



## 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, November 14, 2018**

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

**8 AM**

*(Members of the Champaign County Mental Health Board are invited to sit in as special guests)*

1. Call to Order
2. Roll Call – Stephanie Howard-Gallo
3. Approval of Agenda\*
4. Citizen Input/Public Participation  
*At the chairperson's discretion, public participation may be limited to five minutes per person.*
5. President's Comments – Ms. Deb Ruesch
6. Approval of CCDDB Board Meeting Minutes\* **(pages 3-6)**  
*Minutes from 10/24/18 are included. Board action is requested.*
7. New Business
  - A. Changes to the Online Application and Reporting System **(pages 7-27)**  
*A Briefing Memorandum and example of changes to the Online Application and Reporting System are included for information only. No action is requested.*
  - B. Board Direction  
*This item supports board discussion of planning and funding. No action is requested.*
  - C. Successes and Other Agency Information  
*Funded program providers and self-advocates are invited to give oral reports on individuals' successes. At the chairperson's discretion, other agency information may be limited to five minutes per agency.*
8. Old Business
  - A. PY2020 CCDDB Allocation Priorities\* **(pages 28-37)**  
*A Decision Memorandum with proposed allocation priorities and decision support criteria for Program Year 2020 is included. Approval is requested.*

B. PY2020 CCMHB Allocation Priorities (**pages 38-48**)

*A Decision Memorandum with proposed allocation priorities and decision support criteria for the CCMHB PY2020 is included for information only.*

C. Draft CCDDB Three Year Plan with FY2019 Objectives\* (**pages 49-57**)

*A Decision Memorandum and proposed final draft of the Plan are included. Approval is needed.*

D. Revisions to CCDDB Funding Guidelines and Audit Policy\* (**pages 58-77**)

*A Decision Memorandum with Proposed Revisions to the CCDDB Funding Guidelines and Audit Policy Addendum are included in the packet. Action is requested.*

E. FY2018 Service Data Chart (**page 78**)

*A pie chart detailing the FY2018 I/DD hours of direct service reported in all programs is included for information only.*

F. Meeting Schedules (**pages 79-82**)

*Copies of CCDDB and CCMHB meeting schedules and CCDDB allocation process timeline are included in the packet for information.*

G. Acronyms (**pages 83-90**)

*A list of useful acronyms is included for information.*

9. CCMHB Input

10. Executive Director's Report – Lynn Canfield

11. Staff/Consultant Reports

*Reports from Kim Bowdry (**pages 91-97**), Stephanie Howard-Gallo (**page 98**), Shandra Summerville (**pages 99-101**), and Barb Bressner (**pages 102-103**) are included for information.*

12. Board Announcements

13. Adjournment

*\*Board action requested*

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

*Minutes –October 24, 2018*

*Brookens Administrative Center  
John Dimit Room  
1776 E. Washington St.  
Urbana, IL*

**DRAFT**

*7:30 a.m.*

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- MEMBERS PRESENT:** William Gingold, Cheryl Hanley-Maxwell, David Happ, Gail Kennedy, Deb Ruesch
- STAFF PRESENT:** Kim Bowdry, Lynn Canfield, Stephanie Howard-Gallo, Shandra Summerville
- OTHERS PRESENT:** Dale Morrissey, Danielle Matthews, Annette Becherer, Laura Bennett, Patty Walters, Janice McAteer, Developmental Services Center (DSC); Mary Rascher, Angela Yost, Regional Planning Commission (RPC); Amy Slagell, CU Able; Becca Obuchowski, Community Choices, Pius Wiebel, Champaign County Board; Sue Suter, disAbility Expo, Mel Liong, Jermaine Raymer, Dylan Boot, PACE
- 

**CALL TO ORDER:**

Ms. Deb Ruesch, CCDDB President called the meeting to order at 7:35 a.m.

**ROLL CALL:**

Roll call was taken and a quorum was present.

**APPROVAL OF AGENDA:**

The agenda was in the packet for review. The agenda was approved.

**DRAFT**

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**CITIZEN INPUT:**

Dale Morrissey from DSC read a response from the agency posted on a social media site in response to some social media gossip.

Sue Suter gave a brief update on the upcoming disAbility Expo.

Jermaine Rayne from Persons Assuming Control of their Environment (PACE) introduced Mel Liong. She is an Independent Living Specialist for the agency.

**PRESIDENT'S COMMENTS:**

Deb Ruesch stated the Executive Director's contract was being developed and is under review. Board members will have an opportunity to review the document.

**APPROVAL OF CCDDDB MINUTES:**

Minutes from the September 26, 2018 meeting was included in the Board packet.

**MOTION: Dr. Hanley-Maxwell moved to approve the meeting minutes from September 26, 2018. Mr. Happ seconded the motion. The motion passed unanimously.**

**FINANCIAL INFORMATION:**

The claims report was included in the Board packet.

**MOTION: Dr. Gingold moved to approve the claims report. Dr. Hanley-Maxwell seconded. The motion passed unanimously.**

**NEW BUSINESS:**

**Respite:**

A Briefing Memorandum on state funded respite in Champaign County and a brochure from the Illinois Respite Coalition were included in the Board packet for information only.

**Anti-Stigma:**

A Briefing Memorandum on the anti-stigma efforts of the CCDDDB/CCMHB and several examples or previous promotions were included in the packet for information only. Dr. Gingold suggested the College of Media at the University be contacted to support anti-stigma efforts.

**Draft PY2020 CCDDDB Funding Priorities:**

A Briefing Memorandum on funding priorities and allocation criteria for Program Year 2020 was included in the Board packet. The draft document will be sent out to stakeholders, agencies, and parents. The final document will be brought back to the Board for action at a later date.

**Board Direction:**

None.

**Draft Funding Guidelines:**

Proposed revisions to the CCDDDB Funding Guidelines and Audit Policy Addendum were included in the Board packet, with a Briefing Memorandum to provide overview. The final document will be brought back to the Board for action at a later date.

**Successes and Agency Information:**

Becca Obuchowski from Community Choices and Annette Becherer and Janice McAteer from DSC reported on individual success and agency collaborations.

**OLD BUSINESS:****Analysis of PY2018 Service Data:**

Kim Bowdry explained this was a full year's worth of data.

**Meeting Schedules:**

Copies of the CCDDDB and CCMHB meeting schedules were included in the packet for information only.

**Acronym Sheet:**

A list of useful acronyms was included for information only.

**CCMHB Input:**

The CCMHB will meet this evening.

**EXECUTIVE DIRECTOR'S REPORT:**

Ms. Canfield reviewed the agenda items for the November 14, 2018 meeting.

**STAFF REPORTS:**

Staff reports from Kim Bowdry, Shandra Summerville, Chris Wilson, Barbara Bressner, and Jim Mayer were included in the packet for review.

**BOARD ANNOUNCEMENTS:**

The next CCDDDB meeting will be November 14, 2018 in the Lyle Shields Conference Room at 8:00 a.m.

**ADJOURNMENT:**

The meeting adjourned at 8:35 a.m.

Respectfully Submitted by: Stephanie Howard-Gallo

*\*Minutes are in draft form and subject to CCDDDB approval.*





7.A

## BRIEFING MEMORANDUM

DATE: November 14, 2018  
TO: Members, Champaign County Developmental Disabilities Board (CCDDDB)  
FROM: Lynn Canfield, Executive Director  
SUBJECT: Changes to Online Application and Reporting System

### Background:

The CCMHB/CCDDDB online application and reporting system has been in place since 2011, at <http://ccmhddbrds.org>. The registration, application, and report forms were all based on the documents in use prior to that time, and the intent was to make the process more convenient and accessible for applicants, funded agencies, and staff and members of the CCMHB and CCDDDB. Moving to online tools is a challenge for all units of government, where cost and compliance with prevailing statutes are important and inevitable limiters. Over the years, each enhancement of the system has been carefully considered and implemented, not always resulting in greater convenience.

Since the system's launch, other 708 and 377 boards across the state have set up similar online systems and designed additional features to improve transparency and function. In 2016 and 2017, we incorporated some of those innovations: a financial accounting section allowing board and staff members full access to budgets, transactions, and various reports; a home page with overview, agency log-in, current policy documents, etc.; a 'public page' showing all of the currently funded programs and detail on service activities; a program summary template section automating some aspects of the reviews of applications and offering text areas for multiple staff to contribute analysis; and service-level reporting system with bulk upload for agencies with large sets of 'claims'.

Each year, adjustments have been made to the content and occasionally the form of the application and reporting materials. The presentation of instructions and board documents and home page have been revised toward greater accessibility and transparency. Cultural and Linguistic Competence Plans and Progress Report templates have been revised each year to reflect the changing state and federal expectations. Most recently, the work of UIUC researchers and agency pilot programs resulted in a template for the reporting of Outcomes at the end of each contract year; this replaced the less specific annual performance measure report requirement. These changes and refinements did not require additional effort from the website developer.

## New for PY2020 Applications and Reports:

Attached are revised organizational eligibility questionnaires, to be completed during the registration process, and interagency cooperation agreements, required with applications. The Program Plan Part One form template has been reworked with the goals of a clearer application process for agency users and more streamlined application review process for board members and staff.

In recent years, some improvements suggested by agency users and board members were not implemented due to cost or technical limitations. For the coming application cycle, these changes are being made:

- At the top of each application page and form, the **deadline for application** will appear;
- At the top of the agency user's page for applications, progress toward completion will be shown in RED (not started), YELLOW (in progress), and GREEN (submitted) along with a message to look at the "Cover Page" form for details about what remains to do;
- Quarterly **financial** reports (Revenue and Expense) will be linked to the original application forms for Revenue and Expense;
- When an agency user completes the quarterly report forms, the system will automatically identify variances and notify the user when a comment is required to explain a variance of greater than 5%, eliminating the need for uploaded financial variance reports;
- **Personnel form** will allow an applicant to identify all staff and salaries not associated with the proposed program as "Other" and present them in aggregate form, allowing the FTE amount to exceed 1.0 in this case;
- **Cultural and Linguistic Competence Plans** will now appear as a fillable form within the application page, eliminating the need for download of a template and upload of its completed version; the semi-annual progress reports will be available as fillable forms within the agency user's reporting page, again eliminating uploads; although only one CLCP and set of progress reports is required per agency (rather than per program, as the other forms), this should improve tracking of completion by agency users and board staff.
- **The Program Plan Part I Form** (program narrative) has been modified to include many specific questions, particularly around program coordination and measures of consumer access and outcomes. Word limits for many sections are smaller now, since applicants are not responding to all expectations in a few sections but rather many separate sections. The new template form is attached.
- A signed, postmarked, and mailed copy of the **Cover Authorization Form** will no longer be required.



## CCDDB Organizational Eligibility Questionnaire

This organizational eligibility questionnaire serves as a self-assessment of alignment with standards described in the document, Champaign County Developmental Disabilities Board Requirements and Guidelines for Allocation of Funds.

Program Name

Organization Mission Statement

Briefly describe the type of service ~~that will~~ to be funded by the CCDDB:

The mission of the CCDDB is the advancement of a local system of programs and services for the treatment of people with intellectual and/or developmental disabilities, in accordance with the assessed priorities of the citizens of Champaign County. How does your proposal relate to the mission of the CCDDB?

What are the primary funding sources for your organization?

Describe any networking agreements or contracts your organization may have with other local organizations: list all organizations:

Corporate status of your organization:

- not for profit corporations must complete the following: list your current Board of Directors; are relatives of staff members allowed to serve on the Board? y/n; Is your current Board of Directors representative of the service area? y/n; Please describe how your board is representative of the service area:

-For profit corporations must complete the following: do you have a community based advisory committee representative of the service area in place?; If yes, please describe how your advisory committee is representative of the service area:

List your current Board of Directors:

Do your corporate by-laws address the following: encourage consumer representation on the board? y/n; include a mandatory board rotation policy? y/n; reference term limits for each board office? y/n; include policies for recruitment, nomination, and election of board member and officers? y/n; address removal and replacement of board members? y/n; ~~inclusion of~~ include indemnification clause? y/n; ~~description of~~ describe committee structures? y/n

The CCDDB has a preference for contracting with organizations headquartered in Champaign County. Are the corporate headquarters for your organization located within Champaign County? y/n

Does your organization have policies in place to address the following?

Written policies on non-discrimination in the acceptance of clients, employment of personnel, or appointment to the board of directors, or in any other respect on the basis of race, color, religion, gender, sexual orientation, national origin, ancestry, or disability. y/n  
Policies with respect to safeguarding the use and disclosure of confidential information regarding recipients of services. y/n

Written admission and discharge procedures. y/n

Specific licensing requirements of the professional staff to provide services under the terms of the proposal. y/n

Are the program's facilities in compliance with applicable State of Illinois licensure requirements and local ordinances with regard to fire, building, zoning, sanitation, health, and safety requirements? y/n

Measures to assure access and effective response to the needs of people from racially, culturally, ethnically, and linguistically diverse groups.

Is there a Cultural and Linguistic Competence Plan in place? y/n

Measures in place for staff and board training and development activities to include cultural awareness and linguistic competency.

If applicable, list your organization's accreditation and certification status for Developmental Disability services:

In Lieu of Accreditation – Does your organization have written policies including standard operating procedures? y/n

#### Financial Information

Is your organization managed in a manner consistent with sound fiscal standards (GAAP)? y/n

Does your organization maintain written policies and procedures regarding fiscal activities, including but not limited to payroll, purchasing, case management, relevant fee schedules, contracts, and risk management? y/n

Does your organization have in effect a ~~modified~~ accrual accounting system in accordance with generally accepted accounting principles to include a level of documentation, classification of entries, and audit trails? y/n

Are accounting entries supported by appropriate source documents that are available upon request? y/n

Is your organization aware that CCDDDB funding is not allowed for the following: bad debts, contingency reserve fund contributions, contributions and donations, entertainment, compensation for board members, fines and penalties, depreciation costs, interest expense, ~~rental income received must be used to reduce the reimbursable expense by CCDDDB funds for the item rented~~, duplicate funding when another source of funding is made available for costs included in the CCDDDB contract, and capital expenditures unless funds are specified for such purpose, excessive administrative costs, contributions to any political candidate or party, expenses incurred outside the term of the contract, and expenses or items not approved in the budget or through a budget amendment, and that rental income received must be used to reduce the reimbursable expense by CCDDDB funds for the item rented? y/n

Does the organization have a yearly audit in accordance with generally accepted auditing standards by an independent certified public accountant registered by the State of Illinois at the close of its fiscal year? y/n

Is the following supplementary financial information included in your audit report?

Schedule of Operating Income by Program y/n  
Schedule of Operating Expenses by Program y/n

Does your auditor currently communicate in written form any material weakness in the agency's internal controls when it impacts funding received? y/n

Have current operating budget documents ~~have~~ been provided to CCDDDB? y/n

If you answered "no" to any question other than focus of Organization, consider whether your organization will make the changes required in order to answer "yes" prior to receiving funding from the Champaign County Developmental Disabilities Board. If that is not likely or possible, do not submit a proposal for funding at this time.

By selecting "I Agree," the applicant acknowledges this application and the information contained herein will be used as a basis for decision-making by the staff and Board of the CCDDDB. The applicant warrants the information to be correct and is an accurate representation of the applicant organization. I agree.



Champaign County Mental Health Board (CCMHB) and Developmental Disabilities B

✓ **Updates Complete**



▼ **Instructions**

This is an electronic form. Please answer each of the questions in any order. Questions that require an answer are highlighted in yellow until they have been answered.

You may press the **Save My Responses** button at any time. Upon doing so, your responses will be reviewed and a red message will indicate any missing or incorrectly formatted responses.

To return to the application, first **Save My Responses** then press the **Return to Application** button.

At any time you may print this form using your browser's **Print** button.

When you have successfully completed the form, press **Save My Responses** and you will see a red OK message. You will also see a new button **Submit My Responses** which submits the information on this form to the Board. A warning will be displayed to remind you to carefully review your answers before submitting because no further changes will be allowed once you press OK to submit the form.

After submitting the form, your responses will be shown in green. Although they cannot be edited they CAN be printed using your browser's print button.

Form on REP\_RESPONSES

Developmental Disabilities Board Organization Eligibility Questionnaire

Agency Eligibility Q TEST

Fiscal Year 2020

Status Pending

Did not select "I Agree".

Missing required response for 33 questions. (See yellow highlights)

Missing response re. Accreditation or In Lieu of Accreditation

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Return to Online Registration Delete All Responses (start over)  
Champaign County Mental Health Board (CCMHB) and Developmental Disabilities Board

Save My Responses (Do not submit yet)

This organizational eligibility questionnaire serves as a self-assessment of alignment with standards described in the document Developmental Disabilities Board Requirements and Guidelines for Allocation of Funds.

=====

Organization Mission Statement

Briefly describe the type of service to be funded by the CCDDB:

The mission of the CCDDB is the advancement of a local system of programs and services for the treatment of people with disabilities, in accordance with the assessed priorities of the citizens of Champaign County. How does your proposal relate

What are the primary funding sources for your organization?

Describe any networking agreements or contracts your organization may have with other local organizations: List all organizations

Corporate status of your organization (select 1)

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### Champaign County Mental Health Board (CCMHB) and Developmental Disabilities B

Not for Profit Corporations must complete the following:

=====

List your current Board of Directors (required)

Are relatives of staff members allowed to serve on the Board?

Is your current Board of Directors representative of the service area?

Please describe how your board is representative of the service area:

For Profit Corporations must complete the following:

=====

Do you have a community based advisory committee representative of the service area?

If yes, please describe how your advisory committee is representative of the service area:

List your current Board of Directors (required)

Do your corporate by-laws address the following?

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=====
Champaign County Mental Health Board (CCMHB) and Developmental Disabilities B

Encourage consumer representation on the Board?

[ ] [v]

Include a mandatory Board rotation policy?

[ ] [v]

Reference term limits for each board office?

[ ] [v]

Include policies for recruitment, nomination, and election of board member and officers?

[ ] [v]

Address removal and replacement of board members?

[ ] [v]

Include indemnification clause?

[ ] [v]

Describe committee structures?

[ ] [v]

The CCDDDB has a preference for contracting with organizations headquartered in Champaign County. Are the corporate h located within Champaign County?

[ ] [v]

Does your organization have policies in place to address the following?

=====

Written policies on non-discrimination in the acceptance of clients, employment of personnel, or appointment to the board the basis of race, color, religion, gender, sexual orientation, national origin, ancestry or disability.

[ ] [v]

Policies with respect to safeguarding the use and disclosure of confidential information regarding recipients of services.

[ ] [v]

Written admission and discharge procedures.

[ ] [v]

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Specific licensing requirements of the professional staff to provide services under the terms of proposal.  
Champaign County Mental Health Board (CCMHB) and Developmental Disabilities B

Are the program's facilities in compliance with applicable State of Illinois licensure requirements and local ordinances with sanitation, health, and safety requirements?

Measures to assure access and effective response to the needs of people from racially, culturally, ethnically, and linguistica

Is there a Cultural and Linguistic Competence Plan in place?

Measures in place for staff and board training and development activities to include cultural and linguistic competency.

If applicable, list your organization's accreditation and certification status for Developmental Disability services:

[Empty text box for accreditation and certification status]

In Lieu of Accreditation – Does your organization have written policies including standard operating procedures?

Financial Information

=====

Is your organization managed in a manner consistent with sound fiscal standards (GAAP)?

Does your organization maintain written policies and procedures regarding fiscal activities, including but not limited to pay relevant fee schedules, contracts, and risk management?

Does your organization have in effect an accrual accounting system in accordance with generally accepted accounting principles, documentation, classification of entries, and audit trails?

Are accounting entries supported by appropriate source documents that are available upon request?

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### Champaign County Mental Health Board (CCMHB) and Developmental Disabilities B

Is your organization aware that CCDDDB funding is not allowed for the following: bad debts, contingency reserve fund cont  
entertainment, compensation for board members, fines and penalties, depreciation costs, interest expense, duplicate fundi  
made available for costs included in the CCDDDB contract, capital expenditures, unless funds are specified for such purpose  
contributions to any political candidate or party, expenses incurred outside the term of the contract, and expenses or item  
a budget amendment, and that rental income received must be used to reduce the reimbursable expense by CCDDDB funds:

Does the organization have a yearly audit in accordance with generally accepted auditing standards by an independent ce  
the State of Illinois at the close of its fiscal year?

Is the following supplementary financial information included in your audit report?

=====

Schedule of Operating Income by Program

Schedule of Operating Expenses by Program

Does your auditor currently communicate in written form any material weakness in the agency's internal controls when it i

Have current operating budget documents been provided to CCDDDB?

If you answered "no" to any question, consider whether your organization will make the changes required in order to answ  
the Champaign County Developmental Disabilities Board. If that is not likely or possible, do not submit a proposal for func

=====

By selecting "I Agree" the applicant acknowledges this application and the information contained herein will be used as a l  
and Board of the CCDDDB. The applicant warrants the information to be correct and is an accurate representation of the ap

Save My Responses (Do not submit yet)

^  
17

Champaign County Mental Health Board (CCMHB) and Developmental Disabilities B

release 1.0 [Set Screen Reader Mode On](#)

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## CCDDB Agreement for Interagency Cooperation

The above agency does hereby affirm its commitment to cooperation in the planning, delivery, and evaluation of comprehensive services for the residents of Champaign County. In demonstration of this commitment, the above named agency agrees to:

1. Provide services in the most appropriate manner and at locations accessible to residents in Champaign County.
2. Make services available to persons in need thereof who reside in Champaign County, without discrimination on the basis of race, color, religion, national origin, ancestry, gender, marital status, sexual orientation, physical condition, previous mental condition, or ability to pay.
3. No qualified person shall be discriminated against in any manner prohibited by law, or by reason of sexual orientation with respect to the privilege of employment in the agency.
4. When programmatically feasible, establish or maintain a charge for services based upon a person's ability to pay, or if fees are prohibited by a major funder, the agency should solicit individual / family donations.
5. Receive referrals of eligible people from other agencies, subject to the above named agency's admission policy and procedures.
6. Transfer or refer eligible people without delay to other developmental disabilities, healthcare, or behavioral healthcare agencies whenever such a transfer or referral is indicated and is in the best interest of the person and when informed consent has been obtained from the person.
7. Make available, upon obtaining consent for release of information, necessary information concerning a person, which was obtained by the above named agency to those responsible for that person's care within another agency.
8. Where service from more than one agency is indicated, and with a person's consent, collaborate with other agency(ies) in service planning and delivery or through consultation, and allow access to the person in residential or day setting when practicable and clinically indicated.
9. For Champaign County, recognize the Champaign County Developmental Disabilities Board and the Champaign County Mental Health Board (CCMHB) as the designated units of local government for mental health, intellectual/developmental disabilities, and substance use disorder service system planning, coordinating, and priority setting.
10. Provide input into the development of the CCDDB's planning function.

11. Provide those elements of comprehensive intellectual/developmental disabilities supports and services, which are contained in the Agency Program and Financial Plan, and maintain facilities for those purposes.
12. Cooperate with other intellectual/developmental disabilities, behavioral healthcare, and such other agencies as appropriate in developing and maintaining an integrated program of services for residents of Champaign County.
13. Develop and maintain written working agreements specifying at a minimum the areas of interaction between the agencies, procedures for carrying out these interactions in an efficient and effective manner, and any contractual obligations. These agreements are to be reviewed by participating agencies at least every three years.
14. Keep the CCDDDB informed of any perceived needs for changes in the system of available developmental disabilities services and any agency plans to address those needs including applications for new or for substantially increased revenue from other funders.
15. Collect and make available to the CCDDDB and other appropriate agencies statistical, evaluation, progress, cost and other information necessary to assure compliance with this Agreement.
16. Maintain active participation in the Mental Health and Developmental Disabilities Agencies Council to foster collaboration in support of a comprehensive system of care.

Action Processed. x

**Instructions**

**Deadline**

This is the application deadline message.

**Report Details**

[Delete All Responses \(start over\)](#)

[Return to Reports / Application Home](#)

Developmental Disabilities Board

**NEW Program Part 1**

Agency **Test Agency**

● Program **lynnchecking (2019)**

Status **Pending**

[Change Status](#) to Pending v

Missing required response for 44 questions. (See yellow highlights)

Date Submitted

Submitted By

**Report Lines (new entry)**

[Save My Responses \(Do not submit yet\)](#) | [SUBMIT My Responses \(No further edits will be allowed.\)](#)

Type of Contract

v

Priority

v

Target Population (200 word limit)

**Required Eligibility criteria for funded services. (This statement must be retained in all plans submitted). CCDDDB will contract with the AGENCY for services to people who meet the following criteria: (a) are residents of Champaign County as shown by address; (b) have evidence of a need for service based on an assessment; (c) have limited financial resources to meet the cost of their care.**

=====

**Scope of Services: provide a brief description of all program services; then identify the specific activities or supports to be funded by the CCDDDB (300 word limit)**

(21)

Are similar or related services/supports available to this target population through another organization in Champaign County?

List similar/related services and the provider organizations. (250 word limit)

How will your organization's proposed program coordinate or partner with these providers on behalf of the target population? (200 word limit)

List all organizations with which you have written working agreements. (200 word limit)

Cite the evidence-based, evidence-informed, recommended, promising, or innovative practice featured in the proposed service(s) or support(s), including a link. (250 word limit)

List staff qualifications, credentials, and/or specialized training. (200 word limit)

Where will the proposed service activity or support occur? How often will it occur? (100 word limit)

22

**Access, Inclusion, and Stigma**

=====

How will this program engage and serve residents of rural areas, especially the medically underserved Townships - Ayers, Colfax, Crittenden, Pesotum, Philo, Raymond, Sadorus, Sidney, South Homer, and Tolono? (200 word limit)

Where will rural residents be served? (100 word limit)

How will this program engage and serve people who are members of underserved or underrepresented minority populations? (200 word limit)

Where will people from underserved/underrepresented groups be served? (100 word limit)

On behalf of the target population, how will the program promote inclusion, reduce stigma or discrimination, or improve access to the community? (200 word limit)

**PROGRAM PERFORMANCE MEASURES (See Instructions)**

=====

Consumer Access (100 word limit per question, unless otherwise noted)

=====

What are the eligibility criteria for this program?

How do you determine if a person meets criteria?

23

How do people in the target population learn this program?

Estimate the percentage of people who seek assistance or are referred who will receive services/supports through this program.

Estimate the length of time (number of days) from referral/assistance-seeking to assessment of eligibility/need.

Estimate the percentage of people referred/seeking assistance who will be assessed for eligibility/need within that timeframe.

Estimate the length of time (number of days) from assessment of eligibility/need to engagement in services.

Estimate the percentage of eligible persons who will engage in services within that timeframe.

Estimate the average length of participant engagement in services or supports. (Identify and use the unit most appropriate to this program.)

Beyond the required race, ethnicity, age, gender, and zip code information, what demographic data will you collect?

**Consumer Outcomes**

What impact will this program have on the people it serves? Provide Numbered Outcomes. (300 word limit)

For each of these outcomes, list the specific survey or assessment tool to be used to collect information on the outcome, and indicate who will provide the data. Associate each with a Numbered Outcome. (300 word limit)

24



[Empty text box with scroll arrows]

Will outcome information be gathered from (or regarding) every person who receives the service/support?

If NO, how will you choose the people whose outcome information will be collected and reported? (100 word limit)

[Empty text box with scroll arrows]

How many total participants do you anticipate for the program year?

How often will outcome information be collected?

Is there a target or benchmark level for program services?

If YES, what is that target/benchmark, and where does it come from? (200 word limit)

[Empty text box with scroll arrows]

Utilization/Production Data Narrative: referencing the data in Part II Form, provide a short description for each service category you plan to report on, as well as the projected target for that category; indicate "n/a" if you will not report on a given category.

=====

Treatment Plan Clients (100 word limit)

[Empty text box with scroll arrows]

Non-Treatment Plan Clients (100 word limit)

[Empty text box with scroll arrows]

Community Service Events (100 word limit)

[Empty text box with scroll arrows]

Service Contacts (100 word limit)

[Empty text box with scroll arrows]

25

Other (100 word limit)

Empty text box with scroll arrows on the right side.

Most programs will be required to report service level activity on each eligible person who participates in the program, through the online system. A bulk upload option is available.

Client/Consumer Service Fees

What other payment sources are available for this service/support? (100 word limit)

Empty text box with scroll arrows on the right side.

Are all clients asked to pay some fee?

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Does the program accept private pay?

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Does the program use a sliding fee scale?

Dropdown menu with a downward arrow.

Sliding Fee Scale, if applicable (200 word limit)

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Is program eligible and willing to participate in DD Waiver programs (e.g., CILA, HBS)?

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Fees to be paid by CCDDDB (Service Category, Unit Specification, CCDDDB Unit Rate) (200 word limit)

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Handwritten number 26 inside a circle.

[ Save My Responses (Do not submit yet) ] [ SUBMIT My Responses (No further edits will be allowed.) ]

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## DECISION MEMORANDUM

DATE: November 14, 2018  
TO: Members, Champaign County Developmental Disabilities Board (CCDDB)  
FROM: Lynn Canfield, Executive Director  
SUBJECT: PY2020 Allocation Priorities and Decision Support Criteria

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“The world needs a sense of worth, and it will achieve it only by its people feeling that they are worthwhile.”

— Fred Rogers

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### Overview:

The purpose of this memorandum is to recommend allocation decision support criteria and funding priorities for the Champaign County Developmental Disabilities Board (CCDDB) Program Year 2020, July 1, 2019 to June 30, 2020. These are based on Board discussions, 2018 community needs assessment, and our understanding of best practices and state and federal service delivery and payment systems. Funding priorities and decision support criteria are a framework for how contracts with service providers support the mission and goals of the Board. Members of the CCDDB were presented with an initial draft in the packet for their October 24, 2018 meeting. That draft version was shared on October 18 with service providers, family members, advocates, and other stakeholders, with a request for comments. The current draft, presented for board consideration and approval, incorporates input.

### Statutory Authority:

The County Care for Persons with Developmental Disabilities Act (55 ILCS 105/ Section 0.01 et. seq) is the basis for CCDDB funding policies. All funds shall be allocated within the intent of the controlling act, as codified in the laws of the State of Illinois. CCDDB Funding Guidelines require that there be annual review of the decision support criteria and priorities to be used in the funding allocation process. Upon approval by the Board, this

memorandum becomes an addendum to the CCDDDB Funding Guidelines incorporated in standard operating procedures.

## The Operating Environment:

State and federal systems, including health care coverage, long-term supports, and related regulations or their enforcement, remain in flux. Some changes and proposed changes create more risk for people who have intellectual/developmental disabilities (I/DD), the systems of care and service capacity, safety net, and even state and local economies. This chaotic policy and funding environment is stressful for people who rely on services and leads to “change fatigue” in providers and funders, just when recruiting and retaining a qualified workforce has become harder than ever. While the changes are many and complicated, our hope is to identify opportunities, whether through direct CCDDDB funding of agencies, assisting those agencies in securing other funding, promoting system redesign and innovation, coordinating across services, increasing community awareness and education, or other.

Illinois’ Medicaid reimbursement rates remain well below the actual cost of services; this is especially true with I/DD rates. The rate paid for each service is inclusive and taken as payment in full, so that providers cannot charge more for a covered service to an eligible person or accept a third-party payment. Inadequate rates and outdated rules have made it difficult for community-based providers to meet the needs of people who use Medicaid and waiver services. Medicaid Managed Care contracting would also present significant challenges for providers, insured persons, and other funders.

Many eligible residents of Champaign County do not yet have Medicaid waiver funding through the state. Their enrollment in the Illinois Department of Human Services – Division of Developmental Disabilities’ Prioritization ~~for~~ of Urgency of Need for Services (PUNS) database not only lets the state know who is waiting but also creates an opportunity to establish their eligibility, justifying the use of local funding to provide relief for those waiting.

The CCDDDB will work with traditional and non-traditional providers to identify services which improve outcomes for individuals and promote a healthier, more inclusive community and which are not covered by Medicaid or the DD waivers. Through person-centered plans, people with I/DD direct those services and supports and the outcomes of value to them.

## Workforce Shortage Threat:

The board’s investments in most organizations are contingent on a stable and qualified workforce. Although this is now a threat to I/DD services across the country, attracting and retaining this workforce is especially difficult in Illinois, due to inadequate investment in community-based services (e.g., low Medicaid rates). A modest wage increase for direct support professionals has been implemented, an important but small step. The work should be professionalized and rewarded with competitive wages and advancement opportunities, to improve recruitment and retention. Systemic problems associated with the workforce shortage include:

- gaps in coverage, disruption of care, and high turnover interfere with the development of positive relationships between staff and people who use services;
- service capacity cannot be expanded without a much larger direct support staff workforce, so that even those selected from PUNS for Medicaid-waiver awards struggle to find providers;
- turnover adds significant associated costs in recruitment and hiring activities, overtime pay during shortages, and training of new staff;
- agencies and programs compete to keep direct support staff, as the need increases in other systems (e.g., care of older citizens.)

## Expectations for Minimal Responsiveness:

Applications that do not meet the expectations below are “non-responsive” and will not be considered for funding. All agencies must be registered using the online system, at <http://ccmhddbrds.org>. The application must be completed using this system, with all required portions completed by the posted deadline. Accessible documents and technical assistance, limited to navigation of the online tools, are available upon request through the CCDDDB office.

1. Eligible Applicant, based on completed Organization Eligibility Questionnaire.
2. Compliance with application deadline. *Late or incomplete applications will not be accepted.*
3. Proposed services or supports must relate directly to intellectual/developmental disabilities. How will they improve the quality of life for persons with I/DD, including those with co-occurring conditions helped by treatment?
4. Application must be appropriate to this funding source and include evidence that other funding sources are not available to support this program or are maximized. Other potential sources of support should be identified and explored.
5. Coordination with providers of similar or related services must be demonstrated.

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“How sad it is that we give up on people who are just like us.”

– Fred Rogers

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At the center of our work are people who live with conditions which may inhibit realization of their own ambitions and goals or disconnect them from others. To the extent that help from others is desired and effective, a well-coordinated system of services and supports can improve an individual’s access, independence, self-esteem, and productivity. People who are realizing their goals and feel connected are healthier and safer and contribute meaningfully to the community’s health, culture, economy, and mood.

Through our 2018 needs assessment surveys and subsequently, people with I/DD shared some of what is important to them and what they don't like:

"I want to work part time, hang out with my mom, and live a low-key life."

"I do not like DHS or DCFS. They are not fair."

"More free events, fun events, not just going to library events. If they want to do a paid trip but has no money, being treated once in a while."

"community involvement and accessibility"

"make a way for someone else"

"advocating for myself and for others"

"I don't care about exposure. I want to make money."

## **Program Year 2020 CCDDDB Priorities:**

### Priority: Linkage and Advocacy for People with Intellectual and Developmental Disabilities

The CCDDDB will support advocacy efforts to connect people who have I/DD to appropriate state funding. Conflict-free Case Management is a requirement for all Home and Community Based Services, and intensive case management services have value for people with I/DD as they define their own goals and how to achieve them. Intensive case management supports may be valuable to people with more complex support needs related to aging, co-occurring physical or behavioral health conditions, or traumatic experiences. Advocacy, linkage, and other service coordination activities should have minimal or no risk of conflict of interest.

### Priority: Employment Services and Supports

Job development and matching, job coaching, job skills training in community work settings, and innovative employment supports continue as a high priority. Proposed programs should incorporate recommended or innovative practices, the principles of Employment First, and a focus on people's specific employment aspirations and abilities, in the most integrated community settings possible. Paid internships may produce positive results for people traditionally directed to sheltered day/habilitation programs. Job matching and educating employers about the benefits of working with people who have I/DD should result in employment of people with I/DD.

### Priority: Non-Work Community Life and Flexible Support

Flexible support for people with I/DD can stabilize home and community life in person-centered, family-driven, and culturally appropriate ways, and should emphasize social and community integration for people with I/DD. Delivered in the least segregated environments and selected by the person, supports for success may include: assistive technology and accessibility supports; speech or occupational therapy; respite; personal care support; independent living skills training; social, communication, or functional academics skills development; vocational training; facilitation of social and volunteer opportunities; transportation assistance; community education and recreation, health and fitness, mentoring or other opportunities; and development of networks of support for individuals and families. Of these, respite care appears to be the most urgently needed.

### Priority: Comprehensive Services and Supports for Young Children

Services and supports not covered by Early Intervention or under the School Code, for young children with developmental and social-emotional concerns, will be prioritized. Examples include: coordinated, home-based services addressing all areas of development and taking into consideration the needs of the family; early identification of delays through consultation with child care providers, pre-school educators, medical professionals, and other providers of service; education, coaching, and facilitation to focus on strengthening personal and family support networks (including community partners); systematic identification and mobilization of individual gifts and capacities, to access community associations and learning spaces.

#### Priority: Self-Advocacy and Family Support Organizations

Nationally only 11% of people with I/DD rely on agency service providers. The majority of care comes from family, friends, and community. Parent and self-advocate support networks are critical to the system of supports, contribute clarity about service preferences, and raise community awareness. Sustainable self-advocacy and family support organizations, especially those governed by people who have I/DD, their families, and other allies will be prioritized. Activities may center on: improved understanding of I/DD, supports, and rights; peer mentoring; navigating the system of care; social connections; engaging in system advocacy; and distributing up to date information to new families and the relevant professionals.

#### Priority: Expansion of Independent Community Residential Opportunities

The CCDDB encourages efforts to support people who have disabilities to live in settings of their choice with staff supports and the use of natural supports. Applications offering creative approaches to expanding independent community living opportunities in Champaign County will be a priority.

## **Overarching Priorities:**

#### Underserved/Underrepresented Populations and Countywide Access

Programs should promote access for underserved/underrepresented populations as identified in the Surgeon General's Report on Mental Health: Culture, Race, and Ethnicity and according to the federal Substance Abuse and Mental Health Services Administration (SAMHSA). A Cultural and Linguistic Competence Plan (CLCP) is required of each applicant organization, and the online application system includes a CLCP form aligned with requirements of Illinois Department of Human Services. The form has been modified so that an agency may include activities consistent with the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (CLAS Standards.) Applications should address earlier, more accurate identification of I/DD in underrepresented populations, as well as reduction of racial disparities in the utilization of services. Members of underserved populations and people living in rural areas should have the opportunity to use quality services; engagement strategies should be identified.

#### Inclusion, Integration, and Anti-Stigma

All applications for funding should promote the fullest possible community integration. People are most safe when they have regular connections to others in their community, whether co-workers, neighbors, members of a faith community, acquaintances at fitness or recreation activities, or other social networks. Community involvement also helps decrease



stigma. Stigma limits people's participation in their communities, inhibits economic self-sufficiency, and increases personal vulnerability. It may even be a cause of declining State and Federal support. Stigma harms communities and individuals. It can be especially harmful to people who are underserved or underrepresented due to sexuality, gender, race, ethnicity, immigrant/refugee/asylee status, preferred or first language, or disability. The CCDDDB has an interest in creative approaches to building resilience, increasing community awareness, promoting inclusion and respect, and challenging negative attitudes and discriminatory practices. Fullest inclusion aligns with Home and Community Based Services rules, Workforce Innovation and Opportunity Act provisions, and Department of Justice ADA/Olmstead findings across the country. Although legislation and rules are complicated, the paradigm shift they represent is clear.

### Outcomes

Applications for funding will identify measures of access for people seeking to participate in the program and outcomes expected to result from this participation. Because defining and measuring valuable outcomes is challenging, an 'outcome measure bank' and a reporting template are available online. Organizations reporting on outcomes to other funders may include those outcomes, if relevant, in the application for CCDDDB funding. The Council on Quality and Leadership and the National Core Indicators share a focus on:

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

### Coordinated System

Applications should address awareness of other possible resources for people and how they might be linked. Examples include collaboration with other providers and stakeholders (schools, support groups, hospitals, advocates, etc.), a commitment to updating information in any resource directories and databases, and participation in trainings or workshops or council meetings with other providers of similar services. Written working agreements should include details of coordinated services, referral relationships, and other partnerships between providers; applications for funding should acknowledge these relationships. Collaboration may also be captured in a joint application submitted by two or more agencies and proposing services and supports consistent with their shared mission. Shared infrastructure (physical, data systems, professional services, etc.) can support organizations' common goals, reducing indirect costs, reporting on shared outcomes, etc.

### Budget and Program Connectedness

Applications will include a completed Budget Narrative section, explaining the relationship between anticipated costs and program components. Clarity about what the Board is buying will include details about the relevance of all expenses, including all indirect costs. Per the Board's approved Funding Guidelines, calculation and rationale should be explicit as to the relationship between each expense and the value of the proposed program. Programs which

offer services billable to Medicaid should identify non-billable activities and the associated costs to be charged to the CCDDDB. While these funds should not pay for service activities or supports billable to another payor, the Board has an interest in programs taking advantage of multiple resources in order to secure long-term sustainability.

### Person Centered Planning (PCP)

Every person who will participate in a proposed program should have the opportunity to direct their services and supports. The Person-Centered process seeks a balance between what is important TO a person and what is important FOR a person and includes strengths, preferences, clinical and support needs, and the person's desired outcomes. CCDDDB funding should be associated with people rather than programs. All services and supports should be documented in a plan which is directed by the person and consistent with Illinois Department of Human Services – Division of Developmental Disabilities' guidelines for PCP. In a self-determined, integrated system:

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

Applications for funding will describe how specific services relate to what people have indicated that they want and need. Funded programs will report on specific service activities, demonstrating the complicated service mix and utilization patterns.

## **Secondary Decision Support and Priority Criteria:**

The process items included in this section will be used as discriminating factors which influence final allocation decision recommendations. The CCDDDB uses an online system for agencies applying for funding. An agency must complete the one-time registration process, including an organization eligibility questionnaire, before receiving access to the online application forms.

1. Approach/Methods/Innovation: Cite the relevant recommended, promising, evidence-based, or evidence-informed practice and address fidelity to the model under which services are to be delivered. In the absence of such an approach to meet defined community need, clearly describe the innovative approach, including method of evaluation, to be considered.
2. Evidence of Collaboration: Identify collaborative efforts with other organizations serving or directed by people with I/DD and members of their support networks, toward a more efficient, effective, inclusive system.
3. Staff Credentials: Highlight staff credentials and specialized training.

4. Resource Leveraging: While leveraging is strictly interpreted as local match for other grant funding, describe all approaches which amplify CCDDDB resources: state, federal, and other local funding; volunteer or student support; community collaborations. If CCDDDB funds are to be used to meet a match requirement, the funder requiring local match must be referenced and the amount required identified in the Budget Narrative. *The CCDDDB itself is often not eligible to apply directly for federal or state funding but actively encourages and assists eligible entities in identifying and pursuing these opportunities.*

## Process Considerations:

The criteria described in this memorandum are to be used as guidance by the Board in assessing applications for funding. They are not the sole considerations in final funding decisions. Other considerations include the judgment of the Board and staff, evidence of the provider's ability to implement the services proposed, the soundness of the proposed methodology, and the administrative and fiscal capacity of the agency. Further, to be eligible to receive CCDDDB funds, applications must reflect the Board's stated goals, objectives, operating principles, and public policy positions; downloadable versions of these Board documents are available on the public page of the online application system, at <http://ccmhddbrds.org>. Final decisions rest with the CCDDDB and their judgment concerning the most appropriate and effective use of the fund, based on assessment of community needs, equitable distribution across disability support areas, and alignment with decision support criteria.

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

The CCDDDB allocation of funding is a complex task and not a request for proposals (RFP). Applicants are not responding to a common set of specifications but rather are seeking funding to address a wide variety of service and support needs for people who have intellectual and/or developmental disabilities. The nature and scope of applications may vary widely and may include treatment and early intervention models. As a result, a numerical rating/selection methodology is not relevant or feasible. Our focus is on what constitutes a best value to the community, in the service of its most vulnerable citizens, and is therefore based on a combination of cost and non-cost factors, reflecting an integrated assessment of the relative merits of applications using criteria and priorities approved by the CCDDDB. In the event that applications are not sufficiently responsive to the criteria and priorities described in this memorandum, the CCDDDB may choose to set aside funding to support RFPs with prescriptive specifications to address the priorities. The CCDDDB may also choose to identify requests, including for capital and infrastructure projects, which are appropriate for an award of funding to be issued during the Program Year 2020 but later than July 1, 2019, in the event of greater than expected Board revenue.

### Caveats and Application Process Requirements:

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

or reduce the amount of an award if there is misrepresentation of the applicant's ability to perform as stated in the application.

- The CCDDDB reserves the right to negotiate the final terms (i.e., best and final offer) of any or all contracts with the applicant selected, and any such terms negotiated as a result of this application process may be renegotiated and/or amended in order to meet the needs of Champaign County. The CCDDDB reserves the right to require the submission of any revision to the application which results from negotiations conducted.
- The CCDDDB reserves the right to contact any individual, agency, or employee listed in the application or to contact others who may have experience and/or knowledge of the applicant's relevant performance and/or qualifications.
- ~~For PY2020, two year applications will be considered as part of the award process.~~
- ~~During and subsequent to its application review process, the CCDDDB may deem some programs as appropriate for two-year contracts.~~

## Decision Section:

Motion to approve the CCDDDB Program Year 2020 Allocation Priorities and Decision Support Criteria as described in this memorandum.

- Approved
- Denied
- Modified
- Additional Information Needed



**DECISION MEMORANDUM**

DATE: November 14, 2018  
TO: Members, Champaign County Mental Health Board (CCMHB)  
FROM: Lynn Canfield, Executive Director  
SUBJECT: DRAFT PY2020 Allocation Priorities and Decision Support Criteria

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“The world needs a sense of worth, and it will achieve it only by its people feeling that they are worthwhile.”

– *Fred Rogers*

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**Overview:**

The purpose of this memorandum is to recommend allocation decision support criteria and funding priorities for the Champaign County Mental Health Board (CCMHB) Program Year 2020, July 1, 2019 to June 30, 2020. These are based on board discussions, 2018 community needs assessment, and our understanding of best practices and state and federal service delivery and payment systems. Funding priorities and decision support criteria are a framework for how contracts with service providers support the mission and goals of the Board. Members of the CCMHB were presented with an initial draft in the packet for their October 17, 2018 meeting. On October 18, that draft version was shared prior to that date with service providers, family members, advocates, and other stakeholders, with a request for comments. The current draft, presented for board consideration and approval, incorporates subsequent input: correction of grammatical error; board authority in the designation of multi-year contracts; clarification and expansion regarding underserved and underrepresented people and stigma; and trauma-informed practice for those with Justice Involvement.

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## **Statutory Authority:**

The Illinois Community Mental Health Act (405 ILCS 20/ Section 0.1 et. seq.) is the basis for CCMHB funding policies. All funds shall be allocated within the intent of the controlling act, as codified in the laws of the State of Illinois. CCMHB Funding Guidelines require that there be annual review of the decision support criteria and priorities to be used in the funding allocation process. Upon approval by the Board, this memorandum becomes an addendum to the CCMHB Funding Guidelines incorporated in standard operating procedures.

## **The Operating Environment:**

State and federal systems, including health care coverage, long-term supports, and related regulations or their enforcement, remain in flux. Some changes and proposed changes create more risk for people who have behavioral health conditions and/or disabilities, the systems of care and service capacity, safety net, and even state and local economies. This chaotic policy and funding environment is stressful for people who rely on services and leads to “change fatigue” in providers and funders, just when recruiting and retaining a qualified workforce has become harder than ever. While the changes are many and complicated, our hope is to identify opportunities, whether through direct CCMHB funding of agencies, assisting those agencies in securing other funding, promoting system redesign and innovation, coordinating across services, increasing community awareness and education, or other.

Illinois’ new 1115 Medicaid waiver presents some limited opportunities to advance an integrated system of care for behavioral health and support innovative and evidence-based approaches. In the coming months, the State will select pilot communities and clarify changes related to this and State Plan Amendments, trainings on the new required assessment tool, and crisis services.

Illinois’ Medicaid reimbursement rates remain well below the actual cost of services. The rate paid for each service is inclusive and taken as payment in full, so that providers cannot charge more for a covered service to an eligible client or accept a third-party payment. Inadequate rates and outdated rules have made it difficult for community based behavioral health providers to meet the needs of people who use Medicaid and waiver services. Revised state rules allow for non-certified behavioral health centers. Medicaid Managed Care contracting also presents challenges for community-based providers, insured persons, and other funders. The CCMHB will work with traditional and non-traditional providers to identify services which improve outcomes for people and promote a healthy and safe community, but are not covered by Medicaid.

## Expectations for Minimal Responsiveness:

Applications that do not meet these thresholds are “non-responsive” and will not be considered for funding. All agencies must be registered using the online system, at <http://ccmhddbrds.org>. The application must be completed using this system, with all required portions completed by the posted deadline. Accessible documents and technical assistance, limited to navigation of the online tools, are available upon request through the CCMHB office.

1. Eligible Applicant, based on completed Organization Eligibility Questionnaire.
2. Compliance with application deadline. *Late applications will not be accepted.*
3. Proposed services or supports must relate directly to mental health, substance use disorder, or intellectual/developmental disabilities (I/DD). How will they improve the quality of life for persons with behavioral health conditions or I/DD?
4. Application must be appropriate to this funding source and include evidence that other funding sources are not available to support this program or are maximized. Other potential sources of support should be identified and explored.
5. Coordination with providers of similar or related services must be demonstrated.

To preserve the CCMHB’s emphasis on PY2020 allocation decision criteria, all applications proposing new services should align with one or more of the priorities below. Applications should describe the relationship between the proposed service and mental health, substance use disorders, or intellectual/developmental disabilities. Proposals to renew funding for current programs need not align with specific decision criteria but may be subject to redirection or reduction in funding. It is recommended that agencies with past proposals not aligning with specific decision criteria review the PY2019 program summaries for staff comments.

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– *Fred Rogers*

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At the center of our work are people who live with conditions which may inhibit realization of their own ambitions and goals or disconnect them from others. To the extent that help from others is desired and effective, services and supports can improve an individual’s access, independence, self-esteem, and productivity. People who are realizing their goals and feel connected are healthier and safer, and sometimes this is accomplished through coordinated services and supports.



## Program Year 2020 CCMHB Priorities:

As an informed purchaser of service, the CCMHB considers best value and local concerns when allocating funds. Board discussions have touched on the need for a balance of health promotion, prevention, wellness recovery supports, early interventions, effective treatments, and crisis services, along with equitable access across ages, races, and neighborhoods. Input from Champaign County residents who have behavioral health conditions or ID/DD and who seek or use services was sought through online surveys early in 2018. They identify barriers to service as: limited provider capacity, limited ability to pay, transportation issues, available services hard to figure out/not well coordinated, belief that the service or provider will not be helpful, and stigma about the condition. While these concerns are not unique to our County, they can be addressed through Board/staff activities and funded agencies.

### Priority – Behavioral Health Supports for People with Justice System Involvement

The CCMHB has a commitment to making community-based behavioral health supports available to people who have mental illness and/or substance use disorders and involvement with the criminal justice system. Local government, law enforcement, service providers, and stakeholders continue to collaborate and have made progress in: data collection and analysis; brief screening, case management, and benefits enrollment for those in jail; and coordinated supports for people in reentry. These resonate with recommendations of the County's Racial Justice Task Force.

Shared goals of the collaborations are: avoiding and reducing unnecessary incarceration and hospitalization through crisis stabilization; improved access to treatments that work; redirecting people to effective supports and services; and keeping them engaged. A two-year collaboration funded by the US Department of Justice and the CCMHB resulted in recommendations to: strengthen the system (see also Innovative Practices priority below), create a coordinating council; make a case manager available to people served by the Public Defender's office; and continue to explore feasibility of a 24 hour 'crisis center' or appropriate alternative, such as coordinated crisis interventions across the community.

In PY2020, the CCMHB will support programs addressing the needs of *survivors of violence, youth* who have a risk of juvenile justice involvement or are in re-entry, and *adults* who have a risk of incarceration or are in re-entry. Trauma-informed practice is appropriate for each group of people, and program focus may range from decreasing the risk of involvement to providing support for re-entry. Examples:

- *benefits enrollment*, increasing people's access to services;
- *coordination and 'warm hand-off'* from jail to community or detox to community;
- *peer mentoring and support*;
- intensive or targeted *case management*;
- *juvenile justice diversion services* which are evidence-based, evidence-informed, promising, recommended, or innovative; may include counseling for youth and families and other juvenile delinquency *prevention/intervention* (coordinated with and appropriate to System of Care priority below);

- *counseling and crisis support* specific to victims/survivors of violence or abuse;
- enhanced *crisis response*, including access to detox and crisis stabilization, possibly through a crisis/triage/assessment center;
- support for *specialty courts*.

#### Priority – Innovative Practices and Access to Behavioral Health Services

The Behavioral Health/Justice Involvement priority is meant to correct the uncoordinated system in which people in crisis end up in jails, emergency departments, homeless shelters, churches, and public facilities rather than in appropriate care. Across the country, this has been the result of an underdeveloped and underfunded community-based behavioral health system.

Another response is support for access to core services and alternatives to core services, with innovations that are not otherwise funded. Programs may overlap with the above priority, especially in regard to those in crisis.

While advocating for large scale system improvements: *improve access to services* which are billable to public or private insurance; *increase enrollment in health plans*, private or public, as uninsured rates have risen again; identify non-billable services which would *narrow the gaps* in the behavioral health system; *pilot innovative approaches* to improve outcomes for people. Examples:

- *wellness and recovery supports*;
- greater access to *Medication Assisted Treatment* and other recommended clinical responses to opioid addiction and risk, such as cognitive behavioral therapy for pain management, etc.;
- *expanded access to psychiatric care* and other health services;
- *peer support* networks and mentoring, including certified peer support specialists;
- intensive or specialized *case management*;
- *benefits counseling*, such as “SSI/SSDI Outreach, Access, and Recovery” (SOAR), and ‘system’ navigation;
- supports/services for people who have behavioral health conditions and are using *emergency shelters*;
- *employment supports*, including job coaching, development, and paid internships;
- *community living supports*, including for housing;
- *caregiver supports*;
- *self-advocacy and self-determination*, through which people control their service plans, resulting in the most effective supports for them.

#### Priority – System of Care for Children, Youth, Families

The CCMHB has focused on youth with serious emotional disturbance and multi-system involvement since 2001. Evidence-based practices were implemented to reduce recidivism among those with juvenile justice involvement. A System of Care was cultivated and now sustained by the Champaign Community Coalition, with a commitment to trauma-informed, family-driven, youth-guided, and culturally responsive youth serving systems. The CCMHB has also funded programs for very young children,

including early identification, intervention, and prevention. Services for children and youth can maximize their social/emotional success. Early childhood providers have collaborated effectively and now serve as an example for communities across the country. Recognizing the roles of Adverse Childhood Experiences and the social determinants of health, trauma-informed systems build resilience and reduce the impact of trauma, including exposure to violence. A strong System of Care benefits individuals and families and can have a high return on investment, disrupting poverty and driving economic development for the entire community. Examples:

- *Supports and services focused on children and youth* and incorporating System of Care principles;
- *Programs of value to the Champaign Community Coalition*, a collaboration which includes representatives of local government, funders, education, park districts, law enforcement, juvenile justice, behavioral health, youth, families, neighborhoods, faith community, public health, and healthcare;
- *Juvenile justice diversion services* for young people impacted by trauma and/or a mental, behavioral, or emotional disorder, and with multiple system involvement; services may be evidence-based or innovative, to improve outcomes for those youth and their families; (also appropriate to Justice Involvement priority, above)
- *Family-driven and youth-guided organizations*, acknowledging the role of peer support, coordination, and planning of the system;
- *Early identification, prevention, and intervention services for children from birth through high school*, including those which keep children excited about learning.

#### Priority - Collaboration with the Champaign County Developmental Disabilities Board

The Intergovernmental Agreement between the CCMHB and the Champaign County Developmental Disabilities Board (CCDDDB) defines the PY2020 allocation amount for developmental disabilities programs and sets an expectation for integrated planning by the Boards. Applications should explain how services – across levels of intensity of support - are as self-determined and integrated as possible, consistent with state and federal standards and regulations, including Illinois Department of Human Services rules, Home and Community Based Services, Workforce Innovation and Opportunity Act, and United States Department of Justice ADA and Olmstead decisions. In the most self-determined, integrated system:

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

Providers and parents confirm the impact of the shortage of direct support professionals and respite workers. Nationally only 11% of people with I/DD rely on agency service providers, with the majority of care coming from family, friends, and community. To

make matters worse, Illinois consistently ranks among the worst states in the nation in various measures of its investments in I/DD services. Parent and self-advocate networks energize and inform the system of supports, understanding of service preferences, and community awareness.

## **Overarching Priorities:**

### Underserved/Underrepresented Populations and Countywide Access

Programs should promote access for underserved /underrepresented populations as identified in the Surgeon General's Report on Mental Health: Culture, Race, and Ethnicity and according to the federal Substance Abuse and Mental Health Services Administration (SAMHSA). A Cultural and Linguistic Competence Plan (CLCP) is required of each applicant organization, and the online application system includes a CLCP form aligned with requirements of Illinois Department of Human Services. The form has been modified so that an agency may include activities consistent with the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (CLAS Standards.) Applications should address earlier, more accurate identification in underrepresented populations, as well as reduction of racial disparities in the utilization of services which are mirrored by overrepresentation in justice systems and a disproportionate trauma impact. Members of underserved populations and people living in rural areas should have the opportunity to use quality services; engagement strategies should be identified. With rising rates of suicide, depression, and addiction in farming communities across the country, effective supports must be available to Champaign County's rural residents.

### Inclusion and Anti-Stigma

Applications should describe how the proposed service or support increases inclusion or reduces the stigma associated with behavioral health disorders or intellectual and/or developmental disabilities. Stigma limits people's participation in their communities, inhibits economic self-sufficiency, and increases personal vulnerability. It is likely the main cause of decreased State and Federal support for effective treatments. Stigma harms communities and individuals. It can be especially harmful to people who are underserved or underrepresented due to sexuality, gender, race, ethnicity, immigrant/refugee/asylee status, preferred or first language, or disability. People are most safe when they have regular connections to others in their community, whether co-workers, neighbors, members of a faith community, acquaintances at fitness or recreation activities, or other social networks. Community involvement also helps decrease stigma. Young adults are at risk due not only to brain development and pressure to perform in school but also to fear of being exposed as having a behavioral health condition. Nationally, increases in farmer suicide and opioid/other addiction require that we improve awareness and work through stigma in communities where traditional services are lacking and may be less effective. The CCMHB has an interest in creative approaches to building resilience, increasing community awareness, promoting inclusion and respect, and challenging negative attitudes and discriminatory practices.

### Outcomes

Each application will identify measures of access for people seeking to participate in the proposed program and outcomes expected to result from this participation. Because defining and measuring valuable outcomes can be a challenge, the Board offers support to agencies through a research team from University of Illinois at Urbana Champaign's Department of Psychology. This support includes training and technical assistance on 'theory of change' logic modeling, an 'outcome bank', and a template for reporting. Agencies using these resources may gain an advantage when competing for other funding, in an increasingly competitive funding environment. Those reporting on outcomes to other funders may choose to include those outcomes, if relevant, in their application for CCMHB funding. Outcomes reflect what people want, as well as demonstrate a program's successes.

### Coordinated System

Applications should address awareness of other possible resources for people and how they might be linked. Examples include collaboration with other providers and stakeholders (schools, support groups, hospitals, advocates, etc.), a commitment to updating information in any resource directories and databases, and participation in trainings or workshops or council meetings with other providers of similar services. Written working agreements should include details of coordinated services, referral relationships, and other partnerships between providers; applications for funding should acknowledge these relationships. Collaboration may also be captured in a joint application submitted by two or more agencies and proposing services and supports consistent with their shared mission. Shared infrastructure (physical, data systems, professional services, etc.) can support organizations' common goals, reducing indirect costs, reporting on shared outcomes, etc.

### Budget and Program Connectedness

Applications will include a completed Budget Narrative section, explaining the relationship between anticipated costs and program components. Clarity about what the Board is buying will include details about the relevance of all expenses, including all indirect costs. Per the Board's approved Funding Guidelines, calculation and rationale should be explicit as to the relationship between each expense and the value of the proposed program. Programs which offer services billable to Medicaid should identify non-billable activities and the associated costs to be charged to the CCMHB. While CCMHB funds should not pay for service activities or supports billable to another payor, the Board has an interest in programs taking advantage of multiple resources in order to secure long-term sustainability.

## **Secondary Decision Support and Priority Criteria:**

The process items included in this section will be used as discriminating factors that influence final allocation decision recommendations. The CCMHB uses an online system for agencies applying for funding. An agency must complete the one-time registration

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process, including an organization eligibility questionnaire, before receiving access to the online application forms.

1. Approach/Methods/Innovation: Cite the relevant recommended, promising, evidence-based, or evidence-informed practice and address fidelity to the model under which services are to be delivered. In the absence of such an approach to meet defined community need, clearly describe the innovative approach, including method of evaluation, to be considered.
2. Evidence of Collaboration: Identify collaborative efforts with other organizations with similar missions, toward a more efficient, effective, inclusive system.
3. Staff Credentials: Highlight staff credentials and/or specialized training.
4. Resource Leveraging: While leveraging is strictly interpreted as local match for other grant funding, describe all approaches which amplify CCMHB resources: state, federal, and other local funding; volunteer or student support; community collaborations. If CCMHB funds are to be used to meet a match requirement, the funder requiring local match must be referenced and the amount required identified in the Budget Narrative. *The CCMHB itself is often not eligible to apply directly for federal or state funding but actively encourages and assists eligible entities in identifying and pursuing these opportunities.*

## Process Considerations:

The criteria described in this memorandum are to be used as guidance by the Board in assessing applications for funding. They are not the sole considerations in final funding decisions. Other considerations include the judgment of the Board and staff, evidence of the provider's ability to implement the services proposed, the soundness of the proposed methodology, and the administrative and fiscal capacity of the agency. Further, to be eligible to receive CCMHB funds, applications must reflect the Board's stated goals, objectives, operating principles, and public policy positions; downloadable versions of these Board documents are available on the public page of the online application system, at <http://ccmhddbrds.org>. Final decisions rest with the CCMHB and their judgment concerning the most appropriate and effective use of the fund, based on assessment of community needs, equitable distribution across disability areas, and alignment with decision support criteria.

The CCMHB allocation of funding is a complex task and not a request for proposals (RFP). Applicants are not responding to a common set of specifications but rather are seeking funding to address a wide variety of service and support needs of people who have mental health conditions, substance use disorders, and/or intellectual/developmental disabilities. The nature and scope of applications may vary widely and may include prevention and early intervention models. A numerical rating/selection methodology is not relevant or feasible. Our focus is on what constitutes a best value to the community, in the service of its most vulnerable members, and is therefore based on a combination of cost and non-cost factors, reflecting an integrated assessment of the relative merits of applications using criteria and priorities approved by the CCMHB. In the event that

applications are not sufficiently responsive to the criteria and priorities described in this memorandum, the CCMHB may choose to set aside funding to support RFPs with prescriptive specifications to address the priorities. The CCMHB may also choose to identify requests, including for capital and infrastructure projects, which are appropriate for an award of funding to be issued during the Program Year 2020 but later than July 1, 2019, in the event of greater than expected Board revenue.

Caveats and Application Process Requirements:

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

- All proposals considered must be complete and received on time and must be responsive to the application instructions. Late or incomplete applications shall be rejected.
- The contents of a successful application will be developed into a formal contract, if selected for funding. Failure of the applicant to accept these obligations can result in cancellation of the award for contract. The CCMHB reserves the right to withdraw or reduce the amount of an award if there is misrepresentation of the applicant's ability to perform as stated in the application.
- The CCMHB reserves the right to negotiate the final terms (i.e., best and final offer) of any or all contracts with the applicant selected, and any such terms negotiated as a result of this application process may be renegotiated and/or amended in order to meet the needs of Champaign County. The CCMHB reserves the right to require the submission of any revision to the application which results from negotiations conducted.
- The CCMHB reserves the right to contact any individual, agency, or employee listed in the application or to contact others who may have experience and/or knowledge of the applicant's relevant performance and/or qualifications.
- During and subsequent to its application review process, the Board may deem some programs as appropriate for two-year contracts.

### Decision Section:

Motion to approve the CCMHB Program Year 2020 Allocation Priorities and Decision Support Criteria as described in this memorandum.

- Approved
- Denied
- Modified
- Additional Information Needed

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

**DECISION MEMORANDUM**

DATE: November 14, 2018  
TO: Members, Champaign County Developmental Disabilities Board (CCDDB)  
FROM: Lynn Canfield and Kim Bowdry  
SUBJECT: Proposed FINAL DRAFT Three Year Plan

**Background**

The CCDDB has used a strategic planning process similar to that of the Champaign County Mental Health Board (CCMHB), with which it shares authority for a system of supports and services for Champaign County residents who have intellectual/developmental disabilities.

At their September 26<sup>th</sup> meeting, the CCDDB reviewed a summary of the community needs assessment, completed every three years, along with an initial draft of proposed Three Year Plan for the period of January 1, 2019 to December 31, 2021. This initial draft document was included in the board packet, posted online, and distributed following the meeting. Suggestions for improvement were welcomed from Board members and staff, service providers, advocates, and stakeholders. The draft presented today for consideration and approval incorporates subsequent input.

**Review of Changes and Updates**

Feedback was provided by Board Members, Service Providers, and Stakeholders. Input included clarification of objectives, corrections of errors/inconsistencies, and the addition of two new objectives. One new objective is to partner with the Continuum of Care for housing and employment supports and the other to engage with leadership from local higher education for anti-stigma.

**Decision Section**

Motion to approve the attached FINAL DRAFT of "CCDDB Three Year Plan for Fiscal Years 2019 to 2021, with Objectives for Fiscal Year 2019."

- \_\_\_\_\_ Approved
- \_\_\_\_\_ Denied
- \_\_\_\_\_ Modified
- \_\_\_\_\_ Additional Information Needed

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

**THREE-YEAR PLAN**

**FOR**

**FISCAL YEARS 2019 - 2021  
(1/1/19 – 12/31/21)**

**WITH**

**ONE YEAR OBJECTIVES**

**FOR**

**FISCAL YEAR 2019  
(1/1/19 – 12/31/19)**

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

WHEREAS, the Champaign County Developmental Disabilities Board ~~has been was~~ established under the Illinois County Care for Persons with Developmental Disabilities Act (IL Compiled Statutes, Chapter 55, Sections 105/0.01 to 105/13 inclusive) in order to “provide facilities or services for the benefit of its residents who are persons with intellectual or developmental disabilities and who are not eligible to participate in any such program conducted under Article 14 of the School Code, or may contract therefore with any privately or publicly operated entity which provides facilities or services either in or out of such county.”

WHEREAS, while the Champaign County Developmental Disabilities Board is not required by state statute or other authority to prepare a one- and three-year plan for a program of supports and services for ~~individuals~~ **people** with intellectual and developmental disabilities, open strategic planning with input from stakeholders and constituents is highly valued.

THEREFORE, the Champaign County Developmental Disabilities Board does hereby adopt the following Mission Statement and Statement of Purposes to guide the development of the intellectual and developmental disabilities supports and services plan for Champaign County:

**MISSION STATEMENT**

*The mission of the  
Champaign County Board for Care and Treatment of Persons with a Developmental Disability (CCDDB)  
is the advancement of a local system of programs and services for the treatment of people with intellectual  
~~disabilities~~ and/or developmental disabilities, in accordance with the assessed priorities of the citizens of  
Champaign County.*

**STATEMENT OF PURPOSES**

1. Planning for the intellectual ~~disability~~ and developmental disability service and support system to assure accomplishment of the CCDDB goals.
2. Allocation of local funds to assure the provision of a comprehensive system of community based intellectual ~~disability~~ and developmental disability services and supports anchored in high-quality person-centered planning.
3. Coordination of affiliated providers of intellectual ~~disability~~ and developmental disability services and supports to assure an interrelated, accessible system of care.
4. Evaluation of the system of care to assure that services and supports are provided as planned and that services are ~~effective in meeting~~ aligned with the needs and values of the community.

~~In order~~ To accomplish these purposes, the Champaign County Developmental Disabilities Board must collaborate with the public and private sectors in providing the resources necessary for the effective functioning of the intellectual ~~disability~~ and developmental disability service and support system. The CCDDB shall perform those duties and responsibilities as specified in Sections 105/01 to 105/13 inclusive of The County Care for Persons with Developmental Disabilities Act.

**SYSTEMS OF CARE  
A COORDINATED, ACCESSIBLE CONTINUUM OF SERVICES AND SUPPORTS**

Goal #1: Support a continuum of services to meet the needs of people with intellectual and/or developmental disabilities (I/DD), along with their families, residing in Champaign County.

Objective #1: Under established policies and procedures, solicit proposals from community based providers in response to Board defined priorities and associated criteria using a competitive application process.

Objective #2: Explore the use of evidence-based, evidence informed, promising, recommended, and innovative practices which align with new and anticipated federal and state requirements and are appropriate to the presenting need each person's needs and preferences, in an effort to improve outcomes for people with I/DD, along with their families, across the lifespan. Recommended practices are supported by an evidence base, cultural context, and sound clinical judgement.

Objective #3: Promote wellness for people with I/DD to prevent and reduce early mortality, through support services including which may include enrollment in benefit plans, linkage and advocacy, and coordinated access to primary care. Partner with key stakeholders toward improved outcomes for people. Support access to physical and behavioral health treatments for persons regardless of ability/disability.

Objective #4: Identify outcomes of value to those who use services and supports. Partner with key stakeholders toward improved outcomes for people.

Objective #4 5: Pursue, as feasible, development or expansion of residential and/or employment supports for persons with I/DD not supported with state/federal funding.

Objective #5 6: In response to changes in Medicaid and Medicaid-waiver services, realign CCDDB investments to fund services and supports outside the realm of Medicaid, including pilot projects and creative solutions to persistent problems, such as workforce recruitment and retention. stabilization. Support benefits counseling and linkage and advocacy to all entitlements for eligible persons. Support access to physical and behavioral health treatments for persons regardless of ability/disability.

Objective # 7: Support initiatives providing housing and employment supports for persons with intellectual and developmental disabilities through the Champaign County Continuum of Care or other local collaboration.

Goal #2: Sustain the commitment to addressing the need for improving outcomes for members of underrepresented and diverse underserved populations. access to and engagement in services.

Objective #1: Support culturally responsive and family driven support networks for underrepresented populations, and underserved populations, and general populations of Champaign County.

Objective #2: Provide technical assistance ~~in support of for~~ continuous improvement of ~~funded agency providers'~~ cultural and linguistic competence plans, to meet the needs of ~~the population all people~~ served.

Objective #3: Encourage providers and other community-based organizations to allocate resources ~~to provide for~~ training, ~~seek~~ technical assistance, and ~~pursue other~~ professional development activities for *direct support* staff and governing and/or advisory boards, to advance cultural and linguistic competence.

Objective #4: Use the Culturally and Linguistically Appropriate Services Standards (CLAS) as a blueprint to strengthen funded agencies' Cultural and Linguistic Competence.

Objective #5: Promote trauma-informed practices in program delivery, board and agency staff development, policies, and procedures.

Goal #3: Improve access to and engagement in services through increased coordination ~~and collaboration between among~~ providers, community stakeholders, people with I/DD, their families, and other key supporters.

Objective #1: ~~Encourage the development of~~ Require collaborative agreements between providers to increase ~~or maintain~~ access and coordination of services for people with I/DD in Champaign County.

Objective #2: ~~Sponsor or co-sponsor educational and networking opportunities for service providers. Participate in various collaborative bodies and intergovernmental councils, with missions aligned with that of the Board, toward strengthening coordination between providers in the delivery of services and creating or maximizing opportunities for people who have I/DD.~~

Objective #3: Engage other local funders and stakeholders and participate in coordinating bodies ~~and intergovernmental councils~~ as appropriate, to develop new initiatives, strengthen services, and maximize opportunities for people who have I/DD.

Objective #4: In collaboration with the CCMHB and other community partners, ensure that the needs of justice-involved persons with I/DD are considered in the development of an effective diversion/~~deflection~~ system.

Objective #5: Use ~~public, family, self-advocate, provider, and stakeholder~~ input ~~gathered through these collaborations~~ to guide advocacy for planning and policy changes at the state and federal levels, local system redesign and enhancement, and in the consideration of future funding priorities for the CCDDDB.

Objective #6: Track Illinois Department of Human Services Division of Developmental Disabilities' Prioritization for Urgency of Need for Services (PUNS) database for state and local trends and to ensure full representation of the service preferences of Champaign County residents. Maintain and increase communication with ~~the local~~ Independent Service Coordination ~~team unit~~, representatives of the IDHS Division of Developmental Disabilities, and stakeholders, regarding the use of PUNS, the service and support needs and preferences of Champaign County residents, and system changes.

Goal #4: Encourage high-quality person-centered planning and follow-through for ~~individuals~~ people served by ~~agencies receiving~~ funding from the CCDDDB and, through the Intergovernmental Agreement, from the CCMHB.

Objective #1: Continue emphasis on self-determination and Person Centered Planning (PCP) training and implementation for all treatment plan clients. Support conflict free case management for all treatment plan clients. ~~Develop guidelines for structuring and assessing the quality of person centered planning processes and outcomes.~~

Objective #2: ~~Develop guidelines for connecting the person-centered plan to services and supports and people's identified personal outcomes. all services and supports to the person-centered plan, and require that reports of program performance include examples of outcomes and measures of person-centered planning.~~

Objective #3: Collaborate with agency providers on the identification of performance measures consistent with valued outcomes such as connection to friends, community, meaningful work and non-work activities, etc.

Objective #4: Track the utilization of funded services, driven by self-directed service plans, through an integrated online data collection and tracking system. ~~This may clarify how people select and use available programs.~~

Goal #5: Continue the collaborative working relationship with the Champaign County Mental Health Board (CCMHB).

Objective #1: Coordinate integration, alignment, and allocation of resources with the CCMHB to ensure the efficacious use of resources within the service and support continuum for people with I/DD.

Objective #2: Assess alternative service strategies that empower people and increase access to integrated settings as exemplified by the local collaborative approach to the Employment First Act.

Objective #3: ~~Concurrent~~ With the CCMHB, continue the financial commitment to ~~expand the availability of Community Integrated Living Arrangement (CILA) and other~~ community-based housing opportunities for people with I/DD from Champaign County; and as part of that sustained commitment, ~~Review the~~ Community Integrated Living Arrangement (CILA) fund and recommend any changes.

Objective #4: Collaborate with the CCMHB ~~on issues of mutual interest as exemplified by the expansion of CILA housing and joint sponsorship of events promoting acceptance, inclusion, on promoting inclusion~~ and respect for people with I/DD.

## CHILDREN AND FAMILY FOCUSED PROGRAMS AND SERVICES

Goal #6: Identify children at-risk of developmental delay ~~or and intellectual disability or developmental~~ disability, and support early intervention services and family supports.

Objective #1: Support the use of evidence-based/informed models by ~~for~~ ~~provider~~ programs serving families with young children not eligible for Early

Intervention or under the School Code, and require collaboration and coordination by providers to ~~limit-avoid~~ duplication of effort.

~~Objective #2: Participate in collaborative bodies such as CU Cradle2Career, whose mission includes a focus on serving young children and their families.~~

Objective #3 2: Emphasize cultural and linguistic competence in services and supports for young children and early identification of disabilities among ~~in~~ minority/underserved and underrepresented children youth with disabilities. Reduce disparities in the age of identification and intervention to remediate delays. Promote culturally responsive and family driven support networks for underrepresented populations, underserved, and general populations of Champaign County.

Goal #7: Support access to services and programs for youth and adults with I/DD, with a preference for evidence-based practices to increase positive outcomes.

~~Objective #1: Support a continuum of evidence-based, high quality services for persons with I/DD and encourage training of interested persons providers on the use of evidence-based, evidence-informed, and promising practices, and associated outcome measurement.~~

Objective #2 1: ~~Establish a formal process for the development of recommendations for~~ To improve the optimal transition from school to adult services, foster collaborations among schools, adult service providers, young people with I/DD, and other stakeholders.

Objective #3 2: Emphasize flexible support for people with I/DD and their families to enhance their ability to live together, to transition to greater independence when and if they choose, and to be as connected to their communities as possible.

## COMMUNITY ENGAGEMENT & ADVOCACY

Goal #8: ~~Address the importance of acceptance, Promote inclusion and respect of people with I/DD, through broad based community education efforts, to increase community acceptance and positive self-image, to challenge discrimination, and to promote dignity and inclusion.~~

Objective #1: Continue ~~support for and involvement in~~ efforts to challenge stigma and discrimination, such as the Alliance for Inclusion and Respect's art shows and other community education events, including and disABILITY Resource Expo: Reaching Out for Answers. Continue to engage with student groups on related research projects and discussions.

Objective #2: Participate in and promote other community education initiatives, such as walks, forums, and presentations to raise awareness, improve cultural competence, and cultivate acceptance, inclusion, and respect.

Objective #3: Support the continued awareness and understanding of developmental disabilities through sustainable self-advocacy and family support organizations, especially those comprised of parents and persons with the most prevalent ~~developmental disabilities of~~ intellectual/developmental disabilities. Encourage groups' community education efforts to reduce stigma/promote

inclusion and collaboration with Cultural and Linguistic Competence Coordinator on outreach and engagement strategies.

Objective #4: Encourage and support efforts to more fully integrate people with I/DD into community life in Champaign County. Emphasize inclusion as a benefit to all members of the community, regardless of ability.

Objective #5: Encourage efforts to support people with I/DD in meaningful work and non-work experiences in their community, driven by their own interests. Investigate and develop strategies for engaging employers and other community partners.

Objective #6: Engage with leadership from the community college and university and their various departments, toward creating opportunities for people with I/DD and amplifying efforts to reduce stigma and increase inclusion.

Goal #9: Stay abreast of emerging issues affecting ~~the local systems of care service and support systems~~ and access to services, and be proactive through concerted advocacy efforts.

Objective #1: ~~Continue to a~~ Advocate for workforce development and stability, ~~and retention.~~

Objective #2: Intensify advocacy efforts on behalf of people with ~~developmental disabilities~~ I/DD. Advocate for positive change in state funding, including increased Medicaid reimbursement rates and policy decisions affecting the local system of care for persons with ~~developmental disabilities~~ I/DD. Through participation in ~~the Association of Community Mental Health Authorities of Illinois (ACMHAI), the National Association of County Behavioral Health and Developmental Disabilities Directors (NACBHDDD), and other~~ appropriate associations and organizations, support efforts to strengthen ~~local the systems of care service and support systems.~~

Objective #3: Track ~~state~~ implementation of class action suit settlements involving people with I/DD ~~and the closure of state DD facilities.~~ Advocate for the allocation of state resources sufficient to meet needs of people returning to home communities ~~from state DD facilities.~~ Monitor and support the implementation of the Ligas Consent Decree in Champaign County. Encourage and support efforts to develop and preserve ~~4-person (or fewer) the least restrictive~~ residential options for people who are transitioning from large facilities and those selected from PUNS. For ~~individuals~~ people not yet selected, and for those who have chosen Home-Based Support Services rather than CILA, encourage the development of preferred, flexible options, ~~including unbundled services.~~

Objective #4: Follow developments at the state and federal levels of other Olmstead cases. Follow the implementation of the Workforce Innovation and Opportunity Act and ~~new~~ Home and Community Based Services regulations and their impact locally.

Objective #5: Monitor ~~the implementation of health care reform and Medicaid expansion~~ changes in the Medicaid waivers and Medicaid/Managed Care and advocate for increased service capacity sufficient to meet demand.



Objective #6: Continue broad based advocacy efforts at the state and local levels to respond to reductions in state funding, reimbursement rates below actual cost, and delayed payments for local community-based intellectual disability and developmental disability services and supports and to the broader human services network under contract with the State of Illinois. As opportunities arise, participate in planning and policy development with state agencies such as IDHS, and use these opportunities to advocate for the needs of Champaign County residents.

Objective #7: In addition to the monitoring and evaluation of funded programs, encourage organizational change strategies which not only align with new and anticipated federal and state requirements but also result in the highest quality personal outcomes for individuals people with I/DD, their families, and those most closely involved in their lives.



(S.D.)

## DECISION MEMORANDUM

DATE: November 14, 2018  
TO: Members, Champaign County Developmental Disabilities Board (CCDDB)  
FROM: Lynn Canfield, Executive Director  
SUBJECT: Revisions to CCDDB Funding Guidelines and Audit Policy

### Background

The Champaign County Developmental Disabilities Board Requirements and Guidelines for Allocation of Funds were last reviewed, revised, and approved by the Board on December 15, 2009. In January 2011, requirements were further refined through an Audit & Financial Accountability Addendum. Since adoption of those policies, the cost of independent audits has become prohibitive for agencies of certain size, and the Board's own practices have evolved so that a review of the guidelines and requirements is appropriate.

### Overview

A variety of sources contributed to proposed revisions of the Funding Guidelines and Addendum: the policies of other local mental health and developmental disabilities boards and United Way of Champaign County; issues raised by board members and staff, funded agency representatives, and stakeholders; comparison of recent costs of agency audits; independent consultant reviews of agency audits; comparison of agencies' total revenues with CCDDB or CCMHB contract amounts; guidance from independent CPAs.

Attached is a final draft document which merges the Funding Guidelines and Addendum, eliminates (some) redundancy and resolves contradictions, corrects inconsistencies of word choice and format, and incorporates changes suggested earlier, with further modifications. This final version is presented to the Board for consideration and approval.

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## Review of Changes and Updates

Revisions made in the first draft and carried to the final draft:

- additional eligible organizations, including sole proprietors
- changes in the presentation of allocation decision memoranda
- clarification of non-compliance notification and sanctions processes
- clarification of some audit requirements, to match current contract boilerplate
- the addition of some non-allowable costs and clarification of others
- details on the timing and conditions of return of excess revenue
- increased limit on the portion of cost of an audit to be charged to the CCDDDB
- limit on the portion of cost of a financial review to be charged to the CCDDDB
- other clarifications in the Audit & Financial Accountability Addendum (e.g., accrual method of accounting and internal control standards, references to funding guidelines rather than boilerplate)
- incorporation of the Auditor's Checklist
- requirement of a foundation 990, where applicable, to the Auditor's Checklist

The first draft was presented at the CCDDDB's October 24 meeting. Subsequent input, particularly from board members and CPAs and especially with regard to any risk related to substantial changes and new requirements associated with financial reviews and compilations, informed the final draft of Funding Guidelines.

Changes proposed in the earlier draft which are further developed in the final draft include:

- introduction of a new requirement, to replace the independent audit with a financial review for those organizations with less than \$300,000 total revenue
  - *conditions and definitions have since been added.*
- increase in the threshold below which an audit or review is not required of an agency, from \$20,000 per contract to \$25,000 total of CCDDDB and CCMHB contracts
  - *the audit waiver is eliminated and a new requirement in its place, for agencies with total revenue of \$30,000 or below to have a 'compilation' performed by an independent audit firm; conditions and definitions have been added.*
- changes in the contract amendment approval processes
  - *these are further defined.*

Other changes incorporated in the final draft include:

- merging of the addendum contents into the Funding Guidelines, along with many formatting changes, reorganization of sections, and minor corrections;
- clarification of 'board president' as CCDDDB President or Agency/Provider Board President;
- an agency can request modification of the requirement to provide copies of all agency board meeting minutes;

- change in frequency of onsite monitoring, to a minimum of every other year and at other times as needed;
- addition of desk reviews, to a minimum of four times per year and at other times as needed;
- elimination of ‘modified accrual’ – only accrual method of accounting will be allowed (the documents disagreed on this issue);
- definitions of audits, reviews, and compilation, with limits on allowable charges;
- compilation is added, as an alternative to a full audit, with limit on the cost to be charged to the CCDDDB;
- elimination of the waiver of any audit requirement;
- due in part to higher costs of audit, review, or compilation by independent audit firms, a qualifier on the indirect cost limit, allowing the board to revisit the limit as they deem appropriate or circumstances warrant;
- change of title of “Accountability Requirements” to “Audit and Financial Accountability Requirements”; and
- further clarification of Supplementary Information requirements.

## Decision Section

Motion to approve the attached revised “Champaign County Developmental Disabilities Board Requirements and Guidelines for Allocation of Funds,” referred to as “Funding Guidelines.”

\_\_\_\_\_ Approved

\_\_\_\_\_ Denied

\_\_\_\_\_ Modified

\_\_\_\_\_ Additional Information Needed

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**DRAFT**

**CHAMPAIGN COUNTY DEVELOPMENTAL DISABILITIES BOARD  
REQUIREMENTS AND GUIDELINES FOR ALLOCATION OF FUNDS**

**INTRODUCTION**

It is the policy of the Champaign County Developmental Disabilities Board (CCDDB) that: services be provided in the least restrictive environment appropriate to the needs of the individual; CCDDB funding support be community based; and CCDDB planning and funding efforts be coordinated with governmental and non-governmental providers of services.

Funds allocated by the CCDDB shall be used to contract for intellectual/developmental disability supports and services for Champaign County residents pursuant to the authority contained in the County Care for Persons with Developmental Disabilities Act, 55 ILCS 105/0.01 et seq.

Only individuals determined to have an intellectual/developmental disability are eligible for services funded by the CCDDB. The definition and eligibility determination process are described in the Illinois Department of Human Services, Division of Developmental Disabilities' Program Manual and website.

This policy should be reviewed by all agency staff responsible for contract management, including those who prepare applications for funding as well as those who record and report on contract activities, deliverables, and financials. This document offers guidance for contract compliance and clarification of expectations for fiscal accountability and financial management systems. In various sections of this document, the terms "applicant," "agency," "organization," and "provider" refer to the entity seeking or receiving funding from the CCDDB. Acceptance of CCDDB funding establishes a legal obligation on the part of the contracted agency to use the funding in full accordance with the provisions, terms and conditions of the contract. The funded agency assumes full responsibility for the conduct of project activities and deliverables and is responsible for meeting CCDDB compliance standards for financial management, internal controls, audits, and periodic reporting. An individual contract, once awarded, will contain additional details.

**GENERAL AGENCY AND ADMINISTRATIVE REQUIREMENTS**

1. Eligible Organizations for CCDDB Funding

- (a) An applicant for funding may be an individual or a public or private entity providing intellectual/developmental disability supports and services to residents of Champaign County.

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- (b) An individual/sole proprietor who is appropriately certified or licensed by the applicable state or national board or organization that demonstrates financial reliability and stability and who demonstrates appropriate service, fiscal, and administrative accountability is eligible to apply for funding.
- (c) Not-for-profit corporations are eligible to apply for funding. The agency must be chartered as a not-for-profit corporation in the State of Illinois and must be established as a Section 501 (C) (3) under the Internal Revenue Code. The agency must have a board of directors representative of the service area. No staff member of the agency or relative of a staff member will be allowed to serve on the agency board.
- (d) For-profit organizations are eligible to apply for funding but must have a community based advisory committee representative of the service area and approved by the CCDDDB.
- (e) The CCDDDB and Champaign County Mental Health Board (CCMHB) may administer other funds on behalf of the Champaign County Board. An intergovernmental agreement will be executed between the respective boards defining the purpose, term, payment, and mutual responsibilities of the parties in the management of the funds. Any such activity shall have a direct relationship to the mission of the CCDDDB or CCMHB. The management of such funds will comply with the CCDDDB and/or CCMHB Funding Guidelines.
- (f) Government agencies, other than taxing bodies, are eligible to apply with the caveat that there has been a presentation and formal review of the capability of the agency to fund the services and that funding was not available.
- (g) Departments and units within the University of Illinois and Parkland College related to the mission of the CCDDDB are eligible to apply.

2. Administrative Requirements of Applicants

- (a) Corporate bylaws at a minimum shall: encourage consumer representation on the board; specify the number of members of the board and include a mandatory board rotation policy; reference term limits for each board office; describe policies for recruitment, nomination and election of board members and officers; address removal and replacement of board members; include an indemnification clause; and describe committee structures.
- (b) The provider must have its principal offices located within Champaign County. Exceptions must be approved by the CCDDDB, and if approved, the provider must have a local advisory board with a mechanism for providing direct input to the corporate board of directors.
- (c) The provider must not discriminate in the acceptance of clients, employment of personnel, appointment to the board of directors, or in any other respect on the basis of race, color, religion, gender, sexual preference, national origin, ancestry, or disability. Services shall not be denied based on a client's inability to pay.
  - (i) Any recipient of funds is required to submit a statement by its director certifying that it does not discriminate in the acceptance of clients,

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- employment of personnel, appointment of members of the board of directors, or in any other respect, on the basis of race, color, religion, national origin, ancestry, gender, sexual preference, or physical or mental disability.
- (ii) Should any written charge or complaint of discrimination on the basis of race, color, religion, national origin, ancestry, gender, sexual preference, or physical or mental disabilities be made against an organization receiving funds, its employees, or agents in any court or regulatory or administrative body (whether federal, state, or local), the organization shall furnish a copy of said charge or complaint to the CCDDDB. Said organization shall comply with any reasonable request for information about the status of said charge or complaint. The obligations imposed by this paragraph shall be subject to and subordinate to any claim of legal privilege and any non-waivable legal requirement of confidentiality imposed by statute, administrative rule or regulation, local ordinance, court order, pre-existing contract, or collective bargaining agreement. Failure to comply with this provision shall result in immediate termination of the contract.
  - (iii) The CCDDDB reserves the right to conduct its own investigation into any charge or complaint of a violation of this non-discrimination requirement.
  - (iv) By this non-discrimination requirement and any efforts by the CCDDDB, its agents, or employees to enforce it, the CCDDDB assumes no responsibility for enforcement of, or compliance by the recipient organization with, any applicable federal, state, or local laws, regulations, or ordinances prohibiting discrimination. An organization receiving funds must agree to indemnify and hold harmless the CCDDDB for any liability accruing to it for any charges or complaints of discrimination or similar civil rights violations based upon the acts of the organization receiving funds, its agents, or employees and premised on the CCDDDB's provision of these funds.
- (d) The provider shall demonstrate a willingness and ability to enter into networking agreements or contracts with other providers in order to avoid overlapping services and to ensure best outcomes for people using or seeking those services. Said agreements must be updated and on file annually. Because of the CCDDDB's commitment to the principle of continuity of care, agencies and programs must demonstrate a commitment to work cooperatively with all CCDDDB-funded and CCMHB-funded agencies and programs and such other health and human service agencies as are appropriate to the target population. Detailed working agreements with particular agencies with which the agency and program have a similar mission may be required by the CCDDDB.
- (e) The provider will be expected to:
- (i) Make available for inspection by the CCDDDB copies of site, monitoring compliance, licensure/certification, evaluation, and audit visit reports performed by any funding authority;
  - (ii) Cooperate fully in program evaluation and onsite monitoring as conducted by CCDDDB staff pursuant to the mandates contained in the County Care for Persons with Developmental Disabilities Act;
  - (iii) Make available for inspection by the CCDDDB copies of any request/application for new or adjusted funding in any program within the agency funded in whole or part by the CCDDDB;

- (iv) Make available for annual inspection by the CCDDDB copies of all agency budget applications, provider plan forms, program service and funding plans, service agreements and fiscal reports prepared for the Department of Human Services, United Way, Department of Children and Family Services, or any other funding authority;
  - (v) Provide services to each eligible client in accordance with a written individual plan (where applicable) which identifies client needs and assets as determined by assessment. At a minimum, the plan will describe long term goals, measurable short-term objectives and expected outcomes of services with evaluative updates at least annually. Client files (where applicable) shall reflect written documentation of service units billed for reimbursement; and
  - (vi) Comply with all applicable Illinois and Federal laws and regulations with respect to safeguarding the use and disclosure of confidential information about recipients of services.
- (f) Admission and discharge policies and procedures shall be set forth in writing and be available for review.
  - (g) Professional staff must be licensed, registered, or certified by the State of Illinois, as applicable to the discipline and current Illinois regulations/requirements.
  - (h) All program facilities shall be in compliance with applicable State of Illinois licensure requirements and local ordinances with regard to fire, building, zoning, sanitation, health, and safety requirements.
  - (i) All programs shall certify that they do not use CCDDDB funds:
    - (i) To engage in proselytizing activities with consumers and/or require worship or religious instructional activities as a condition of participation;
    - (ii) For direct or indirect medical (physical health) services that are not related to intellectual/developmental disabilities;
    - (iii) For programs or services under the jurisdiction of public school systems.

3. Accreditation Requirements for Eligible Organizations

All CCDDDB funded agencies and programs shall strive to conform to appropriate standards established by recognized accrediting bodies in their field of services. For example, the CCDDDB recognizes the standards promulgated by the following accrediting bodies as indicative of acceptable agency and program performance: Commission of Accreditation of Services for Families and Children, Joint Commission on Accreditation of Health Care Organizations, Commission on Accreditation of Rehabilitation Facilities, and the Council on Quality and Leadership.

Accredited agencies and programs shall provide the CCDDDB with copies of relevant documents and correspondence between the agency and the accrediting body regarding agency and program compliance with accreditation standards. CCDDDB staff shall determine what documents and correspondence are relevant for the CCDDDB monitoring purposes.

4. Organization Requirements in Lieu of Accreditation

All CCDDDB funded agencies and programs not accredited by a recognized accrediting body shall make available for annual inspection by the CCDDDB copies of the organization's policies and procedures including standard operating procedures (SOP) along with credentials of key staff (i.e., resumes). Quality management mechanisms

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must be described in detail. CCDDDB staff may develop, make available to agencies, and periodically review a set of compliance indicators.

5. Organization Board Meetings

Agency governing boards must notify the CCDDDB of all board meetings, meet in session open to the CCDDDB, with the exception of sessions closed in conformity with the Open Meetings Act, and provide CCDDDB with copies of minutes of all open meetings of the governing board. A request for waiver or modification of the requirement to provide copies of all minutes may be made and considered as part of an individual contract negotiation.

6. Fiscal Requirements

- (a) The organization shall be managed in a manner consistent with sound fiscal standards and shall maintain written policies and procedures regarding its fiscal activities, including but not limited to payroll, purchasing, cash management, relevant fee schedules, contracts, and risk management. The funded agency should choose methods appropriate to the size of the organization and the scale of operations. Funded agencies will be expected to meet the standards specified, and failure to do so may be cause for suspension of payment or termination of the contract. In addition, an agency not in compliance with financial management standards shall not be eligible for CCDDDB or CCMHB funding for three years; eligibility may be reestablished after that period by demonstrating that the compliance issue has been corrected and no others exist.
- (b) An approved provider plan indicating projected levels of expenses and revenues is required for each CCDDDB funded program.
- (c) The salaries and position titles of staff charged to CCDDDB funded programs must be delineated in a personnel form incorporated into the contract. Employees whose salaries are charged in whole or in part to a CCDDDB contract are required to maintain personnel activity reports in order to account for all compensated time spent on other activities.
- (d) CCDDDB funds are restricted for use in the program(s) described in the contract(s) concerning obligation of funding. CCDDDB funds in excess of actual reimbursable expenses by the program are subject to recovery upon completion of an independent audit, financial review, or compilation, as required (per Audit and Financial Accountability Requirements, below).
- (e) Organizations will establish and maintain an accrual accounting system in accordance with generally accepted accounting principles to include a level of documentation, classification of entries, and audit trails.
  - (i) All accounting entries must be supported by appropriate source documents.
  - (ii) Amounts charged to CCDDDB funded cost centers for personnel services must be based on documented payrolls. Payrolls must be supported by time and attendance records for individual employees.
  - (iii) The organization shall have accounting structures that provide accurate and complete information about all financial transactions related to each separate CCDDDB contract.
  - (iv) Contract expenditure records must tie back to cost categories indicated in the final contract budget, including indirect cost charged to the contract. Actual expenditures will be compared with budgeted amounts.

- (v) Financial records must be supported by source documentation such as cancelled checks, invoices, contracts, travel reports and personnel activity reports. The same costs shall not be claimed and reported for more than one CCDDDB contract or programs funded by other funding sources.
- (vi) Financial records shall be maintained on a current month basis and balanced monthly.
- (vii) Costs may be incurred only within the term of the contract as defined in the boilerplate, and all obligations must be closed out no later than thirty (30) days following the contract ending date.
- (viii) All fiscal records shall be maintained for five (5) years after the end of the contract term.
- (ix) The CCDDDB may establish additional accounting requirements for a funded program or agency. An agency may be required to engage the services of an independent audit firm during the term of the contract in order to implement adequate financial management systems for full compliance.
- (f) CCDDDB funds may only be used for expenses that are reasonable, necessary, and related to the provision of services as specified in the contract. All allowable expenses that can be identified to a specific CCDDDB funded program should be charged to that program on a direct basis. Allowable reimbursable expenses not directly identified to a CCDDDB funded program must be allocated to all programs, both funded and non-funded.
- (g) The following expenses are non-allowable:
  - (i) Bad debts;
  - (ii) Contingency reserve fund contributions;
  - (iii) Contributions and donations;
  - (iv) Entertainment;
  - (v) Compensation for board members;
  - (vi) Fines and penalties;
  - (vii) Interest expense;
  - (viii) Sales tax;
  - (ix) Purchase of alcohol;
  - (x) Employee travel expenses in excess of IRS guidelines;
  - (xi) Lobbying costs;
  - (xii) Depreciation costs;
  - (xiii) Rental income received must be used to reduce the reimbursable expense by CCDDDB funds for the item rented;
  - (xiv) Capital expenditures greater than \$500, unless funds are specified for such purpose;
  - (xv) Supplanting funding from another revenue stream. The CCDDDB may delay allocation decisions when anticipated funds from other sources may be influenced by their decisions;
  - (xvi) Supplementation of state or federal funds and/or payments subject to the coordination of benefits;
  - (xvii) Expenses or items not otherwise approved through the budget or budget amendment process;
  - (xviii) Expenses incurred outside the term of the contract;
  - (xix) Contributions to any political candidate or party or to another charitable purpose;

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- (xx) Excessive administrative costs including:
  - Any indirect administrative cost rate in excess of 20% (subject to review by the CCDDDB) of the non-administrative portion of the budget, unless approved by the CCDDDB;
  - Any indirect administrative costs that exceed those approved in the program/service budget;
  - Any indirect administrative costs for which an organization's cost allocation plan has not been submitted and deemed acceptable to the CCDDDB.
- (h) Funded agencies shall provide safeguards for all funds provided through CCDDDB contracts to assure they are used solely for authorized purposes. Further, control will be enhanced if the duties of agency staff are divided so no one person handles all aspects of a transaction from start to finish. Although complete separation of functions may not be feasible for a small agency, a measure of effective control may be achieved by planning staff assignment of duties carefully. Some examples of techniques for improving internal controls are:
  - (i) Cash receipts should be recorded immediately and deposited daily. Deposits should be reconciled by a second party.
  - (ii) All bank accounts should be reconciled on a monthly basis by someone other than the person who signs the checks.
  - (iii) Checks to vendors should be issued only for payment of approved invoices, and supporting documents should also be recorded. The staff member responsible for issuing check payments should not have signing authority.
  - (iv) The staff person responsible for the physical custody of an asset should not have responsibility for keeping records related to that asset.

## **ALLOCATION AND DECISION PROCESS**

1. All CCDDDB allocation and contracting decisions are made in meetings open to the public. Allocation decisions will be based on statutory mandates, priorities and defined criteria related to the findings of various needs assessment activities sponsored by the CCDDDB. To the extent possible, final decisions will be predicated on how well an application matches up with the statutory mandates, priorities, and criteria.
2. The CCDDDB application for funding process shall include the following steps:
  - (a) Public notification of the availability of funding shall be issued via the News Gazette during the month of December. This announcement will provide information necessary for an organization to submit an application for funding and how to access application materials.
  - (b) Funding priorities and criteria will be approved no later than the December Board meeting.
  - (c) All potential applicants must register with the CCDDDB. Information on the registration process will be provided by the CCDDDB upon request. Access to application forms and instructions follows completion of the registration process.
  - (d) Technical assistance by Board staff may be requested at any time prior to the due date of the application, with the caveat that availability may be limited in the final week.

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- (e) Completed application(s) will be due in the month of February on a date specified in the public notice. The CCDDDB may extend the deadline due to extenuating circumstances by posting notice of the extended deadline to the CCDDDB online application system.
- (f) Access to application(s) will be provided to member(s) of the CCDDDB upon a member(s) request and in a medium preferred by the member.
- (g) The CCDDDB may require some or all applicants to be present at an April or May Board meeting to answer questions about their application(s).
- (h) Staff will complete a program level summary of each agency application, for review and discussion by the CCDDDB at the April Board meeting. Program summaries will include fiscal and service data, population served, and expected outcomes in relation to the funding priorities and criteria and goals of the Board. In addition, a decision support “match-up” process comparing the application to established and contemporaneous CCDDDB criteria will be provided.
- (i) Staff will complete preliminary funding recommendations for CCDDDB review and discussion at the May Board meeting. The recommendations will be presented in the form of a decision memorandum. The CCDDDB shall review, discuss, and come to a decision concerning authorization of funding and a spending plan for the contract year.
- (j) Once authorized by the CCDDDB, staff will implement the spending plan and initiate the contracting process. Within the context of the final recommendations, staff are authorized to negotiate and complete the contracts. Execution of the contracts requires the signatures of the respective Executive Directors, agency Board President, and the CCDDDB President. The contract period is July 1 through June 30. Contracts may be for one or two years. Types of programs eligible for a multi-year contract period shall be defined by the CCDDDB as part of the funding priorities and criteria.
- (k) Allocation decisions of the CCDDDB are final and not subject to reconsideration.
- (l) The CCDDDB does not consider out-of-cycle funding requests or proposals.

## AWARD PROCESS, CONTRACTS, AND AMENDMENTS

### 1. Award Procedures

Agencies awarded CCDDDB funds shall receive a letter of notification indicating program allocation(s). This will state the amount of the funds awarded, the effective time period of the award, name of program application receiving the award, and any additional conditions, stipulations, or need for a negotiation of provisions attached to the award.

### 2. Contracting Format and Implementation Procedures

The contract shall include the boilerplate (i.e., standard language and provisions applicable to all contracts), the relevant program plan, personnel form (if applicable), rate schedule (if a fee for service contract), budget, required financial information, and agency Cultural and Linguistic Competence Plan. Completion of the contract requires the signatures of authorized representatives of the CCDDDB and the provider. Subsequent to execution of the contract, any change or modification requires a contract amendment.

### 3. Types of CCDDDB Contracts

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- (a) Grant Contract  
Payment is predicated on the budget and obligations associated with the contract. Typically, payments are divided equally (i.e., 1/12 of the contract maximum per month) over the term of the contract, with May and June payments combined and released in June. Reconciliation takes place in the last quarter of the contract term. Accountability is tied to defined performance measures with targets and benchmarks. The annual renewal of a contract is subject to the allocation process and may result in re-negotiation of terms based on provider performance, needs assessment findings, or a desire by the CCDDDB to redirect funding in response to a change in goals, objectives, or priorities. The decision to use the grant contract format rests with the CCDDDB and is based on the appropriateness of this format to the objectives of the program plan.
- (b) Fee for Service Contract  
Payment is driven by retrospective billing for units of service provided within the constraints of the contract maximum. Typically, an “advance and reconcile” approach is used, with six monthly payments of 1/12<sup>th</sup> the contract maximum from July through December, and subsequent payment amounts based on reconciliation against billings beginning in January. Billing must be relatively proportional over the course of the contract term. Whenever possible and appropriate, CCDDDB contracts will establish rates based on those used by the State of Illinois. Fee for service contracts may be converted to a grant or value based payment structure.
- (c) Consultation Contract  
Payment is tied to a specific task or activity defined in the program plan. Typically, payment is tied to an hourly rate or completion of specific tasks (i.e., deliverables). Approved expenses associated with the consult shall be defined in the contract. Consultation contracts are not subject to the allocation process referenced above but rather are negotiated by the Executive Director with Board President approval, with full board approval sought when deemed appropriate by the Board President.
- (d) Special Initiative Contract  
The format can be either grant or fee-for-service and is subject to the same terms as described in the boilerplate. Most approved applications from “new” providers shall be classified as special initiatives for a period up to three years.
- (e) Capital Contract  
Terms and conditions are directly tied to expenditures for capital improvements or equipment purchases. Payment is driven by an approved spending plan and/or invoices associated with approved items.
- (f) Intergovernmental Agreement  
The CCDDDB, at its discretion and with agreement of the Champaign County Board, may enter into an intergovernmental agreement with other units of Champaign County government for the delivery of services.

4. Along with decisions for contract awards to be funded at July 1, the Board may make decisions about awards which would go into effect later in the contract/program year, in the event of additional available revenues which can be allocated to contracts.

5. Contract Amendments

The need for a contract amendment is driven by a change in conditions delineated in the original agreement. The provider is required to report changes that modify the

administrative structure and/or implementation of the program plan. It is recognized that programs are dynamic, and it is prudent to make budget and program adjustments to better meet overall goals and objectives.

- (a) The provider shall submit a formal request for an amendment to initiate the amendment process. The final decision regarding whether an amendment is necessary rests with the CCDDDB Executive Director.
- (b) In general, decisions about amendments fall under the purview of staff and are executed by the Board President and Executive Director without formal action by the Board.
- (c) At their discretion, the Board President or the Executive Director may ask for a full CCDDDB review and approval of a proposed amendment at the next regularly scheduled meeting, including a request to increase or decrease to any contract award amount.
- (d) Proposed amendments that redirect approved dollars between agencies shall require the formal approval of the CCDDDB.

### GENERAL REQUIREMENTS FOR CCDDDB FUNDING

1. CCDDDB contracts shall specify the relationship between funding and services to be provided. Funding shall not be used for purposes other than those specified in the contract unless the contract has been amended.
2. The provider shall not use CCDDDB funds to establish or add to a reserve fund.
3. If the provider accumulates CCDDDB funds in excess of those required for two months operating expenses, written notification and an explanation must be sent to the executive director.
4. CCDDDB funds shall not be used for purposes related to construction of facilities or purchase of equipment unless capital improvement is the explicit purpose of the contract, or is approved as part of the program plan.
5. CCDDDB may provide advance payment(s) to the provider under contract with the Board. Any advance payment will be reconciled against financial reports or other method as defined by CCDDDB. Request for advance payment will follow the contract amendment process.
6. Providers shall maintain accounting systems, including expense and revenue classifications that can accurately and appropriately report and verify financial transactions using CCDDDB forms and comply with the provisions for audits. Providers may be required to institute special accounting procedures to resolve identified problems in financial accountability.
7. Providers shall notify the CCDDDB of any applications for funding submitted to other public and private funding organizations for services funded by the CCDDDB, especially those that could result in a funding overlap.
8. Provider Reporting Requirements

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- (a) Financial and service reporting requirements are delineated in the contract boilerplate and are subject to revision from year to year. In general, quarterly financial and program reports are required for all fee for service, special initiative, and grant contracts. Quarterly financial reports and monthly billings are required for fee for service contracts.
- (b) Change in the Provider's corporate status shall be reported within 30 days of the change.
- (c) Change in the Provider's accreditation status shall be reported within 30 days of the change.
- (d) The Provider shall notify the CCDDDB about accreditation and/or licensing site visits by the State of Illinois or accrediting organizations.
- (e) Additional reporting requirements may be included as provisions of the contract.

9. Monitoring and Evaluation

- (a) CCDDDB staff shall conduct Provider financial and program site visits no less than every two years for the purposes of verifying reported financial and service information and reviewing compliance with the approved Program and Financial Plan.
- (b) CCDDDB shall survey all non-accredited agencies and programs for compliance with CCDDDB Requirements in Lieu of Accreditation on an annual basis.
- (c) CCDDDB staff may seek information to demonstrate continued compliance of all agencies and programs with appropriate standards in the interim between accreditation or certification surveys. Such information may address both individual agency and program issues, as necessary, and system-wide issues and may be obtained through such activities as periodic reports, on-site reviews, and special studies.
- (d) CCDDDB staff shall conduct desk reviews of agency program activity and financial reports, typically submitted each quarter; additional information or revisions may be requested.
- (e) The primary responsibility for on-going evaluation of services rests with the agencies and programs. In order for the CCDDDB to monitor these activities, agencies and programs shall submit at least annually a report of the outcomes achieved by CCDDDB-funded programs, in accordance with their annual Program Service Plan. This report shall also indicate how their results are used in agency and program management.
- (f) Additional monitoring and evaluation activities may be included as provisions of the contract.

10. Non-Compliance with the Terms and Conditions of the Contract

- (a) The CCDDDB Executive Director or their representative shall notify the Provider Executive Director and Provider Board President in writing of any non-compliance issue. The Provider shall provide a corrective action plan within 10 days and correct the deficiency within 30 days of receipt of the notification. Upon approval of the plan, CCDDDB staff shall monitor implementation. If corrective action is not implemented within specified time frames, action may be taken to reduce, suspend, or terminate funding.
- (b) Suspension of Funding: Cause for suspension of funding shall exist when the Provider: (1) fails to comply with terms of the award letter; (2) fails to comply with

- terms and conditions of the contract, or; (3) fails to comply with CCDDDB monitoring and reporting requirements.
- (c) The following procedures will be followed in the process of suspension of funding:
- (i) The Provider Executive Director and Provider Board President shall be notified in writing, via certified mail, return receipt requested, by CCDDDB staff that the agency funding has been suspended.
  - (ii) The notification of suspension will include a statement of the requirements with which the Provider is in non-compliance, the effective date of the suspension, and any conditions deemed appropriate for the agency to meet before termination of the suspension.
  - (iii) The Provider shall respond in writing to the CCDDDB office address within ten (10) days of the date of notification of suspension. The response shall include a plan of action to correct the situation or event(s) leading to the suspension of funding, together with a time frame for such action.
  - (iv) The Provider may be requested to appear before the CCDDDB.
  - (v) Failure to respond within 10 days shall be just cause for suspension of funding.
  - (vi) Failure to correct within 30 days shall be cause for suspension of funding. A suspension of funding shall remain in effect until the non-compliance leading to suspension has been corrected.
- (d) Reduction of the Contract Maximum: Cause for reduction of the grant award amount shall exist when a Provider fails to expend CCDDDB funds or deliver services in accord with the contract, which includes approved Agency Program and Financial Plans. The following procedures will be followed in the process of reduction of funding:
- (i) The reduction of the grant amount shall be in an amount determined by action of the CCDDDB.
  - (ii) The Provider Executive Director and Provider Board President shall be notified, in writing, certified mail, return receipt requested, by CCDDDB staff that the contract maximum is being reduced.
  - (iii) The notification of reduction will include a statement of the cause for reduction and of the amount by which the grant amount is reduced.
  - (iv) Within thirty days of the effective date of reduction, the agency may request a re-allocation of the amount by which the funding was reduced.
- (e) Termination of Funds: Due cause for termination of funding exists when a Provider fails to take adequate action to comply with CCDDDB requirements within ninety days of notification of suspension of funding; or repeatedly fails to comply with requirements of the CCDDDB as stated in the notification of award; in the contract; in the applicable provisions of this document; or in the monitoring procedures and requirements of the CCDDDB. The following procedures will be followed in the process of termination of funding:
- (i) The Provider Executive Director and Provider Board President shall be notified, in writing, certified mail, return receipt requested, by the CCDDDB Executive Director that termination of funding is being recommended to the Board.
  - (ii) The notification of possible termination will include a statement of the requirements with which the Provider is non-compliant; a statement of the actions of the CCDDDB taken to urge the Provider to avert termination and



- move to compliance with CCDDDB requirements; a statement of the responses of the agency; and the effective date of the recommended termination of funding.
- (iii) The CCDDDB shall consider and take action on the termination of funding at the next regularly scheduled meeting following the notification of the agency, or at an intervening special meeting if it so chooses.
  - (iv) Termination of funding will be undertaken only after the CCDDDB has made reasonable effort to reach an acceptable settlement with the Provider.
- (f) Appeal procedures: The CCDDDB Executive Director shall be responsible for implementing and interpreting the provisions pertaining to appeals. The Executive Director may delegate monitoring responsibility to other CCDDDB staff.
- (i) Disagreements by Providers regarding the implementation and interpretation of the provisions of the policies delineated in this document shall be directed first to the CCDDDB staff member responsible for monitoring compliance with the particular provisions under contention within fourteen (14) calendar days of being notified of the staff decision.
  - (ii) If the Provider is not satisfied with the response received from the CCDDDB monitoring staff, the Provider may appeal the issue to the CCDDDB Executive Director within fourteen (14) calendar days from the date of response.
  - (iii) The Executive Director shall review information from both the CCDDDB monitoring staff and the Provider in arriving at a decision.
  - (iv) Any decision by the Executive Director that a Provider is in non-compliance with provisions of this chapter, shall be communicated in writing to the agency or program within fourteen (14) calendar days of receipt of the appeal.
  - (v) Only decisions by the CCDDDB Executive Director of non-compliance by a Provider with provisions of these policies may be appealed to the CCDDDB. Such appeals must be made in writing by the Provider.
  - (vi) CCDDDB shall review information from the CCDDDB Executive Director and the agency or program in arriving at a decision at the next regularly scheduled meeting following the notification of the agency, or at an intervening special meeting if the Board so chooses. The agency shall be afforded the opportunity to discuss the issue with the CCDDDB prior to a final decision.

## AUDIT AND FINANCIAL ACCOUNTABILITY REQUIREMENTS

In the course of doing business, agencies funded by the CCDDDB should maintain a state of audit readiness. This means records relevant to financial and program aspects of contracts must be readily accessible for review. Failure to provide accurate and reliable information could result in questioned costs and disallowances. All funded agencies awarded contracts for direct services as part of the normal allocation cycle are required to have either an audit, financial review, or compilation conducted by an independent certified public accountant (CPA) registered by the State of Illinois, for the term of the CCMHB contract and following the close of its fiscal year. These reports must contain schedules using CCMHB/CCDDDB approved source clarifications for reporting operating income and operating expenses. Contracts with consultants and other specified vendors are exempt from this requirement.

1. Independent Audit

- (a) An independent CPA firm performs an audit to provide a high level of assurance regarding the accuracy of financial statements, resulting in a formal report expressing an opinion on the presentation of the financial statements, identifying any significant or material weaknesses.
- (b) The resultant audit report is to be prepared in accordance auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in "Government Auditing Standards," issued by the Comptroller General of the United States. The report shall contain the basic financial statements presenting the financial position of the agency, the results of its operations, and changes in fund balances. The report shall also contain the auditor's opinion regarding the financial statements, taken as a whole, or an assertion to the effect that an opinion cannot be expressed. If the auditor expressed a qualified opinion, a disclaimer of opinion, or an adverse opinion, the reason therefore must be stated. Supplementary Information (see below) will also be required with the audit.
- (c) A funded agency with total revenue of \$300,000 or greater will be required to have an audit performed by an independent audit firm. An agency with total revenue of less than \$300,000 and greater than \$30,000 may choose or be required to have an independent audit performed.
- (d) If a funded agency provider is not required by another funding organization (e.g., state government, federal government, a foundation, etc.) to have an audit completed, and if one is to be completed for the CCDDDB contract, the funded agency may budget for and charge up to \$6,000 (total) to CCDDDB for costs associated with this requirement.

2. Financial Review

- (a) An independent CPA firm performs a review to provide a basic level of assurance on the accuracy of financial statements, based on inquiries and analytic and other procedures, and narrower in scope than an audit.
- (b) The resultant report is to be prepared in accordance with standards generally accepted in the United States of America. The report shall contain the basic financial statements presenting the financial position of the agency, the results of its operations, and changes in fund balances. Some of the supplementary information required for an audit will also be required in a review (see below).
- (c) A funded agency with total revenue of less than \$300,000 and greater than \$30,000 will be required to have a financial review performed by an independent audit firm. If the agency chooses or is required to have an independent audit rather than a financial review, this should be made clear prior to contract execution.
- (d) If a funded provider is not required by another funding organization (e.g., state government, federal government, a foundation, etc.) to have a financial review, and if one is to be completed for the CCDDDB contract, the funded agency may budget for and charge up to \$3,000 (total) to CCDDDB for costs associated with this requirement.

3. Compilation

- (a) An independent audit firm prepares a compilation report on financial statements, not providing a level of assurance but rather considering whether the financial statements appear appropriate in form and are free from obvious material misstatements.
- (b) The resultant report is prepared in accordance with standards generally accepted in the United States of America. Some of the supplementary information required for an audit will also be required in a compilation (see below).
- (c) A funded agency with total revenue of \$30,000 or less will be required to have a compilation performed by an independent audit firm.
- (d) If a funded agency provider is not required by another funding organization to have a compilation, and if one is required for the CCMHB contract, the funded agency may budget for and charge up to \$1,000 (total) to CCMHB for costs associated with this requirement.

4. Shared Cost

In the event that the funded provider is required by another funding organization to have an independent audit, financial review, or compilation, the cost is to be pro-rated across revenue sources. Audit, Financial Review, and Compilation cost limits still apply.

5. Supplementary Information

The following supplementary financial information shall be included in the audit or review or completion report (and failure to do so will make the report unacceptable):

- (a) Schedule of Operating Income by CCDDDB-Funded Program: This schedule is to be developed using CCDDDB approved source classification and format modeled after the CCDDDB Revenue Report form. Detail shall include separate columns listing total program as well as CCDDDB-Funded only revenue. Individual sources of income should not be combined. Example: Funds received from several state or federal agencies should not be combined into one classification, such as "State of Illinois" or "Federal Government."
- (b) Schedule of Operating Expenses by CCDDDB-Funded Program: This schedule is to be developed using CCDDDB approved operating expenses categories and format modeled after the CCDDDB Expense Report form. Detail shall include separate columns listing total program as well as CCDDDB-Funded only expenses. The statement is to reflect program expenses in accordance with CCDDDB reporting requirements including the reasonable allocation of administrative expenses to the various programs. The schedule shall exclude any expense charged to the Board from the list of non-allowable expenses (above).
- (c) CCDDDB Payment Confirmation: CCDDDB payment confirmation made to an agency required by the independent auditor during the course of the audit or review or compilation is to be secured from the CCDDDB office.
- (d) For Audit Only, Auditor Opinion on Supplementary Information: The independent auditor should clearly establish his/her position regarding the supplementary financial information presented in the Schedule of Operating Income by CCDDDB-Funded Program and Operating Expenses by CCDDDB-Funded Program. This can be done either by extending the overall opinion on the basic financial statements or by a supplementary opinion. If the independent auditor determines that the additional procedures necessary to permit a supplementary opinion on the schedules of operating income and expenses would materially increase the audit time, he/she

may alternatively state the source of the information and the extent of his/her examination and responsibility assumed, if any.

- (e) Capital Improvement Funds: If the agency has received CCDDDB capital improvement funds during the last year, the audit or review or compilation shall include an accounting of the receipt and use of those funds.
  - (f) For Audit Only, Internal Controls: The independent auditor should communicate, in written form, material weaknesses in the agency's internal controls when it impacts on the CCDDDB's funding. Copies of these communications are to be forwarded to the CCDDDB with the audit report.
  - (g) Items described in the "Auditor's Checklist":
    - (i) Agency board-approved financial procedures in place that include separation of duties for preparation of payment authorization, approval of authorization and check signatories;
    - (ii) Agency board review of financial statements at Agency Board meetings and Source Document - Agency Board meeting minutes (dated);
    - (iii) Agency board Minutes with motion approving CCMHB/CCDDDB grant applications for current year;
    - (iv) Agency board minutes with motion approving the budget of the fiscal year under review;
    - (v) Verification that the agency has fulfilled its response to any findings or issues cited in the most recent Auditor's issuing of a Management Letter, if applicable;
    - (vi) Demonstration of tracking of staff time (e.g. time sheets);
    - (vii) Proof of payroll tax payments for one quarter, with payment Dates;
    - (viii) Form 941 or IL-941 or UC3, comparison of payroll tax amounts and alignment to period;
    - (ix) W-2s and W-3, comparison to the gross on 941;
    - (x) Verification of 501-C-3 status (IRS Letter), if applicable;
    - (xi) IRS 990 Form or AG990-IL, confirmation that 501-C-3 status is maintained;
    - (xii) IRS 990 Form or AG990-IL for associated foundation, if applicable;
    - (xiii) Secretary of State Annual Report.
6. Filing: The audit or review or compilation report is to be filed with the CCDDDB within 120 days of the end of the agency's fiscal year. In order to facilitate meeting filing requirements, agencies are encouraged to contract with certified public accountants before the end of the fiscal year.
7. Request for Exceptions: A request for exceptions to these requirements or for an extension of time to file the report must be submitted, in writing, to the executive director of the CCDDDB. In all cases, approval shall be obtained prior to extensions and/or exceptions being implemented.
8. Penalty: Failure to meet these requirements shall be cause for termination or suspension of CCDDDB funding.
9. If the provider organization does not comply with the requirement to produce an audit or financial review or compilation as specified, the organization shall repay all Board CCDDDB funds allocated for such purpose.

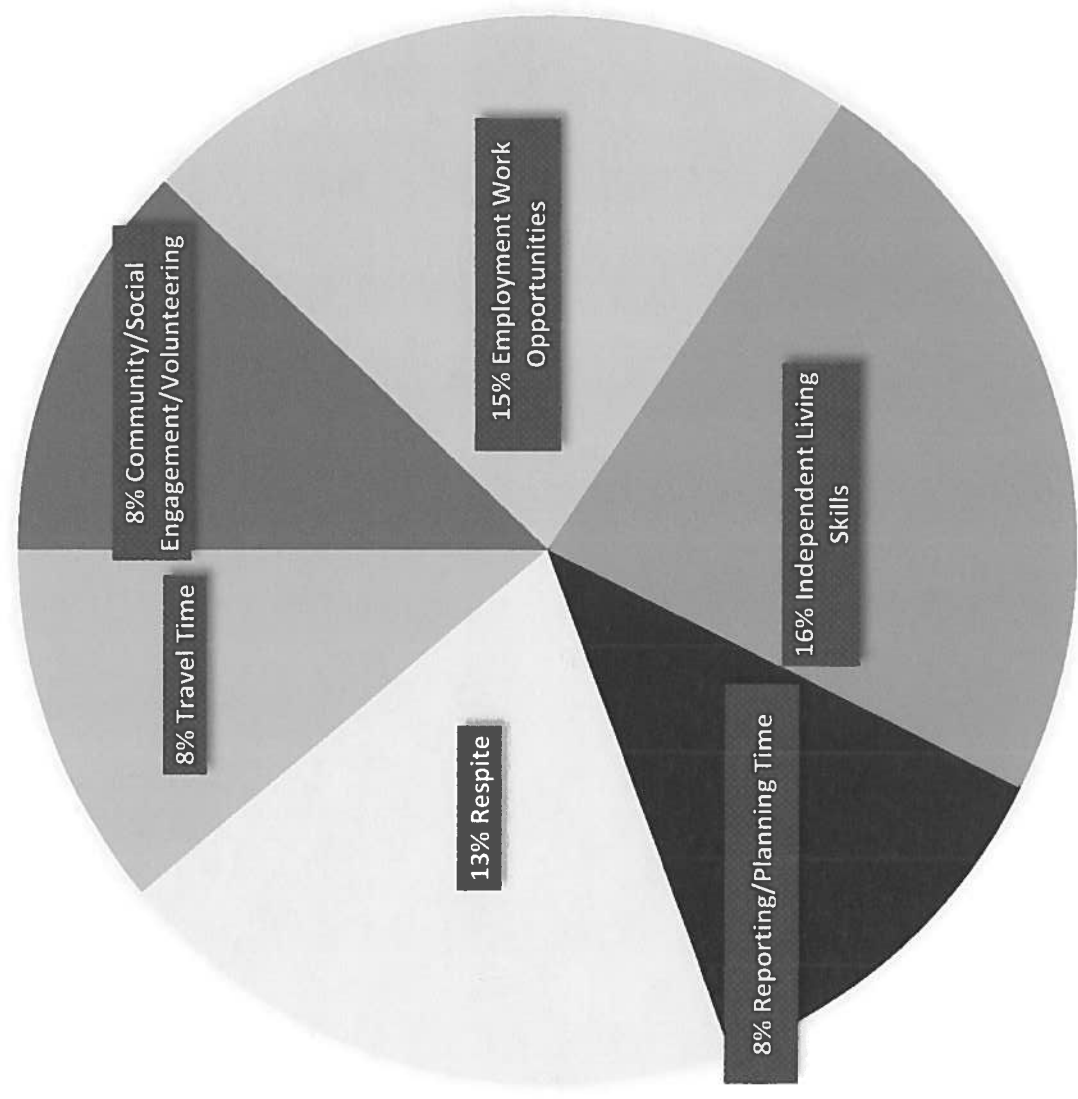
10. Records: All fiscal and service records must be maintained for five years after the end of each budget period, and if need still remains, such as unresolved issues arising from an audit or review or compilation, related records must be retained until the matter is completely resolved.
11. At the discretion of the CCDDDB, independent audit or financial review or compilation requirements may be waived for special circumstances. The waiver provision shall be specified in the contract.

### **EXCEPTIONS TO THE PROVISIONS OF THE FUNDING GUIDELINES**

All exceptions to the Funding Guidelines must have the prior approval of the CCDDDB, except for those specific sections of the Funding Guidelines where the authority is delegated to the CCDDDB's designee. Requests for exceptions that require the CCDDDB's approval must be submitted to the Executive Director for review and submission to the CCDDDB. Subsequently, the CCDDDB's written decision will be transmitted to the agency. If the contract and funding guidelines are not in agreement, the contract shall prevail.

# FY18 I/DD Direct Service Activities\*

- Community/Social Engagement/Volunteering
- Employment/Work Opportunities
- Independent Living Skills
- Reporting/Planning Time (includes face-to-face and behind the scenes supports)
- Respite
- Travel Time



\*Excludes all service categories below 8% of the total reported hours of service. 53,208 total hours reported in FY18.

## CCDDB 2018-2019 Meeting Schedule

### Board Meetings

8:00AM except where noted

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

November 14, 2018 – Lyle Shields Room (8AM)

November 28, 2018 –study session, John Dimit Room (5:30PM)

December 19, 2018 – Dimit Conference Room (7:30AM)

January 23, 2019 – Lyle Shields Room (8AM)

February 20, 2019 – Lyle Shields Room (8AM)

March 20, 2019 – Lyle Shields Room (8AM)

April 24, 2019 – Lyle Shields Room (8AM)

May 22, 2019 – Lyle Shields Room (8AM)

June 26, 2019 – Lyle Shields Room (8AM)

*This schedule is subject to change due to unforeseen circumstances.  
Please call the CCMHB/CCDDB office to confirm all meetings.*

**DRAFT**

**July 2018 to June 2019 Meeting Schedule with Subject and Allocation Timeline**

The schedule provides the dates and subject matter of meetings of the Champaign County Developmental Disabilities Board through June 2019. 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; topics will be based on issues raised at meetings, brought by staff, or in conjunction with the Champaign County Mental Health Board. Regular meetings of the CCDDDB are usually at 8AM; study sessions at 5:30PM. Included with meeting dates are tentative dates for steps in the funding allocation process for Program Year 2020 (July 1, 2019 – June 30, 2020) and deadlines related to current (PY2019) agency contracts.

07/25/18	<b>Regular Board Meeting (Dimit Conference Room)</b> Election of Officers
08/31/18	<i>Agency PY2018 Fourth Quarter and Year End Reports Due</i>
09/26/18 – 8AM	<b>Regular Board Meeting (Dimit Conference Room)</b>
10/24/18 – 7:30AM	<b>Regular Board Meeting (Dimit Conference Room)</b> Draft Three Year Plan 2019-2021 with FY19 Objectives Release Draft Program Year 2020 Allocation Criteria
10/26/18	<i>Agency PY2019 First Quarter Reports Due</i>
10/31/18	<i>Agency Independent Audits Due</i>
11/14/18 – 8AM	<b>Regular Board Meeting (Lyle Shields Room)</b>
11/28/18 – 5:30PM	<b>Study Session – Housing (John Dimit Room)</b>
12/12/18	<i>Public Notice to be published on or before this date, giving at least 21-day notice of application period.</i>
12/19/18 – 7:30AM	<b>Regular Board Meeting (Dimit Conference Room)</b> Approve Three Year Plan with One Year Objectives Allocation Decision Support – PY20 Allocation Criteria
01/04/19	<i>CCMHB/CCDDDB Online System opens for Agency Registration and Applications for PY20 Funding.</i>
01/23/19	<b>Regular Board Meeting</b>
1/25/19	<i>Agency PY2019 Second Quarter Reports Due</i>
02/08/19	<i>Agency deadline for submission of applications for PY2020 funding. Online system will not accept forms after 4:30PM.</i>

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02/20/19	<b>Regular Board Meeting</b> List of Requests for PY20 Funding
03/20/19	<b>Regular Board Meeting</b>
04/17/19	<i>Program summaries released to Board, copies posted online with the CCDDDB April 24, 2019 Board meeting agenda</i>
04/24/19	<b>Regular Board Meeting</b> Program Summaries Review and Discussion
04/26/19	<i>Agency PY2019 Third Quarter Reports Due</i>
05/15/19	<i>Allocation recommendations released to Board, copies posted online with the CCDDDB May 22, 2019 Board meeting agenda.</i>
05/22/19	<b>Regular Board Meeting</b> Allocation Decisions Authorize Contracts for PY2020
05/23/19-06/05/19	<i>Contract Negotiations</i>
06/26/19	<b>Regular Board Meeting</b> Approve FY2020 Draft Budget
06/27/19	<i>PY20 Contracts completed/First Payment Authorized</i>

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## CCMHB 2018-2019 Meeting Schedule

First Wednesday after the third Monday of each month--5:30 p.m.  
Brookens Administrative Center  
Lyle Shields Room  
1776 E. Washington St., Urbana, IL (unless noted otherwise)

*November 14, 2018*

*November 28, 2018 – joint study session (Housing, MI, DD)  
with CCDDDB (Dimit Room)*

*December 19, 2018 – tentative*

*January 23, 2019*

*January 30, 2019 – study session*

*February 20, 2019*

*February 27, 2019 – study session*

*March 20, 2019*

*March 27, 2019 – study session*

*April 17, 2019*

*April 24, 2019 – study session*

*May 15, 2019 – study session*

*May 22, 2019*

*June 19, 2019*

*\*This schedule is subject to change due to unforeseen circumstances. Please call the CCMHB-CCDDDB office to confirm all meetings.*

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**Agency and Program acronyms**

CC – Community Choices  
 CCDDDB – Champaign County Developmental Disabilities Board  
 CCHS – Champaign County Head Start, a program of the Regional Planning Commission  
 CCMHB – Champaign County Mental Health Board  
 CCRPC – Champaign County Regional Planning Commission  
 DSC - Developmental Services Center  
 DSN – Down Syndrome Network  
 FDC – Family Development Center  
 PACE – Persons Assuming Control of their Environment, Inc.  
 RCI – Rosecrance Central Illinois  
 RPC – Champaign County Regional Planning Commission  
 UCP – United Cerebral Palsy

**Glossary of Other Terms and Acronyms**

211 – Similar to 411 or 911. Provides telephone access to information and referral services.

AAC – Augmentative and Alternative Communication

ABA – Applied Behavioral Analysis. An intensive behavioral intervention targeted to autistic children and youth and others with associated behaviors.

ABLE Act – Achieving a Better Life Experience Act. A tax advantage investment program which allows people with blindness or disabilities the option to save for disability related expenses without putting their federal means-tested benefits at risk.

ACA – Affordable Care Act

ACMHAI – Association of Community Mental Health Authorities of Illinois

ADA – Americans with Disabilities Act

ADD – Attention Deficit Disorder

ADHD – Attention Deficit/Hyperactivity Disorder

ADL – Activities of Daily Living

ASD – Autism Spectrum Disorder

ASL – American Sign Language

ASQ – Ages and Stages Questionnaire. Screening tool used to evaluate a child's developmental and social emotional growth.

ASQ-SE – Ages and Stages Questionnaire – Social Emotional screen.

BD – Behavior Disorder

BSP – Behavior Support Plan

CANS – Child and Adolescent Needs and Strengths. The CANS is a multi-purpose tool developed to support decision making, including level of care, service planning, and monitoring of outcomes of services.

CARF- Council on Accreditation of Rehabilitation Facilities

CC – Champaign County

CDS – Community Day Services, formerly “Developmental Training”

CFC – Child and Family Connections Agency

CFCM – Conflict Free Case Management

C-GAF – Children’s Global Assessment of Functioning

CILA – Community Integrated Living Arrangement

CLC – Cultural and Linguistic Competence

CMS – Center for Medicare and Medicaid Services, the federal agency administering these programs.

CNA – Certified Nursing Assistant

COTA – Certified Occupational Therapy Assistant

CP – Cerebral Palsy

CQL – Council on Quality and Leadership

CSEs - Community Service Events. A category of service measurement on the Part II Utilization form. Activity to be performed should also be described in the Part I Program Plan form-Utilization section. It relates to the number of public events (including mass media and articles), consultations with community groups and/or caregivers, classroom presentations, and small group workshops to promote a program or educate the community. Activity (meetings) directly related to planning such events may also be counted here. Actual direct service to clientele is counted elsewhere.

CUSR – Champaign Urbana Special Recreation, offered by the park districts.

CY – Contract Year, runs from July to following June. For example, CY18 is July 1, 2017 to June 30, 2018. May also be referred to as Program Year – PY. Most contracted agency Fiscal

Years are also from July 1 to June 30 and may be interpreted as such when referenced in a Program Summary e.g. FY18.

DCFS – (Illinois) Department of Children and Family Services.

DD – Developmental Disability

DDD – Division of Developmental Disabilities

DHFS – (Illinois) Department of Healthcare and Family Services. Previously known as IDPA (Illinois Department of Public Aid)

DHS – (Illinois) Department of Human Services

DOJ – (US) Department of Justice

DRS – (Illinois) Division of Rehabilitation Services

DSM – Diagnostic Statistical Manual.

DSP – Direct Support Professional

DT – Developmental Training, now “Community Day Services”

DT – Developmental Therapy, Developmental Therapist

Dx – Diagnosis

ED – Emotional Disorder

EI – Early Intervention

EPDS – Edinburgh Postnatal Depression Scale – Screening tool used to identify mothers with newborn children who may be at risk for prenatal depression.

EPSDT – Early Periodic Screening Diagnosis and Treatment. Intended to provide comprehensive and preventative health care services for children under age 21 who are enrolled in Medicaid.

ED – Emergency Department

ER – Emergency Room

FAPE – Free and Appropriate Public Education

FFS – Fee For Service. Type of contract that uses performance-based billings as the method of payment.

FOIA – Freedom of Information Act.

FQHC – Federally Qualified Health Center

FTE – Full Time Equivalent is the aggregated number of employees supported by the program. Can include employees providing direct services (Direct FTE) to clients and indirect employees such as supervisors or management (Indirect FTE).

FY – Fiscal Year, which for the County is January 1 through December 31.

GAF – Global Assessment of Functioning. A subjective rating scale used by clinicians to rate a client's level of social, occupational and psychological functioning. The scale included in the DSM-IV has been replaced in the DSM-V by another instrument.

HBS – Home Based Services, also referred to as HBSS or HBSP

HCBS – Home and Community Based Services

HI – Hearing Impairment or Health Impairment

Hx – History

ICAP – Inventory for Client and Agency Planning

ICDD – Illinois Council for Developmental Disabilities

ICFDD – Intermediate Care Facility for the Developmentally Disabled

ID – Intellectual Disability

IDEA – Individuals with Disabilities Education Act

IDOC – Illinois Department of Corrections

IDPH – Illinois Department of Public Health

IDT – Interdisciplinary Team

IEP – Individualized Education Plan

IFSP – Individualized Family Service Plan

IPLAN - Illinois Project for Local Assessment of Needs. The Illinois Project for Local Assessment of Needs (IPLAN) is a community health assessment and planning process that is conducted every five years by local health jurisdictions in Illinois. Based on the *Assessment Protocol for Excellence in Public Health* (APEX-PH) model, IPLAN is grounded in the core functions of public health and addresses public health practice standards. The completion of IPLAN fulfills most of the requirements for Local Health Department certification under

Illinois Administrative Code Section 600.400: Certified Local Health Department Code Public Health Practice Standards. The essential elements of IPLAN are:

1. an organizational capacity assessment;
2. a community health needs assessment; and
3. a community health plan, focusing on a minimum of three priority health problems.

I&R – Information and Referral

ISBE – Illinois State Board of Education

ISC – Independent Service Coordination

ISP – Individual Service Plan, Individual Success Plan

ISSA – Independent Service & Support Advocacy

LCPC – Licensed Clinical Professional Counselor

LCSW – Licensed Clinical Social Worker

LD – Learning Disability

LGTBQ – Lesbian, Gay, Bi-Sexual, Transgender, Queer

LPC – Licensed Professional Counselor

LPN – Licensed Practical Nurse

MCO – Managed Care Organization

MDC – Multidisciplinary Conference

MDT – Multidisciplinary Team

MH – Mental Health

MHP - Mental Health Professional, a bachelors level staff providing services under the supervision of a QMHP.

MI – Mental Illness

MIDD – A dual diagnosis of Mental Illness and Developmental Disability.

MSW – Master of Social Work

NCI – National Core Indicators

NOS – Not Otherwise Specified

NTPC -- NON - Treatment Plan Clients. Persons engaged in a given quarter with case records but no treatment plan. May include: recipients of material assistance, non-responsive outreach cases, cases closed before a plan was written because the client did not want further service beyond first few contacts, or cases assessed for another agency. It is a category of service measurement, providing an actual number of those served in the prior program year and a projection for the coming program year on the Part II utilization form. The actual activity to be performed should also be described in the Part I Program Form, Utilization section. Similar to TPCs, they may be divided into two groups: New TPCS – first contact within any quarter of the plan year; Continuing NTPCs - those served before the first day of July and actively receiving services within the first quarter of the new program year. The first quarter of the program year is the only quarter in which Continuing NTPCs are reported.

OMA – Open Meetings Act.

OT – Occupational Therapy, Occupational Therapist

OTR – Registered Occupational Therapist

PAS – Pre-Admission Screening

PASS – Plan for Achieving Self Support (Social Security Administration)

PCI – Parent Child Interaction groups.

PCP – Person Centered Planning, Primary Care Physician

PDD – Pervasive Developmental Disorders

PLAY – Play and Language for Autistic Youngsters. PLAY is an early intervention approach that teaches parents ways to interact with their child who has autism that promotes developmental progress.

PRN – when necessary, as needed (i.e., medication)

PSH – Permanent Supportive Housing

PT – Physical Therapy, Physical Therapist

PTSD – Post-Traumatic Stress Disorder

PUNS – Prioritization of Urgency of Need for Services. PUNS is a database implemented by the Illinois Department of Human Services to assist with planning and prioritization of services for individuals with disabilities based on level of need. An individual's classification of need may be emergency, critical, or planning.





PY – Program Year, runs from July to following June. For example, PY18 is July 1, 2017 to June 30, 2018. May also be referred to as Contract Year (CY) and is often the Agency Fiscal Year (FY).

QIDP – Qualified Intellectual Disabilities Professional

QMHP – Qualified Mental Health Professional, a Master’s level clinician with field experience who has been licensed.

RCCSEC – Rural Champaign County Special Education Cooperative

RD – Registered Dietician

RN – Registered Nurse

RT – Recreational Therapy, Recreational Therapist

SAMHSA – Substance Abuse and Mental Health Services Administration, a division of the federal Department of Health and Human Services

SASS – Screening Assessment and Support Services is a state program that provides crisis intervention for children and youth on Medicaid or uninsured.

SCs - Service Contacts/Screening Contacts. The number of phone and face-to-face contacts with eligible persons who may or may not have open cases in the program. Can include information and referral contacts or initial screenings/assessments or crisis services. May sometimes be referred to as a service encounter (SE). It is a category of service measurement providing a picture of the volume of activity in the prior program year and a projection for the coming program year on the Part II form, and the activity to be performed should be described in the Part I Program Plan form-Utilization section.

SEDS – Social Emotional Development Specialist

SEL – Social Emotional Learning

SF – Service Facilitation, now called “Self-Direction Assistance”

SH – Supportive Housing

SIB – Self-Injurious Behavior

SIB-R – Scales of Independent Behavior-Revised

SLI – Speech/Language Impairment

SLP – Speech Language Pathologist

SPD – Sensory Processing Disorder

SSA – Social Security Administration

SSDI – Social Security Disability Insurance

SSI – Supplemental Security Income

SST – Support Services Team

SUD – Substance Use Disorder

SW – Social Worker

TIC – Trauma Informed Care

TPC – Transition Planning Committee

TPCs - Treatment Plan Clients - service recipients with case records and treatment plans. It is a category of service measurement providing an actual number of those served in the prior program year and a projection for the coming program year on the Part II Utilization form, and the actual activity to be performed should also be described in the Part I Program Plan form -Utilization section. Treatment Plan Clients may be divided into two groups: Continuing TPCs are those with treatment plans written prior to the first day of July and actively receiving services within the first quarter of the new program year (the first quarter of the program year is the only quarter in which this data is reported); New NTPCs are those newly served, with treatment plans, in any quarter of the program year.

VI – Visual Impairment

VR – Vocational Rehabilitation

WHODAS – World Health Organization Disability Assessment Schedule. It is a generic assessment instrument for health and disability and can be used across all diseases, including mental and addictive disorders. The instrument covers 6 domains: Cognition, Mobility; Self-care; Getting along; Life activities; and Participation. Replaces the Global Assessment of Functioning in the DSM-V.

WIOA – Workforce Innovation and Opportunity Act

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**Kim Bowdry, Associate Director for Intellectual & Developmental Disabilities  
Staff Report – November 2018**

**CCDDB Reporting:** I have started reviewing FY19 1<sup>st</sup> Quarter reports and finished all of FY18 4<sup>th</sup> Quarter and Performance Outcome Measure reports. I provided technical assistance to multiple agency providers regarding the online claims system.

**FY18 Audits:** The following CCDDB funded agencies have requested and been granted audit extensions for their FY18 Audits: DSC, CTF, IAMC, & PACE.

**DisABILITY Resource Expo:** I participated in a planning meeting for the DisABILITY Resource Expo Steering Committee. The 12<sup>th</sup> Annual DisABILITY Resource Expo is scheduled for March 30, 2019 at the Vineyard Church. “Save the Date” magnets and posters are in, please let us know if you’re interested in picking up some for your office or community. I also visited The Vineyard with members of the Children’s Room Subcommittee to view the new space. The space will allow for more options for children visiting the Expo with their families.

**Learning Opportunities:** On November 1, 2018 we hosted the second Case Management Learning Opportunity at the Champaign Public Library. Karen Zangerle, the Executive Director and Kevin Richardson, Call Center Manager of PATH, Inc. gave a presentation on 2-1-1. The presentation included basic information and offered expanded ways for case managers to utilize services that extend beyond a first call for information. Ms. Zangerle and Mr. Richardson then demonstrated how operators handle 2-1-1 calls through role play.

This presentation was also very well received by attendees, many commenting that they did not know much about 2-1-1 and the support that they provide to callers. Attendees commented that they appreciated the role play and the examples provided. Representatives from eight different CCDDB and/or CCMHB funded agencies attended the 2-1-1 Presentation.

“Law Enforcement Rules and Regulations in Response to Crisis Situations” will be presented on December 6, 2018 at the Champaign Public Library. Stay tuned for future presentations.

**Independent Service Coordination Notice of Funding Opportunity:** The following information was sent by email from Don Moss & Associates regarding the ISC NOFO:

*“ISCs SUBMIT CONCERNS REGARDING THE CREDIBILITY OF THE ISC NOFO TO  
DHS/DDD*

*The Department of Human Services – Division of Developmental Disabilities (DHS/DDD) has released a Notice of Funding Opportunity for the purpose of awarding grants for the service of Independent Service Coordination. Independent Service Coordination aids individuals with intellectual and developmental disabilities and their families to navigate the developmental*

*disability system in Illinois. The Notice of Funding Opportunity (ISC/NOFO) was released for application on September 10, 2018 and will close on November 12, 2018.*

*There are significant concerns with the ISC/NOFO as it currently stands and as such, a request has been made to delay the implementation of the ISC/NOFO (#20-444-24-1731-0). This request is being made by 13 of the 17 current independent service coordination (ISC) agencies and several statewide associations and is being done for the following reasons, all of which are explained in greater detail in the document included below:*

- 1. The ISC/NOFO does not meet the technical requirements outlined by the Governor's Office of Management and Budget's Grant Accountability and Transparency Unit's Uniform Notice of Funding Opportunity Summary Information (FY19 Version).*
- 2. The ISC/NOFO does not provide enough justification nor level of information to applicants on the overarching goals of the NOFO and clear outcomes for awardees.*
- 3. The ISC/NOFO will significantly disrupt the existing service delivery system and infrastructure without an overarching vision for improving case management or service delivery.*

#### *NOFO CONCERNS DOCUMENT*

*If you and/or your agency is interested in supporting this initiative please contact me and I will be happy to help you in any way I can to get the message out far and wide."*

**PUNS Selection & Reports:** The Illinois Department of Human Services-Division of Developmental Disabilities selected fifteen people from Champaign County from the PUNS database in June 2018. Four of those 15 people have already received award letters - three for Home Based Services (HBS) and one for CILA. One person has refused services. Nine people are working with a CCRPC ISC to complete the pre-admission screening (PAS) process. Of the ten individuals actively pursuing services, two are interested in CILA, seven are interested in HBS, and one person is still undecided.

I have attached updated (October 10, 2018) PUNS Summary by County and Selection Detail for Champaign County. I have also included the Division of Developmental Disabilities Prioritization of Urgency of Needs for Services (PUNS) Summary of Total and Active PUNS By Zip Code and the Summary of PUNS - Total of All Clients by ISC Agency (Including closed records).



**Division of Developmental Disabilities**  
**Prioritization of Urgency of Needs for Services (PUNS)**  
**Summary By County and Selection Detail**

October 10, 2018

**County: Champaign**

**Reason for PUNS or PUNS Update**

New	78
Annual Update	257
Change of category (Emergency, Planning, or Critical)	53
Change of service needs (more or less) - unchanged category (Emergency, Planning, or Critical)	44
Person is fully served or is not requesting any supports within the next five (5) years	184
Moved to another state, close PUNS	19
Person withdraws, close PUNS	22
Deceased	15
Individual Stayed in ICF/DD	1
Individual Moved to ICF/DD	2
Individual Determined Clinically Ineligible	5
Unable to locate	38
Submitted in error	1
Other, close PUNS	161

**EMERGENCY NEED(Person needs in-home or day supports immediately)**

1. Individual needs immediate support to stay in their own home/family home (short term - 90 days or less); e.g., hospitalization of care giver or temporary illness of an individual living in their own home.	6
2. Individual needs immediate support to stay in their own home/family home or maintain their employment situation (long term); e.g., due to the person's serious health or behavioral issues.	7
3. Care giver needs immediate support to keep their family member at home (short term - 90 days or less); e.g., family member recuperating from illness and needs short term enhanced supports.	3
4. Care giver needs immediate support to keep their family member at home (long term); e.g., care giver is permanently disabled or is terminally ill and needs long term enhanced supports immediately to keep their family member at home.	6

**EMERGENCY NEED(Person needs out-of-home supports immediately)**

1. Care giver is unable or unwilling to continue providing care (e.g., person has been abandoned).	22
2. Death of the care giver with no other supports available.	3
3. Person has been committed by the court or is at risk of incarceration.	2
4. Person is living in a setting where there is suspicion of abuse or neglect.	9
5. Person is in an exceedingly expensive or inappropriate placement and immediately needs a new place to live (for example, an acute care hospital, a mental health placement, a homeless shelter, etc.).	8
6. Other crisis. Specify:	72

**CRITICAL NEED(Person needs supports within one year)**

1. Individual or care giver will need support within the next year in order for the individual to continue living in their current situation.	146
2. Person has a care giver (age 60+) and will need supports within the next year.	89
3. Person has an ill care giver who will be unable to continue providing care within the next year.	26
4. Person has behavior(s) that warrant additional supports to live in their own home or family home.	88
5. Individual personal care needs cannot be met by current care givers or the person's health has deteriorated.	33
6. There has been a death or other family crisis, requiring additional supports.	9
7. Person has a care giver who would be unable to work if services are not provided.	61
8. Person or care giver needs an alternative living arrangement.	28
9. Person has graduated or left school in the past 10 years, or will be graduating in the next 3 years.	195
10. Person is living in an inappropriate place, awaiting a proper place (can manage for the short term; e.g., persons aging out of children's residential services).	8
11. Person moved from another state where they were receiving residential, day and/or in-home supports.	11
12. The state has plans to assist the person in moving within the next year (from a state-operated or private Intermediate Care Facility for People with Developmental Disabilities, nursing home or state hospital).	1
13. Person is losing eligibility for Department of Children and Family Services supports in the next year.	8
15. Person is losing eligibility for Intermediate Care Facility for People with Developmental Disabilities supports in the next year.	1

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**Division of Developmental Disabilities**  
**Prioritization of Urgency of Needs for Services (PUNS)**  
**Summary By County and Selection Detail**

October 10, 2018

17. Person is residing in an out-of-home residential setting and is losing funding from the public school system.	6
18. Person is losing eligibility for Individual Care Grants supports through the mental health system in the next year.	1
19. Person is leaving jail, prison or other criminal justice setting in the next year.	1
20. Person wants to leave current setting within the next year.	10
21. Person needs services within the next year for some other reason, specify:	27

**PLANNING FOR NEED(Person's needs for service is more than a year away but less than 5 years away, or the care giver is older than 60 years)**

1. Person is not currently in need of services, but will need service if something happens to the care giver.	152
2. Person lives in a large setting, and person/family has expressed a desire to move (or the state plans to move the person).	1
3. Person is dissatisfied with current residential services and wishes to move to a different residential setting.	1
4. Person wishes to move to a different geographic location in Illinois.	3
5. Person currently lives in out-of-home residential setting and wishes to live in own home.	1
6. Person currently lives in out-of-home residential setting and wishes to return to parents' home and parents concur.	1
8. Person or care giver needs increased supports.	42
9. Person is losing eligibility for Department of Children and Family Services supports within 1-5 years.	1
14. Other, Explain:	6

**EXISTING SUPPORTS AND SERVICES**

Respite Supports (24 Hour)	13
Respite Supports (<24 hour)	12
Behavioral Supports (includes behavioral intervention, therapy and counseling)	148
Physical Therapy	41
Occupational Therapy	101
Speech Therapy	129
Education	184
Assistive Technology	46
Homemaker/Chore Services	1
Adaptions to Home or Vehicle	7
Personal Support under a Home-Based Program, Which Could Be Funded By Developmental Disabilities, Division of Rehabilitation Services or Department on Aging (can include habilitation, personal care, respite, retirement supports, budgeting, etc.)	65
Medical Equipment/Supplies	32
Nursing Services in the Home, Provided Intermittently	7
Other Individual Supports	135

**TRANSPORTATION**

Transportation (include trip/mileage reimbursement)	143
Other Transportation Service	311
Senior Adult Day Services	1
Developmental Training	90
"Regular Work"/Sheltered Employment	80
Supported Employment	93
Vocational and Educational Programs Funded By the Division of Rehabilitation Services	69
Other Day Supports (e.g. volunteering, community experience)	30

**RESIDENTIAL SUPPORTS**

Community Integrated Living Arrangement (CILA)/Family	3
Community Integrated Living Arrangement (CILA)/Intermittent	4
Community Integrated Living Arrangement (CILA)/Host Family	1
Community Integrated Living Arrangement (CILA)/24 Hour	31
Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 16 or Fewer People	1
Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 17 or More People	1
Skilled Nursing Facility/Pediatrics (SNF/PED)	5

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**Division of Developmental Disabilities**  
**Prioritization of Urgency of Needs for Services (PUNS)**  
**Summary By County and Selection Detail**

October 10, 2018

Supported Living Arrangement	8
Shelter Care/Board Home	1
Nursing Home	1
Children's Residential Services	6
Child Care Institutions (Including Residential Schools)	9
Children's Foster Care	2
Other Residential Support (including homeless shelters)	12
<b>SUPPORTS NEEDED</b>	
Personal Support (includes habilitation, personal care and intermittent respite services)	357
Respite Supports (24 hours or greater)	23
Behavioral Supports (includes behavioral intervention, therapy and counseling)	137
Physical Therapy	48
Occupational Therapy	80
Speech Therapy	103
Assistive Technology	59
Adaptations to Home or Vehicle	18
Nursing Services in the Home, Provided Intermittently	7
Other Individual Supports	85
<b>TRANSPORTATION NEEDED</b>	
Transportation (include trip/mileage reimbursement)	355
Other Transportation Service	355
<b>VOCATIONAL OR OTHER STRUCTURED ACTIVITIES</b>	
Support to work at home (e.g., self employment or earning at home)	8
Support to work in the community	275
Support to engage in work/activities in a disability setting	144
Attendance at activity center for seniors	1
<b>RESIDENTIAL SUPPORTS NEEDED</b>	
Out-of-home residential services with less than 24-hour supports	97
Out-of-home residential services with 24-hour supports	90

[http://www.dhs.state.il.us/OneNetLibrary/27897/documents/DD%20Reports/PUNS/PUNS by county and selection detail110916.pdf](http://www.dhs.state.il.us/OneNetLibrary/27897/documents/DD%20Reports/PUNS/PUNS%20by%20county%20and%20selection%20detail110916.pdf)

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**Division of Developmental Disabilities Prioritization of Urgency of Needs for Services (PUNS)  
Summary of Total and Active PUNS By Zip Code**

<http://www.dhs.state.il.us/OneNetLibrary/27897/documents/DD%20Reports/PUNS/PUNSbyZipallandactivevets05102016.pdf>

Zip Code	Active PUNS	Total PUNS	
60949 Ludlow	2	4	
61801 Urbana	49	88	
61802 Urbana	58	105	
61815 Bondville (PO Box)	1	1	
61816 Broadlands	3	3	
61820 Champaign	44	83	
61821 Champaign	88	178	
61822 Champaign	52	97	
61840 Dewey	0	2	
61843 Fisher	10	12	
61845 Foosland	1	1	
61847 Gifford	1	1	
61849 Homer	0	5	
61851 Ivesdale	1	1	
61852 Longview	1	1	
61853 Mahomet	34	61	
61859 Ogden	5	11	
61862 Penfield	1	2	
61863 Pesotum	1	2	
61864 Philo	5	10	
61866 Rantoul	29	79	
61871 Royal (PO Box)	--	--	no data on website
61872 Sadorus	2	2	
61873 St. Joseph	14	25	
61874 Savoy	5	10	
61875 Seymour	2	3	
61877 Sidney	4	9	
61878 Thomasboro	0	3	
61880 Tolono	9	29	
<b>Total</b>	<b>422</b>	<b>828</b>	

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<http://www.dhs.state.il.us/page.aspx?item=56039>

Updated  
10/10/18

ISC	Agency	Individual Count	% of Total PUNS	Estimated Total Census for Agency	Estimated % of IL Census
CCRPC Total*		1007**	1.87%	244,880	1.90%
ISC	Agency	Individual Count	% of Total PUNS	Estimated Total Census for Agency	Estimated % of IL Census
CCRPC Active*		457**	2.36%	244,880	1.90%

\*Totals include Ford & Iroquois Counties

\*\*Increase

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## **Stephanie Howard-Gallo**

### **Operations and Compliance Coordinator Staff Report – November 2018 Board Meeting**

#### **SUMMARY OF ACTIVITY:**

##### **First Quarter Reporting:**

First Quarter financial and program reports for all funded programs were due October 26th at the close of business. 3 agencies did not submit reports by the due date and were issued a non-compliance notification. 2 agencies requested an extension of time to complete the reporting, which was approved by staff. 4 agencies were sent notification to correct errors on their financial reports. As of this writing, no payments have been withheld.

##### **Audits:**

Audits are required for all agency programs receiving over \$20,000 per year. Audits were due on October 31, 2018. Nine agencies have asked for an extension of time to complete their audit.

##### **2019 DisABILITY Expo:**

I attended an Expo planning meeting on October 23rd. The Expo will take place on March 30, 2019 at the Vineyard. "Save the Date" magnets and posters are available for anyone interested. Sub-committees are being formed and I have volunteered to help organize the volunteers for the Expo.

##### **FOIA/OMA Certification:**

As the Open Meeting Act Designee and the Freedom of Information Act Officer for the CCMHB/CCDDB, I must successfully complete training on an annual basis. I completed the 2018 trainings and submitted my certificates to Lynn Canfield on October 30<sup>th</sup>, 2018.

##### **211 PRESENTATION:**

I attended a learning opportunity organized by Kim Bowdry and sponsored by the CCMHB/CCDDB. The 211 presentation provided basic information and then offered expanded ways to utilize services that extend beyond a first call for information. Roleplays demonstrated how operators handle 2-1-1 calls and the standards 2-1-1 follows to assure the quality of services. This was presented by Karen Zangerle, Executive Director, PATH, Inc. and Kevin Richardson, Call Center manager of PATH. As a staff member, our office receives frequent inquiries by walk in and telephone looking for services and this was valuable information. The training was held November 1st at the Champaign Library and was well attended, with approximately 24 attendees.

##### **Other:**

- Lynn, Mark, Chris, and I attended a meeting with Tracy Dace from DREAM House and Deloris Henry, DREAM Board member in order to discuss program changes and their audit.
- Preparing meeting materials for CCMHB/CCDDB regular meetings and study sessions/presentations.
- Composing minutes from the meetings.
- On October 29, 2018 I celebrated 20 years with the CCMHB.

## November 2018 Monthly Staff Report- Shandra Summerville

### Cultural and Linguistic Competence Coordinator

#### Agency Cultural and Linguistic Competence (CLC) Technical Assistance, Monitoring, Support and Training for CCMHB/DDB Funded Agencies

I provided Technical Assistance to the following organizations:

**Children's Advocacy Center-** On ways the Board can increase diversity with the skills that are needed to raise awareness about the work that is happening at the Children's Advocacy Center.

**Community Choices-** How to adapt the training for healthcare professionals working with persons with disabilities to other organizations that work with persons that are living with a DD/IDD. In addition, they requested information on ways to conduct a CLC Organizational Assessment. I will also complete their annual cultural competence training for their board members.

**Grow Illinois-** I scheduled a cultural competence and cultural literacy training with the members of the Grow Illinois Organization.

**Family Service Center of Champaign County-** I am a member of the Self-Help Advisory Council and we are planning for the Self- Help Conference in May of 2019. Additional information about registration will be available soon. I will be a presenter at the conference on the topic of Cultural Competence at the conference.

#### CLC Coordinator Direct Service Activities:

I reviewed the 3-year Plan and provided updates and revisions that there is language that includes how we can support activities that create accessibility and culturally responsive services and supports in Champaign County.

#### Georgetown Leadership Academy: Increasing Cultural Diversity and Cultural and Linguistic Competence in Networks Supporting Individuals with Intellectual and Developmental Disabilities:

I had my first coaching call with Professor Tawara Goode from the National Center for Cultural Competence. We talked about my leadership regarding cultural diversity, cultural and linguistic competence, and language and communication assistance. I will be reviewing resources that will assist organizations with community engagement as well as cultural competence organizational assessments.

**ACHMAI-** I was contacted by ACHMAI to conduct a Cultural Diversity Training during this fiscal year. Cultural Diversity training is one of the priorities in the strategic plan for ACHMAI.

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## **Anti-Stigma Activities/Community Collaborations and Partnerships**

### **Alliance for Inclusion and Respect-**

If you are looking to purchase gifts for the holidays and other celebrations, you will have an opportunity to purchase from the following AIR Artists:

1. Winter Farmers Market at Lincoln Square November-January

Nov 3 – Alison Boot

Nov 10 – Victoria Kramer

Nov 17 – Mel McGhiey

Nov 24 – Alexandria James

Dec1 – Victoria Kramer

Dec 8 – NAMI

Dec 15 – open but am going to see if Bruce and Cindy or Mark R want it

Dec 22 – Alexandria James

### **Ebert Festival 2019**

The festival has implemented an Ebert Fest Student Ambassador Program for high school students. Students will be selected based on their interest in film, public relations, and marketing. We will be partnering with Champaign and Urbana Schools to select students to participate in this program. This is an effort to expand the audience of Ebert Fest Attendance to include more community members and young adults.

### **New American Welcome Center**

There is a resource guide that is being created for the New American Welcome Center. I have provided technical assistance to their cultural competence efforts as they start recruiting volunteers and families. I reviewed the resource guide for gaps and provided feedback to their team on the first draft.

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**Community Healing and Resistance Through  
Storytelling (C-HeARTS) Collaborative**

The C-HeARTS Collaborative is a university-  
community collaborative exploring  
community healing among African  
Americans experiencing racial trauma  
living in Urbana-Champaign

**November 27, 2018 | Douglass Community  
Center | 6:00-7:30 PM**

**COMMUNITY MEETING**

Come share your thoughts and ideas, or just  
come learn more about who we are!

**WE WANT TO HEAR FROM YOU**

QUESTIONS? CONTACT US AT 217-300-7607  
OR CHEARTS.RESEARCH@GMAIL.COM

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**disABILITY Resource Expo: Reaching Out For Answers**  
**Board Report**  
**November, 2018**

The 12<sup>th</sup> annual Expo will be held on Saturday, March 30<sup>th</sup> at The Vineyard Church in Urbana.

The Expo Steering Committee met on Oct. 23. Our next meeting will be December 11 at 1:00 pm at the IL Worknet Center in Champaign. The Exhibitor, Accessibility/Entertainment, Marketing/Sponsorship, and Children's Activities Subcommittees, also, met in October.

Exhibitors – The Exhibitor Subcommittee met on Oct. 17. Their first order of business was to select a theme for the next Expo. The theme this year will be TV Shows that highlight actors/actresses with disabilities, of which the group has identified at least a dozen. This is very timely with the popular TV culture we're seeing now. This theme will be integrated into the seek and find game that we develop for children visiting the Expo this year.

The Call for Exhibitors will go out very early in Jan., with an application return date of Feb. 15. The group came up with an extensive list of potential new exhibitors that will be added to our invite list. In order to cut down on congestion at the main door, there will be 3 check-in points for exhibitors.

Accessibility/Entertainment – We hope to identify 6 sign language interpreters, as this need has been great in the past. Two Personal Assistants and a Spanish translator have been identified. We would like to develop a contract for these individuals to help clarify their duties and streamline invoices. Courage Connections will, again, be donating the services of a Spanish interpreter.

Entertainment ideas for 2019 include a service dog demonstration, disaster preparedness demonstration, and a puppet show. Due to past noise concerns in the exhibitor areas, we will avoid live musical performances. Instead, we plan to have a playlist and play background music of artists with disabilities.

Marketing/Sponsorship -

Booth fees will be adjusted this year as follows: For Profit – Early Bird \$300 and \$400 after deadline; Not for Profit – Early Bird \$30 and \$50 after deadline. Early Bird fees are unchanged from last year, while after deadline fees have been increased. We hope this will be more of an incentive for exhibitors to get their registration materials submitted to us in a timely manner.

Donation request letters will go out very soon to previous and potential new donors. With the help of the Steering Committee, we are putting together a list of potential new donors. We are interested in identifying a business that might donate a grand prize for adult visitors, that will be linked to completion of our participant evaluation. A weekend hotel package was suggested for this. This will, hopefully, increase the number of evaluations that are returned. We will, also, be giving an exhibitor prize to, hopefully, increase the feedback from this group, as well. As usual, we will plan to have a number of small prizes for the children completing the game.

The number of school flyers we distribute will likely be decreased, in lieu of other opportunities to promote within the schools in our county. A more targeted approach with the flyers and yard signs on school property are just a couple of ideas we're looking into.

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The subcommittee is exploring the use of participant paper bracelets as a way to get a more accurate count of the number of attendees at the Expo.

Children's Activities – Several members of the Children's Activity Subcommittee met at The Vineyard to view the new area we will be utilizing for our children's activities. We're very excited about the new space, which is much larger, and will afford us the ability to implement a broader range of activities, including some live entertainment on stage. We are pleased to welcome Kim Spencer from Larkin's Place at the YMCA to this subcommittee. Diane Gordon with CU Able has offered their group to assist with our Children's Activity Subcommittee, as well.

Respectfully submitted,

Barb Bressner & Jim Mayer

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