MINNESOTA
OLMSTEAD
IMPLEMENTATION OFFICE

Spring 2026 Public Comment Summary: Transition

Contents

Introduction

This report shares findings from the spring 2026 public comment period on the draft Olmstead Plan. The public comment period sought feedback about proposed Olmstead Plan goals.

Draft Olmstead Plan background

The first Minnesota Olmstead Plan was adopted in 2015. In 2023, the Olmstead Subcabinet decided it was time for a more comprehensive update. For the plan update, OIO worked with a contractor called the Dendros Group. The Dendros Group brought on people with lived experience of disability as Inclusion Consultants. Inclusion Consultants worked with state agency staff to write goals and strategies for the draft plan.

The draft plan included both measurable goals and data collection goals. Measurable goals are specific, measurable, achievable, relevant, and time-bound (SMART). Measurable goals are the foundation of an effective Olmstead Plan. Data collection goals represent issues that agencies want to write goals about, but don't have the data to create a measurable goal yet. The draft plan grouped goals into seven topics:

- Crisis services
- Education
- Employment
- Health and safety
- Housing
- Transportation
- Transition

For more information about Olmstead, the 2026 plan drafting process, and to read the draft plan, please visit the OIO website: MN.gov/olmstead

Public comment period background

The Olmstead Implementation Office (OIO) held the public comment period in partnership with the Dendros Group, Inclusion Consultants, and state staff. The public comment period took place in April and May 2026. It included:

- An online survey
- Virtual meetings and individual interviews
- Email comments and submissions from organizations

Online survey

The online survey was available in English, Spanish, Hmong, Somali, and American Sign Language (ASL).

Survey participants could choose which goal topics to share feedback about. They could also choose to give general feedback about topic areas overall, specific feedback about individual goals, or both. The survey was anonymous, and all questions were optional.

Survey questions

The survey asked the following questions about each topic area:

- Do you think reaching these goals will improve the lives of Minnesotans with disabilities? (multiple choice question)
- Are there any topics or issues you feel are missing from these goals? (comment box question)

- Do you have any general feedback about these goals? (comment box question)

The survey asked the following questions about each individual measurable goal:

- Do you think this is an important question for the lead state agency to address? (multiple choice question)
- This measurable goal is… (multiple choice question)
- Do you have any ideas of other strategies and action steps to reach this goal? (comment box question)
- Do you think reaching this goal will improve the lives of Minnesotans with disabilities? (multiple choice question)

For data collection goals, the survey asked, “Do you have any feedback about this goal?” with a comment box.

The survey also included optional demographic questions.

Virtual meetings and individual interviews

Dendros Group planned and implemented virtual meetings as part of the public comment period. Inclusion Consultants facilitated the meetings. Dendros held seven meetings, one for each topic in the plan. The meetings were intended to be an accessible alternative to the online survey. Registration was open to the public, and the meetings took place on Zoom.

Facilitators asked the following questions during virtual meetings:

- What would make these goals more effective to improve the lives of Minnesotans with disabilities?
- What would make these goals more effective to better integrate Minnesotans with disabilities in community life?
- What’s missing from these goals?

Dendros Group also offered individual interviews. The interviews were intended to be an accessible alternative to the survey and virtual meetings. Inclusion Consultants conducted the interviews.

Email comments and submissions from organizations

OIO also received public comments through email. These comments came from individuals and organizations.

Goals included in this report

- Transition Goal 1: Fewer people will stay at Anoka Metro Regional Treatment Center (AMRTC) when they don't need hospital-level care.
- Transition Goal 2: Participants in the Forensic Mental Health Program (FMHP) are assessed promptly to determine when their mental health needs have been met and they are safe and ready for discharge.
- Transition Goal 3A: More people will receive supportive services in community-based settings.
- Transition Goal 3B: More people will move from segregated mental health treatment facilities to more integrated facilities.
- Transition Goal 4: More people with disabilities will move from segregated settings to integrated housing of their choice, where they sign a lease and receive rent support.
- Transition Goal 5: People who receive home- and community-based services will experience less use of restrictive procedures.
- Transition Data Goal 1: More people will have access to peer support services.
- Transition Data Goal 2: More incarcerated individuals with disabilities will access correctional facility programs.
- Transition Data Goal 3: Fewer Minnesotans with disabilities will go out-of-state to receive services.
- Transition Data Goal 4: Minnesotans with disabilities will have timely access to services.
- Transition Data Goal 5: Direct support professionals and people with disabilities will shape the future of Minnesota's Medicaid program.
- Transition Data Goal 6: People with disabilities are protected from increases in the use of mechanical restraint.
- Transition Data Goal 7: More people with disabilities will move from segregated settings to integrated settings.

Total number of community input submissions and comments

This table shows the number of submissions and comments about transition.

Source	Number of submissions	Number of comments
Survey	31	93
Virtual meeting	15	Not available
Emails and letters	13	54

Notes

- Submissions from organizations are counted as one respondent.

- The number of comments from virtual meetings is not available.
- Interviews are included in the survey totals.
- The number of survey submissions counts people who answered open-ended questions. Some participants may have only answered multiple-choice questions. For that reason, the number of survey submissions may not match the number of responses to multiple-choice questions.

General feedback

This section summarizes feedback about the topic overall. Feedback about specific goals is included later in this document.

Survey question: Do you think reaching these goals will improve the lives of Minnesotans with disabilities?

Response	Count	Percentage
Yes, good improvement	11	34.4%
Yes, some improvement	9	28.1%
No improvement	7	21.9%
Unsure	5	15.6%
Total	32	100%

Transition goal themes from all input

The Olmstead Plan needs to address the direct care workforce shortage.

Participants said integration and inclusion can’t improve without more staff and services. They described this issue as central to accomplishing transition goals.

- “This entire Transition section feels like a plan to move chairs around on the deck of a sinking ship. You cannot 'transition' a population into a community that has no workers, no housing, and no reliable transportation.”
- “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 one priority, not an afterthought.”

- “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.”

The transition goals need more accountability and enforcement measures.

Participants shared they feel accountability and enforcement are lacking in the transition goals.

Quote:

- “The transition goals acknowledge important principles, but the plan relies too heavily on broad aspirational language without enough enforceable accountability measures tied to actual service access and prevention of institutionalization. Minnesota should focus on measurable outcomes such as whether people can maintain housing, retain staffing and nursing, avoid hospitalization or institutional placement, and safely remain integrated in the community long term.”
- “No enforceable timelines for discharge or step-down from restrictive or institutional setting. Limited accountability when individuals remain in segregated settings due to system delays rather than clinical need. Missing requirement for guaranteed community capacity before discharge decisions are made. No clear standards defining what ‘integrated settings’ mean in practice (risk of label-based compliance).”

Waiver Reimagine

Some participants shared concerns about Waiver Reimagine. Comments included:

- “I am a single mom of an 11-year-old that is severely disabled … [Waiver Reimagine] 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.”
- “I am a brain injury waiver recipient. Waiver Reimagine as currently proposed would reduce my budget by 75% … I need the plan to require that waiver budgets reflect individual assessed need — not living setting.”

Feedback about individual goals

Transition Goal 1: Fewer people will stay at Anoka Metro Regional Treatment Center (AMRTC) when they don't need hospital-level care.

Lead agency: Direct Care and Treatment (DCT)

Do you think this is an important issue for DCT to address?

Response	Count	Percentage
Very important	6	85.7%
Important	0	0%
Not important	0	0%
Not at all	0	0%
Unsure	1	14.3%
Total	7	100%

This measurable goal is...

Response	Count	Percentage
Too high	1	14.3%
Just right	1	14.3%
Too low	3	42.9%
Not sure	2	28.6%
Total	11	100%

Do you think reaching Transition Goal 1 will improve the lives of Minnesotans with disabilities?

Response	Count	Percentage
Yes, good improvement	2	28.6%
Yes, some improvement	3	42.9%
No improvement	1	14.3%
Not sure	1	14.3%
Total	7	100%

Themes from all input about Transition Goal 1

There were no consistent themes in feedback about this goal. Individual comments included:

- “Remove the moratorium on group homes.”
- “FUND COMMUNITY-BASED OUTPATIENT CARE AND SERVICES. Including helping people with [Serious Mental Illness] access waivered services and other ‘disability’ services rather than just mental health services. Stop siloing disability/home- and community-based services from mental health services.”
- “How is appropriately discharging clients a goal. Isn't this business as usual?”
- “Need more affordable diverse housing options.”

Transition Goal 2: Participants in the Forensic Mental Health Program (FMHP) are assessed promptly to determine when their mental health needs have been met and they are safe and ready for discharge.

Lead agency: DCT

Survey questions about Transition Goal 2

Do you think this is an important issue for DCT to address?

Response	Count	Percentage
Very important	8	88.9%
Important	1	11.1%
Not important	0	0%
Not at all	0	0%
Unsure	0	0%
Total	9	100%

This measurable goal is...

Response	Count	Percentage
Too high	0	0%
Just right	1	16.7%
Too low	1	16.7%
Not sure	4	66.7%
Total	6	100%

Do you think reaching Transition Goal 2 will improve the lives of Minnesotans with disabilities?

Response	Count	Percentage
Yes, good improvement	2	33.3%
Yes, some improvement	2	33.3%
No improvement	0	0%
Not sure	2	33.3%
Total	6	100%

Themes from all input about Transition Goal 2

There were no consistent themes in feedback about this goal. Individual comments included:

- "[The Ombudsman for Mental Health and Developmental Disabilities (OMHDD) appreciates] the steady and incremental decreases but would like to see more … One thing to consider is that a subset of the individuals at FMHP experiencing barriers to discharge is that they are not the patient population FMHP was designed to serve. These are not people with acute mental illness, but rather have a primary diagnosis of developmental disabilities, autism spectrum disorders, traumatic brain injuries, and other conditions that may make it difficult to progress through FMHP's typical treatment model. Putting aside whether they ever should have been committed to FMHP, one strategy for these individuals may be to continue developing DCT-operated community settings to facilitate a swifter discharge along with a person-centered, community-based service plan commensurate with their long-term care needs and preferences."
- "The goals are set too low."

Transition Goal 3A: More people will receive supportive services in community-based settings and Transition Goal 3B: More people will move from segregated mental health treatment facilities to more integrated facilities.

Lead agency: DCT

Survey questions about Transition Goal 3A

Do you think this is an important issue for DCT to address?

Response	Count	Percentage
Very important	8	88.9%
Important	1	11.1%
Not important	0	0%
Not at all	0	0%
Unsure	0	0%
Total	9	100%

This measurable goal is...

Response	Count	Percentage
Too high	0	0%
Just right	0	0%
Too low	6	85.7%
Not sure	1	14.3%
Total	7	100%

Do you think reaching Transition Goal 3A will improve the lives of Minnesotans with disabilities?

Response	Count	Percentage
Yes, good improvement	2	28.6%
Yes, some improvement	4	57.1%
No improvement	1	14.3%
Not sure	0	0%
Total	7	100%

Survey questions about Transition Goal 3B

Do you think this is an important issue for DCT to address?

Response	Count	Percentage
Very important	8	88.9%

Response	Count	Percentage
Important	1	11.1%
Not important	0	0%
Not at all	0	0%
Unsure	0	0%
Total	9	100%

This measurable goal is...

Response	Count	Percentage
Too high	0	0%
Just right	0	0%
Too low	6	75%
Not sure	2	25%
Total	8	100%

Do you think reaching Transition Goal 3B will improve the lives of Minnesotans with disabilities?

Response	Count	Percentage
Yes, good improvement	2	40%
Yes, some improvement	3	60%
No improvement	0	0%
Not sure	0	0%
Total	5	100%

Themes from all input about Transition Goal 3

There were no consistent themes in feedback about this goal. Individual comments included:

- "This goal is too limited in its scope. There are many community-based housing options beyond those under the DCT umbrella, including those 245D licensed community residential settings operated by individuals and corporate entities. These should be included in the potential placement options to increase the number of successful diversions."
- "The issue is a lack of community providers."
- "The goal should include strategies to increase capacity across the service continuum … Though the Ombudsman for Mental Health and Developmental Disabilities (OMHDD) would ultimately

like to see far higher targets, we understand DCT's current capacity constraints ... OMHDD would, however, encourage exploration of strategies to create additional community capacity, at all points on the service continuum and not just those operated by DCT, to ensure that these foundational principles of Olmstead and the integration mandate are not limited by existing capacity or a systemic overreliance on DCT as the service provider."

Transition Goal 4: More people with disabilities will move from segregated settings to integrated housing of their choice, where they sign a lease and receive rent support.

Lead agencies: Minnesota Housing and Department of Human Services (DHS)

Supporting agency: Department of Corrections (DOC)

Survey questions about Transition Goal 4

Note: The version of this goal published for public comment did not include targets. The survey question, "This measurable goal is…" is not included here for that reason.

Do you think this is an important issue for DHS and Minnesota Housing to address?

Response	Count	Percentage
Very important	7	87.5%
Important	0	0%
Not important	0	0%
Not at all	1	12.5%
Unsure	0	0%
Total	8	100%

Do you think reaching Transition Goal 4 will improve the lives of Minnesotans with disabilities?

Response	Count	Percentage
Yes, good improvement	3	42.9%
Yes, some improvement	2	28.6%
No improvement	2	28.6%
Not sure	0	0%

Response	Count	Percentage
Total	7	100%

Themes from all input about Transition Goal 4

There were no consistent themes in feedback about this goal. Individual comments included:

- “Where is the innovation? Where is the reach goal? Where is the plan to expand affordable, accessible housing?”
- “While these programs are essential elements of the housing access continuum, they have more narrow eligibility criteria or limited availability. Without baselines or targets it is impossible to meaningfully comment on this goal. While other goals are missing baselines and targets, this goal is foundational to Olmstead and the integration mandate. For that reason, it is particularly unfortunate that the public and stakeholders will not have an opportunity to comment on the substance of this goal.”

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

Lead agency: DHS

Survey questions about Transition Goal 5

Do you think this is an important issue for DCT to address?

Response	Count	Percentage
Very important	6	75%
Important	1	12.5%
Not important	1	12.5%
Not at all	0	0%
Unsure	0	0%
Total	8	100%

This measurable goal is...

Response	Count	Percentage
Too high	0	0%
Just right	1	14.3%
Too low	3	42.9%

Response	Count	Percentage
Not sure	3	42.9%
Total	7	100%

Do you think reaching Transition Goal 5 will improve the lives of Minnesotans with disabilities?

Response	Count	Percentage
Yes, good improvement	2	28.6%
Yes, some improvement	4	57%
No improvement	1	14.3%
Not sure	0	0%
Total	7	100%

Themes from all input about Transition Goal 5

There were no consistent themes in feedback about this goal. Individual comments included:

- “Actual positive supports cannot just be behavioralist stimulus-response antecedent behavior consequence methods. There has to be a real acknowledgement that the person has subjective internal experiences -- thoughts, emotions, reactions. We need actual mental health care that specializes in people with intellectual and developmental disabilities and other disabilities, not just behaviorism.”
- “In refining this goal, there needs to be acknowledgement and consideration of the staffing crisis in human services. Restrictive procedures are often used when there are not enough trained staff present to defuse a situation and keep everyone safe.”
- “OMHDD has repeatedly expressed that simply counting the number of Behavior Intervention Reporting Form (BIRF) reports submitted when we continue seeing gaps in enforcing reporting requirements by the regulatory entity is misleading … We also question the targets for this goal as additional programs governed by [Minnesota Administrative Rules Chapter] 9544 are slated to become licensed and subject to BIRF reporting in the coming months … it seems unreasonable to expect that these numbers would decrease by 5% by June 30, 2027 the way the goal is currently written.”

Transition Data Goal 1: More people will have access to peer support services.

Lead agencies: DCT and DHS

Themes from all input about Transition Data Goal 1

There were no consistent themes in feedback about this goal. Individual comments included:

- “We also need more and better peer support services in the community. I have no idea where to get peer support services.”
- “The peer support should be people with disabilities, potentially similar to person they will serve, who is successfully living in the community.”
- “The data development goal lacks clarity on types of peer support service it plans to incorporate. Is this goal related to mental health peer support, substance use disorder peer support, or both?”

Transition Data Goal 2: More incarcerated individuals with disabilities will access correctional facility programs.

Lead agency: DOC

Themes from all input about Transition Data Goal 2

Participants shared few comments specific to Transition Data Goal 2. One participant said:

- “What is DOC going to do to actually make this happen?”

Transition Data Goal 3: Fewer Minnesotans with disabilities will go out-of-state to receive services.

Lead agency: DHS

Themes from all input about Data Goal 3

There were no consistent themes in feedback about this goal. One participant commented:

- “Is the direct support professional (DSP) shortage even driving people out of state? Most of the shortages that do that are facility shortages, especially children's facilities. Neighboring states do not offer as much DSP services for Medical Assistance/Medicaid clients than Minnesota. Moving to South Dakota isn't going to get someone more services.”

Transition Data Goal 4: Minnesotans with disabilities will have timely access to services.

Lead agency: DHS

Themes from all input about Transition Data Goal 4

There were no consistent themes in feedback about this goal. Individual comments included:

- “The issue is that everyone needs to have an annual MNChoices assessment. Thus, people have to wait months for an initial assessment. Then, it is even longer to start services. I recommend that people be allowed to 'waive' their annual assessment if they are stable. Require in-person assessments every 5 years for those who are stable. If someone's needs change, they can request an assessment. This change would allow more people to get assessed sooner.”

- “I would also add a goal about tracking data on paperwork burden and people who are disenrolled/have services suspended or terminated for purely bureaucratic (eg, forgetting to return a document, mailing a document late) reasons.”
- “The data development goal appears to be duplicative of existing federal and state requirements. How is this different than work being done with the CMS Access Rule? The timeline to develop ways to measure how long people wait to access services as 2031 seems excessive. Implementation of data collection strategies could, understandably, take more time, but developing ways to measure should not take five years. There is already a statutory obligation for a DHS to develop and maintain a dashboard on the number of days from requesting an assessment and assessment completion; this is posted on its website.”
- “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. [Minnesota Statute] 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 (DSPs) and people with disabilities will shape the future of Minnesota’s Medicaid program.

Lead agency: DHS

Themes from all input about Transition Data Goal 5

There were no consistent themes in feedback about this goal. Individual comments included:

- “Again with the ‘wants to write a goal.’ This is mind boggling. How many Olmstead goals are to write a goal?!?!?”
- “Realizing that it is a requirement under the Access Rule, the state can check a box without making any impact on the lives of people with disabilities and those that support them.”
- "These are requirements of the Centers for Medicare & Medicaid Services Access Rule. If they are existing federal requirements, what is the added value in incorporating them into the Olmstead Plan?"
- “While the Office of the Ombudsman for Long-Term Care (OOLTC) does support this goal overall, it may prove difficult from an equity perspective to recruit 40 DSPs 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."

Transition Data Goal 6: People with disabilities are protected from increases in the use of mechanical restraint.

Lead agency: DHS

Themes from all input about Transition Data Goal 6

There were no consistent themes in feedback about this goal. Individual comments included:

- "You only know about less than 10 people whose providers report they are using restraints … There were more than 10 people in my mother's nursing facility that were under restraint! You need goals about finding, identifying providers that continue to use restraints and forbidding it and training all providers – both Medical Assistance and private pay – in positive behavioral supports."
- "Why is the data currently collected and available from the State insufficient or unacceptable that it requires the development of a new data set?"
- "The data development goal eliminates any external reporting surrounding the use of mechanical restraints. The former plan measured the number of uses of mechanical restraint, not people subject to them. Why is it necessary to change that? The Ombudsman for Mental Health and Developmental Disabilities (OMHDD) reviewed the External Program Review Committee website and its annual reports; neither showed any aggregate data on the usage of mechanical restraints. As the use of mechanical restraints was at the heart of the *Jensen* class action lawsuit and subsequent settlement agreement, removing any transparent reporting requirements is a concern. How will people know if there are increases? And increases from what baseline data? How is the proposed training on the positive supports rule going to be substantively different than all previous training and guidance documents created over the last ten years?"

Data Goal 7: More people with disabilities will move from segregated settings to integrated settings.

Lead agency: DHS

Themes from all input about Data Goal 7

There were no consistent themes in feedback about this goal. Individual comments included:

- “There are high percentages of youth in foster care in Minnesota who have disabilities, whether they enter foster care due to abuse and neglect or specifically to access treatment. Foster youth are more likely than non-foster youth to spend significant periods of time in segregated settings where they are not included in their communities, which includes some of the settings listed above, and should also include children's residential facilities (CRF) and psychiatric residential treatment facilities settings.”
- “You have left out all the thousands of segregated group homes! … They are four- and five-bed group homes scattered throughout the state. They are segregated in many ways.”

Strategy suggestions

This is a list of specific strategy ideas submitted through the online written survey. Some of these comments are also quoted above. These suggestions have not been vetted for scope or funding and are shared as written.

All transition goals

- “1. The ‘Anoka Backlog’ is a Community Capacity Failure (Goals 1 & 2): The state aims for ‘fewer people to stay at AMRTC’ and ‘prompt assessments’ in forensic programs. This is Administrative Stalling. People are not stuck in AMRTC because of slow paperwork; they are stuck because there is no accessible, staffed housing in the community to receive them. The Olmstead Plan must stop treating this as a ‘clinical assessment’ issue and start treating it as a Housing and Workforce issue. Until the state funds community placements at a rate that competes with institutional costs, the backlog will never clear. 2. Stop ‘Tracking’ Violence and Start Banning It (Goal 5 & Data Goal 6): Goal 5 and Data Goal 6 focus on ‘less use’ of restrictive procedures and ‘protecting people from increases’ in mechanical restraint. This is an unacceptable baseline. ‘Tracking’ the use of mechanical restraints is not a safety strategy; it is a documentation of state-sanctioned trauma. For a state committed to disability justice, the goal must be an Absolute Ban on mechanical restraints and seclusion in all state-funded settings. You cannot ‘track’ your way to safety. 3. Address the ‘Brain Drain’ of Care (Data Goal 3): Data Goal 3 aims for ‘fewer Minnesotans going out-of-state for services.’ This is a public admission that Minnesota's disability infrastructure has collapsed. We are sending our citizens to other states because we refuse to pay a living wage to Direct Support Professionals (DSPs) or build specialized local capacity. This is not a ‘Data Goal’; it is a Systemic Crisis. The action step must be a massive, immediate investment in the local DSP workforce to bring our people home. 4. The ‘Provider Neutrality’ Mandate for Integrated Housing (Goal 4): Moving to ‘integrated housing of their choice’ is a myth if the person is forced into ‘Permanent Supportive Housing’ where their lease is tied to their service provider. The plan must mandate Provider Neutrality: a disabled person must have the absolute right to fire their care team without being evicted from their ‘integrated’ home. Anything else is just a state-funded institutional annex. 5. Incarceration

is Not a Transition Goal (Data Goal 2): Tracking ‘access to correctional programs’ for incarcerated disabled individuals is a baseline ADA requirement, not a ‘Transition’ success. The goal should be Diversion. We must track how many disabled individuals are being funneled into the DOC because the state's mental health and crisis systems failed to intervene. True transition is keeping disabled people out of prison entirely, not making the prison ‘more accessible.’ 6. Move Beyond ‘Shaping’ to ‘Deciding’ (Data Goal 5): Allowing DSPs and disabled people to ‘shape’ the future of Medicaid is a ‘Knowledge Deficit Fallacy’ tactic. It gives the appearance of inclusion while maintaining all decision-making power within the state bureaucracy. The goal should be Co-Governance. Disabled people and the workers who support them should have a voting seat on the committees that set reimbursement rates and policy, rather than just being ‘asked for their ideas.’”

- “Better respite services! Peer respite for mental health! Actual peer-run services! Expanding ACT and other comprehensive wraparound services! Repealing sit-lie laws and other modern ugly laws that make it effectively illegal to be visibly disabled or Mad in public!
- “1. The ‘Cliff-Edge’ of Transition Funding: Transitioning from an institution to the community is expensive and risky. The plan is missing an ‘Emergency Transition Fund’-flexible, rapid-response cash that allows a person to instantly secure furniture, a security deposit, and emergency staffing while their regular waivers and benefits catch up. Without this ‘bridge’ funding, people remain trapped in institutions for months of ‘administrative churn.’ 2. Meaningful Peer-Led Defense (Data Goal 1): While peer support is mentioned, it is usually treated as a ‘clinical add-on.’ We are missing a goal for Independent Peer Advocacy-funding for organizations like the ARC or local CILs to provide transition advocates who do NOT work for the state or the providers. A person cannot ‘choose’ an integrated life if the only person helping them choose is the agency that stands to profit from their placement. This entire Transition section feels like a plan to move chairs around on the deck of a sinking ship. You cannot 'transition' a population into a community that has no workers, no housing, and no reliable transportation. Until the state treats the Workforce Collapse and the Housing Shortage as the primary barriers to transition, these goals will remain performative data-collection exercises.”

Transition Goal 4

- “‘Bridging the gap’ for PWD who may be able to afford housing on their own but cannot afford *accessible* housing on their own. (E.g., accessible units in apartment buildings cost like twice as much and get labeled as ‘luxury’ units even though things like roll-in showers or visual alert systems aren't luxuries for PWD. Or how most homes in the metro area have so many stairs and if you're lucky enough to find one without in your area, it costs so much more than comparable inaccessible housing.) Leveraging waivered services and eligibility -- with a residential vs non-residential waiver, you can close residential eligibility. Grant programs and partnerships to help people (and organizations) make housing more accessible. Raising the yearly limit on how much waiver budget someone can use for home mods. TA/transformation projects similar to how MTI

helps providers who want to switch from 14c to CIE, aimed at orgs who either a) want to move from segregated group homes to more individual units (where the unit is still a provider-controlled setting, but is an apartment in a larger integrated building) or from providing housing in provider-controlled settings to helping people find/modify housing (similar to some of what Housing Stabilization Services did, but with a greater focus on coordinating accessibility assessments and home modifications). More funding for Technology for Home and better promotion of the program. Ensuring that people are referred to T4H through MNChoices or other routine assessments/points of contact. Expanding transitional services for people moving out of group homes and other provider-controlled settings."

Transition Data Goal 4

- "I would also add a goal about tracking data on paperwork burden and people who are disenrolled/have services suspended or terminated for purely bureaucratic (eg, forgetting to return a document, mailing a document late) reasons. I also would like the state to require counties to track and report data like 'how long does the average person calling about disability services sit on hold before reaching someone from the health care team?' and 'what is the average turnaround time between when a person returns their 6-month eligibility paperwork to the county and when that paperwork is processed and entered into the system?'"