

## Redacted Survey Responses: Housing

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

### Responses about all housing goals

- They're pretty good for the most part, but the language needs to be tightened. Much of the language, in effect, results in more business for builders/contractors, but people with disabilities may still get the short end of the stick with how the goals here are currently written for this area. I'll give a couple of examples, using language that is tighter, not saying it's better, but it's written to disallow misinterpretation. Here's how I'd probably re-write some of the housing goals: Housing Goal 1: For people with disabilities, the total number of housing options will increase and become more deeply affordable, physically accessible, universally designed, and more naturally accommodating. These housing options shall be coupled with supportive services for people with disabilities. Housing Goal 2: For people with disabilities, the feasibility of procuring available housing options shall increase greatly. Processes designed to facilitate the procurement of housing options for people with disabilities will become more streamlined, allowing for faster procurement of available housing options, and enabling people with disabilities to move into their choice of housing more quickly. So, first, we build more housing options for people with disabilities, so we have enough of it. Next, we ensure people with disabilities can actually afford said options, consistently. Then finally, we ensure the actual process of procuring the housing options is feasible and smooth, instead of forcing people with disabilities to wait for someone to draw their name from a hat, or whichever other inefficient process is currently required for various other housing voucher, or subsidy programs. Another way to conceptualize what I'm saying, would be to imagine three prongs. The prongs are what our housing goals should be trying to aim for. The current draft language is missing prong "2." which is a problem. The Housing Goals should serve to facilitate the following 3 actionable objectives to be accomplished by lead agencies: 1. Build more of the right types of housing for people with disabilities. (i.e. more universally accessible, support services included, etc.) 2. Streamline pre-existing processes, or create new ones that are superior, either of which will serve to enable easier and more efficient access to the apparatus responsible for facilitating the actual procurement of the housing unit/s that people with disabilities desire to move into. 3. Ensure more people with disabilities can financially afford to live in these accessible housing options in a sustainable way.

- The housing goals appropriately emphasize access to safe and affordable housing with supportive services, but they do not address how funding structures affect the continued availability of smaller residential homes that already provide this type of housing. Family Residential Services homes combine housing with individualized support and are an important part of Minnesota's integrated housing system. When funding structures do not reflect actual support needs, providers may be forced to close or restructure placements, reducing available options for individuals who rely on these settings. Supporting funding approaches that align with assessed needs would help preserve stable housing choices and better support the integration goals of the Olmstead Plan.
- The housing goals recognize the importance of safe and affordable housing with supportive services, but they do not address how funding stability affects the ability of smaller providers to maintain those housing options. Family Residential Services homes offer individualized community-based housing that is especially important for people who are not well served in larger settings. When funding structures do not reflect actual support needs, providers may be forced to restructure or close placements. Maintaining funding models aligned with assessed needs helps preserve stable housing choices and supports the integration goals of Minnesota's Olmstead Plan.
- The Olmstead model supports people with disabilities to live their best life in the community of their choice. Please continue to support that goal.
- These ideas are good on paper, but do not work in practice.
- Please help me or if not I was told to open all cases on every single person and agency that went WAY TOO OVER THE LINE MEANING-- PASS GO AND GO TO JAIL!!
- The goals for this Olmstead Plan are simply following the natural trajectory of improvement and are not aspirational. The mission of the Olmstead Plan is supposed to provide actual growth and improvement in the lives of PWD and this plan misses the mark completely. These need to be MEANINGFUL goals. What is provided in this plan are not meaningful.
- Not one housing agency provides people with goals. Housing agencies need to communicate effectively and not trying to cheat the system by bringing their own extreme political leaning and false evidence to a person's home. Housing agencies need to be more aggressive in finding housing for a person with special needs, i.e, elevator, underground car parking for the disabled and etc. Olmstead and Ombudson staff need to be more compassionate and empathetic to the severe systemic cracks in the system as well as the corrupt, unprofessional, and rude individuals that so many of us disabled people have to deal with. Better housing options.
- No
- Work on increased pay and training for DSPs who work in housing for those with highest needs. Recognize that even with supports, not everyone can, nor wishes to live in independent settings. My son LOVES his group home.

- There are no services available for people with disabilities to find and keep housing who aren't on MA waivers. MA waivers typically go to persons with strong advocates not people who are homeless and struggling with housing and disabilities.
- 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.
- Your explanation of the Olmstead decision is not fully accurate. It doesn't reflect the written supreme court opinion authored by Justice Ruth Bader Ginsberg. You may to include her written comment in the plan rather than bias the interpretation as is done in the draft plan. I appreciate you trying to do a survey. I am skeptical of how the analysis is done. Your plan is a one size fits all. One size does not fit all.
- “deeply affordable”??
- A group home, or living at home with family, should not be the only option regardless of where clients are located within the state. I have a couple clients that could be successful in their own small apartment settings with supports to allow them to be successful. Instead, they are stuck in group homes that provide shelter but do not allow them independence.
- What about people with significant cognitive or physical disabilities being in an integrated setting within their community vs. being forced into congregate care due to budget issues?
- Someone somewhere help the disabled community have clean accessible apts available to move into! Please!
- No
- See above.
- Housing Goal 1 does not go far enough. Needs to reach out to more people. More outreach needs to be done. More awareness needed. Government takes away Housing Goal 2 also does not go far enough. Differences between counties create disparities.
- Disability Systems Change Council (p11 under Measurable goals and strategies) -- there is NOTHING on the home and community based services that make the rest even possible. Under “tracking progress” (p14) they talk about percentages of increase or decrease. Single digits? Then the claim: “This target reflects changes that DCYF can realistically make.” “Discipline” (p18) means suspension longer than 10 days, or expulsion...but not reducing or eliminating restraint. Later on in the document (p22), they refer to “restrictive procedures” -- but do not specifically address restraint. After reading this far, (redacted) is the Disability Systems Change Council for exactly? Looks like the OIO already decided on everything. Another charade like the WRAC committee, true to (redacted) past behavior. Abuse & Neglect research and goals pertain ONLY to facilities, not home environments and not group homes. NO mention of fortifying Adult Protection to become useful at all and NO mention of the catch-22 in Child Protection

when families are not given sufficient funding for the HCBS supports. MDH will “Continue to train health care and other service providers about identifying and reporting abuse and neglect” -- which is absolutely stupid when NOTHING USEFUL ACTUALLY COMES OF IT. The trainers and trainees get more money, but the people get nothing. Housing Universal Design standards (p32) says nothing about those with Chemical Sensitivities who are homeless bc of construction toxins, shared ductwork and previous tenancies destroying the air quality with their substances. Also loans for “improvements” if you already own, but no loan opportunities for NEW home owners. They want us to rent and be under the thumb of landlords. Transportation (start p 34) NO Rideshare access. More unnecessary research for “potential approaches.” That money could be spent on ACTUAL RIDES. A whole bunch of “MnDOT is working to confirm targets and baseline data.” Why is MNDOT doing it themselves and not surveying the people to see what's needed? And then cost of transportation will go up under this plan with “updated rates would also more closely match the actual cost of providing services.” Sounds like the state will not be subsidizing, which means a greater disability tax gap for us to foot. Anoka Metro Regional Treatment Center (AMRTC) p 40 -- NO mention of home and community based supports being a solution. A mention of “Increase access to peer support across all service areas” ...are they going to pay people with disabilities or are they expecting us to do more volunteer work? Crisis service (p48): “DHS recommends that in the future, this goal counts voluntary residential treatment as “staying in community.” They are trying to pawn off an idea that is not, in fact, “in the community.” Community Employment (p50) - “If someone makes \$600 or more per month, they are counted as having CIE. If someone makes \$599 or less per month, they are counted as having non-competitive employment.” It says NOTHING about the hourly wage or how many hours. This is a stupid way to assess competitive employment. Competitive employment is GETTING A JOB AGAINST AN ABLED PERSON -- COMPETEING WITH AN ABLED PERSON FOR THE SAME JOB. They are passing off a definition that is not correct. They are also talking about allowing “subminium wages” after all the advocacy and new laws. “DHS is working on getting data that will show the number of people who have CIE” (p51) means that we're spending more money on a researcher instead of actually holding these job brokers/coordinators accountable for the already high rates they get. Councils and Advisory Boards (p61): “Minnesota is in the process of redesigning advisory councils to come into compliance with federal regulation (Access Rule). It is reforming the Medicaid Advisory Council and establishing an Interested Party Advisory Council. -- all these councils to pretend like they are engaging stakeholders. It's a ruse. Mechanical Restraints (p62) -- NOT physical restraint, NOT chemical restraint. ONLY “mechanical.” Restraint should be addressed without an adjective/qualifier. Segregated settings to integrated settings (p65) -- again no mention of home settings or group home settings as being “segregated.” If a person can't leave their home or group home in a self-directed fashion, it's segregated. Lots of consultants are being paid! (p66) to do more nothing useful. This money could be used to fund proper levels of care in HCBS settings instead of consultants. Community Engagement -- Telling us what we want to hear, but likely not to deliver bc of history of leadership. “Community engagement is

accountable when there is full transparency with participants (p68) , “During engagement, facilitation must fit the needs of the community...We prioritize leading with a spirit of co-creation and honoring the community's feedback.” (p69) -- We are being fed a line of BS right now. I personally won't believe it until (redacted) no longer serves in or for a state agency and until the program designs actually support the people. “Community engagement is core to OIO's work” (p70) and yet, their procedures are exclusive, the agency representatives don't follow through meaningfully with solutions. they say “surveys will focus on quality of life for people in segregated settings...and that doesn't include everyone who is segregated. Agency Connect (p71) “OIO will track state agencies' timeliness and responsiveness” -- but not the quality of the responses. Remove (redacted). Her role on the OIO is a HUGE CONFLICT OF INTEREST to oversee this plan having been the former director of DHS Aging & Disability Services. She threw us under the bus many times during her time at DHS, namely with the Waiver Reimagine's MnChoices Assessment and Budget Methodologies. More: - No mention of Waiver Reimagine even though HSRI's own data projects people facing average \$34,644 budget cuts and many will face 50-80% reductions concentrated in home and family living settings. - An independent legal analysis already in the Minnesota Senate record (O'Meara Wagner, P.A., SF 4512, April 12, 2026) written by the same attorney whose prior litigation CREATED Minnesota's Olmstead Plan identifies Waiver Reimagine as illegal under the ADA, Olmstead, and federal Medicaid law. The 2026 plan does not mention it. - Minnesota is misclassifying 5-6 person congregate settings that meet the DOJ's definition of mini-institutions as participants' “own home.” Every community integration statistic the state reports is built on miscoded data and a definition that is wrong. - No budget adequacy standard and nothing requiring that waiver budgets actually be sufficient to sustain community living. - No home care staffing or nursing goals even though nursing and DSP vacancies represent 10-15% of ALL job openings in the state. You cannot access employment, housing, or community life if there is no one to help you perform ADLs in the morning. MN leads the nation in nursing homecare shortages. Goals without access consideration are unattainable. -The public comment process itself routes feedback through a filtered anonymous Formstack survey with text boxes and checkboxes. Also, the Olmstead Plan needs to clearly define what “supports” means. We demanding tangible supports: direct and indirect, formal and informal. Supports should be meaningful to the individual and their family if they choose. Undefined terms create enforcement gaps and leave too much room for narrow interpretation and cost-shifting onto families.

- Goals are good - it's the details behind those goals that will bring about true and lasting measurements and overall change. Keeping everything vague does nothing to help the disabled community.
- The State of Minnesota is fraudulently skewing inclusion data by classifying congregate and institutional settings as integrated homes. A setting where a person cannot choose their own staff, does not control their meals, does not decide their daily schedule, and lives under a regimented structure designed for the provider's convenience is not a home. It is an institution. The Department of Justice recognizes it as such. CMS is not the correct standard. As long as the

State continues to call institutions "homes of one's own," the data will be false and progress will be illusory. But even in truly integrated settings, housing without sufficient supports is not integration—it is abandonment. Waiver Reimagine directly threatens the staffing supports that allow people with complex needs to survive in the community. A severe staff shortage already exists. Waiver Reimagine will turn it into a survival crisis. There are not enough alternative 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 with staff chosen by the participant—and Waiver Reimagine is about to destroy it. We cannot speak of true inclusive housing if the State is redefining institutions as homes to boost its statistics, while simultaneously destroying the staffing supports that make authentic community living possible. One must be alive to have housing. One must be alive to be integrated. Saving lives and protecting staffing supports must be the number one priority.

- Overall, these housing goals are well-intentioned but structurally incomplete. They rely heavily on funding mechanisms, data collection, and “selection for financing,” without establishing enforceable guarantees that accessible, stable housing will actually be available when needed. A consistent issue across all goals is the emphasis on process over outcomes. The system is focused on selecting units, encouraging development, and measuring satisfaction, rather than guaranteeing that individuals with disabilities can reliably obtain appropriate housing within a reasonable timeframe. There is also an overreliance on indirect levers—such as incentives, advocacy, and outreach—when housing access typically improves only when standards are mandatory, enforced, and tied to compliance consequences. Without enforcement, accessibility requirements and affordability targets remain aspirational. Another gap is the limited treatment of functional accessibility. Housing accessibility is still framed primarily as physical design (ADA standards, universal design) and affordability, while communication accessibility and environment-based needs are not consistently integrated into housing policy design. For Deaf, DeafBlind, and other communication-disabled individuals, housing stability is strongly affected by whether communication access is built into the environment, not just provided externally. The goals also lack strong accountability mechanisms for housing providers, developers, and administering agencies. There is little clarity on what happens when targets are not met or when housing remains inaccessible despite funding. Finally, “choice” is referenced frequently but not operationalized. Choice only exists when there are actually available, accessible, and affordable units in real time—not just when individuals report satisfaction in surveys. Stronger housing goals would shift from funding-driven and data-driven approaches toward enforceable standards, guaranteed access pathways, and clear accountability for production, placement, and ongoing accessibility compliance.
- I support these housing goals and appreciate the focus on accessibility, anti-ableism, affordability, and integrated community living. I also encourage continued alignment between Olmstead goals, and the realities providers and workforce systems are facing on the ground.
- This plan is embarrassingly vague and weak. It maintains the status quo and in some areas even goes backwards.

- Stop Managing Scarcity and Start Mandating Accessibility: Funding 500 units a year when there is a shortage of nearly 100,000 units is an admission of failure. Minnesota Housing must move from “incentivizing” accessibility to mandating that 100% of all state-funded new construction is Universally Designed. We must stop using public money to build new barriers. 2. Leverage the “Car/RV Reality” into Housing Strategy: If thousands of disabled Minnesotans are living in vehicles because shelters are inaccessible, the state must stop criminalizing them and instead provide “Safe Parking/Support Hubs” with accessible hygiene and on-site navigators who can bridge them directly into permanent housing without the trauma of a shelter stay. 3. Protect “Provider Neutrality” and Tenant Autonomy: Choice is a myth when housing is “paired with services” in a way that prevents the tenant from firing their provider. All Permanent Supportive Housing (PSH) must be “Provider Neutral.” Tenants must have the absolute right to change their care team without fear of eviction. Anything less is just a state-funded institutional annex. 4. Eliminate “Administrative Burnout” as a Gatekeeper: The application process for housing is so cognitively and administratively demanding that it acts as a barrier. The state should establish “Categorical Housing Eligibility”-if you are disabled and low-income, you should be automatically enrolled in a unified housing subsidy program without having to navigate four different agency waitlists.
- Affordable housing is an absolute crisis in the disability community. Ending hss put all the weight on waiver case managers to assist and this is outside of scope. Bring back HAC as a waiver service so there is paid housing support services under the waiver again and add thousands of units statewide
- Set up MASH TENTS. LIKE REFUGEE CAMPS IN OTHER COUNTRIES with all amenities immediately. Bring trash pick up, laundry busses, shower cabs, boxes lunches. Trash removal. Pop up clinics, shelter staffing
- Creating more incentives for housing providers as well as service providers would create more housing options and less risk for providers.

## Housing Goal 1

- Look also at senior (55+) housing. I have tried for years to get onto Section 8 and just keep getting told that I have to wait until my name comes up on the waiting list. No one has told me anything about any other programs to get my rent lowered because of being on disability.
- To reach these measurable goals, Minnesota Housing will: Enforce universal design in the selection process that Minnesota Housing uses in funding new, affordable housing. Enforce the construction and rehabilitation of permanent supportive housing that provides deeply affordable rents paired with supportive services for people with disabilities. Advocate for additional funding for affordable, accessible housing. Increase awareness of the availability of rental housing with universal design, by publicly sharing information about the accessible units financed by Minnesota Housing.

- I don't know what can be fine but housing in general needs to be a priority for people that are needing housing. They always most likely have a disability; they just don't know it.
- This is a good start. One of the supports will need to be assisting clients in completing paperwork to keep their funding in place.
- Additional strategies should include stronger coordination between housing systems, workforce systems, staffing agencies, and community-based providers to support long-term housing stability and successful community integration. Minnesota should also account for the operational realities impacting supportive housing systems, including workforce shortages, emergency staffing call-offs, compliance burdens, and provider ecosystem sustainability. I also encourage investment in community-rooted partnerships, job coaching supports, culturally responsive outreach, and pilot programs that strengthen the continuity of care and independent living outcomes. Through tracking recent human services legislation, including SF 4476, I have observed increasing structural pressures on providers and workforce systems while Olmstead goals continue pushing toward expanded integration outcomes. Alignment between these systems will be important for long-term, gradual success.
- I am wary of tying supports/services to particular housing units (because people should be able to move and still maintain services) but I understand that PSH and other support + housing models are standard in providing services to homeless people with disabilities, particularly people with SMI.
- Funding will be key.
- Goals for MN Housing are below previous achievements. The demand for accessible housing has increased, not decreased. The goals are TOO LOW. Also, the goals should be broader efforts to foster development outside of MN Housing's scope. Housing ALSO must be in areas with PUBLIC TRANSIT! Not suburbs an hour away from services and jobs.
- Move from "Incentives" to "Mandates" for Universal Design: Minnesota Housing's strategy is to "incentivize" universal design in the selection process. This is the "Knowledge Deficit Fallacy" applied to architecture. Developers don't avoid universal design because they lack incentives; they avoid it to maximize profit. Minnesota Housing must mandate that 100% of all multi-family housing projects receiving any state funding or tax credits meet universal design standards. We must stop using public money to build new barriers. 2. Decouple Housing from Services (The "Provider Trap"): The goal to fund "Permanent Supportive Housing (PSH)" is dangerous if those services are "paired" in a way that limits tenant autonomy. When housing is tied to a specific service provider, the disabled person is not a "tenant"—they are a "client" with no actual housing rights. If they complain about their care, they risk eviction. Minnesota Housing must mandate that all PSH units allow for "Provider Neutrality," where the tenant has the absolute right to fire their service provider without losing their lease. 3. Address "Administrative Churn" in the Voucher System: Building units is useless if disabled people cannot afford the rent. The "Deeply Affordable" units mentioned in the goal are often still out of reach for those on fixed SSDI/SSI incomes. Minnesota Housing must establish a strategy to streamline the coordination between Minnesota Housing and DHS to create a "Single-Application Housing Portal." Disabled

Minnesotans should not have to navigate four different agency waitlists (Metro HRA, County HRA, DHS Bridges, and Section 8) just to find a place to sleep. 4. Fund “Housing as a Human Right” for the Most Marginalized: The current RFP process favors “shovel-ready” projects from large developers. This systemic bias leaves out small-scale, community-led, or “by-and-for” housing projects for Deaf/DeafBlind/disabled communities (especially those who are BIPOC). Minnesota Housing must create a set-aside fund specifically for Disability-Led Housing Cooperatives, allowing disabled people to own and manage their own accessible living spaces, bypassing predatory corporate landlords entirely.

- Not even close to enough.
- Make it easier for a person to stay in their own home with their parents.
- If those numbers are for the whole state of Minnesota--where does it leave disabled people who live in small towns? Rural areas?
- Build new and re design existing HOMES for safe living with larger units, 2nd bedrooms, wider halls and doors, ramps, automatic doors, grab bars, lower counter tops, side by side frigs, no lip access, elevators - ADD ALL ACCESSIBILITY FEATURES TO ALL NEW PROPERTIES.
- Universal design has to take into account the chemicals of these new building materials (the off gassing). Best to have no carpeting, so it's easier to clean. No carpet can be completely cleaned. This isn't just about renting. there should be incentives for those who own their own home.
- More creativity in funding models to not only create more accessible units but also to make them affordable.
- Housing Goal 1 does not go far enough. Needs to reach out to more people. More outreach needs to be done. More awareness needed. Government takes away

## Housing Goal 2

- This should also apply to landlords who rent to people who have disabilities to pay for renovations to their units to help them to stay in the community. Dakota County CDA is my landlord and what I wouldn't give for them to put in a stand-up shower in my unit so that it would be physically easier to take a shower instead of having to step into a tub - I have really bad knees and it's hard to always have to step into the tub.
- First, the measurable goal itself is structurally weak. Basing success on “60% self-identify as having a disability” is not a reliable or enforceable outcome measure. It shifts the focus away from actual accessibility improvements and into reporting behavior, which can distort results and exclude people who do not self-identify. To strengthen this goal, the strategy should shift from participation-based metrics to enforceable access and delivery standards: First, replace self-identification reliance with verified eligibility pathways. The program should use clear, consistent eligibility criteria and outreach through existing systems (healthcare, waiver services, housing assistance programs) rather than depending on individuals to self-disclose disability status. Second, enforce accessibility standards for all contractors and program administrators.

Any contractor performing home modifications should be required to meet enforceable accessibility design standards, with regular audits and penalties for noncompliance. Third, streamline and guarantee access to financing rather than expanding exploratory loan products. The current “explore additional products” language is too open-ended. Instead, establish defined, standardized financing pathways that are automatically available to eligible households, especially at the point of home purchase or diagnosis of disability-related need. Fourth, shift from passive outreach to proactive identification and enrollment. Instead of “ensuring communications reach people with disabilities,” the system should actively identify eligible households through existing state data systems and directly enroll or pre-approve them for assistance where possible. Fifth, strengthen accountability for processing times and approval rates. A key barrier is not just awareness, but delays, complexity, and administrative burden. The goal should include measurable requirements for timely approval and completion of accessibility modifications. Sixth, expand direct grant options in addition to loans. Many households with disabilities face ongoing cost barriers, and loan-only structures may still leave unmet needs. A mix of grants and low-burden financing would better match the goal of accessibility. The core issue is that this goal still operates as a “program access expansion” model. It should instead be structured as an enforceable access guarantee model: if a household meets criteria, accessibility modifications are delivered efficiently, consistently, and without unnecessary administrative barriers.

- Better advocating for people
- What are the potential risks for fraud with this strategy?
- Another good start. Once a person is homebound and cannot get into or out of their home, this leads to other problems. By helping people make their home accessible, this helps with their mental health, physical health, and overall wellbeing. Many people with disabilities are not just asking for handouts but hand-ups.
- Minnesota should continue expanding accessibility financing while simplifying access to these programs and improving outreach to communities that may not be aware of available resources.
- I don't know much about the RLP. I would like to see programs like the Arc's microgrants for housing expanded so that people who need relatively inexpensive home mods can just get the money and not have to go through a loan process.
- Include people with lived experience in the design and implementation! Don't wait until after to “check-in” with PWD after the fact.
- 100% of Minnesotan's who need accessible modifications should have available financing.
- 1. Fix the “Contractor Desert” for Accessibility Modifications: A major barrier to using these loans is that many contractors refuse to work with state-funded programs because the payment timelines are too slow and the administrative requirements are too heavy. Minnesota Housing should not just “explore loan products,” they must create a “Certified Accessibility Contractor Network.” This strategy would involve recruiting and pre-approving contractors who understand universal design and providing them with streamlined, accelerated payment terms.

A loan is useless if no one will take the money to do the work. 2. Standardize Income Eligibility Across Agency Silos: Right now, a disabled person has to prove their low-income status separately to DHS (for waivers), the county (for SNAP/MA), and MHFA (for housing loans). This is “Administrative Churn” that creates a massive cognitive burden. Minnesota Housing should implement “Categorical Eligibility.” If a person is already verified as being on a DHS disability waiver or SSI/SSDI, they should be automatically income-qualified for the Rehabilitation Loan Program without additional paperwork. 3. Address the “Homeownership Cliff” (Asset Limits): Many disabled people are trapped in the “Asymmetrical Compliance” gap where they have the income for a mortgage but cannot save for a downpayment because of the \$2,000/\$3,000 asset limits for Medicaid and SSI. While MHFA offers downpayment assistance, they must explicitly align these programs with ABLE Accounts. A strategy should be to create “ABLE-Linked Homeownership Grants,” where funds saved in an ABLE account are matched by MHFA, specifically for accessibility-related downpayments, bypassing asset-limit penalties. 4. Move Beyond “Awareness” to “Execution Support”: Marketing and “accessible communications” are not the problem; the application process is. Most disabled people in need of these loans are also dealing with “Administrative Exhaustion.” MHFA should fund “Housing Navigators” who are not just clinical case managers, but “Slingshot Execution” specialists. These navigators would handle the contractor bidding, the income verification, and the project management for the homeowner, ensuring the project actually gets built rather than just “selected for funding.”

- I think this is a valid goal BUT I am disappointed that there is no mention of accessibility updates (beyond just universal design) being funded for rentals. DHS has just announced that Community Residential Service providers will not be able to fund environmental adaptations via waivers anymore. Unless another significant source of funding is found, this is going to further decrease housing choices for people with disabilities.
- Very few disabled people remain homeowners. Those that are have medicaid waivers that can supplement this need.
- Please help rural households too.
- Make these loans into grants on a sliding fee scale. Those who can afford loans get loans. Those who cannot are granted the necessary resource.
- To be accessible, the staff working with these people must be fragrance free and educated on that and what materials can cause problems for those with disabilities. incentives should also exist for those who own the home and not just for those who are about to buy one.
- Greater marketing of this resource. Flexibility in defining what is a persons “own home” and how that can be applied when individuals with disabilities often have to move due to affordability issues.
- Housing Goal 2 also does not go far enough. Differences between counties create disparities.

## Housing Data Goal 1

- This needs to be tightly regulated so that people who are being released into the community aren't at risk to community members.
- First, move from “data collection on outcomes” to enforceable pre-release housing placement requirements. Housing should not be an uncertain post-release condition. There should be a defined expectation that accessible housing is identified, secured, and coordinated before release, with accountability assigned to the Department of Corrections and housing partners. Second, define “accessible housing” in functional terms, not administrative terms. It should include communication access, physical accessibility, and necessary supports aligned with disability needs, not just general ADA compliance assumptions. Third, establish mandatory coordination timelines. Housing placement should begin well in advance of release, with clear deadlines for identification, approval, and confirmation of placement. Without timelines, “coordination” tends to fail in practice. Fourth, include accountability for failed placements. If an individual is released without appropriate accessible housing, there should be a documented system failure review process-not just data reporting after the fact. Fifth, prioritize matching individuals to appropriate housing types rather than treating all housing as interchangeable. For Deaf, DeafBlind, blind, and other disabled individuals, placement quality depends heavily on communication access, not just physical availability. The core issue is that this goal currently focuses on tracking whether housing exists after release, rather than guaranteeing housing is secured before release. A stronger model would treat housing as a required component of discharge planning with enforceable responsibility and timelines.
- There needs to be housing for inmates coming out of jail is its own disability people don't get that
- Broadening the overall stock of accessible affordable housing will contribute to this goal. -- Require all new construction to meet universal design standards. Do not rely on ADA standards, which are limited with interior residential standards.
- Accessible housing after release is very important for stability, safety, and successful reintegration. I encourage strong coordination between housing providers, support services, workforce systems, and community orgs so individuals do not fall through gaps during transition period.
- I don't know what an ADA plan is -- assuming it's some sort of paperwork for incarcerated people who need accommodations. I support this goal. I would also like a goal on tracking the accessibility of halfway houses, step-down units, and other post-incarceration/diversionary programs.
- DOC isn't even trying with their Olmstead goals. “wants to write a goal” This is horrific.
- It is alarming that the Department of Corrections (DOC) currently has a “baseline of zero” for tracking the housing stability of disabled individuals upon release. This lack of data facilitates a “Prison-to-Institutional Pipeline,” where incarcerated individuals with physical or cognitive disabilities are released directly into nursing homes or congregate care facilities-not because

they need clinical care, but because the state has failed to secure accessible community housing. To make this Data Goal meaningful and avoid “Administrative Stalling,” the DOC and Minnesota Housing must implement the following: 1. Track the “Institutional Referral” Rate: The data must explicitly track how many individuals with ADA plans are released to a “nursing facility,” “board and lodge,” or “assisted living.” If a disabled person is released to an institution because no accessible apartments were available, that should be recorded as a failure of the state's Olmstead mandate, not a “successful placement.” 2. Solve the “Feasibility Catch-22” for Pre-Release Housing: Currently, many housing providers and state agencies (like DEED/VRS) refuse to provide services or housing commitments until a person is “stable” or has an “established address.” However, the person cannot be stable without the housing. This is a Catch-22 that keeps disabled individuals incarcerated longer than necessary. The Data Goal must track the “Housing Commitment Gap”-the number of days a release is delayed purely because an accessible housing placement could not be finalized pre-release. 3. Address the Intersectional Criminalization of Disabled BIPOC Men: Data collection must be disaggregated by both disability and race. We must track how the intersection of disability and race-particularly for Black and Indigenous men-results in higher rates of “unstable housing” or “homelessness” upon release. Without this intersectional lens, the DOC will continue to ignore the systemic biases that lead to higher recidivism for disabled people of color. 4. Track “Provider Denial” Rates Based on Disability/Criminal Record: Many “accessible” housing providers utilize blanket bans on individuals with criminal records, creating a secondary “double-lock” for disabled people exiting DOC. The state must track how many “Housing Support” (formerly GRH) providers deny placement specifically based on a combination of high-care needs and criminal history. This data is essential to prove the need for “Fair Chance Housing” mandates for state-funded providers. 5. Establish a “Transition Housing Voucher” specifically for ADA Plan individuals: “Tracking data” is not a strategy. While the DOC gathers its baseline, the state should immediately establish a specialized, rapid-response housing voucher for individuals with ADA plans. This avoids the “Administrative Churn” of waitlists and ensures that the minute a person is eligible for release, the funding for an accessible apartment is already secured.

- Most of these folks will reenter into a halfway house or supported housing program that already needs to meet Ada requirements due to licensing
- No
- All people need safe decent sustainable housing. All means WITHOUT EXCEPTION.

## Housing Data Goal 2

- There needs to be more communication to people who have disabilities - maybe through a case manager - who can tell them what sort of programs offer financial rent assistance. There's nothing coming to disabled people right now or they have to jump through so many hoops that they give up. People with proven physical and/or mental health disabilities should be able to get some sort of rental assistance (not section 8) to help pay for rent - don't make it income-

based either! How much I make in government assistance and wages should have no bearing on what I pay for rent - the assistance should come because I am disabled!

- First, this goal prioritizes measuring experience and satisfaction without establishing enforceable standards for what “safe, accessible, affordable housing” actually requires in practice. Satisfaction data is useful, but it is not a substitute for compliance, enforcement, or minimum housing conditions. Second, the approach is reactive. Collecting data to “identify strengths and improvements” is too slow and too indirect for a basic human need like housing. The system already has enough data in many areas; the missing piece is enforcement when housing is unsafe, inaccessible, or unaffordable. Third, the responsibility is fragmented between Met Council, Minnesota Housing, and DHS without a clear accountability structure. Multi-agency data collection tends to dilute responsibility rather than improve outcomes. To strengthen this goal, the focus should shift: First, define enforceable minimum standards for “safe, accessible, affordable housing,” including functional accessibility requirements, not just design intent or self-reported experience. Second, require compliance-based measurement, not just survey-based measurement. Data should be tied to inspections, audits, and verified housing conditions-not only satisfaction reports. Third, ensure that “choice” is operationally real. That means tracking whether individuals actually have available options within reasonable timeframes and geographic areas, not just whether they report satisfaction with limited options. Fourth, shift from passive data collection to corrective action requirements. When gaps are identified, agencies should be required to implement enforceable remedies with timelines, not simply publish findings. Fifth, ensure accountability for agencies and housing providers when standards are not met. Without consequences, data collection becomes informational rather than corrective. The central issue is that this goal assumes better data will lead to better housing outcomes. In practice, housing quality and access improve when standards are enforced, not when satisfaction is measured.
- There should be affordable housing problem is how much can a person with disabilities make
- These goals are broad. I suggest rewriting for specifics and measurability.
- Collecting direct feedback from people with disabilities is important to understanding whether housing is truly accessible, affordable, and supportive of independent living. I also encourage the state to measure how workforce stability, provider capacity and continuity of services impact long-term housing success and community integration.
- Who is the target population to be surveyed here? Is it “anyone with a disability”? Or is it “people with disabilities who qualify for subsidized housing” or “people with disabilities who have received money from a state program to make their housing accessible”?
- Choice is key.
- Data collection is a wonderful first start. USING Data to IMPROVE the lives of Minnesotans with disabilities should be the goal.
- Data Goal 2 is a significant step backward into “Administrative Stalling.” Asking disabled people about their “satisfaction” and “experiences” with housing services is a hollow exercise when the state already knows the core issues: there is a catastrophic shortage of accessible units and

a voucher system that is nearly impossible to navigate. “Satisfaction” is a poor metric for a population that is often forced to choose between an inaccessible apartment and a homeless shelter. To turn this into a meaningful goal, MetC and DHS must move beyond “satisfaction surveys” and track the following Hard Barriers: 1. Track the “Voucher Expiration Rate” for Disabled Applicants: The Metropolitan Council (MetC) must track how many disabled individuals receive a Section 8 or Housing Support voucher but are forced to return it because they cannot find an accessible, ADA-compliant unit within the 60- or 90-day search window. This “Voucher Expiration” data is the only true measure of whether the housing market is actually “inclusive.” If a person has the money but cannot find a door they can fit through, the system has failed. 2. Measure the “Provider Neutrality” of Choice: Goal 2 mentions “choice,” but for many disabled Minnesotans, choice is a myth. Most “Supportive Housing” is tied to a specific service provider. The data must track the percentage of disabled tenants who have the legal and practical ability to fire their service provider without losing their housing. If a person is forced to keep an abusive or incompetent caregiver just to stay in their home, they do not have “housing of their choice”; they have a state-sanctioned prison. 3. Analyze the “Application Churn” and “Hidden Denials”: DHS and MetC should track how many disabled individuals are denied housing due to “Minimum Income Requirements” that ignore the reality of SSDI/SSI, or due to “Criminal History” screenings that disproportionately impact disabled BIPOC individuals. This data should be used to push for “Source of Income” protection enforcement, ensuring that landlords cannot use a person's disability income as a reason to deny their application. 4. Disaggregate Satisfaction by “Institutional History”: If you ask someone who just spent five years in a nursing home if they are “satisfied” with a substandard apartment, they will likely say yes out of fear of being sent back. Satisfaction data is scientifically useless unless it is disaggregated by prior housing status. DHS must track whether the “choice” was made under duress (e.g., “Choose this apartment or stay in the hospital”). 5. Establish a “Real-Time” Accessible Housing Registry: Instead of “collecting data about experiences,” MetC and Minnesota Housing should create a Statewide Accessible Housing Database. The goal should be for every MHFA-funded universal design unit to be listed in a single, real-time portal where disabled people can see actual availability, rather than having to call hundreds of individual landlords to ask about door widths and roll-in showers.

- Similar to above - gathering this data is a good start but we already know that options for safe, accessible, affordable housing are extremely limited and only going to be further limited with the elimination of waiver funding for adaptations to provider-controlled homes. Combined with the budget plans for Waiver Reimagine (higher budgets for people receiving residential services), this seems to put people in an impossible situation - they could use waiver funding for adaptations to their own home, but would get a higher budget if they didn't live in their own home?
- Affordability is key People do not have choice now because they cannot afford to be selective. There is nothing available for low income disabled people, especially now with ICS failing.
- Merc-what about rural people with disabilities?

- Data collected needs to be anonymized and PRIVACY NEEDS MAINTAINED.
- this is good that they are asking those with disabilities.
- Increase reach, including individuals who have significant funding (HCBS Waiver) as well as those that do not. What is the difference in their housing options and satisfaction?

## Missing housing goals

- Yes, I do. Housing Goal 1, states the following: “People with disabilities will have access to more accessible housing and housing with deeply affordable rents paired with supportive services.” Goal 1 uses the words: “People with disabilities will have access to more accessible housing.” This means that we want the structure of the housing itself, to become more physically accessible, and we want these more accessible housing options built more often. This is, because we want people with disabilities who're interested in more accessible options, to be able to find more of them available. “Goal 1” also speaks of this more physically accessible housing, which should also be “deeply affordable,” for people with disabilities, and that there should be a pairing of “supportive services” along with this deeply affordable rent. “Goal 2” and “Data Goal 2,” use language that speaks to ensuring housing is affordable, safe, accessible. Still following, dear reader? Ok, so here is the issue: none of these housing goal areas speak to 'increasing access,' in terms of people with disabilities having increased 'access' to the system through which this deeply affordable, or physically accessible housing is actually procured. We need to ensure that all of these deeply affordable, more physically accessible housing options can actually be found and more easily acquired by people with disabilities. 'Access' beyond the physical, is simply missing in the goal language. The only 'accessibility' that is being talked about in these goals, is “access” in terms of physical accessibility alone. It's important that our housing goals go beyond merely ensuring that more universally designed, affordable housing options are built. More universal housing can, indeed, be built. Rent for said housing can become more deeply affordable for people with disabilities. It can even include supportive services as the metaphorical cherry on top. This is, of course, all well and good. If however, people with disabilities must sit on a 5-year wait list to potentially become tenants within this housing, or if they have to put their names into a lottery system in order to acquire the housing, (with no real guarantees of actually 'winning' said lottery, mind you,) then all of these great, accessible and affordable housing options will wind up being built, but unoccupied by the very people that they were built to house in the first place. Our housing goals should include language that states that these housing options shall be more easily and efficiently procured by people with disabilities. I think that is the simple fix. No matter how we go about changing the language, we must make sure our language serves to signify more than just a goal to build more buildings. We need a housing system infrastructure fix to get our people inside of the buildings we want to build. I'm guessing the word “accessible,” as its used in the language of these goals, is partly the problem, because it's being used in almost a colloquial way. In everyday language, it's completely fine, of course. People often use the word: 'accessible,' as a kind of shorthand

for the phrase: “physically accessible,” but in this particular context it matters to specify the kind of 'access' we're actually talking about, or else conflation will be inevitable, and the ambiguity could be used for purposes outside of what we're intending.

- One important issue missing from the housing goals is the stability of Family Residential Services homes as a critical community-based housing option for individuals with disabilities who require daily support. These homes represent one of Minnesota's most integrated and individualized residential settings, particularly for people who are not well served in larger shift-staff programs. Recent implementation of the flat-rate funding structure for Family Residential Services is already creating instability across smaller residential homes and increasing risk of closure. As a designated coordinator working across multiple providers, I am seeing restructuring of one-person homes, staffing reductions, and placement instability driven by funding changes rather than assessed needs. When these homes close, individuals often have fewer meaningful housing choices and may be forced into more restrictive settings. Maintaining the availability of Family Residential Services homes is essential to supporting housing choice and community integration under the Olmstead Plan.
- DHS needs to keep all housing options available, apartment settings, living with true family, live in family residential home, living in a community residential home.
- One issue missing from the housing goals is the importance of maintaining stable one-person Family Residential Services homes as part of Minnesota's integrated housing system. 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. When providers must change the structure of a home for financial reasons rather than person-centered planning, individuals lose access to housing options that best match their needs.
- How proposed changes to waivers will impact housing. This will directly impact whether a person can stay in their homes with the supports they need. Since there are no more licensed homes, the only option is the “own home” model which is constantly under attack. Reductions to medicaid and other funding sources are a serious problem now and in the future. The waivers program must be supported.
- most people with disabilities and their family are not interested in their individuals living in their own homes. It is very difficult for a person with disabilities to be able to afford a house. Staffing support for someone who has complex needs is very, very difficult.
- I 100% am on here because I haven't gotten help from you guys as far as you told me and as far as I was promised! Also I had over a few lifetimes of savings stolen from 2 addresses then 2 vehicles and I camper!! Also the BBB TOLD ME I had to go this route to retrieve the money I was supposed to get back i lost from my schooling I paid in full and also for the tools they were licensed to
- No. I am on a waiver. My case manager referred me to multiple Housing Stabilization Agencies. Each one of them were terrible! 1) (redacted), came to my home to help me with my new apartment lease. The woman was NOT Covid vaccinated and she was insulted that I

requested she wear a mask. The entire 45 minutes of abrasive and self-righteous conversation occurred when the owner's mother showed up to my home and continued to tell me how wrong Fauci is and that Trump and Fox News have the correct and factual information. I had no idea that the mother was working for the her daughter, who is the own of (redacted), (redacted). (redacted) is the most far, far right, ignorant, unprofessional, unethical, and completely emotionally bankrupted individual I have yet to meet as a social services owner. Not only did she not want to listen to what had occurred at my home, but she totally believed her own mother. (redacted) attacked me when I wrote a negative Google review. This agency as well as other housing stabilization agencies have been worthless. 2) After the terrible experience with (redacted), (redacted) in Ombudson has been worthless speaking about the systemic breakdown in the social services genre. Someone has to die for her to do anything. 3) Most of the other housing stabilizations that were referred only called me once. These agencies did not have information and the "president" was a person, from another country, was in college and not available M-F. 4) I am paying almost \$600 per month for insurance and I work remotely from home 10-12 hours per week. It is insane to pay this amount each month when I am on SSDI and barely living wage right now.

- It's important that policy support Olmstead goals. For example, An Olmstead goal of living in the most integrated setting is admirable but if funding doesn't follow, it is meaningless. For example, Waiver Reimagine assigns budgets to living setting, giving 2X budget to a person living in a provider controlled setting vs a person in their own home. This seems illegal to incentivize institutional care. Why isn't OIO speaking out against Waiver Reimagine?
- stable rent supports to manage a home are currently not enough lots of falling thru the cracks without responsible case management
- Need a staff to go out if out of town like breezy point conference coming up 30-1 may
- Considering that the governor and DHS eliminated Housing Stabilization Services which was designed to help people find and keep housing I have no confidence in the state's Olmstead plan. DHS has done nothing to get some sort of services for people with disabilities or disabling conditions started there is no creditability or hope that housing goals will be achieved. Minnesota has gone backwards on achieving housing for people with disabilities.
- See below
- The plan fails to recognize available housing to the nondisabled community who have not been formally diagnosed as disabled as part of market analysis in determining a goal for people with disabilities. Many nondisabled people do not own their own home. They choose segregated and congregate communities - neighborhoods within neighborhoods depending upon availability, their needs and desires. Does the plan support people with an IQ less than 70 choosing to live in a neighborhood designed exclusively to meet their needs and desires? Congregate housing? The word institution is not a good descriptor in the plan. A person living in their own home or anywhere else can feel isolated and not belonging. Isolation is defined by the individual. Many nondisabled people choose to live isolated from others and more comfortable in solitude. Many choose to live in a neighborhood that fits their needs and

desires. Not all neighborhoods are the same. Your definition of institution has shortcomings. There are many kinds of institutions. Can certain neighborhoods be a form of institution? Many nondisabled people over age 55 choose to live in a form of institution - apartment complexes for only people over age 55. Segregated communities marketed and chosen by that population. People of nationalities have a history of creating neighborhoods of one nationality because they feel included. Many people who are deaf choose to live with and/or near others who are deaf. Did you ask why? Can people with any typed disabilities with help from their families develop their own neighborhoods? The draft plan doesn't reflect the real life needs of the the most vulnerable with IQ less than 70 and severe behavior disorders. You don't acknowledge what inclusive means for this population of IQ less than 70. You did not include this population in the upfront planning. Non of the consultants you engaged/hired can speak for the I/DD population with an IQ less than 70 and sever behavior disorders. What do you think is meaningful to people with severe I/DD in terms of inclusion? The consultants can speak for themselves - not for all people with a disability. Where does the plan acknowledge human development and psychology of learning research? It doesn't. The diversity within the human populations. The plan is a one size fits all people with disabilities.

- There are no options for congregate housing. Affordability will require different options than are currently available. Boarding houses, tiny homes, campus housing would all be reasonable options to maximine services and maintain affordability. The absolute refusal of the State to entertain afforable community living for adults with disabilities is criminal.
- Lack of viable housing options as well as lack of support to meet their goals.
- What the heck is deeply affordable? MN needs to support the difference for market rate rental integration. A joke on language interpretation! This language goes against Olmstead requirement of integration and least restrictive. Incarcerated individuals should be low on the list compared to working individuals.
- I think an important goal is people with disabilities being able to live where they choose (like in their own homes) and having their needs met in that setting.
- Yes! Most low income people including myself are living in substandard housing. I cannot move though I keep trying, because I have a crappy (dirty, dusty, moldy) apt. But as I been looking for 3-4 years to move, almost all of my choices have turned out to be low accessibility and tiny apts that are not all disabled friendly. It is awful!
- My son lives with me. So he has an excellent housing situation.
- My greatest concern is allowing choice as stated in Housing Data Goal 2. The plan should expand choices for people to choose where they live rather than limit the options. My son is very happy living in a licensed ICF group home as are hundreds or thousands of other individuals. He receives excellent care and is fully engaged in the community.
- Still on a waiting list to get help with housing. Following a law that was passed in the legislature for housing supports, (redacted) was waiting for resources that never arrived. Inaccessible housing. Need accessible washers and dryers. Counters are so high that it becomes difficult for us to access them. Lack of knowledge and communication. We want to be out in the

community and be involved in a home that we can love. Barriers that keep us from getting these homes.

- Stop the shaming of people who choose to live in group homes. There should be a continuum of options where people select what's best for that person. No advocate or state program should impose value or devalue choices for housing.
- Providing monetary assistance to disabled people, both for rent and mortgages.
- Yes-there are several important gaps across the housing goals, and they mainly relate to functional accessibility, language access, and enforcement. First, there is limited recognition that accessibility is not only physical (ramps, layout, ADA compliance), but also communication-based. For Deaf, DeafBlind, and hard of hearing individuals, housing safety and stability depends heavily on being able to communicate directly and reliably within their living environment. That includes staff, service providers, emergency systems, and neighbors in supportive housing settings. Second, there is a missing concept of language-accessible or communication-immersive housing models. For example, Deaf-centered or American Sign Language-accessible housing environments can significantly reduce isolation, improve safety, and increase independence. Current goals do not explicitly support development or expansion of housing models where communication accessibility is built into the environment itself, rather than added through external supports. Third, there is insufficient attention to matching individuals to housing environments that meet their communication needs. "Choice" is referenced, but not operationalized in a way that ensures real access to housing communities where communication is fully functional and not a barrier to daily life. Fourth, there is a lack of enforceable standards for housing providers serving people with communication disabilities. Accessibility is still largely framed as design features and funding incentives rather than mandatory, ongoing compliance with functional communication access requirements. Finally, the goals do not address isolation risk as a housing safety issue. For many disabled individuals, especially those who are Deaf or DeafBlind, isolation is a structural risk factor that can directly impact safety, mental health, and independence. A more complete housing framework would include enforceable accessibility standards, communication-accessible housing models (including ASL-immersive options where appropriate), and system requirements to ensure individuals are placed in environments where they can fully communicate and participate-not just physically reside.
- Barriers coming out of jail anyone who is homeless should be considered someone with a disability because being homeless is a disability there us enough places im rochrster for people to nor he homeless yet there are homeless people forced to live on streets causes more trauma and mental illness whej they are in constant survival mode
- Missing: connection between accessible, affordable, and energy efficient housing design. As our MN climate is rapidly changing and our population is permanently aging, the need for housing to be intentionally efficient will save resident lives and money.
- The housing goals would be elevated by more focus on reducing fragmentation between housing, workforce, transportation, and support stability and support service systems. Long-

term housing stability and community integration depend on strong coordination between these systems.

- I would like a goal about moving people receiving waived services from provider owned settings (group homes, assisted living) to their own homes/apartments. Between the HCBS settings rule and MN's waiver reimagine plan, there really needs to be data collection on how we get people out of provider owned settings and into actual community settings.
- OMG! so much it missing. This plan is embarrassingly vague and weak. It maintains the status quo and in some areas even goes backwards.
- 1. End the "Homelessness Requirement" for Support: The state must establish a goal to provide Pre-Crisis Housing Intervention. Currently, you often have to be "homeless or imminently homeless" to trigger vouchers. For a disabled person, by the time they reach that "cliff," their health has already deteriorated. We need navigation and vouchers available the moment housing becomes unstable or physically inaccessible, not after the crisis. 2. Decouple Housing from the "Shelter-First" Model: Many unhoused disabled Minnesotans choose to live in cars or RVs specifically to avoid "Shelter Trauma" and physical barriers in congregate shelters. The plan is missing a goal to provide "Non-Congregate Emergency Housing" (hotel vouchers or individual units) as a standard first-line response, rather than forcing disabled people into inaccessible group environments. 3. Address the "Lottery Trap" in Voucher Allocation: Currently, many Section 8 and HUD applications operate on a random lottery model. While agencies claim to prioritize disabled people and seniors, they often mix these applicants into a giant "all-in-one" lottery pool with able-bodied adults. This erases disability priority. If a disabled person isn't "lucky" enough to be picked in the initial random draw, their priority status never even matters. The state must mandate "Separate Priority Pools" for lotteries to ensure that those with the highest systemic risk (disabled/seniors) are selected first.
- Housing Access Coordination or Housing Stabilization Services should return, at least as a service for people with a waiver case manager or targeted case manager to oversee them.
- Mass affordable housing. Real incentives to keep and maintain affordable housing, not allowing subsidized slums.
- RURAL COMMUNITIES
- Yes, sharing homes, rehab in homes, pilot programs, Accessory dwelling units, church grounds called sacred settlements, collective options, populate all DEFUNCT OFFICE PARKS AND WONDER YEAR SHOPPING CENTERS THRU REHABILITATION OF EXISTING STRUCTURES IMMEDIATELY!!!!
- fragrance - free, chemical sensitivity
- The intersection of services for individuals with disabilities and their housing options. How these can align but also can be incongruent.
- Still on a waiting list to get help with housing. Following a law that was passed in the legislature for housing supports, (redacted) was waiting for resources that never arrived. Inaccessible housing. Need accessible washers and dryers. Counters are so high that it becomes difficult for

us to access them. Lack of knowledge and communication. We want to be out in the community and be involved in a home that we can love. Barriers that keep us from getting these homes.

- What is fundamentally lacking in these housing objectives is a correct and honest definition of what constitutes an integrated setting versus an institutional one. The State of Minnesota is classifying congregate settings that violate the U.S. Department of Justice's definition as "home-like"—artificially inflating its inclusion data. CMS approval is not sufficient. The Department of Justice defines as institutional any setting where individuals lack control over their own routines, where meals are regimented, where they cannot choose their own staff, where activities are collectively scheduled, or where the structure of the setting serves the organization rather than the individual. Many settings that Minnesota counts as "integrated" meet these institutional criteria. The Olmstead Plan must explicitly incorporate the Department of Justice's definitions. Without that correction, Minnesota's data is fraudulent. And upon this false foundation rests another equally urgent crisis: the staffing shortage is already critical, and \*Waiver Reimagine\* will devastatingly exacerbate it. Without sufficient staff—chosen by the participant—there is no true integrated housing, only the name.

End of document