and have their own goals and ideas about how they want to live their life. Up until now - much of their time was spent in school and now as they complete their transition services - we are seeking ways for them to grow and participate in their community - living, working, being and participating - and it is ONLY with individualized, choice based supports that this works.

- One critical issue the Disability Systems Change Council should focus on is ensuring that funding structures for community-based residential services align with the actual support needs of the people receiving services so that integrated housing options remain available. Family Residential Services homes are among Minnesota's most individualized and integrated residential settings for people with disabilities who require daily support. Recent implementation of the flat-rate funding structure is already creating instability across these homes, including staffing reductions, restructuring of one-person placements, and increased risk of provider closure. As a designated coordinator working across multiple Family Residential Services providers, I am seeing placement changes occurring because of funding limitations rather than person-centered planning or assessed need. When smaller homes become unstable or close, individuals often have fewer meaningful housing choices and may be forced into larger or more restrictive settings. Supporting funding approaches that reflect assessed needs is essential to preserving integrated community living options and advancing the goals of the Olmstead Plan.
- Early childhood special education in public schools.
- I'd like to see a focus on helping our young adults transition from services from the schools to what they will be doing after the age of 21. I would also like for us to look at why services are not coordinated and who should be coordinating for a child and/or adult.
- One issue the DSCC should focus on is enforceable accountability across all disability service systems. Right now, Minnesota has multiple programs, agencies, and coordination structures, but very little binding enforcement when systems fail-whether that's delayed services, inaccessible communication, institutional overuse, or benefit cliffs that force people into dependency tradeoffs. The DSCC should prioritize shifting from advisory and coordination models to enforceable standards that apply across agencies, with clear consequences when outcomes are not met. That includes: measurable service delivery requirements (timelines, access standards, transition requirements) enforcement mechanisms when systems fail individuals elimination of policy gaps that allow agencies to “comply on paper” but fail in practice If the council does not have enforcement authority-or cannot trigger real corrective action-then it risks becoming another layer of coordination without systemic impact.
- There is a push in the legislature to eliminate case management options for people who are supported by MN disability waivers. There is legislation introduced that will eliminate the Lead Agency's ability to contract with outside agencies to provide case management. This will eliminate any choice in case management for the people served. It will also negatively impact the ability to provide culturally specific case managers for minority populations. People who have fled their countries and are afraid of government will then be required to have a case manager employed by the government. It will be very difficult for Lead Agencies to recruit case managers of certain ethnicities to serve minority populations.
- Spelling out the importance of assistive technology in the lives for people with disabilities. It is key.

- One critical issue the Disability Systems Change Council should focus on is ensuring that funding models for community-based residential services support the long-term stability of smaller Family Residential Services homes. I became a Family Residential Services provider after leaving a career of more than 30 years in order to support a stable one-person placement. After implementation of the flat-rate funding structure, I was required to accept an additional resident in order to remain financially viable. This change was not based on assessed support needs or person-centered planning. Minnesota requires Family Residential Services providers to meet the same 245D licensing expectations as larger residential programs while operating under a different funding structure. When homes must restructure placements for financial reasons, individuals may lose stable community housing options. Maintaining funding structures aligned with assessed needs is essential to preserving integrated placements and strengthening Minnesota's long-term disability services system.
- The coordination of disability services. As parents of a adult daughter with disabilities we have been very active and vocal in advocating for her needs and the needs of others like her. We have met with legislators and we have recently testified in legislative committee hearings.
- There needs to be established businesses who are willing to hire individuals with disabilities. Right now it is a "shot in the dark" with an individual going to a business only to find out they have no work for someone with a disability. Many businesses do not want to accommodate someone with a disability as it would disrupt their normal work flow and it is inconvenient.
- DSSC needs to talk to people who 'have boots on the ground'. Case managers, group homes, day support staff and schools. Many of your ideas look good on paper, but are not good in practice. DSSC needs to talk to people about what is realistic and 'doable'. DSSC needs to remove the complexity and barriers to services, such as the DD waiver. 30 years ago, a simple DD screening was enough to get someone onto the DD waiver. Now, it is a highly complex and confusing process. It is too complex. DSSC also needs re-consider their bias regarding institutions. a group home should not be considered an 'institution'. - Eliminate the moratoriums -Eliminate the need for annual MNChoices assessments -Eliminate contracted case management -Eliminate CFSS -Eliminate E1MN -Increase Project Search programs
- I have told you lots of my stuff but not sure what I can or can't say!! I really need a very good lawyer for Real Estate and Family Law, also Business or something like that or not sure how to retrieve all my missing money. And also I Severely need help with all damages from (redacted) that is supposed to be free due to data breaches and they take without me giving money because they are able to I guess? I then need to find and gather as much as I can back from that. Also I found more then a handful of assholes all around the state that are using my info to steal!! I want them prosecuted!! I can't get anywhere without my trucks or help to purchase or at least knowledge that I have money coming soon so I would be onto get loan to pay off. Again I have had many banks from me due to just either someone inside had a beef with just me as a person or someone found out that I had a major disability and disabilities and then I would get dropped!! I found it weird though it was always women or girls doing it at banks?!!

- I can't pick just one issue, they are all so important. But one theme that should be infused throughout every area is the issue of Supported Decision Making and self-determination, including raising awareness, willingness and skill-building in supporting people in decision making, assisting them to get what they need and want, without utilizing guardianship in most cases.
- Meaningful inclusion of the voices of service recipients within the state agencies that manage those services--not just "advisors" that state agencies say they listened to and then go and do whatever they planned on doing anyway because they think that's what's best.
- Equal access to services and supports, regardless where one lives within the state.
- I would like to be part of OIO and DSSC (redacted). I do think two of DSSC first initiatives must be: 1) An integrated, standardized, holistic and person-centered Data and Insights reporting- Use intelligence to ensure the individual needs are met and progress towards outcomes is being achieved. 2) Eliminate systemic waste, duplication of efforts, redundant and over-documentation, and countless administrative hours. Transform the role of case managers across the system from administrators into Person-centered Problem Solvers.
- Easy access to services - help with navigating the services and programs
- Effective communication to their people that they support. INCLUSIVITY and being empathetic to people. The system is broken and very hard to navigate!!! Have mercy on the disability people who are trying day by day to make their lives easier and not "invisible".
- Helping to create/support a structure that finds ways for folks in the disability community to contribute to their utmost potential by providing them with the resources, tools and strategies that they need.
- There are too many complicated systems. Many individuals feel overwhelmed with how to navigate the systems..a system navigator for families would be helpful. For example a child parent with an intellectual disability needs to keep up with testing therapy, HCBC services, IEP services. Many feel overwhelmed by all the processes.
- getting people at Anoka and StPeter back into the community.
- ELIMINATING Sub-minimum wages and 14c Certificates in Minnesota.
- I struggle with this though I do think change is important. I think why are we spending MORE time and money on ANOTHER committee....Lets look at ALL the disability committees and partners you already have. Maybe start by sending each council direct questions-maybe travel to each council meeting and discuss what you'd plan to do in this 1 council. WHY is everyone's work so siloed? You have regional groups that work under DHS grants-utilize those groups. You also have Culture Of Safety Data action groups already regionally-again, utilize what we have. Maybe make an agenda with questions--go month by month asking all of these groups the questions and maybe even come together every couple months.
- More affordable housing. It is too expensive to live on your own the market rate has gone up
- Focus on having to choose between employment and keeping benefits, as many include income limits.

- Transportation
- A critical issue the Disability Systems Change Council should focus on is the need for stronger accountability across agencies. As systems are currently structured, responsibility for the safety and well-being of people with disabilities is fragmented across multiple agencies. This can lead to gaps in oversight, inconsistent enforcement, and limited consequences when serious harm occurs. Without clear and enforceable accountability, systems risk continuing to fall short in protecting people with disabilities. The DSCC should take a leadership role in examining how accountability is currently defined and enforced across agencies and recommend changes that ensure clear responsibility, consistent action, and meaningful consequences when standards are not met.
- Lack of state and county wide data and a concerted lack of effort from the State to involve families who support those with significant I/DD has caused the development of disability service proposals that would take away services from this population (push to eliminate 14c and away from group homes come to mind).
- Working with all the partners listed under collaboration.
- Issues I found within just the first pages until the very end are as follows: 1) No specifics on how to make buildings accessible: -as we know, as of last year government buildings are no longer required to be accessible. If the Olmstead plan does not specify this issue, how will things change? See updated rules: Based on recent regulatory actions in 2025, the U.S. Department of Energy (DOE) has moved to rescind rules that previously required new or renovated buildings receiving federal funds to meet specific accessibility standards, such as including ramps, elevators, and accessible restrooms. [1, 2] -It does not specify what that could look like in other buildings and how it can be done at state level 2) There is no clear solution on how transportation issues for rural communities can attend inclusive events. - how will the state be sure to allow for buildings to be used that are in rural areas? -how will the state cover transportation for individuals to actually feel (involved)? -how will our state create positive change for those who are not able to attend without a vehicle? 3) There is no mention of “how” healthcare can be improved for the disabled community. -Just this year, Medica alone has cut numerous programs that once benefited me. I can no longer get the chiropractor care that is a necessity for my spine and arthritis issues. I can no longer get certain procedures covered that I did just last year. -Assistive technology, specific walkers, specific canes are still not covered by most insurance. You either must have a waiver, grant or pay out of pocket. How will the state help us with this? 4) Living in areas segregated that are poor. -In my experience, most section 8 and low-income housing is place in areas that are crime ridden. Just last week there were 2 shootings down the street from me. -If the state and government cared about creating inclusive communities, they would make sure those with disabilities would live in safe neighborhoods, so we aren't afraid to leave our homes. I, personally, am not happy with this draft. If we are to create change, let us be specific in how that looks. Not create a bullet point in which everyone must guess.

- Direct support workforce systemic change to better retain and train staff including DSPs, DSWs, and even case managers.
- There are high percentages of youth in foster care in Minnesota who have disabilities, whether they enter foster care due to abuse and neglect or specifically to access treatment. It is important for the DSCC to include this group of children and youth in their planning and guidance
- Include disabled Minnesotans!! You can't know what you don't know and if you don't have a significant disability, there's so much you won't even think of if were not at the table. We can help you write smart policy and practices, there's so much under your radar. Like my previous example, exercise isn't available unless you live close enough to Courage Kenny or Health Partners Neurowell center AND can afford \$300 per month. Only a tiny fraction of disabled individuals live close enough and can afford those centers. In the meantime, people in wheelchairs develop osteoporosis and obesity. They end up in the hospital at great cost to the state and sadly shortened lives.
- They shouldn't lose any services or benefits bevsyse they start working that is counter productive
- The DSCC must include learning basic developmental psychology principles of human development. That can lead them to focus on acknowledging the abundant diversity of person centered plans and informed choices. The DSCC must travel to diverse communities around the state to gain basic understanding of existing communities before trying to place requirements upon them. DHS and OIO cabinet and subcabinet and their staff tend to bring in only those who agree with them. Anyone challenging their thinking is marginalized. DHS will do what it believes is best. It has a top down approach to all that it does. Mandates. The DSCC must integrate and include itself in existing communities.
- Right now, disability services are spread across multiple systems-education (MDE), vocational rehabilitation (DEED/VRS), waiver services (DHS), and community providers-with different eligibility rules, timelines, plans, and expectations. As a result, individuals and families often have to navigate disconnected systems that don't consistently communicate or align.
- The state needs to consider fundamental shifts in how it supports and serves disabled Minnesotans. Minnesota has important programs and services that must continue. However, true inclusion requires program and policy change. To start that process, the state will create a statewide Disability Systems Change Council (DSCC). The DSCC will plan and guide implementation of visionary and systemic changes. The DSCC will focus on issues raised by Inclusion Consultants and the disability community, like: Disability services are incomplete, fractured, and uncoordinated. This leaves people struggling to find and maintain supports. People with disabilities often have to choose between employment and keeping their benefits. Many benefits and services include income limits. Once people start earning a living wage, they may lose their benefits. Government often views and treats disabled people as “less than” or an afterthought. Systems and structures must foster authenticity, belonging, and full community participation. This council will promote collaboration across: People with disabilities and allies

State government, including the Olmstead Subcabinet, Minnesota Management and Budget, and the Governor's Office Federal government Local governments Tribal Nations Disability service providers The DSCC will: Receive direction from the Subcabinet Report on its activities and progress Make recommendations Include state staff, disabled Minnesotans, and other partners

- This is not in the above mentioned but staffing is the major, major crisis for disability services and a liveable wage to support those with disabilities.
- Disability services are incomplete, fractured, and uncoordinated. This leaves people struggling to find and maintain supports.
- Aging into disability.
- How will the DSCC be different that the existing councils - Minnesota Council on Disability, State Rehabilitation Council, Statewide Independent Living council, State Rehab Council for the Blind, Governor's Council on DD, Minnesota DeafBlind Services, State Services for the Blind, Minnesota Commission of the Deaf, DeafBlind and Hard of Hearing, the dozens of non-governmental advocacy organizations, and all the existing programs and organizations designed to support people with disabilities. Existing programs focus on a very small sub group of people with disabilities - those in deep poverty to qualify for public programs. I've been told over and over that the Olmstead Plan was for all people with disabilities in Minnesota, not just a chosen few. Long term transformational changes needs reach goals, not goals that are essentially agencies we will follow the law and run this tiny program efficiently. Those aren't goals - that is status quo.
- Stop taking away options, every new "overhaul" involves taking away options and reducing choices. We don't need more committes, we need more common sense for how to help people acheive their goals.
- Staff Training. I work at a company that hires people who have absolutely no experience working with people who have mental health or behavioral issues or disabilities . You cant put someone into an absm home if they have no experience, pca or babysitting your kid neighbor with autism doesn't qualify one for a high behaviors mental health with disabilities home. There should be specific training and specifications from the state. A certification program. Or something. Another thing is "person served not having consequences or rules,"
- More organized services and resources for disabled people to have stability,inclusion and equal rights/opportunities.more training/knowledge for staff in mental health/cognitive and physical disabilities/diagnoses and how it affects the lives of disabled people, more medical training/knowledge about various diagnoses/disabilities people live with and how to better help them specifically
- Lack of services and a safety net for many people in the community. Without this we have failed them. Don't shout "community integration" and "independence" then offer no funds to ensure this can happen.
- I feel that one thing that really hurts some clients is the whole "spend down". I don't have the answers but it is such a frustrating situation. I currently work in a group home setting. The

clients I work with work every day, have plenty of clothing, food and go on 2-3 vacations a year. Still they also have 2-3 times a year where they have to spend \$2000-\$3000 in a month to keep their benefits. So senseless spending ensues. New furniture, clothes, random things they do not even know why. I feel this money could be better used by letting them save it. Who even knows what the future holds. What if the money they get suddenly runs out, or the move to shut down their day program happens. Then what will happen? We live in a very rural area where not only jobs but also transportation are not supportive to most people-disability or not.

- I don't know if it is because of our rural location, (i.e. not in the Metro Area) but any disability services are incomplete (low goals or no goals and lack of follow through once goals are established), fractured (teams get too big, too many people doing too many parts, and not well coordinated with each other). The programs were meant to help the vulnerable in our communities but since they are so uncoordinated, this leaves clients to fall through the cracks. This leaves people struggling to find and maintain supports. This leaves family members struggling to know if their loved ones are really better off in the system but also knowing they do not have the resources to do it alone too.
- These are all great points to focus on. From my personal experience I would like to see more work on the first point. "Disability services are incomplete, fractured, and uncoordinated. This leaves people struggling to find and maintain supports." This seems to be the main thread that ties the rest together. The services are incomplete and fractured because we are "less than" or an afterthought. We are punished for earning a living wage by losing benefits and services that we cannot afford to pay for with our "living wage" As you can see, they all tie into each other.
- Transparency in needs assessment. MN needs to stop treating assessment as a qualification term. The individual and their team determines their needs. Not the counties only which what is being done now. Support doesn't mean Exp: we have list of housing places that one can get from Multiple Agencies in the area. Supports must include tangible, direct and indirect, formal and informal. Follow Olmstead.
- The DSCC should focus on reducing fragmentation between disability services, workforce systems, housing, and community supports while strengthening workforce pathways for DSPs and other direct support professionals. As outlined in "Activating the DSP Workforce Ecosystem" (Document shared to the OIO office), workforce shortages are not always solely a supply issue, but often a coordination and deployment issue between available DSP workforce capacity and real-time provider demand. I encourage ecosystem coordination with DEED and workforce development systems to create clearer DSP employment pathways, improve real-time workforce matching, and strengthen provider stability. better alignment between workforce development, staffing coordination, and service delivery would support continuity of care and long-term Olmstead (North Star) integration goals.
- Integrating disability services (by which I mean HCBS, waived services, state plan PCA, etc), mental health services (including things like outpatient clinics, ACT, ARMHS, crisis services), and general health care. It is ridiculous that I can't get my disability services providers to talk to mental health providers, it is ridiculous that mental health providers don't know a damn thing

about disability services, it is ridiculous that neither will talk to my PCP or other health care providers, it is ridiculous that the eligibility and payment systems for these different services are so fragmented that I have to be the go-between for services that absolutely should TALK TO each other. Integrated, coordinated supports could help so many people who are in crisis -- everything from “we will sit down with you and call the county agency you have been trying to reach on their direct line” to “people who are receiving ACT or another high-intensity mental health service get expedited screening and assessment for waived services.”

- System reform statewide to address the lack of authentic partnership with PWD and their families.
- Writing a true Olmstead Plan that will improve the lives of all Minnesotan's with disabilities.
- The Core Issue: Eliminating “Administrative Churn” and the “Benefit Cliff” via Economic Autonomy. The DSCC must move beyond “collaboration” and focus on a single, transformative structural goal: The decoupling of healthcare survival from labor productivity. Currently, the state's disability systems are built on a “Poverty-Mandate” model. Disabled Minnesotans are forced into a “Feasibility Catch-22” where they must remain poor to stay alive (keeping Medicare/MA-EPD) but are encouraged to work in a “capitalist productivity” model that eventually strips those benefits away once they earn a living wage. This creates a permanent state of administrative churn, where disabled people spend hundreds of hours a year proving their poverty and their “need” to various siloed agencies. To fix this, the DSCC should focus on:
 1. Establishing a Universal “Disability Survival Floor”: Minnesota must implement a statewide policy where eligibility for life-sustaining healthcare (MA-EPD) and Home and Community-Based Services (HCBS) is permanently decoupled from income and asset limits. Inclusion is impossible if a person's career success results in the loss of the very care that allows them to live in the community.
 2. Ending Agency Silos via “Categorical Eligibility”: The DSCC must mandate that all state agencies (DHS, DEED, MDH, Minnesota Housing, and MnDOT) share a unified eligibility framework. If a person is determined disabled and eligible for services by one agency, they must be automatically and immediately eligible for all other state supports (housing vouchers, transit, employment services) without additional applications. The state must stop forcing disabled people to prove their disability to multiple agencies in a “siloed” system.
 3. Shifting from “Recommendations” to “Co-Governance”: The DSCC should not just “make recommendations” to the Subcabinet. It should be a Direct Action Body with the power to influence state budget proposals that do not meet Olmstead accessibility and workforce-wage requirements. True systems change requires that the disability community moves from being “consultants” to being decision-makers with a vote on how resources are actually allocated.The Bottom Line: You cannot “coordinate” a fractured system; you have to dismantle the barriers that created the fractures. The DSCC's success should be measured by one metric: The reduction of the “administrative labor” required for a disabled person to exist in Minnesota. If the “systems change” doesn't result in fewer forms to fill out and a more stable economic future for disabled people, it is just more administrative theater.

- EQUAL SERVICES IN EVERY COUNTY. NOT AT EACH COUNTIES DISCRETION. PEOPLE DENYING SERVICES AND MODIFICATIONS WHO HAVE NEVER MET THE CLIENT
- Advocating for more funding. If we can't count on the federal government to maintain consistent funding then it needs to be appropriated at a state level, even if that means raising taxes on the highest earners. Also, evaluate whether contracts with MCOs are really saving money and/or are really worth the impact of making the system more fractured and uncoordinated.
- Health for people with disabilities
- Housing! Affordable housing
- Making sure people have the budgets and supports to live in the setting of their choice.
- Listening to and working with actual people with disabilities
- Making sure family based care providers have support and training.
- “Systems and structures must foster authenticity, belonging and full community participation” while remembering the vast spectrum of needs. Full community participation will look very different for differently abled individuals. For individuals who are easily overwhelmed, full community participation will be different than someone who thrives on a lot of action. Do not forget those who are unable to advocate for themselves. Again, my main point is CHOICE and person centered planning.
- Focus more on regional differences and disparities rather than lump everyone together.
- No
- Income limits
- Fire (redacted) and fortify home and community based services FUNDING instead of wasting millions of dollars on “professional” consultations that, in fact, do nothing for the disability community. Putting the funds in the hands of the people is the only way we will have true equity. We can coordinate our own cares and supports when we are given the monetary power to do so.
- Truly showing that they care about disabled people! Build a step system re: graduate the income to benefits system, not just “one tier”!
- Fund general public trust that all persons shall have homes, even those with NO INCOME. AND IF THOSE HOMES REQUIRE STAFFING FOR THAT PERSON TO REMAIN IN THAT HOME IN THE COMMUNITY THEN THAT STAFFING SHALL BE FUNDED AT A RATE WHICH WILL SUSTAIN THOSE EMPLOYEES.
- let people work a year or two and still keep benefits. educate others about invisible disabilities like chemical and fragrance intolerance.
- People with disabilities need to be decision makers co equal with sub cabinet and not just consultants. As we did with MICH (after two decades of advocacy) people with disabilities much be ongoing paid consultants to ensure these goals meet the needs of folks being served Ongoing qualitative listening sessions around the state at least twice a year with people with

disabilities to update strategies Greater advertisement of comment period with people with disabilities on future meetings and pland

- Social boarding and admitting people with disabilities to hospitals who dont belong in that setting. Working with counties and case management on reasonable case loads so they can reduce turnover, improve support and continuity of care. More options for folks after 22 in day programs who need 1:1 support, socialization etc. that cant work, do some of the activities but still enjoy getting out.
- reducing the poverty rate for people with disabilities, increasing quality of life, accountability of service systems.
- Killing Waiver reimagine, starting over with a fully represented disability committee
- Long term transformational change needs to consider in a constitutional society, how do the three co-equal branches of government at the state and federal level work best with communities to stabilize families, children and individuals with disabilities? That is question Olmstead needs to consider and not what state agencies are willing to contribute within their budgets (as a reference to a misguided understanding of the federal decree) If you ask yourself the first question - how does that inform this plan? Where are areas that are gaps with this plan? Recognizing that this plan is being finalized at the end of the tenure of the Governor, and without the focus on what is needed to stabilize families, children and individuals with disabilities along without the acknowledgement that the disability communities are in crisis due to certain life sustaining dimensions that are gaps for daily living - does the plan truly represent the best of who we are as Minnesotans? I think not, it needs a major rewrite.
- Families often become the de facto system coordinators. For people with intellectual/developmental disabilities, autism, serious mental illness, medically complex needs, co-occurring disabilities, the system can become almost impossible to navigate without privilege, advocacy skills, or family support. A fragmented system creates several downstream consequences. When community supports fail to coordinate families burn out, crises escalates, housing placements fail, hospitalizations increase, institutional settings become the “default”. There is a Workforce inefficiency. Different agencies: duplicate paperwork, duplicate assessments which create conflicting requirements and consume provider time with administrative burden. That worsens workforce shortages. Shared cross-agency data and planning. Current systems often do not communicate with each other effectively or at all. The DSCC could address: interoperable systems, shared care coordination, reduced duplication, unified planning. Simplified eligibility and reassessment. Many disabled people repeatedly prove disability status to multiple systems. This is dehumanizing, extremely time consuming, and it's also administratively expensive. The draft repeatedly emphasizes belonging, dignity, self-determination, authentic participation. But none of those are fully achievable if the system itself remains fragmented and exhausting to navigate. Even well-funded programs fail when systems are disconnected, people cannot access them, or supports collapse during transitions. Fragmentation is the infrastructure problem underneath nearly every other Olmstead issue.

- The DSCC should prioritize redesigning Minnesota's fragmented disability support systems into a coordinated, person-centered framework that simplifies access, reduces administrative burden, improves continuity of supports, and allows disabled Minnesotans to navigate services based on life goals rather than agency silos. Long-term Olmstead success will require systems that are integrated around the individuals with disabilities, not programs.
- Assistive Technology and Remote Support = Identified nationally as the premier promising practice to assist with worker shortages (and increasing independence). The original plan had a whole technology section, and there is no mention at all in this draft which is disappointing. DHS is not doing anything to increase access to and usage of assistive technology. Its use is even proven to be a cost saver.
- There is nothing in the plan about advocacy. Progress on the goals of the plan will require significant new investment in workforce, infrastructure, and public perceptions. Sustained advocacy at all levels of government has to occur for long-term, transformational change.
- The single most important issue the DSCC should focus on is the catastrophic failure of Minnesota's direct support and home care workforce system, because none of the other goals discussed in this plan are realistically achievable without stable staffing and actual service access. Community inclusion, employment, independence, housing stability, behavioral support, transportation, and "full participation" are not implementable when people cannot reliably obtain the staff necessary to safely live in the community. Minnesota continues to build policy frameworks around the assumption that services exist in practice simply because they exist on paper. They do not. Families across the state are functioning as unpaid emergency workforce replacements because the formal support system is unstable, fragmented, and inaccessible in real life. Parents, spouses, and aging caregivers are being forced into impossible survival conditions to prevent hospitalization, institutionalization, homelessness, neglect, or foster care involvement. The state frequently measures "access" by whether a waiver slot or service authorization technically exists, while ignoring whether participants can actually: - hire workers, - retain workers, - obtain nursing, - maintain schedules, - receive consistent coverage, - or safely sustain life in the community. That is not meaningful access. The current system quietly relies on unpaid caregiver labor to compensate for workforce collapse while simultaneously minimizing, restricting, or stigmatizing family-led support structures. Without a realistic and enforceable plan to address: - workforce shortages, - continuity of care, - provider instability, - reimbursement inadequacy, - unpaid caregiver burden, - and actual service accessibility, the rest of the Olmstead goals become largely theoretical. A person cannot exercise "choice," "community inclusion," or "employment participation" if they do not have reliable staffing to safely eat, toilet, transfer, communicate, regulate behavior, attend appointments, or remain alive in the community. Minnesota must stop designing systems around idealized assumptions and start designing around the actual operational reality families are living every day.
- The DSCC should focus on the statewide workforce and continuity-of-care crisis because none of the other goals discussed in the Olmstead Plan are implementable without actual access to

reliable staffing and services. Minnesota continues designing policy around the assumption that services exist because they are authorized on paper, while families are forced to function as unpaid emergency workforce replacements to prevent institutionalization and system collapse. Without enforceable access standards, workforce stabilization, continuity-of-care protections, and transparent reporting of unmet service needs, goals related to inclusion, employment, housing, safety, and community participation cannot realistically be achieved.

- The DSCC should focus on ensuring Minnesota properly defines and evaluates congregate disability settings under the ADA, Olmstead, and the federal HCBS Settings Rule. Minnesota continues to rely heavily on provider-controlled congregate models that may function institutionally in practice while still being categorized administratively as community or “own home” settings. Many settings limit true autonomy, meaningful community integration, privacy, choice of staffing, or control over daily life activities, despite being funded through Home and Community-Based Services programs intended to prevent institutionalization. The state should adopt clearer standards that distinguish truly individualized community living from congregate models that primarily group disabled people together under provider-controlled systems. Preventing institutionalization requires honest measurement of whether people actually have the freedoms, rights, and integration protections envisioned under Olmstead and the HCBS Settings Rule. (Center for Public Representation 2014) Minnesota must also prioritize ensuring that community-based direct support budgets are sufficient to maintain a person's placement safely in the community. Without adequate staffing, nursing, behavioral supports, and continuity of care, individuals are pushed into preventable hospitalization, institutional placement, homelessness, or crisis. Minnesota is experiencing severe direct care workforce shortages that threaten the stability of the entire disability support system. The state should prioritize institutionalization prevention above all other disability system goals because without stable home and community supports, disabled Minnesotans cannot meaningfully access employment, education, healthcare, transportation, or community participation.
- Community-based jobs. I worked with adults and youth having disabilities in employment and group homes for 40 years. I saw some major accomplishments such as the closure of large residences and more individuals with community-based jobs, not something like sheltered employment.
- The DSCC should focus on preventing unnecessary institutionalization by ensuring disabled Minnesotans can actually maintain stable community living placements with sufficient supports. Minnesota's disability system increasingly measures success by paper authorizations or housing placement rather than whether people can realistically access and maintain the staffing, nursing, behavioral supports, transportation, and continuity of care necessary to remain safely integrated in the community. The council should prioritize: - adequate community-based direct support budgets, - workforce stabilization, - continuity-of-care protections, - transparent reporting of unmet service needs, - and enforceable access standards focused on actual service delivery rather than administrative approval alone. The DSCC should also address how Minnesota defines and evaluates congregate disability settings under

Olmstead, the ADA, and the HCBS Settings Rule. Some provider-controlled settings continue to function institutionally in practice while being categorized administratively as community settings or a participant's "own home." True integration requires meaningful autonomy, privacy, choice, and control over daily life and services. Minnesota should not authorize or fund GRH housing placements that cannot legally or operationally accommodate a person's approved disability services. Housing and integration goals cannot succeed if people are placed into settings where they cannot receive the supports required to remain safely in the community. Preventing institutionalization must remain the state's highest disability-system priority because without stable home and community supports, disabled Minnesotans cannot meaningfully access employment, education, healthcare, transportation, or broader community participation.

- I want the DSCC to understand that preventing institutionalization must be treated as the foundation of Minnesota's disability system, not as a secondary issue. The risk of institutionalization itself is an Olmstead issue. Minnesota currently faces catastrophic workforce shortages and major gaps in access to direct support staffing, nursing, crisis prevention, continuity of care, and accessible housing. Many disabled Minnesotans are at risk of losing their community placements not because they want institutional care, but because the community system is failing to provide the supports necessary to safely remain integrated. The council should focus on measurable outcomes tied to real-world access to services, including whether people can actually maintain housing, retain adequate staffing, access healthcare, avoid hospitalization, and remain safely in the community long term. The DSCC should also recognize that some congregate settings function institutionally in practice and should not automatically be treated as fully integrated settings simply because they are licensed as community housing. Minnesota must accurately define and evaluate institutional characteristics consistent with Olmstead, the ADA, DOJ guidance, and the HCBS Settings Rule. Finally, disabled Minnesotans and caregivers with direct lived experience navigating these systems every day must have meaningful involvement in planning and oversight, especially individuals at greatest risk of institutionalization.
- Housing with services is a fundamental need and should be prioritized. And a consideration: Families play a major role in the lives of many people with disabilities and should be included in this major effort.
- Making paperwork easier
- How this area of the state system has no connection to that system. Opening doors for collaboration has been tried. Too often they refuse to sit at table so these are great goals
- The state can be innovative in providing resources to individuals while also being person centered and meeting the charge of Olmstead so individuals can truly choose the living setting of their choice as well as their service provider. The state frequently creates requirements or rules that actually have the opposite impact they desire, they can lead to less choice and can be less person centered.

- The most urgent issue on which the DSCC must focus is this: Waiver Reimagine is a death sentence for participants with complex and high-level needs in Minnesota, and it must be halted and reversed immediately. Waiver Reimagine will dismantle, limit, and reduce the home-based supports that currently keep people with the highest needs alive. There are not enough group homes. Providers are not accepting these participants. Hospitals are not long-term living environments. There is no hidden safety net. There is only the system of home-based supports that is already keeping them alive—and that system is being destroyed. The DSCC must also demand that Minnesota adopt the U.S. Department of Justice’s definitions for classifying institutional settings—rather than relying solely on CMS approval—because the state is fraudulently classifying congregate settings as integrated homes in order to inflate its inclusion data. A setting where a person cannot choose their own staff, does not control their meals, and lives under a regimented structure designed for the provider's convenience is an institution—regardless of what CMS says. True transformative change in Minnesota begins with a single priority: keeping people alive. We cannot discuss employment, housing, transportation, transition, or inclusion for people who will not survive the implementation of Waiver Reimagine. One must be alive to have a future. Saving lives must be the line in the sand.