



DECISION MEMORANDUM - *APPROVED*

DATE: November 16, 2022
TO: Members, Champaign County Developmental Disabilities Board (CCDDDB)
FROM: Lynn Canfield, Executive Director
SUBJECT: PY2024 Allocation Priorities and Decision Support Criteria

Overview:

The purpose of this memorandum is to recommend allocation decision support criteria and funding priorities for the Champaign County Developmental Disabilities Board (CCDDDB) Program Year 2024, July 1, 2023 to June 30, 2024. Funding priorities and decision support criteria are a framework for how contracts with service providers further the mission and goals of the Board. Initial draft staff recommendations are based on Board input and our understanding of best practices and state/federal service and payment systems. CCDDDB members were presented an initial draft at their October 21 meeting. The draft was also distributed to providers, family members, advocates, and other stakeholders, with a request for comments. Using highlights and strikethroughs which will be removed in the approved version, this final draft incorporates the following feedback:

- Under “Priority: Linkage and Coordination” and under “Priority: Community Life,” clarification that benefits and resources available to and enjoyed by Champaign County residents who do not have I/DD should also be available to those who do have I/DD and are interested in them.
- Affirming that “Priority: Strengthening the I/DD Workforce” includes not only Direct Support Professionals (DSP) but also the broader range of staff involved with delivering services and supports people with I/DD choose.
- Under “Process Considerations,” shifting away from the expectation that applicants be familiar with all Board materials, toward making the most relevant materials easier to find and use.

Statutory Authority:

The Community Care for Persons with Developmental Disabilities Act (50 ILCS 835/ Sections 0.05 to 14) is the basis for CCDDDB policies. All funds shall be allocated within the intent of the controlling act, per the laws of the State of Illinois. CCDDDB Funding Requirements and Guidelines require annual review of the decision support criteria and priorities to be used in the allocation process which results in contracts for services from July 1 to June 30. Upon approval, this memorandum becomes an addendum to the Funding Guidelines, incorporated in standard operating procedures.

Assessed Needs of Champaign County Residents:

In 2021, CCDDDB and Champaign County Mental Health Board (CCMHB) staff completed a community needs assessment report which sought input from people who would be eligible for services funded by one or both boards:

https://www.co.champaign.il.us/mhbddb/PDFS/Full_2021_Community_Needs_Report_ENGLISH.pdf

The process incorporated surveys and focus groups and offered helpful qualitative data, while the target populations are small and not always interested in surveys. To continue learning from people who have intellectual and developmental disabilities (I/DD), staff implemented a new survey during 2022. Other detail on local needs and preferences comes from data collected by the Champaign County Regional Planning Commission Independent Service Coordination (ISC) unit and provided to the CCDDDB and to the State of Illinois' "Prioritization of Urgency or Needs for Services" (PUNS) database.

Highlights of the Summer 2022 CCDDDB **self-advocates' satisfaction survey**:

- 62.5% of respondents felt good about current supports and services, 25% very good.
- Additional support for cleaning, exercise, MTD, and employment were desired.
- Attitudes toward staff were positive.
- Also of interest were opportunities for travel, sports events, concerts, zoos, museums, antique stores, and to join a bowling league.
- Asking for new supports was hard for 19% of respondents and very hard for 6%, and 25% did not always feel heard when asking for something new.

Interest in travel, sports, and other activities available in Champaign County is a finding reflected in the ISC results from PY2022 (below) and earlier years. Self-advocates' attitudes toward current supports and advocating for themselves will be explored further.

According to the Illinois Department of Human Services – Division of Developmental Disabilities **PUNS "Summary by County and Selection Detail"** for August 10, 2022:

- Of 331 Supports Needed, the most frequently identified are Personal Support, Behavioral Supports, Speech Therapy, Other Individual Supports, Occupational Therapy, Assistive Technology, Physical Therapy, 24-hour Respite, Adaptations to Home or Vehicle, Intermittent Nursing Services in the Home (in rank order).
- 313 people identified the need for **Transportation** Support.
- 246 people identified the need for **Vocational** or Other Structured Activities, preferring (in order) Support to work in the community, Support to engage in work/activities in a disability setting, Support to work at home, and Attendance at activity center for seniors.
- 70 people are waiting for Out-of-home **residential services** with less than 24-hour supports, and 44 are seeking 24-hour residential.

These results are similar to previous years' and constrained by PUNS' established categories. Transportation relates to most preferences indicated in other surveys. In July, twenty-two adults and one youth from Champaign County received PUNS selection letters. With the continued low availability of CILA and low interest in congregate care, many will select Home Based Supports even if they had indicated a need for 24-hour residential options. For

those requiring this level of support, especially if there are behavioral needs, some may choose Intermediate Care Facilities (ICFs/DD), as Champaign County residents have done recently when CILA homes closed.

An **annual report prepared by ISC** staff aggregates the results of additional questions asked of those who enroll in or update PUNS during the contract year. In PY2022, the survey was redesigned in consultation with the Evaluation Capacity Building Team.

- 51% were completed by the individual, 49% by a parent or guardian.
- 32% had been on the PUNS list longer than 5 years, 27% 3-5 years, 28% 1-3 years, and 12.5% less than 1 year.
- 76% were in the PUNS category “Seeking Services (Need services within one year) and 24% “Planning for Services (Do not need services for at least one year).
- 71% of respondents lived at home with family, 24% in their own home with occasional support, and 5% in their own home with no support.
- 60% prefer to live with family, 42% alone, 12% with roommates, less than 2% preferred CILAs of various type, and 0% selected congregate care options.
- Those interested in roommates typically answered they’d prefer 1 or 2.
- Preferred home locations were Champaign, Urbana, out of state, Mahomet, Rantoul, Champaign County, St. Joseph, out of county, and (tied, with 1 selection each) Savoy, Ogden, Homer, or Foosland.
- 72% were interested in volunteering, 67% in competitive employment.
- Of 39 who answered the question, 41% were currently working or volunteering.
- 56 people indicated their desired work/volunteer opportunity, with the most frequent being Other, followed by Retail, Working with Animals, and Outdoors.
- 62% were not active in a community group or organization.
- Respondents would like to participate in (from most to least frequently selected) groups/clubs, health and wellness, CU Special Recreation, church, YMCA, Special Olympics, gardening, Best Buddies, gardening, continuing education, and other.
- From the most to the least frequently selected options, respondents enjoy eating out, parks, recreation/sports, zoo/aquariums, shopping, going to the movies, festivals, sporting events, swimming, concerts, theatre/arts/museums, or other.
- 7 respondents would like to participate in leisure activities not available to them: writing/art, bowling, archery, skating, concerts, and more time with friends.
- Supports desired (greatest to fewest selected): transportation, independent/daily living, financial, employment, medical, day services, socialization, behavioral therapy, physical or occupational therapy, respite, assistive technology, and other.
- 48% were ‘somewhat comfortable’ (scale of 5 of 10) navigating the system and advocating for themselves, and 13% were ‘not comfortable’ (1 of 10).

Because most respondents need services within one year, are somewhat or not comfortable advocating for themselves, live with family and prefer it, are interested in working or volunteering or joining a group in the community but have not, and are interested in and enjoy activities which appear to be available, and because some have been on the PUNS waiting list for over five years, CCDDDB funding may be very useful toward filling these gaps.

Operating Environment:

With these indications of Champaign County residents' preferences and needs and given limitations of the use of CCDDDB funds, the allocation priorities and decision support criteria are set within the current and likely future operating environment. Because services and supports available to individuals through other pay sources cannot be funded by this local public trust fund, we are mindful of changes in the state and federal systems and of whether eligible individuals have access to these pay sources. If a service or support addressing identified preferences and needs cannot be funded directly, whether due to constraints of the Community Care for Persons with Developmental Disabilities Act, other relevant statutes, state and federal service delivery and payment systems, or workforce or other resource shortage, it may be an important area for legislative and policy advocacy, whether undertaken by the Board and staff or by self-advocates and family members.

Impacts of the COVID-19 pandemic continue, including that it deepened existing flaws in our social service and healthcare systems and caused the greatest harm to those who were already not well-served. As a result, too much of the Operating Environment section of the Program Year 2023 Allocation Priorities memorandum is still relevant, including:

- Pre-pandemic barriers such as limited flexibility of state funded services and rules, low Medicaid-waiver reimbursement rates, long waiting lists, change fatigue, and difficult-to-navigate 'helping' systems.
- Provider capacity falling from 'insufficient' to 'endangered' across the country.
- Increased pressure on family caregivers and the need for trauma-informed services.
- New threats to the well-being of people with I/DD, such as the abrupt loss of services, high risk of infection in congregate care, and low access to virtual innovations, with the last two also threats to many who provide direct support.

The PY2023 memorandum is within the December 2021 board packet (pages 23-36): https://www.co.champaign.il.us/mhbddb/agendas/ddb/2021/211215_Meeting/211215_Agenda.pdf

Illinois has been out of compliance with terms of the Ligas Consent Decree, an Americans with Disabilities Act-Olmstead case. The federal court monitor and judge cite inadequate Medicaid-waiver reimbursement rates as the major cause not only for the state's failure to meet the terms of the settlement but also for its loss of community-based service capacity. Advocates speak in unison on this issue. Locally we raise the issues of the rate structure's inadequacy for the transportation needs of downstate residents and whether the more generous rate adjustments being made for Chicago and Springfield area providers should not also apply to Champaign County.

In 2021, a federal infrastructure proposal included funding to increase states' federal match for Medicaid Home and Community Based Services over a ten-year period, which could improve DSP wages, attracting the needed workforce and expanding community-based services, but that portion of the bill was dramatically reduced and eventually dropped. No similar proposal is under consideration, though much attention is called to **workforce shortages** across the social services and healthcare systems. CCDDDB/CCMHB staff have advocated through national trade associations for the Bureau of Labor Statistics to establish a distinct classification for DSPs so that the necessary competencies may be described

accurately, and data collected which might persuade decision makers toward adequate appropriations in the future.

With federal American Rescue Plan Act (ARPA) funds, Kansas is distributing \$51 million in bonuses to direct care workers at Medicaid home and community-based settings. 19,067 individual providers will receive a retention payment, and 9,507 a recruitment bonus. These are part time and full-time workers who provide support to people with I/DD or to seniors in non-institutional settings. Virginia's general assembly considered similar proposals from the house (\$25.5 million from ARPA) and senate (\$37.8 million from other funds), but both failed. In Illinois, the initial plan for ARPA funds included payments to other care providers but not community based I/DD. CCDDDB and CCMHB staff are advocating through the state trade association for Illinois to use remaining ARPA money for DSP bonuses.

COVID-19 was the third leading cause of death in 2020 in the US, after heart disease and cancer. (*Notably, this was true across Illinois but not in Champaign County, where it was fifth.*) Unfortunately, it was the **leading cause of death** for people with I/DD. Contributing conditions of hyperlipidemia and obesity were associated with I/DD, dementia and obesity with Down syndrome, and sepsis with cerebral palsy. Unlike their peers without I/DD, younger people with I/DD experienced this higher COVID-19 mortality burden. The study did not examine contributing factors beyond medical conditions but noted that many who passed away were in congregate care, a risk that "cannot be overstated."

- "COVID-19 mortality burden and comorbidity patterns among decedents with and without intellectual and developmental disability in the US," *Disability and Health Journal*, September 7, 2022, Scott D. Landes, PhD, Julia M. Finan, BA, and Margaret A. Turk, MD, <https://doi.org/10.1016/j.dhjo.2022.101376>

National and state-specific data on the pandemic's impact on caregivers and the people they serve come from the largest-ever **national survey of Direct Support Professionals (DSPs) and frontline supervisors**, conducted by the Institute on Community Integration at the University of Minnesota and the National Alliance for Direct Support Professionals. Regarding those who provided service to people with I/DD during these times:

- In 2021, 59% felt pressure to work additional hours, 40% reported depression (36% in 2020), 56% anxiety (42% in 2020), and 43% difficulty sleeping (30% in 2020).
 - 59% reported using technology more than prior to the pandemic, with 36% noting a somewhat positive impact on their work and 14% a very positive impact.
 - The Illinois profile includes DSP observations on how isolation impacted the people they served, increasing anxiety in 56%, mood swings/depression in 59%, and behavioral concerns in 61%.
- "Direct Support Workforce and COVID-19 Survey: Providing Support During the COVID-19 Pandemic", is available at https://ici.umn.edu/covid19-survey?j=11186050&sfmc_sub=504563685&t=72445_HTML&u=229185002&mid=6379454&jb=0

Social isolation is not a new concern to those with I/DD and their supporters, but it has caught the attention of the healthcare system, appearing to have a role in the progression of 'diseases of despair' (e.g., depression and substance use disorder), other health conditions, and resulting deaths. Isolation and loneliness undermine empathy, memory, and mental and

physical health. In “Capturing the Truth Behind Causes of Death,” Dr. Perissinotto of University of California, San Francisco calls for cross-sector investigation and mitigation of social isolation and loneliness.

<https://www.endsocialisolation.org/cesil-blog/capturing-the-truth-behind-causes-of-death>

A National Core Indicators - Intellectual and Developmental Disabilities Data Highlight relates to preferences indicated by Champaign County residents. National data collected in 2018 and 2019 showed that 46% of respondents with I/DD took a vacation, compared to 70% of people without I/DD. In 2020-2021 these numbers dropped to 25% and 44%. “The benefits of vacation are abundant and well-documented, especially for those with IDD, whose social networks and opportunities are often more limited as a result of the enforced uniformity of their daily lives. Vacations add to our quality of life and expand our horizons.”

- <https://idd.nationalcoreindicators.org/wp-content/uploads/2022/08/NCI-IDD-Data-Highlight-on-Vacations.pdf>

The I/DD service systems were not at all prepared to accommodate new and increased needs, whether directly or indirectly related to the pandemic or changing economic and population conditions. The people most deeply impacted may require new kinds of support to recover from losses and eventually thrive. Services should be pandemic-proof and should foster individual, family, and community recovery from isolation and stress. Recovery should center trauma-informed care, including for providers and family caregivers.

Program Year 2024 CCDDB Priorities:

Priority: Self-Advocacy (Also PY24 I/DD Special Initiatives Fund Priority)

Most care is provided by family, friends, and community and not through the service system. Parents and self-advocates propel improvements of that system and raise awareness of disabilities and of how the system works or fails. Self-advocacy and peer support groups, especially those governed by people who have I/DD and their families:

- improve others’ understanding of I/DD and the rights of people with I/DD,
- offer peer mentoring and networking opportunities,
- share information on resources, and
- advocate at the local, state, and federal levels.

Priority: Linkage and Coordination

People who are eligible for but not receiving state DD (Medicaid) waiver funding should have access to benefits and resources, including those benefits and resources which are available to people who do not have I/DD. A qualified provider would offer:

- Conflict-free Case Management (CFCM) and Person-Centered Planning (PCP) aligned with federal standards for all Home and Community Based Services, without risk of conflict of interest and
- intensive case management or coordination, guided by a Person-Centered Plan, for people with complex support needs, e.g., related to aging, physical or behavioral health issue, loss of family member or caregiver, or other traumatic experience.

Priority: Home Life (relates to a PY24 I/DD Special Initiatives Fund Priority)

People who have I/DD should have housing and home life matched to their needs and preferences. Individualized supports may include:

- assistance for finding, securing, and maintaining a home,
- preparing to live more independently or with different people, and
- given the limitations of community residential options through state waivers, creative approaches for those who qualify for but do not receive these services.

Priority: Personal Life (relates to a PY24 I/DD Special Initiatives Fund Priority)

Supports for personal success and resilience should be offered in the least segregated environment and selected by the person. A proposal might offer:

- assistive and/or adaptive technology or other accessibility supports;
- training in how to use technology, including electronic devices, apps, virtual meeting platforms, social media, Internet access, and online privacy/security;
- speech or occupational therapy;
- respite or personal support in the individual's home;
- personal care in other settings;
- training toward increased self-sufficiency in personal care;
- transportation assistance; and
- strategies to improve physical and mental health.

Priority: Work Life

Community employment and volunteer opportunities are a priority for Champaign County residents who have I/DD. Through experience and exposure, people may discover or create opportunities even more closely matched to their preferences. Community engagement also increases a person's safety and well-being and invites their contribution to the community. Support should focus on people's aspirations and abilities, in the most integrated community settings possible, to help them achieve their desired outcomes, possibly through:

- job development, job matching, and job coaching,
- technology which enhances a person's work performance and reduces on-site coaching/training,
- job skills training conducted in the actual community work settings,
- community employment internships, initially paid by the program rather than the employer, especially for people who have relied on traditional sheltered day program,
- support for a path to self-employment or business ownership,
- education of employers about the benefits of working with people who have I/DD which then results in work for people with I/DD, and
- other innovative employment supports.

Priority: Community Life (relates to a PY24 I/DD Special Initiatives Fund Priority)

As suggested by survey results above, people with I/DD seek a fuller social and community life. Support which is person-centered, family-driven, and culturally appropriate, might offer:

- facilitation of social or mentoring opportunities,
- support for building social and communication skills, including through technology,
- connection to opportunities which are more readily available to community members who do not necessarily have I/DD, both in-person and in digital spaces, and
- access to recreation, hobby, leisure, or worship activities, including in digital spaces.

Priority: Strengthening the I/DD Workforce (Also PY24 I/DD Special Initiatives Fund Priority)

Agencies may propose strategies to strengthen and stabilize the workforce, especially direct support professionals. Such strategies would strive to maintain the current service capacity,

improve staff knowledge of technology ‘access and use’ for the benefit of the people they serve, and expand this workforce to meet the needs of all eligible residents of Champaign County. Agencies may collaborate on a joint application proposing system-wide solutions.

Priority: Young Children and their Families (collaboration with the CCMHB)

Services and supports not covered by Early Intervention or under the School Code, for young children with developmental and social-emotional concerns, include:

- coordinated, home-based services addressing all areas of development and taking into consideration the qualities and preferences of the family,
- early identification of delays through consultation with childcare providers, pre-school educators, medical professionals, and other service providers,
- coaching and facilitation to strengthen personal and family support networks, and
- identification and mobilization of individual and family gifts and capacities, to access community associations and learning spaces.

Through the Boards’ intergovernmental agreement, the Champaign County Mental Health Board (CCMHB) has funded programs which complement those addressing the behavioral health of very young children and their families, and for which service providers collaborate as a System of Care for children and families. For PY2024, the CCMHB may continue this priority area in their continued commitment to people with I/DD.

Another important collaboration of the Boards is through the new “I/DD Special Initiatives” Fund, which focuses on shorter-term special projects intended to bolster the local system of services. Priority areas identified for that fund are:

- Strengthening the DSP Workforce
- Individual Supports to Underserved People
- Community Education and Advocacy
- Housing Supports

Due to overlap between these and the proposed CCDDDB PY2024 priority categories, an applicant should consider that: long term supports may be more appropriately funded by the CCDDDB or CCMHB; short term projects piloting an approach or purchasing non-service supports may be more appropriately funded by I/DD Special Initiatives; agencies seeking a specific exception to requirements typical of CCDDDB/CCMHB funding but offering unique solutions may be more appropriately funded by I/DD Special Initiatives.

Overarching Considerations:

Eliminating Disparities in Access and Care

Applications (proposals for funding) should describe how the program will promote access for historically underinvested populations as identified in the 2001 Surgeon General’s Report on Mental Health: Culture, Race, and Ethnicity and the federal Substance Abuse and Mental Health Services Administration (SAMHSA). Because members of racial and ethnic minority groups encounter disparities in the service systems, proposals should address reduction of disparities in access to and utilization of program supports and services, e.g., earlier, accurate identification of I/DD in minority children. Members of these groups, people living in rural areas, and those with limited English language proficiency should have access to quality services; engagement strategies should be identified which overcome barriers related to stigma and infrastructure and reach even those who are seeking support for the first time. A

Cultural and Linguistic Competence Plan (CLCP) is required of each applicant for funding. The online system includes a CLCP form which is consistent with requirements of Illinois Department of Human Services and which applies the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (CLAS Standards.) Technical assistance is also available through CCMHB staff.

Promoting Inclusion and Reducing Stigma

Applications should promote the fullest possible community integration, including in digital spaces. Community involvement helps decrease stigma, and people are safer when they have routine contacts with other people, whether co-workers, neighbors, members of a faith community, acquaintances at fitness or recreation centers, or social clubs/networks. Stigma limits people's participation and economic self-sufficiency and may even be a driver of inadequate State and Federal support for community-based services. Stigma harms communities and individuals, especially those further excluded due to sexuality, gender, race, ethnicity, immigrant/refugee/asylee status, preferred or first language, or disability. The CCDDDB has an interest in building resilience, community awareness, and inclusion, as well as directly challenging negative attitudes and discriminatory practices. Fullest inclusion aligns with standards established in Home and Community Based Services rules, the Workforce Innovation and Opportunity Act, and Americans with Disabilities Act/Olmstead findings.

Outcomes

Applications should identify measures of access for people seeking to participate in the program and the outcomes expected to result from this participation. Because defining and measuring outcomes of value can be challenging, the Board has offered support through a research project, with training and technical assistance, online resource bank, workshops, and a template for year-end reports. Continuation or expansion of that support is being sought for PY24. Applicant organizations already reporting on outcomes to other funders may include those outcomes, if relevant, in the application for CCDDDB funding. For example, the Council on Quality and Leadership and the National Core Indicators share:

- *Personal Outcomes* – improve people's positive **relationships**, increase personal **satisfaction**, allow them to exercise **choice** in decisions made about/for/with them, support **self-determination**, support real **work**, and increase people's **inclusion** in their community.
- *Family Outcomes* - support **involvement** of family members of people who have I/DD, offer them opportunities for **connection**, reliable resources for **information**, **planning**, **access**, and **support**, give them **choice and control**, and maximize **satisfaction**.

Coordinated System

Toward a more inclusive, efficient, and effective local system, applications should include evidence of collaboration and should acknowledge other resources and how they are linked. The CCDDDB values partnership and collaboration, not only to avoid overserving and overspending but also to reach our least connected residents. Of interest are: combined efforts of providers and schools, support groups, hospitals, advocates, etc.; a commitment to updating information in resource directories and databases; participation in trainings, workshops, or council meetings with providers of similar services; and partnerships which go further to make sure that all who have a need are reached and that those needs are met.

While the CCDDDB cannot pay for services which are covered under the School Code or are the responsibility of other service systems (e.g., medical, law enforcement, justice system), activities may include collaborative planning, linkage, training, and similar as appropriate to the proposed service and people to be served. Written working agreements should include details of coordinated services, referral relationships, and other partnerships. Applications for funding should acknowledge these relationships.

A joint application may be submitted by two or more agencies with similar missions. An application might propose to share infrastructure (physical, data systems, professional services, etc.) to support organizations' common goals and improve administrative functions such as bookkeeping and reporting. Strategies to strengthen and stabilize the direct support workforce would be appropriate for collaboration across agencies. Another collaboration of interest would be the coordination of internet 'access and use' efforts with other local broadband projects, to increase efficiency and impact and to ensure these innovations also benefit people with I/DD.

Budget and Program Connectedness

Applications include a Budget Narrative which explains the relationship between anticipated costs and program components, clarifying the relevance of all expenses, direct and indirect. Per Funding Guidelines, calculation and rationale should be explicit as to the relationship between each expense and the value of the program. Programs offering services billable to Medicaid or other insurance should identify non-billable activities for which the costs may be charged to the CCDDDB. While these funds should not pay for service activities or supports billable to another payor, the Board has an interest in programs taking advantage of multiple resources to secure long-term sustainability and to ensure that CCDDDB funding does not supplant other public funding.

Person Centered Planning (PCP)

Applications should describe the relationship between specific services and what people indicate that they want and need. Every person who participates should have the opportunity to direct their services and supports. The Person-Centered process seeks a balance between what is important to a person and what is important for a person. This may include their strengths, preferences, clinical and support needs, and desired outcomes. CCDDDB funding should be associated with people rather than programs. Services and supports should clearly relate to a plan which was developed at the direction of the person. Illinois Department of Human Services – Division of Developmental Disabilities has established guidelines for PCP, which can be found here: <https://www.dhs.state.il.us/page.aspx?item=96986>. In a self-determined system:

- *People control their day*, what they do and where, and with whom they interact.
- *People build connections* to their community as they choose, for work, play, learning, and more, in the same places and times used by other community members.
- *People create and use networks of support* consisting of friends, family, community members with similar interests, and allies/associates they choose.
- *People advocate for themselves*, make informed choices, control their own service plans, and pursue their own aims.

For PY2024, many programs will report on individuals' service activities in simple categories, as full hours, to capture whether the service happens with the individual or on their behalf (in their absence) and whether the service is delivered in the community (including the person's home) or at an agency office. Benchmarks may be developed to promote fullest inclusion. Previous aggregate reports have demonstrated the complicated service mix and widely varying utilization patterns and costs.

People with intellectual and developmental disabilities are part of their communities, contribute to their communities and are the experts in their own lives. They should have the right to make decisions about their own lives. - Sarah Demissie, "From Our Readers: Disabled need greater support," *News-Gazette Opinions Page*, July 21, 2021

Added Value and Uniqueness

Applications should identify unique approaches, staff qualifications, and funding mix.

- Approach/Methods/Innovation: Cite the recommended, promising, evidence-based, or evidence-informed practice and address fidelity to the model under which services are to be delivered. In the absence of such an approach, describe the innovative approach, including method of evaluation, to be considered.
- Staff Credentials: Highlight staff credentials and specialized training.
- Resource Leveraging: Describe all approaches which amplify CCDDDB resources: state, federal, and local funding; volunteer or student support; collaborations. If CCDDDB funds are to be used to meet a match requirement, reference the funder requiring match and identify the match amount in the application Budget Narrative.

Expectations for Minimal Responsiveness:

Applications that do not meet these expectations are "non-responsive" and will not be considered for funding. All agencies must be registered using the online system, at <http://ccmhddbrds.org>. All required application forms must be completed and submitted by the deadline. Accessible documents and technical assistance, limited to navigation of these online tools, are available upon request through the CCDDDB staff.

1. Applicant is an eligible organization, demonstrated by responses to the Organization Eligibility Questionnaire.
2. All required application forms must be submitted by the deadline. *Late or incomplete applications will not be accepted.*
3. Proposed services or supports must relate directly to intellectual/developmental disabilities. **How will they improve the quality of life for persons with I/DD?**
4. Application must include evidence that other funding sources are not available to support this program or have been maximized. Other potential sources of support should be identified and explored. *The Payer of Last Resort principle is described in CCDDDB Funding Requirements and Guidelines.*
5. Application must demonstrate coordination with providers of similar or related services. Interagency agreements should be referenced. Evidence of interagency referral process is preferred, as this expands the service system's reach, respects client choice, and reduces risk of overservice to a few.

6. Application must describe continuation of services during a public health emergency. Programs should build on their successes with technology and virtual platforms, increasing training and access for staff and people served.
7. An applicant should be prepared to demonstrate their capacity for financial clarity, especially if they have answered 'no' to any question in the 'Organization Eligibility Questionnaire' (completed during registration) or do not have a recent independent audit report without findings of concern.

Process Considerations:

Priority areas and overarching considerations will be used as discriminating factors which influence final allocation decision recommendations. The CCDDDB uses an online system for agencies applying for funding. An agency must complete the one-time registration process, including an organizational eligibility questionnaire, before receiving access to online application forms. *There are changes in the PY2024 application forms, so that any applicant seeking to submit a 'continuing' program should carefully review forms for accuracy if copied from PY2023.*

Criteria described in this memorandum are intended as guidance for the Board in assessing requests for funding. They are not the sole considerations in final funding decisions. Other considerations include the judgment of the Board and staff, evidence of the provider's ability to implement the services proposed, the soundness of the proposed methodology, and the administrative and fiscal capacity of the agency. An applicant may learn more about the Board's stated goals, objectives, operating principles, and public policy positions from downloadable documents on the public page of the online application and reporting system, at <http://ccmhddbrds.org>. Final decisions rest with the CCDDDB and their judgment concerning the most appropriate and effective use of the fund, based on assessment of community needs, equitable distribution across disability support areas, and alignment with decision support criteria.

The Intergovernmental Agreement between the CCDDDB and the Champaign County Mental Health Board (CCMHB) establishes that a portion of CCMHB funding be reserved for allocation to I/DD services and supports. Allocation decisions are aligned with CCDDDB priority areas as defined in this document. Recommendations will be made by the staff and reviewed by the CCDDDB and considered and acted upon by the CCMHB, resulting in contracts between the CCMHB and I/DD service providers.

The CCDDDB allocation of funding is a complex task and not a request for proposals (RFP). Applicants are not responding to a common set of specifications but rather are seeking funding to address a wide variety of support needs of people who have I/DD. The nature and scope of applications may vary widely and may include treatment and early intervention models. A numerical rating/selection methodology is not relevant or feasible. Our focus is on what constitutes a best value to the community, in the service of those who have I/DD, and is therefore based on a combination of cost and non-cost factors, reflecting an integrated assessment of the relative merits of applications using criteria and priorities approved by the CCDDDB. If applications are not sufficiently responsive to the criteria and priorities described in this memorandum, the CCDDDB may choose to set aside funding to support RFPs with prescriptive specifications to address the priorities. The CCDDDB may

also choose to identify requests, including for capital and infrastructure projects, which are appropriate for an award of funding to be issued during the Program Year 2024 but later than July 1, 2023, in the event of greater than expected Board revenue.

Caveats and Application Process Requirements:

- Submission of an application does not commit the CCDDDB to award a contract or to pay any costs incurred in the application preparation or to pay for any other costs incurred prior to the execution of a formal contract.
- During the application period and pending staff availability, technical assistance will be limited to process questions concerning the use of the online registration and application system, application forms, budget forms, application instructions, and CCDDDB Funding Guidelines. Support is also available for CLC planning.
- Applications with excessive information beyond the scope of the application format will not be reviewed and may be disqualified from consideration.
- Letters of support are not considered in the allocation and selection process. Written working agreements with other agencies providing similar services should be referenced in the application and available for review upon request.
- The CCDDDB retains the right to accept or reject any application, or to refrain from making an award, when such action is deemed to be in the best interest of the CCDDDB and residents of Champaign County.
- The CCDDDB reserves the right to vary the provisions set forth herein at any time prior to the execution of a contract where the CCDDDB deems such variances to be in the best interest of the CCDDDB and residents of Champaign County.
- Submitted applications become the property of the CCDDDB and, as such, are public documents that may be copied and made available upon request after allocation decisions have been made and contracts executed. Submitted materials will not be returned.
- The CCDDDB reserves the right, but is under no obligation, to negotiate an extension of any contract funded under this allocation process for up to a period not to exceed two years, with or without an increased procurement.
- If selected for contract negotiation, an applicant may be required to prepare and submit additional information prior to final contract execution, to reach terms for the provision of services agreeable to both parties. Failure to submit required information may result in disallowance or cancellation of contract award.
- The execution of final contracts resultant of this application process is dependent upon the availability of adequate funds and the needs of the CCDDDB.
- The CCDDDB reserves the right to further define and add application components as needed. Applicants selected as responsive to the intent of this online application process will have equal opportunity to update proposals for the newly identified components.
- To be considered, proposals must be complete, received on time, and responsive to the application instructions. Late or incomplete applications will be rejected.
- If selected for funding, the contents of a successful application will be developed into a formal contract. Failure of the applicant to accept these obligations can result in cancellation of the award for contract. The CCDDDB reserves the right to

- withdraw or reduce the amount of an award if the application has misrepresented the applicant's ability to perform.
- The CCDDDB reserves the right to negotiate the final terms of any or all contracts with the selected applicant, and any such terms negotiated through this process may be renegotiated and/or amended to meet the needs of Champaign County. The CCDDDB reserves the right to require the submission of any revision to the application which results from negotiations conducted.
 - The CCDDDB reserves the right to contact any individual, agency, or employee listed in the application or to contact others who may have experience and/or knowledge of the applicant's relevant performance and/or qualifications.

Approved November 16, 2022