MINNESOTA
OLMSTEAD
IMPLEMENTATION OFFICE

Redacted Survey Responses: Transit & Transportation

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

Responses about all transit & transportation goals

- These goals are directionally positive, but they are too focused on incremental improvements, pilots, and training rather than enforceable service standards and accountability. Across all four, there is a pattern of emphasizing system adjustments (training, studies, platform development, pilots) instead of requiring measurable, enforceable accessibility and reliability outcomes. Key gaps include: Lack of enforceable accessibility standards tied to consequences for noncompliance Insufficient focus on real-time, independent usability of transit systems and information Overreliance on coordination and planning rather than operational accountability Limited emphasis on communication access in functional terms (especially real-time, direct access for Deaf users) No strong statewide equity requirement ensuring consistent access across metro and Greater Minnesota Stronger goals would shift from process-based improvements to enforceable performance requirements that guarantee transit is independently usable, reliable, and accessible in practice-not just improved in design.
- 1. Implement “Categorical Eligibility” for Transit: DHS is “considering” a tiered system. This is too slow. The action step should be to mandate Categorical Eligibility: if a person is already qualified for a DHS disability waiver, SSI, or SSDI, they should be automatically enrolled in all statewide transit programs (Metro Mobility, Transit Link, etc.) without a separate application. We must stop forcing disabled people to prove their disability to every single agency in a “siloed” system. 2. Link Reimbursement Rates to “Actual Cost of Living” and “Labor Market”: Updating reimbursement rates to “comply with federal requirements” is the bare minimum. DHS must update rates to be market-competitive so that transit providers can.
- No
- These goals all seem like they are saying the same thing. . . but in different ways. People with disabilities should have access to information on services and access to transport which allow them to have the flexibility to use the transit system that MEETS their needs to get from point a to point b in a safe, timely and cost efficient way.
- The transition goals appropriately emphasize movement from segregated settings into integrated community-based environments. However, they do not address the importance of preserving stable placements that already exist in smaller residential homes. Family Residential

Services homes provide individualized community placements that reduce the need for restrictive settings. When funding structures do not reflect actual support needs, providers may be forced to restructure placements or close homes, resulting in unnecessary transitions for individuals who were previously stable. Maintaining funding models aligned with assessed needs would help preserve integrated housing options and strengthen the effectiveness of Minnesota's Olmstead transition goals.

- This might be doable in the Twin Cities area, but it is not a realistic option for people who live in rural areas. How will people in rural areas be supported?
- Help the Ones like me who have plans and have been there done that and with a bit of help can get back to being even more than a serious reason that my community thrives!! I could make things start to bloom!!
- 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.
- None
- Recognize that transportation issues in greater Minnesota are very different than those in the metro. This impacts everything- employment, housing and socialization.
- 2) There is no clear solution on how transportation issues for rural communities can attend inclusive events. - how will the state be sure to allow for buildings to be used that are in rural areas? -how will the state cover transportation for individuals to actually feel (involved)? -how will our state create positive change for those who are not able to attend without a vehicle?
- They're too broadly stated--to the point of meaninglessness. 1. Public transit will run on time. How is that controllable? If this refers to specific services like Metro Mobility, say so and speak more specifically to the obstacles in scheduling and timeliness presented by Metro Mobility. 2. People with disabilities will use fixed route public transit more often. WHY is that a goal? Do you mean “will be able to use”? Or that PWD will report satisfaction in use of public transit more often?
- The state subsidized transportation does not offer transportation during non weekday hours for employment, ie nights and weekends, The non-subsidzed transportation options can not offer driver a decent wage so it it impossibe to maintain staff and meet clients needs.
- Transit and transportation should include the client needs. It should accommodate their ability to get to work, some social outings, and even visits with family or friends. These individuals use transit and transportation because they do not have their own driver's licenses or vehicles. They rely on adequate and accurate transit and transportation goals to lead any kind of social life.
- Transportation that is clean, and on time should be a priority. Stop writing and implement....
- Transportation Goal 1: Good effort but needs improvement. Needs to have more people, more funding, more resources for transportation to improve public transit as a whole, not just

running on time. More options for paying on the bus. Transportation Goal 2: People don't have access to these services in the first place. Sometimes these services are not accessible for people who are blind for example. Not enough space for people using wheelchairs. Solve the underlying issues before encouraging people to use public transit. Transportation Goal 3: Transportation funding is good, but access to public transit needs to be addressed first. Bring functional transportation options to us first before considering offering funding to us. Transportation Goal 4: This is a nice goal and it matches the transit planning app for St. Cloud, but this doesn't address the underlying issues we are facing, such as delays in transportation. It is good for getting the word out, and in that way it is a good goal. Having those experts who know how to get us connected to transportation and other resources at the same time.

- 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. Singe 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 competitve 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.

- Great!
- These transportation objectives assume that participants with disabilities will be alive, stable, and have sufficient staff supports to utilize transportation. For many participants with complex needs in Minnesota, this is not guaranteed due to Waiver Reimagine. A person who loses their in-home staff supports cannot get to any bus, any appointment, or any community destination—no matter how punctual public transportation may be. Access to transportation begins with the supports that sustain life. Waiver Reimagine directly threatens those supports. We cannot speak of transportation access for people who will not survive the implementation of Waiver Reimagine. One must be alive to need transportation. One must be alive to participate in the community. Saving lives and protecting staff supports must be the priority before any transportation objective can hold real meaning.

Transit & Transportation Goal 1

- The current strategies rely too heavily on training (community programs, travel trainers) and coordination (medical facilities). Those do not directly improve on-time performance in a reliable or enforceable way. Stronger strategies should focus on operational accountability and system design: First, enforce performance-based contracting for all transit providers. On-time performance should be tied directly to funding, with penalties for repeated failure and incentives strictly based on verified reliability metrics-not training participation. Second, improve dispatching and routing systems using real-time operational controls. A significant portion of late pickups in paratransit systems is caused by inefficient scheduling logic, lack of dynamic routing, and under-optimization of vehicle allocation. These are system design issues, not user behavior issues. Third, establish transparent, publicly reported performance dashboards at a granular level (by provider, route type, and service category). Accountability improves when performance is visible and comparable across providers. Fourth, prioritize redundancy and contingency planning for high-demand times. On-time performance often fails

during peak hours, weather events, and staffing shortages. The system should require minimum service reliability standards during disruption conditions, not just average monthly performance. Fifth, strengthen consequences for systemic noncompliance. If providers consistently miss targets (e.g., below 90% on-time thresholds), there should be mandatory corrective action plans, contract review, or vendor replacement. Sixth, ensure that “on-time” definitions reflect functional accessibility realities. For disability transportation, “on-time” should account for boarding assistance time, communication delays, and safe pickup execution-not just vehicle arrival. Finally, reduce reliance on “accommodation after failure” (such as allowing late arrivals to still see providers). That approach treats transit failure as acceptable rather than correcting the underlying performance issue. The focus should remain on preventing late arrivals in the first place through system accountability. The core missing element is enforcement: performance standards must be binding, measurable, and tied to consequences-not supplemented with training and coordination activities that do not directly improve reliability.

- Why isn't 100% the goal?
- Outstate needs transportation too.
- More than “public transit will run on time” (which, to be clear, is incredibly important), I want better ways to track when the bus (or MetMo ride) is. The tools on the MetC website ... kinda work? Not well. Sometimes they'll say a bus is 5 minutes away for 10 minutes and then oops! the bus has just disappeared.
- 1. Abandon the “Knowledge Deficit Fallacy” (Travel Training): MetC proposes “community training” and “travel trainers” as a strategy for on-time performance. This assumes disabled people are the problem because they don't know how to use the bus. This is a Knowledge Deficit Fallacy. Disabled people don't need “training” on how to wait for a bus that is 20 minutes late; they need the bus to show up. MetC must redirect “training” funds toward Competitive Driver Wages and Retention Bonuses to solve the actual labor shortage that causes late and canceled trips. 2. Mandate “Accountability Credits” for Late Trips: If Metro Mobility is late and a disabled person misses an appointment or work, the disabled person bears 100% of the cost (lost wages, missed appointment fees). MetC should implement a strategy of “Service Failure Credits.” If a trip is more than 15 minutes late, the rider's account should be automatically credited with 5 free future rides. This shifts the “cost of failure” from the disabled individual back to the agency, creating a real financial incentive for MetC to improve performance. 3. Fix the “First-Mile/Last-Mile” Infrastructure Gap: A bus is not “on time” for a disabled person if they cannot reach the bus stop. Transit performance metrics must be tied to Sidewalk and Bus Stop Accessibility. MetC must collaborate with municipalities to mandate Priority Snow Removal and ADA Compliance for all sidewalks leading to transit hubs. If a wheelchair user is stuck in a snowbank 50 feet from the stop, the bus is effectively “infinite minutes late.” 4. End the “Siloed Scheduling” of Paratransit: Metro Mobility is often late because of inefficient, siloed dispatch systems. MetC should establish a strategy to Integrate On-Demand Rideshare (TSN) with Paratransit. Instead of forcing everyone into a rigid 24-hour

advance booking system that frequently fails, MetC should allow for real-time “overflow” capacity through accessible Uber/Lyft/Taxi partnerships that are fully subsidized for Metro Mobility users when the primary system is delayed.

- Is there anyway Metro pick me up from community center to Minneapolis
- Qualitative interviews with people what works, does not work and needs to change and implement those changes,
- No

Transit & Transportation Goal 2

- Additional strategies should include: First, enforce full ADA compliance through proactive inspections and corrective action requirements, not just installation projects. Accessibility at stops and stations should be audited regularly, with required remediation timelines for noncompliance. Second, shift from “encouraging use” to ensuring functional independence. Fixed-route transit should be independently usable without requiring travel training as a prerequisite. If travel training is required for access, that signals a system design failure rather than a user readiness issue. Third, improve service reliability and real-time disruption management. Riders with disabilities are disproportionately impacted by missed transfers, detours, and service interruptions. Stronger requirements should be placed on real-time rerouting, communication updates, and backup service options. Fourth, require universal design standards for transit information systems. Real-time apps, signage, and announcements should be fully accessible by default, not “improved over time.” Accessibility should be a baseline requirement for all new digital infrastructure. Fifth, address last-mile accessibility barriers. Even when buses are accessible, reaching stops can be a barrier due to sidewalk conditions, snow removal, curb cuts, and distance. Coordination with local governments should include enforceable sidewalk and stop-access maintenance standards. Sixth, evaluate whether service design actually supports independence. Some users rely on Metro Mobility because fixed-route systems are not practically usable for their disability type or environment. The goal should not be to push usage, but to ensure equivalency of access between transit modes. Seventh, include performance accountability tied to accessibility outcomes-not just ridership counts. Increased rides should not be considered success unless riders report independent, reliable, and consistent access without barriers. The key missing piece is this: increasing fixed-route use should be a result of full accessibility and system reliability-not a target achieved through training or encouragement alone.
- This isn't a performance measure - a goal - this is just what is happening as more Minnesotans gain disabilities. A real goal would be to expand the routes and frequency of public transit in MN. Rural MN think the cities have good transit, but we don't. I live in a FIRST ring suburb. I SHARE a zip code with St. Paul. I have very limited access to public transit. A bus comes every few hours, M-F, 1/2 mile away. It only goes to Maplewood Mall or Sun Ray. It is a 3 hour trip to downtown St. Paul because you have to transfer at the Mall to downtown Minneapolis to catch

the train to St. Paul. I lived in Boston for 5 years. Buses and trains ran 24 hours a day 365 days a year. Many friends with severe disabilities are dumped in suburban group homes with NO access to transit to get them to a job. Without a robust transit system people with disabilities will remain underemployed.

- Some ideas from other transit systems I've interacted with (mostly in the San Francisco Bay Area, which for historical reasons has very accessible fixed route transit): Clinics where wheelchair users can get tie-down points installed or at least marked Printable/customizable cards that explain someone's needs to the bus driver (am thinking for people with dual vision/hearing loss and/or speech disabilities) -- something like “I have a disability, I need to get off the bus at [fill in stop], please let me know when we get there, you can get my attention by [fill in method].” Coordinate with Google Maps and other internet map services so bus tracking in those services is accurate (I am guessing it's proximity to Google HQ but every Bay Area transit service I used had absolutely minute-precise tracking on Google Maps) Installing fare readers (at least for Go-To cards) at the rear doors on buses with two sets of doors. This makes it easier for people to board the bus faster if someone needs the ramp at the front of the bus.
- 1. Fix the “Last-Mile” Barrier (Snow and Ice Removal): Installing 60 boarding pads a year is a drop in the bucket. A boarding pad is useless if it is buried under three feet of plow-ice for five months of the year. MetC must establish a strategy that mandates municipal sidewalk snow removal along all fixed-route corridors. MetC should tie transit funding to municipal performance in keeping bus stops and curb cuts clear. A wheelchair user cannot “use fixed route transit more often” if they are physically barred from reaching the stop by the city's failure to plow. 2. Implement a “Fixed-Route Reliability Guarantee”: If MetC wants Metro Mobility users to switch to the fixed route, they must provide a safety net. MetC should implement a “Guaranteed Ride Home” policy for disabled fixed-route riders. If a regular route bus is canceled or more than 20 minutes late, the disabled rider should be able to summon a Metro Mobility or accessible rideshare vehicle immediately at no extra cost. Without this guarantee, “switching to fixed route” is an unacceptable risk for someone with a job or a medical condition. 3. Move Beyond “Visual and Audible Signs” to Universal Digital Accessibility: While physical signs are great, they are often broken or poorly maintained. MetC should focus on Open Data Standards that allow for third-party, disability-specific transit apps to provide real-time, high-fidelity information (e.g., “Is the bus ramp currently functional?” or “Is there a snowbank blocking this specific stop?”). Providing data on “ramp status” and “stop accessibility” in real-time is more important than a 2% increase in ridership. 4. End the “Siloed Fare” System: If the goal is to encourage more people to use both systems, the fare system must be seamless. MetC should implement a “Universal Mobility Fare,” where a Metro Mobility certification automatically grants free or deeply subsidized access to all fixed-route transit and light rail. If the state wants people to use the “cheaper” system, they should make it free for those already qualified for paratransit, removing the financial “churn” of managing two different fare structures.

- Qualitative interviews with people what works, does not work and needs to change and implement those changes,
- No

Transit & Transportation Goal 3

- Stronger strategies should include: First, establish a statewide implementation framework rather than indefinitely expanding county-by-county pilots. Flexible transportation funding should not remain a fragmented pilot program; it should be standardized with clear eligibility, allowable uses, and enforcement of equitable access across all rural counties. Second, ensure portability and interoperability of funding. Individuals should be able to use transportation funding seamlessly across counties, providers, and modes without administrative re-approval or loss of access when crossing jurisdictional boundaries. Third, require provider accountability for acceptance of flexible transportation funds. A common failure point in these systems is limited provider participation. If funding is “flexible” but not widely accepted, it does not function in practice. Fourth, incorporate modern mobility services as part of the transportation ecosystem. This should explicitly include regulated private mobility networks and emerging autonomous vehicle services (for example, autonomous ride-hailing systems such as Waymo-type services and other approved autonomous platforms where legally available). These should be integrated under safety, accessibility, and accountability standards rather than excluded from rural mobility planning. Fifth, ensure equity in rural deployment. Greater Minnesota should not be treated as a delayed rollout zone indefinitely. Accessibility standards and funding models should be designed for statewide parity from the beginning, not metro-first expansion followed by uncertain rural scaling. Sixth, establish clear performance metrics for flexible funding effectiveness, including trip completion rates, affordability outcomes, and access time improvements-not just pilot expansion counts. Seventh, reduce administrative barriers to use. Flexible transportation funding systems often fail because of complicated reimbursement rules, prior authorization requirements, or limited vendor networks. The system should prioritize real-time usability and minimal friction at the point of need. The key missing shift is from “testing flexibility in selected counties” to building a scalable, enforceable, statewide mobility access system that integrates all viable transportation modes-including regulated emerging technologies-under consistent accessibility and accountability standards.
- Rural Minnesota has the greatest need, also as our population ages less people can drive and maybe relying on public transit
- So $ is available for rural communities to have a study that determines transit it not viable!?!?
- I am not sure what “flexible transportation account program” is. Is that like where you can get rideshare rides paid for by the county? I don't love the micro-ization/privatization of public transportation but I suppose if we're talking about counties where public transit is basically non-existent, it's fair enough.

- 1. End the “Study Phase” and Move to Immediate “Micro-Grants”: MnDOT already knows the barriers: lack of drivers, high insurance costs, and geographic distance. We do not need a three-year study. MnDOT should immediately reallocate “study” funds into Direct Transportation Micro-Grants for disabled individuals in rural counties. This would allow people to immediately pay a neighbor, a family member, or a private driver for trips to work or medical appointments, bypassing the need for a “pilot program” bureaucracy. 2. Leverage the “DHS/Waiver Loophole”: DHS already has “Special Transportation Services” (STS) and waiver-funded transport, but it is bogged down in “Administrative Churn” and low provider reimbursement rates. MnDOT should not just “collaborate” with DHS; they should mandate a “Unified Rural Transportation Voucher.” This would combine MnDOT and DHS funds into a single, flexible debit card for disabled riders, allowing them to buy gas for a friend's car or pay a private driver at a competitive market rate. 3. Address the Insurance and Liability Barrier for Peer-to-Peer Transit: A major reason “flexible transportation” fails in rural areas is that private citizens are afraid to drive their neighbors because of insurance liability. MnDOT's action step should be to establish a Statewide Excess Liability Insurance Pool for volunteer and peer-to-peer drivers. If the state covers the “insurance gap” for people driving their disabled neighbors.
- Qualitative interviews with people what works, does not work and needs to change and implement those changes,
- No

Transit & Transportation Goal 4

- First, establish enforceable real-time communication access standards for transit information and customer service. For Deaf and hard of hearing users, access must include direct video-based communication options (not just text relay or delayed messaging), ensuring immediate interaction with transit staff when needed. Second, require American Sign Language access as a primary communication channel for transit information, not an afterthought. This includes ASL video content for service updates, disruptions, eligibility instructions, and trip planning guidance. Accessibility should not rely solely on text-based alternatives. Third, mandate that all transit platforms (apps, websites, kiosks, and trip planning tools) meet functional accessibility standards that are independently usable without assistance. This includes usability testing with Deaf, blind, DeafBlind, and neurodivergent users-not just technical compliance. Fourth, require that service disruption communications (delays, route changes, cancellations) be delivered in real time across multiple accessible modalities, including ASL video updates where feasible. Fifth, integrate direct video communication options into customer service and trip support systems so users can resolve issues without relying on intermediaries or delayed relay systems. Sixth, ensure that eligibility and enrollment simplification includes accessibility at the front end. Simplified systems are not effective if the communication pathways to access them remain inaccessible. Seventh, establish accountability metrics tied specifically to accessibility usability-not just system deployment. Success should be measured by whether people with disabilities

can independently plan, book, and complete trips without barriers. The key missing element is functional communication access. Without real-time, direct, and multimodal communication-especially ASL-based access where appropriate-”better access to information” remains theoretical rather than operational.

- Once again, a very narrow goal that impacts a very small number of Minnesotans' with disabilities.
- I'm confused. The goal asks about MnDOT, but then the action steps are all about DHS. What do you mean by “transit services”? Like non-emergency medical transportation? Or waivered transportation services? Or paratransit? Because paratransit doesn't have anything to do with DHS, it only goes through MetC or whatever the regional transit authority is. DHS handles eligibility for NEMT and waivered transportation, but then what does MnDOT have to do with that?
- 1. Implement “Categorical Eligibility” for Transit: DHS is “considering” a tiered system. This is too slow. The action step should be to mandate Categorical Eligibility: if a person is already qualified for a DHS disability waiver, SSI, or SSDI, they should be automatically enrolled in all statewide transit programs (Metro Mobility, Transit Link, etc.) without a separate application. We must stop forcing disabled people to prove their disability to every single agency in a “siloed” system. 2. Link Reimbursement Rates to “Actual Cost of Living” and “Labor Market”: Updating reimbursement rates to “comply with federal requirements” is the bare minimum. DHS must update rates to be market-competitive so that transit providers can pay drivers more than the local fast-food or retail starting wage. The “provider shortage” is a direct result of the state underfunding the labor required to move people.
- Qualitative interviews with people and case workers what works, does not work and needs to change and implement those changes,
- No

Missing transit & transportation goals

- No enforceable accessibility standards (everything is framed as improvement, not compliance or accountability) Weak focus on real-time communication access, especially ASL and direct video-based support Limited accountability for service failures (late rides, inaccessible info, system breakdowns) Overreliance on training and coordination instead of system design requirements No clear statewide equity standard for rural vs metro access Missing integration of modern mobility options (including emerging on-demand and autonomous services) under accessibility rules No requirement that transit systems be independently usable without assistance or intermediaries
- There are no reach goals. No desire to actually improve transit for people. So sad.
- If DHS is looking at overhauling NEMT, I would ask that you require MCOs to have a way to schedule NEMT rides without having to make a phone call. Please.

- Mandatory Sidewalk/Stop Accessibility Enforcement: Transit is useless if a person cannot physically reach the bus stop or light rail station. The plan is missing any mention of Municipal Accountability for Snow and Ice Removal. The state should tie municipal transit funding to the D48physical accessibility of the sidewalks leading to those transit hubs. - Driver Recruitment and Retention as a Crisis: The reason buses are late and rural pilots are “stalled” is a labor shortage. The plan is missing a Statewide Driver Incentive Fund that provides signing bonuses, higher wages, and benefits for paratransit and rural transit drivers. You cannot “travel train” your way out of a bus with no driver. - Accountability for Service Failures
- Metro mobility for outings
- Need free transportation for people and easily accessible throughout the week to locations for basic needs, medical appointments and social activities
- No
- transportation is a big iussu for People with disabilities because unreliable services , there is people who cant use transit services because of their situation or its not accessible , even in rural areas their is hardly any transperton for folks with People with disabilities ,
- Huge disconnect between rural and metro areas - most communities outside the metro area don't have public transport available - so what is being done to assist/help people who are disabled outside the metro area have access to to transit?
- make sure there is a method to track if someone was transported or not this has been an area of fraud.
- One issue missing from the transition goals is the risk of placement changes caused by funding instability in smaller Family Residential Services homes. I became a Family Residential Services provider after leaving a career of more than 30 years in order to support a stable one-person placement. After implementation of the flat-rate funding structure, I was required to accept an additional resident in order to keep the home financially viable. Changes like this are not based on assessed support needs or person-centered planning and can increase the likelihood that individuals will experience unnecessary transitions. Minnesota also requires Family Residential Services providers to meet the same 245D licensing expectations as larger residential programs while operating under a different funding structure.
- Transportation needs to be an assessed need in the annual MN Choices assessment tool. Transportation is a need for most people with disabilities and seniors. How can we address something that is not identified as a need?? How are you going to establish public transportation in greater MN? Many rural areas do not have access to public transportation.
- I was driving then when nobody's paying me my money, my parents were getting scared even after I told them I would take another driving test. I did take another. Obviously passed with all points!! Dad laughed!! I need to have a truck due to my mom is starting to not remember stuff, also I live very rural!! I also have DR. APPTS ALMOST DAILY IF NOT DAILY. ALONG WITH ITS BEEN NOW YRS MAYBE10 WITHOUT A HUMAN TOUCH ALL BECAUSE I CAN'T SPEND IVER $2K AND MY PARENTS ARE SCARED. YET OK WHEN I USED TO GO ON UNKNOWN TRIPS FOR GOV.

- These should be people centered.
- Need some metro mobility at maple grove to Minneapolis capital but they say it not possible
- See below
- I am a disabled person using my own van. DOT needs to do a better job educating non wheelchair drivers about prioritizing the diagonal working for wheelchair users. As well as not parking in any part of the diagonal. It's very typical for us wheelchair drivers and riders not have any parking spots to meet our needs. Instead, cars are parked in the wide diagonals and handicap spots for cars are available. Please improve the signage as well as the education!! Wheelchair users can't be included in the community if they can't park. It's that simple. Also, the MTM reimbursement rate for disabled drivers is currently only $0.22 per mile, while the federal 2026 rate is 72.5 cents per mile. That's $0.50 higher, 1/2 dollar for nondisabled drivers. Our transportation costs certainly aren't less! Not only are we underfunded and under reimbursed, we're a great savings to the state. Providers are paid as much as $2.32 per mile as well as $30 drop off and pick up. Think of the saving: for a 10 mile up, I'm paid $2.20 while transportation provider is paid $80 plus. Incentivize and reward people driving themselves to save money.
- Public transportation in metro areas is unsafe. Public transportation options for rural outstate areas is limited and does not meet the needs of the adults to maintain employment during non traditional hours.
- There is public transportation in the area that I am thinking about but there are limited routes and fees get really expensive when clients pay for each time they board the bus. There used to be a card that they could purchase for a set amount allowing so many rides but that has been discontinued. They get state and federal money for the program; it should not cost the clients lots more on top of that. Those with disabilities already have limited income and usually do not have the resources or control to make up the difference with a second job or better paying job.
- Public transportation only applies to the metro areas. Tangible supports for personal transportation must be included again to support Olmstead. Automatic mileage included for workers.
- More funding is needed.
- The actual implementation of these goals instead of writing about them only.
- Bus system is a mess. A lot of smaller towns don't have public transportation that works. Lack of connections with Twin Cities area. Better Lyft or Uber compromise for people with disabilities. Need to schedule transportation a week ahead of time. Sometimes drivers will drop people off at the wrong location or they will show up to the wrong location, or they arrive at the wrong door to a building and completely miss them. Drivers don't seem to care about the riders and discriminate against them. Transportation is a big barrier for people with disabilities. Can't work if there's no transportation options. Need transportation to get out into the community.
- Transportation needs flexibility and options for specific needs.

- Individually address in each person's service plan.
- What is completely missing from these objectives is the recognition that transportation is irrelevant to individuals who lack the necessary staff supports to leave their homes. For participants with complex and high-level needs, public transportation is inaccessible without sufficient support staff—staff who are currently being directly threatened by Waiver Reimagine. Objective 3 speaks of flexible funding for transportation—yet Waiver Reimagine threatens precisely that type of flexible funding within self-directed programs such as CDCS. There can be no real access to transportation if the staff supports that enable a person with complex needs to reach that transportation are destroyed first. Transportation must also include access to critical medical appointments—and for many participants, these appointments are literally a matter of survival.

End of document