



March 17, 2024

Senator John Hoffman, Chair
Senator Jim Abeler, Minority Leader
Members of the Human Services Committee
2111 Minnesota State Senate Building
Saint Paul, MN 55155

Dear Chair Hoffman, Lead Abeler, and Members of the Senate Human Services Committee,

My name is Misti Okerlund. I am a disability rights attorney and a board member of Elder Voice Advocates. I lead our DiVA initiative, which stands for Disability Voice Advocates.

The Americans with Disabilities Act and the U.S. Supreme Court in *Olmstead v. LC* requires the State of Minnesota to provide disability services in the most integrated setting appropriate to the needs of people with disabilities.

Waiver Reimagine is already violating the legal rights of Minnesotans with disabilities. There have been service disruptions. There are reports of disability budgets dramatically going down without clear explanation why. Additionally, some providers are choosing not to serve people with disabilities in their own homes or family homes anymore because they see that profits will only be made in congregate care settings.

Phase 2 of Waiver Reimagine will sort Minnesotans with disabilities into two waivers based on their living setting, rather than their care needs. The budget inequities between the two waivers are astounding. Budgets for people with disabilities living in congregate care settings will be top dollar, whereas budgets for people with disabilities with the same level of support needs who are living in their own homes or family homes will be less than half that amount.

Implementing Phase 2 of Waiver Reimagine will place many high needs people with disabilities living in their own homes or family homes at risk of being institutionalized or forced into congregate care settings like group homes. Many of these congregate care settings are operating like mini-institutions by isolating and segregating our citizens with disabilities while providing abysmal quality of care.

Minnesota's disability waiver system should be based on the support needs of people with disabilities, and NOT based on their living setting.

Financially, it is cheaper for Minnesota to serve our citizens with disabilities in their own homes or family homes versus in congregate care. Congregate care is more expensive.

We need answers about: (1) how DHS is calculating budgets, both now and in the future; (2) why budgets are going down for some people with disabilities even when their support needs have not changed; (3) what the current updated budget ranges are for the two waivers under Waiver Reimagine phase 2; (4) any exceptions process that might be implemented to increase budgets; and (5) what disability services will be inside or outside of the budgets.

It is important to recognize that budgets are based on MnCHOICES assessments. MnCHOICES 2.0 is not working. We cannot roll out a new disability waiver system until we figure what the state needs to do to fix MnCHOICES 2.0.

If rolled out as planned, Waiver Reimagine phase 2 will have a catastrophic effect on many Minnesotans with disabilities and set back our state's disability system by decades.

Thank you.

A handwritten signature in blue ink, appearing to read 'Misti Okerlund', with a stylized, flowing line extending to the right.

Misti Okerlund
disability rights attorney
Board member of Elder Voice Advocates
Head of DiVA (Disability Voice Advocates Initiative)
Email: misti.okerlund@yahoo.com
Phone: 612-703-7869

Attachment



Legislative Report

Waiver Reimagine – Phase 1 Service Streamline and Phase 2 Recommendations for Reshaping Waivers and Individualized Budgets

Disability Services Division

January 2021

For more information contact:

Minnesota Department of Human Services
Disability Services Division
P.O. Box 64967
St. Paul, MN 55164-0967

651-431-4300

these services and their cost. If needed, people can get authorized medical, professional or other services without having to use their budget.

DHS did not develop separate service mixes for people who choose to self-direct some or all of their services, (i.e., the CDCS option). Rather, people who choose to self-direct some or all of their services will have the same budget as those who choose not to self-direct at all. DHS developed budget ranges for people in each support range and cohort. These budget ranges were based on the service mixes already described. DHS then translated each of these service mix models into budget ranges by applying rate assumptions for each service included in the service mix. The service mixes and rate inputs were reviewed by our expert panel (comprised of people with disabilities, advocates, providers and lead agency staff) for a qualitative check on our analysis. Using this amount, DHS established a lower range that is 50 percent of the calculated amount and a higher range that is 105 percent of the calculated amount. The proposed budget ranges are shown in Figures 16a and 16b.

Figure 16a: Budget ranges by cohort (adult)

Cohort	Budget by support range						
Adults	1	2	L	3	4	H	E
Adults who live independently	\$23,923 to \$50,238	\$23,923 to \$50,238	\$33,695 to \$70,758	\$33,695 to \$70,758	\$40,270 to \$84,566	\$43,711 to \$91,792	\$44,607 to \$93,674
Adults who live with family	\$16,967 to \$35,631	\$16,967 to \$35,631	\$27,668 to \$58,103	\$27,668 to \$58,103	\$35,021 to \$73,544	\$38,462 to \$80,770	\$41,571 to \$87,298
Adults who live in community residential services	\$45,519 to \$95,590	\$45,519 to \$95,590	\$62,383 to \$131,004	\$62,383 to \$131,004	\$69,906 to \$146,802	\$77,423 to \$162,589	\$100,031 to \$210,064
Adults who live in family residential services	\$38,165 to \$80,146	\$38,165 to \$80,146	\$53,403 to \$112,147	\$53,403 to \$112,147	\$59,951 to \$125,896	\$65,478 to \$137,504	\$74,572 to \$156,601