



CHAMPAIGN COUNTY MENTAL HEALTH BOARD

CHAMPAIGN COUNTY BOARD FOR CARE AND TREATMENT OF PERSONS WITH A DEVELOPMENTAL DISABILITY

PLEASE REMEMBER this meeting is being audio recorded. Speak clearly into the microphone during the meeting.

Champaign County Developmental Disabilities Board (CCDDB) AGENDA

Wednesday, April 30, 2014

Brookens Administrative Building, Lyle Shields Room
1776 E. Washington St., Urbana, IL 61802

8:00AM

1. Call to Order – Ms. Elaine Palencia, President
2. Roll Call – Stephanie Howard-Gallo
3. Additions to Agenda
4. Citizen Input
5. CCMHB Input
6. Approval of CCDDB Minutes
 - A. 3/19/14 Board Meeting*

Minutes are included in the packet. Board action is requested.
7. President's Comments – Ms. Elaine Palencia
8. Executive Director's Comments – Peter Tracy
9. Staff Report – Lynn Canfield - *Deferred.*
10. Agency Information
11. Financial Report
 - A. Approval of Claims*

Included in the Board packet. Action is requested.
12. New Business
 - A. FY 2015 Application Program Summaries

A Briefing Memorandum, spreadsheet listing all ID/DD requests, and DRAFT program summaries of those submitted for CCDDB consideration are included in the Board packet.
13. Old Business
 - A. "Champaign County Alliance for the promotion of Acceptance, Inclusion, & Respect" Update

An oral report will be provided. Copies of finished program ad and slides to be projected between films at the Roger Ebert's Film Festival are included in the packet.
 - B. Disability Resource Expo

A written report from Barb Bressner is included in the Board Packet.
 - C. Revised CCDDB Allocation Timeline and Meeting Schedules

Included in the packet for information only.
14. Board Announcements
15. Adjournment

**Board action requested*

61A.

**CHAMPAIGN COUNTY BOARD FOR CARE AND TREATMENT
OF PERSONS WITH A DEVELOPMENTAL DISABILITY
(CCDDB)
BOARD MEETING**

Minutes –March 19, 2014

*Brookens Administrative Center
Lyle Shields Room
1776 E. Washington St.
Urbana, IL*

8:00 a.m.

MEMBERS PRESENT: Joyce Dill, Phil Krein, Elaine Palencia, Sue Suter

MEMBERS EXCUSED: Mike Smith

STAFF PRESENT: Peter Tracy, Lynn Canfield, Nancy Crawford, Mark Driscoll,
Stephanie Howard-Gallo

OTHERS PRESENT: Patty Walters, Janice McAteer, Jennifer Carlson, Vicki Tolf, Laura Bennett, Danielle Matthews, Felicia Gooler, Dale Morrissey, Developmental Services Center (DSC) Tracy Parsons, Shandra Summerville, ACCESS Initiative (AI); Dennis Carpenter, Charleston Transition Facility (CTF); Barb Jewett, Parent; Kathy Kessler, Community Elements (CE); Sally Mustered, Teresa O'Connor, C-U Autism Network (CUAN) Darlene Kloeppe, Regional Planning Commission (RPC)

CALL TO ORDER:

Ms. Elaine Palencia called the meeting to order at 8:05 a.m.

ROLL CALL:

Roll call was taken and a quorum was present.

ADDITIONS TO AGENDA:

None.

CITIZEN INPUT:

Ms. Barb Jewett from Mahomet announced March 28, 2014 will be “Let’s Go Out” day and a flyer was distributed. She also spoke regarding the need for choices in services in our community.

CHAMPAIGN COUNTY MENTAL HEALTH BOARD (CCMHB) INPUT:

A presentation will be held this evening at 4:30 p.m. Kim Zoeller, President and CEO of Ray Graham Association will provide an overview of innovations in Services and supports for people with ID/DD.

APPROVAL OF MINUTES:

Minutes from the February 19, 2014 Board meeting were included in the packet.

MOTION: Ms. Dill moved to approve the minutes from the February 19, 2014 Board meeting. Dr. Krein seconded and the motion passed unanimously.

PRESIDENT’S COMMENTS:

None.

EXECUTIVE DIRECTOR’S REPORT:

Mr. Tracy represented The Association of Community Mental Health Authorities of Illinois (ACMHAI) and the National Association of County Behavioral Health Directors (NACBHD) at a conference in Washington D.C. recently. Mr. Tracy reported on conference highlights and noteworthy interactions.

STAFF REPORT:

Ms. Canfield’s staff report was included in the Board packet. The Anti-Stigma Alliance has changed its name to the Champaign County Alliance for the Promotion of Acceptance, Inclusion and Respect.

AGENCY INFORMATION:

Ms. Patty Walters from Developmental Services Center (DSC) announced DSC is about to begin the CQL certification process.

FINANCIAL INFORMATION:

Approval of Claims:

A copy of the claims report was included in the Board packet for action.

MOTION: Ms. Sue Suter moved to accept the claims report as presented. Dr. Krein seconded the motion. The motion passed unanimously.

NEW BUSINESS:

Cultural and Linguistic Competence Planning Progress Report:

Ms. Shandra Summerville, Cultural and Linguistic Competence coordinator for the ACCESS Initiative provided a report on the progress of Cultural and Linguistic Competence Plans. A Briefing Memorandum with a timeline, National Standards for Culturally and Linguistically Appropriate Services (CLAS), and Ms. Summerville's PowerPoint presentation was included in the packet.

OLD BUSINESS:

Alliance Event Update:

Ms. Canfield provided an update on recent Alliance activities.

CCDDB Retreat:

Notes from the 1/25/14 Board Retreat were included for information only. These were compiled by Elizabeth Perrachione, facilitator and Ryan Thomson, notetaker.

BOARD ANNOUNCEMENTS:

None.

ADJOURNMENT:

The meeting adjourned at 9:00 a.m.

Respectfully Submitted by: Stephanie Howard-Gallo

**Minutes are in draft form and subject to CCDDB approval.*



CHAMPAIGN COUNTY

EXPENDITURE APPROVAL LIST

4/04/14

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VENDOR NO	VENDOR NAME	TRN DTE	B N CD	TRANS NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
*** FUND NO. 108 DEVLPMNTL DISABILITY FUND											
*** DEPT NO. 050 DEVLMTNL DISABILITY BOARD											
90	CHAMPAIGN COUNTY TREASURER							MENT HLTH BD FND 090			
		4/02/14	03 VR 108-	38		504269	4/04/14	108-050-533.07-00	PROFESSIONAL SERVICES	ADMIN FEE APR	25,964.00
										VENDOR TOTAL	25,964.00 *
5352	AUTISM SOCIETY OF ILLINOIS							GRANTS			
		4/02/14	03 VR 108-	33		504283	4/04/14	108-050-533.92-00	CONTRIBUTIONS & GRANTS	AUTISM APR	1,000.00
										VENDOR TOTAL	1,000.00 *
18203	COMMUNITY CHOICE, INC										
		4/02/14	03 VR 108-	34		504304	4/04/14	108-050-533.92-00	CONTRIBUTIONS & GRANTS	CUSTOM EMPLOYMNT AP	4,167.00
		4/02/14	03 VR 108-	34		504304	4/04/14	108-050-533.92-00	CONTRIBUTIONS & GRANTS	COMMUNITY LIVING AP	4,583.00
										VENDOR TOTAL	8,750.00 *
18209	COMMUNITY ELEMENTS										
		4/02/14	03 VR 108-	35		504305	4/04/14	108-050-533.92-00	CONTRIBUTIONS & GRANTS	COORD OF SVCS APR	2,922.00
										VENDOR TOTAL	2,922.00 *
19900	CTF ILLINOIS										
		3/25/14	01 VR 108-	32		503536	3/31/14	108-050-533.92-00	CONTRIBUTIONS & GRANTS	FEB NURSING	187.00
		3/25/14	01 VR 108-	32		503536	3/31/14	108-050-533.92-00	CONTRIBUTIONS & GRANTS	FEB RESIDENTIAL	3,006.00
										VENDOR TOTAL	3,193.00 *
22300	DEVELOPMENTAL SERVICES CENTER OF							CHAMPAIGN COUNTY INC			
		4/02/14	03 VR 108-	36		504311	4/04/14	108-050-533.92-00	CONTRIBUTIONS & GRANTS	APARTMENT SVCS APR	34,371.00
		4/02/14	03 VR 108-	36		504311	4/04/14	108-050-533.92-00	CONTRIBUTIONS & GRANTS	SRVC COORD APR	33,109.00
		4/02/14	03 VR 108-	36		504311	4/04/14	108-050-533.92-00	CONTRIBUTIONS & GRANTS	CLINICAL SVCS APR	13,621.00
		4/02/14	03 VR 108-	36		504311	4/04/14	108-050-533.92-00	CONTRIBUTIONS & GRANTS	CONNECT TRANS APR	7,083.00
		4/02/14	03 VR 108-	36		504311	4/04/14	108-050-533.92-00	CONTRIBUTIONS & GRANTS	INDIV/FAM SUP APR	29,500.00
		4/02/14	03 VR 108-	36		504311	4/04/14	108-050-533.92-00	CONTRIBUTIONS & GRANTS	INT/SITE DAY SVC AP	72,814.00
		4/02/14	03 VR 108-	36		504311	4/04/14	108-050-533.92-00	CONTRIBUTIONS & GRANTS	COMMUNITY EMPLOY AP	9,846.00
										VENDOR TOTAL	200,344.00 *

CHAMPAIGN COUNTY

EXPENDITURE APPROVAL LIST

4/04/14

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VENDOR NO	VENDOR NAME	TRN DTE	B N	TR CD	TRANS NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
*** FUND NO. 108 DEVLPMNTL DISABILITY FUND												
22816	DOWN SYNDROME NETWORK									C/O WENDY BARKER		
		4/02/14	03	VR	108-	39	504317	4/04/14	108-050-533.92-00	CONTRIBUTIONS & GRANTS	DOWN SYNDROME APR	1,250.00
											VENDOR TOTAL	1,250.00 *
54930	PERSONS ASSUMING CONTROL OF THEIR									ENVIROMENT, INC		
		4/02/14	03	VR	108-	37	504353	4/04/14	108-050-533.92-00	CONTRIBUTIONS & GRANTS	OP FOR INDEPEND APR	4,885.00
											VENDOR TOTAL	4,885.00 *
										DEVL MNTL DISABILITY BOARD	DEPARTMENT TOTAL	248,308.00 *
										DEVLPMNTL DISABILITY FUND	FUND TOTAL	248,308.00 *



12.A.

BRIEFING MEMORANDUM

DATE: April 30, 2014
MEMO TO: Members, Champaign County Developmental Disabilities Board
FROM: Peter Tracy
SUBJECT: Program Summaries – FY15 Allocation Cycle

Traditionally, our April meeting is used to fully vet all applications for funding with final decisions made at our May meeting. To facilitate this process staff have completed Program Summaries on all applications. The summaries glean salient information and provide opinions concerning alignment with our stated priorities and defined decision support criteria.

All applicants for CCDDDB funding have received a letter with instructions on where to access a copy of their program summary and have been invited to notify us in writing if there are factual errors which should be corrected prior to completion of the FY15 award process. Written comments from providers will be shared with CCDDDB members and errors will be corrected. Differences of opinion concerning alignment with decision support criteria, and ratings will not result in changes unless directly related to a corrected factual error.

In addition, all applicant agencies are invited to attend the April meeting for the twofold purposes of (1) providing additional information directly to the Champaign County Developmental Disabilities Board (CCDDDB) during the “Agency Information” portion of the agenda, and (2) answering direct questions from CCDDDB members or staff concerning their application. CCDDDB members have full and direct access to all applications through our online application system, and may at their discretion raise questions not addressed in the summaries.

CCDDB Agency Program Allocation Requests - PY15

July 1, 2014 thru June 30, 2015

Agency	Program Name	PY15 Request
Autism Society of Illinois	CU Autism Network	12,000
Champaign County Down Syndrome Network	Champaign Cnty Down Syndrome Network	15,000
*Champaign County Head Start/Early Head Start	Social Emotional Disabilities Svcs	45,727
*Champaign County Regional Planning Commission	Decision Support for Persons with DD	48,000
CTF Illinois	Nursing Services	17,160
	Residential and Day Training	36,500
	agency total	53,660
*Community Choices	CILA Expansion	30,000
	Community Living	70,000
	Customized Employment	50,000
	Self-Determination Support	45,000
	agency total	195,000
*Community Elements, Inc.	Coordination of Services - DD/MI	38,115
Developmental Services Center	Apartment Services	425,444
	Augmented Day Services	337,500
	Clinical Services	173,773
	Community Employment	216,300
	Connections	87,550
	Family Development Center	30,903
	Individual & Family Support	365,144
	Integrated/Site Based Services	767,050
	Service Coordination	409,808
	agency total	2,813,472
Maddy's Pink Palace for Kids with Disabilities	Maddy's Pink Palace	25,000
PACE	Opportunities for Independence	58,623
United Cerebral Palsy Land of Lincoln	Vocational Services	97,715
Urbana Adult Education Center	Advocacy, Agency, & Academics - A3	216,555
	TOTAL	3,618,867
additional CCMHB ID/DD requests		
Developmental Services Center	Family Development Center	515,000
	Respite	30,000
	agency total	545,000
	TOTAL ID/DD requests, unduplicated	4,163,867

* identical application submitted to each of the CCDDB and CCMHB

DRAFT CCDDDB PROGRAM SUMMARY 2015

Agency: The Autism Society of Illinois

Program Name: Champaign-Urbana Autism Network

Contract Format Requested: Grant

Funding Requested: \$12,000

Target Population:

1100 individuals (people with Autism Spectrum Disorders and their family and other support network members) plus 100 professionals.

Staff Assessment: this section of the application notes that effort is made to reach underserved populations and rural families.

Service Description/Type: community resource information, community awareness, family support via meetings, phone and in-person consultations, networking, regular meetings, educational activities, workshops, and recreational events. Printed materials are available in English and Spanish. Information is also shared through website, listserv, facebook.

CCDDDB Priorities:

1. **Person Centered Planning (PCP) - The Centers for Medicare and Medicaid Services (CMS) has included specifications for PCP as a component of the Home and Community Based Services (HCBS) final rule. The PCP process addresses the following items:**
 - (a) The process by which the individual selects people who will participate in PCP meetings and activities.
 - (b) The process by which the individual selects the time, date and location of the PCP meetings, as well as any assistance needed/desired to participate in and understand the meetings/activities.
 - (c) Explain how the individual has the opportunity to make informed choices, based on access to complete information about services and financial supports available in integrated settings, as well as their concerns about integrated settings.
 - (d) Describe PCP measurable desired outcomes are associated with community integration.
 - (e) Explain the extent to which the individual controls their day and how they live.
 - (f) Describe how support is given to build connections to the broader community.
 - (g) Acknowledgement that the individual has the right to ask, at any time, for a new PCP meeting to change the services/supports plan.
 - (h) Acknowledgement that the individual has been informed of the right to “independent facilitation” for the PCP process. This means the individual may choose someone other than provider staff to conduct the PCP meetings.

2. **Incorporate/cite Employment First principles. n/a**

3. **Acknowledge and support self-advocacy.**

Application addresses self-advocacy; emphasis is on family and other support network and community awareness.

4. **Warrant that CCDDDB/CCMHB money will not supplement Medicaid rates.**

N/A

5. **Address cultural competence and reaching out to underserved populations.**

Events are free and held in accessible public facilities. CUAN collaborates with other groups and offers information in Spanish. CLC Plan includes action steps for trainings on Cultural Competency, seeking diverse board membership, consultation with ACCESS staff, follow-up contact with new families, etc.

Demographic data for FY14 at mid-year: of 52 reporting, 83% were female; of 46 reporting, none were of Hispanic/Latino origin; of 46, 75% were white, 11% black/African American, 5% Asian; of 46, 85% were aged 19-59, 0.8% were 6 or under, 0.2% aged 7-12, and 0.4% 13-18. For **FY13:** of 877 reporting, 62% were female; of 165 reporting, none were of Hispanic/Latino origin; of 316 reporting, 93% were white, 5% black/African American, 2% Asian, 0.3% other; of 817 reporting, 4.4% were aged 6 or younger, 6.6% were between 7 and 12, 4.4% were 13-18, 77% 19-59, and 8% were over 60.

Zip Code data for FY14 at mid-year (of 42 reporting): 24% were from Urbana, 52% Champaign, 7% Rantoul, and 2% Greater Champaign County. In **FY13,** of 126 reporting: 33% were from Urbana, 26% Champaign, 14% Rantoul, and 34% Greater CC.

Program Performance Measures:

Consumer Access: Description of promotional activities and collaborative efforts as outreach; a range of activities is offered, and adult meetings are collocated with youth and children's activity groups for convenience and networking; New Parent Packets distributed through medical providers and social workers.

Staff Assessment: *a quantifiable access measure does not appear to be identified in this section. Measures identified in Consumer Outcomes section focus on outreach.*

Consumer Outcomes: 8 general meetings (10-20 attendees per); 2 childcare options concurrent with general meetings; sponsorship of two ASD related workshops; outreach to 1100 individuals and family members plus 100 professionals; revision and distribution of 100 New Parent Packets; 3 family events; Annual Walk; increasing information available in Spanish.

Staff Assessment: *Presents eight distinct measures, as in previous years.*

Utilization/Production Data: *(targets; current year data, if funded)* Application describes difficulty collecting personal data from participants of larger events.

1200 Community Service Events refer to a total of headcounts at workshops, monthly meetings, events, and requests for I&R, thus a duplicated count. At mid-year **FY14,** actual CSE of 40, but the target of 1200 will be met or exceeded with attendance at annual Walk Event. **FY13** target of 1500 was exceeded, at 1881.

Staff Assessment: consider separate targets for headcounts at large events and unduplicated number of members regularly attending monthly meetings; these data have been provided in comments section of quarterly reports, but members could be counted as TPC or NTPC.

Financial Information:

PY15 CCDDDB Funding Request: \$12,000
PY15 Total Program Expenses: \$30,788

Program Staff – CCDDDB Funds: 0 FTE
Total Program Staff: 0 FTE

Staff Assessment: (1) CCDDDB revenue is 32% of total, with fundraising as other source. (2) Expenses charged to this contract are conferences (46%), general operating (21%), consumables (17%), professional fees (12%), transportation (4%).

Budget Narrative:

Adequately describes the rationale for each expense line.

Audit Findings: This applies only to applicants with existing CCMHB or CCDDDB contracts and is predicated on findings from the audit protocol.

Not Applicable _____
Audit Requirement Waived X
Audit in Compliance _____
Audit not in Compliance _____
Auditor Finding _____
FY13 Excess Revenue _____

Staff Comments: ASI total budget falls below the threshold for the state’s audit requirement; this program is primarily a family support network.

Contracting Considerations: If this application is approved by the CCDDDB for funding, the applicant shall be required to revise and submit the following program plan and budget sections for staff review and approval prior to execution of the final FY15 contract:

1. The CCDDDB revenue and projected expenses in column 3 (i.e., of the budget document) shall match. If the expenses in column 2 are less than the total revenue in column 2, the surplus shall be assigned to the CCDDDB.
2. A consumer access measurement should be identified. Efforts to engage underserved populations may be included here.

Applicant Review and Input:

The applicant is encouraged to review this document upon receipt and notify the CCDDDB office in writing if there are factual errors which should be corrected prior to completion of the award process.

Recommendation: Pending

DRAFT CCDDDB PROGRAM SUMMARY 2015

Agency: Champaign County Down Syndrome Network

Program Name: Champaign County Down Syndrome Network

Contract Format Requested: Grant

Funding Requested: \$15,000

Target Population:

Families of those with a diagnosis of Down Syndrome. Target of 1275 individuals.

Staff Assessment: description of services is also included in this section.

Service Description/Type:

Information on Down Syndrome is current. Support to new parents and guardians through home/hospital visits, books, new parent packets, DVDs, advocacy at school meetings, and monthly membership meetings on topics of interest. Social opportunities for individuals with Down Syndrome, family members, peers; annual conferences and workshops for families and professionals; website and monthly newsletter; annual Walk event and participation in annual Spread the Word campaign, for community awareness.

Staff Assessment: none.

CCDDDB Priorities:

1. **Person Centered Planning (PCP) - The Centers for Medicare and Medicaid Services (CMS) has included specifications for PCP as a component of the Home and Community Based Services (HCBS) final rule. The PCP process addresses the following items:**
 - (a) The process by which the individual selects people who will participate in PCP meetings and activities.
 - (b) The process by which the individual selects the time, date and location of the PCP meetings, as well as any assistance needed/desired to participate in and understand the meetings/activities.
 - (c) Explain how the individual has the opportunity to make informed choices, based on access to complete information about services and financial supports available in integrated settings, as well as their concerns about integrated settings.
 - (d) Describe PCP measurable desired outcomes are associated with community integration.
 - (e) Explain the extent to which the individual controls their day and how they live.
 - (f) Describe how support is given to build connections to the broader community.
 - (g) Acknowledgement that the individual has the right to ask, at any time, for a new PCP meeting to change the services/supports plan.
 - (h) Acknowledgement that the individual has been informed of the right to “independent facilitation” for the PCP process. This means the individual may choose someone other than provider staff to conduct the PCP meetings.

2. **Incorporate/cite Employment First principles.** N/A

3. **Acknowledge and support self-advocacy.**

This item does not appear to have been addressed in the application; focus on family support and community awareness and education.

4. **Warrant that CCDDDB/CCMHB money will not supplement Medicaid rates.** N/A

5. **Address cultural competence and reaching out to underserved populations.**

The consumer access section describes distribution of printed and electronic information and use of public spaces for events. Cultural and Linguistic Competency Plan is in narrative form (not our template) and expands on outreach efforts; some materials are available in Braille and Spanish, and Spanish-speaking members translate; effort to include diverse families is mentioned but no action steps are identified.

Demographic data for FY14: of 168 reporting, 37% were under age 6, 36% were aged 7-12, 12% were 13-18, and 15% were 19-59; 58% were female; of 87 reporting, 4.6% were of Hispanic/Latino origin; of 160, 91% were white, 4% black/African American, 2.5% Asian, and 2.5% other. **In FY13:** of 94 reporting, 28% were 0-6, 26% were 7-12, 15% were 13-18, 32% were 19-59; 46% were female; 5% were of Hispanic/Latino origin; of 84 reporting, 86% were white, 9.5% black/African American, 2.4% Asian, and 2.4% other.

Zip Code data for FY14: of 972 people, 47% were from Champaign, 25% Urbana, 1% Rantoul, and 27% Greater Champaign County. **In FY13:** of 106 reported, 56% were from Champaign, 17% from Urbana, 2% Rantoul, and 26% Greater CC.

Program Performance Measures:

Consumer Access: printed and electronic information about the group at hospitals, schools, workplaces, agencies, and churches; a website is maintained with contact information for the group and related organizations; monthly newsletter is shared with professionals as well as families; word of mouth; book club activity for young people; DSN parent visits to new parents; facebook and email and several meetings and events (in public places) for members.

Staff Assessment: a specific measure of access does not appear to have been identified.

Consumer Outcomes: detail on various events held previously; current and previous outcomes of numerous outreach and advocacy efforts, including increased attendance at activities targeted for specific ages ('teen and tween' dance party, etc); monthly newsletter to approx 125 families; collaborations with other groups to support workshops.

Staff Assessment: a specific measure of consumer outcomes does not appear to have been identified.

Utilization/Production Data: (targets; current year data, if funded)

Target of 1275 Community Service Events refers to a total of headcounts at all events, thus a duplicated count. At mid-year **FY14**, 1033 actual (target 1250). **FY13** target of 1050 was exceeded, with 1430 actual.

Financial Information:

PY15 CCDDDB Funding Request: \$15,000
PY15 Total Program Expenses: \$42,500

Program Staff – CCDDDB Funds: 0 FTE
Total Program Staff: 0 FTE

Staff Assessment: (1) CCDDDB revenue is 35% of program total, with other from Buddy Walk (64%) and contributions. (2) Volunteer run; expenses include general operating (41%), conferences (30%), professional fees (7%), and small amounts for specific assistance (families in need), equipment, and transportation (to help members).

Budget Narrative:

Adequately describes the rationale for each expense line.

Audit Findings: This applies only to applicants with existing CCMHB or CCDDDB contracts and is predicated on findings from the audit protocol.

Not Applicable _____
Audit Requirement Waived X
Audit in Compliance _____
Audit not in Compliance _____
Auditor Finding _____
FY13 Excess Revenue _____

Contracting Considerations: If this application is approved by the CCDDDB for funding, the applicant shall be required to revise and submit the following program plan and budget sections for staff review and approval prior to execution of the final FY15 contract:

1. The CCDDDB revenue and projected expenses in column 3 (i.e., of the budget document) shall match. If the expenses in column 2 are less than the total revenue in column 2, the surplus shall be assigned to the CCDDDB.
2. Measures of access and outcomes should be identified, with a focus on engagement of families in underserved populations.

Applicant Review and Input:

The applicant is encouraged to review this document upon receipt and notify the CCDDDB office in writing if there are factual errors which should be corrected prior to completion of the award process.

Recommendation: Pending

DRAFT CCDDDB/CCMHB PROGRAM SUMMARY 2015

Agency: Champaign County (RPC) Head Start/Early Head Start

Program Name: Social Emotional Disabilities Services

Contract Format Requested: Grant

Staff Assessment: *The contract format should be changed to fee-for-service to conform with CCDDDB/CCMHB efforts to assure that funding is predicated on a “per individual served” basis rather than on a program basis. If appropriate, a case rate process could be considered.*

Funding Requested: \$45,727 (identical requests submitted to the CCDDDB and CCMHB; program is currently funded by the CCMHB.)

Staff Assessment: *The application proposes to serve 160 people (\$286 per person at the requested contract maximum) through several categories of service.*

Target Population:

Residents of Champaign County, aged six weeks through five years, who have assessed service needs, limited family financial resources, are enrolled in Champaign County Head Start/Early Head Start, and who either: score above the cutoff on Ages and Stages Questionnaire Social-Emotional screening tool and have individual social-emotional goals written for them; are referred by parent or teacher for behavioral or social-emotional developmental concerns and for whom a behavioral management plan is developed; or for whom play therapy or counseling is provided.

Staff Assessment: *at age three, children are eligible for services under the Illinois School Code, Article 14.*

Service Description/Type:

Screenings for those newly enrolled, development of social-emotional goals, Social-Emotional environmental observations of each classroom, individual child observations, development of behavioral plans (Individual Success Plans), play therapy, referrals (to developmental pediatrician, agencies, etc), individual counseling through play therapy, informational support to families, collaboration/networking meetings, mass screening events in summer. Staff credentials are described (LCPC and CADC licenses).

Staff Assessment: *The application does not specify how many hours of service people will receive, either individually or on average, though there is good detail on anticipated numbers of persons served per category of service.*

CCDDDB Priorities:

1. **Person Centered Planning (PCP) - The Centers for Medicare and Medicaid Services (CMS) has included specifications for PCP as a component of the Home and Community Based Services (HCBS) final rule. Select applicants will be required to**

submit, as an addendum to contracts issued, a description of their PCP process which addresses the following items:

- (a) The process by which the individual selects people who will participate in PCP meetings and activities.
- (b) The process by which the individual selects the time, date and location of the PCP meetings, as well as any assistance needed/desired to participate in and understand the meetings/activities.
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- (h) Acknowledgement that the individual has been informed of the right to “independent facilitation” for the PCP process. This means the individual may choose someone other than provider staff to conduct the PCP meetings.

2. **Incorporate/cite Employment First principles.** N/A.

3. **Acknowledge and support self-advocacy.**

This item does not appear to have been addressed in the application.

4. **Warrant that CCDDDB/CCMHB money will not supplement Medicaid rates.**

There is no explicit reference to avoidance of Medicaid supplementation.

5. **Address cultural competence and reaching out to underserved populations.**

The consumer access section describes collection and reporting of data related to underserved populations and the program's effectiveness in reaching/recruiting them; these reports are used to identify and reach unserved areas or populations; service options are described.

Demographic Data for FY14, at mid-year, of 131 individuals: 96% were 6 or younger, 0.8% were 7-12, 0.8% were 13-18, and 2% were 19-59 (parents in counseling); 18% were white, 58% black/African American, 0.8% Asian, and 24% Other; 10% were of Hispanic/Latino origin; and 69% were male. **In FY13**, of 182 individuals: 94% were aged 0-6, 0.5% 7-12, and 5.5% 19-59; 24% were white, 54% black/African American, 0.5% Asian, 12% Other, and 9% data not available; 15% were of Hispanic/Latino origin; and 57% were male.

Zip Code Data for FY14, of 131 individuals, 21% were from Urbana, 64% Champaign, 13% Rantoul, and 6% Greater Champaign County. **In FY13**, of 182 individuals, 25% were from Urbana, 50% Champaign, 18% Rantoul, and 7.7% Greater Champaign County.

Program Performance Measures:

Consumer Access: contains descriptions of total program reporting requirements per federal regulations, enrollment options/services available to families, mass screening events, and a measure

of the speed of access to screenings and monthly reports associated with the Social Emotional Disabilities Services.

Consumer Outcomes: Kindergarten readiness goal of 90% of enrolled children (a current year goal) and previous year performance, along with data on identified developmental delay or disability and assessed social-emotional need.

Staff Assessment: a quantifiable measure of outcomes for FY15 does not appear to be identified.

Utilization/Production Data: *(targets; current year data, if funded)*

100 Treatment Plan Clients - 30 Continuing and 70 New (those participating in play therapy or counseling, and those for whom individual social-emotional goals or behavioral plans are developed); **60 New Non-Treatment Plan Clients** (behavioral planning meetings, parent meetings, or parent training on their behalf); **625 Service Contacts** (a total of screenings: ASQ-SEs, Social-Emotional Environmental Observations, and individual child observations); **4 Community Service Events**; and **14 Other** (mass screening days, staff training, news articles for parent newsletters).

For FY14, at mid-year, there were 43 Continuing TPCs (target 30) and 88 New TPCs (target 70), 145 New NTPCs (target 60), 757 SCs (target 625), and 2 CSEs (target 8), and 14 Other (target 17).

In FY13, there were 73 Continuing TPCs (target 25), 119 New TPCs (target 75), 309 New NTPCs (target 60), 699 SCs (target 775), 3 CSEs (target 15), and 22 Other (target 18).

Staff Assessment: lowering the CSE target for FY15 while maintaining TPC, NTPC, and SC targets, which have been exceeded.

Financial Information:

PY15 CCDDDB/CCMHB Funding Request: \$45,727

PY15 Total Program Expenses: \$88,574

Program Staff – CCDDDB/CCMHB Funds: 0.65 FTE

Total Program Staff: 1.25 FTE

Staff Assessment: (1) CCDDDB/CCMHB request is 52% of program revenue, with other source being 48% from Dept of Health and Human Services (which is 0.9% of DHHS revenue for Head Start/Early Head Start).

(2) Staff costs comprise 98% of the total budgeted expenses, with small amounts for consumables (specific to this program) and conferences (to maintain staff credentials and stay current).

(3) The contract maximum should be based on a case rate for the 160 people served by the program using the following formula: number of clients x the average number of hours projected for each person x an established hourly rate for each of the services.

Budget Narrative:

Good detail on the few revenue and expense items.

Audit Findings: This applies only to applicants with existing CCMHB or CCDDDB contracts and is predicated on findings from the audit protocol.

Not Applicable _____
Audit Requirement Waived _____
Audit in Compliance X _____
Audit not in Compliance _____
Auditor Finding _____
FY13 Excess Revenue _____

Contracting Considerations: If this application is approved by the CCDDDB/CCMHB for funding, the applicant shall be required to revise and submit the following program plan and budget sections for staff review and approval prior to execution of the final FY15 contract:

1. The budget section shall include the following language: “Coordination of Payers: All CCDDDB/CCMHB contracted service providers shall coordinate their services and seek/utilize payment from other revenue sources prior to using CCDDDB/CCMHB funding, thus making the CCDDDB/CCMHB payer of last resort.
2. The applicant shall warrant that CCDD/CCMHB dollars shall not be used to supplement Medicaid rates.
3. The applicant shall specify the estimated hours of service to be provided for people served under this contract and tie back to the contract maximum.
4. The applicant shall propose an appropriate case rate which is predicated by monthly hours of service x the rate established by DHS for the service, provide a rate setting methodology to support any proposed rates.
5. The applicant shall provide Person Centered Planning information as delineated above as an addendum to the final contract.
6. A consumer outcomes measure should be developed.

Applicant Review and Input:

The applicant is encouraged to review this document upon receipt and notify the CCDDDB/CCMHB office in writing if there are factual errors which should be corrected prior to completion of the award process.

Recommendation: Pending

DRAFT CCDDDB/CCMHB PROGRAM SUMMARY 2015

Agency: Champaign County RPC Social Services

Program Name: Decision Support for Persons with DD

Contract Format Requested: Grant – NEW PROGRAM

Staff Assessment: The contract format should be changed to fee-for-service to conform with CCDDDB/CCMHB efforts to assure that funding is predicated on a “per individual served” basis rather than on a program basis. If appropriate, a case rate process could be considered.

Funding Requested: \$48,000 (identical requests submitted to CCMHB and CCDDDB)

Staff Assessment: application proposes to serve 500 people (\$96 per person at the requested contract maximum).

Target Population:

Five-hundred (500) individuals who are eligible or potentially eligible for services through Illinois Department of Human Services – Division of Developmental Disabilities (DHS-DDD), based on a Pre-Admission Screening assessment. This includes individuals requesting PUNS registration, exiting school, desiring to move closer to family in Champaign County, transitioning from ICF-DD or SODC facilities to smaller, community-based settings, or those who may have a DD diagnosis and are looking into services.

Staff Assessment: (1) The application does not say how many hours of service people will receive, either individually or on average. (2) The application proposes to serve 300 people who have Medicaid awards and 200 who do not.

Service Description/Type:

CCRPC is the pre-admission screening (PAS) agency for Champaign County. Data collection, client tracking, and case management activities not currently funded by DHS-DDD would be added to develop a clearer picture of local consumer needs and to provide better information and quicker access to services. A spreadsheet will track all individuals’ choices related to services (whether met or unmet) to assist CCMHB/CCDDDB in planning and funding decisions, providers in developing and improving services, and PAS agency in Person-Centered Planning. For those registered in PUNS or intending to register, assistance obtaining evidence used in determination of eligibility. Referral (to other resources) of those ineligible for DD services. Staff credentials are described.

Staff Assessment: The application states that services will not include activities funded by DHS-DDD contracts for PAS/ISC duties.

CCDDDB Priorities:

1. **Person Centered Planning (PCP) - The Centers for Medicare and Medicaid Services (CMS) has included specifications for PCP as a component of the Home and**

Community Based Services (HCBS) final rule. Select applicants will be required to submit, as an addendum to contracts issued, a description of their PCP process which addresses the following items:

- (a) The process by which the individual selects people who will participate in PCP meetings and activities.
- (b) The process by which the individual selects the time, date and location of the PCP meetings, as well as any assistance needed/desired to participate in and understand the meetings/activities.
- (c) Explain how the individual has the opportunity to make informed choices, based on access to complete information about services and financial supports available in integrated settings, as well as their concerns about integrated settings.
- (d) Describe PCP measurable desired outcomes are associated with community integration.
- (e) Explain the extent to which the individual controls their day and how they live.
- (f) Describe how support is given to build connections to the broader community.
- (g) Acknowledgement that the individual has the right to ask, at any time, for a new PCP meeting to change the services/supports plan.
- (h) Acknowledgement that the individual has been informed of the right to “independent facilitation” for the PCP process. This means the individual may choose someone other than provider staff to conduct the PCP meetings.

2. **Incorporate/cite Employment First principles.** Select applicants will be required to submit, as an addendum to contracts issued, their plan for implementing this law.

3. **Acknowledge and support self-advocacy.**

This item does not appear to have been explicitly addressed, but documenting, tracking, and advocating for consumer choice are a focus of proposed services.

4. **Warrant that CCDDDB/CCMHB money will not supplement Medicaid rates.**

There is no explicit reference to avoidance of Medicaid supplementation.

5. **Address cultural competence and reaching out to underserved populations.**

Various office locations include Illinois WorkNet Center, Brookens, Rantoul Community Center, and others. Sign language and language interpreters are available as needed. Program information is available in accessible formats. Cultural Competency Plan is reviewed and updated annually.

Program Performance Measures:

Consumer Access: Good detail on process. Office hours, locations, and 24/7 emergency response through answering service. Section includes measures related to: collection of demographic and consumer choice data (100% of individuals already funded, plus new); timeliness of response to calls (2 business days); referrals for other resources within one business day after determination of ineligibility; satisfaction surveys (no quantifiable target identified here, but 95% satisfaction in 2013 is noted, and feedback is used to improve the program.)

Consumer Outcomes: Section contains description of the services to be delivered - assistance obtaining evidence for eligibility determination, documentation of individuals' preferences for service planning, and tracking of choices for follow-up – and outcomes – referral to community

services, data to CCMHB/CCDDB for planning and decision recommendation, and service gap information for providers.

Staff Assessment: a quantifiable measure does not appear to have been identified.

Utilization/Production Data: *(targets; current year data, if funded)*

Targets for: 300 New Treatment Plan Clients (those with Medicaid-waiver awards, on behalf of whom services are discussed, data entered, and choices tracked), 200 New Non-Treatment Plan Clients (those without Medicaid-waiver awards, for whom choices are discussed, data entered into spreadsheet and PUNS, and choices are tracked), 20 Service Contacts (those who are not eligible and referred elsewhere), 25 Community Service Events.

Financial Information:

PY15 CCDDB/CCMHB Funding Request: \$48,000
PY15 Total Program Expenses: \$547,470

Program Staff – CCDDB/CCMHB Funds: 0.5 FTE
Total Program Staff: 6.0 FTE

Staff Assessment: (1) Staff costs, all direct staff, comprise 62% of CCDDB/CCMHB budgeted expenses, with others being professional fees/consultants (17%, for psychologists, some IT), consumables, occupancy, transportation, and specific assistance (7%, for individuals to obtain school and other records, bus tokens, transportation to appointments related to eligibility determination.)

(2) CCDDB/CCMHB revenue is 8.8% of total program revenue, with other source DHS funding (Individual Services and Support Advocacy grant).

(3) The contract maximum should be based on a case rate for the 500 people served by the program using the following formula: number of clients x the average number of hours projected for each person x the hourly rate established by DHS for comparable services.

Budget Narrative:

Explains each item and allocation method. Mentions staff credentials.

Audit Findings: This applies only to applicants with existing CCMHB or CCDDB contracts and is predicated on findings from the audit protocol.

Not Applicable _____
Audit Requirement Waived _____
Audit in Compliance X _____
Audit not in Compliance _____
Auditor Finding _____

Contracting Considerations: If this application is approved by the CCDDB/CCMHB for funding, the applicant shall be required to revise and submit the following program plan and budget sections for staff review and approval prior to execution of the final FY15 contract:

1. The budget section shall include the following language: “Coordination of Payers: All CCDDB/CCMHB contracted service providers shall coordinate their services and

seek/utilize payment from other revenue sources prior to using CCDDDB/CCMHB funding, thus making the CCDDDB/CCMHB payer of last resort.

2. The CCDDDB/CCMHB revenue and projected expenses in column 3 (i.e., of the budget document) shall match. If the expenses in column 2 are less than the total revenue in column 2, the surplus shall be assigned to the CCDDDB/CCMHB.
3. The applicant shall warrant that CCDDDB/CCMHB dollars shall not be used to supplement Medicaid rates.
4. The applicant shall specify the estimated hours of service to be provided for people served under this contract and tie back to the contract maximum.
5. The applicant shall propose an appropriate case rate which is predicated by monthly hours of service x the rate established by DHS for the service, provide a rate setting methodology to support any proposed rates.
6. The applicant shall provide Person Centered Planning information as delineated above, as an addendum to the final contract.
7. The applicant shall provide Employment First information as delineated above, as an addendum to the final contract.
8. Consumer outcomes measurements should be developed to tie to consumer choices, placements, etc.

Applicant Review and Input:

The applicant is encouraged to review this document upon receipt and notify the CCDDDB/CCMHB office in writing if there are factual errors which should be corrected prior to completion of the award process.

Recommendation: Pending

DRAFT CCDDDB PROGRAM SUMMARY 2015

Agency: CTF Illinois

Program Name: Nursing Services

Contract Format Requested: Fee for Service

Funding Requested: \$17,160

Staff Assessment: \$33 per hour, up to 520 hours.

Target Population:

Seven (7) adults with intellectual and developmental disabilities residing at CTF's Champaign group home, 6 of whom have, and the 7th who is currently pursuing, State CILA funding. Many have medical issues related to aging, some behavioral health as well.

Staff Assessment: DHS CILA funding is noted.

Service Description/Type:

Coordination of medical nursing care, medication training of staff, quality assurance wrt all medical concerns, input into medical forms and policies, formal monthly RN site visits, monthly medication checks and review of Physician Order Sheets, annual Physical Status Review nursing packets, Quarterly medication assessments for those on psychotropic medications, annual physical assessments, tardive dyskinesia screenings, annual recertification of med administration for all staff, on call 24/7, participating in team meetings/residents' service plans.

Staff Assessment: Activities as mandated by Rules 115 and 116. Application describes individuals' medical support needs and inadequate reimbursement rates, averaging \$121 per year for those residents with Medicaid-waiver funding.

CCDDDB Priorities:

1. **Person Centered Planning (PCP) - The Centers for Medicare and Medicaid Services (CMS) has included specifications for PCP as a component of the Home and Community Based Services (HCBS) final rule. Select applicants will be required to submit, as an addendum to contracts issued, a description of their PCP process which addresses the following items:**
 - (a) The process by which the individual selects people who will participate in PCP meetings and activities.
 - (b) The process by which the individual selects the time, date and location of the PCP meetings, as well as any assistance needed/desired to participate in and understand the meetings/activities.
 - (c) Explain how the individual has the opportunity to make informed choices, based on access to complete information about services and financial supports available in integrated settings, as well as their concerns about integrated settings.
 - (d) Describe PCP measurable desired outcomes are associated with community integration.

- (e) Explain the extent to which the individual controls their day and how they live.
 - (f) Describe how support is given to build connections to the broader community.
 - (g) Acknowledgement that the individual has the right to ask, at any time, for a new PCP meeting to change the services/supports plan.
 - (h) Acknowledgement that the individual has been informed of the right to “independent facilitation” for the PCP process. This means the individual may choose someone other than provider staff to conduct the PCP meetings.
2. **Incorporate/cite Employment First principles.** Select applicants will be required to submit, as an addendum to contracts issued, their plan for implementing this law.
 3. **Acknowledge and support self-advocacy.**

This item does not appear to have been addressed in the application.

4. **Warrant that CCDDDB/CCMHB money will not supplement Medicaid rates.**

Budget Narrative states: “We engaged our attorney to review the regulations to determine if these funds are considered supplemental payments to Medicaid. He concluded they are not.”

5. **Address cultural competence and reaching out to underserved populations.**

The consumer access section doesn’t specify efforts to reach out to underserved populations. Cultural Competence Plan details action steps related to policy, consumer choice, consumer involvement in review of practices and procedures, etc.

Demographic Data for FY14, at mid-year, of 7 individuals: 57% are aged 19 to 59, 43% are 60 and up; 86% are white, 14% African American; none of Hispanic/Latino origin; 71% female. In FY13, of 7: 86% were aged 19 to 59, 14% 60 and up; 86% were white, 14% African American; none of H/L origin; 71% female.

Zip Code Data: all reside in Champaign; no data on counties of origin.

Program Performance Measures:

Consumer Access: All residents of CTF CILA have access to these services as needed; access to the CILA program is not described, but eligibility is: 18 years of age or older, not a danger to self or others, must have a developmental disability. Advocacy and monitoring are mentioned.

Staff Assessment: *Access to residential program is not described; referrals presumably come through Pre-Admission Screening agents.*

Consumer Outcomes: Good detail on feedback from residents and guardians (planning and other meetings and Satisfaction Surveys), monitoring by PAS agent and DHS. Self-medication assessments and physical health (nursing, physician, laboratory, therapy) reviews are completed annually. Two measurable goals are identified, one for reduction of med errors and one for progress on consumer self-medication goals.

Utilization/Production Data: (targets; current year data, if funded)

Seven (7) Treatment Plan Clients. Target number of service hours not specified.

FY14 target of 7 TPCs and 500 service hours compares with 7TPCs and 8 month actual total of 273 hours.

In **FY13**, 7 TPCs and 358 total service hours.

Financial Information:

PY15 CCDDDB Funding Request: \$17,160

PY15 Total Program Expenses: \$22,624

Program Staff – CCDDDB Funds: 0.32 FTE

Total Program Staff: 0.32 FTE

Staff Assessment: (1) Agency receives DHS reimbursement for services on behalf of six of the seven residents. Although small amounts are noted, they could be included in Revenue form to demonstrate that CCDDDB is not charged as well; total agency amount for this line is \$2,635. Similarly, a portion of the total \$7,092 of seven residents' fees could be assigned to program revenue. (2) The applicant is proposing a deficit budget. CCDDDB is the only listed revenue source, and estimated expenses should equal the revenue provided in both column 2 and 3. (3) 89% of expenses charged to this contract are staff costs, 11% mileage reimbursement. 74% of personnel costs are for direct staff.

Budget Narrative:

Explains each item and is consistent with program plan narrative.

Audit Findings: This applies only to applicants with existing CCMHB or CCDDDB contracts and is predicated on findings from the audit protocol.

Not Applicable _____

Audit Requirement Waived _____

Audit in Compliance X

Audit not in Compliance _____

Auditor Finding _____

FY13 Excess Revenue _____

Contracting Considerations: If this application is approved by the CCDDDB for funding, the applicant shall be required to revise and submit the following program plan and budget sections for staff review and approval prior to execution of the final FY15 contract:

1. The budget section shall include the following language: "Coordination of Payers: All CCDDDB contracted service providers shall coordinate their services and seek/utilize payment from other revenue sources prior to using CCDDDB funding, thus making the CCDDDB payer of last resort.
2. The CCDDDB revenue and projected expenses in column 3 (i.e., of the budget document) shall match. If the expenses in column 2 are less than the total revenue in column 2, the surplus shall be assigned to the CCDDDB.

3. The applicant shall warrant that CCDDDB dollars shall not be used to supplement Medicaid rates.
4. The applicant shall provide Person Centered Planning information as delineated above, as an addendum to the final contract.

Applicant Review and Input:

The applicant is encouraged to review this document upon receipt and notify the CCDDDB office in writing if there are factual errors which should be corrected prior to completion of the award process.

Recommendation: Pending

DRAFT CCDDDB PROGRAM SUMMARY 2015

Agency: CTF Illinois

Program Name: Residential and Day Training

Contract Format Requested: Fee for Service

Funding Requested: \$36,500

Staff Assessment: \$100/day rate.

Target Population:

One adult with intellectual and developmental disabilities residing at CTF's Champaign group home, currently pursuing State CILA funding.

Staff Assessment: CTF staff and PAS agent are assisting this individual in securing CILA funding through DHS.

Service Description/Type:

Residential Services/Developmental Training: 24 hour supervision, case management, interdisciplinary team planning, assessments contributing to Individual Service Plan, nursing services (including 24/7 access), dietician, linkage to community resources/activities, transportation, other services as needed (occupational and physical therapy, behavioral support, speech/language). Person centered planning to tailor services for individual. Residential services as described in DHS Rules 115 and 116, and Developmental Training services subcontracted through another agency provider.

Staff Assessment: Nursing services are supported through a separate contract.

CCDDDB Priorities:

1. **Person Centered Planning (PCP) - The Centers for Medicare and Medicaid Services (CMS) has included specifications for PCP as a component of the Home and Community Based Services (HCBS) final rule. Select applicants will be required to submit, as an addendum to contracts issued, a description of their PCP process which addresses the following items:**
 - (a) The process by which the individual selects people who will participate in PCP meetings and activities.
 - (b) The process by which the individual selects the time, date and location of the PCP meetings, as well as any assistance needed/desired to participate in and understand the meetings/activities.
 - (c) Explain how the individual has the opportunity to make informed choices, based on access to complete information about services and financial supports available in integrated settings, as well as their concerns about integrated settings.
 - (d) Describe PCP measurable desired outcomes are associated with community integration.
 - (e) Explain the extent to which the individual controls their day and how they live.
 - (f) Describe how support is given to build connections to the broader community.

- (g) Acknowledgement that the individual has the right to ask, at any time, for a new PCP meeting to change the services/supports plan.
 - (h) Acknowledgement that the individual has been informed of the right to “independent facilitation” for the PCP process. This means the individual may choose someone other than provider staff to conduct the PCP meetings.
2. **Incorporate/cite Employment First principles.** Select applicants will be required to submit, as an addendum to contracts issued, their plan for implementing this law.
 3. **Acknowledge and support self-advocacy.**
This item does not appear to have been addressed in the application
 4. **Warrant that CCDDDB/CCMHB money will not supplement Medicaid rates.**
No explicit statement in the application. When the current resident secures CILA funding through DHS-DDD, local funding will no longer support the services.
 5. **Address cultural competence and reaching out to underserved populations.**
The consumer access section identifies efforts to reach out to underserved populations, including sign language interpreter and printed materials in languages other than English. Cultural Competence Plan details action steps related to policy, consumer choice, consumer involvement in review of practices and procedures, etc.

Demographic Data for FY14 and FY13: *aged 19-59, white, not of Hispanic/Latino origin, male.*

Zip Code Data: *current resident of Champaign, originating from Urbana.*

Program Performance Measures:

Consumer Access: Description of referral process, capacity issues, timing, emergency placements, consent to service, accommodations, demographic data collection and reporting, role of PAS/ISC and agency staff, etc.

Staff Assessment: a quantifiable measure does not appear to have been identified but is not relevant due to nature of the program.

Consumer Outcomes: (at least) monthly review of daily notes and goals to evaluate individual’s progress; six month review of goals; explanation for slow movement from CILA to less restrictive environments; (at least) annual review of service plan includes team, consumer, and family; annual review of outcomes by CTF management (for efficiency, satisfaction, demographics); consistency with DHS DDD benchmarks; monthly monitoring by PAS/ISC staff; Human Rights committee review; two measures are identified – 90% score on individual satisfaction survey (achieved for FY13) and individual progress on goals in 10 of 12 months (also achieved).

Utilization/Production Data: *(targets; current year data, if funded)*

1 Treatment Plan Client. Staff schedules and timesheets, program records, medical records, progress notes demonstrate level of care. 24 hour service verified by attendance report.

FY14 and FY13 targets also 1.

Financial Information:

PY15 CCDDDB Funding Request: \$36,500
PY15 Total Program Expenses: \$ 46,571

Program Staff – CCDDDB Funds: 1.12 FTE
Total Program Staff: 1.92 FTE

Staff Assessment: (1) Revenue form shows main source as Sales of Goods & Services rather than DHS-DDD, not explained in Budget Narrative. Personnel form may also need to be redone, as Total Program and Total CCDDDB Salary columns are reversed.

(2) The applicant is proposing a deficit budget. CCDDDB is the only listed revenue source, and estimated expenses should equal the revenue provided in both column 2 and 3.

(3) Total Agency Budget column shows amounts for Client Social Security and Client Earned Income (\$7,092) which should be treated as revenue for this program.

(4) 72% of expenses charged to this contract are staff costs, with other expenses being professional fees (DT and other fees) at 38%, operating costs (3%), consumables (7%), occupancy (5%), and small depreciation. 68% of personnel costs are for direct staff.

Budget Narrative:

Explains each item associated with this contract in detail, is consistent with program plan narrative. Allocation of 14% of personnel costs for the total house, e.g. Budget forms require revisions clarifying issues raised above.

Audit Findings: This applies only to applicants with existing CCMHB or CCDDDB contracts and is predicated on findings from the audit protocol.

Not Applicable _____
Audit Requirement Waived _____
Audit in Compliance X
Audit not in Compliance _____
Auditor Finding _____
FY13 Excess Revenue _____

Contracting Considerations: If this application is approved by the CCDDDB for funding, the applicant shall be required to revise and submit the following program plan and budget sections for staff review and approval prior to execution of the final FY15 contract:

1. The budget section shall include the following language: “Coordination of Payers: All CCDDDB contracted service providers shall coordinate their services and seek/utilize payment from other revenue sources prior to using CCDDDB funding, thus making the CCDDDB payer of last resort.
2. The CCDDDB revenue and projected expenses in column 3 (i.e., of the budget document) shall match. If the expenses in column 2 are less than the total revenue in column 2, the surplus shall be assigned to the CCDDDB.
3. The applicant shall warrant that CCDDDB dollars shall not be used to supplement Medicaid rates.
4. The applicant shall provide Person Centered Planning information as delineated above, as an addendum to the final contract.

5. The applicant shall provide Employment First information as delineated above, as an addendum to the final contract.
6. When state funding is secured, this contract should no longer be funded.

Applicant Review and Input:

The applicant is encouraged to review this document upon receipt and notify the CCDDB office in writing if there are factual errors which should be corrected prior to completion of the award process.

Recommendation: Pending

DRAFT CCDDDB/CCMHB PROGRAM SUMMARY 2015

Agency: Community Choices, Inc.

Program Name: CILA Expansion

Contract Format Requested: Grant

Funding Requested: \$30,000 (identical requests submitted to CCMHB and CCDDDB)

Target Population:

Eleven (11) individuals with intellectual and developmental disabilities, who are from Champaign County, have DHS CILA funding but are not currently being served in Champaign County.

Staff assessment: Consumer Outcomes section proposes to serve 8 individuals.

Service Description/Type:

Collaboration with a CILA provider to expand capacity (four-person or smaller homes) in Champaign County and to offer community-based flexible day services. This contract would establish infrastructure, covering some start-up costs.

CCDDDB Priorities:

1. **Person Centered Planning (PCP) - The Centers for Medicare and Medicaid Services (CMS) has included specifications for PCP as a component of the Home and Community Based Services (HCBS) final rule. Select applicants will be required to submit, as an addendum to contracts issued, a description of their PCP process which addresses the following items:**
 - (a) The process by which the individual selects people who will participate in PCP meetings and activities.
 - (b) The process by which the individual selects the time, date and location of the PCP meetings, as well as any assistance needed/desired to participate in and understand the meetings/activities.
 - (c) Explain how the individual has the opportunity to make informed choices, based on access to complete information about services and financial supports available in integrated settings, as well as their concerns about integrated settings.
 - (d) Describe PCP measurable desired outcomes are associated with community integration.
 - (e) Explain the extent to which the individual controls their day and how they live.
 - (f) Describe how support is given to build connections to the broader community.
 - (g) Acknowledgement that the individual has the right to ask, at any time, for a new PCP meeting to change the services/supports plan.
 - (h) Acknowledgement that the individual has been informed of the right to “independent facilitation” for the PCP process. This means the individual may choose someone other than provider staff to conduct the PCP meetings.

2. **Incorporate/cite Employment First principles.** Select applicants will be required to submit, as an addendum to contracts issued, their plan for implementing this law.

3. **Acknowledge and support self-advocacy.**

This item does not appear to have been addressed in the application.

4. **Warrant that CCDDDB/CCMHB money will not supplement Medicaid rates.**

There is no explicit reference to avoidance of Medicaid supplementation.

5. **Address cultural competence and reaching out to underserved populations.**

The consumer access section doesn't specify efforts to reach out to underserved populations. The individuals to be served have already been identified. Agency Cultural and Linguistic Competence Plan has benchmarks of interest, including board training, outreach activities, CLC in person centered plans, using feedback from self-advocates, etc.

Program Performance Measures:

Consumer Access: proposal is a response to limited CILA capacity; collaborations with CILA provider and PAS Agent will identify individuals with funding and a desire to reside in Champaign County.

Staff Assessment: a quantifiable measure of access does not appear to have been identified.

Consumer Outcomes: Up to 8 individuals will be served, 2 homes developed.

Utilization/Production Data: *(targets; current year data, if funded)*

Support to be provided: assess individual needs; develop person-centered plans; identify compatible roommates; hire and train direct care staff. Targets are for **8 Treatment Plan Clients, 400 Service Contacts, and 1 Community Service Event.**

Staff Assessment: narrative does not include details about Service Contacts and Community Service Event.

Financial Information:

PY15 CCDDDB/CCMHB Funding Request: \$30,000

PY15 Total Program Expenses: \$30,000

Program Staff – CCDDDB/CCMHB Funds: 0 FTE

Total Program Staff: 0 FTE

Staff Assessment: CCDDDB/CCMHB request is 100% of program revenue; professional fees/consultants – to hire a House Manager (QIDP) to oversee homes funded by CILA – is 100% of program expense.

Budget Narrative:

Appropriate for the simple budget presented.

Audit Findings: This applies only to applicants with existing CCMHB or CCDDDB contracts and is predicated on findings from the audit protocol.

Not Applicable _____
Audit Requirement Waived _____
Audit in Compliance X
Audit not in Compliance _____
Auditor Finding _____
FY13 Excess Revenue _____

Contracting Considerations: If this application is approved by the CCDDDB/CCMHB for funding, the applicant shall be required to revise and submit the following program plan and budget sections for staff review and approval prior to execution of the final FY15 contract:

1. The budget section shall include the following language: "Coordination of Payers: All CCDDDB/CCMHB contracted service providers shall coordinate their services and seek/utilize payment from other revenue sources prior to using CCDDDB/CCMHB funding, thus making the CCDDDB/CCMHB payer of last resort.
2. The applicant shall describe outreach efforts for underserved populations to access services described in this contract.
3. The applicant shall warrant that CCDDDB/CCMHB dollars shall not be used to supplement Medicaid rates.
4. The applicant shall provide Person Centered Planning information as delineated above, as an addendum to the final contract.
5. The applicant shall provide Employment First information as delineated above, as an addendum to the final contract.

Applicant Review and Input:

The applicant is encouraged to review this document upon receipt and notify the CCDDDB/CCMHB office in writing if there are factual errors which should be corrected prior to completion of the award process.

Recommendation: Pending

DRAFT CCDDDB/CCMHB PROGRAM SUMMARY 2015

Agency: Community Choices, Inc.

Program Name: Community Living

Contract Format Requested: Grant

Staff Assessment: *The contract format should be changed to fee-for-service to conform with CCDDDB efforts to assure that funding is predicated on a “per individual served” basis rather than on a program basis. If appropriate, a case rate process could be considered.*

Funding Requested: \$70,000 (identical requests submitted to the CCMHB and CCDDDB; program is currently funded by the CCDDDB)

Staff Assessment: *The application proposes to serve 35 people through 1670 direct service hours: 20 people in Life Planning receive 25 hours each, \$1,048 per person at the requested contract maximum; 15 in Community Transitional Support receive 78 hrs each or \$3,269 per person at the requested contract maximum.*

Target Population:

Thirty-five (35) adults with intellectual and developmental disabilities, living in Champaign County.

Staff Assessment: *Additional information will be helpful, such as how many program participants have been selected from PUNS and how many are enrolled in PUNS.*

Service Description/Type:

Life Planning (NEW): during major transitions, individuals work with staff to complete comprehensive life skills assessments, financial planning, PATH (planning process), and formal plan. Community Transitional Support: short-term support for individuals’ transitioning from family homes to their own homes; minimal staff support (5 hrs/wk up to 2 years, with check-ins and consults after) and development of natural supports; developing goals and schedules, identifying housing and roommates (if desired), honing life skills, finding community connections.

Staff Assessment: *Two other program components, Life Skill Training and Home-Based Service Facilitation, are also described but are NOT charged to CCDDDB/CCMHB.*

CCDDDB Priorities:

1. Person Centered Planning (PCP) - The Centers for Medicare and Medicaid Services (CMS) has included specifications for PCP as a component of the Home and Community Based Services (HCBS) final rule. Select applicants will be required to submit, as an addendum to contracts issued, a description of their PCP process which addresses the following items:
 - (a) The process by which the individual selects people who will participate in PCP meetings and activities.

- (b) The process by which the individual selects the time, date and location of the PCP meetings, as well as any assistance needed/desired to participate in and understand the meetings/activities.
 - (c) Explain how the individual has the opportunity to make informed choices, based on access to complete information about services and financial supports available in integrated settings, as well as their concerns about integrated settings.
 - (d) Describe PCP measurable desired outcomes are associated with community integration.
 - (e) Explain the extent to which the individual controls their day and how they live.
 - (f) Describe how support is given to build connections to the broader community.
 - (g) Acknowledgement that the individual has the right to ask, at any time, for a new PCP meeting to change the services/supports plan.
 - (h) Acknowledgement that the individual has been informed of the right to “independent facilitation” for the PCP process. This means the individual may choose someone other than provider staff to conduct the PCP meetings.
2. **Incorporate/cite Employment First principles.** Select applicants will be required to submit, as an addendum to contracts issued, their plan for implementing this law.
 3. **Acknowledge and support self-advocacy.**
Not specifically addressed.
 4. **Warrant that CCDDDB/CCMHB money will not supplement Medicaid rates.**
Application states that Home Based Support Service Facilitation will be charged to DHS-DDD.
 5. **Address cultural competence and reaching out to underserved populations.**
Cultural and Linguistic Competence Plan has benchmarks of interest, including board training, outreach activities, CLC in person centered plans, using feedback from self-advocates, etc.

Demographic Data for FY14 mid-year, of 16: 100% between ages 19 and 59; 88% were white, 6% black/African American, and 6% other; 100% not of Hispanic/Latino origin; 88% male. **In FY13, of 16:** 100% were between 19 and 59; 88% white and 12% black/African American; 100% not of H/L origin; 88% male.

Zip Code Data for FY14 mid-year, of 16: 75% were from Champaign, 19% Urbana, and 6% from Greater Champaign County. **In FY13, of 16,** 62% were from Champaign, 19% Urbana, and 19% Greater Champaign County.

Program Performance Measures:

Consumer Access: Collaboration with other groups, schools, and PAS agents; distribution of information at large community events. Open to all. No wait.

Staff Assessment: a measure does not appear to have been identified.

Consumer Outcomes:

Very specific outcome measures per category of service to be charged to CCDDDB/CCMHB. Agency will work with Council on Quality and Leadership for development of other measures.

Utilization/Production Data: *(targets; current year data, if funded)*

20 TPCs to complete comprehensive Life Planning process; 15 in Community Transitional Support; (35 unduplicated TPCs - 12 continuing, 23 new); 2 Community Service Events; 980 Service Contacts (200 in Life Planning and 780 in Community Transitional Support); 1670 Direct Service hours (500 in Life Planning and 1,170 in Community Transitional Support).

At mid-year **FY14**, 13 continuing TPC (target 13), 3 new TPC (target 5), 1 CSE (target 2), 390 SCs (target 1192), 742 Direct Service hours.

For **FY13**, 0 continuing TPC (target 10), 16 new TPC (target 5), 3 CSE (target 2), 566 SCs (target 564), no report of hours.

Financial Information:

PY15 CCDDDB/CCMHB Funding Request: \$70,000
PY15 Total Program Expenses: \$103,946 (total revenue 107,000)

Program Staff – CCDDDB/CCMHB Funds: 0.9 FTE
Total Program Staff: 1.50 FTE

Staff Assessment: (1) CCDDDB/CCMHB revenue is 65% of total program budget with other revenue from contributions (3.7%), DHS-DD (22%), private pay (2.8%), and miscellaneous (5.6%, community builder). (2) Staff costs are 54.5% of expenses charged to this contract, with others to include professional fees (22%), consumables, operating, occupancy, staff development (training), transportation, and misc (rent subsidy for Community Builder). (3) The agency budget carries a surplus of \$8,116; total program surplus \$3,054.

Budget Narrative: Explains each revenue source, expense line item, personnel assignment; indicates that DHS-DDD revenue is through Home Based Support awards (plan narrative states these are not charged to CCDDDB/CCMHB).

Audit Findings: This applies only to applicants with existing CCMHB or CCDDDB contracts and is predicated on findings from the audit protocol.

Not Applicable _____
Audit Requirement Waived _____
Audit in Compliance X _____
Audit not in Compliance _____
Auditor Finding _____
FY13 Excess Revenue _____

Contracting Considerations: If this application is approved by the CCDDDB/CCMHB for funding, the applicant shall be required to revise and submit the following program plan and budget sections for staff review and approval prior to execution of the final FY15 contract:

1. The budget section shall include the following language: “Coordination of Payers: All CCDDDB/CCMHB contracted service providers shall coordinate their services and

seek/utilize payment from other revenue sources prior to using CCDDDB/CCMHB funding, thus making the CCDDDB/CCMHB payer of last resort.

2. The CCDDDB/CCMHB revenue and projected expenses in column 3 (i.e., of the budget document) shall match. If the expenses in column 2 are less than the total revenue in column 2, the surplus shall be assigned to the CCDDDB/CCMHB.
3. The applicant shall describe outreach efforts for underserved populations to access services described in this contract.
4. The applicant shall warrant that CCDDDB/CCMHB dollars shall not be used to supplement Medicaid rates.
5. The applicant shall propose an appropriate case rate which is predicated by monthly hours of service x the rate established by DHS for the service, provide a rate setting methodology to support any proposed rates.
6. The applicant shall provide Person Centered Planning information as delineated above, as an addendum to the final contract.
7. A measure of consumer access should be identified.

Applicant Review and Input:

The applicant is encouraged to review this document upon receipt and notify the CCDDDB/CCMHB office in writing if there are factual errors which should be corrected prior to completion of the award process.

Recommendation: Pending

DRAFT CCDDDB/CCMHB PROGRAM SUMMARY 2015

Agency: Community Choices, Inc.

Program Name: Customized Employment

Contract Format Requested: Grant

Staff Assessment: The contract format should be changed to fee-for-service to conform with CCDDDB efforts to assure that funding is predicated on a “per individual served” basis rather than on a program basis. If appropriate, a case rate process could be considered.

Funding Requested: \$50,000 (identical requests submitted to the CCDDDB and the CCMHB; program is currently funded by the CCDDDB)

Staff Assessment: The application proposes to serve 29 people (\$1,724 per person at the requested contract maximum) through 1405 direct service hours.

Target Population:

Twenty-nine (29) adults with intellectual and developmental disabilities, who are currently unemployed or underemployed and who are interested in community based customized employment or supported self-employment.

Staff Assessment: The budget narrative clarifies that those with Home-Based Support, a Medicaid-waiver award, will use HBS funding for job support services and will not be charged to this contract.

Service Description/Type:

Discovery/Career Planning – determination of strengths, needs, and desires (through observations, interviews, and meetings in various settings) and exploration of specific career opportunities; Matching Job Seekers and Employers – instruction in social and communication skills associated with particular career choice, tours, job shadowing, discussion with potential employers regarding their needs; Short-Term Employment Support – development of accommodations/supports and natural supports, agency contact person for concerns; Long-Term Employment Support – to maintain and expand employment (promotions, retraining, benefits, conflict resolution); Self-Employment – business plan, account, PASS plan with Social Security, promotion.

Staff Assessment: for eligible cases, DRS funding is used instead of CCDDDB/CCMHB funding to support Discovery/Career Planning and Job Matching activities (target 7 additional people).

CCDDDB Priorities:

- 1. Person Centered Planning (PCP) - The Centers for Medicare and Medicaid Services (CMS) has included specifications for PCP as a component of the Home and Community Based Services (HCBS) final rule. Select applicants will be required to submit, as an addendum to contracts issued, a description of their PCP process which addresses the following items:**

- (a) The process by which the individual selects people who will participate in PCP meetings and activities.
 - (b) The process by which the individual selects the time, date and location of the PCP meetings, as well as any assistance needed/desired to participate in and understand the meetings/activities.
 - (c) Explain how the individual has the opportunity to make informed choices, based on access to complete information about services and financial supports available in integrated settings, as well as their concerns about integrated settings.
 - (d) Describe PCP measurable desired outcomes are associated with community integration.
 - (e) Explain the extent to which the individual controls their day and how they live.
 - (f) Describe how support is given to build connections to the broader community.
 - (g) Acknowledgement that the individual has the right to ask, at any time, for a new PCP meeting to change the services/supports plan.
 - (h) Acknowledgement that the individual has been informed of the right to “independent facilitation” for the PCP process. This means the individual may choose someone other than provider staff to conduct the PCP meetings.
2. **Incorporate/cite Employment First principles.** Select applicants will be required to submit, as an addendum to contracts issued, their plan for implementing this law.
 3. **Acknowledge and support self-advocacy.**
Not specifically addressed.
 4. **Warrant that CCDDDB/CCMHB money will not supplement Medicaid rates.**
Explicit statement in budget narrative.
 5. **Address cultural competence and reaching out to underserved populations.**
Cultural and Linguistic Competence Plan has benchmarks of interest, including board training, outreach activities, CLC in person centered plans, using feedback from self-advocates, etc. Rural access is tied to the presence of desired employment opportunities.

Demographics Data for FY14, at mid-year, of 29 individuals: 100% aged 19 to 59; 90% white, 10% black/African American; 100% not of Hispanic/Latino origin; 72% male. **In FY13**, of 29 individuals: 97% between 19 and 59, 3% 60 or older; 100% not of H/L origin; 66% male.

Zip Code Data for FY14, at mid-year, of 29: 41% were from Champaign, 24% Urbana, 10% Rantoul, and 24% Greater Champaign County. **In FY13**, of 29: 48% were from Champaign, 20% Urbana, 7% Rantoul, and 24% Greater Champaign County.

Program Performance Measures:

Consumer Access: Collaboration with other groups, schools, and PAS agents; distribution of information at large community events. Open to all who are currently unemployed or underemployed and express a desire to work in the community.

Staff Assessment: a measure does not appear to have been identified.

Consumer Outcomes: Very specific outcome measures per category of service, including notes about additional persons expected to use the service with DRS funding.

Staff Assessment: None.

Utilization/Production Data: (targets; current year data, if funded)

7 TPCs to complete Discovery/Career Planning; 7 in Job Matching; 7 in Short Term; 22 in Long Term Employment Support (29 unduplicated TPCs); 4 Community Service Events; 890 Service Contacts (105 in Discovery, 140 Job Matching, 210 Short-term, and 330 Long-term); 1405 Direct Service hours.

At mid-year **FY14**, 22 continuing TPC (target 20), 7 new TPC (target 9), 3 CSEs (target 4), 357 SCs (target 758), 543 Direct Service hours.

For **FY13**, 18 continuing TPC (target 12), 11 new TPC (target 10), 4 CSE (target 4), 808 SCs (target 440), no report of hours.

Financial Information:

PY15 CCDDDB/CCMHB Funding Request:	\$50,000
PY15 Total Program Expenses:	\$106,899 (total revenue 109,300)
Program Staff – CCDDDB/CCMHB Funds:	1.10 FTE
Total Program Staff:	2.25 FTE

Staff Assessment: (1) CCDDDB/CCMHB revenue is 46% of total program budget with other revenue from contributions (10%) and DRS (44%). (2) Staff costs are 87% of expenses allocated to this contract, with others to include professional fees, consumables, operating, occupancy, and transportation. (3) The agency budget carries a surplus of \$8,116; total program has a surplus of \$2,401.

Budget Narrative: Explains each revenue source, expense line item, personnel assignment; notes that individuals with Home Based Support funding (Medicaid-waiver) will use that rather than CCDDDB/CCMHB funding for job support.

Audit Findings: This applies only to applicants with existing CCMHB or CCDDDB contracts and is predicated on findings from the audit protocol.

Not Applicable _____
Audit Requirement Waived _____
Audit in Compliance X _____
Audit not in Compliance _____
Auditor Finding _____
FY13 Excess Revenue _____

Contracting Considerations: If this application is approved by the CCDDDB/CCMHB for funding, the applicant shall be required to revise and submit the following program plan and budget sections for staff review and approval prior to execution of the final FY15 contract:

1. The budget section shall include the following language: “Coordination of Payers: All CCDDDB/CCMHB contracted service providers shall coordinate their services and seek/utilize payment from other revenue sources prior to using CCDDDB/CCMHB funding, thus making the CCDDDB/CCMHB payer of last resort.
2. The CCDDDB/CCMHB revenue and projected expenses in column 3 (i.e., of the budget document) shall match. If the expenses in column 2 are less than the total revenue in column 2, the surplus shall be assigned to the CCDDDB/CCMHB.
3. The applicant shall warrant that CCDDDB/CCMHB dollars shall not be used to supplement Medicaid rates.
4. The applicant shall propose an appropriate case rate which is predicated by monthly hours of service x the rate established by DHS for the service, provide a rate setting methodology to support any proposed rates.
5. The applicant shall provide Person Centered Planning information as delineated above, as an addendum to the final contract.
6. The applicant shall provide Employment First information as delineated above, as an addendum to the final contract.
7. A measure of consumer access should be identified.

Applicant Review and Input:

The applicant is encouraged to review this document upon receipt and notify the CCDDDB/CCMHB office in writing if there are factual errors which should be corrected prior to completion of the award process.

Recommendation: Pending

DRAFT CCDDDB/CCMHB PROGRAM SUMMARY 2015

Agency: Community Choices, Inc.

Program Name: Self-Determination Support

Contract Format Requested: Grant

Funding Requested: \$45,000 (identical requests are submitted to CCMHB and CCDDDB; program is currently funded by the CCMHB)

Target Population:

Sixty-six (60) individuals (teens and adults) with disabilities, including intellectual and developmental disabilities, sixty (66) family members of people with disabilities, and the support system in Champaign County and the State of Illinois.

Staff Assessment: (1) Total hours of service through this contract, for all service categories combined, are 2,163. (2) The application doesn't explicitly say whether the 60 individuals with disabilities have Medicaid awards.

Service Description/Type:

For *individuals with disabilities*: Self-Advocacy (monthly group meetings), Social Coaching for Individual Activities (support for individuals planning, inviting, hosting events), and Community Connections (support for joining community activities, connecting with group members). Social Engagement includes picnics, potlucks, etc. for families and separate events for individuals (dinner and movie, e.g.). For *family members*, Family Support and Education are offered through support group meetings, information and networking, assistance for families during transition or challenges. For the *support system*, Building Community Capacity (**new**) is collaboration with another provider agency on Employment First Implementation Plan, helping those with CILA awards to find providers to meet their needs, and engaging with state leaders to develop flexible funding for day and residential services.

CCDDDB Priorities:

1. **Person Centered Planning (PCP) - The Centers for Medicare and Medicaid Services (CMS) has included specifications for PCP as a component of the Home and Community Based Services (HCBS) final rule. Select applicants will be required to submit, as an addendum to contracts issued, a description of their PCP process which addresses the following items:**
 - (a) The process by which the individual selects people who will participate in PCP meetings and activities.
 - (b) The process by which the individual selects the time, date and location of the PCP meetings, as well as any assistance needed/desired to participate in and understand the meetings/activities.
 - (c) Explain how the individual has the opportunity to make informed choices, based on access to complete information about services and financial supports available in integrated settings, as well as their concerns about integrated settings.

- (d) Describe PCP measurable desired outcomes are associated with community integration.
 - (e) Explain the extent to which the individual controls their day and how they live.
 - (f) Describe how support is given to build connections to the broader community.
 - (g) Acknowledgement that the individual has the right to ask, at any time, for a new PCP meeting to change the services/supports plan.
 - (h) Acknowledgement that the individual has been informed of the right to “independent facilitation” for the PCP process. This means the individual may choose someone other than provider staff to conduct the PCP meetings.
2. **Incorporate/cite Employment First principles.** Select applicants will be required to submit, as an addendum to contracts issued, their plan for implementing this law.
 3. **Acknowledge and support self-advocacy.**
Self-advocacy is a focus of this application.
 4. **Warrant that CCDDDB/CCMHB money will not supplement Medicaid rates.**
There is no explicit reference to avoidance of Medicaid supplementation.
 5. **Address cultural competence and reaching out to underserved populations.**
Cultural and Linguistic Competence Plan has benchmarks of interest, including board training, outreach activities, CLC in person-centered plans, using feedback from self-advocates, etc.

Demographic Data for FY14 mid-year, of 124 people: 0.8% were aged 13-18, 93% between 19 and 59, and 6% were over 60; 88% were white, 6% black/African American, 4% Asian, and 0.8% other; 2.4% were of Hispanic/Latino origin; 48% were male. **In FY13**, of 131 people: 5% were aged 13-18, 82% were 19-59, 12% over 60; 88% were white, 7% black/African American, 4.6% Asian, and 0.8% other; 1.5% were of Hispanic/Latino origin; 48% were female.

Zip Code Data for FY14, at mid-year, of 124 people: 23% were from Urbana, 55% Champaign, and 21% Greater Champaign County. **In FY13**, of 131 people: 24% were from Urbana, 54% Champaign, and 22% Greater Champaign County.

Program Performance Measures:

Consumer Access: individuals and families are connected via The Autism Program, PAS Agents, PACE, C-U schools, other parent support networks. Printed information is distributed at large community events. No wait for access: people can start with an intake meeting or by attending an event.

Staff Assessment: A quantifiable measure does not appear to have been identified.

Consumer Outcomes: three outcomes are listed for Building community capacity (completion of an Employment First Implementation Plan, collaboration to increase CILA capacity, change in state policy); three for Family support and education (sense of community, increased knowledge of system, engagement in advocacy); and seven for Social Opportunities (under the categories of self-advocacy, social engagement, social coaching, and community connections). Agency expects to

develop more detailed measures as part of the process of accreditation by Council on Quality and Leadership.

Staff Assessment: Specific (quantifiable?) measures deferred to CQL recommendations; these should be incorporated into performance measures for this contract.

Utilization/Production Data: (targets; current year data, if funded)

110 Non-Treatment Plan Clients Continue from FY14, and **16** are new. Very specific utilization targets are assigned to each primary area of service: the **126 total NTPCs** are comprised of 6 (family members) in Building Community Capacity, 60 (family members) in Family Support and Education, 60 (individuals with disabilities) in Social Opportunities; **822 Service Contacts** are 48 in Building Community Capacity, 264 in Family Support and Education, and 510 in Social Opportunities, further divided into Speak Out group, Social Events, Social Coaching, and Community Connections; **2,163 total hours** of service are 96 in Building Community Capacity, 792 in Family Support and Education, 1,275 in Social Opportunities (further broken out by subcategory). The target for **Community Service Events** is 4, including conferences and resource fairs.

At mid-year FY14, there were 117 continuing NTPCs (target 105), 7 new NTPCs (target 20), 600 Service Contacts (target 812), 5 Community Service Events (target 4), and 346 hours of service.

In FY13, there were 104 continuing NTPCs (against a target of 60), 27 new NTPCs (target 15), 795 Service Contacts (target 708), and 6 Community Service Events (target 5).

Financial Information:

PY15 CCDDDB/CCMHB Funding Request: \$45,000

PY15 Total Program Expenses: \$58,339

Program Staff – CCDDDB/CCMHB Funds: 0.80 FTE

Total Program Staff: 0.90 FTE

Staff Assessment: (1) Staff costs comprise 81% of total expenses to be charged to this contract, other expenses in professional fees (auditor, CQL, and independent contractors), consumables, general operating, occupancy, and conferences (staff training in best practices), and transportation. (2) Request is 74% of total program revenue, with other revenue sources being contributions (25%) and private pay (2%, for reimbursements for special event fees). (3) The agency budget has a surplus of \$8,116 (3% of total revenue); total program budget surplus of \$2,661 (4.6%), but CCDDDB budget is balanced.

Budget Narrative:

Each expense and revenue item is explained. Personnel assignments are very specific (.15 of Social Coordinator, .25 of Community Life Coordinator, and .4 of Executive Director). Heavy reliance on volunteer support in this program.

Audit Findings: This applies only to applicants with existing CCMHB or CCDDDB contracts and is predicated on findings from the audit protocol.

Not Applicable _____

Audit Requirement Waived _____

Audit in Compliance X
Audit not in Compliance _____
Auditor Finding _____
FY13 Excess Revenue _____

Contracting Considerations: If this application is approved by the CCDDDB/CCMHB for funding, the applicant shall be required to revise and submit the following program plan and budget sections for staff review and approval prior to execution of the final FY15 contract:

1. The budget section shall include the following language: “Coordination of Payers: All CCDDDB/CCMHB contracted service providers shall coordinate their services and seek/utilize payment from other revenue sources prior to using CCDDDB/CCMHB funding, thus making the CCDDDB payer of last resort.
2. The CCDDDB/CCMHB revenue and projected expenses in column 3 (i.e., of the budget document) shall match. If the expenses in column 2 are less than the total revenue in column 2, the surplus shall be assigned to the CCDDDB/CCMHB.
3. The applicant shall warrant that CCDDDB/CCMHB dollars shall not be used to supplement Medicaid rates.
4. The consumer outcomes measurements should be quantifiable and include those developed through accreditation process.

Applicant Review and Input:

The applicant is encouraged to review this document upon receipt and notify the CCDDDB/CCMHB office in writing if there are factual errors which should be corrected prior to completion of the award process.

Recommendation: Pending

DRAFT CCDDDB/CCMHB PROGRAM SUMMARY 2015

Agency: Community Elements, Inc.

Program Name: Coordination of Services: DD/MI

Contract Format Requested: Grant

Staff Assessment: *The contract format should be changed to fee-for-service to conform with CCDDDB efforts to assure that funding is predicated on a “per individual served” basis rather than on a program basis. If appropriate, a case rate process could be considered.*

Funding Requested: \$38,115 (identical requests submitted to the CCDDDB and CCMHB; program is currently funded by the CCDDDB)

Staff Assessment: *The application proposes to serve 30 people as Treatment Plan Clients and 3 as Non-TPC (\$1,155 per person at the requested contract maximum).*

Target Population:

Thirty-three (33) people (adults) with diagnosis of both a mental health and developmental disability, with a need for coordinated services, priority to those currently residing in settings for people with DD and those in settings without supports for the co-occurring conditions and therefore at risk of hospitalization or homelessness.

Staff Assessment: *(1) application gives an approximation of hours of service delivered monthly on behalf of all served = over 100. (2) The application doesn't explicitly say whether these 33 people have Medicaid awards but does note that time is spent on non-billable activities with Medicaid clients. (3) Are program participants enrolled in PUNS?*

Service Description/Type:

Case identification, mental health screening, direct services to individual and family members, technical assistance to professionals involved in care, coordination of inter-disciplinary staffing, treatment planning, and advocacy. Case management, counseling, and linkage to other agency programs. “Strength-based approach.”

Staff Assessment: *Staff credentials are included. Discussion of Medicaid includes inadequate rates to cover the cost of care and non-reimbursable services. Individuals are referred to the agency's Access and Benefits Case Manager for assistance in securing Medicaid.*

CCDDDB Priorities:

1. Person Centered Planning (PCP) - The Centers for Medicare and Medicaid Services (CMS) has included specifications for PCP as a component of the Home and Community Based Services (HCBS) final rule. Select applicants will be required to submit, as an addendum to contracts issued, a description of their PCP process which addresses the following items:

- (a) The process by which the individual selects people who will participate in PCP meetings and activities.
 - (b) The process by which the individual selects the time, date and location of the PCP meetings, as well as any assistance needed/desired to participate in and understand the meetings/activities.
 - (c) Explain how the individual has the opportunity to make informed choices, based on access to complete information about services and financial supports available in integrated settings, as well as their concerns about integrated settings.
 - (d) Describe PCP measurable desired outcomes are associated with community integration.
 - (e) Explain the extent to which the individual controls their day and how they live.
 - (f) Describe how support is given to build connections to the broader community.
 - (g) Acknowledgement that the individual has the right to ask, at any time, for a new PCP meeting to change the services/supports plan.
 - (h) Acknowledgement that the individual has been informed of the right to “independent facilitation” for the PCP process. This means the individual may choose someone other than provider staff to conduct the PCP meetings.
2. **Incorporate/cite Employment First principles.** Select applicants will be required to submit, as an addendum to contracts issued, their plan for implementing this law.
 3. **Acknowledge and support self-advocacy.**
Not specifically addressed.
 4. **Warrant that CCDDDB/CCMHB money will not supplement Medicaid rates.**
A statement to this effect does not appear in the application.
 5. **Address cultural competence and reaching out to underserved populations.**
Consumer access section does not refer to specific outreach efforts, does speak to staff/ team trainings.

Demographic Data at mid-year FY14, of 20 total TPCs: 40% were female; 15% were of Hispanic/Latino origin; 50% were white, 30% were black/African American, 5% Asian, and 15% other; 5% were between age 18 and 18, and 95% were aged 19 to 59. In FY13, of 14 people served: 28% were female; 7% (1 person) were of Hispanic/Latino origin; 78% were white, 14% black/African American, 7% Asian; 14% were between ages 13 and 18, 78% aged 19-59, and 7% over 60.

Zip Code Data for FY14, of 20 people: 50% were from Champaign, 30% Urbana, 10% Rantoul, and 10% Greater Champaign County. In FY13, of 14 people: 64% were from Champaign, 14% Urbana, 7% Rantoul, and 14% Greater Champaign County.

Program Performance Measures:

Consumer Access: refers to active Cultural Competency Committee, its composition, history, and accomplishments. Two (2) training events per year during team meetings.

Consumer Outcomes: key measures expressed as the questions, “Overall, how has your situation or problem(s) changed?” and “If a friend needed similar help, would you recommend our organization?” along with time of referral to engagement (four week target) and ongoing identification of barriers.

Utilization/Production Data: *(targets; current year data, if funded)* This section includes narrative on FY14 progress and approximate hours of service for total program.

For FY15, proposes to serve 15 continuing Treatment Plan Clients, 15 New TPCs, and 3 New Non-TPCs, with 18 Service Contacts and 12 Community Service Events.

At mid-year FY14, there are 12 Continuing TPCs (target 20), 8 New TPCs (target 20), no Non-TPCs, 8 SCs (target 20), and 7 CSEs (target 6), with approximately 570 service hours.

In FY13, the first year of the program, there were a total of 12 TPCs (target 20) and 2 NTPCs.

Staff Assessment: utilization narrative in application states that there are 4 new TPCs and 3 CSEs in FY14, different from data in submitted in quarterly reports and revisions made via email (and repeated above); a report of actual service hours should be included. In Unexpected or Unintended Results, the impact of implementation of ACA and Medicaid Expansion on this program and mental health services generally is discussed, along with program's commitment to utilizing non-CCDDB/CCMHB funding as it becomes available.

Financial Information:

PY15 CCDDB/CCMHB Funding Request: \$38,115

PY15 Total Program Expenses: \$38,115

Program Staff – CCDDB/CCMHB Funds: 0.52 FTE

Total Program Staff: 0.54 FTE

Staff Assessment: (1) CCDDB/CCMHB is the only revenue source.

(2) Staff costs comprise 68% of total expenses, with others being professional fees (15%), occupancy (4%), operating (3%), transportation (2.4%), depreciation (3%), consumables (1.8%), and conferences (2.4%). Conference expense includes \$811 for "Disability Fair;" if this refers to the Disability Resource Expo, it not allowable as the Expo does not charge a non-profit booth fee.

(3) The contract maximum should be based on a case rate for the 33 people served by the program using the following formula: number of clients x the average number of hours projected for each person x an hourly rate established for comparable services.

Budget Narrative:

Detail on each item and allocation method. Professional fees/Consultants not explained further. Expense lines (other than staff costs) include allocated program and administrative costs.

Audit Findings: This applies only to applicants with existing CCMHB or CCDDB contracts and is predicated on findings from the audit protocol.

Not Applicable _____

Audit Requirement Waived _____

Audit in Compliance X _____

Audit not in Compliance _____

Auditor Finding _____

FY13 Excess Revenue X

Staff Comments: The FY13 Coordinated Services contract had excess revenue (revenue over expenses) of \$11,825. Contract terms require repayment of the excess revenue.

Contracting Considerations: If this application is approved by the CCDDDB/CCMHB for funding, the applicant shall be required to revise and submit the following program plan and budget sections for staff review and approval prior to execution of the final FY15 contract:

1. The budget section shall include the following language: “Coordination of Payers: All CCDDDB/CCMHB contracted service providers shall coordinate their services and seek/utilize payment from other revenue sources prior to using CCDDDB/CCMHB funding, thus making the CCDDDB/CCMHB payer of last resort.
2. The CCDDDB/CCMHB revenue and projected expenses in column 3 (i.e., of the budget document) shall match. If the expenses in column 2 are less than the total revenue in column 2, the surplus shall be assigned to the CCDDDB/CCMHB.
3. The applicant shall describe outreach efforts for underserved populations to access services described in this contract.
4. The applicant shall warrant that CCDDDB/CCMHB dollars shall not be used to supplement Medicaid rates.
5. The applicant shall propose an appropriate case rate which is predicated by monthly hours of service x the rate established by DHS for the service, provide a rate setting methodology to support any proposed rates.
6. The applicant shall provide Person Centered Planning information as delineated above, as an addendum to the final contract.
7. Renegotiate the target population and service description.

Applicant Review and Input:

The applicant is encouraged to review this document upon receipt and notify the CCDDDB/CCMHB office in writing if there are factual errors which should be corrected prior to completion of the award process.

Recommendation: Pending

DRAFT CCDDDB PROGRAM SUMMARY 2015

Agency: Developmental Services Center

Program Name: Apartment Services

Contract Format Requested: Grant

Staff Assessment: *The contract format should be changed to fee-for-service to conform with CCDDDB efforts to assure that funding is predicated on a “per individual served” basis rather than on a program basis. If appropriate, a case rate process could be considered.*

Funding Requested: \$425,444

Staff Assessment: *The application proposes to serve 63 people (\$6,753 per person at the requested contract maximum)*

Target Population:

The program proposes to serve 63 people during the next funding year. The individuals included in this cohort are able to function more independently than people in CILAs, but still require some level of services and supports in an apartment setting. Twenty-four people in this program are at C-U Independent. The remaining individuals live independently in their own apartments or houses with emergent support on an as needed basis.

Staff Assessment: *(1) The application does not say how many hours of service people will receive, either individually or on average. (2) The application doesn’t explicitly say whether these 63 people have Medicaid awards, and if not, whether they might be eligible for such funding and are enrolled in PUNS. (4) It is not clear whether family involvement, including financial support, is leveraged. (5) To better understand the target population, more information concerning other programs/services/supports these people receive from the applicant may be helpful; data are provided in the Service Coordination program summary.*

Service Description/Type:

The program has three primary goals which are (1) safety, (2) ongoing support with skills that can’t be mastered, and (3) addressing the needs of an ageing population in this program. The array of services and supports is predicated by the individual needs of the clients.

Staff Assessment: *The applicant should provide information about the hours of service needed for each individual and the acuity of needs (e.g., how many have significant issues related to ageing).*

CCDDDB Priorities:

1. **Person Centered Planning (PCP)** - The Centers for Medicare and Medicaid Services (CMS) has included specifications for PCP as a component of the Home and Community Based Services (HCBS) final rule. Select applicants will be required to

submit, as an addendum to contracts issued, a description of their PCP process which addresses the following items:

- (a) The process by which the individual selects people who will participate in PCP meetings and activities.
- (b) The process by which the individual selects the time, date and location of the PCP meetings, as well as any assistance needed/desired to participate in and understand the meetings/activities.
- (c) Explain how the individual has the opportunity to make informed choices, based on access to complete information about services and financial supports available in integrated settings, as well as their concerns about integrated settings.
- (d) Describe PCP measurable desired outcomes are associated with community integration.
- (e) Explain the extent to which the individual controls their day and how they live.
- (f) Describe how support is given to build connections to the broader community.
- (g) Acknowledgement that the individual has the right to ask, at any time, for a new PCP meeting to change the services/supports plan.
- (h) Acknowledgement that the individual has been informed of the right to “independent facilitation” for the PCP process. This means the individual may choose someone other than provider staff to conduct the PCP meetings.

2. **Incorporate/cite Employment First principles.** Select applicants will be required to submit, as an addendum to contracts issued, their plan for implementing this law.

3. **Acknowledge and support self-advocacy.**

This item does not appear to have been addressed in the application.

4. **Warrant that CCDDDB/CCMHB money will not supplement Medicaid rates.**

There is no explicit reference to avoidance of Medicaid supplementation.

5. **Address cultural competence and reaching out to underserved populations.**

The consumer access section doesn't specify efforts to reach out to underserved populations.

Demographic Data for FY14, at mid-year, of 61 people served: 82% were aged 19-59, 18% over 60; 84% were white, 11% black/African American, 3% Asian, 2% other; 2% were of Hispanic/Latino origin; 61% were male. **In FY13**, of 66 people: 85% were 19-59, 15% over 60; 84% were white, 12% black/African American, 3% Asian, and 2% other; 2% were of Hispanic/Latino origin; 59% were male.

Zip Code Data for FY14, at mid-year: of 61 people, 59% were from Urbana, 36% Champaign, 2% Rantoul, and 3% Greater Champaign County. **In FY13**, of 66 people, 61% were from Urbana, 33% Champaign, 2% Rantoul, and 5% Greater CC.

Program Performance Measures:

Consumer Access: This section details the applicant's referral process. A committee determines whether a person is admitted to the program based on the applicant's capacity to serve the person in a person-centered manner.

Consumer Outcomes: The applicant tracks the progress of individuals attaining independent living skills objectives, and new opportunities for people to explore and engage in new hobbies or pastimes associated with interests.

Utilization/Production Data: (targets; current year data, if funded)

The applicant serves only treatment plan clients under this contract. **FY15** targets are set for 60 Continuing and 3 New TPC.

At mid-year **FY14**, there were 57 Continuing TPCs (target 57), 4 New (target 6), 20 Service Contacts (no target), and 3,840.25 total service hours reported.

In FY 13, there were 63 Continuing TPCs (target 65), 3 New (target 3), 6 Service Contacts (no target), and 11,640.25 total service hours reported.

Financial Information:

PY15 CCDDDB Funding Request: \$425,444

PY15 Total Program Expenses: \$475,213

Program Staff – CCDDDB Funds: 9.16 FTE

Total Program Staff: 9.16 FTE

Staff Assessment: (1) The applicant is proposing a deficit budget with revenue of \$425,444 and expenses of \$475,213. In the application, the CCDDDB is the only revenue source.

Estimated expenses should equal the revenue provided in both column 2 and 3. What other sources of funding will be used? Since this will be a “per individual served” contract, there is no justification for the deficit proposed in this application.

(2) Staff costs comprise 87% of all program expenses, with others including transportation (6%) and other smaller allocated items, explained in Budget Narrative (most based on current year actual and allocated via formula.)

(3) The contract maximum should be based on a case rate for the 63 people served by the program using the following formula: number of clients x the average number of hours projected for each person x an established, comparable hourly rate.

Budget Narrative:

A new narrative will be required with the revised budget.

Audit Findings: This applies only to applicants with existing CCMHB or CCDDDB contracts and is predicated on findings from the audit protocol.

Not Applicable _____

Audit Requirement Waived _____

Audit in Compliance X

Audit not in Compliance _____

Auditor Finding _____

FY13 Excess Revenue X

Contracting Considerations: If this application is approved by the CCDDDB for funding, the applicant shall be required to revise and submit the following program plan and budget sections for staff review and approval prior to execution of the final FY15 contract:

1. The budget section shall include the following language: "Coordination of Payers: All CCDDDB contracted service providers shall coordinate their services and seek/utilize payment from other revenue sources prior to using CCDDDB funding, thus making the CCDDDB payer of last resort.
2. The CCDDDB revenue and projected expenses in column 3 (i.e., of the budget document) shall match. If the expenses in column 2 are less than the total revenue in column 2, the surplus shall be assigned to the CCDDDB.
3. The applicant shall describe outreach efforts for underserved populations to access services described in this contract.
4. The applicant shall warrant that CCDDDB dollars shall not be used to supplement Medicaid rates.
5. The applicant shall specify the estimated hours of service to be provided for people served under this contract and tie back to the contract maximum.
6. The applicant shall propose an appropriate case rate which is predicated by monthly hours of service x the rate established by DHS for the service, provide a rate setting methodology to support any proposed rates.
7. The applicant shall provide Person Centered Planning information as delineated above as an addendum to the final contract.
8. The applicant shall provide Employment First information as delineated above as an addendum to the final contract.

Applicant Review and Input:

The applicant is encouraged to review this document upon receipt and notify the CCDDDB office in writing if there are factual errors which should be corrected prior to completion of the award process.

Recommendation: Pending

DRAFT CCDDDB PROGRAM SUMMARY 2015

Agency: Developmental Services Center

Program Name: Augmented Day

Contract Format Requested: Grant

Staff Assessment: The contract format should be changed to fee-for-service to conform with CCDDDB efforts to assure that funding is predicated on a “per individual served” basis rather than on a program basis. If appropriate, a case rate process could be considered. The current year contract is FFS.

Funding Requested: \$337,500

Staff Assessment: The application proposes to serve 90 people (\$3,750 per person at the requested contract maximum)

Target Population:

This contract is to provide an extension of traditional Day Services for an estimated ninety (90) individuals (out of a cohort of 250 with Medicaid funding) who are funded by the State of Illinois (and Medicaid), but limited to 1,100 hours of service per year. The applicant can offer up to 1,500 hours of services to individuals per year, and the target population (i.e., the 90 individuals) has Person Centered Plans which include the need for additional hours beyond the State’s 1,100 hour threshold.

Staff Assessment: None

Service Description/Type:

Traditional Day Services which include: Activities at the YMCA; use of computer lab; creative arts; acting and singing at Parkland; volunteering in the community; community employment; employment training; self-advocacy; skills development; movie and book clubs; cooking; and other self-directed activities.

Staff Assessment: None

CCDDDB Priorities:

1. **Person Centered Planning (PCP) - The Centers for Medicare and Medicaid Services (CMS) has included specifications for PCP as a component of the Home and Community Based Services (HCBS) final rule. Select applicants will be required to submit, as an addendum to contracts issued, a description of their PCP process which addresses the following items:**
 - (a) The process by which the individual selects people who will participate in PCP meetings and activities.

- (b) The process by which the individual selects the time, date and location of the PCP meetings, as well as any assistance needed/desired to participate in and understand the meetings/activities.
 - (c) Explain how the individual has the opportunity to make informed choices, based on access to complete information about services and financial supports available in integrated settings, as well as their concerns about integrated settings.
 - (d) Describe PCP measurable desired outcomes are associated with community integration.
 - (e) Explain the extent to which the individual controls their day and how they live.
 - (f) Describe how support is given to build connections to the broader community.
 - (g) Acknowledgement that the individual has the right to ask, at any time, for a new PCP meeting to change the services/supports plan.
 - (h) Acknowledgement that the individual has been informed of the right to “independent facilitation” for the PCP process. This means the individual may choose someone other than provider staff to conduct the PCP meetings.
2. **Incorporate/cite Employment First principles.** Select applicants will be required to submit, as an addendum to contracts issued, their plan for implementing this law.
 3. **Acknowledge and support self-advocacy.**
This item does not appear to have been addressed in the application
 4. **Warrant that CCDDDB/CCMHB money will not supplement Medicaid rates.**
The individuals served under this contract have Medicaid funding, but this does not constitute supplementation of Medicaid rates because the service hours covered under this contract are beyond the limit allowed.
 5. **Address cultural competence and reaching out to underserved populations.**
The consumer access section doesn't specify efforts to reach out to underserved populations.

Program Performance Measures:

Consumer Access: This section details the applicant’s referral process. A committee determines whether a person is admitted to the program based on the applicant’s capacity to serve the person in a person-centered manner.

Staff Assessment: This section needs to be reworked so as to state that inclusion under this contract is driven by Person Centered Planning processes which recommend more than 1,100 hours of service during the contract year.

Consumer Outcomes: The applicant uses satisfaction surveys for individuals and their guardians. In addition, there are specific process goals tracked (e.g., community based vocational or volunteer activities; participation in community activities)

Staff Assessment: This section should be reworked to focus on functional outcomes which are related to service coordination and attainment of PCP goals. There is too much of a focus on process goals.

Utilization/Production Data: (targets; current year data, if funded)

The applicant anticipates 25,000 direct service hours and proposes billing at \$13.50 per hour or \$17.50 per hour for community employment hours.

Staff Assessment: *We need justification for paying a higher rate than the Medicaid rate for the same services. The current DHS-DDD rate for Developmental Training Services is \$10.39, and the current rates for Supported Employment Program services are \$11.63 and \$13.03. At these rates, the contract maximum could range from \$200,381.54 to \$325,750, although comparison is not possible without information on the exact blend of hours proposed (between 19,286 and 25,000 total).*

Financial Information:

PY15 CCDDDB Funding Request: \$337,500

PY15 Total Program Expenses: \$522,060

Program Staff – CCDDDB Funds: 8.23 FTE

Total Program Staff: 8.23 FTE

Staff Assessment: *(1) The applicant is proposing a deficit budget with revenue of \$337,500 and expenses of \$522,060. In the application, the CCDDDB is the only revenue source, and the estimated expenses should equal the revenue provided in both column 2 and 3. What other sources of funding will be used? Since this will be a “per individual served” contract, there is no justification for the deficit proposed in this application. (2) Staff costs comprise 69% of expenses, with others including lease/rental, transportation, occupancy, client wages; most are based on current actual levels and allocation formula.*

Budget Narrative:

A new narrative will be required with the revised budget.

Audit Findings: This applies only to applicants with existing CCMHB or CCDDDB contracts and is predicated on findings from the audit protocol.

Not Applicable _____
Audit Requirement Waived _____
Audit in Compliance X
Audit not in Compliance _____
Auditor Finding _____
FY13 Excess Revenue N/A

Contracting Considerations: If this application is approved by the CCDDDB for funding, the applicant shall be required to revise and submit the following program plan and budget sections for staff review and approval prior to execution of the final FY15 contract:

1. The budget section shall include the following language: “Coordination of Payers: All CCDDDB contracted service providers shall coordinate their services and seek/utilize payment from other revenue sources prior to using CCDDDB funding, thus making the CCDDDB payer of last resort.

2. The CCDDDB revenue and projected expenses in column 3 (i.e., of the budget document) shall match. If the expenses in column 2 are less than the total revenue in column 2, the surplus shall be assigned to the CCDDDB.
3. The applicant shall describe outreach efforts for underserved populations to access services described in this contract.
4. The applicant shall warrant that CCDDDB dollars shall not be used to supplement Medicaid rates.
5. The applicant shall provide a rationale explaining why the CCDDDB should pay more than the Medicaid rate for the same service.
6. The applicant shall provide Person Centered Planning information as delineated above as an addendum to the final contract.
7. The applicant shall provide Employment First information as delineated above as an addendum to the final contract.
8. The consumer outcomes measurements should be reworked to directly connect to community integration benchmarks as delineated in the individuals PCP.

Applicant Review and Input:

The applicant is encouraged to review this document upon receipt and notify the CCDDDB office in writing if there are factual errors which should be corrected prior to completion of the award process.

Recommendation: Pending

DRAFT CCDDDB PROGRAM SUMMARY 2015

Agency: Developmental Services Center

Program Name: Clinical Services

Contract Format Requested: Grant

Staff Assessment: *The contract format should be changed to fee-for-service to conform with CCDDDB efforts to assure that funding is predicated on a “per individual served” basis rather than on a program basis.*

Funding Requested: \$173,773

Staff Assessment: *The application proposes to serve 84 people, or \$2,069 per person at the requested contract maximum.*

Target Population:

Primary cohort of people served are the applicant’s clients from other programs/services. A small number of clients are not served by the applicant (identified as non-treatment plan clients). Sixty-seven (67) people are “continuing” with 17 new clients anticipated.

Staff Assessment: *(1) The application does not say how many hours of clinical consultation people will receive, either individually or on average. (2) The application doesn’t explicitly say whether these 84 people have Medicaid awards or not.*

Service Description/Type:

A variety of specialty services including: psychological assessment/evaluation, consultation to the persons PCP process, psychiatric services and medication monitoring, counseling and therapy services, speech therapy and physical therapy.

Staff Assessment: *(1) The application does not address whether individuals served are Medicaid recipients, or state that the CCDDDB is the payer of last resort. (2) It is not clear why the applicant proposes to use this fund source for counseling when the CCDDDB funds similar services through a contract with another service provider. (3) It is not clear how the funding is distributed among clinical categories (e.g., psychological assessment, physical therapy, etc.)*

CCDDDB Priorities:

1. **Person Centered Planning (PCP) -** The Centers for Medicare and Medicaid Services (CMS) has included specifications for PCP as a component of the Home and Community Based Services (HCBS) final rule. Select applicants will be required to submit, as an addendum to contracts issued, a description of their PCP process which addresses the following items:
 - (a) The process by which the individual selects people who will participate in PCP meetings and activities.

- (b) The process by which the individual selects the time, date and location of the PCP meetings, as well as any assistance needed/desired to participate in and understand the meetings/activities.
 - (c) Explain how the individual has the opportunity to make informed choices, based on access to complete information about services and financial supports available in integrated settings, as well as their concerns about integrated settings.
 - (d) Describe PCP measurable desired outcomes are associated with community integration.
 - (e) Explain the extent to which the individual controls their day and how they live.
 - (f) Describe how support is given to build connections to the broader community.
 - (g) Acknowledgement that the individual has the right to ask, at any time, for a new PCP meeting to change the services/supports plan.
 - (h) Acknowledgement that the individual has been informed of the right to “independent facilitation” for the PCP process. This means the individual may choose someone other than provider staff to conduct the PCP meetings.
2. **Incorporate/cite Employment First principles.** Select applicants will be required to submit, as an addendum to contracts issued, their plan for implementing this law.
 3. **Acknowledge and support self-advocacy.**
This item does not appear to have been addressed in the application
 4. **Warrant that CCDDDB/CCMHB money will not supplement Medicaid rates.**
There is no explicit reference to avoidance of Medicaid supplementation.
 5. **Address cultural competence and reaching out to underserved populations.**
The consumer access section doesn't specify efforts to reach out to underserved populations.

Demographic Data for FY14, at mid-year, of 78 people: 3% were between ages 7 and 12, 91% were 19-59, and 6% were over 60; 85% were white, 15% black/African American; 1% was of Hispanic/Latino origin; 60% were male. In FY13, of 151 people: 2% were between 7 and 12, 90% were 19-59, and 8% were over 60; 83% were white, 15% black/African American, and 1% Asian; 1% of Hispanic/Latino origin; 56% male.

Zip Code Data for FY14, at mid-year, of 78 people: 29% were from Urbana, 54% Champaign, 8% Rantoul, and 9% Greater Champaign County. In FY13, of 151 people: 26% were from Urbana, 49% Champaign, 13% Rantoul, and 12% Greater Champaign County.

Program Performance Measures:

Consumer Access: Most referrals and people served are the applicant's clients. The applicant states that an effort is made to determine if other funding sources exist for these services.

Staff Assessment: The application is silent on the number of Medicaid clients included in this program, and does not confirm that all other funding sources are ruled out prior to initiating services.

Consumer Outcomes: The applicant uses satisfaction surveys for individuals and their guardians. In addition, all cases are reviewed quarterly, review of psychiatric services are reviewed on a regular basis.

Staff Assessment: This section should be reworked to focus on functional outcomes which are related to service coordination and attainment of PCP goals. There is too much of a focus on process goals.

Utilization/Production Data: (targets; current year data, if funded)

The application describes the treatment plan vs non-treatment plan clients, but does not speak to whether treatment plan clients are prioritized.

FY15 targets include 65 Continuing TPCs, 15 new TPCs, 2 Continuing Non-TPCs, 2 New Non-TPCs, 25 Service Contact, and 2 Community Service Events.

At mid-year FY14, there were 67 Continuing TPCs (against a target of 65), 8 New TPCs (target 15), 1 Continuing NTPC (target 2), 2 New NTPCs (target 2), 12 Service Contacts (target 25), and no CSEs (target 2).

In FY13, there were 95 Continuing TPCs (target 90), 47 New TPCs (target 30), 2 Continuing NTPCs (target 3), 7 New NTPCs (target 3), 56 Service Contacts (target 25), and 2 Community Service Events (target 3).

Staff Assessment: From data reported during FY14, TPCs include 25 people with state CILA funding through DSC, 1 with state CILA funding at a different residential provider, and 2 with state HBS funding; a rationale has been provided stating that these are charged to CCDDDB due to the difficulty securing these services through Medicaid providers.

Financial Information:

PY15 CCDDDB Funding Request: \$173,773

PY15 Total Program Expenses: \$174,894

Program Staff – CCDDDB Funds: 1.20 FTE

Total Program Staff: 1.20 FTE

Staff Assessment: (1) The applicant's budget manifests a surplus of \$1,121. The contract maximum should be adjusted to \$172,652 and budget revised accordingly.

(2) Staff costs comprise 50% of total expenses, with others being professional fees/consultants (45%), general operating, transportation, miscellaneous, and several other smaller amounts, many allocated.

Budget Narrative:

A new narrative will be required with the revised budget.

Audit Findings: This applies only to applicants with existing CCMHB or CCDDDB contracts and is predicated on findings from the audit protocol.

Not Applicable _____

Audit Requirement Waived _____
Audit in Compliance _____X_____
Audit not in Compliance _____
Auditor Finding _____
FY13 Excess Revenue _____

Contracting Considerations: If this application is approved by the CCDDDB for funding, the applicant shall be required to revise and submit the following program plan and budget sections for staff review and approval prior to execution of the final FY15 contract:

1. The budget section shall include the following language: "Coordination of Payers: All CCDDDB contracted service providers shall coordinate their services and seek/utilize payment from other revenue sources prior to using CCDDDB funding, thus making the CCDDDB payer of last resort.
2. The CCDDDB revenue and projected expenses in column 3 (i.e., of the budget document) shall match. If the expenses in column 2 are less than the total revenue in column 2, the surplus shall be assigned to the CCDDDB.
3. The applicant shall describe outreach efforts for underserved populations to access services described in this contract.
4. The applicant shall warrant that CCDDDB dollars shall not be used to supplement Medicaid rates.
5. In addition to changing the contract format to fee-for-service, a prior authorization clause shall be added to the contract.
6. The applicant shall provide Person Centered Planning information as delineated above as an addendum to the final contract.
7. The applicant shall provide Employment First information as delineated above as an addendum to the final contract.

Applicant Review and Input:

The applicant is encouraged to review this document upon receipt and notify the CCDDDB office in writing if there are factual errors which should be corrected prior to completion of the award process.

Recommendation: Pending

DRAFT CCDDDB PROGRAM SUMMARY 2015

Agency: Developmental Services Center

Program Name: Community Employment

Contract Format Requested: Grant

Staff Assessment: *The contract format should be changed to fee-for-service to conform with CCDDDB efforts to assure that funding is predicated on a "per individual served" basis rather than on a program basis. If appropriate, a case rate process could be considered.*

Funding Requested: \$216,300

Staff Assessment: *The application proposes to serve 50 people, or \$4,326 per person at the requested contract maximum. This per person rate is higher than other similar programs proposed this year, so more information is needed on how these services may differ.*

Target Population:

The applicant proposes to serve fifty (50) adults with intellectual and developmental disabilities whose person centered plan includes community integrated employment at minimum wage or above.

Staff Assessment: *(1) The application does not say how many hours of service people will receive, either individually or on average. (2) The application doesn't explicitly say whether these 50 people have Medicaid awards or not. (3) To better understand the target population, more information is needed concerning other programs/services/supports these people receive from the applicant; some data are included in Service Coordination program summary. (4) It is not clear whether these individuals are eligible for Medicaid waiver serves or enrolled in PUNS.*

Service Description/Type:

The applicant describes a range of vocational activities including preparation for employment, skill development, Job Club, and actual integrated employment

Staff Assessment: *(1) the application doesn't provide specific information concerning where the 50 individuals are on the service continuum.*

CCDDDB Priorities:

1. **Person Centered Planning (PCP)** - The Centers for Medicare and Medicaid Services (CMS) has included specifications for PCP as a component of the Home and Community Based Services (HCBS) final rule. Select applicants will be required to submit, as an addendum to contracts issued, a description of their PCP process which addresses the following items:
 - (a) The process by which the individual selects people who will participate in PCP meetings and activities.

- (b) The process by which the individual selects the time, date and location of the PCP meetings, as well as any assistance needed/desired to participate in and understand the meetings/activities.
 - (c) Explain how the individual has the opportunity to make informed choices, based on access to complete information about services and financial supports available in integrated settings, as well as their concerns about integrated settings.
 - (d) Describe PCP measurable desired outcomes are associated with community integration.
 - (e) Explain the extent to which the individual controls their day and how they live.
 - (f) Describe how support is given to build connections to the broader community.
 - (g) Acknowledgement that the individual has the right to ask, at any time, for a new PCP meeting to change the services/supports plan.
 - (h) Acknowledgement that the individual has been informed of the right to “independent facilitation” for the PCP process. This means the individual may choose someone other than provider staff to conduct the PCP meetings.
2. **Incorporate/cite Employment First principles.** Select applicants will be required to submit, as an addendum to contracts issued, their plan for implementing this law.
 3. **Acknowledge and support self-advocacy.**
This item does not appear to have been addressed in the application
 4. **Warrant that CCDDDB/CCMHB money will not supplement Medicaid rates.**
There is no explicit reference to avoidance of Medicaid supplementation.
 5. **Address cultural competence and reaching out to underserved populations.**
The consumer access section doesn't specify efforts to reach out to underserved populations.

Demographic Data for FY14, at mid-year, of 43 people: 98% were aged 19-59, 2% over 60; 72% were white, 21% black/African American, 7% Asian; 0% were of Hispanic/Latino origin; 60% were male.

Zip Code Data for FY14, at mid-year: of 43 people, 40% were from Urbana, 41% Champaign, 5% Rantoul, and 14% Greater Champaign County.

Program Performance Measures:

Consumer Access: This section details the applicant’s referral process. A committee determines whether a person is admitted to the program based on the applicant’s capacity to serve the person in a person-centered manner. It is anticipated that 10 new individuals will be accepted into the program this year.

Consumer Outcomes: The applicant uses satisfaction surveys for individuals and their guardians. In addition, there are specific process goals tracked (e.g., completion of individual service plans within 14 days).

Staff Assessment: *This section should be reworked to focus on functional outcomes which are related to service coordination and attainment of PCP goals.*

Utilization/Production Data: (targets; current year data, if funded)

The applicant reports that all individuals served are treatment plan clients.

FY15 targets include 40 Continuing TPC, 10 New TPC, 2 Service Contacts, and 2 Community Service Events.

At mid-year FY14, there were 36 Continuing TPC (against a target of 45), 7 New TPC (target 10), 2 Service Contacts, and 1 Community Service Events, with 1,254.75 total hours of direct service.

Staff Assessment: Among the 43 TPCs are 3 with state funding for DT and 3 with state funding for CILA.

Financial Information:

PY15 CCDDDB Funding Request: \$216,300

PY15 Total Program Expenses: \$275,975

Program Staff – CCDDDB Funds: 3.32 FTE

Total Program Staff: 3.32 FTE

Staff Assessment: (1) The applicant is proposing a deficit budget with revenue of \$216,300 and expenses of \$275,975. In the application, the CCDDDB is the only revenue source, and the estimated expenses should equal the revenue provided in both column 2 and 3. What other sources of funding will be used? Since this will be a “per individual served” contract, there is no justification for the deficit proposed in this application.

(2) Staff costs are 80% of program expenses, with others being transportation, lease, depreciation, occupancy, operating, and consumables. Expense items are explained in budget narrative, most based on FY14 actual costs and allocation formula.

(3) The contract maximum should be based on a case rate for the 50 people served by the program using the following formula: number of clients x the average number of hours projected for each person x the hourly rate established by DHS for day services.

Budget Narrative:

A new narrative will be required with the revised budget.

Audit Findings: This applies only to applicants with existing CCMHB or CCDDDB contracts and is predicated on findings from the audit protocol.

Not Applicable _____

Audit Requirement Waived _____

Audit in Compliance X

Audit not in Compliance _____

Auditor Finding _____

FY13 Excess Revenue N/A

Contracting Considerations: If this application is approved by the CCDDDB for funding, the applicant shall be required to revise and submit the following program plan and budget sections for staff review and approval prior to execution of the final FY15 contract:

1. The budget section shall include the following language: “Coordination of Payers: All CCDDDB contracted service providers shall coordinate their services and seek/utilize payment from other revenue sources prior to using CCDDDB funding, thus making the CCDDDB payer of last resort.
2. The CCDDDB revenue and projected expenses in column 3 (i.e., of the budget document) shall match. If the expenses in column 2 are less than the total revenue in column 2, the surplus shall be assigned to the CCDDDB.
3. The applicant shall describe outreach efforts for underserved populations to access services described in this contract.
4. The applicant shall warrant that CCDDDB dollars shall not be used to supplement Medicaid rates.
5. The applicant shall specify the estimated hours of service to be provided for people served under this contract and tie back to the contract maximum.
6. The applicant shall propose an appropriate case rate which is predicated by monthly hours of service x the rate established by DHS for the service, provide a rate setting methodology to support any proposed rates.
7. The applicant shall provide Person Centered Planning information as delineated above as an addendum to the final contract.
8. The applicant shall provide Employment First information as delineated above as an addendum to the final contract.
9. The consumer outcomes measurements should be reworked to directly connect to community integration benchmarks as delineated in the individuals PCP.
10. Plan narrative will be reworked to define the target population and subcategories of service.

Applicant Review and Input:

The applicant is encouraged to review this document upon receipt and notify the CCDDDB office in writing if there are factual errors which should be corrected prior to completion of the award process.

Recommendation: Pending

DRAFT CCDDDB PROGRAM SUMMARY 2015

Agency: Developmental Services Center

Program Name: Connections

Contract Format Requested: Grant

Staff Assessment: *The contract format should be changed to fee-for-service to conform with CCDDDB efforts to assure that funding is predicated on a “per individual served” basis rather than on a program basis. If appropriate, a case rate process could be considered.*

Funding Requested: \$87,550

Staff Assessment: *The application proposes to serve 70 people (\$1,251 per person at the requested contract maximum).*

Target Population: People with a developmental disability who want to connect and become more involved in the community, drawing from their personal interest. Activities represent a wide variety of interests such as self-advocacy, health and wellness, safety, technology, community involvement, recreational and social opportunities, employment and volunteerism.

Staff Assessment: *(1) The application does not say how many hours of service people will receive. (2) The application doesn't say whether these 70 people have Medicaid awards or not.*

Service Description/Type: This is an adult day program and social and community integration. The application states that Connections activities focus on building connection, companionship and contribution in the community. Current supported activities include: Self Advocacy Group (advocates fund raise to attend conferences and trainings); “Learning is Sweet” (a diabetes support group); Illinois Imagines (an action group focusing on women with disabilities who experience sexual violence); Members of the Prompting Theatre; and Artists displaying and selling their art

Staff Assessment: *If CU Special Recreation is not currently offering desired opportunities, they may be able to implement activities proposed through an “open call.”*

CCDDDB Priorities:

1. **Person Centered Planning (PCP) -** The Centers for Medicare and Medicaid Services (CMS) has included specifications for PCP as a component of the Home and Community Based Services (HCBS) final rule. Select applicants will be required to submit, as an addendum to contracts issued, a description of their PCP process which addresses the following items:
 - (a) The process by which the individual selects people who will participate in PCP meetings and activities.

- (b) The process by which the individual selects the time, date and location of the PCP meetings, as well as any assistance needed/desired to participate in and understand the meetings/activities.
 - (c) Explain how the individual has the opportunity to make informed choices, based on access to complete information about services and financial supports available in integrated settings, as well as their concerns about integrated settings.
 - (d) Describe PCP measurable desired outcomes are associated with community integration.
 - (e) Explain the extent to which the individual controls their day and how they live.
 - (f) Describe how support is given to build connections to the broader community.
 - (g) Acknowledgement that the individual has the right to ask, at any time, for a new PCP meeting to change the services/supports plan.
 - (h) Acknowledgement that the individual has been informed of the right to “independent facilitation” for the PCP process. This means the individual may choose someone other than provider staff to conduct the PCP meetings.
2. **Incorporate/cite Employment First principles.** Select applicants will be required to submit, as an addendum to contracts issued, their plan for implementing this law.
 3. **Acknowledge and support self-advocacy.**
The application states that Connections is person-centered and self-defined.
 4. **Warrant that CCDDDB/CCMHB money will not supplement Medicaid rates.** *There is no explicit reference to avoidance of Medicaid supplementation.*
 5. **Address cultural competence and reaching out to underserved populations.** *The application states an effort is made to support activities in rural areas. Cultural competence is not addressed in the application.*

Demographic Data for FY14 at mid-year: of 49 people, 96% were aged 19-59, 4% were 60 or older; 86% were white, 14% were black/African American; 2% (1 person) of Hispanic/Latino origin; 39% were male.

Zip Code Data for FY14 at mid-year: of 49 people, 39% were from Urbana, 45% Champaign, 4% Rantoul, and 12% Greater Champaign County.

Program Performance Measures:

Consumer Access: Some activities may be free to participate while others may require participants to pay their own way. There are events where transportation may be provided; however, in most instances, people will need to provide their own transportation.

Staff Assessment: *a specific measure of access does not appear to have been identified.*

Consumer Outcomes: During FY15, program will offer five (5) activities through Job Club (not described in Services), fifteen (15) different types of social event. Compares with FY14 outcome of 12 different types of social event by mid-year (against target of 15) with 47 individuals in 18 separate events.

Utilization/Production Data: (targets; current year data, if funded)

FY15 targets will include 70 new Treatment Plan Clients (people currently served through the agency), 6 new Non-Treatment Plan Clients (people not open with the agency), 5 Service Contacts (persons inquiring about the program), 2 Community Service Events, and 40 Other (total number of separate activities). A report of direct service hours is not included in Other.

At mid-year FY14: 49 new TPCs (against a target of 70), no NTPCs, no SCs, 18 CSEs (target of 50), and 122.75 direct service hours.

Staff Assessment: from FY14 reported data, the 49 new TPCs served include 11 individuals with some type of Medicaid funding (CILA, HBS).

Financial Information:

PY15 CCDDDB Funding Request: \$87,550

PY15 Total Program Expenses: \$88,974

Program Staff – CCDDDB Funds: 1.47 FTE

Total Program Staff: 1.64 FTE

Staff Assessment: (1) The applicant is proposing a deficit budget with deficit of \$1,424. Total agency budget has a deficit of \$618,694. CCDDDB is the only revenue source for this program, and the estimated expenses should equal the revenue provided in both column 2 and 3.

What other sources of funding will be used? Since this will be a “per individual served” contract, there is no justification for the proposed deficit proposed.

(2) Staff costs comprise 85% of total expenses, with others being consumables (10%), miscellaneous (3%), and several smaller, allocated items.

(3) The contract maximum should be based on a case rate for the 76 people served by the program using the following formula: number of clients x the average number of hours projected for each person x an hourly rate established for comparable services.

Budget Narrative: A new budget narrative will be required with the revised budget.

Audit Findings: This applies only to applicants with existing CCMHB or CCDDDB contracts and is predicated on findings from the audit protocol.

Not Applicable _____

Audit Requirement Waived _____

Audit in Compliance X

Audit not in Compliance _____

Auditor Finding _____

FY13 Excess Revenue N/A

Contracting Considerations: If this application is approved by the CCDDDB for funding, the applicant shall be required to revise and submit the following program plan and budget sections for staff review and approval prior to execution of the final FY15 contract:

1. The budget section shall include the following language: “Coordination of Payers: All CCDDDB contracted service providers shall coordinate their services and seek/utilize

payment from other revenue sources prior to using CCDDDB funding, thus making the CCDDDB payer of last resort.

2. The CCDDDB revenue and projected expenses in column 3 (i.e., of the budget document) shall match. If the expenses in column 2 are less than the total revenue in column 2 at the end date of the contract, the surplus shall be assigned to the CCDDDB.
3. The applicant shall describe outreach efforts for underserved populations to access services described in this contract.
4. A specific measure of consumer access to the program should be identified.
5. The applicant shall warrant that CCDDDB dollars shall not be used to supplement Medicaid rates.
6. The applicant shall specify the estimated hours of service to be provided for people served under this contract and tie the number of hours back to the contract maximum.
7. The applicant shall propose an appropriate case rate which is predicated by monthly hours of service x the rate established by DHS for the service, provide a rate setting methodology to support any proposed rates.
8. The applicant shall provide Person Centered Planning information as delineated above, as an addendum to the final contract.

Applicant Review and Input:

The applicant is encouraged to review this document upon receipt and notify the CCDDDB office in writing if there are factual errors which should be corrected prior to completion of the award process.

Recommendation: Pending

DRAFT CCDDDB/CCMHB PROGRAM SUMMARY 2015

Agency: Developmental Services Center

Program Name: Family Development Center

Contract Format Requested: Grant

Staff Assessment: (1) *The contract format should be changed to fee-for-service to conform with CCDDDB efforts to assure that funding is predicated on a “per individual served” basis rather than on a program basis. If appropriate, a case rate process could be considered.* (2) *Two separate applications were submitted with one to the CCDDDB (contract maximum \$30,000) and the other to the CCMHB (contract maximum \$515,000); however, the same consolidated program summary will be shared with both Boards with the final funding decisions predicated by our integrated planning process.*

Funding Requested: \$545,903

Staff Assessment: *The application proposes to serve 605 people, or \$900 per person at the requested contract maximum.*

Target Population:

This program serves children aged birth to 5 years who are at risk for developmental disabilities but do not meet the level is disability thresholds for admission to the Illinois Early Intervention program.

Staff Assessment: *at age three, children are eligible for services under the Illinois School Code, Article 14.*

Service Description/Type:

The program mirrors the State’s Early Intervention program in terms of services offered and includes developmental screening, evaluation, developmental therapy, speech therapy, PLAY Project, parent support, child care consultation, and use of the Family Resource Center materials.

Staff Assessment: *None*

CCDDDB Priorities:

1. **Person Centered Planning (PCP)** - The Centers for Medicare and Medicaid Services (CMS) has included specifications for PCP as a component of the Home and Community Based Services (HCBS) final rule. Select applicants will be required to submit, as an addendum to contracts issued, a description of their PCP process which addresses the following items:
 - (a) The process by which the individual selects people who will participate in PCP meetings and activities.

- (b) The process by which the individual selects the time, date and location of the PCP meetings, as well as any assistance needed/desired to participate in and understand the meetings/activities.
 - (c) Explain how the individual has the opportunity to make informed choices, based on access to complete information about services and financial supports available in integrated settings, as well as their concerns about integrated settings.
 - (d) Describe PCP measurable desired outcomes are associated with community integration.
 - (e) Explain the extent to which the individual controls their day and how they live.
 - (f) Describe how support is given to build connections to the broader community.
 - (g) Acknowledgement that the individual has the right to ask, at any time, for a new PCP meeting to change the services/supports plan.
 - (h) Acknowledgement that the individual has been informed of the right to “independent facilitation” for the PCP process. This means the individual may choose someone other than provider staff to conduct the PCP meetings.
2. **Incorporate/cite Employment First principles.** N/A.
 3. **Acknowledge and support self-advocacy.**
This item does not appear to have been addressed in the application
 4. **Warrant that CCDDDB/CCMHB money will not supplement Medicaid rates.**
There is no explicit reference to avoidance of Medicaid supplementation.
 5. **Address cultural competence and reaching out to underserved populations.**
The consumer access section doesn't specify efforts to reach out to underserved populations.

Demographic Data for FY14, at mid-year, of 529 individuals: all were under the age of 6; 63% were white, 17% black/African American, 4% Asian, and 16% other; 14% were of Hispanic/Latino origin; 61% were male. **In FY13**, of 635 individuals: all were under the age of 6; 58% were white, 25% black/African American, 4% Asian, and 17% other; 12% were of Hispanic/Latino origin; 57% were male.

Zip Code Data for FY14, at mid-year, of 529 individuals: 20% were from Urbana, 44% Champaign, 13% Rantoul, 23% Greater Champaign County. **In FY13**, of 635 individuals: 21% were from Urbana, 44% Champaign, 14% Rantoul, and 21% Greater CC.

Program Performance Measures:

Consumer Access: This section provides information concerning the referral and service initiation process. Timelines for completion of assessments are included.

Consumer Outcomes:

The applicant uses satisfaction surveys for families and also tracks progress toward developmental outcomes desired.

Utilization/Production Data: (targets; current year data, if funded)

The applicant cites increased efforts to cast a wide net to identify children with delays early.

FY15 targets include 405 Continuing and 200 New Treatment Plan Clients (children receiving FDC services), 200 Service Contacts (children receiving a developmental screening), and 300 Community Service Events.

By mid-year FY14, there were 406 Continuing TPCs (against a target of 405), 123 New TPCs (target 190), 88 Service Contacts (target 200), 232 Community Service Events (target 300), and 3,119 total service hours.

In FY13, there were 426 Continuing TPCs (target 550), 209 New TPCs (target 200), 802 NTPCs, 203 Service Contacts (target 200), and 1004 CSEs (target 300).

Staff Assessment: *Despite references to community events associated with minorities, the application does not identify efforts to engage minorities or report on success. This is a critical issue given that minorities tend to be identified at older ages.*

Financial Information:

PY15 CCDDDB/CCMHB Funding Request:	\$545,903
PY15 Total Program Expenses:	\$609,580
Program Staff – CCDDDB/CCMHB Funds:	7.79 FTE
Total Program Staff:	7.79 FTE

Staff Assessment: *(1) The applicant is proposing a deficit budget with revenue of \$545,903 and expenses of \$609,580. In the application, the CCDDDB and CCMHB are the only revenue sources and the estimated expenses should equal the revenue provided in both column 2 and 3. What other sources of funding will be used? Since this will be a “per individual served” contract, there is no justification for the deficit proposed in this application. (2) Staff costs comprise 82% of total expenses, with others being occupancy (5%), transportation (3%), lease/rental (5%), miscellaneous, depreciation. Budget Narrative explains each.*

Budget Narrative:

A new narrative will be required with the revised budget.

Audit Findings: This applies only to applicants with existing CCMHB or CCDDDB contracts and is predicated on findings from the audit protocol.

Not Applicable _____
Audit Requirement Waived _____
Audit in Compliance X _____
Audit not in Compliance _____
Auditor Finding _____
FY13 Excess Revenue X _____

Contracting Considerations: If this application is approved by the CCDDDB/CCMHB for funding, the applicant shall be required to revise and submit the following program plan

and budget sections for staff review and approval prior to execution of the final FY15 contract:

1. The budget section shall include the following language: "Coordination of Payers: All CCDDDB/CCMHB contracted service providers shall coordinate their services and seek/utilize payment from other revenue sources prior to using CCDDDB/CCMHB funding, thus making the CCDDDB/CCMHB payer of last resort.
2. The CCDDDB/CCMHB revenue and projected expenses in column 3 (i.e., of the budget document) shall match. If the expenses in column 2 are less than the total revenue in column 2, the surplus shall be assigned to the CCDDDB/CCMHB.
3. The applicant shall describe outreach efforts for underserved populations to access services described in this contract.
4. The applicant shall warrant that CCDDDB/CCMHB dollars shall not be used to supplement Medicaid rates.
5. The applicant shall specify the estimated hours of service to be provided for people served under this contract and tie back to the contract maximum.
6. The applicant shall provide Person Centered Planning information as delineated above as an addendum to the final contract.

Applicant Review and Input:

The applicant is encouraged to review this document upon receipt and notify the CCDDDB/CCMHB office in writing if there are factual errors which should be corrected prior to completion of the award process.

Recommendation: Pending

DRAFT CCDDDB PROGRAM SUMMARY 2015

Agency: Developmental Services Center

Program Name: Individual and Family Support

Contract Format Requested: Grant

Staff Assessment: The contract format should be changed to fee-for-service to conform with CCDDDB policy concerning money being tied to the individual.

Funding Requested: \$365,144

Staff Assessment: The application proposes to serve 21 (with service plans) and 24 (non-service plan) people (\$8,114 per person at the requested contract maximum).

Target Population:

The Individual Family Support (IFS) program provides services and supports for children and adults with Intellectual and developmental disabilities (I/DD). The program is focused on providing services and supports necessary to help families function with individuals remaining at home.

Does not differentiate between funding sources or explain why CCDDDB funding is used for some individuals while others are funded with state/federal revenue. In addition, it isn't clear why the number of non-treatment plan clients exceeds treatment plan clients.

Most individuals to be served at "continuing" with 12 of the 45 individuals being identified as "new." Length of stay (LOS) in the program is not addressed in the application.

Staff Assessment: (1) The application does not explain the selection process concerning why individuals are included in this program rather than the mirrored state-funded program (2) The application doesn't provide information about LOS (3) the application does not provide an age, gender, demographic breakout for the individuals served.

Service Description/Type:

Includes a variety of services and supports designed to assist families and individuals to function in their home including: assessment, planning, direct staff support, social skills, emergency respite, minor home modification, therapy equipment, independent living skills, camp/fitness funding, and legal funding and support.

Staff Assessment: (1) It is not clear why a significant number of individuals served by this program are "non-treatment plan" clients. (2) The application provides no information concerning percentages of money used for specific service categories.

CCDDDB Priorities:

1. Person Centered Planning (PCP) - The Centers for Medicare and Medicaid Services (CMS) has included specifications for PCP as a component of the Home and

Community Based Services (HCBS) final rule. Select applicants will be required to submit, as an addendum to contracts issued, a description of their PCP process which addresses the following items:

- (a) The process by which the individual selects people who will participate in PCP meetings and activities.
- (b) The process by which the individual selects the time, date and location of the PCP meetings, as well as any assistance needed/desired to participate in and understand the meetings/activities.
- (c) Explain how the individual has the opportunity to make informed choices, based on access to complete information about services and financial supports available in integrated settings, as well as their concerns about integrated settings.
- (d) Describe PCP measurable desired outcomes are associated with community integration.
- (e) Explain the extent to which the individual controls their day and how they live.
- (f) Describe how support is given to build connections to the broader community.
- (g) Acknowledgement that the individual has the right to ask, at any time, for a new PCP meeting to change the services/supports plan.
- (h) Acknowledgement that the individual has been informed of the right to “independent facilitation” for the PCP process. This means the individual may choose someone other than provider staff to conduct the PCP meetings.

2. **Incorporate/cite Employment First principles.** Select applicants will be required to submit, as an addendum to contracts issued, their plan for implementing this law.

3. **Acknowledge and support self-advocacy.**

This item does not appear to have been addressed in the application.

4. **Warrant that CCDDDB/CCMHB money will not supplement Medicaid rates.**

There is no explicit reference to avoidance of Medicaid supplementation, or payer of last resort.

5. **Address cultural competence and reaching out to underserved populations.**

The consumer access section doesn't specify efforts to reach out to underserved populations.

Demographic Data for FY14, at mid-year, of 40 individuals: 15% were under age 6, 30% were 7-12, 10% were 13-18, 40% were 19-59, and 5% were over 60; 68% were white, 10% black/African American, 10% Asian, 12% other; 0% were of Hispanic/Latino origin; 75% were male. **In FY13**, of 51 individuals: 12% were under age 6, 24% were 7-12, 10% were 13-18, 51% were 19-59, 4% were over 60; 67% were white, 16% black/African American, 8% Asian, 10% other; 0% were of Hispanic/Latino origin; 71% were male.

Zip Code Data for FY14, at mid-year, of 40 individuals: 33% reside in Urbana, 50% Champaign, 17% Greater Champaign County. **In FY13**, of 51 individuals: 43% were from Urbana, 41% Champaign, 16% Greater CC.

Program Performance Measures:

Consumer Access: This section details the applicant's referral process. A committee determines whether a person is admitted to the program based on the applicant's capacity to serve the person in a person-centered manner.

Staff Assessment: CCDDDB Staff should pre-authorize all admissions and services under this contract to assure we are payer of last resort.

Consumer Outcomes: The applicant uses satisfaction surveys for individuals and their guardians, but also tracks outcomes associated with community outings and choice/selection of the IFS provider(s).

Staff Assessment: No issues.

Utilization/Production Data: (targets; current year data, if funded)

The applicant cites increased service complexity due to the aging of individuals with I/DD, as well as caregivers. On the positive side, part of this issue is the increased life expectancy of people with I/DD.

FY15 targets include 16 Continuing TPCs, 5 New TPCs, 17 Continuing Non-TPCs, 7 New TPCs, 5 Service Contacts, and 2 Community Service Events.

At mid-year FY14, there were 16 Continuing TPCs (target 16), 5 new TPCs (target 3), 17 Continuing NTPCs (target 17), 2 New NTPCs (target 4), 2 SCs (target 10), 1 CSE (target 3), and 4,901 hours of service.

In FY13, there were 21 Continuing TPCs (target 24), 7 New TPCs (target 3), 18 Continuing NTPCs (14), 5 New NTPCs (13), 22 SCs (target 10), and 4 CSEs (3).

Staff Assessment: It is not clear why a significant number of individuals served are "non-treatment plan" clients.

Financial Information:

PY15 CCDDDB Funding Request: \$365,144

PY15 Total Program Expenses: \$400,908

Program Staff – CCDDDB Funds: 6.66 FTE

Total Program Staff: 6.66 FTE

Staff Assessment: (1) The applicant is proposing a deficit budget with revenue of \$365,144 and expenses of \$400,908. In the application, the CCDDDB is the only revenue source and the estimated expenses should equal the revenue provided in both column 2 and 3. What other sources of funding will be used? Since this will be a "per individual served" contract, there is no justification for the deficit proposed in this application.

(2) Staff costs comprise 84% of total expenses, with others being specific assistance (5%), consumables (2%), transportation (2%), occupancy, lease/rental, and miscellaneous. Budget Narrative explains each item, based on current year, gives more detail, some allocated via formula.

(3) The contract maximum is the total amount allocated for these services.

Budget Narrative:

A new narrative will be required with the revised budget.

Audit Findings: This applies only to applicants with existing CCMHB or CCDDDB contracts and is predicated on findings from the audit protocol.

Not Applicable _____
Audit Requirement Waived _____
Audit in Compliance X _____
Audit not in Compliance _____
Auditor Finding _____
FY13 Excess Revenue _____

Contracting Considerations: If this application is approved by the CCDDDB for funding, the applicant shall be required to revise and submit the following program plan and budget sections for staff review and approval prior to execution of the final FY15 contract:

1. The budget section shall include the following language: “Coordination of Payers: All CCDDDB contracted service providers shall coordinate their services and seek/utilize payment from other revenue sources prior to using CCDDDB funding, thus making the CCDDDB payer of last resort.
2. The CCDDDB revenue and projected expenses in column 3 (i.e., of the budget document) shall match. If the expenses in column 2 are less than the total revenue in column 2, the surplus shall be assigned to the CCDDDB.
3. The applicant shall describe outreach efforts for underserved populations to access services described in this contract.
4. The applicant shall warrant that CCDDDB dollars shall not be used to supplement Medicaid rates.
5. The applicant shall specify the estimated hours of service to be provided for people served under this contract and tie back to the contract maximum.
6. The applicant shall provide Person Centered Planning information as delineated above as an addendum to the final contract.
7. The applicant shall provide Employment First information as delineated above as an addendum to the final contract.

Applicant Review and Input:

The applicant is encouraged to review this document upon receipt and notify the CCDDDB office in writing if there are factual errors which should be corrected prior to completion of the award process.

Recommendation: Pending

DRAFT CCDDDB PROGRAM SUMMARY 2015

Agency: Developmental Services Center

Program Name: Integrated/Site Based Services – Community First

Contract Format Requested: Grant

Staff Assessment: *The contract format should be changed to fee-for-service to conform with CCDDDB efforts to assure that funding is predicated on a “per individual served” basis rather than on a program basis. If appropriate, a case rate process could be considered.*

Funding Requested: \$767,050

Staff Assessment: *The application proposes to serve 50 people (\$15,341 per person at the requested contract maximum)*

Target Population:

Fifty (50) Persons (adults) with intellectual and developmental disabilities, who are not funded by the State.

Staff Assessment: *(1) The application does not say how many hours of service people will receive, either individually or on average. (2) The application doesn’t explicitly say whether these 50 people have Medicaid awards or not. (3) It is not clear whether program participants are eligible for Medicaid waiver awards or enrolled in PUNS.*

Service Description/Type:

This is a day program that is transitioning from a traditional day program, center-based service model to a community based and integrated service model. PCP will be used to plan for individuals served and will focus on employment, building networks of support, strengthening community connections, enhancing the quality of life, and building integrated community relationships.

Staff Assessment: *(1) The application says that 8 people will spend 40% participation in the community. It is not clear what this means. Most people (84%) will continue with center-based day programming 100% of the time. (2) It is not clear what the provider is doing differently in this program as a result of the Employment First Act. Detail is also needed regarding the long-term transition plan for Employment First implementation.*

CCDDDB Priorities:

1. **Person Centered Planning (PCP) -** The Centers for Medicare and Medicaid Services (CMS) has included specifications for PCP as a component of the Home and Community Based Services (HCBS) final rule. Select applicants will be required to submit, as an addendum to contracts issued, a description of their PCP process which addresses the following items:
 - (a) The process by which the individual selects people who will participate in PCP meetings and activities.

- (b) The process by which the individual selects the time, date and location of the PCP meetings, as well as any assistance needed/desired to participate in and understand the meetings/activities.
 - (c) Explain how the individual has the opportunity to make informed choices, based on access to complete information about services and financial supports available in integrated settings, as well as their concerns about integrated settings.
 - (d) Describe PCP measurable desired outcomes are associated with community integration.
 - (e) Explain the extent to which the individual controls their day and how they live.
 - (f) Describe how support is given to build connections to the broader community.
 - (g) Acknowledgement that the individual has the right to ask, at any time, for a new PCP meeting to change the services/supports plan.
 - (h) Acknowledgement that the individual has been informed of the right to “independent facilitation” for the PCP process. This means the individual may choose someone other than provider staff to conduct the PCP meetings.
2. **Incorporate/cite Employment First principles.** Select applicants will be required to submit, as an addendum to contracts issued, their plan for implementing this law.
 3. **Acknowledge and support self-advocacy.**
This item does not appear to have been addressed in the application
 4. **Warrant that CCDDDB/CCMHB money will not supplement Medicaid rates.**
There is no explicit reference to avoidance of Medicaid supplementation.
 5. **Address cultural competence and reaching out to underserved populations.**
The consumer access section doesn't specify efforts to reach out to underserved populations.

Demographic Data for FY14, at mid-year, of 46 people: 91% were between the ages of 19 and 59, 9% were over 60; 78% were white, 20% black/African American, 2% Asian; none were of Hispanic/Latino origin; 70% were male. In FY13, of 304 people (includes those with state funding): 0.3% (1 person) was under 18, 91% were 19-59, and 9% were over 60; 81% were white, 15% black/African American, 3% Asian, 1% other; 1% were of Hispanic/Latino origin; 57% were male.

Zip Code Data for FY14, at mid-year, of 46 people: 41% resided in Urbana, 37% Champaign, 2% Rantoul, and 20% Greater Champaign County. In FY13, of 304 people: 29% were from Urbana, 41% Champaign, 9% Rantoul, and 20% Greater Champaign County.

Program Performance Measures:

Consumer Access: This section details the applicant’s referral process. A committee determines whether a person is admitted to the program based on the applicant’s capacity to serve the person in a person-centered manner.

Staff Assessment: *Acceptance into the program appears to center on how well the person fits the program. Also, there isn’t evidence of efforts to reach out to underserved populations.*

Consumer Outcomes: The applicant uses satisfaction surveys for individuals and their guardians. Benchmarks for FY15 include: (1) Eight people will spend 40% of their service hours in the community – 60% in center-based services. (2) Two supported employment or customized employment will be developed. (3) Three volunteer opportunities will be developed.

Staff Assessment: The program appears to be center-based, traditional, and segregated. There should be more of an emphasis on community involvement and integration.

Utilization/Production Data: (targets; current year data, if funded)

Treatment Plan Clients – 50 individuals; non-treatment plan clients – 3 individuals; service contacts – 8; community service events – 8.

FY14 mid-year: 43 Continuing TPCs (target 45) and no New TPC (target 5), 3 New Non-TPCs (target 5), 16 SCs (target 8), and 15 CSEs (target 8), with total 17,019 service hours.

FY13: (includes individuals with state funding) 262 Continuing TPCs (target 300), 30 New TPCs (target 6), 13 New Non-TPCs (target 5), 53 SCs (8), and 42 CSEs (8), with total 255,623 service hours.

Staff Assessment: None.

Financial Information:

PY15 CCDDDB Funding Request: \$767,050

PY15 Total Program Expenses: \$951,039

Program Staff – CCDDDB Funds: 15.93 FTE

Total Program Staff: 15.93 FTE

Staff Assessment: (1) The applicant is proposing a deficit budget with revenue of \$767,050 and expenses of \$951,039. In the application, the CCDDDB is the only revenue source and the estimated expenses should equal the revenue provided in both column 2 and 3. What other sources of funding will be used? Since this will be a “per individual served” contract, there is no justification for the deficit proposed in this application.

(2) The contract maximum should be based on a case rate for the 50 people served by the program using the following formula: number of clients x the average number of hours projected for each person x the hourly rate established by DHS for day services.

Budget Narrative:

A new narrative will be required with the revised budget.

Audit Findings: This applies only to applicants with existing CCMHB or CCDDDB contracts and is predicated on findings from the audit protocol.

Not Applicable _____

Audit Requirement Waived _____

Audit in Compliance X

Audit not in Compliance _____

Auditor Finding _____
FY13 Excess Revenue X

Contracting Considerations: If this application is approved by the CCDDDB for funding, the applicant shall be required to revise and submit the following program plan and budget sections for staff review and approval prior to execution of the final FY15 contract:

1. The budget section shall include the following language: "Coordination of Payers: All CCDDDB contracted service providers shall coordinate their services and seek/utilize payment from other revenue sources prior to using CCDDDB funding, thus making the CCDDDB payer of last resort.
2. The CCDDDB revenue and projected expenses in column 3 (i.e., of the budget document) shall match. If the expenses in column 2 are less than the total revenue in column 2 at the end date of the contract, the surplus shall be assigned to the CCDDDB.
3. The applicant shall describe outreach efforts for underserved populations to access services described in this contract.
4. The applicant shall warrant that CCDDDB dollars shall not be used to supplement Medicaid rates.
5. The applicant shall specify the estimated hours of service to be provided for people served under this contract and tie the number of hours back to the contract maximum.
6. The applicant shall propose an appropriate case rate which is predicated by monthly hours of service x the rate established by DHS for the service, provide a rate setting methodology to support any proposed rates.
7. The applicant shall provide Person Centered Planning information as delineated above, as an addendum to the final contract.
8. The applicant shall provide Employment First information as delineated above, as an addendum to the final contract.
9. The consumer outcomes measurements should be reworked to directly connect to community integration benchmarks as delineated in the individuals PCP.

Applicant Review and Input:

The applicant is encouraged to review this document upon receipt and notify the CCDDDB office in writing if there are factual errors which should be corrected prior to completion of the award process.

Recommendation: Pending

DRAFT CCDDDB PROGRAM SUMMARY 2015

Agency: Developmental Services Center

Program Name: Service Coordination

Contract Format Requested: Grant

Staff Assessment: The contract format should be changed to fee-for-service to conform with CCDDDB efforts to assure that funding is predicated on a “per individual served” basis rather than on a program basis. If appropriate, a case rate process could be considered.

Funding Requested: \$409,808

Staff Assessment: The application proposes to serve 370 people (\$1,108 per person at the requested contract maximum)

Target Population:

Three-Hundred and seventy (370) people (children and adults) who request support. Most (360 people) are currently receiving services with an anticipated 10 new individuals added during the course of the year.

Staff Assessment: (1) The application does not say how many hours of service people will receive, either individually or on average. (2) The application doesn't explicitly say whether these 350 people have Medicaid awards or not. (3) To better understand the target population and the cost of DD services per person, more information concerning other programs/services/supports these people receive from the applicant. Data reported in the first two quarters of FY14 on program participants' involvement in other funded services may be helpful:

Of 358 program participants at mid-year FY14,

- *16 were reported in Apartment Services;*
- *2 in Apartment Services and Connections;*
- *4 in Apartment Services, Connections, and Integrated and Site Based Day Services;*
- *3 in Apartment Services, Connections, ISBDS, and Clinical;*
- *4 in Apartment Services and Community Employment;*
- *4 in Apartment Services, Community Employment, and Connections;*
- *1 in Apartment Services, Community Employment, Connections, and Clinical.*
- *2 in Apartment Services, Community Employment, and Clinical;*
- *8 in Apartment Services and Clinical;*
- *2 in Apartment Services, Clinical, and Connections;*
- *2 in Apartment Services, Connections, and IFS;*
- *4 in Apartment Services and ISBDS;*
- *6 in Apartment Services, Clinical, and ISBDS.*
- *15 in Integrated and Site Based Day Services;*
- *1 in ISBDS and Community Employment;*

- *1 in ISBDS, Community Employment, and Clinical;*
- *8 in ISBDS and Connections;*
- *3 in ISBDS and Clinical;*
- *21 in Community Employment;*
- *1 in Community Employment and Connections;*
- *5 in Community Employment and Clinical;*
- *1 in Community Employment, Clinical, and IFS;*
- *13 in Individual and Family Support;*
- *2 in IFS and Clinical;*
- *9 in Connections;*
- *16 in Clinical;*
- *7 in Clinical and Connections;*
- *199 were not reported in other funded programs.*

48 additional individuals were reported in programs (Clinical, Connections, or IFS) but NOT Service Coordination.

Service Description/Type:

Case coordination services include a full range including intake screens, advocacy, assessment, linkage to services; crisis intervention, intermittent direct services, monitoring and development of PCP plans are provided by appropriately trained QIDPs (qualified intellectual disability professional).

Staff Assessment: It is not clear how much effort is associated with each category of service. More detail is needed on each service and how resources are budgeted.

CCDDB Priorities:

1. **Person Centered Planning (PCP) - The Centers for Medicare and Medicaid Services (CMS) has included specifications for PCP as a component of the Home and Community Based Services (HCBS) final rule. Select applicants will be required to submit, as an addendum to contracts issued, a description of their PCP process which addresses the following items:**
 - (a) The process by which the individual selects people who will participate in PCP meetings and activities.
 - (b) The process by which the individual selects the time, date and location of the PCP meetings, as well as any assistance needed/desired to participate in and understand the meetings/activities.
 - (c) Explain how the individual has the opportunity to make informed choices, based on access to complete information about services and financial supports available in integrated settings, as well as their concerns about integrated settings.
 - (d) Describe PCP measurable desired outcomes are associated with community integration.
 - (e) Explain the extent to which the individual controls their day and how they live.
 - (f) Describe how support is given to build connections to the broader community.
 - (g) Acknowledgement that the individual has the right to ask, at any time, for a new PCP meeting to change the services/supports plan.

- (h) Acknowledgement that the individual has been informed of the right to “independent facilitation” for the PCP process. This means the individual may choose someone other than provider staff to conduct the PCP meetings.
2. **Incorporate/cite Employment First principles.** Select applicants will be required to submit, as an addendum to contracts issued, their plan for implementing this law.
 3. **Acknowledge and support self-advocacy.**
This item does not appear to have been addressed in the application.
 4. **Warrant that CCDDDB/CCMHB money will not supplement Medicaid rates.**
There is no explicit reference to avoidance of Medicaid supplementation.
 5. **Address cultural competence and reaching out to underserved populations.**
The consumer access section doesn't specify efforts to reach out to underserved populations.

Demographic Data for FY14, at mid-year, of 380 individuals reported: 2% were aged 0-6, 9% 7-12, 3% 13-18, 76% 19-59, and 11% over 60; 79% were white, 15% black/African American, 4% Asian, and 2% other; 1% were of Hispanic/Latino origin; 60% were male. In FY13, of 466: 1.5% were 0-6, 9% 7-12, 6% 13-18, 62% 19-59, and 9% over 60; 80% were white, 14% black/African American, 4% Asian, 2% other; 1% were of Hispanic/Latino origin; 59% were male.

Zip Code Data for FY14, at mid-year, of 380 individuals reported: 27% resided in Urbana, 43% Champaign, 5% Rantoul, and 25% Greater Champaign County. **In FY13**, of 466: 29% were in Urbana, 23% Champaign, 6% Rantoul, and 22% Greater Champaign County.

Program Performance Measures:

Consumer Access: This section details the applicant’s referral process. A committee determines whether a person is admitted to the program based on the applicant’s capacity to serve the person in a person-centered manner.

Consumer Outcomes: The applicant uses satisfaction surveys for individuals and their guardians. In addition, there are specific process goals tracked (e.g., completion of individual service plans within 14 days)

Staff Assessment: *This section should be reworked to focus on functional outcomes which are related to service coordination and attainment of PCP goals. There is too much of a focus on process goals.*

Utilization/Production Data: *(targets; current year data, if funded)*

The applicant cites increased complexity in case management due to the aging of individuals with I/DD, as well as caregivers. On the positive side, part of this issue is the increased life expectancy of people with I/DD.

FY15 targets include 360 Continuing TPCs, 10 New TPCs, 8 New NTPCs, 125 Service Contacts, 3 Community Service Events.

At mid-year FY14, there were 354 Continuing TPCs (against target 354), 4 New TPCs (target 10), 22 New NTPCs, 116 Service Contacts (target 125), 1 Community Service Event (target 3), and 4,391.5 hours of service. Among the TPCs are 42 with state funding for HBS, 32 with state funding for CILA (but not through DSC), and 25 with ICF-DD funding.

For FY13, there were 397 Continuing TPCs (target 440), 28 New TPCs (target 10), 20 Continuing NTPCs, 21 New NTPCs, 174 Service Contacts (target 125), 3 Community Service Events (target 3), and 11,446.25 total hours of service.

Financial Information:

PY15 CCDDDB Funding Request: \$409,808
PY15 Total Program Expenses: \$583,932

Program Staff – CCDDDB Funds: 10.41 FTE
Total Program Staff: 10.41 FTE

Staff Assessment: (1) The applicant is proposing a deficit budget with revenue of \$409,808 and expenses of \$583,932. In the application, the CCDDDB is the only revenue source and the estimated expenses should equal the revenue provided in both column 2 and 3. What other sources of funding will be used? Since this will be a “per individual served” contract, there is no justification for the deficit proposed in this application.

(2) Staff costs comprise 89% of total program expenses, which also include transportation, occupancy, lease/rental, and miscellaneous. Budget Narrative explains each, many based on actual FY14 levels and on allocation formula.

(3) The contract maximum should be based on a case rate for the 370 people served by the program using the following formula: number of clients x the average number of hours projected for each person x the hourly rate established by DHS for QIDP, facilitation, or related services.

Budget Narrative:

A new narrative will be required with the revised budget.

Audit Findings: This applies only to applicants with existing CCMHB or CCDDDB contracts and is predicated on findings from the audit protocol.

Not Applicable _____
Audit Requirement Waived _____
Audit in Compliance X _____
Audit not in Compliance _____
Auditor Finding _____
FY13 Excess Revenue _____

Contracting Considerations: If this application is approved by the CCDDDB for funding, the applicant shall be required to revise and submit the following program plan and budget sections for staff review and approval prior to execution of the final FY15 contract:

1. The budget section shall include the following language: “Coordination of Payers: All CCDDDB contracted service providers shall coordinate their services and seek/utilize

payment from other revenue sources prior to using CCDDDB funding, thus making the CCDDDB payer of last resort.

2. The CCDDDB revenue and projected expenses in column 3 (i.e., of the budget document) shall match. If the expenses in column 2 are less than the total revenue in column 2, the surplus shall be assigned to the CCDDDB.
3. The applicant shall describe outreach efforts for underserved populations to access services described in this contract.
4. The applicant shall warrant that CCDDDB dollars shall not be used to supplement Medicaid rates.
5. The applicant shall specify the estimated hours of service to be provided for people served under this contract and tie back to the contract maximum.
6. The applicant shall propose an appropriate case rate which is predicated by monthly hours of service x the rate established by DHS for the service, provide a rate setting methodology to support any proposed rates.
7. The applicant shall provide Person Centered Planning information as delineated above as an addendum to the final contract.
8. The applicant shall provide Employment First information as delineated above as an addendum to the final contract.
9. The consumer outcomes measurements should be reworked to directly connect to community integration benchmarks as delineated in the individuals PCP.

Applicant Review and Input:

The applicant is encouraged to review this document upon receipt and notify the CCDDDB office in writing if there are factual errors which should be corrected prior to completion of the award process.

Recommendation: Pending

DRAFT CCDDDB PROGRAM SUMMARY 2015

Agency: Maddy's Pink Palace for Kids with Disabilities

Program Name: Maddy's Pink Palace

Contract Format Requested: Grant

Funding Requested: \$25,000

Staff Assessment: The application proposes to serve 100 people (\$250 per person at the requested contract maximum).

Target Population:

One hundred (100) Persons with special needs or disabilities and their families that need a place to play and interact with each other and other families to create a support network.

Service Description/Type:

An enjoyable place where children with disabilities and their families can find support for the entire family. "Rooms" will be set up for different types of Montessori-based school to play and interact together. Elsewhere in the application it states the organization plans to be a resource center as well.

Staff Assessment: (1) may benefit from more detail on what "Montessori-based school" entails. (2) This organization is encouraged to network with established ID/DD related organizations and service providers.

CCDDDB Priorities:

1. **Person Centered Planning (PCP) - The Centers for Medicare and Medicaid Services (CMS) has included specifications for PCP as a component of the Home and Community Based Services (HCBS) final rule. The PCP process addresses the following items:**
 - (a) The process by which the individual selects people who will participate in PCP meetings and activities.
 - (b) The process by which the individual selects the time, date and location of the PCP meetings, as well as any assistance needed/desired to participate in and understand the meetings/activities.
 - (c) Explain how the individual has the opportunity to make informed choices, based on access to complete information about services and financial supports available in integrated settings, as well as their concerns about integrated settings.
 - (d) Describe PCP measurable desired outcomes are associated with community integration.
 - (e) Explain the extent to which the individual controls their day and how they live.
 - (f) Describe how support is given to build connections to the broader community.
 - (g) Acknowledgement that the individual has the right to ask, at any time, for a new PCP meeting to change the services/supports plan.

(h) Acknowledgement that the individual has been informed of the right to “independent facilitation” for the PCP process. This means the individual may choose someone other than provider staff to conduct the PCP meetings.

2. **Incorporate/cite Employment First principles.** N/A

3. **Acknowledge and support self-advocacy.**

This item does not appear to have been addressed in the application. Focus appears to be on families.

4. **Warrant that CCDDDB/CCMHB money will not supplement Medicaid rates.** N/A

5. **Address cultural competence and reaching out to underserved populations.**

Cultural and Linguistic Competency Plan was submitted on the CCDDDB template provided, and action steps are identified. For new programs, and to meet the particular needs of family support networks, technical support from the Cultural and Linguistic Competence Coordinator may be beneficial.

The application states rural residents would be included in their work and they would attempt to help with any transportation issues.

Program Performance Measures:

Consumer Access: The consumer access section states the agency intends to be a resource center and place where special needs families can go and feel welcome.

Staff Assessment: A specific measure of access is not identified in the application. Outreach efforts are not described.

Consumer Outcomes: The application states their goal is to seek out those from all different socioeconomic background.

Staff Assessment: consumer outcomes do not appear to have been identified.

Utilization/Production Data: *(targets; current year data, if funded)*

Treatment Plan Clients – 100

Staff Assessment: None.

Financial Information:

PY15 CCDDDB Funding Request: \$25,000

PY15 Total Program Expenses: \$25,000

Program Staff – CCDDDB Funds: FTE 0

Total Program Staff: FTE 0

Staff Assessment: (1) Budget Narrative explains that the organization will be seeking \$3000 in contributions; \$3,500 in fundraising efforts; and an estimated \$2,000 in in-kind contributions, making CCDDDB the largest revenue source, at 75%. There are no salaries, no payroll taxes and

no benefits. Professional fees are estimated to be \$3,000 for minimal skilled labor costs. Consumables estimated to be \$1,000. Phone \$300. Occupancy Expense \$11,600. \$1,200 has been budgeted to help people with transportation issues.
(2) Revenue form is incomplete, generating a deficit budget for total agency, which we believe to be in error.
(3) Expense form columns 2 and 3 are identical, although other revenue is anticipated and should be used.

Budget Narrative:

Describes each expense line adequately.

Audit Findings: This applies only to applicants with existing CCMHB or CCDDDB contracts and is predicated on findings from the audit protocol.

Not Applicable X
Audit Requirement Waived _____
Audit in Compliance _____
Audit not in Compliance _____
Auditor Finding _____
FY13 Excess Revenue N/A

Staff Comments: audit requirement will be waived for family support network.

Contracting Considerations: If this application is approved by the CCDDDB for funding, the applicant shall be required to revise and submit the following program plan and budget sections for staff review and approval prior to execution of the final FY15 contract:

1. Revenue form should be revised so that Columns 1 and 2 are complete.
2. Expense form should be revised to demonstrate where non-CCDDDB funding will be used.
3. The applicant shall describe outreach efforts for underserved populations to access services described in this contract.
4. Consumer access and consumer outcomes measurements should be developed, with a focus on engaging families of underserved populations.

Applicant Review and Input:

The applicant is encouraged to review this document upon receipt and notify the CCDDDB office in writing if there are factual errors which should be corrected prior to completion of the award process.

Recommendation: Pending

DRAFT CCDDDB PROGRAM SUMMARY 2015

Agency: Persons Assuming Control of their Environment, Inc. (PACE)

Program Name: Opportunities for Independence

Contract Format Requested: Grant

Staff Assessment: *The contract format should be changed to fee-for-service to conform with CCDDDB efforts to assure that funding is predicated on a “per individual served” basis rather than on a program basis. If appropriate, a case rate process could be considered.*

Funding Requested: \$58,623

Staff Assessment: *The application proposes to serve 35 people (\$1,674 per person at the requested contract maximum)*

Target Population:

People (35 TPC and 30 NTPC) who have intellectual and developmental disabilities and evidence of need based on assessment. Independent Living Needs Assessment (developed by DRS and Centers for Independent Living) includes Civil Rights and the Law, Housing, Communication, Personal Assistance, Education and Training, Daily Living/Self Care, Employment, Self Help/Personal, Equipment/Assistive Technology, Social Recreation, Finance and Benefits, Transportation, Health Care Medical, Youth and Family (transition).

Staff Assessment: *(1) Detailed description of eligibility determination. (2) Proposes to serve 35 TPCs and 30 NTPCs with 800 total service hours. The application does not say how many hours of service people will receive, either individually or on average, and the application doesn’t explicitly say whether these people have Medicaid awards.*

Service Description/Type:

PACE is a Center for Independent Living, with agency services including: job skills support, housing search/homeownership training, community reintegration for those with physical disabilities and DRS funding, activities which give families a break, family involvement in service planning, culturally appropriate training skill development for people of all ages, assistive technology. The Opportunities for Independence program serves as a single point of access to additional ID/DD services, providing linkage to other agencies and programs, offers social skills, safety, and boundary skills training, fitness and health promotion, money management, literacy, teamwork activities, peer mentoring, and volunteer opportunities. Self-advocacy support and consumer control are central.

Staff Assessment: *None.*

CCDDDB Priorities:

1. **Person Centered Planning (PCP) - The Centers for Medicare and Medicaid Services (CMS) has included specifications for PCP as a component of the Home and Community Based Services (HCBS) final rule. Select applicants will be required to**

submit, as an addendum to contracts issued, a description of their PCP process which addresses the following items:

- (a) The process by which the individual selects people who will participate in PCP meetings and activities.
- (b) The process by which the individual selects the time, date and location of the PCP meetings, as well as any assistance needed/desired to participate in and understand the meetings/activities.
- (c) Explain how the individual has the opportunity to make informed choices, based on access to complete information about services and financial supports available in integrated settings, as well as their concerns about integrated settings.
- (d) Describe PCP measurable desired outcomes are associated with community integration.
- (e) Explain the extent to which the individual controls their day and how they live.
- (f) Describe how support is given to build connections to the broader community.
- (g) Acknowledgement that the individual has the right to ask, at any time, for a new PCP meeting to change the services/supports plan.
- (h) Acknowledgement that the individual has been informed of the right to “independent facilitation” for the PCP process. This means the individual may choose someone other than provider staff to conduct the PCP meetings.

2. **Incorporate/cite Employment First principles.** Select applicants will be required to submit, as an addendum to contracts issued, their plan for implementing this law.

3. **Acknowledge and support self-advocacy.**

Self-advocacy is a focus of program services and agency philosophy.

4. **Warrant that CCDDDB/CCMHB money will not supplement Medicaid rates.**

There is no explicit reference to avoidance of Medicaid supplementation. An NTPC, whose successful outcome is described, is noted to have received Home Based Support, Medicaid waiver funding.

5. **Address cultural competence and reaching out to underserved populations.**

The consumer access section identifies outreach efforts, presentations to diverse groups, with increased rural outreach in FY15. Cultural and Linguistic Competence Plan identifies outreach, many action steps, and benchmarks including: ASL interpreter; Advisory Committee review of demographics/residency (with resulting outreach priority in case of variance) and other activities; board and staff training and recruitment of diverse membership; Human Service Council (or similar) involvement; Spanish (and other language) materials; assistive technologies; integrated governance and service.

Demographic Data for FY14, at mid-year for 10 people: 50% were female; none reported Hispanic/Latino origin; 90% were white, 10% Asian; 90% between ages 19 and 59, and 10% over 60. **In FY13**, of 17 people: 47% were female; 6% of Hispanic/Latino origin; 94% white, 6% Asian; 88% were aged 19-59, 12% over 60.

Zip Code Data for FY14, at mid-year for 10 people: 70% were from Champaign, 20% Urbana, 10% Greater Champaign County (Mahomet). **In FY13**, of 17: 53% were Champaign, 35% Urbana, 12% Greater CC (Mahomet).

Program Performance Measures:

Consumer Access: Good detail on outreach efforts, intake process, monitoring by other funders, diversity enhancing goals, data used to evaluate the program. Includes a specific measure of access, for response contact within three days of first call.

Consumer Outcomes: agency outcome report is based on life areas identified in the Needs Assessment (see Target Population section) and Independent Living Plan goals; data on individual outcomes collected monthly or when achieved. 75 outcomes achieved in this program in FY13. Agency involvement in statewide utilization project, developing a comprehensive outcome system, continues.

Staff Assessment: a quantifiable measure of outcomes does not appear to be identified for FY15.

Utilization/Production Data: *(targets; current year data, if funded)*

FY15 proposed targets are 30 Community Service Events, 800 Service Contacts (= hours of direct service), 20 Continuing Treatment Plan Clients and 15 New Treatment Plan Clients (35 total TPC), and 30 Non-Treatment Plan Clients.

At mid-year FY14: 39 actual CSEs (against target 25), 77 SCs (against target of 800 hours), 10 total TPCs (target 30), 11 NTPCs (target 15).

For FY13: 71 CSEs (target 25), 788.75 hours SC (target 750), 10 TPCs (30 target), 29 NTPCs (10 target).

Staff Assessment: Utilization/Production Data Narrative focuses on discussion of current and previous year activities and data. Data identified within the application do not match those reported during FY14 and FY13 and listed above. TPCs continue to be low; program areas of strength in outreach and community education/awareness are supported by both the reported data and the applicant's narrative.

Financial Information:

PY15 CCDDDB Funding Request: \$58,623

PY15 Total Program Expenses: \$21,822

Program Staff – CCDDDB Funds: 1.62 FTE

Total Program Staff: 1.62 FTE

Staff Assessment: (1) Applicant is proposing a surplus budget with revenue of \$58,623 and expenses of \$21,822. This could result from an error, with salaries from Personnel form not listed on Expense Form, although an additional \$352 is not listed in Expenses. Staff costs would comprise 91% of total program expenses, with smaller amounts for lease/rental (allocated), occupancy, transportation, operating, consumables, and conferences.

(2) CCDDDB is the only revenue source, and estimated expenses should equal the revenue provided in both column 2 and 3.

(3) The contract maximum should be based on case rates for the 35 and 30 people served by the program using the following formula: number of clients x the average number of hours projected for each person x an hourly rate established for such services.

Budget Narrative:

Clearly explains each expense line item and personnel assigned to this contract. Also details Total Agency revenue.

Audit Findings: This applies only to applicants with existing CCMHB or CCDDDB contracts and is predicated on findings from the audit protocol.

Not Applicable _____
Audit Requirement Waived _____
Audit in Compliance X _____
Audit not in Compliance _____
Auditor Finding _____
FY13 Excess Revenue X _____

Staff Comments: The FY13 Opportunities for Independence contract had excess revenue (revenue over expenses) of \$10,000. Contract terms require repayment of the excess revenue.

Contracting Considerations: If this application is approved by the CCDDDB for funding, the applicant shall be required to revise and submit the following program plan and budget sections for staff review and approval prior to execution of the final FY15 contract:

1. The budget section shall include the following language: "Coordination of Payers: All CCDDDB contracted service providers shall coordinate their services and seek/utilize payment from other revenue sources prior to using CCDDDB funding, thus making the CCDDDB payer of last resort.
2. The CCDDDB revenue and projected expenses in column 3 (i.e., of the budget document) shall match. If the expenses in column 2 are less than the total revenue in column 2, the surplus shall be assigned to the CCDDDB.
3. The applicant shall warrant that CCDDDB dollars shall not be used to supplement Medicaid rates.
4. The applicant shall specify the estimated hours of service to be provided for people served under this contract and tie back to the contract maximum.
5. The applicant shall propose an appropriate case rate which is predicated by monthly hours of service x the rate established by DHS for the service, provide a rate setting methodology to support any proposed rates.
6. The applicant shall provide Person Centered Planning information as delineated above, as an addendum to the final contract.
7. The applicant shall provide Employment First information as delineated above, as an addendum to the final contract.
8. A consumer outcomes measurement should be identified, connecting directly to community integration benchmarks as delineated in the individuals' plans.
9. Revised financial forms will be required.

Applicant Review and Input:

The applicant is encouraged to review this document upon receipt and notify the CCDDDB office in writing if there are factual errors which should be corrected prior to completion of the award process.

Recommendation: Pending

DRAFT CCDDDB PROGRAM SUMMARY 2015

Agency: United Cerebral Palsy Land of Lincoln

Program Name: Vocational Services

Contract Format Requested: Grant

Staff Assessment: *The contract format should be changed to fee-for-service to conform with CCDDDB efforts to assure that funding is predicated on a “per individual served” basis rather than on a program basis. If appropriate, a case rate process could be considered.*

Funding Requested: \$97,715

Staff Assessment: *The application proposes to serve 30 people through direct supports (\$86,295 or \$2,876 per person) and another 80 through Career Fair (\$11,420 or \$143 per person).*

Target Population:

Adults, aged 18-55, with intellectual and developmental disabilities who require support or training to maintain employment or become job ready. Referrals come from Division of Rehabilitation Services (DRS), Champaign County Regional Planning Commission (RPC), schools, and other DD agencies.

Staff Assessment: *(1) The application breaks out total contact hours (9200) into each category of service and per person, with 20 in Job Supports and 10 in Job Training. (2) The application doesn't explicitly say whether these individuals have state funding, although it does refer to persons now closed from DRS services. PUNS enrollment of those currently without state funding is not addressed.*

Service Description/Type:

Extended job coaching and case management to those working, job development for others. Serves many who have been closed from DRS but need support services to maintain employment. Job coaching supports continued employment, promotions, increased work hours. Vocational training prepares others for the workforce – work habits, interactions, identifying strengths/weaknesses, employment etiquette, social skills, dress and hygiene, interviewing and resume development. Assessments, interviews, and career exploration are used; individuals develop a profile featuring skills, interests, preferences, strength. An 8-week janitorial training program is offered. Career Fair to bring businesses and individuals together.

Staff Assessment: *(1) With two similar programs currently funded by the CCDDDB, more detail is needed to distinguish the proposed services from those. (2) Consideration could be given to specific 8 week training programs in fields other than janitorial, as chosen by program participants.*

CCDDDB Priorities:

1. **Person Centered Planning (PCP) - The Centers for Medicare and Medicaid Services (CMS) has included specifications for PCP as a component of the Home and Community Based Services (HCBS) final rule. Select applicants will be required to submit, as an addendum to contracts issued, a description of their PCP process which addresses the following items:**
 - (a) The process by which the individual selects people who will participate in PCP meetings and activities.
 - (b) The process by which the individual selects the time, date and location of the PCP meetings, as well as any assistance needed/desired to participate in and understand the meetings/activities.
 - (c) Explain how the individual has the opportunity to make informed choices, based on access to complete information about services and financial supports available in integrated settings, as well as their concerns about integrated settings.
 - (d) Describe PCP measurable desired outcomes are associated with community integration.
 - (e) Explain the extent to which the individual controls their day and how they live.
 - (f) Describe how support is given to build connections to the broader community.
 - (g) Acknowledgement that the individual has the right to ask, at any time, for a new PCP meeting to change the services/supports plan.
 - (h) Acknowledgement that the individual has been informed of the right to “independent facilitation” for the PCP process. This means the individual may choose someone other than provider staff to conduct the PCP meetings.

2. **Incorporate/cite Employment First principles.** Select applicants will be required to submit, as an addendum to contracts issued, their plan for implementing this law.

3. **Acknowledge and support self-advocacy.**
This item does not appear to have been addressed in the application.

4. **Warrant that CCDDDB/CCMHB money will not supplement Medicaid rates.**
There is no explicit reference to avoidance of Medicaid supplementation.

5. **Address cultural competence and reaching out to underserved populations.**
The consumer access section doesn't specify efforts to reach out to underserved populations. Program does not include a transportation service. Vocational training includes Community Living and Transportation, and Job coaching services take place at the employment site, including rural. Cultural Competency Plan notes that currently 14% of persons served by UCP in Champaign County are of minority population (2010 census = 27%), contains measurable benchmarks for policy and governance, administration/ management, practitioner, and consumer/ client/ individual (includes advisory committees).

Program Performance Measures:

Consumer Access: 100% of persons referred will be assessed. Contacts will be made within 7 days of referral. Assessments and inventories will be completed within 30 days. Also contains detail on other program activities (inservice trainings, building relationships with area businesses, outreach to other disability awareness organizations, required documentation and format for individual case files).

Consumer Outcomes: Commitment to flexible services based on the needs of individuals throughout the life span. Continuous quality improvement via Baldrige Criteria for Excellence to engage staff,

consumers, and stakeholders in the process. Further description of services in each of the three main categories identified above.

Staff Assessment: *a quantifiable measure of consumer outcomes does not appear to have been identified.*

Utilization/Production Data: *(targets; current year data, if funded)*

Proposed targets for FY15 include **30 New Treatment Plan Clients** (job supports to 20, job training to 10), **80 New Non-Treatment Plan Clients** (those not open with UCP but who attend Career Fair), **220 Service Contacts** (includes both major service components), **90 Community Service Events** (20 inservices to DRS, RPC, etc., 20 Career Fair info contacts to DRS, RPC, etc., and 50 Career Fair contacts to area businesses), and 9200 total contact hours.

Staff Assessment: *Good description of data tracking, including data used to determine progress of individuals participating in the program.*

Financial Information:

PY15 CCDDDB Funding Request: \$97,715

PY15 Total Program Expenses: \$97,715

Program Staff – CCDDDB Funds: 2.375 Direct (? Indirect) FTE

Total Program Staff: 2.375 Direct (? Indirect) FTE

Staff Assessment: *(1) Personnel form is incomplete; no staff costs allocated. Budget Narrative explains expenses, including most personnel calculations. CCDDDB revenue is the only revenue listed for this program.*

(2) Staff costs comprise 89% of budgeted expenses, with other being consumables (\$500) and miscellaneous (\$11,420 for costs associated with Career Fair).

(3) The contract maximum should be based on a case rate for the 50 people served by the program using the following formula: number of clients x the average number of hours projected for each person x the hourly rate established by DHS for day services.

Budget Narrative:

Explains each item clearly. May need to be revised with other financial forms subsequent to completion of Personnel form.

Audit Findings: This applies only to applicants with existing CCMHB or CCDDDB contracts and is predicated on findings from the audit protocol.

Not Applicable X

Audit Requirement Waived _____

Audit in Compliance _____

Audit not in Compliance _____

Auditor Finding _____

FY13 Excess Revenue _____

Contracting Considerations: If this application is approved by the CCDDDB for funding, the applicant shall be required to revise and submit the following program plan and budget sections for staff review and approval prior to execution of the final FY15 contract:

1. The budget section shall include the following language: “Coordination of Payers: All CCDDDB contracted service providers shall coordinate their services and seek/utilize payment from other revenue sources prior to using CCDDDB funding, thus making the CCDDDB payer of last resort.
2. The CCDDDB revenue and projected expenses in column 3 (i.e., of the budget document) shall match. If the expenses in column 2 are less than the total revenue in column 2, the surplus shall be assigned to the CCDDDB.
3. The applicant shall describe outreach efforts for underserved populations to access services described in this contract.
4. The applicant shall warrant that CCDDDB dollars shall not be used to supplement Medicaid rates.
5. The applicant shall warrant that persons served under this contract are not eligible for services covered through the Illinois School Code, Article 14.
6. The applicant shall propose an appropriate case rate which is predicated by monthly hours of service x an established rate for comparable service, provide a rate setting methodology to support any proposed rates.
7. The applicant shall provide Person Centered Planning information as delineated above, as an addendum to the final contract.
8. The applicant shall provide Employment First information as delineated above, as an addendum to the final contract.
9. The consumer outcomes measurements should be reworked to directly connect to community integration benchmarks as delineated in the individuals PCP.

Applicant Review and Input:

The applicant is encouraged to review this document upon receipt and notify the CCDDDB office in writing if there are factual errors which should be corrected prior to completion of the award process.

Recommendation: Pending

DRAFT CCDDDB PROGRAM SUMMARY 2015

Agency: Urbana Adult Education

Program Name: Advocacy, Agency, & Academics – A3

Contract Format Requested: Grant

Staff Assessment: The contract format should be changed to fee-for-service to conform with CCDDDB efforts to assure that funding is predicated on a “per individual served” basis rather than on a program basis. If appropriate, a case rate process could be considered.

Funding Requested: \$216,555

Staff Assessment: The application proposes to serve 71 people (\$3,050 per person at the requested contract maximum).

Target Population:

Seventy-one (71) students enrolled in the Urbana Adult Education Center (UAEC), ages 16 to 18, who have a diagnosed and/or documented developmental disability.

Staff Assessment: The statute establishing 377 boards (such as the CCDDDB) specifically prohibits use of this funding for services to individuals eligible for such services under the Illinois School Code, Article 14: Children with Disabilities.

Service Description/Type:

Initial assessment of needs, goals for personal and academic success; personal, academic, or career counseling and support services; individualized services including reasonable accommodations on a weekly schedule for those unable to attend the Urbana location as a result of physical/mental limitation. Good detail on staff credentials, with educational and licensure requirements for each position.

CCDDDB Priorities:

1. **Person Centered Planning (PCP) - The Centers for Medicare and Medicaid Services (CMS) has included specifications for PCP as a component of the Home and Community Based Services (HCBS) final rule. Select applicants will be required to submit, as an addendum to contracts issued, a description of their PCP process which addresses the following items:**
 - (a) The process by which the individual selects people who will participate in PCP meetings and activities.
 - (b) The process by which the individual selects the time, date and location of the PCP meetings, as well as any assistance needed/desired to participate in and understand the meetings/activities.
 - (c) Explain how the individual has the opportunity to make informed choices, based on access to complete information about services and financial supports available in integrated settings, as well as their concerns about integrated settings.

- (d) Describe PCP measurable desired outcomes are associated with community integration.
- (e) Explain the extent to which the individual controls their day and how they live.
- (f) Describe how support is given to build connections to the broader community.
- (g) Acknowledgement that the individual has the right to ask, at any time, for a new PCP meeting to change the services/supports plan.
- (h) Acknowledgement that the individual has been informed of the right to “independent facilitation” for the PCP process. This means the individual may choose someone other than provider staff to conduct the PCP meetings.

2. **Incorporate/cite Employment First principles.** N/A.

3. **Acknowledge and support self-advocacy.**

This item does not appear to have been addressed in the application.

4. **Warrant that CCDDDB/CCMHB money will not supplement Medicaid rates.**

There is no explicit reference to avoidance of Medicaid supplementation.

5. **Address cultural competence and reaching out to underserved populations.**

Increased outreach to rural populations is planned. Cultural and Linguistic Competency Plan includes several benchmarks of interest, at each level of policy/governance, administration/management, and practitioner.

Staff assessment: Rural populations in counties other than Champaign are named; CCDDDB funding may only be used on behalf of Champaign County residents.

Program Performance Measures:

Consumer Access: Very detailed measures of outreach (15% of students through community programs/events, 10% through information distributed through DD or student organizations), eligibility and engagement (of 93 identified as eligible, 71 will engage within 14 days). Description of open entry classes such as high school diploma completion, GED, computer skills, English as a second language, and ‘Brush Up’ reading/writing/math. Many youth served have involvement with the juvenile justice system. Eligibility criteria are: minimum age of 16 years and first grade reading level.

Consumer Outcomes: Detailed quantifiable outcome measures are identified: assessment through biweekly and monthly self-reports, enter and exit measures, and reports from staff to increase positive student engagement in classroom and services by 60%; increase graduation/completion rate from current 30% to 75%; reduce time needed for these individuals to complete required coursework from 24 months to 12-18 months (UAEC’s overall average time of completion).

Utilization/Production Data: *(targets; current year data, if funded)*

Target of 71 New Treatment Plan Clients.

Staff Assessment: Utilization targets could be revised to include CSEs as outreach activities identified in the Consumer Access section.

Financial Information:

PY15 CCDDDB Funding Request: \$216,555
PY15 Total Program Expenses: \$216,555

Program Staff – CCDDDB Funds: 4.03 FTE
Total Program Staff: 4.03 FTE

Staff Assessment: (1) *CCDDDB is the only revenue source.*
(2) *Staff costs (99% for direct staff) comprise 99% of budgeted expenses, with others being consumables (instructional and promotional materials, assessment instruments), and conferences/staff development (for required CEUs).*
(3) *The contract maximum should be based on a case rate for the 71 people served by the program using the following formula: number of clients x the average number of hours projected for each person x an hourly rate established for comparable services.*

Budget Narrative:

Explains each expense item and personnel assignment in good detail, ties to program plan narrative.

Audit Findings: This applies only to applicants with existing CCMHB or CCDDDB contracts and is predicated on findings from the audit protocol.

Not Applicable X
Audit Requirement Waived _____
Audit in Compliance _____
Audit not in Compliance _____
Auditor Finding _____
FY13 Excess Revenue _____

Contracting Considerations: If this application is approved by the CCDDDB for funding, the applicant shall be required to revise and submit the following program plan and budget sections for staff review and approval prior to execution of the final FY15 contract:

1. The budget section shall include the following language: “Coordination of Payers: All CCDDDB contracted service providers shall coordinate their services and seek/utilize payment from other revenue sources prior to using CCDDDB funding, thus making the CCDDDB payer of last resort.
2. The CCDDDB revenue and projected expenses in column 3 (i.e., of the budget document) shall match. If the expenses in column 2 are less than the total revenue in column 2, the surplus shall be assigned to the CCDDDB.
3. The applicant shall warrant that CCDDDB dollars shall not be used to supplement Medicaid rates.
4. The applicant shall warrant that persons served under this contract are not eligible for services covered through the Illinois School Code, Article 14.
5. The applicant shall specify the estimated hours of service to be provided for people served under this contract and tie back to the contract maximum.
6. The applicant shall propose an appropriate case rate which is predicated by monthly hours of service x a rate established for comparable services, provide a rate setting methodology to support any proposed rates.
7. The applicant shall provide Person Centered Planning and information as delineated above, as an addendum to the final contract.

Applicant Review and Input:

The applicant is encouraged to review this document upon receipt and notify the CCDDB office in writing if there are factual errors which should be corrected prior to completion of the award process.

Recommendation: Pending

CHAMPAIGN COUNTY ALLIANCE

FOR THE PROMOTION OF

Acceptance, Inclusion, & Respect

Upcoming Events:

16th Annual Roger Ebert's Film Festival
April 23 - April 27, Virginia Theatre
Alliance Panel Discussion
Thursday, April 24, Illini Union
Alliance Art Show/Sale
You never know where we'll pop up!!



CU Autism Network's Annual Autism Walk
Sunday, April 27 11:30AM, Hessel Park in Champaign

Children's Mental Health Awareness Week
May 4 through May 10
National Children's Mental Health Day
Thursday, May 8



Down Syndrome Network's Annual "Buddy Walk"
Saturday, October 11, Champaign County Fairgrounds

Eighth Annual disAbility Resource Expo
Saturday, October 18, 9AM -2PM



Depression Screening Event
Wednesday, November 5, Noon, Parkland Room D244

2014 ALLIANCE MEMBERS:

ACCESS INITIATIVE

CHAMPAIGN COMMUNITY COALITION

CHAMPAIGN COUNTY DEVELOPMENTAL DISABILITIES AND MENTAL HEALTH BOARDS

COMMUNITY ELEMENTS

CROSSPOINT HUMAN SERVICES

CUNNINGHAM CHILDREN'S HOME

DEVELOPMENTAL SERVICES CENTER

DISABILITY RESOURCE EXPO

NATIONAL ALLIANCE ON MENTAL ILLNESS (NAMI)

PARKLAND COLLEGE COUNSELING & ADVISING CENTER
DEAN OF STUDENTS OFFICE
FINE & APPLIED ARTS DEPARTMENT

THE PAVILION BEHAVIORAL HEALTH SYSTEM

UNIVERSITY OF ILLINOIS AT URBANA-CHAMPAIGN
SCHOOL OF SOCIAL WORK

We're All in This Together

The Champaign County ALLIANCE for the Promotion of Acceptance, Inclusion, and Respect (formerly The Champaign County Anti-Stigma Alliance) is a collaborative campaign to challenge discrimination and promote inclusive communities. The ALLIANCE has used the arts to initiate dialogue about acceptance and dignity and their effect on persons with disabilities, their loved ones, and the community itself.

www.facebook.com/allianceforAIR

ACCESS Initiative

Champaign Community Coalition

Champaign County

Developmental Disabilities Board
and Mental Health Board

Community Elements

Crosspoint Human Services/SASS

Cunningham Children's Home

Developmental Services Center

disAbility Resource Expo: Reaching Out for Answers

Family Service of Champaign County

National Alliance on Mental Illness - Champaign County

Parkland College - Counseling & Advising Center, Dean of Students Office, Fine & Applied Arts Department

The Pavilion Behavioral Health System

University of Illinois at Urbana-Champaign School of Social Work

CHAMPAIGN COUNTY

WELFARE

FOR THE PROMOTION OF

Acceptance, Inclusion, & Respect

CHAMPAIGN COUNTY

ALLIANCE

FOR THE PROMOTION OF

Acceptance, Inclusion, & Respect

Visit us under the tent for the

2014 Alliance

Art Sale

*Thursday, Friday, Saturday
2:00 p.m. to 8:30 p.m.*



"Spring Blossom" by Stephanie Y.



"Arizona Desert" by Mary Jo D.

*Find more of our art at
Springer Cultural Center
and Cafe Kopi.*

CHAMPAIGN COUNTY

ALLIANCE

FOR THE PROMOTION OF

Acceptance, Inclusion, & Respect

visit the

8th Annual

**DISABILITY
RESOURCE
EXPO**

Saturday, October 18

*Fluid Event Center
Country Fair Drive*

13.B.

Disability Resource Expo: Reaching Out For Answers
Board Report
April, 2014

The Expo Steering Committee held it's first meeting on April 10, where they began to plan for the 8th annual Disability Resource Expo (DRE). Lorelea Liss with Family Service, and Benita Gay with Community Elements will be joining the Steering Committee for 2014. We will be exploring several additional new members this year. The Expo will be held on Saturday, October 18, 2014. Taking into consideration various aspects of the Expo, but foremost our need for additional space, the Steering Committee has determined the best site for the 2014 Expo would be the new Fluid Event Center in Champaign. Jeff Grant, co-owner of the Fluid Event Center, is in the process of drawing up a contract, which they will submit to us very soon.

Exhibitors – In keeping with our goal of stepping things up each year, Nancy Crawford, Barb Bressner and Jim Mayer are tentatively planning to attend the national Abilities Expo in Schaumburg, which will be held June 27-29. Our previous attendance at this Expo has brought some exciting new and innovative technology to the DRE, and we hope to have similar results this year.

Marketing/Sponsorship – The Marketing/Sponsorship Committee met on April 1. The 2013 Expo gave us the opportunity to refresh our promotional materials, and we plan on utilizing those revisions this year with very minor edits. We will ensure that the DRE website developed in 2013 will be noted on all promotional items for 2014. The committee determined that the promotion of the Expo through MTD ads was very effective last year, and would like to increase our exposure through the MTD for the 2014 Expo. They would also like to increase use of the window clings that were developed by C-U Banners, as they were a wonderfully visible and cost effective advertising medium. Barb B. will have a booth at the Autism Walk on April 26, where we will distribute Save-The-Date flyers. She will also have a booth at the Health Alliance sponsored Senior Health & Fitness Fair on May 28. Barb attended the WCIA Home & Garden Show on March 29 to assist in assembling a new sponsorship database for this year. Development of the 2014 Resource Book was discussed. It was recommended that we explore a potential outside source to assist in its development.

Volunteers – We will be looking at ways in which to utilize volunteers early on in our planning process, as well as during the event itself. Champaign County Court Services has already provided us with one volunteer who assisted Nancy C. and Barb B. in clean-up and organization of Expo materials at PNC in early April following some water/mold damage which occurred in our storage area there.

Entertainment – The Entertainment Committee has yet to meet this year.

Respectfully submitted

Barb Bressner, Consultant

B.C.

DRAFT
2013-2014 MEETING SCHEDULE WITH SUBJECT AND
ALLOCATION TIMELINE AND PROCESS

The schedule provides the dates of board meetings for the Champaign County Developmental Disabilities Board. The subjects are not exclusive to any given meeting as other matters requiring Board review or action may also be addressed or may replace the subject listed. Study sessions may be scheduled throughout the year with the presentation and discussion held during the meeting or in the afternoon, following a meeting of the Champaign County Mental Health Board. Included is a tentative schedule for the CCDDDB allocation process for Contract Year 2015 (July 1, 2014 – June 30, 2015).

<u>Timeline</u>	<u>Tasks</u>
9/18/13	Public Hearing on Developmental Disabilities, 4:30PM Champaign Public Library, Robeson Rooms A&B
10/23/13	Regular Board Meeting Release Draft Three Year Plan 2013-2015 with FY14 Objectives Release Draft Contract Year 2015 Allocation Criteria
11/20/13	Regular Board Meeting Approve Three Year Plan with One Year Objectives Allocation Decision Support – CY15 Allocation Criteria
12/15/13	Public Notice to be published on or before this date, giving at least 21 day notice of application period.
12/18/13	Regular Board Meeting
1/8/14	Open CCMHB/CCDDDB Online System access to CCDDDB CY 2015 Agency Program and Financial Plan Application forms.
1/22/14	Regular Board Meeting Cancelled
1/25/14	CCDDDB Retreat, 8:15AM, iHotel Conference Center
2/14/14	Online System Application deadline – System suspends applications at 4:30PM (CCDDDB close of business).
2/19/14	Regular Board Meeting List of Requests for FY15 Funding

3/19/14	Regular Board Meeting
4/23/14	Program summaries released to Board, copies posted online with the CCDDDB April 30, 2014 Board meeting agenda.
4/30/14	Regular Board Meeting with review of program summaries.
5/21/14	Regular Board Meeting Allocation Decisions Authorize Contracts for CY15 Allocation recommendations released to Board, copies posted online with the CCDDDB May 21, 2014 Board meeting agenda.
6/18/14	Regular Board Meeting Cancelled
6/27/14	Contracts completed Approve Draft Budget
7/23/14	Regular Board Meeting Election of Officers

CCDDB 2013-2014 Meeting Schedule

Board Meetings

8:00 AM

Brookens Administrative Building, Lyle Shields Room
1776 East Washington Street, Urbana, IL

October 23, 2013 – 8:00 AM

November 20, 2013 – 8:00 AM

December 18, 2013 – 8:00 AM

~~January 22, 2014 – 8:00 AM-Cancelled~~

January 25, 2014 Board Retreat—8:15 AM

(I Hotel, Lincoln Room; 1900 S. First St., Champaign, IL)

February 19, 2014 – 8:00 AM

March 19, 2014 – 8:00 AM

April 30, 2014 – 8:00 AM

May 21, 2014 – 8:00 AM

~~June 18, 2014 – 8:00 AM-Cancelled~~

This schedule is subject to change due to unforeseen circumstances.

Please call the CCMHB/CCDDB office to confirm all meetings.