Public Comment Email Feedback

Email One

To the Olmstead Implementation Office and Subcabinet:

My name is (redacted). I am submitting this public comment on the 2026 Minnesota Olmstead Plan Draft as a person with a disability and a Brain Injury waiver recipient.

This comment is submitted in an alternative format as an ADA accommodation, per the OIO's public comment page, which states that alternative format submissions may be directed to MNOlmsteadPlan@state.mn.us.

The Olmstead Plan is supposed to protect my right to live in my home and community. I want and I depend on that. But the plan as written does not address the things that actually make community living possible for me.

What I need the plan to address:

I need supports that are real and available — not just on paper. The plan uses the word "supports" throughout but never defines what that means. For me, supports mean real people showing up to help me with the things I cannot do alone. That includes direct formal, hands-on help with daily living, and the coordination and planning that makes my care work. It means paid, qualified providers I can count on — not assumptions that my family will fill in the gaps.

My family loves me and they help me based on their availability that can't be tied to the state's budget strategy. When assessments reduce my formal services by assuming my family will cover hours they're not in a position to cover, that is not person-centered planning. That is a cost shift onto my family.

I need my supports to be meaningful to me — enough in hours, frequency, and type to actually keep me safe and living in my home. A plan of care that looks sufficient on paper but cannot be staffed or does not meet my actual needs is not a real plan.

I am a Brain Injury waiver recipient. Waiver Reimagine as currently proposed would reduce my budget by 75% based on where I live, not based on what I actually need. It's been legally confirmed these plans violate the Olmstead mandate.

My needs do not change because of my address. I need the plan to require that waiver budgets reflect individual assessed need — not living setting.

I need there to be enough workers. There are not enough home care staff and nurses in Minnesota. I have experienced this directly.

When there are no workers available, I cannot get out of bed. I cannot go anywhere. Every goal in this plan — employment, housing, community participation — is impossible for me without staffing. The plan must address the workforce crisis as a tier 1 priority, not an afterthought.

I am requesting:

- Written confirmation this comment has been received and accepted as a formal public comment
- Confirmation it will be shared with the Subcabinet, agency teams, and Inclusion Consultants
- The location where I can view my published comment alongside all others after the comment period closes

Thank you for considering my input. My life depends on getting this right.

Respectfully submitted,

(redacted)
Brain Injury Waiver Recipient
Minnesota

Email Two

Hello (redacted),

I hope this message finds you well. I am reaching out on behalf of the Minnesota First Provider Alliance, an organization dedicated to advocating for both providers and recipients of care services, with the ultimate aim of enabling individuals to lead their best lives. Our alliance represents a network of service providers who are committed to keeping people with disabilities in their homes—a central goal of Olmstead.

After reviewing the draft Olmstead plan, we were surprised and disappointed to find that it does not specifically address the need for a robust workforce of individuals who provide direct services to people with disabilities. Achieving nearly any of the plan’s goals is contingent upon ensuring that there is an adequate workforce available to support individuals in their homes, workplaces, and communities. For full participation to truly happen, it is essential that we have staff who are knowledgeable about our needs, embrace person-centered care, receive a livable wage and benefits, and are accessible throughout Minnesota.

It is striking to see this omission, especially considering the first iteration of the Olmstead plan included measurable goals focused on tackling the direct care workforce shortage—a challenge that persists today. While progress has been made on many fronts, this area requires systemic change and ongoing attention to ensure there are enough workers to meet the needs of people with disabilities.

As an example, I am someone who requires assistance around the clock due to spinal muscular atrophy, which affects every aspect of my daily living, from respiratory and mobility support to medical care. Without family members able to provide this assistance, I rely on PCA's to help me remain active in society, work, and participate in my community. Despite my connections, I sometimes struggle to find the care I need just to stay in my own home which I own. Sometimes it feels like a full-time job just coordinating schedules to ensure I have the staff I need to remain in my home and working.

The Minnesota First Provider Alliance partners with agencies to ensure people are cared for in the best way possible, particularly by supporting providers under CFSS/PCA in complying with rules and preventing fraud. Our mission is to make sure people with disabilities receive quality care and have the freedom to make choices about their services. The PCA/CFSS program is the most cost-efficient Medicaid service, with most funds going directly to staff caring for people in their homes. It is vital to have a sufficient workforce to provide this care, and to ensure that family members who serve as care providers are compensated fairly—an issue that is currently being challenged by the current federal administration. Statute requires PCA providers to pay at least 72.5% of their reimbursement rate directly to direct care staff. In reality, most agencies are paying closer to 90% of their reimbursement rate to their workers.

We strongly urge Olmstead to consider reinstating goals, as in the previous plan, that measure the availability of direct care staff, including nurses who provide or oversee care in people's homes. Omitting this would overlook a critical challenge faced by people with disabilities. Moreover, the PCA/CFSS program serve more people of color than any other DHS disability service (in 2025, this was 64%), and a significant portion of workers are people of color or have disabilities themselves. We believe it is essential to add a goal addressing the direct care workforce to improve outcomes and advance equity.

Thank you for considering this important recommendation. We appreciate your commitment to the community and look forward to seeing further progress in the Olmstead plan.

Respectfully,

(redacted)

(redacted)

Minnesota First Provider Alliance

(redacted)

Email Three

Hi (redacted),

Here are my comments regarding the Olmstead Plan currently in progress. I will go back and find the correct location to send to, but I would like you to see my comments.

In your current introduction you state: “This Olmstead Plan is guided by the following vision statement: People with disabilities will thrive as they authentically live their full lives in the communities and settings of their choice with dignity and belonging, and without barriers”.

Unfortunately, you have not identified the greatest barrier which is the continuing workforce shortage. Without care people cannot live and work in the community, period. This workforce shortage places the most vulnerable at risk for their health and safety.

Our 2017 Report to the Olmstead Subcabinet included 5 high priorities to address the workforce shortage. State agencies completed some work, while community advocates worked on other solutions.

The state cannot meet its Olmstead obligations without addressing the workforce crisis head-on. It is the single biggest barrier to community living for people with significant disabilities.

Please reference the continuing workforce shortage as a barrier in the new Olmstead Report being prepared this year. This ongoing work has been funded by the MN State Legislature and through a grant from the Margaret Cargill Foundation. Coordinating with higher ed to develop a student service corps was just one of the suggestions on how to expand the workforce. This work is ongoing and successful through the PCA College Service Corps Pilot Project.

Reference:

Beginning in 2017 the Olmstead Subcabinet directed DHS and DEED to form a multiagency workgroup to develop recommendations for expanding, diversifying and improving Minnesota's direct care and support workforce. This group was called the Direct Care Workforce Shortage Cross-Agency Steering Group.

Email Four

To members of the Olmstead Implementation Office.

As I read your latest draft of the Minnesota Olmstead Plan, I saw what I believe to be several things lacking in the plan. Most of the things that are missing have to do with those who are more severely affected mentally, emotionally, and cognitively by their disability. Those who cannot communicate and express their wants and needs by themselves. Those who function at the level of a five year old or even lower.

You talk about full inclusion. Well, some people with limited skills do not want to be fully included in everything. They can get frustrated and that can often result in meltdowns and other behaviors. Do not force full inclusion on them, give them choices about what they want to do and who with.

You decry ableism. That is good. However perhaps misguided in some areas. I went on Google to find out exactly what the world thinks ableism is. It said that:

"Ableism is prejudice, systemic oppression, and discrimination against people with physical, intellectual, or psychiatric disabilities, operating on the belief that typical abilities are superior. It devalues disabled people, often viewing them as inferior, "broken," or in need of "fixing," which manifests in social, cultural, and institutional barriers. "

I feel that you, DHS, and almost all related Minnesota entities are in fact practicing ableism.

Sub-minimum wages are being eliminated and those who cannot command minimum wage or cannot get support to work for minimum wage, or an employer who will hire someone with a disability who needs support and accommodations are forced to a day program that does little to help the person feel some self-worth. That is being done because of their disability. That is ableism. Why can't people with more severe disabilities work of "commensurate pay" based on their abilities. They may be able to grow in that environment and be able to learn new tasks and gradually earn higher wages.

Housing is another place where ableism is being practiced. People with more severe disabilities have two choices for housing options. It is either a group home or their own or family home. Group homes are not for everyone and are very restrictive. Most group homes will not accept people with severe cognitive disabilities, especially if they have behavior issues. Their own or a family home is better, but finding care and staffing is extremely limited. And family will not be around forever.

There are several additional feasible options. One is to allow and license "campus" or "intentional" communities. No, they are not "institutions" if the person can leave whenever they wish and can obtains services wherever they wish. According to CMS they are not against their guidelines. There are such settings across the country that are operating in such a way that they could cut the current cost of providing full care for a person in half. Give me a call, and I will tell you more.

Both issues above display prejudice, systemic oppression, and discrimination against people with physical, intellectual, or psychiatric disabilities. That is "Ableism" at its worst.

I wrote everything above after reading the draft, but before watching the meeting today. February 19. Now I have a few mor comments. The Employment goal of 45% participating in CIE does not address the other 55% who cannot achieve CIE, or do not wish to, but still would like to work. Income is not the driving issue for most of that group. The goals for housing also seem to be geared for the ones who can live alone and rent or buy, and are likely only going to happen in the metropolitan areas. More needs to be done for the severely disabled who cannot live alone. Overall, the goals are exceedingly small and attainable with percentages that are incredibly low, or numbers that are just as low. Today's meeting cemented my contention that you are promoting ableism against the lower functioning people with disabilities.

(redacted)

(redacted)

(redacted)

(redacted)

Email Five

Hi,

I am writing to ask that you repeal waiver reimagine and create a better plan that will not harm our disabled community. I am a single mom of an 11 year old that is severely disabled.

The waiver reimagine would severely reduce budgets in the E rating of those that live at home. This would cut my daughter's budget in half from what I understand. I am her paid caregiver. I cannot work elsewhere as she needs full time care. With a reduced budget, it would be impossible for me to be her paid parent and I would lose our home because it would not be enough of live on. If I am forced back to work elsewhere, a reduced budget would also make it impossible to find stable and quality care for her. She is medically complex and requires full time support. Cutting her budget in half would severely impact her health, safety and quality of life.

I don't understand how the state could think these people could safely live with a budget reduced so drastically. Especially in today's worsening economy. Families will become homeless trying to care for their loved ones, people will not receive care and will have reduced quality of life or die.

Please come up with a plan to give our loved ones safety, dignity and the ability to remain in their homes.

I would like this shared with all members before they vote. Thank you for your time.

(redacted)

Email Six

Hello!

My young adult Son, (redacted), age 32, lives with my other young adult Son, (redacted), our Cat, and I, and both (redacted) and I work full-time as (redacted) PCAs aka Personal Care Attendants. (redacted) is 100% total care dependent on others for all of his cares. He has Spastic Quadriparesis Cerebral Palsy, is in a Wheelchair, has a G-tube, has a VP Shunt for Hydrocephalus, Seizure Disorders, severe Scoliosis, among other related conditions. He is my Deluxe Package Son.

We seriously need to keep (redacted) current CDCS combined waiver budgets. Not just because by cutting them and going to this new, proposed Reimagine Waiver that (redacted) will completely lose his job with his Brother, and I will only be allowed to work 16 hours per week instead of 40, but several of (redacted) medical supplies that he desperately needs: Diapers, Diaper Underpads, a portion of his Formula (as he is g-tube fed), etc... will no longer be able to be covered through the Reimagine Waiver Budget because the budget will be too small for his needs.

(redacted) loves living with his family and Cat, as we go to movies, church, concerts, the fairs, travel, shop, etc, and his quality of life would go down drastically if his current budget is changed to this Reimagine Waiver, or if he were to live in a Nursing Facility. We live in our own townhome that we purchased (redacted) years ago in Apple Valley, and we had our Main floor Bathroom remodeled and had a Roll-In Shower put in it for (redacted), and also had Laminate Flooring put in our Dining and Living Rooms and took out the tan carpet, as it was ruined by all the mud and dirt that constantly was getting on it from (redacted) Wheelchair wheels.

Please advocate along with us for (redacted) and other people who are on their current waivers. The Reimagine Waiver should never happen. People need to keep their current waivers so they can continue living at home with their families who provide the best care for them. We also save the State/County so much money compared to what a Nursing Home or Care Facility costs. There is no way that living in one of those places would be cheaper than us family members doing the jobs and providing the care at home. The Reimagine Waiver needs to be fully repealed. MN has always been the leader in Health Care, and why do we want to change that now? Especially, with all of the fraud that has been going on in our state? Any of you are welcome to visit our home at any time to see for yourselves how we live and why (redacted) is better off living in his own home. Aren't our own citizens deserving of their current waiver budgets when their parents and families have also worked other jobs and paid their fair share of taxes so that their disabled family members can receive these proper services and supports that they seriously and desperately need? Again, The Reimagine Waiver needs to be fully repealed. It's going to hurt us, not help us.

I would appreciate that my comments in this e-mail be sent to all members and published in full, and I would also like written confirmation and receipt of it please.

Thank You!

(redacted)

(redacted)

(redacted)

(redacted)

Email Seven

First, thank you for the opportunity to provide feedback to the draft of the proposed Olmstead plan. I have taken the survey - but also felt there was additional content that I wanted to communicate to those updating the plan.

I am writing as a parent of three young adults with developmental disabilities; Down Syndrome in particular. We have been through the school programs - starting with early childhood, elementary school, middle school, high school and transition with the (redacted) school system. In general, we had a positive experience. We were strong advocates - but we also had strong supporters within the educational community who shared our vision of what was best for our students (person centered). We worked very closely with school staff through their IEPs and had significant inclusion and also times when the best fit for our children was to have specialized focused education with paraprofessionals. It was a collaborative partnership, built on trust, respect and what was best for our children.

We are also participants in the waiver program (DD Waiver) and have been through numerous changes to these systems over the past 15 years.

We have also recently navigated through leaving the school transition program and identifying the next steps for continued growth and identifying the programs which will be helpful for our young adults to lead productive, inclusive and meaningful lives.

I am writing as a parent - but in full disclosure, I also serve (redacted) of the Governor's Council on Developmental Disabilities, Board Member of the Down Syndrome Society of MN and a Board Member of Midwest Special Services, (MSS).

I am using a copy of the Olmstead Plan Draft - which I downloaded from the Olmstead Implementation Office website (4/12/2026).

First impressions, I read the first 13 pages with agreement, alignment and encouragement. Several statements jumped out as being both directionally correct and affirming.

"Freedom means having control over your own life. That includes choosing where to live, what kind of work to do, how to spend your time, and who you spend it with. These choices are deeply connected to identity, dignity, and the ability to belong."

People with disabilities will thrive as they authentically live their full lives in the communities and settings of their choice with dignity and belonging, and without barriers.

I could not agree more with the statement that, "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."

These statements are affirming and provide a framework for which to work.

So, then I started to read the goals and here is where things started to not make sense and fall apart for me. I will make a list and include specific examples to validate my observations. I have copied verbatim what I read and then my commentary is in blue.

1.) SMART goals that aren't Specific, Measurable, Achievable, Relevant and Time based.

Goal 17: People with disabilities in Greater Minnesota will have access to transportation.

Lead agency: Minnesota Department of Transportation (Mn-DOT)

What is this goal about?

This goal is about access to transportation in rural areas. The goal is for more transit service areas to meet requirements to provide service a minimum number of days in the week for the community. Why does this goal matter?

Transportation is key to community integration. Without transportation, people can't do errands, go to work, visit friends and family, and more. Community members have shared that there is not enough affordable, accessible transportation in Minnesota. This issue is especially challenging in rural areas.

How we track our progress

Measurable goal: By 2027, expand transit coverage so that 90% of the public transportation service areas in Greater Minnesota will meet minimum service guidelines for access based on community size.

Our starting point (baseline):

In February 2025:

- 73.8% of providers met requirements for weekday service
- 28.5% of providers met requirements for Saturday service
- 13.7% of providers met requirements for Sunday service About the data: This data comes from regional transit providers.

Strategies

To reach this goal, Mn-DOT will:

- Maintain current funding levels
- Resume investments in 2027
- Develop driver retention strategies

[Comment:] Why isn’t this goal SMART?

Where the SPECIFIC/MEASURABLE goal? Expand transit covers so that 90% of public transportation service areas meet . . . I don’t have any idea what this means - relative to the goal of access to transportation in rural areas? If I am a parent or person with a disability who lives in Two Harbors, MN

does this mean anything to me?

By 2027 (is this a one year goal in a 5 year plan?) What about the other 4 years?

Achievable? Unclear how this can be accomplished in 1 year - especially with investments resuming in 2027 - and the only strategy is current funding and driver retention. Unclear how that links to access to transportation in rural areas.

2a.) Goals that are non-nonsensical - not based on logic or clear thinking.

Goal 6: Fewer students with disabilities will experience maltreatment at school.

Lead agency: MDE

What is this goal about?

This goal is about students:

- With Individualized Education Programs (IEPs)
- Who are identified and confirmed victims of maltreatment
  - Maltreatment could include neglect, physical abuse, or sexual abuse that happens at school.

Why does this goal matter?

Everyone deserves to feel safe, respected, and supported at school. Students with disabilities may be at higher risk of maltreatment than students without disabilities.

How we track our progress

Measurable goal: By June 30, 2027, the number of students with disabilities identified and confirmed as victims of maltreatment will decline by at least two students (to 26 students or fewer). This would be a decrease of at least 0.001% of the total number of students with disabilities.

Our starting point (baseline): In 2023, 28 students with disabilities were identified and confirmed as victims of maltreatment. They represent 0.018% of the total number of students with disabilities.

About this target: This target number is based on the number of reported, investigated and confirmed cases of student maltreatment, not solely reported cases.

About the data: All school staff must report suspected abuse or neglect to MDE. Data is reported 24 months after the school year ends. That is because some cases take a long time to resolve, especially if they involve criminal proceedings.

Strategies

To meet this goal, MDE will:

- Identify schools with multiple cases of maltreatment of students with disabilities. Follow-up will include training and technical assistance.
- Continue and expand training for school staff about:
    - Child maltreatment
    - Mandated reporting requirements
    - Positive Behavioral Interventions and

[Commentary:] Why is this goal illogical, not based on clear thinking?

First, this goal assumes that we have identified ALL persons subjected to maltreatment at school - and that number is 28 currently - because the goal is to reduce by 2. What is additional maltreatment is discovered? Then the baseline doesn't represent reality and is the goal still to reduce by 2 or get back to the 2023 number? It isn't clear what the measurement should be.

Second, why is the goal not zero? Come on - maltreatment is defined (or at least includes) neglect, physical abuse or sexual abuse - the correct number is zero, none - not now and not ever. Being subjected to maltreatment is first of all inhumane, but it is also illegal - our collective tolerance for maltreatment in any form should be zero - absolute zero. Why would we have a goal that says we tolerate up to 26 cases.

Third - I am not a statistical expert - but I don't believe on a small sample size - you can measure a decreased percentage to .001%. Mixing absolutely values and percentages makes this confusing and conflicting.

2b.) Some goals are just plain confusing:

For example, from the proposed plan:

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

- By June 30, 2027, 178 Veterans with disabilities will have gained employment through DEED's Veteran Employment Services program.

- By June 30, 2031, 223 Veterans with disabilities will have gained employment through DEED's Veteran Employment Services program.

[Commentary:] Basic questions -

1. As stated - goal is 178 vets employed in 1 year (2027)
2. Goal states that 223 vets (does this include the ones from year 1?) total count or new? The metric doesn't seem to identify if the 178 are included in the 5 year count of 223. Goals and measurement should be very clear.
3. How can we gain employment for 178 in 1 year and then it takes 4 years to get another 223 employed (assuming these are new)? Or, back to question #2 - if they are total - then only 45 in 4 years - that doesn't make sense either way.

3.) Clarity around time frame of goals.

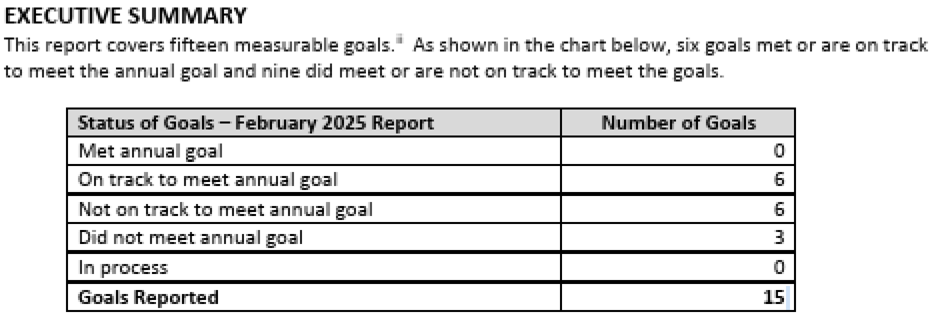
[Commentary:] Some goals are 1 year - and some 5 year - not sure what happens when a 1 year goal is met? Do these feed other goals - or is there 4 years of 'nothing' Rough count - appx 1/3 of goals are 1 year only. How does that work with a five year plan?

4.) Understanding of and Issues with Enforcement

The Executive Order further directed the Sub-cabinet to adopt procedures that would include clarifying and defining the role of the OIO. The Sub-cabinet adopted procedures in March 2015 and has updated those procedures regularly since then, most recently in December 2018. The procedures establish a dual role for the OIO: (1) quality assurance and accountability, including compliance evaluation, verification and oversight; and (2) engagement with the community, especially people with disabilities, including on-going management of communications and the Quality of Life survey. On March 29, 2019, Governor Walz issued Executive Order 19-13, which continues the role of the OIO and the Sub-cabinet's ability to define its role through procedures.

One of the stated roles of the OIO is ": (1) quality assurance and accountability, including compliance evaluation, verification and oversight; and (2) engagement with the community, especially people with disabilities, including on-going management of communications and the Quality of Life survey. "

[Commentary:] From the most recent report on the website (May and August 2025 Quarterly Report) - it appears like there is a significant accountability issue - only 40% are on track to meet goal and 60% either didn't meet or not on track. I did not see in the current plan an area where accountability and compliance are strongly discussed. If there isn't a serious plan and commitment to achieve the goals that are written - then they are just words on a page and do none of us any good.

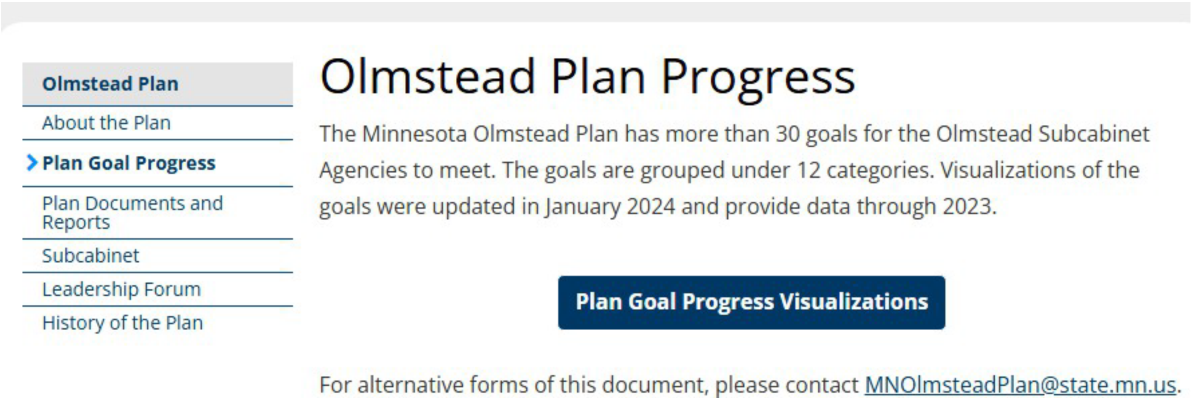


EXECUTIVE SUMMARY

This report covers fifteen measurable goals.[ii] As shown in the chart below, six goals met or are on track to meet the annual goal and nine did meet or are not on track to meet the goals.

Status of Goals – February 2025 Report	Number of Goals
Met annual goal	0
On track to meet annual goal	6
Not on track to meet annual goal	6
Did not meet annual goal	3
In process	0
Goals Reported	**15**

Also, the last annual report information that is published on the website is from the end of 2023 - that is two and half years ago . . . Timely reporting, feedback, corrective action are all part of a managing a plan - and I don't see any discussion or approach to managing the plan - relative to accountability and compliance.



Olmstead Plan Progress

The Minnesota Olmstead Plan has more than 30 goals for the Olmstead Subcabinet Agencies to meet. The goals are grouped under 12 categories. Visualizations of the goals were updated in January 2024 and provide data through 2023.

For alternative forms of this document, please contact MNOlmsteadPlan@state.mn.us.

5.) Missing a linkage between 2000 people (input) and the plan.

The initial Quality of Life survey was based upon a face to face meeting between a person with a disability and a surveyor. The initial survey report was completed in March 2018 and included a sample of more than 2,000 respondents. This survey report provided important baseline data against which future surveys results can be measured.

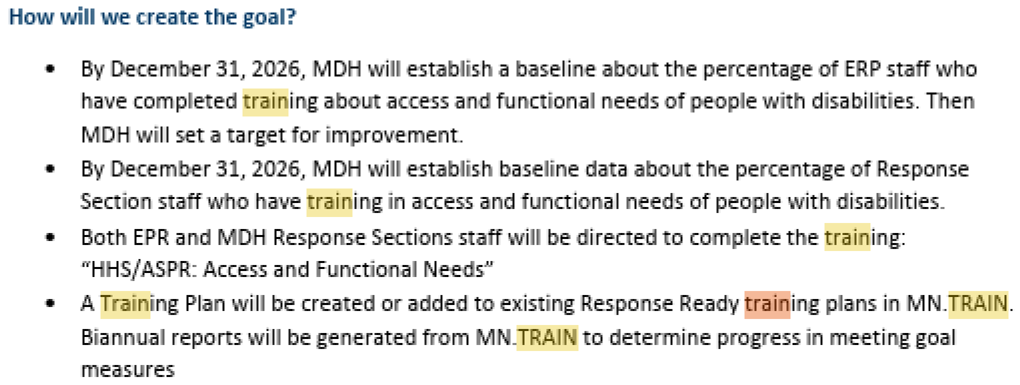
[Commentary:] The plan indicates that during the inception - 2000 people provided input (Quality of Life Survey) - and then a follow up with an additional 500+ respondents - I am struggling to see how many of the goals link back to that feedback - and how that input drove the plan. There should be a very clear linkage between input and the plan - and it is not apparent what that linkage is - when I read through the 50+ pages of the plan - and then some of the goals from the earliest pages of the plan - I don't see the connection.

How do pages 13+ address the affirming statements made early on?

“Freedom means having control over your own life. That includes choosing where to live, what kind of work to do, how to spend your time, and who you spend it with. These choices are deeply connected to identity, dignity, and the ability to belong.”

People with disabilities will thrive as they authentically live their full lives in the communities and settings of their choice with dignity and belonging, and without barriers.

6.) I would strongly challenge ‘training/train’ as a comprehensive strategy for improvement and goal attainment.



How will we create the goal?

- By December 31, 2026, MDH will establish a baseline about the percentage of ERP staff who have completed training about access and functional needs of people with disabilities. Then MDH will set a target for improvement.
- By December 31, 2026, MDH will establish baseline data about the percentage of Response Section staff who have training in access and functional needs of people with disabilities.
- Both EPR and MDH Response Sections staff will be directed to complete the training: “HHS/ASPR: Access and Functional Needs”
- A Training Plan will be created or added to existing Response Ready training plans in MN.TRAIN. Biannual reports will be generated from MN.TRAIN to determine progress in meeting goal measures

[Commentary:] In scanning the document - I counted the term(s), train/training more than 90 times - and often used as a strategy to reach a goal - train or develop training…While training is an element - it seems also like an excuse. The section above was taken from the data goal re: 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.

Training is a component - but can’t be relied on as a strategy - training is ongoing - new people come into roles and have to be trained - but also policies, practices and culture have to reinforce the training - relying on training is going to likely come up short of our goal of improving the lives of those with disabilities and providing opportunities to participate in community.

7.) Many goals appear to be ‘data only goals’.

[Commentary:] Data goals - first step - but wow - that has to be done quickly - because that is a basic, rudimentary first step - the work only begins after the data is available - first time these gaps are being addressed? This office has existed for almost 15 years - Also, Page 57/58 Transition Data Goal #1 - we have a data goal to create a target (By July 1, 2027, DCT and DHS will create a measurable target.) - what happens after that? Having a target is the first step - but there has to be concrete and defined action after the data has been collected.

8.) More of an observation - but I am skeptical of the impact of a ‘another council’ - which is the included as a recommendation from the OIO -

The DSCC will:

- Receive direction from the Sub-cabinet
- Report on its activities and progress
- Make recommendations
- Include state staff, disabled Minnesotans, and other partners

[Commentary:] I am a skeptic - for several reasons.

1. It isn’t clear how this organization would DRIVE CHANGE.
2. Scope of work - will this council really have the stated autonomy and authority?
3. How is that granted - “The DSCC will plan and guide implementation of visionary and systemic changes.”
4. What is the role of state agencies like MDE, DHS in endeavor? I would only point to the mess that Waiver Reimagined is currently in to understand how a council is able to make visionary and sweeping changes - when a 7+ year project (WR) - is failing miserably at a subset of that task - (with respect to waivers).
5. One year to get organized and another year to issue a report.
6. Are these paid positions? If they are to be done right - expertise and commitment and dedication to seeing this through are all going to be prerequisites.
7. Lots of questions...

9.) Racial disparity - including intersectionality

[Commentary:] Racial disparity is mentioned only twice - once in the foster placements and once in education (expulsion). Ethnicity is mentioned only once (and that was ‘community concern/input’. We have known racial and ethnic differences (and intersectionality) in the experiences of our citizens. The plan needs to address these issues in a complete and comprehensive way - especially since it was an overarching theme (see below). [End commentary]

Intersectionality: Community members said the state must address disparities based on other identities held by people with disabilities. These identities can include race, ethnicity, gender, sexuality, socioeconomic status, language, and more.

10.) Guardianship

[Commentary:] To many people with disabilities - guardianship is a significant issue - being under guardianship can either promote or inhibit ones ability to make choices and experience inclusion. I find it odd that guardianship is not mentioned once - since it is such a significant determinant of ones experience and ability to make choices.

11.) Other observations…

[Commentary:] With respect to inclusion and services - we are pulling in multiple directions.

I mentioned Waiver Reimagined - DHS has been leading a years long process - stated goals / claiming to be working to . . . [End commentary]

- Make it easier for people and families to describe the services they want
- Provide information about services and budgets to give people more choice and control over planning services and supports
- Provide equitable access to services and funding across waiver programs regardless of disability and in which county or tribal nation a person lives
- Increase options to self-direct services, use technology and remote supports as alternative support options
- Design a system that is sustainable and adaptable to evolving needs.

[Commentary:] Current turmoil in the legislature and a broad backlash from people with disabilities has challenged the approach, the outcomes and the implementation of Waiver Reimagined - I could write pages on this saga - but will simply state - the final product - as it exists today - does very little to meet the five outlined goals and falls short in the following areas:

1. Four waivers have been combined into two; and the remaining two are not medically (needs of individual) based - but are based on 'where resident lives' - either with family (Individual Support Waiver) or in a residential (Residential Support Waiver) setting (aka group home). The current proposal for reimbursement for the residential support waivers are substantially higher than Individual / Home support - The impact will be drive individuals into institutional / group home settings versus receiving care at home. This restricts choice.
2. Support ranges were determined by HSRI - at a cost to taxpayers in excess $1.2M. To date (less than 1 year 'til implementation) all that is floating around DHS currently is a table from 2021 - which shows pathetically small ranges; with a 'promise' they will be updated. How much, when, no one knows. The impact is no one actually knows what next year will look like - metaphorically, we are flying in the clouds with no direction. This demonstrates we are not ready for implementation - when no one can articulate what a waiver will look like.
3. Rather than budgets being based on assessed needs - they will have to fit into one of these ranges; in most cases - it appears like there will be significantly less funding available for daily care activities, community engagement, transportation, job coaching, day services - especially for those who live at home. The waiver currently funds these essential supports for my adult children. Impact - we will have to have fewer services; less community choices, more isolation

and reduced opportunity to be present in our communities. This restricts choices and limits options for community involvement and to thrive in the least restrictive setting possible.

4. Waivers require FMS (Financial Management Services) - these costs keep increasing and are significant - impact: further reducing remaining funds for services. If budgets drop, a greater percentage goes to the FMS - rather than to service providers. This speaks to the reality of ongoing challenges with (even) current budgets.

Now - we have a proposal from the Governor's office which appears to want to consolidate many of the county activities (reviews, budgets, oversight) and manage these at a state level. We are pulling in multiple directions and none of it is coordinated, complementary or makes complete sense.

Final Thoughts . . .

There is so much work to do to provide an environment where all can thrive. We thrive when basic support services are available, attainable, work as designed and are focused on meeting the needs of the person being served. I am going to end with a few quotes that I found at the beginning and these resonated with me - because they are true and provide the right framework for building an inclusive and functional system that works for all.

"Freedom means having control over your own life. That includes choosing where to live, what kind of work to do, how to spend your time, and who you spend it with. These choices are deeply connected to identity, dignity, and the ability to belong."

"People with disabilities will thrive as they authentically live their full lives in the communities and settings of their choice with dignity and belonging, and without barriers."

"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."

After spending hours reviewing, studying and analyzing the current proposal - it comes up disappointingly short in so many ways - it is my hope that these observations are taken as they are intended - to be a building block for something better, stronger and more inclusive - providing the choices that allow people with disabilities to experience full participation in our communities; not only in the metro - but in all corners of our great state.

Respectfully submitted,

(redacted)

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