Legislative Report

Waiver Reimagine Recommendations

Advisory Task Force on Waiver Reimagine (ATFWR)

January 2026

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I. Executive summary

To be drafted

II. Purpose of the report

This report fulfills the statutory responsibility of the Waiver Reimagine Advisory Task Force to provide findings and recommendations to the Minnesota Legislature. It documents the current status of Waiver Reimagine (WR), summarizes the Task Force's work and areas of alignment and offers recommendations and a preliminary path forward for legislative and administrative consideration.

The findings and recommendations reflect the complexity of a large-scale system transformation in an evolving policy, fiscal, administrative and service-delivery environment. Consequently, many of the recommendations are strategic and process-oriented, identifying considerations and actions that can inform future decisions and strengthen the conditions necessary for successful waiver reform.

While the report may not address every issue in the depth that individual stakeholders would have preferred, it is intended to provide a reasonably accurate account of the current situation, the Task Force's areas of alignment and opportunities for moving forward. It offers the Legislature, DHS and other stakeholders a foundation for continued deliberation, decision-making and collaborative work.

III. Current status of WR and leigislative considerations

Over the course of its work, the Task Force identified a significant number of questions and information requests that are directly tied to the responsibilities assigned by the Legislature. Those questions were intended to help members understand not only the individual components of Waiver Reimagine, but also how those components would work together in practice for people who rely on disability services.

Many of the issues raised by Task Force members involve foundational aspects of the redesign, including individualized budgets, assessments, participant protections, health and safety safeguards, transition planning, provider and workforce capacity, implementation readiness, accountability measures and participant outcomes. The Task Force also recognizes that the landscape today is materially different from when the Legislature first established the initiative and its accompanying Task Force. Ongoing workforce challenges, provider capacity concerns, state financial pressures, increased need for program integrity oversight and changing federal expectations have altered the operating environment. As a result, some assumptions that informed the original Waiver Reimagine framework may warrant additional review before the implementation timelines are set.

The existence of unresolved questions should not be interpreted as a determination that Waiver Reimagine will ultimately succeed or fail. Rather, it reflects the Task Force's assessment that additional information, analysis, testing and discussion are needed in order to complete the review expected by the Legislature and to make fully informed findings and recommendations.

The Task Force also recognizes that implementation readiness requires more than completion of system design. Successful implementation depends on demonstrating that participants, families, providers, counties, tribes, state agencies and other system partners are prepared to operate within and support the redesigned system and that appropriate safeguards exist to identify and address problems, ensure system equity and continuity of care for Minnesotans with disabilities.

A. Considerations for the Legislature

Given the number and scope of unresolved issues, the Legislature may wish to consider whether additional implementation activities should be delayed until there is sufficient evidence to demonstrate that key design, operational and participant-protection questions have been addressed.

This could include ensuring that:

- Information requested by the Task Force has been provided and reviewed.
- Outstanding questions have been addressed through evidence, analysis, testing, or demonstration.
- Major implementation risks and dependencies have been identified and mitigated.
- Readiness measures have been established and achieved.
- Participant protections have been tested and validated.
- Stakeholders have had meaningful opportunities to review and provide input on the final design.
- Sufficient information exists for policymakers to evaluate both the benefits and risks of implementation.

The Legislature may also wish to consider what level of ongoing oversight is appropriate moving forward. This could include continuing the role of the Task Force, establishing a formal implementation oversight structure, requiring periodic legislative reporting, or providing additional direction regarding the future scope and timing of Waiver Reimagine.

The work of the Task Force has highlighted important questions about how Waiver Reimagine may affect people receiving services, families, providers and the broader disability services system. While progress has been made in understanding many aspects of the redesign, significant questions remain regarding implementation, readiness, participant protections, provider capacity and long-term outcomes.

At this time, the record available to the Task Force does not provide a sufficient basis to conclude that all aspects of implementation readiness have been demonstrated. Additional review, validation, stakeholder engagement and evidence are necessary before final implementation decisions are made.

IV. Recommendations

The Task Force began its work with a WR statutorily defined and an ambitious (now proven unachievable) launch date. With the launch contingent on waiver plan federal approval and in light of the concerns identified by service users, families, providers and other informed stakeholders, the Task Force prioritized understanding and informing the CMS Centers for Medicare & Medicaid Services (CMS) plan with its April 2026 due date — recognizing that this work would produce outcomes aligned with the broad intentions of the TF's legislative charge.

Through the course of the TF work, many questions were raised. It became clear that the implementation timeline did not fully account for the time needed to complete and test the design. To date, WR remains in a preliminary design state with many fundamental questions unanswered. Yet, the questions themselves frame four overarching concerns:

- Will the design work in real life? (Proof of Concept)
- Can the design be successfully implemented? (System Readiness)
- Does WR achieve its intended outcomes while working for people, as well as providers, counties, Tribes and state administrative systems? (Performance and Outcomes)
- How are people protected from harm? (Safety Net and Course Correction)

The report includes recommendations directed toward both the Legislature and DHS. While some of the DHS recommendations may fall outside the Legislature's direct authority, they are included because they contribute to a more complete understanding of what will be needed for WR to work as intended, thus possibly informing legislative oversight and policy.

A. Legislative recommendations

Recommendation 1: Pause WR and define an alternate path forward.

Require DHS to pause the development of Waiver Reimagine and work with the legislature to develop necessary policy adjustments to enable the development and consideration of an alternate path forward.

Rationale

At the September 2026 meeting, the Task Force considered repeal of Waiver Reimagine. During that dialogue, Task Force members acknowledged that repeal alone would leave service users and providers in the existing state. System reform must improve participant outcomes and avoid carrying existing failures into a new system. The measure of successful reform is whether people can obtain the

supports they need to live safely, with meaningful choice and control, in their chosen homes and communities.

The design of WR has yet to prove that capability.

At the same time, since WR's inception in 2018:

- State budget conditions have changed
- Federal policies are changing
- The impacts of program integrity on providers are yet to be realized
- And, as one TF member observed, WR objectives seemed to have changed:

> *"The original WR legislation from 2018 never at any point mentioned budget cuts or sustainability as the objective. It was passed to simplify waivers. I perceive long term sustainability and cuts to be the role of LTSS committee. We were later told it was intended to control congregate spending but that is not written anywhere in original legislation. The goalposts have changed."*

In addition, residential support ranges, an essential design component, is currently stalled due to misalignment with 2026 legislative provisions. Without a complete design, system modeling (dry runs) cannot determine if the two waiver, individual budget construct can adequately accommodate service user needs, especially those with complex medical or behavioral support requirements.

Taken together, changing conditions, an incomplete design and unresolved Task Force questions point to the risks of proceeding with such a large-scale transformation at this time. An alternative must be considered.

Next steps

- **Update the statute** to focus on the goals of the change and remove the specific mention of waiver consolidations, individual budget methodology and go-live dates and other elements specific to WR.
- **Preserve the work already completed.** WR work should be retained as a source of learning and used to inform the alternative where relevant.
- **Proceed with essential work** necessary to improve the current system, or required for any credible redesign, including MnCHOICES reliability and validity testing and essential system and technology improvements to be identified by DHS.
- **Reassess the problems to be solved** in light of new budget conditions, federal policy changes and a disrupted provider ecosystem.
- **Build on the learnings** and the work completed. Plan to cocreate and purposefully engage members of diverse communities, especially service users and those routinely not at the table.

Recommendation 2: Comprehensive review of waiver eligibility process including MnCHOICES reliability and validity testing.

The Legislature must provide sufficient funding, support and oversight for a comprehensive review of the Medicaid disability waiver eligibility and support-range determination process, including MnCHOICES 2.0 reliability and validity testing.

Rationale

MnCHOICES plays a pivotal role in both the existing waiver and proposed Waiver Reimagine processes. Assessment results determine participant eligibility and inform support needs and, in WR, data, informs budget methodology, support-range assignments and associated budget ranges.

Yet it's more than MnCHOICE alone. Concerns about whether this assessment instrument adequately captures people's needs are intertwined with concerns about whether the right questions are asked, whether assessors are skilled, how consistently the assessment is conducted, whose input is considered and how responses are applied in decision-making. In the 2021 legislative report, Human Services Research Institute (HSRI) described analytical testing of MnCHOICES and assessor training as "imperative" because budgets depend on assessment results (p. 51).

The interplay of these concerns warrants inquiry into the broader process rather than assuming the instrument alone is the source of the problem.

Determinations are needed to assure that medical complexity, behavioral support needs, mental health conditions, trauma-related impacts and other circumstances are accurately captured and appropriately considered in eligibility, support-range, budget and service-planning decisions.

Next steps

- **Establish the review's scope,** funding, oversight and reporting expectations, with meaningful participation by people with disabilities, assessors, county and Tribal representatives, providers and other relevant stakeholders.
- **Conduct reliability and validity testing** of MnCHOICES 2.0, assessing if it produces accurate, consistent results across assessors and works fairly across ages, languages, cultural backgrounds and racial groups.
- **Examine MnCHOICES appropriateness** in assessing high medical or behavioral support needs including complex trauma and other complex conditions. As one participant explained:

> *"MnCHOICES does not account for time; among the disability community it's called 'crip' time. While I may get up, get dressed and have breakfast, that will take 3 hours with help; things others can do in 30 minutes. MnCHOICES doesn't appear to account for that."*

- **Publicly report** on the results of these reviews.

Recommendation 3: Data collection and monitoring for informed decision-making

Require DHS to establish a comprehensive and transparent system to measure and monitor system readiness, including the short- and long-term impacts of Medicaid waiver system including WR. DHS should incorporate National Core Indicators, report results publicly and use the findings to guide decisions and corrective action.

Rationale

- WR changes how resources are allocated and this can have harmful impacts on people. The National Core Indicators "are standard measures used across states to assess the outcomes of services provided to individuals and families. Indicators address key areas of concern including service planning, rights, community inclusion, choice, health and care coordination, safety and relationships."
- Reliable data and public reporting are essential to understanding the results the system and design are producing.
- Task Force experiences with unanswered questions and uncertainty about the availability of data reinforces the need for enhanced data discipline including access and follow-through.
- Monitoring must include two fundamental questions:
    - Is the ecosystem ready and able to deliver the WR design?
    - Is WR producing the intended short- and long-term outcomes for people?
- System and administrative measures alone are not sufficient to understand the impact of WR. As suggested by the TF early indicators work group, participant-reported experience and outcomes are also needed to affirm that waiver participants have voice and choice, receive needed supports and experience the intended benefits of the system. National tools like the National Core Indicators may help to structure measures and comparative benchmarks.
- Public reporting is critical to creating a shared evidence base. Timely access to information reduces reliance on DHS as the sole gatekeeper of data and allows policymakers, system partners, participants and the public to see and consider what the data shows.
- As the guardrails work group and others have pointed out, "Reliance on unpaid supports masks the true cost of care and may create inequities favoring those who have the capacity to provide supplemental support." This cost-shifting must be part of the measurement equation.

Next steps

- **Establish a core measurement framework.** DHS should engage the Task Force and other stakeholders in identifying a core set of measures, particularly in areas where stakeholders have identified specific concerns or information needs. Measurement should include areas such as budget exceptions and appeals, differences between authorized and utilized services, unmet

authorized services, residential admissions, service gaps, crisis and hospital use, provider and workforce capacity and expenditures by setting. As the early indicator work group observed:

"Monitoring changes in living arrangements will help assess whether Waiver Reimagine is supporting movement toward more integrated community settings or unintentionally contributing to more restrictive environments."

- **Measure impacts on people.** Monitoring should extend beyond administrative, financial, system and process measures to include short- and long-term participant outcomes and experiences. National Core Indicators should be incorporated as an important resource for measuring these dimensions.
- **Measure system readiness and capacity regularly.** Indicators may be used to regularly assess service ecosystem status, including the ability to successfully deliver the WR design. Areas of Task Force interest include county and Tribal readiness, technology readiness, participant communication and education, exception and appeal capacity, training completion, contingency planning and actual service availability. That is, measures should demonstrate that authorized services can actually be obtained and that available funding supports meaningful choices among qualified providers.

Recommendation 4: Early detection and course correction to protect people with disabilities.

The Legislature must provide funding, support and oversight to stablish and implement a safety-net and course-correction process for people who experience, or are at risk of, significant negative impacts from Waiver Reimagine. The process should identify emerging problems, provide timely and individualized problem-solving and reduce the risk of people from falling through the cracks.

Rationale

State leaders recognized the risk to individuals when service arrangements are disrupted. In response, the 2026 legislature mandated the development of a Continuity of Care infrastructure within DHS to coordinate responses when people are at risk of service disruption or experience complex transitions this must be expanded to include WR.[1]

- WR represents significant change to a system on which people's health, safety and independence depend. The risk is especially high for those currently served by the CAC waiver or those requiring specialized supports with limited availability. The system should therefore be designed to minimize risk and respond effectively.

[1] Laws of Minnesota 2026, Chapter 121, Article 1, Section 1, codified at Minnesota Statutes § 256B.045 (Continuity of Care)

- Protections may be in process, but they are yet to be fully realized. In addition, the structure of the waiver system (state supervised and county administered) complicates implementation and muddies accountability.
- Contingency plans should not assume that families or unpaid natural supports are willing, available or able to replace essential care; caregiver capacity must be treated as a safety consideration.
- These protections must provide a way to recognize emerging problems, help individuals navigate existing processes where appropriate and provide more individualized problem-solving when routine processes are insufficient.
- Intervention must be early enough to prevent loss of needed supports, crisis, hospitalization, institutionalization, or other serious consequences.

Next steps

- **Establish a safety net** that is defined by participant needs rather than by an existing organizational structure or process.
- **Establish contingency plans** that maintain necessary services without relying on families, unpaid caregivers or natural supports to absorb service gaps or assume additional responsibilities.
- **Test the safety net** as part of WR readiness and scenario testing.
- **Develop the response system** including local agencies.

B. DHS recommendations

The recommendations that follow are grounded in the expectation that DHS will work collaboratively with stakeholders in their further development and implementation. This means moving beyond traditional approaches to stakeholder engagement toward working side by side with people who use services, families, providers, counties, Tribes, advocates and other system partners to explore challenges, develop solutions, test approaches and learn from experience.

The Task Force offers these recommendations as an invitation to strengthen partnerships and establish ways of working that draw upon the collective knowledge, expertise and experience of those who depend on and help make the system work.

Recommendation 1: Test the system from the users' perspective

Work with the TF and other stakeholder groups to complete, evaluate and report on end-to-end journey mapping of WR using realistic scenarios from each of the existing four waiver categories — BI, CAC, CADI and DD.

Rationale

One task force member captured this succinctly:

> *The success of Waiver Reimagine will ultimately be determined not by the policies written on paper, but by how effectively those policies work for the people who rely on disability services every day. Individuals receiving services, families, providers, support professionals, counties, Tribes and advocacy organizations are the stakeholders who understand both the strengths and limitations of the current system and are best positioned to identify potential challenges within a redesigned system.*

Those who understand the system through data and policy see the promise of WR. Those who understand the system through lived expertise/lived experience need proof. It is through completing the design and scenario-testing that these perspectives may be brought into alignment.

At the core:

- WR is too large and consequential to rely on a phased implementation to reveal design flaws or unintended consequences. Scenario walk-throughs had been a defining purpose for a work group, but the complexity and importance grew beyond the smaller group.
- End-to-end testing provides an opportunity to examine the design assumptions, the interrelationship of program elements and projected performance under realistic conditions. This testing should include:
    - WR design performance in changing conditions and in a fragmented service ecosystem
    - Budget sufficiency against the actual cost and availability of qualified supports
    - The budget exception and appeals processes reviewed for a number conditions including, but not limited to, timeliness, fairness and administrative burden
- The testing will inform other system components like performance and safety indicators, required guardrails, communication/messaging, user portal development, administrative burden and training.

Next steps

- Unless WR is paused by the Legislature, **complete and document the material components necessary to test WR** as an integrated system, including the Individual Support and Residential Support budgets, budget exception processes, transition processes, appeals, participant safeguards and other components necessary to model a comprehensive user experience.
- **Complete end-to-end, proof-of-concept testing using through journey mapping realistic participant scenarios** developed collaboratively with service users. The application of scenarios must protect participants' privacy and comply with applicable laws. Scenarios that strategically stress-test the system design should include medically or behaviorally complex situations as

well as conditions where service access may be limited. Scenarios should be pulled from each of the four existing waiver types.

Recommendation 2: Advance stakeholder/partner engagement

DHS and the Task Force should develop an agreed-upon strategic approach for meaningful partner engagement including system users, families, providers, Tribes, counties, advocates, state agencies and other partners at appropriate points in the continued design, testing and implementation of Waiver Reimagine. The approach would identify perspectives needed, the purpose and timing of engagement, the questions to be explored and how the information gathered will be used.

Rationale

To quote a Task Force member:

> *Meaningful stakeholder engagement serves as a safeguard against unintended consequences. It helps ensure that funding methodologies reflect real support needs, that assessment processes produce equitable outcomes, that service options remain flexible and person-centered and that implementation timelines are realistic and achievable. Stakeholder input also strengthens transparency by allowing policymakers to test assumptions, identify gaps and build trust through a process that is both collaborative and accountable.*

While partner engagement is reported to have been conducted, the quality and effectiveness of engagement have been regularly challenged, contributing to a lack of confidence among some stakeholders about whether their perspectives are being adequately heard, understood and reflected in the development of WR.

- Stakeholder engagement through the Task Force has been informal, relationship-based, or conducted through separate processes rather than through an integrated and visible strategy.
- Effective engagement was constrained by the maturity of the WR design. Without sufficiently developed design elements, realistic scenarios, or preliminary findings, stakeholders have often been asked to respond to concepts rather than evaluate the likely effects of specific design choices.
- The Task Force member continues:

> *For stakeholder engagement to be meaningful, participants must have genuine opportunities to influence decisions, not merely react to decisions that have already been made. Feedback should be systematically evaluated, incorporated when appropriate and accompanied by clear explanations regarding how stakeholder recommendations informed the final design. This level of engagement creates better policy, supports smoother implementation and increases confidence that Waiver*

Reimagine will achieve its goals while protecting the services and supports that Minnesotans with disabilities depend upon.

- Particular attention must be paid to perspectives that have been less visible in Task Force discussions, especially those representing traditionally marginalized communities and individuals who are direct users of disability services.

Next steps

- **Develop and agree on a partner engagement strategy** moving from compliance toward authentic engagement and cocreation.
- **Create clearer connections between engagement and decisions** so participants can understand how information gathered through engagement is considered and used.
- **Identify areas of WR design that remain in development** and create a path for service users to help inform remaining the design choices.
- **Prioritize direct engagement with people who use disability services** and intentionally seek perspectives from communities that have been less represented in Task Force or other public discussions.
- **Offer ways to compensate individuals** with lived experience at levels comparable to other forms of expertise.
- **Develop an estimate of resource needs** to fulfill this recommendation.

V. Ongoing Task Force work

In many ways, the work of the Task Force has just begun, much of it is nested within the recommendations already outlined. For brevity, they have not been repeated here. Yet, areas of particular attention include the following:

- **Supporting the completion and testing of design and ecosystem readiness.**
  - Working with DHS to resolve the major unfinished design elements
  - Supporting the journey mapping, design test and learning from the process
  - Collaborating to define and agree on meaningful system readiness parameters and impact indicators
- The concerns and interdependencies related to MnCHOICES are complex. **A thoughtful review and understanding of MnCHOICES evolution, use and impacts** may help to clarify and sequence the critical next steps.
- **Considering the changes and impacts on residential care providers:** Residential care providers are essential to a comprehensive care continuum. Policy decisions impacting rate structures, rate exceptions and provider revalidation are yet to be fully realized. This has not been an area of focus for the Task Force. As the impacts emerge, the Task Force may be a thinking partner in defining a path forward that works for service users and all system partners.
- **Advancing strategic partner engagement and use it deliberately to inform the work** outlined here and that emerges moving forward.
  - Determine the perspectives needed in particular areas, when and how to engage individuals and prepare for how their information will be used.
  - Attention must be given to service users, less-represented communities and residential providers.

VI. From the facilitators

To be drafted

VII. Appendix

A. Process

1. Background and legislative charge

Authorizing legislation

On June 14, 2025, the Minnesota Legislature enacted 2025 Laws of Minnesota, 1st Special Session, Chapter 9, Article 2, Section 29 [256B.4907]. In doing so, they established the Advisory Task Force on Waiver Reimagine (ATFWR) to provide input on the State's Waiver Reimagine (WR) initiative. WR refers to the ongoing work led by the Minnesota Department of Human Services (DHS) to reform the state's disability waiver system.

WR aims to provide equitable access and funding across waiver systems, increase choice and control for people receiving services and reduce growth in residential service settings while promoting growth in community service settings. The initiative — which involves consolidating four disability waivers into two — consists of two phases, followed by a post-implementation period:

- **Phase one:** By December 31, 2021, DHS streamlines and simplifies the service menu, preparing the state to transition to a new waiver structure.
- **Phase two:** The initial goal was for DHS to launch the two-waiver structure, along with individualized budgets, by January 1, 2027, then debut the Home and Community-Based Services (HCBS) Portal by July 1, 2026. These dates have since been postponed.[2]
- **Post implementation:** In 2027 and beyond, DHS continues strengthening and expanding self-direction, enhancing systems and building capacity. They collaborate with the Task Force and additional stakeholders, applying their feedback to further improve infrastructure. DHS also partners with Minnesota IT Services (MNIT) to address any resultant technical issues.

The ATFWR, made up of representatives from a range of stakeholder groups, weighs the needs of many to provide well-rounded feedback and help the State better serve all Minnesotans with disabilities. The Task Force was formed with the goal of promoting equity, flexibility and independence within Minnesota's disability waiver system and helping make sure services reflect the actual needs and preferences of the individuals receiving them.

[2] Waiver Reimagine update: What 2026 legislative changes mean for Minnesota's new Disability Waiver Program / mn.gov/dhs | Partners and Providers

With the Task Force's help, the State seeks to establish a system that positions individuals to live in the most integrated settings possible — consistent with the Americans with Disabilities Act (ADA) and Minnesota's Olmstead Plan.

The Task Force is required to provide their WR-related findings and recommendations to the chairs and ranking minority members of the legislative committees with jurisdiction over disability waiver services. Specifically, they must submit a report laying out key concerns and suggestions before January 15, 2027.

DHS is responsible for securing space for Task Force meetings and providing administrative and research support to members.

Required duties

The legislation that established the ATFWR outlined the following group duties in Subdivision 3:

- "The Task Force must make findings and recommendations related to Waiver Reimagine in Minnesota, including but not limited to the following:
  - "consolidation of the existing four disability home and community-based waiver service programs into two waiver programs;
  - "budgets based on the needs of the individual that are not tied to location of services, including resources beyond those required to meet assessed needs that may be necessary for the individual to live in the least restrictive environment;
  - "criteria and processes for provider rate exceptions and individualized budget exceptions;
  - "appropriate assessments, including the MnCHOICES 2.0 assessment tool, in determining service needs and individualized budgets;
  - "covered services under each disability waiver program, including any proposed adjustments to the menu of services;
  - "service planning and authorization processes for disability waiver services;
  - "a plan of support, financial and otherwise, to live in the person's own home and in the most integrated setting as defined under Title 2 of the Americans with Disabilities Act Integration Mandate and in Minnesota's Olmstead Plan;
  - "intended and unintended outcomes of Waiver Reimagine; and
  - "other items related to Waiver Reimagine as necessary.
- "The Task Force must seek input from the public, counties, persons receiving disability waiver services, families of persons receiving disability waiver services, providers, state agencies and advocacy groups.
- "The Task Force must hold public meetings to gather information to fulfill the purpose of the Task Force. The meetings must be accessible by remote participants.

- "The Department of Human Services shall provide relevant data and research to the Task Force to facilitate the Task Force's work."

Task Force membership

A link to current members can be found on the Boards and Commissions page of the Office of the Minnesota Secretary of State. The Task Force, per Subdivision 1. Membership; co-chairs, must include the following individuals:

- "one member of the house of representatives, appointed by the speaker of the house;
- "one member of the house of representatives, appointed by the leader of the house of representatives Democratic-Farmer-Labor caucus;
- "one member of the senate, appointed by the senate majority leader;
- "one member of the senate, appointed by the senate minority leader;
- "four individuals currently receiving disability waiver services who are under the age of 65, appointed by the governor;
- "one county employee who conducts long-term care consultation services assessments for persons under the age of 65, appointed by the Minnesota Association of County Social Services Administrators;
- "one representative of the Department of Human Services with knowledge of the requirements for a provider to participate in disability waiver service programs and of the administration of benefits, appointed by the commissioner of human services;
- "one employee of the Minnesota Council on Disability, appointed by the Minnesota Council on Disability;
- "two representatives of disability advocacy organizations, appointed by the governor;
- "two family members of individuals who are receiving disability waiver services, appointed by the governor;
- "two providers of disability waiver services for persons who are under the age of 65, appointed by the governor;
- "one employee from the Office of Ombudsman for Mental Health and Developmental Disabilities, appointed by the ombudsman;
- "one employee from the Olmstead Implementation Office, appointed by the director of the office;
- "the assistant commissioner of the Department of Human Services administration that oversees disability services; and
- "a member of the Minnesota Disability Law Center, appointed by the executive director of Mid-Minnesota Legal Aid."

When appointing members to the ATFWR, the governor was required to incorporate representation from all of greater Minnesota. Then, the Office of Collaboration and Dispute Resolution was responsible for convening the Task Force.

2. How the Task Force worked

The Task Force began its work within an already-established and compressed Waiver Reimagine timeline. With CMS submission initially anticipated in spring 2026 and implementation planned for January 2027, members agreed to meet monthly rather than the statutorily required quarterly schedule and to conduct additional work between meetings. The immediate objective was to develop sufficient understanding of WR to inform the CMS submission and public comment process. As those deadlines changed, the Task Force adapted its work, allowing more time to examine the developing design, pursue unanswered questions and identify areas requiring further development.

The Task Force combined full-group meetings with smaller workgroups that allowed for deeper and more fluid examination of specific issues. The original workgroups — Early Indicators, Waiver Guardrails, Scenarios and Policy and Practice — were proposed by the facilitators and approved by the Task Force in December 2025. Home Care Nursing was later added in response to concerns about people with complex medical and behavioral support needs. Workgroups explored issues but did not make decisions on behalf of the Task Force; conclusions and recommendations remained the responsibility of the full body. Although regular workgroup reports during Task Force meetings were originally planned, crowded agendas limited that integration and written summaries were distributed to members in late summer.

DHS participated throughout the process. Full Task Force meetings generally included DHS-appointed members and the WR project manager, with HSRI and other subject-matter experts participating as appropriate. Workgroups allowed more direct interaction with DHS staff working closest to the issues under consideration, including data, policy and program specialists. The Task Force strives for consensus, using red, yellow and green straw polls to gauge agreement, understand concerns and identify where further discussion may create a path forward. Formal votes have been rare and significant areas of disagreement can be identified in this report rather than represented as consensus.

The pace and complexity of the work have created ongoing process challenges. Members bring different experiences, constituencies, priorities and information needs to a design that continues to evolve. Discussions have sometimes had to distinguish problems with the current waiver system from anticipated effects of WR and questions that can be answered now from those dependent on further design or research. The pace has also created tension between the demand for timely answers and the time needed to develop complete, understandable and accessible information.

How recommendations were developed

The recommendations in this report developed iteratively from the Task Force's work. Early in the process, small workgroups examined safeguards, monitoring indicators, scenarios and other aspects of Waiver Reimagine. Their initial purpose was to help inform the anticipated CMS submission while also deepening the Task Force's understanding of the proposed redesign. Workgroup results were summarized in written reports, distributed to Task Force member and made publicly available.

The facilitators synthesized recommendations emerging from the workgroup reports for consideration by the full Task Force. These recommendations were presented at the August 2026 meeting, where members used a red/yellow/green process to indicate their level of support and identify concerns. Green indicated support for moving forward, yellow indicated concerns or qualifications and red indicated that the recommendation did not work for the member. Members were invited to explain their concerns, providing additional information for refinement of the recommendations.

The results of that discussion were documented and circulated to the Task Force for further review and development. Task Force members proposed additional recommendations for consideration at the September meeting, others were woven into existing recommendations. The current recommendations draw from this accumulated record of workgroup findings, Task Force discussions, member comments and subsequent refinement. DHS perspectives are reflected through its representatives on the Task Force as well as its participation throughout the process.

B. Outputs

1. March 2026 TF Letter to the legislature

- Access file

2. Work group reports

- Scenario work group
- Guardrails work group
- Early indicators work group

C. Resources

1. Facilitator question log

- Access file

2. Brian Johnson tool

- Access file

3. Partner engagement resources

- *Strategies for Patient, Family, and Caregiver Engagement* by Bennett WL, Pitts S, Aboumatar H, et al.
- *Strengthening Diversity in Research Partnerships: Knowledge to Action Guide* by Cara L. Coleman, Marie R. Abraham and Beverley H. Johnson (p. 75 of Annotated Bibliograhy)
- "Family Engagement in Systems Change: Use of a New Assessment Tool in Quality Improvement" by Beth Dworetzky et al.
- "Family Engagement?" by Family Voices

Stakeholder/family engagement resources

- "Determining PFAC and PFA Readiness for Partnerships in Research?" by the Institute for Patient- and Family-Centered Care
  - This list of resources was compiled with the support of Gillette Children's Hospitals and Clinic Family Engagement in Research Initiative. The list is intended to provide information, tools and best practices to all individuals seeking to learn more about Family Engagement and implementation. The creator of this document does not claim any part of this to be original work.
- *Strengthening Diversity in Research Partnerships: Knowledge to Action Guide* by the Institute for Patient- and Family-Centered Care
  - Developed for all audiences.
  - As part of a PCORI-funded project, IPFCC expanded PCORI's Principles of Engagement to recognize and address the unique circumstances that arise when partnering with diverse and under-represented communities in research. The expansion was based on the lessons learned about meaningful and authentic engagement from researchers, clinicians and patient/family/community partners. This resource shares descriptions of the expanded principles, strategies and examples from the field.
  - Annotated Bibliography beginning on page 65 is comprehensive and organized.
- Improving Pediatric Care Through Patient and Family Engagement Assessments by the Center for Health Care Strategies
- Institute for Patient- and Family-Centered Care (IPFCC) Resources
  - "Patient- and Family- Centered Care Defined": Brief descriptions of core concepts of Patient- and Family- Centered Care.
  - Advancing the Practice of Patient- and Family-Centered Care: An Organizational Self-Assessment: An Organizational Self-Assessment designed to help a hospital or health system learn how it is operationalizing patient- and family-centered care and identify opportunities for improvement. Assessment is available for purchase.
  - Guidance Publications for Purchase from IPFCC: Practical resources to offer guidance and strategies for providing leadership for patient- and family-centered care.

- *Advancing the Practice of Patient- and Family-Centered Care in Hospitals: How to Get Started…* (2017): Provides rationale, defines core concepts, outlines process for organizational change and infrastructure, offers practical suggestions and ideas for sustainability. Also provides information about partnering with stakeholders, as well as a self-assessment for the organization.
- *Individual and Family Engagement in the Medicaid Population: Emerging Best Practices and Recommendations* (Robert Wood Johnson Foundation, 2014): This brief outlines best practices and suggested recommendations and strategies to support enhanced individual and family engagement efforts by Medicaid agencies, their staff and organizations serving these populations.
- *Recommendations for Creating and Sustaining Meaningful Partnerships Between Researchers and Peers* (2021): IPFCC and the Depression and Bipolar Support Alliance hosted a virtual convening in June 2021. Thirty participants, including peers, mental health advocacy organizations, clinicians and researchers, provided input to inform research that can better address priorities of those affected by mood disorders (peers). This resource contains recommendations for promoting and supporting meaningful partnerships between peers and researchers. It is not intended to be a "how to" guide, but to raise issues that should be discussed and considered for effective peer-researcher partnerships.
- Partnering with Patients, Residents, and Families: A Resource for Leaders of Hospitals, Ambulatory Care Settings, and Long-Term Care Communities (2016): The guide provides a framework for senior leaders to create and sustain partnerships and offers specific steps that leaders can take to develop partnerships to redesign and improve health care systems.
- *Partnering with Patients and Families to Design a Patient- and Family-Centered Health Care System: Recommendations and Promising Practices* (2008): Highlighted are examples of best practices drawn from hospitals, ambulatory programs, medical and nursing schools, funders of health care, patient- and family-led organizations and other health care entities. These organizations are making exemplary progress in partnering with patients and families to enhance quality and safety and to improve the experience of care.
- *A Guide for Promising Practices in Engaging Long-Term Care Communities in Planning for Future Research* (2022): Developed for researchers, long-term care community advocates, leaders, staff, residents and stakeholders/families.This guide was developed based on the well-established idea that residents and their families are underrepresented as partners in research. The project created a National Advisory Committee to provide guidance on approaches, materials development and dissemination of project findings. Specific criteria are outlined for selecting and working with stakeholders. Guide includes suggested considerations for partnering with stakeholders. Guide also includes ideas for selecting and preparing stakeholders for participation.
- *More than Checking a Box: Strengthening DEI in Childrens Hospital's PFACS* (2023)
  - Webinar

        - Slides
        - Developed for: hospitals, organizations, advocates, leaders, staff, stakeholders/families
        - Presentation and slides on the Project "Building Capacity for Diversity, Equity, and Inclusion in Children's Hospital Patient and Family Advisory Councils"
        - Based upon principles outlined in the IPFCC Resource "Strengthening the Diversity and Role of Patient and Family Advisory Council," this presentation covers key findings and opportunities for action in DEI and PFAC's.
    - Engaging Underserved Urban Communities in Research: Addressing Challenges in the Context of COVID-19: Guide for Researchers (2021)
        - Developed for researchers.
        - This is a 16-page guide intended for researchers. It includes practical applications for engaging stakeholders in specific communities during the COVID-19 pandemic.
    - *Engaging Underserved Urban Communities in Research: Addressing Challenges in the Context of COVID-19: Guide for Researchers* (2021)
        - Developed for researchers.
        - This is a 16-page guide intended for researchers. It includes practical applications for engaging stakeholders in specific communities during the COVID-19 pandemic.
- *Engaging Community Members: A Guide to Equitable Compensation* by the Center for Health Care Strategies (2023)
    - Developed for hospitals, organizations, advocates, leaders, staff, stakeholders/families.
    - This brief outlines the value of stakeholder/community engagement and provides strategies for equitable compensation.
- *AHRQ Working with Patient and Families as Advisors: Implementation Handbook* by Agency for Healthcare Research and Quality (2023)
    - Developed for hospitals, organizations, advocates, leaders, staff and stakeholders/families
    - This comprehensive guide offers strategy and tools to help hospitals and systems implement and develop authentic and effective partnerships with patients and families at the systems level. Provides overview and rationale for the strategy. Steps for implementation cover identifying opportunities, preparing organizational staff and leadership, recruitment and training and additional topics and resources.
- *Engaging Communities of Color to Promote Health Equity: Five Lessons from New York-Based Health Care Organizations* by the Center for Health Care Strategies (2022)
    - Developed for: Health Care Organizations
    - This brief outlines considerations for health care organizations to improve partnership relationship with patients of color to inform program and policy design.

Training

- PCORI Resources Research Fundamentals: Preparing You to Successfully Contribute to Research by Patient-Centered Outcomes Research Institute (PCORI)
  - Video module
  - Developed for: potential research partners — stakeholders/families, researchers, advocates, administrators
  - A free comprehensive training package about the health research process for patient-centered outcomes research.
- The Patient-Oriented Research Curriculum in Child Health (PORCCH)
  - Modules
  - Developed for: patients and families, child health researchers, healthcare professionals, trainees
  - A series of interactive, online modules designed to build knowledge and skills for authentic patient-oriented research in child health. The development of each module was co-led by a parent/caregiver and a researcher.

Research

- Building Effective Multi-Stakeholder Research Teams from the PCORI Virtual Annual Meeting (2020)
  - Developed for: Stakeholders, researchers
  - Introduces a learning package that provides resources for researchers and stakeholders on partnering and collaborating as a team. Session covers challenges, diversity and helpful technology.
- The Value of Engagement by PCORI (2023)
  - Developed for: all audiences
  - This brief article addresses meaningful stakeholder engagement and how it occurs within the area of comparative effectiveness research.
- "Patient Engagement In Research: Early Findings From The Patient-Centered Outcomes Research Institute" by PCORI (2019)
  - Developed for: all audiences
  - This article was published by Health Affairs, Volume 38, Issue 3: Patients As Consumers. It is based on one of the early studies that looked at research from a stakeholder-driver perspective versus an investigator-driven study perspective. It highlights practical examples of engagement and the findings extend prior research on the benefits of stakeholder engagement in research.
- *The PCORI Approach to Patient-Centered Outcomes Research* by PCORI (2020)

    - Downloadable reference guide. Outlines the fundamentals to Patient-Centered Outcomes Research. Includes origins of patient-centered research, research partner roles and effects upon healthcare research.
- PCORI 2023 Annual Meeting by PCORI (2023)
    - Will be uploaded to PCORI website
    - Practicalities of Conducting Meaningful Engagement: A Menu of Tips and Resources from Experience by PCORI (2023)
        - Developed for: all audiences
        - Breakout session featuring a panel of patients engaged in the research process.

4. Letters to the Task Force

- Acess file