
Olmstead Plan Survey Results

Olmstead Implementation Office
September 16, 2022

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Management Analysis and Development

Management Analysis and Development is Minnesota government's in-house fee-for-service management consulting group. We have over 35 years of experience helping public managers increase their organizations' effectiveness and efficiency. We provide quality management consultation services to local, regional, state, and federal government agencies and public institutions.

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Background and methodology

The Olmstead Implementation Office (OIO) is in the annual process of updating the [Minnesota Olmstead Plan](#). To understand how the plan could be better, OIO engaged Management Analysis and Development (MAD) to conduct a survey. OIO plans to use the survey results to help state agencies improve the plan by revising, adding, or removing Olmstead Plan Goals.

The survey was open from July 20 through August 21, 2022. OIO shared the survey with their stakeholders via their newsletters and social media. Ultimately, 107 respondents completed the survey. Because MAD does not know how many people learned about the survey, it is not possible to calculate a response rate. Without knowing more about respondents, MAD cannot say how representative respondents are of Minnesota as a whole.

To count as a respondent, the person had to provide at least one piece of feedback about one of the twelve Olmstead categories. This report contains written comments from respondents, which MAD lightly edited for spelling and grammar. Appendix A on page 467 contains the full survey instrument.

Key findings

The following bulleted items summarize key findings from the survey results.

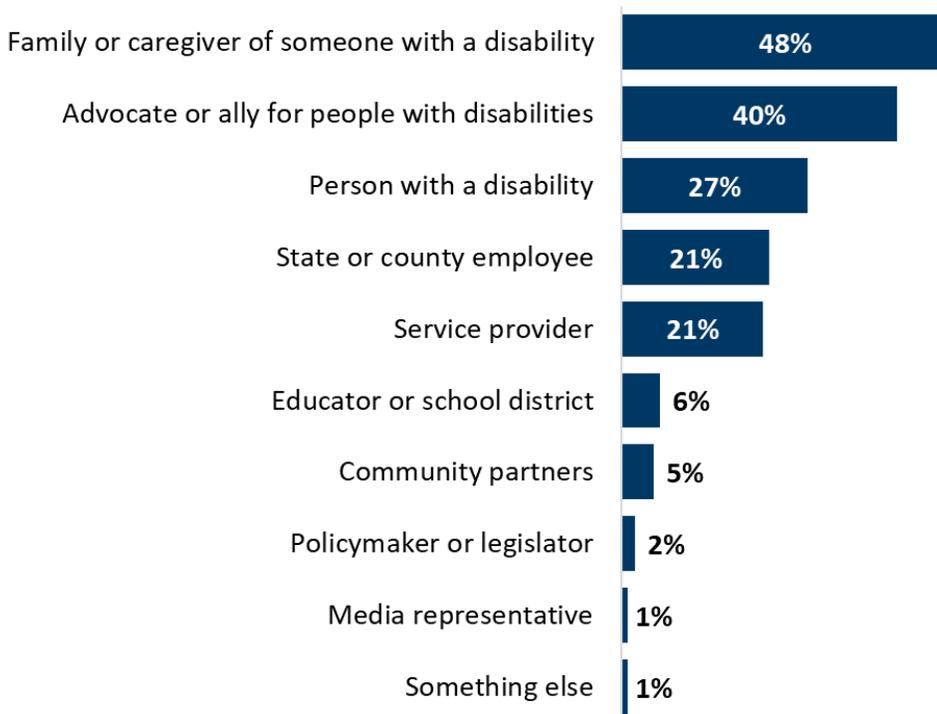
- **Respondents were more positive about current Olmstead goals than they were about progress:** The percentage of respondents that agreed that the current Olmstead Plan Goals represent what they want the future to look like for people with disabilities was higher in almost every category than the percentage that agreed they were happy with the state's progress in that area. For instance, 73 percent of respondents agreed that the Transition Services goals represented a future they wanted; however, only 9 percent agreed that they were happy with the state's progress on Transition Services goals.
- **Respondents mostly disagreed that they were happy with the state's progress on goals:** In eleven out of twelve goal categories, more than 50 percent of respondents disagreed that they were happy with the progress. Similarly, less than 20 percent of respondents agreed that they were happy in eleven out of twelve goal categories.
- **Respondents provided many ideas for improving goals and performance:** In every goal category, respondents shared what they thought goals should look like. Most respondents in each category provided at least some feedback, and their comments covered a wide range of reactions and thoughts.
- **Most respondents understand how Olmstead supports people with disabilities:** Overall, 51 percent of respondents said it is easy for them to understand how the Minnesota Olmstead Plan supports people with disabilities. However, there were some differences based on the respondents' role(s). People who identified as a "person with a disability" and/or as "Family or caregiver of someone with a disability" chose yes 62 percent of the time, compared with 46 percent for other roles.

Results

Role questions

Respondents most frequently identified as family or caregivers of someone with a disability (48 percent) or as an advocate or ally for people with disabilities (40 percent). About a quarter of the respondents identified as a person with a disability. Seventy-five percent identified themselves as a person with a disability and/or as family or a caregiver of someone with a disability. People could select multiple roles.

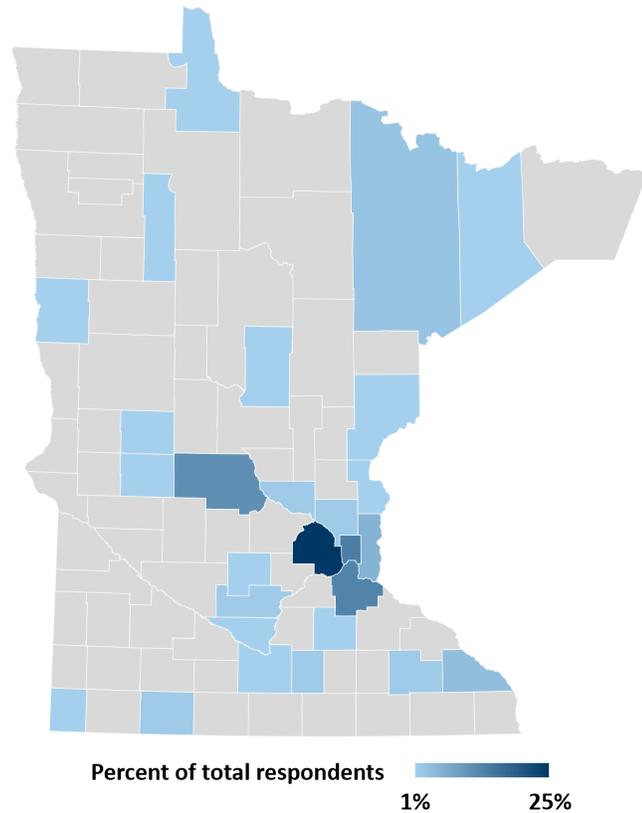
Figure 1. Please pick which role(s) best describe you. (107 respondents)



Respondents live in 27 counties in Minnesota (highlighted in blue shades in the map below). One-quarter live in Hennepin County, and 60 percent live in the Twin Cities metro area. The table below shows counties with at least 2 percent of respondents. Appendix B (page 51) contains the full list of respondents' counties.

Figure 2. Which Minnesota county do you live in? (107 respondents)

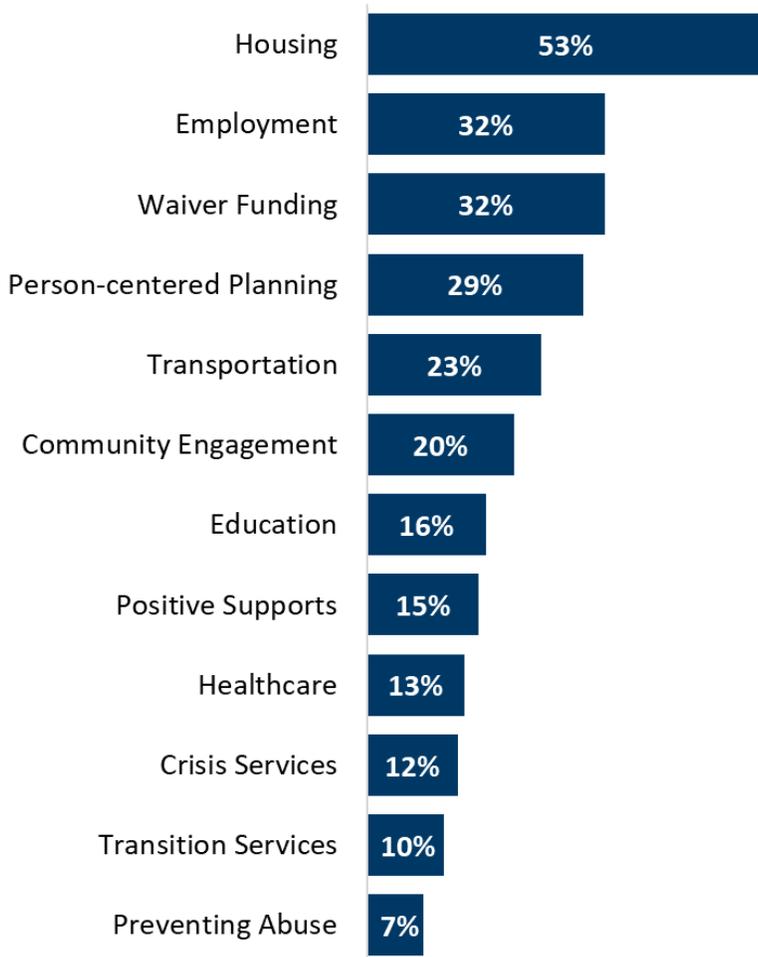
County	Percent of respondents
Hennepin	25%
Ramsey	14%
Dakota	13%
Stearns	11%
Washington	6%
Winona	4%
Saint Louis	3%
Anoka	2%
Jackson	2%
Olmsted	2%
Sherburne	2%
Sibley	2%
Waseca	2%



Perspectives on current goals

The Olmstead Plan Goals are sorted into twelve categories. The survey asked respondents to pick up to three categories to provide feedback on. Most often, respondents chose to provide feedback on the Housing, Employment, and Waiver Funding Goals.

Figure 3. The Olmstead Plan Goals are sorted into twelve categories. Please select which categories of goals you would like to provide feedback on. (Pick up to three categories.) (107 respondents)

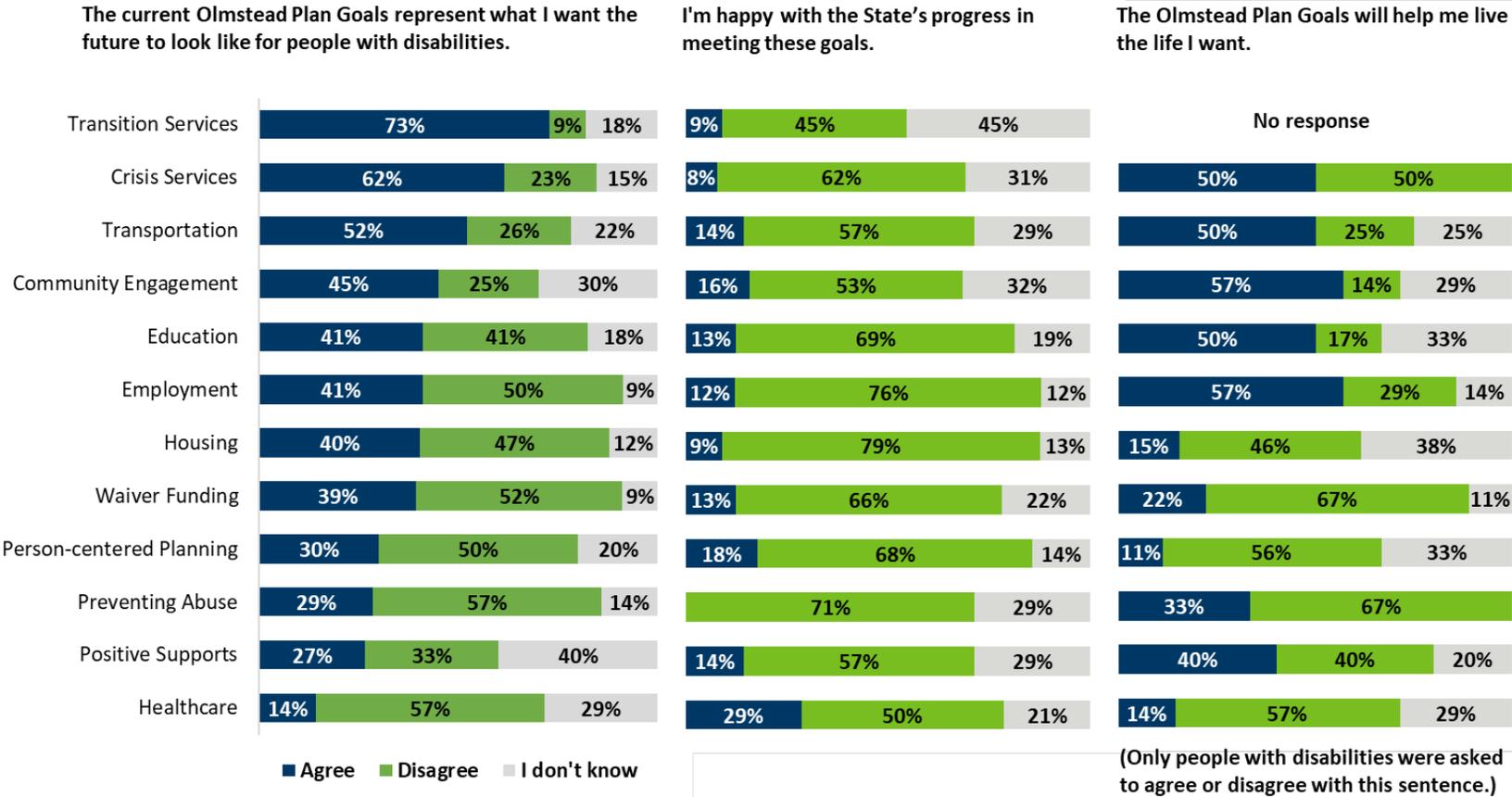


The following sections contain a high-level overview of the results and then the results for each goal category separately. The goal category sections show the quantitative results for that category and all the written comments, grouped according to broad themes.

Overview

The survey asked respondents to agree or disagree with different statements about each goal category they selected to provide feedback on. The charts below show the results across all categories. All respondents received the first two statements to agree or disagree with, but only people who identified as a person with a disability received the third statement. Zero people with disabilities responded to the third question in the Transition Services category. MAD added up the percentage of respondents that agreed across all three statements in a category; the charts below show the categories in order from most agreement to least agreement.

Figure 4. Please pick how much you agree or disagree with these sentences about the [NAME] category.



Overall, respondents were generally more positive about the goals themselves than about how well the state is making progress. The percentage of respondents that agreed that the current Olmstead Plan Goals represent what they want the future to look like for people with disabilities was higher in all categories than the percentage that agreed they were happy with the state's progress in that area, except for Healthcare. For instance, 73 percent of respondents agreed that the Transition Services goals represented a future they wanted; however, only 9 percent agreed that they were happy with the state's progress on Transition Services goals.

Respondents mostly disagreed that they were happy with the state's progress on goals. In eleven out of twelve goal categories, more than 50 percent of respondents disagreed that they were happy with the progress. Similarly, less than 20 percent of respondents agreed that they were happy in eleven out of twelve goal categories.

Combining the numbers from all three charts, respondents most often agreed with the statements about Crisis Services, Community Engagement, and Transportation. In one way, this means respondents were happiest with those goals. But there are different ways to compare across goal categories.

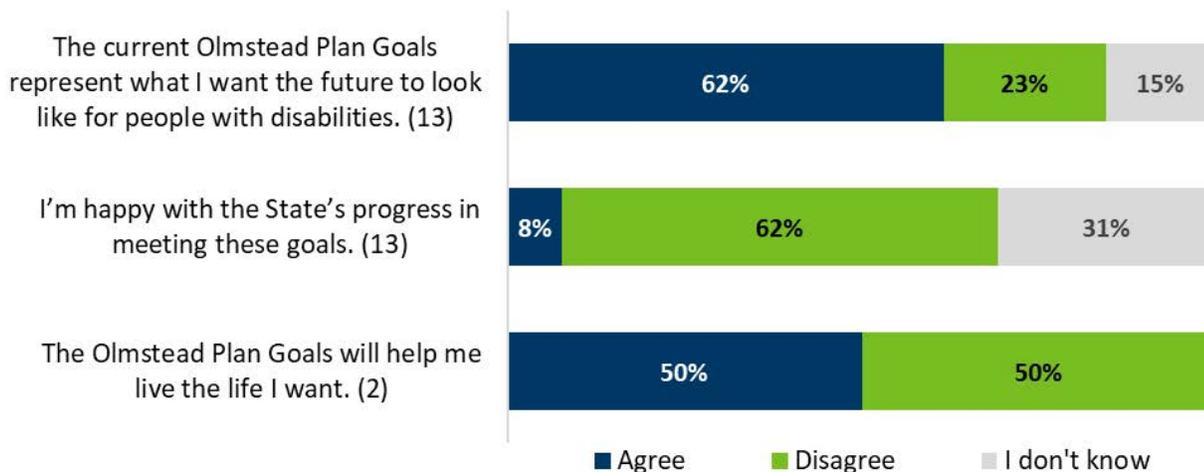
Looking at each chart separately, different categories had more agreement than others. For example, respondents were happiest with the state's progress toward Healthcare goals, compared with other goal categories. Twenty-nine percent of respondents agreed they were happy with the current progress on Healthcare goals, compared with 0 percent who were happy with the progress on Preventing Abuse goals.

While it is interesting to compare answers across categories, the results should be interpreted cautiously. Respondents could choose only three categories to give feedback on, and some categories had many more respondents than others. Additionally, the third statement appeared only to people with disabilities, who make up about 27 percent of all respondents—meaning there were relatively few respondents for those answers.

Crisis services

All respondents received the first two statements to agree or disagree with. Only people who identified as a person with a disability received the third statement. Respondents were also asked a follow-up question about the goal they would set for this category. MAD sorted their comments into broad themes below.

Figure 5. Please pick how much you agree or disagree with these sentences about the Crisis Services category. (Number of respondents shown after each statement in parentheses.)



If you were in charge, what goal would you set in the Crisis Services category? (10 respondents)

Improved access to care and support

- One hundred percent of people experiencing mental health crisis will receive the care they need without being incarcerated in a hospital or other facility.
- All children and adults in crisis—whether with a developmental disability or not—will have access to the medical treatment and the supports they need for the time they need it.
- Families in crisis will receive the support they need to keep their children with significant needs at home and in the community.
- I want ongoing connection with a person for anyone who contacts Crisis Mobile and is given that option and chooses it. I want crisis services specific to people with Autism who have mental health or crisis needs.
- Respite Services are non-existent due to the laws not mandating that hospitals admit people with disabilities when there are no in-home nurses or personal care assistance (PCA) available to assist with medically necessary cares. Hospital refuses admission and makes caregivers provide 24/7 care with no sleep because they don't get high enough reimbursement from Medicaid.
- Service all waiver participants as required. Stop the discrimination based in serving only those with high or intensive service needs. The waiver has only one goal, keep waiver participants out of institutions/hospitals. That isn't happening, twenty years after the Olmstead decision was handed down. Still, the neediest are being passed over and/or forced to accept what counties, the Department of

Human Services (DHS) and providers prefer, instead of what the participants prefer. It's backwards currently. DHS's website reflects what Centers for Medicare and Medicaid Services (CMS) waiver application requires (for the most part), but it doesn't reflect what services are really available. Some agencies name their consulting service the same as the needed services. For example, Community Support Services (CSS) name their consulting services "in-home crisis respite services." This is not by mistake. It provides CSS with a cover story to justify consulting services that provided no improvement. Instead, CSS reports we received it but [we] didn't.

Improved shelter services

- People experiencing a crisis should be able to find permanent supportive housing if data shows trends in recurring episodes related to the barriers of housing displacement.
- I want to have more shelter options for individuals experiencing homelessness regardless of household make up—single and family.
- I would reduce the length of time it takes for someone to find a permanent, stable place to call home after leaving the hospital—from 5 to 3 [months]. For someone with acute mental health support needs, every day that passes without consistent, safe, affordable, and accessible housing is one where their risk of going back into crisis placement increases. This goal may be challenging to achieve due to the critical lack of housing that meets individuals' needs, but 5 months is too long.

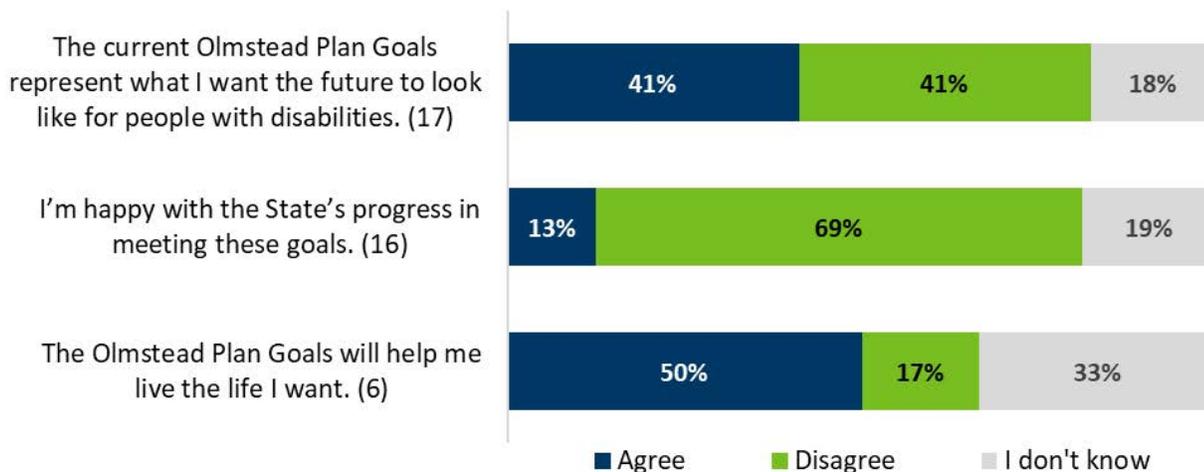
Other

- The state needs to have crisis services that do not have a waiting list.
- We are in a crisis right now with inability to get people to work in centers and group homes for disabled people. I'd want to find a way to attract more people to be able to work with disabled people in centers, homes, and personal care assistance.

Education

All respondents received the first two statements to agree or disagree with. Only people who identified as a person with a disability received the third statement. Respondents were also asked a follow-up question about the goal they would set for this category. MAD sorted their comments into broad themes below.

Figure 6. Please pick how much you agree or disagree with these sentences about the Education category. (Number of respondents shown after each statement in parentheses.)



If you were in charge, what goal would you set in the Education category? (11 respondents)

More inclusive education system

- Create a goal for all education professionals (whether specific to working with students with disabilities or not) to receive professional development training about ableism led by a person with a disability.
- I would also create goals to eliminate the disparities in suspension and expulsion between disabled students and non-disabled students, and eliminate the racial disparities in federal settings.
- I want more students with disabilities to be learning in classrooms where they can engage with their peers and instructors on equal footing and do well on mental health assessments. The concept of "integration" is flawed and harmful. A deaf student who can communicate fully through visual means but is only around peers and instructors who communicate only in spoken language is not "integrated." Instead, despite their physical presence, they are extremely isolated psychologically.
- I would require all schools to have accessible playgrounds, restrooms, and inclusive classrooms. I would remove the term "special education" and "SPED kid", and use "inclusive education." I would require representation at the table for all decisions to be made at the school board level. Disability is intentionally left out. Fund inclusive education so all students are served.
- Minnesota is not performing well in the integration of students with disabilities in general education. There are several states that are performing better and so change the strategies to achieve classroom integration. Please do not rely upon some regional funding for low incidence disabilities. There must be a much larger initiative that is well funded and comes from the Minnesota Department of Education.

- Education for students with disability will be assisted by community experts (non-teachers).

Post-secondary education

- I would align with the Minnesota Postsecondary Education Attainment goal that set a target that 70 percent of Minnesota adults aged 25 to 44 will have attained a postsecondary certificate or degree by 2025. I would disaggregate the data by disability type instead of all together.
- I would like to see more support for the graduates of individuals with disabilities to find jobs, etc.

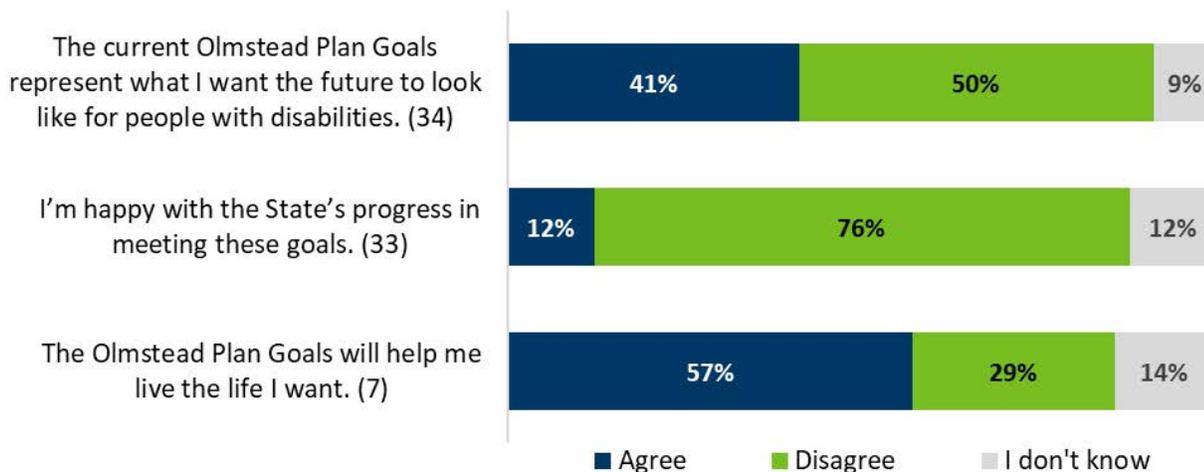
Other

- I want there to be more access to lifelong living opportunities available outside of a school setting or college.
- I want to have more education options available.
- Reading disabilities remain hidden because of their stigmatization. How can we destigmatize reading disabilities so that people will seek the resources they need?

Employment

All respondents received the first two statements to agree or disagree with. Only people who identified as a person with a disability received the third statement. Respondents were also asked a follow-up question about the goal they would set for this category. MAD sorted their comments into broad themes below.

Figure 7. Please pick how much you agree or disagree with these sentences about the Employment category. (Number of respondents shown after each statement in parentheses.)



If you were in charge, what goal would you set in the Employment category? (24 respondents)

More integrated employment

- All people with disabilities will have an opportunity to contribute to their community with meaningful work and earn a wage regardless of the level of support they need. MN will engage the employers in the state and the colleges training leaders to ask for their assistance and guidance in attaining the employment goals.
- [By the time] an individual ages out of their school district transition program, they [will] have transitioned to a meaningful job in the community.
- I want more supported integrated employment options available for those more disabled who cannot meet competitive employment level.
- As a state, we undervalue services and supports that actually lead to competitive integrated employment—we also fail to promote individualization and person-centered planning in employment for many people with disabilities. People with disabilities must have informed choice in employment to pursue the career of their choice based on their interests and strengths, not based on stereotypes or low expectations of the limited types of jobs an individual with a disability is offered (often subminimum wage/sheltered workshop positions). We must combat the ableism that is perpetuated throughout our society that emphasizes what people with disabilities cannot do and instead find ways to promote individualized employment based on strengths and interests of people with disabilities. We must set goals to increase wages for people with disabilities (phase out subminimum wage) and increase the types of jobs available to them that fit their skillset, strengths, and interests.

- What about a goal of creating or growing a database of disability friendly employers? I would think it would be helpful to be a bridge between employers and their potential employees and working to help companies understand the benefits of hiring employees from all backgrounds.

Wages

- We must set goals to increase wages for people with disabilities (phase out subminimum wage) and increase the types of jobs available to them that fit their skillset, strengths, and interests.
- Eliminating the subminimum wage will mean my family member will no longer be able to do any work. He will never be able to work at a level for competitive employment. This will help some people, but it will tremendously impact others. Also, I want to know how much it is going to cost to support all these people in competitive employment. The rate of reimbursement they get through the waiver for these people who get their Home and Community-Based Services (HCBS) license is ridiculous. They barely need any skills and have little oversight. I know one woman who uses her time with people for this supposed employment services to recruit them to her own foster care or that of family or friends.
- Some clients with disabilities like the option of earning only a small check for incidentals. Some clients are not ready or willing to work at a minimum wage or above pace and requiring this in order to make any money seems to defeat the person-centered choice. Anyone who wants to have a minimum wage or above job and is willing and able to work to do that, should be supported, encouraged and assisted as necessary to make that a real choice and a real job.
- I want all individuals with disabilities to engage in activities/tasks/jobs that give them fulfillment and purpose. For many, this does not mean a wage. Requiring a wage and equality as non-disabled peers is greatly limiting some individual's opportunities and instead, they are isolated at home.
- To provide employment opportunities for all disable people regardless of the extent of their disability. I want to see pay based on the abilities of the person, and not on a set minimum wage. It is called "commensurate pay," not subminimum pay.

Support for employers and people with disabilities

- Get disabled people, especially mentally disabled, the vocational support they need to be successful in their employment.
- Increase providers to partner to provide employment support.
- Given today's worker shortage, there are many more opportunities to encourage employers to hire people with disabilities if they have sufficient support with training and any extra supervision needed for those workers.

More employment options

- The state will have a variety of employment options available to people including alternatives to access while waiting for available services that include paid work in the community.
- Allow my son to choose where he works and with whom. Olmstead disproportionately focuses on the population with low vision. They don't represent those with intellectual disabilities.

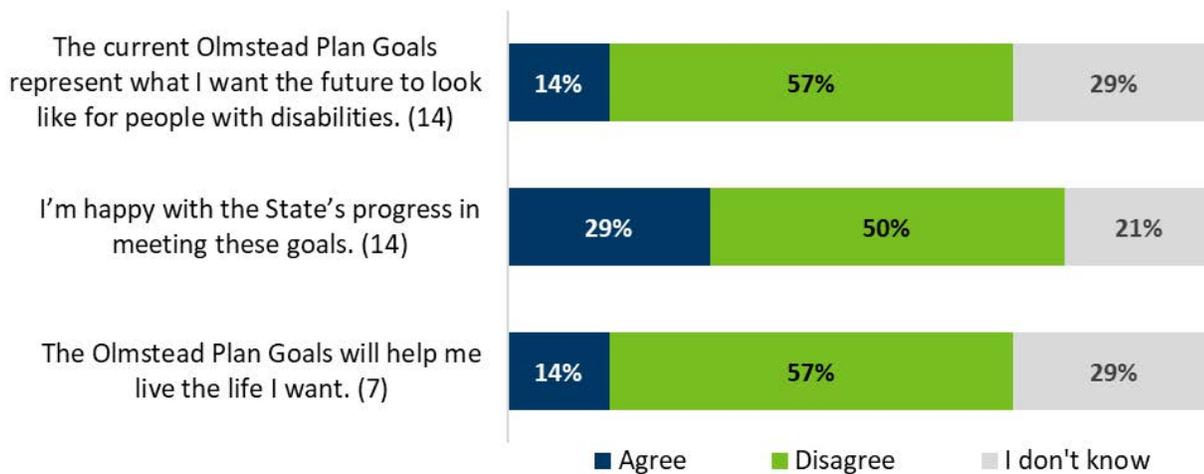
Other

- The goals should fit the person. My son has Down syndrome and is 44 years old. He has been working for subminimum wages his entire work career. He could never work at a community job without a job coach on site. Your goals are unrealistic forcing people like my son to stay home or be in a day center.
- Individuals with severe and moderate intellectual difficulties will be able to access Day Support Services as well as Employments Services so they can feel like an active participant in their community. Coloring and crafting all day do not provide a person with a feeling of achievement.
- Sustainable employment will not happen without a program analogous to affirmative action. Two hours a day, twice a week is not really a job. We need better transportation support and realistic employment opportunities with the business communities.
- Increase more rapidly the number of people with disabilities who are engaging in competitive employment.
- The purpose of employment is to gain financial independence and build wealth. This ought to be the number one goal, and the main thing being measured. But instead, the goal of gaining financial independence and building wealth gets lost among silly stuff.
- Transportation is a big barrier for those living in small towns in greater Minnesota and having more ways of getting this set up will be extremely helpful.

Healthcare

All respondents received the first two statements to agree or disagree with. Only people who identified as a person with a disability received the third statement. Respondents were also asked a follow-up question about the goal they would set for this category. MAD sorted their comments into broad themes below.

Figure 8. Please pick how much you agree or disagree with these sentences about the Healthcare category. (Number of respondents shown after each statement in parentheses.)



If you were in charge, what goal would you set in the Healthcare category? (12 respondents)

Improved healthcare support for people with disabilities

- Get help for persons with disabilities regardless of their access to healthcare.
- I want more access to telehealth.
- Universal health care.
- More emphasis needs to be made on health care for people with disabilities. The health care system is not suitable for us. We are often the forgotten population when it comes to health care. Our Health disparities are on the back burner, it seems like.
- People with disabilities will not experience barriers in accessing high-quality health care.
- Respite Services are nonexistent due to the laws not mandating that hospitals admit people with disabilities when there are no in home nurses or PCAs available to assist with medically necessary cares. Hospital refuses admission and makes caregivers provide 24/7 care with no sleep because they don't get high enough reimbursement from Medicaid.

More person-centered health goals

- I would like to see healthcare goals that are more individualized for the person. For example, supplements are needed by so many with disabilities, but are extremely expensive. Almost 20 years ago,

they were covered by the Developmental Disabilities (DD) waiver, and I'd like to see that covered too. Many nontraditional therapies are much more useful.

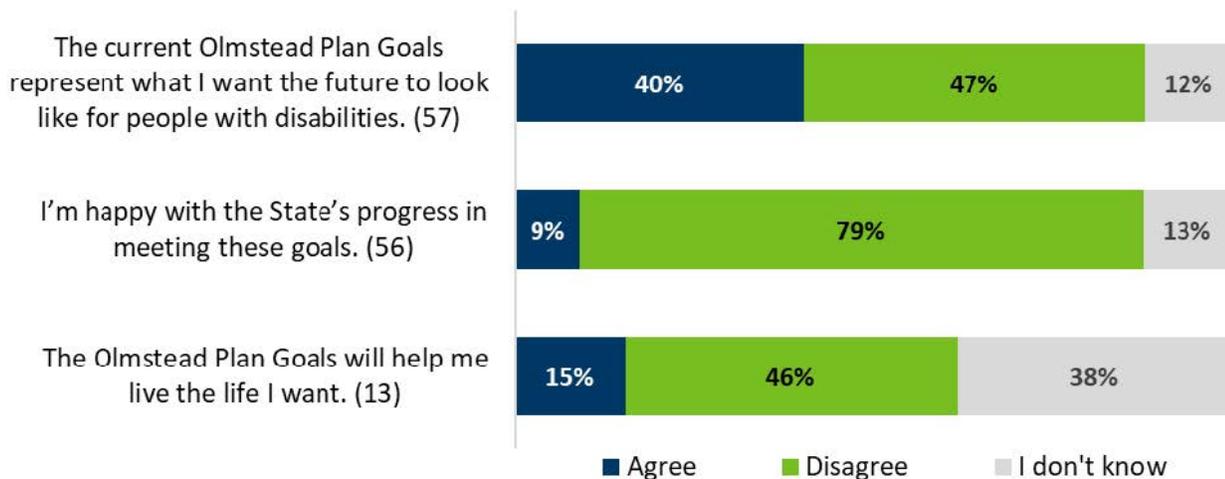
Other

- More, affordable, quality selection of home care, nursing home and housing options and availability.
- Having a home which is stable and affordable is a necessity for a healthy life.
- The two goals completely miss the big issues of healthcare disparities. Please consider adopting the Healthy People Goals 2030 as a beginning point.
- There are other factors and determinants of health other than emergency room visits. Could a goal be set around decision making in health care? Many people who have disabilities do not get to make their own, fully informed decisions regarding their healthcare, even if they do not have a guardian. Is there a way to track the options they were given and support in making a decision? Perhaps in line with our new statutory definition of informed decision making?

Housing

All respondents received the first two statements to agree or disagree with. Only people who identified as a person with a disability received the third statement. Respondents were also asked a follow-up question about the goal they would set for this category. MAD sorted their comments into broad themes below.

Figure 9. Please pick how much you agree or disagree with these sentences about the Housing category. (Number of respondents shown after each statement in parentheses.)



If you were in charge, what goal would you set in the Housing category? (46 respondents)

Affordable and accessible housing options

- One hundred percent of people who want housing [will] have housing.
- Affordable safe housing in a person's home community [will be] readily available.
- I strongly plan to overcome the obstacle faced in finding and securing low-income housing for this population. Examples: Many do not have access to transportation to housing options, no credit card, or checking account for deposits required.
- I want affordable housing where people pay 30 percent of their income, and I want a meaningful portion of this housing to be accessible to people with physical and sensory disabilities.
- I want equity of where the accessible housing is offered throughout the state. Monies need to be given to rural Minnesota, especially small towns, to convert, update or build new to make this goal a reality.
- Laws need to change so developers [are required to] put fully accessible apartments in EVERY building. Access isn't just about the disabled person, but it is also about our family and friends able to rent spaces we can go to and visit as well.
- I want more housing options for individuals who either need income based or have a Section 8 voucher.
- I want more inexpensive accessible housing options for purchase (not just rent).

- I want more people with disabilities to be able to choose their place of residence. “Choose” is the key word here. There is no need for the “integrated” requirement, and the concept of integration has actively harmed efforts to create vibrant communities for residents who communicate via sign language or other visual means. A resident who cannot communicate with their neighbors to their fullest ability is not “integrated.” They are psychologically isolated. This isolation leads to cognitive decline and other adverse health outcomes.
- I want to have more subsidized housing where people pay 30 percent of their income in rent and more rental housing that is physically and sensory accessible.
- I want to see more accessible housing options in rural areas.
- Increase the safe, affordable housing choices for people with disabilities so they can select the option that best meets with needs and desires.
- More low-income housing.
- More quality and affordable options, including home-like residences for same-sex adults who need 24-hour home health care, etc.
- There are wheelchair accessible apartments with roll-in showers in all new developments. People living on supplemental security income who have 24-hour caregivers will be approved for 2-bedroom housing vouchers to accommodate equipment needs and space for overnight caregivers. Section 42 apartments and rentals will automatically qualify for Section 8 Housing Vouchers. Caregiver living expenses will be provided for people with disabilities whether they have multiple or one live-in caregiver.
- Provide affordable, subsidized housing. My son doesn’t make enough to be on a lease, and I don’t want him to. If he makes more, he loses his benefits.
- There are few accessible housing units in Clay County or affordable and safe options. Once someone has housing, we currently don’t have adequate supports to be provided to the person in their own home due to staffing shortage and providers that understand their roles and responsibilities.
- “I want to have more accessible housing options available.” The state continues to push group housing when there are more individualized (and cheaper) ways to provide housing that center a disabled person.

Independent living

- I want the person with the disability to be in charge of their lives and the services and manner of delivery of these services. Providers, landlords, DHS have too much power in determining how people with disabilities live their lives. I think that Housing Stabilization Services (HSS) has been a positive development in the state helping people with disability to live their best lives. The significant broadening of eligibility for housing navigation and sustaining services has been good.
- Individuals and their care team should be able to identify the housing that will best fit the needs and desires of a person and work to attain it. Due to Waiver Reimagine, people will be forced out of their existing, hard fought for homes and relegated to group homes due to discriminatory DHS policy.
- To have options for all to choose from, whether it is an individual home or apartment, a group home, or a congregate setting offering choices of living arrangements.
- With the current home care crisis, “housing of their choice” is somewhat of a euphemism. I would like to see a decrease in corporate care, as it is the most expensive option, and those companies moving toward more people living in their own homes with support. Target goals could be set.

- I feel a lot of people who want a more independent living situation are not listened to. We continue to pat them on the head and say “someday”, if anyone wants to move out of a group home. I just talked to a case manager who had no idea there were housing programs, such as the Arc housing. Providers need much more education on this—both case managers and residential providers.
- The one-size-fits-all perspective of Minnesota’s Olmstead Plan distorts the definition of independence. We ought to be measuring how many people achieve real independence (i.e., they get to choose their preferred housing options from a broad array of options.)
- The goal should really be “More people with disabilities in Minnesota will move in to housing of their choice”, take out “to renting an integrated place.” Maybe they do not want to rent? Maybe they don’t want “integrated”? We are limiting their choice by framing it this way. I have heard several OIO members discuss a setting like a senior complex for individuals with disabilities, this would not be considered “integrated” and would likely face intense scrutiny from DHS.

Supports

- Every individual would have an identified team of individuals with accountabilities to support them in a person-centered housing arrangement.
- Give disabled people financial assistance with their housing choice, no matter what their income is.
- I want AN option—there are NO options in Rice County for our young adult with Autism.
- I want people with severe to profound physical and/or cognitive disabilities to have a REAL and ADEQUATELY FUNDED CHOICE in where they live and who they live with, in an integrated and inclusive setting. The current goal: “More people with disabilities in MN will move to renting an integrated place they choose” is far too broad and inadequate. The term “RENT” can also include community residential care/foster care/group home care/MNSOCS (Minnesota State-Operated Community Services) care which according to the US Department of Justice are NOT Integrated settings. People in Minnesota with profound disabilities have NO REAL OPTIONS unless family or friends provide uncompensated care. This is unacceptable.
- More people will understand all their housing options and choose the one that fits their needs, with the supports they need to be successful.
- Provide more support services to those who have used these options.

Improved pay for caregivers and group home staff

- The staffing crisis has worsened during the pandemic to the point where group homes are closing and people are being institutionalized because pay for support staff is too low, and it is too dangerous and stressful during the pandemic, which so many healthy people want to pretend is over even though infection rates and deaths and hospitalizations are all way up from this time last year. This is a nightmare and getting worse. Our state needs to fund this very seriously. These jobs are vitally important, and the failure to fund so that this is competitive with other work is in itself functionally an Olmstead violation.

Other

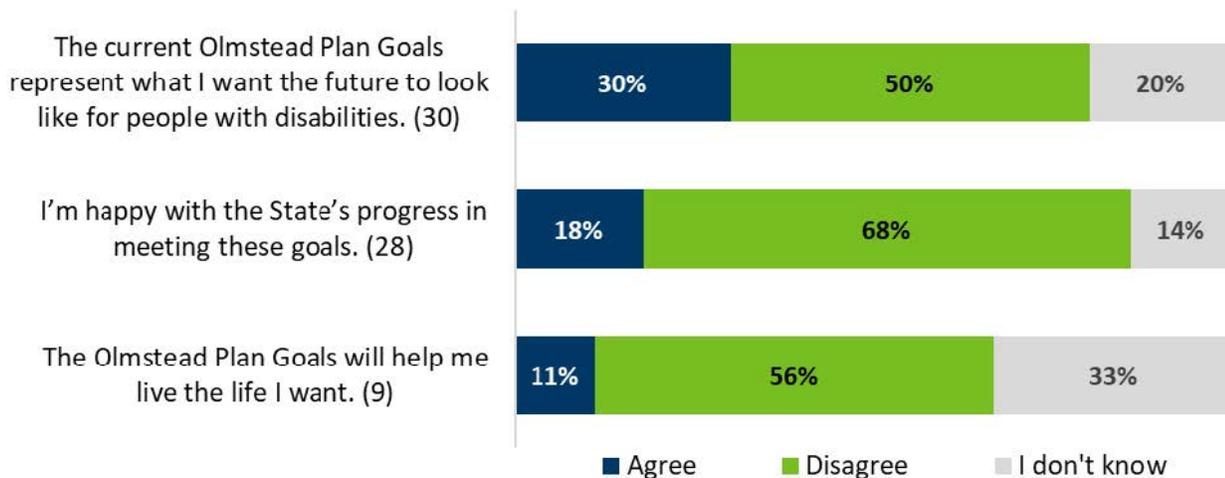
- I would like to see more of a focus on older adults with disabilities, recognizing that older adults with disabilities also have Olmstead rights.

- To increase the number of small group homes in a residential area for lower functioning disabled people.
- There seems to still be a disconnect with the goal and the progress. COVID has imposed a lot of challenges, and there seems to be a lack of options in the outstate area.

Person-centered planning

All respondents received the first two statements to agree or disagree with. Only people who identified as a person with a disability received the third statement. Respondents were also asked a follow-up question about the goal they would set for this category. MAD sorted their comments into broad themes below.

Figure 10. Please pick how much you agree or disagree with these sentences about the Person-centered Planning category. (Number of respondents shown after each statement in parentheses.)



If you were in charge, what goal would you set in the Person-centered Planning category? (24 respondents)

Making and implementing plans

- All people serving people with disabilities and their leaders will see and utilize person-centered practices/combined with collaborative safety with the people they serve as well as their organization to ensure we have and maintain experienced long-term staff doing the work.
- Person-centered means “can be adjusted for the person” and not “calculated by an algorithm and rubber-stamped by a judge when the person points out that this isn’t adequate to meet their needs.”
- I’d like to see more supportive services for IDU (Injecting Drug Use) identified individuals who are living in encampments. They, along with those identified to have co-infections, should be the higher priority for coordinated entry services. Outreach efforts from the state that allows for rapid housing without the requirement of undergoing treatment facilities.
- Allow additional funding for community activities so they are able to do the things that are important for them. The workforce shortage has significantly impacted person centered inclusive activities.
- Until people with disabilities are provided with housing and funds up to a percentage above poverty level, Olmstead has not done its job.
- More options for what disabled people can get help with such as technological equipment and programs that would make their lives easier, letting disabled people pursue goals that might seem frivolous and “non-productive” to an outsider, and more options for help with developing ADA (Americans with Disabilities Act) accommodations at jobs, housing, etc.

- All disabled people will be able to access a trained, person-centered plan facilitator who is from their community.
- I would set a goal around outcomes of plans. Plans themselves can be great, but if there is no follow through, the outcome is impacted.

Individual choices

- A food-court, with lots of restaurants, each with extensive menus, where I get to pick what I want to eat, and nobody tells me “No, that’s not good for you,” is person-centered. That should be the model for housing, or employment, or anything else. If my choice gets vetoed by a “planner,” that’s not person-centered at all.
- I want to have my goals supported and not endlessly questioned.
- Person-centered planning should be providing services that are needed by the individual and their family who know them, not by a social worker who sets the program based on what they think is needed and what is readily available. Olmstead says it should not be limited by what is currently available.
- The 2014 CMS rules describe what person-centered planning and person-centered plans should look like. Focusing on only eight criteria does not ensure person centered plans are meeting compliance. Training efforts must focus on the individuals who receive HCBS services and families so they can understand what to expect from person centered planning.
- We need person-centered planning to be focused on participants, and not on guardians and case managers. My opinion needs to matter.

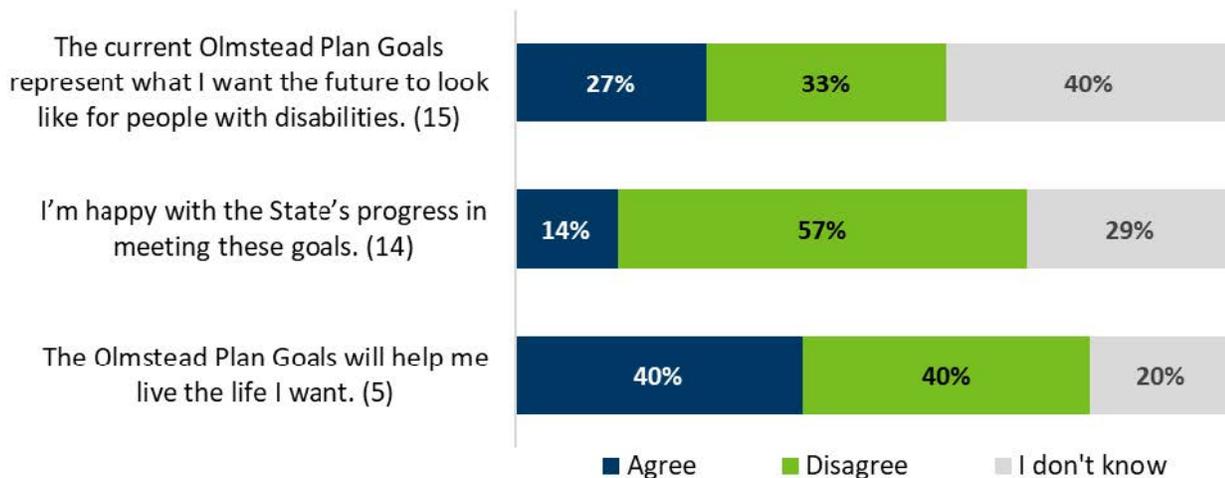
Other

- Train facilitators on getting rid of their own biases and focusing on the person, not what we think the person should want their life to look like.
- I want to have more options for high-functioning people.
- This is a nice goal, but unrealistic. Many people with disabilities cannot make those decisions. He would like to be a store manager, but that could never happen.
- I would like to see everyone who does not use words to have a communication chart that is updated at least once a year.
- More access to activities within the community.
- Of the 8 measures, most are about plans. What about action? Could there be something about how WELL those plans are being enacted? Something like how much progress has been made in facilitating the person’s goals. If we identify goals, dreams, and activities the person wants to pursue and they never get to, that might be worse than never asking.
- The graphs used [on the Olmstead Plan goal progress dashboards] are hard to read and understand. Can they be changed to separate graphs or a different style?

Positive supports

All respondents received the first two statements to agree or disagree with. Only people who identified as a person with a disability received the third statement. Respondents were also asked a follow-up question about the goal they would set for this category. MAD sorted their comments into broad themes below.

Figure 11. Please pick how much you agree or disagree with these sentences about the Positive Supports category. (Number of respondents shown after each statement in parentheses.)



If you were in charge, what goal would you set in the Positive Supports category? (9 respondents)

Positive support services

- I thought this meant that disabled people would get the supportive services they need to be able to live in their own home successfully.
- Respite Supports are needed for safety and health.
- In order to reduce restraints and the like, you need to reduce demands and reduce stressors in the environment, NOT just positive supports. You can positively support me all you want, and I will still have a meltdown/breakdown if my environment is sensory overwhelming, full of anxiety, and too many demands for the number of spoons I have available. You can't bribe someone to tolerate misery and not have outbursts/aggression/suicide ideation. The goals should be moved away from the behavioral ideas in the first place and instead focus on reducing stressors and environmental agitators and increasing emotional regulation skills (not behavioral). For example, a child in a school with unchecked bullying is going to get aggressive and no amount of positive behavioral supports will change that. You have to build an inclusive environment where bullying is not tolerated at all and the adults in the environment don't goad these kids into having outbursts to get them out of their classrooms.
- This goal area should focus on overall positive supports, not just positive supports in the event of an emergency. Positive supports on a daily basis can help avoid emergencies in the first place. The best de-escalation strategy is an anti-ableist mindset. If you inherently believe that people who have disabilities are dangerous, violent, less than, etc., your brain will resort to the most restrictive option when you are

in fight/ flight/freeze in an emergency. Alternatively, if you assume the best in people and have an anti-ableist mindset, overly restrictive options will be the last thing you'll want to use. Staff training on anti-ableism is critical. A measurement of staff perception of the need for physical restraint would help measure staff mentality.

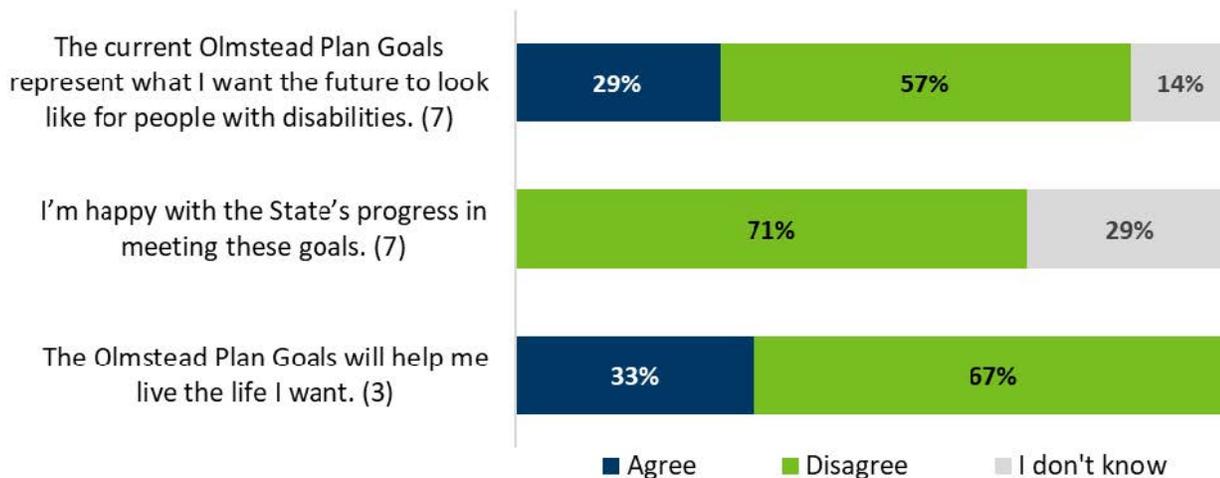
Other

- GOALS: Classes such as yoga, tai chi, and other mind body modalities are offered to people with disabilities and their supporters. People in the social service system have opportunities to learn and practice exercises and skills to reduce stress and calm.
- I want to have help making plans for my daughter's future as I age and have no other local family members who could easily take care of my daughter's guardianship and her day to day wants and needs. My daughter currently lives in a group home, but there always seems to be a lack of support staff. While they take care of providing food and housing, I provide many of her other supports.
- There is not enough support for those families dealing with disabled members.

Preventing abuse

All respondents received the first two statements to agree or disagree with. Only people who identified as a person with a disability received the third statement. Respondents were also asked a follow-up question about the goal they would set for this category. MAD sorted their comments into broad themes below.

Figure 12. Please pick how much you agree or disagree with these sentences about the Preventing Abuse category. (Number of respondents shown after each statement in parentheses.)



If you were in charge, what goal would you set in the Preventing Abuse category? (5 respondents)

Increased accountability and support

- We need to address abuse of disabled people at the hands of law enforcement. We need to have public safety at the table and held accountable in some way. Ideally, we'd see more training and crisis intervention better suited to help people with disabilities.
- The biggest problem in preventing abuse is the labor shortage of home health care workers. Workers who are abusive are not fired because there is no one to replace them. I would increase pay for home health care workers, advertise the career more widely, and promptly fire abusive workers.
- I would set the goal of ZERO people with disabilities experiencing abuse and neglect. I would also set a goal that people who experience abuse or neglect have immediate access to free mental health supports and other trauma-informed health care services (especially if the abuse is related to sexual violence). If the person lives in a provider-controlled setting, they should receive supports needed to be able to immediately transition to another setting, accessing services from a different provider of their choice.
- The enforcement of licensing standards is pitiful. I have made so many complaints about things which I KNOW are rule violations and NOTHING was done. Staff left my brother alone at a doctor's appointment. The result—NOTHING not even a citation for a rule violation. I don't trust providers and I don't trust the state.

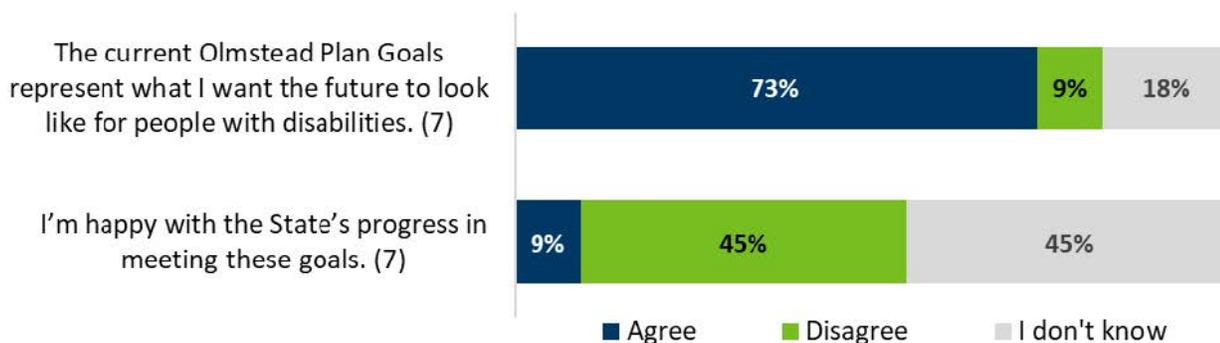
Other

- I would like to see more of a focus on older adults with disabilities, recognizing that older adults with disabilities also have Olmstead rights.

Transition services

All respondents received the first two statements to agree or disagree with. Only people who identified as having a disability received a third statement, which was answered by zero people with disabilities and thus is not included in the chart below. Respondents were also asked a follow-up question about the goal they would set for this category. MAD sorted their comments into broad themes below.

Figure 13. Please pick how much you agree or disagree with these sentences about the Transition Services category. (Number of respondents shown after each statement in parentheses.)



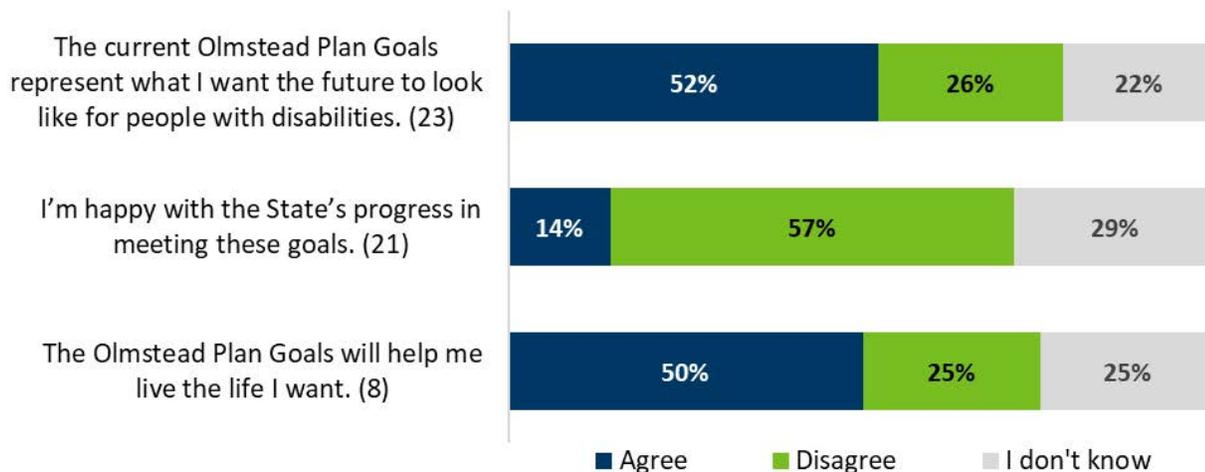
If you were in charge, what goal would you set in the Transition Services category? (7 respondents)

- Anyone with a disability who moves gets to use person-centered planning.
- I want the person with the disability to be in charge of their lives and the services and manner of delivery of these services. Providers, landlords, DHS have too much power in determining how people with disabilities live their lives.
- I want to see more transitioning services in the rural areas of Minnesota.
- I want Transition Services to focus on assisting with getting the services and the delivery manner of these services that the person with a disability and their natural supports say the person needs and desires, rather than letting Service Providers and DHS dictate what services a person can have.
- People with disabilities will have self-directed options and Consumer Directed budgets that meet their needs. Currently my son is approved for 24-hour awake care and his Consumer Directed Community Supports (CDCS) budget covers less than 2/3 of the staffing he needs. He needs to come home on weekends or rely on parents to provide unpaid supports to live in his own apartment. Self-directed options are more cost-effective and provide more choice, flexibility and options for my son. He shouldn't be forced to more costly provider services for the support he needs. Goal would be "People with disabilities should have self-directed services and supports that are comparable to provider services and supports with equitable budgets!"
- Transition services need to be offered and at least 70 percent of the population has goals and objectives (how's) to meet those goals.

Transportation

All respondents received the first two statements to agree or disagree with. Only people who identified as a person with a disability received the third statement. Respondents were also asked a follow-up question about the goal they would set for this category. MAD sorted their comments into broad themes below.

Figure 14. Please pick how much you agree or disagree with these sentences about the Transportation category. (Number of respondents shown after each statement in parentheses.)



If you were in charge, what goal would you set in the Transportation category? (17 respondents)

Expanded and improved transportation connections and options, especially in rural areas

- Having public transportation working longer hours, and more stops is great, but having ways of providing transportation between cities is where employment typically gets impacted. Small towns offer lot of benefits, but there are also significantly reduced options for employment, housing, etc.
- I want to have more accessible vehicle sharing options among various entities in a community, which can only be achieved by removing insurance barriers among sharing organizations.
- In Clay County, the only options for transportation with waiver funding is the city bus or para transit. All other options are self-pay. Therefore, people do not have much of a choice.
- Losing the regular North star link and the train options has been hard for St. Cloud. Many persons with disabilities and students utilized this service and are no longer able to navigate the trip to the twin cities. It does run periodically during the week. However, an employed person may only have weekends available to attend community functions or shop or travel. Currently, the train does not run on weekends at all, and this makes it impossible for travel. An Uber or Lyft ride can be around \$100 one-way.
- More transportation options needed for the northern metro, where Metro Mobility doesn't run. Transit link is good, but not guaranteed rides. So, it leaves you scrambling to find transportation options, and isn't suitable for finding employment because of the lack of transportation.

- People with disabilities will have access to their communities by offering a wide spectrum of transportation options, both public and private that can be covered by medical assistance.
- People with disabilities, regardless of where they live, will have access to a variety of transportation options (public transport, Uber, Lyft, driverless vehicles, paid service providers with more options, flexible medical transportation, etc.)
- Reliable transportation that is on time and at the correct place (Metro Mobility is so early or late, and does not go to the right spot so we had to stop using it.)
- We need measurable transportation options in rural communities. We need to support volunteer driver programs and provide funding to offset the cost of alternative transportation.

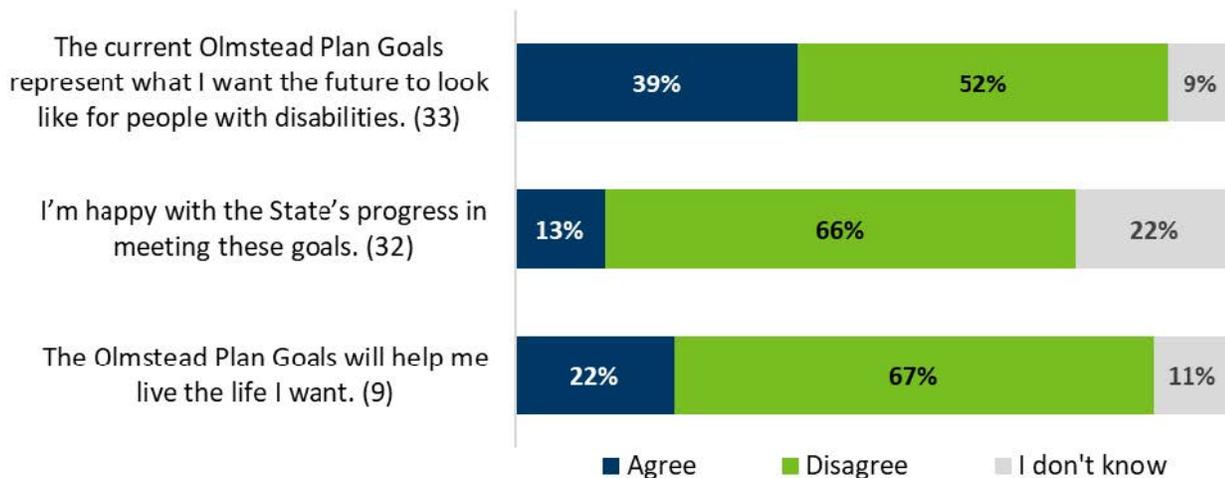
Other

- I want fewer cars on the road, wider sidewalks, and more space for bicycles, scooters, etc.
- Require transportation infrastructure projects requesting state funding to conduct walkability and bikeability studies and make improvements to street design focused on accessibility and safety. People with Disabilities often don't have access or ability to drive a car, so we need to be centering other modes of transportation in design rather than cars.
- The current goals do not effectively consider individual's travel needs and hide gaps in transportation need
- There is a real problem for seniors to access transportation when they are unable to drive anymore.
- I see the Met Council, but where is the transit representation from rural MN? These are amazing goals, but how will this be attained without financial support, more buses, and trains as well as drivers or attendants for the new autonomous opportunities? Where will all the curb cuts and sidewalk be placed? In my small town alone, there are over 20 miles of sidewalk and hundreds of new or renovated curb cuts needed alone.

Waiver funding

All respondents received the first two statements to agree or disagree with. Only people who identified as a person with a disability received the third statement. Respondents were also asked a follow-up question about the goal they would set for this category. MAD sorted their comments into broad themes below.

Figure 15. Please pick how much you agree or disagree with these sentences about the Waiver Funding category. (Number of respondents shown after each statement in parentheses.)



If you were in charge, what goal would you set in the Waiver Funding category? (23 respondents)

Change how waivers work

- Make the process more accessible so people can apply easily online and plain language is used.
- Stop requiring disabled people to fill out forms without help to get needs met. Make all of it accessible 24/7 online so that we don't have to rely on mail or drop off to meet deadlines for demands for paperwork, income, and all that.
- Could we add a goal that "Waiver funding will be sufficient to pay staff a livable wage", or "Waiver funding will be sufficient to attract quality staff to provide services"? Individuals with disabilities may "get a waiver" and "get the funding"—the problem is finding a provider who has staff available to provide the services at the current rates.
- Fewer limits on where one can receive waiver services that are funded by the state.
- For people with high needs, it is completely unacceptable that they are essentially forced to access waivers via "traditional" and cannot use CDCS. The costs to support my daughter with her traditional BI (brain injury) waiver are probably near \$100,000 per year. We were told her CDCS budget was \$16,000 FOR A YEAR. That wouldn't even cover her daily in-home services hours. How is that possible? This unfathomable disconnect essentially FORCES disabled people to stay within the traditional waiver system, removing their ability to use a consumer directed plan.
- I would have more flexibility in the spending. Allow Vitamin supplements to be purchased, and prescription medication that isn't covered by medical assistance should also be covered. Eliminate the

caps on some categories. Someone might use more laundry or more chore service, so this should be allowed.

- Increase the percentages for each category to 80 percent or higher. The goals seem low, and we are not always meeting even those.
- Individuals who use waivers are able to get a home modification completed within 90–120 days from project initiation to completion to maintain safety and well-being at home and in the community.
- The current status of the waiver programs is wishful thinking given the failure to address the staffing and housing crises. They are empty rights: you get on waiver services, and if you don't have people in your life who are already doing that work and want to get a few bucks for it, you've just won the right to spend an unspecified amount of time on waiting lists for housing and services, and possibly living across the state from where your community is.
- The goal would relate more to who has access and how much choice they have. It makes sense for people to be able to access funds within 45 days, but that's an internal limitation that Minnesota Department of Health or DHS needs to fix. The current disability services work has focused on too limited a group of people.
- The wait for a waiver is very long in many counties. There is lack of consistency among the counties as to what services are available. Chore services is at a very low reimbursement rate. Patient responsibilities is not explained clearly to case managers or those they serve and are the burden of the provider—this is broken. Billing is very complicated and there is little to no support for providers
- Make there be a family maximum out of pocket expense so that if a parent is paying for Tax Equity and Fiscal Responsibility Act (TEFRA), that they don't have to also pay share of cost for themselves to get a waiver. Also, disabled people get into more debt as their expenses are higher and that debt is not included when calculating TEFRA or share of cost, so many people don't get to be on waivers due to this cost even though they need the services badly.

Budget and funding

- I want Waiver Reimagine to NOT cut current budgets. Rather budgets would be “grandfathered” so people with disabilities can continue to have choice of where they live.
- While this is an admirable goal, waiver funding is too drastically low for providing appropriate services, especially if a person is using CDCS. Waiver Reimagine has the potential to make this even worse. MN Choices is an inadequate assessment tool as it does not take into account mental health concerns. A goal could be that waiver funding will keep up with inflation.
- Increase waiver money for those who live with family but are trying to live independently as possible (not counting on free family caregiving or [whether] they have to move into a facility).
- Offering clients a clear understanding of the waiver budget available to them and what they can use their waiver budget for.
- CDCS or self-directed budgets need to be comparable to budgets received by provider services. Many adults are forced to move from more self-directed options because they don't receive equitable budgets that cover the costs of needed care. If someone needs 24-hour awake care, then a CDCS budget amount needs to cover the costs for that care. Right now, my son would only be able to pay about \$11/hour, using the CDCS budget he has to pay for the 24-hour care he is approved for. Self-directed and CDCS needs to be a viable option with equitable funding for those who choose it. At this time, there is a critical staffing crisis. Waivers need to be able to cover the costs of paying competitive wages, hiring and

retention bonuses, and benefits to be able to find and retain decent direct support staff and other caregivers. Funding higher salaries for caregivers is going to be less costly than people moving from independent living to more costly segregated assisted living or group homes.

- Funding for all needs. This is not charity. Poor people did not make poor choices. Persons with disabilities should not ask to be in those circumstances, and it is for all of us to build a world where special needs are met in every way no differently than regular needs.
- I want a self-directed budget based on ADL (Activities of Daily Living), and severity of disability and diagnoses to meet the needs of people with severe to profound physical and/or cognitive disabilities to assist people to live independently or with family and to ACTIVELY BE ABLE TO CHOOSE where they live; NOT TO BE FORCED INTO LIVING IN A SEGREGATED COMMUNITY RESIDENTIAL FACILITY WITH INSTITUTIONAL CARE. Getting a waiver is not relevant if it is not properly funded. Having a waiver just means that your segregated care is paid to the institutional provider.
- I want to have Respite funded with a viable resource/option on every waiver.
- Increase funding to help with staffing. Many services are not reimbursed enough to pay the wage of the direct care staff let alone the company expenses to provide the service. Better education and support for providers. A process that would allow for creative ways to use a service to better meet people's unique needs. Improve the process to get funding for technology. There should be a separate service code for technology. Technology is not always medically necessary even though it increases independence and quality of life.

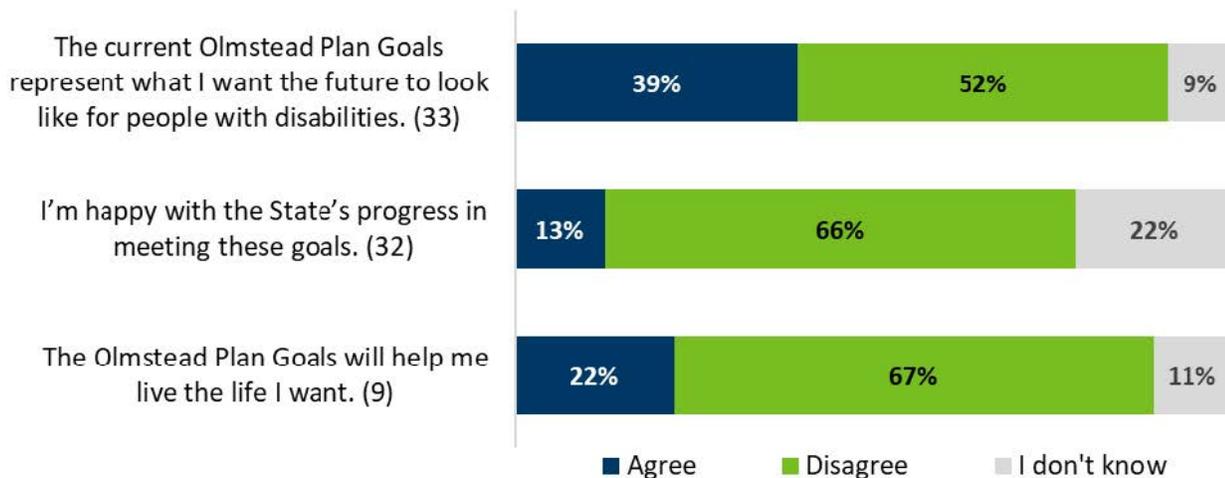
Other

- Along with housing, there needs to be a change in the moratorium for Community Residential Setting (CRS). Many people with disabilities need this type of home and providers can not accomplish it.
- I would like to see more of a focus on older adults with disabilities, recognizing that older adults with disabilities also have Olmstead rights.
- Olmstead has not done its job until people with disabilities own their own housing and are provided income up to percentages above poverty. Waiver funding is now a smokescreen for MN to say they offer but are only granting Medical Assistance (MA) approved services. Has become a way to fill the coffers with unusable supports. Waiver was created to waive MA criteria.

Community engagement

All respondents received the first two statements to agree or disagree with. Only people who identified as a person with a disability received the third statement. Respondents were also asked a follow-up question about the goal they would set for this category. MAD sorted their comments into broad themes below.

Figure 16. Please pick how much you agree or disagree with these sentences about the Community Engagement category. (Number of respondents shown after each statement in parentheses.)



If you were in charge, what goal would you set in the Community Engagement category? (15 respondents)

Improved support and staffing

- People with disabilities have access to community connectors who support exploration of interests, neighborhood resources, meeting people, and relationship building.
- Those designated to support an individual to be engaged in their identified person-centered objectives for community engagement would be held accountable for the follow through and outcomes (i.e., case managers, service providers, paid family members, etc.)
- Poor availability of staff, poorly trained and unreliable staff, high turnover in staff to help with community engagement.

Improved representation

- I would make sure at least one person with a disability serves on EVERY governor-appointed board and commission, and other workgroups and committees established by the Olmstead Subcabinet by 2025. I would also set a goal that more than three people with a disability serve on EVERY governor-appointed board and commission, and other workgroups and committees established by the Olmstead Subcabinet by 2030. I would set a goal around recruiting people with disabilities who have diverse lived experience and intersectional identities, and I would make sure they're all compensated for their time.

- We have a few people who are comfortable with technology and can serve on committees. Probably 95 percent of people, at least outstate, are pretty much isolated, due to COVID and the severe staff shortage. People have less support now than they have had for the past 30 years.

Promote information about and engagement by people with disabilities in the Olmstead Plan

- More events explaining what the Olmstead Plan is—like doing an Olmstead 101 series.
- Use social media to find more disabled people to recruit and to include in decisions. I am very vocal about disability issues on Facebook, yet I had to find my way to this survey in a very roundabout manner.

Other

- I want to be able to define my own idea of community engagement.
- It is not enough to have a performative component to engagement. Being able to speak must have some tangible impact.
- People with disabilities are entitled to use their funding for leisure and recreational under federal terms, but MN has negated that promise with policy. Again, a smokescreen!!!
- The goal is admirable, but there seems to be little progress toward accomplishing it. It should be broken down into action steps that can be tracked. For example, by 7/23, the Olmstead Plan/state government will participate in 6 job fairs, including at the State Fair, in order to attract more people with disabilities to serve on committees.
- The number of direct contacts individuals on waivers receive from the state to inform policies and practices impacting them.
- This goal is about being able to measure something. It's not about making sure that every person with a disability has a way to share their voice.
- To increase diversity/equity/inclusion perspective, I want participants to receive compensation for the offering their valued knowledge and time. Otherwise, you limit the participation pool to people who are able to participate, especially in an ongoing committee setting /longer term commitment, for free.

Ways the Minnesota Olmstead Plan has helped people with disabilities live their best lives

Respondents were asked the following question. MAD sorted their comments into broad themes below.

In what ways, if any, has the Minnesota Olmstead Plan helped people with disability live their best lives? Please describe. (70 respondents)

Support for people with disabilities

- Anything that has been done to provide support to those with disabilities is wonderful. However, there is never enough. We all find that until it impacts you personally, we think that there are not issues.
- By setting a positive vision of inclusion for people with disabilities and engaging people's imaginations about how to make the vision a reality.
- Having a plan that measures progress is very important because we constantly need to monitor our progress as a state and community.
- It has forced the teams that support persons with disabilities to think outside the box, to explore and consider things that may not have been possible several years ago. There are other options for those with a disability.
- It has given focus to the need to constantly improve disability support systems.
- It helps people [with disabilities] live their best lives.
- It is supposed to hold agencies accountable if they are being checked on, but it does give more power to people with disabilities.
- It makes sure people are not experiencing harm, but also helps individuals craft their own future and see the possibilities. It is all anyone of us wants.
- It's made progress towards freedom and independence.
- People are encouraged to believe that they will be allowed to make a choice.
- People with disabilities have the opportunity to consider competitive integrated employment. However, lack of employment supports and access to transportation has presented challenges to many individuals interested in competitive integrated employment.
- The low vision community has a great advocate in Olmstead.
- The Plan tracks issues where people with disabilities believe they have been discriminated against, where governmental entities have not met their obligations, and where impediments are interfering with people with disabilities living their best lives.

Increased awareness about people with disabilities

- It has helped further the awareness of gaps in attention to people's needs.
- I think the plan has created a better understanding of the importance of interdisciplinary approaches in serving individuals with disabilities.

- It's pushed people who support people with disabilities to consider what is possible, not just what is comfortable.
- Make people more aware of what services disabled people need to live quality lives.
- The Olmstead Plan has helped people with disabilities in that it has elevated conversations about true inclusion and drawn considerable attention to many of the ways in which society still excludes people with disabilities, but the work is far from done. Many of our educational, employment, housing, and transportation systems are still designed around exclusion models, so the work is far from done, and we are at risk of moving backwards due to our services being centered on systems and not people.

Housing

- Currently, Olmstead Plan has opened up housing and employment integration for my children.
- I think that HSS has been a positive development in the state helping people with disability to live their best lives. The significant broadening of eligibility for housing navigation and sustaining services has been good.
- I would say that HSS has been a positive program in helping people with disability live their best lives. HSS expands eligibility for housing navigation and sustaining services so that many more people can get person-centered assistance in finding the housing they choose.
- It has allowed some people to live in their own homes. It has allowed people to pursue goals that DHS approves of.
- It has given people the opportunity to have several options for housing in the metro area.
- The plan has identified public landlords that are willing to work with the impacted populations.

Areas to improve

- Except for the lack of care workers, they can really offer supportive services that can reduce demands on a disabled person which can help them be able to work or have needed self-care work done.
- At this time, I have not seen the impact or pressure on stakeholders in this rural area to make progress in many assessed needs areas. You need to look at where the barriers start for each goal. Transitional services are hard to evaluate as housing is at such a shortage and not cost effective. Employment services is hard to evaluate as there is no transportation to get people to work.
- Frankly, the plan is words, not action. Without the subsequent actions called out in the plan, it's not worth the paper it's written on. I'm sure all involved in the writing of the plan are being told by DHS, things are going on as planned. This maybe so for some, but MN has a long way to go before MN reaches compliance with the federal waiver's requirements.
- I think this is a good plan for those individuals who are capable of working and living on their own. For those on the other end of the spectrum, it shoves them into a world where they would be frustrated and confused. The government needs to quit putting all people in a box and deciding what's best for them.
- It has helped a small percentage of people to live and work in a better environment, which is the goal of Olmstead. However, the thrust has been to push everyone into a competitive job and to live independently. Everyone is not capable of achieving those goals.

- It's a lovely idea, but without addressing the staffing crisis like the emergency it is, it's an empty promise.
- Minnesota does a great job in perfecting the paperwork and using the right words to make things sound good. Person-Centered Planning is a valuable concept, gets addressed in the individual service plan, and too often stops there. There are not enough people to do the actual work. The focus needs to move away from the paperwork and into actual supports.
- The CDCS plan is a really great concept if it's run properly and without TEFRA. It needs standard work and consistent training, so everyone can receive what they need and deserve. Funds are subjectivity handed out now.
- The non-disabled have no clue the compromise and sacrifice we make when we want a regular life. Meet every special need in creating a normal life.
- The Olmstead Plan has helped higher functioning disabled people but has forgotten about the lower functioning people that will probably not be able to work a minimum wage job. The day centers are being forced into closing, and this group of people will not have anything. They need and want to get out into the community and do fun classes, but that will all disappear.
- We need better access to waivers and waiver training for case manager and clients. There needs to be better advocates for the clients to get services they need. Clearing guidelines from DHS on what is or isn't covered.

Other

- Interagency efforts and collaboration focused on key areas of life. Reduction in the use of mechanical restraints.
- Providing guidance to other state agencies and giving a better voice to people with disabilities.
- Setting a framework for policymaking.
- Some strides in making state employee software and training modules accessible.

State policy or rule changes

Respondents were asked the following question. MAD sorted their comments into broad themes below.

If you were in charge, what State policy or rule would you change or add to help you live your best life? What would the new rule say or do? For example, the state should make sure that waiver applications are processed within 30 days instead of 45. (74 respondents)

Waivers

- Fewer restrictions on waiver service providers, and let individuals choose.
- Give them access to waivers more easily.
- Grandfather budgets under Waiver Reimagine. Individual budgets for living independently are draconianly low. This is in opposition to Olmstead and will force people with disabilities out of their own home into congregate care. Waiver Reimagine budgets favor providers, not Olmstead!
- Simplify the process for qualifying for a waiver and do away with the need to be reassessed every year for most people. Their disabilities and needs don't change dramatically from year to year and having to go through the process annual takes inordinate amounts of agency time and money for a task that's not really needed.
- The turnaround time for home modifications funded through waivers—the current time lag is too long and puts those with waivers in jeopardy to maintain their safety and well-being. Currently taking about 12–18 months from initiating a home modification to project completion.
- Waiver dollars or other dollars would be allowed to be paid to employers to offset the cost of mentor or support employees in businesses—to train those mentors and offset their wages for the company.
- Another rule would be to have more flexibility in waiver spending by the consumer.

Housing

- Allow participants to truly choose where participants want to live without imposing cohesion or threats of commitment if participants don't conform with the status quo or bring attention to the discriminatory manner in which DHS is carrying out the waiver programs. Person-centered planning or services need to be the active corner stone in all things involving the waiver.
- Give them right in choosing roommates and staff in group home.
- I would change 245D, which is currently written as if everyone lives in a congregate setting. It is restrictive to people who want more independence, and it is overregulated for people who don't need a lot of supports but are in a "category" considered "intensive services." It is forcing providers to stop providing supports to people who really don't want to live in a Community Residential Setting, but feel they have no other choice since providers can't afford to provide minimal supports with the administrative burden of the system.
- I would make sure that group homes and day centers have the funding they need to provide good workers for the best lives our children can have. It sounds like you are taking away monies from these organizations to fund these other lofty goals at the expense of those who would lose all they care about.
- I would make all new buildings/developments have an accessible apartment or dwelling unit. This would have all the bells and whistles of curbs, sidewalks, elevators, ramps, roll-in showers, and accessible tub

options with water controls on side wall closest to where people sit. Accessible kitchens with side open ovens and counters with adjustability.

- More emphasis on self-determination and less on 4-person group homes and assisted living. More emphasis on integration and inclusion from birth through the lifespan.
- More group homes, more supported employment, less intervention from Vocational Rehabilitation Services.
- People with disability and their natural supporters will design services that reflect the person's needs and desires, and the way services are delivered, and then providers, DHS and housing managers will work with the person to implement the person's plan.
- The new rule would allow for those who are residents to establish residency once registered with a community partner for public services; provided eligibility status to most benefits such as SNAP, rapid-rehousing, and emergency housing. Funds would be provided to Community living housing projects, that would remove encampments with intensive social service networking. Policy could be established in a center that could assist or refer people to the nearest sheltered community center. Emergency medical units within facilities where people can seek wound care needs and retrieve safe use supplies. Private landlords wouldn't be allowed to decline sales or rental properties to people with/based on poor credit scoring and financial hardships. Landlords wouldn't be entitled to collect rent if buildings are reported by social service staff to not be in compliance in a timely manner but require 48 hour responds times.
- There would be consequences for Community Residential Congregate Care Providers for not following through on the reasonable goals in the Community Support Plan (CSP). There needs to be consequences and facilities need to be held accountable for the care that they are providing to people with severe to profound physical and/or cognitive disabilities. "We don't have enough staff" is not an acceptable excuse to ignoring CSP Goals. There are ZERO Consequences to anybody. They continue to get their daily rates for warehousing people.

Direct care provider wages

- Pay care workers enough to live.
- Pay staff better to allow for better training, higher skill, and less turnover. Also prioritize affordable housing.
- Staffing for people with disabilities must be competitively funded and come with good benefits and consistent hours.
- The new rule would increase wages and benefits for PCAs, direct support professionals, etc., so that they had a living wage. It would keep up with inflation. It would include retirement benefits, health care options, etc. The home care crisis will continue, and disability services will continue to implode until this is addressed. PCAs provide valuable health care services that allow people with disabilities to live their best lives; they should be appropriately compensated for their work.

Increased funding and use of funds

- Ensure all the needed funding matches the costs for the needed/assessed services.
- I would authorize more money to be used to provide community supports for disabled people—such as homemaking, vocational services, personal care needs, etc. More people need to be hired for these positions ASAP, paying livable wages.

- I would mandate that funding of disability services give equal power to individuals as providers have. This includes equal funding for independent housing options under Waiver Reimagine as licensed entities will get.
- New rules would follow the vision of what the federal was designed for. People with disabilities should be given their budgets. Case managers need to be accessibility agents and not hate keepers or jealous individuals wanting not to serve. People with disabilities should not have to ask permission for a band aid, funds for going to a concert or anything that a “normal” individual would do. The budget is theirs, if they want to save and carry over to another year to purchase their own home or buy a vehicle just like anyone else does, that should be allowable.
- The first thing I would do in increase the budgets for CDCS programs. They are by far the most effective in results oriented, but people with increased staff needs cannot get the funds for 24-hour care.
- Get a federal or private funding source relevant to purchase clients using rental income as qualifications validation so the adult foster system will grow.

Improved support for people with disabilities

- The new rule needs to consider the staff shortage and ways to address the basic needs of many people with disabilities for 24-hour supervision, rather than ignoring the fact that there isn’t a workforce available to care for.
- Minnesotans with disabilities have the right to live a life of choice. Based on an annual assessment done by a trained nurse, Minnesotans with disabilities may use funds to direct their care to live a life of choice that promotes quality of life, direct their education from preschool to master’s degree in a public, private, or home setting, improve accessibility and equity, create a therapeutic milieu for self and caregivers through all available reasonable resources, in a living setting of their choice based on the assessment case mix index. Also needs to include therapy for self, caregivers, and self-care for everyone as well.
- I would like to see more of a focus on older adults with disabilities, recognizing that older adults with disabilities also have Olmstead rights, including rights to live in the community/age in place and not move into communal settings in order to receive services as the only practical option.
- To increase support for day centers which help lower-level people with disabilities. Let the centers offer piece work that they can do to feel good about themselves and something to do to fill up their day.
- Update DHS policy on shift lengths to allow home care shifts of 24 hours or longer. This would not conflict with current federal or state labor laws, would not increase client’s hours, and would not increase home care costs. It would simply allow home care recipients, typically those with more than 16 hours of care per day, greater control of their schedules and lives.

Increased employment opportunities, flexibilities, and supports

- To provides supports to allow everyone with a disability to live and work wherever they want, as long as it is their desire. To work for whatever wage their abilities and cognitive state will command.
- Employment opportunities, that being competitively employed is not for everyone, so having something for everyone when it comes to employment.

Change policies and procedures around how the state implements the Olmstead Plan works

- Change licensing to be more person-centered. Move away from the administrative requirements licensing puts on providers. Move away from all the focus on safety and protection—there already are laws protecting persons with disabilities. New Rule: Person-centered plans will be in-depth and will include a description of what specific assurances licensing should be monitoring.
- Family out-of-pocket maximum for share of cost for programs to encourage people to continue working and still get services. Take away the rule that divorced parents who agreed to keep kids on their insurance because ex couldn't keep a job [and] can't qualify for reimbursement for their quality health plan. Make sure that those who live with family can still be independent of that family and get the same level of care and monies that those who live in a group home or foster care get. The extra moneys are used by those homes to pay for overhead, yet you aren't offering that to families. That encourages people to go to community care, rather than family care where they'd rather be.
- Fewer rules, more focus on quality of life from participants. Much less regulation in order to provide more services, faster. For regulation send a staff around to visit sites, talk to people, see how they're doing.
- The systems that exist for people with disabilities are set up in a way that gives service providers, landlords, housing developers too much power and say in how people with disabilities live their lives. I would change this to focus on what the person says they need/desire to live the life they choose and have the systems work to fulfill these needs/desires in the way that works for the person.
- Get rid of the concept of "integration" with people who do not have disabilities. Focus on integration with a community, whether the members have disabilities or not.
- I would add community connection services under specialist services, and one-to-one training for people on relaxation and stress management techniques.
- Simplify the Olmstead plan, make a version that is user friendly for people with disabilities, DSPs (Direct Support Professionals), [and their] families.

Other

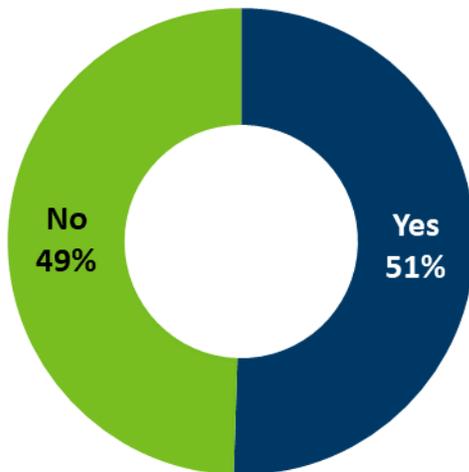
- Trained, respectful, patient, knowledgeable staff and supervisors.
- Increase transportation options.
- Add options for employment; add options for housing—instead of taking them away.
- Have more people from the state working with people in rural areas. We are very limited to services. My son has to live 250 miles away in order to find appropriate housing for him.
- I think the MN Choices Assessment should include a performance-based assessment (such as the [Cognitive Performance test](#)), not just verbal report. The Veterans Affairs Medical Center has modified this test to include tasks such as dressing for the weather, which would allow observation on the person's ability to dress, along with other tasks that can be observed. The person being assessed should have to show proof of the disabling diagnosis.
- I would have a rule about "fragrance free" since many are affected by it. Unfortunately, employees from the county who come to our home wear clothes that were washed or dried in heavily scented products and it makes us very ill! I would want awareness around this increased everywhere.

- I would love to see the day when disability is fully understood as a necessary component of any DEI (Diversity, Equity, and Inclusion) work. Many corporations, agencies, and non-governmental organizations are focused on DEI, but very few of them include intersectional lenses and include disability as part of the conversation. Additionally, we need goals that are directly aimed at combating ableism in our society (systems, state, communities, etc.). We need to directly name it as a problem and proactively work to end it along with all other forms of discrimination.
- I would require every person/politician who is writing these policies to spend a full day at a group home, a full day at a DAC (Developmental Achievement Center), and on a work crew to see what it is like. We are talking about just a few days to see what their whole lives are like before they start to implement these policies. Let them see what this life is like before THEY decide what the best life is for them. Because the disabled individuals are not deciding this for themselves the state and federal policy is!

Understanding the Olmstead Plan

Overall, 51 percent of respondents said it is easy for them to understand how the Minnesota Olmstead Plan supports people with disabilities. However, there were some differences based on the respondents' role(s). People who identified as a "person with a disability" and/or as "Family or caregiver of someone with a disability" chose yes 62 percent of the time, compared with 46 percent for other roles.

Figure 17. Is it easy for you to understand how the Minnesota Olmstead Plan supports people with disabilities? (97 respondents)



If the respondent chose "No" in the previous question, they received an additional open-ended question. MAD sorted their comments into broad themes below.

What can OIO do to make this easier for everyone to understand? (36 respondents)

Simplify and give explanations

- Condense this down into an outline—a much, much shorter summary.
- Plain language and don't have the goals say the exact same thing, but then you have different focus for each goal. That was super confusing.
- Use simpler language.
- Use plain language and explain things earlier like what the Olmstead Plan is. For example, in the outreach for this survey, it wasn't explained what the Olmstead plan is until you get to the survey. You can tell that these things are always created by people who are too close to the work because there is so much jargon and assumptions that make it difficult for ordinary people to engage in words and ways meaningful to them.
- Make sure the plan is written in clear language, so it is understandable and have it available in multiple languages.
- Give examples of what is being done.

- Show me any evidence that this plan has helped people.
- The graphs you use to illustrate OIO goals and progress are not understandable or precise.
- Use pictures and graphics. Make a much simpler version.
- Your graphs are confusing and imprecise.

Engage and promote more

- Build awareness—more public announcements.
- Increase publicity about what you do. Host webinars or town meetings to explain your role. Have DHS send out emails to service users about what you do. Attend the State Fair to give out information. Attend county fairs to give out information. Have information available at community centers. Hold informational meetings at cultural centers. Do outreach to marginalized communities.
- There are not enough people that even know what it is.
- Encourage OIO staff to interact more directly with the range of advocacy groups that are in the state, to better use those connections to clarify the plan and communicate its goals more broadly.
- The Olmstead Office is hidden and obscured by the County led system ... if not for a Facebook group of people on waivers, I literally wouldn't even know it existed.

Other

- Get policies and rules changed so that they focus on people with disabilities and aren't unduly influenced by provider companies, agencies, and developers.
- Get rid of the concept that being around people without disabilities is better. Instead look at how the system abuses people with disabilities and put a stop to that abuse. It's not people with disabilities that were the abusers in the Olmstead case. It was the people without disabilities who were the perpetrators.
- Identify what each taxpayer funded person/position is responsible for implementing on behalf of a person.
- It is easy for me to understand the Minnesota Olmstead Plan's intention, but it is not hard to find the many ways in which we are still not living up to its ideals: our educational system requires students and their families to provide their deficits before they are offered supports; our waiver system prioritizes congregate care settings over living in one's own home; our employment system offers very few options for competitive integrated employment. Even the language we use, such as early INTERVENTION, vocational REHABILITATION, is riddled with ableist assumptions that place a higher value on abled ways of communicating, of moving, of thinking, and of being and undervalues the contributions of people with disabilities.
- Make this language and your proposals as prevalent in every home as the LANDLORD/TENANT HANDBOOK needs to be. Hook up Disability with Housing issues, language, campaigns and Solutions.
- Stop telling people with disabilities what their choices should be and let them make real choices.

Appendix A: Full survey instrument

Landing page

What is this survey?

Thank you for taking this survey for the Olmstead Implementation Office (OIO)! We're asking people to share their thoughts on how the Minnesota Olmstead Plan is going. Your survey answers will help State Agencies understand how to improve the Minnesota Olmstead Plan.

This survey will take about 10 minutes to complete. While OIO would really like to hear from you, you don't have to take this survey—it's voluntary.

Tennessee warning

OIO has hired Management Analysis and Development (MAD) to do this survey. MAD is in a different State of Minnesota agency from OIO and provides consulting services for the public sector. Only MAD will know whether you took the survey and what you answered. Information that could reasonably be used to identify an individual from their response is considered private data under the Minnesota Government Data Practices Act (Minnesota Statutes §13.64), meaning MAD will not share it with others except as provided by law.

After the survey is done, MAD will analyze everyone's answers and share a summary with OIO. MAD will make sure no one can be identified by their answers. For example, if there are only a few people in a response group (like providers), MAD will combine that group with another group. In addition, MAD will remove anything that could identify you and share the edited versions with OIO.

Tips for using this survey

If you can't complete the survey at one time, you can select the "Save" button at the bottom of a page and return to the survey later using the link in your email invitation. You can also reset your answers on any page by using the "Reset" button.

If you would prefer a text-based version of the survey (for example, if you use a screen reader), select the "text only" link on the center of the top of the screen. If you have questions or need other accommodations in order to complete the survey, please contact Mongkol Teng at Mongkol.Teng@state.mn.us.

Thank you for your time!

To begin the survey, select the "Next" button below.

Questions

1. Please pick which role(s) best describe you. (Select all that apply.)

- Person with a disability
- Family or caregiver of someone with a disability
- Advocate or ally for people with disabilities
- State or county employee
- Policymaker or legislator
- Media representative
- Service provider
- Educator or school district
- Community partner
- Something else

2. This survey is only for Minnesota residents. Which Minnesota county do you live in? [If they pick "I don't live in MN," the survey will end]

The Olmstead Plan

The Minnesota Olmstead Plan is a set of goals our State must meet so that people with disabilities can live, learn, work, and enjoy life alongside everyone else in the community. The Plan helps guide the State's activities so that people with disabilities have the opportunity to:

- Live close to their family and friends
- Live more independently
- Engage in productive employment
- Participate in community life

In short, the Olmstead Plan helps State agencies improve the quality of life for Minnesotans with disabilities.

You can learn more about the Olmstead Plan [on this website](#), and you can see State progress in reaching Plan Goals [on this website](#).

3. The Olmstead Plan Goals are sorted into 12 categories. Please select which categories of goals you would like to provide feedback on. (Pick up to three categories. This question is required.)

- Crisis Services
- Education
- Employment
- Healthcare
- Housing
- Person-centered Planning
- Positive Supports
- Preventing Abuse
- Transition Services
- Transportation
- Waiver Funding
- Community Engagement

4. **Please pick how much you agree or disagree with these sentences—for this section, please focus on the [CATEGORY NAME] Goals.** *[Choices for each statement: Agree/Disagree/I don't know]*
 - The current Olmstead Plan Goals do a good job representing what I want the future to look like for people with disabilities.
 - I'm happy with the State's progress in meeting these goals.
 - The Olmstead Plan Goals will help me live the life I want. *[This sentence only appeared for respondents who identified as a person with a disability.]*
5. **If you were in charge, what goal would you set in [CATEGORY NAME]?** A goal is a specific measure of something that we can track progress on. For example, "I want to have more accessible housing options available." *[open-ended]*
6. **In your opinion, in what ways, if any, has the Minnesota Olmstead Plan helped people with disability live their best lives? Please describe.** *[open-ended]*
7. **If you were in charge, what State policy or rule would you change to help you live your best life? What would the new rule say or do?** For example, the state should make sure that waiver applications are processed within 30 days instead of 45. *[open-ended]*
8. **Is it easy for you to understand how the Minnesota Olmstead Plan supports people with disabilities?**
 - Yes
 - No
9. *[If no to 7]* **What can OIO do to make this easier for everyone to understand?** *[open-ended]*

Finally, we have a few questions about you.

10. **What is your gender?**
 - Male
 - Female
 - Prefer to self-describe
 - Prefer to not say
11. **What is your age?**
 - 18-24 years old
 - 25-40 years old
 - 41-64 years old
 - 65 years old or older
 - Prefer to not say
12. **What racial/ethnic group(s) do you identify as? (Select all that apply)**
 - American Indian/Native American/Alaska Native/Indigenous
 - Asian
 - Black/African American
 - Hispanic/Latinx
 - Middle Eastern/North African
 - Multiracial
 - Native Hawaiian/Pacific Islander

- White
- Prefer to self-describe
- Prefer to not say

13. How did you learn about this survey?

- Email communication from OIO
- OIO social media posts
- OIO website
- Advocacy agencies or providers
- Other state agency newsletters or emails
- Other (Please specify):

14. Is there anything else you would like us to know?

Use the “**Submit**” button below to submit your survey.

Thank you for your feedback!

Appendix B: Respondents' counties

County	Number of respondents	Percent of respondents
Hennepin	27	25%
Ramsey	15	14%
Dakota	14	13%
Stearns	12	11%
Washington	6	6%
Winona	4	4%
Saint Louis	3	3%
Anoka	2	2%
Jackson	2	2%
Olmsted	2	2%
Sherburne	2	2%
Sibley	2	2%
Waseca	2	2%
Blue Earth	1	1%
Chisago	1	1%
Clay	1	1%
Clearwater	1	1%
Crow Wing	1	1%
Douglas	1	1%
Lake	1	1%
Lake of the Woods	1	1%
McLeod	1	1%
Nicollet	1	1%
Pine	1	1%
Pope	1	1%
Rice	1	1%
Rock	1	1%
Total	107	100%