



Minnesota Olmstead Implementation Office  
400 Wabasha St N.  
Suite 400  
Saint Paul, MN 55102  
[MNOLmsteadPlan@state.mn.us](mailto:MNOLmsteadPlan@state.mn.us)

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To whom it may concern,

Thank you for the opportunity to provide input on the draft Olmstead Implementation plan. The Office of Ombudsman for Long-Term Care (OOLTC) educates, empowers, and advocates with and for residents in long-term care settings, such as nursing homes, assisted livings, 245D group homes, 245A adult foster homes and individuals receiving long-term services and supports in their own home.

Overall, OOLTC supports a number of elements of the plan. Specific items include:

**Employment Goal 2: More Veterans with disabilities will have jobs in the community.**

- Specifically OOLTC supports the strategy:
  - Ensure all Veterans with disabilities who are in MDVA’s Homes or Domiciliary programs are evaluated for service connection, including Veterans on the waitlist for these programs.

**Health Goal 1: More Veterans with disabilities will receive disability compensation.**

- Specifically OOLTC supports the strategy:
  - Ensure all Veterans with disabilities who are in MDVA’s Homes or Domiciliary programs are evaluated for service connection, including Veterans on the waitlist for these programs.

**Transportation Goal 4B: Trip navigation platform**

- Specifically OOLTC supports the strategies:
  - As part of this goal, DHS wants to simplify eligibility and enrollment for transit services. DHS is considering a tiered eligibility system for transit. This would reduce the number of applications people have to fill out for transit services.
  - DHS will also update reimbursement rates for transit services. This will would ensure DHS complies with federal requirements. The updated rates would also more closely match the actual cost of providing services. This would encourage more transit service providers to participate.

**Transition Goal 5: People who receive home- and community-based services will experience less use of restrictive procedures.**

- OOLTC supports this goal overall.

For the following items OOLTC offers feedback for consideration:

### **Creation of a statewide Disability Systems Change Council (DSCC)**

The top of page 13 states, **the DSCC will work with local partners to problem-solve at the regional level.**

- The DSCC appears to be defined as is simply gathering information and making recommendations to the subcabinet. OOLTC feels that the plan lacks substantive information on how will they operationalize regional work. Would the regional work not occur later, outside of the DSCC? OOLTC feels there should be more clarity here on the work the DSCC will do and how they will operationalize that work.

### **Crisis Services Data Goal 1: More people will stay in the community after a crisis.**

- This goal has applicability to Assisted Living and other settings OOLTC serves like 245D group homes and 245A adult foster homes. While OOLTC supports the goal, it appears to lacks any substantive plan. It pushes any DHS commitment out to 2027 which does not seem adequate. The goal proposes DHS sets data targets to "create the goal" but lacks defined strategies, a key component of implementation.

### **Health and Safety Data Goal 2: More Minnesota Department of Health response staff will receive training about the access and functional needs of people with disabilities in public health emergencies.**

- While OOLTC supports this goal the plan appears to lack clear objectives around the operationalization of the goal itself. The plan lacks and measurable goals and strategies and leaves vagueness for set targets to solidify the goal.

### **Health Goal 2A**

**Measurable goal: By December 31, 2027, the number of substantiated reports of maltreatment in MDH-licensed facilities will decrease by 2%, to 107.**

- OOLTC does not agree that substantiated reports is a good measurement indicator for reduction. In far too many cases, the mere designation of “unsubstantiated” does not mean that a maltreatment incident did not occur. It may simply mean that the legal burden of proof was not met to determine the event was substantiated. OOLTC strongly feels that this goal should be measured by a decrease in the number of reports received overall, not substantiated.

### **Health Goal 2B**

**Measurable goal: By January 1, 2031, the percentage of adults with disabilities who experience sexual and intimate partner violence will decrease to 17%**

- OOLTC feels that the goal of decreasing instances by 2% does not seem ambitious enough for the timeframe allotted. A 5% reduction goal is used in several other areas of the plan. OOLTC would voice support for revisiting a more ambitious goal on this topic.

### **Health Goal 2A**

**To Reach this Goal MDH will:**

- **Continue to develop policies for abuse and neglect.**
- **Continue to develop abuse prevention plans with assisted living facilities**
  - The two goals above stated in this section appear to be functions performed by MDH licensed providers, not MDH themselves. While MDH provides regulatory oversight of these actions as conducted by by providers, they are not performing the task themselves. The way that this is written is misleading and

appears to be inaccurate. These goals should be restated in a way that reflects that MDH would provide regulatory oversight and potentially support providers to ensure they are compliant with regulations that MDH enforces.

### **Health Goal 2B**

- OOLTC would be willing to partner with MDH on this goal to utilize already existing resources like the Sexual Abuse Training Project found on this page to meet this goal:  
<https://mn.gov/ooltc/providerresources/providertraining/>

### **Transition Data Goal 4A and 4B**

- This portion of the plan does not define SMART goals as reflected in the plan overview. There is no defined information on the steps DHS will take to collaborate with service recipients, counties and service providers to improve access to services. 256B.0911 Subd. 17 requires MnCHOICES assessments are completed within 20 working days. This is not currently getting done across the state and directly ties to the stated delays in this section. A more comprehensive plan to address already statutorily required timelines should be addressed by DHS while simultaneously looking to improve data systems to better collect and analyze their current data.

### **Transition Data Goal 5: Direct support professionals and people with disabilities will shape the future of Minnesota's Medicaid program.**

- While OOLTC does support this goal overall it may prove difficult from an equity perspective to recruit 40 DSP's to this committee, even by 2029. These are often underpaid workers with many competing demands on their time. Without compensation for meetings attended or childcare offered in a stipend or through partnership with other entities it may be unrealistic to expect that many individuals would participate.

Ultimately, OOLTC supports the overall goals of the Olmstead Implementation plan. We recognize the importance of the plan and the ongoing commitment to individuals living with disabilities across the state. We appreciate the consideration of our comments.

Respectfully submitted,

Office of Ombudsman for Long-Term Care  
P.O. Box 64971  
St. Paul, MN 55164-0971