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, May 22, 2019
Brookens Administrative Building, Lyle Shields Room
1776 E. Washington St., Urbana, IL 61802
8AM

1. Call to Order
2. Roll Call
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. Executive Director's Report – Lynn Canfield
7. Approval of CCDDB Board Meeting Minutes* **(pages 3-5)**
   Minutes from 04/24/19 are included. Board action is requested.
8. Financial Information
   No report.
9. New Business
   A. Agency Responses to Board Questions **(pages 6-23)**
   B. Staff Recommendations for FY2020 I/DD Program Funding* **(pages 24-49)**
      The packet includes: spreadsheet of requests for funding, from either the CCDDB or CCMHB, for I/DD programs; for approval, Decision Memorandum with staff recommendations for FY20 funding for I/DD programs; and a list of acronyms specific to CCDDB/CCMHB application/reporting.
   C. First Tax Distribution Delay* **(pages 50-51)**

Included in the packet is a Decision Memo regarding the impact of the delayed tax revenue deposit and requested Board action.

D. Board Member Report **(pages 52-103)**
Dr. Gingold attended the ARC of Illinois 2019 Annual Convention and has provided an overview of the sessions he attended.

E. Board Direction
This item supports board discussion of planning and funding. No action is requested.

F. 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.

10. Old Business
    A. Meeting Schedules **(pages 104-107)**
    Copies of CCDDB and CCMHB meeting schedules and CCDDB allocation process timeline are included in the packet for information.
11. CCMHB Input
12. Staff Report **(page 108)**
    Report from Chris Wilson is included for information.
13. Board Announcements
14. 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 –April 24, 2019

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

DRAFT

8:00 a.m.

MEMBERS PRESENT:	Cheryl Hanley-Maxwell, David Happ, Gail Kennedy, Deb Ruesch
MEMBERS EXCUSED:	William Gingold
STAFF PRESENT:	Kim Bowdry, Lynn Canfield, Mark Driscoll, Stephanie Howard-Gallo, Chris Wilson, Shandra Summerville
OTHERS PRESENT:	Vickie Tolf, Annette Becherer, Ron Briebriso, Laura Bennett, Heather Livingston, Danielle Matthews, Sarah perry, Scott Burner, Patty Walters, DSC; Katie Harmon, Lisa Benson, Brandi Granse, Elise Belknap, Regional Planning Commission (RPC); Becca Obuchowski, Community Choices; Kathy Kessler, Juli Kartel, Rosecrance, Inc., Amy Slagell, CU Able

CALL TO ORDER:

Ms. Deb Ruesch, CCDDB President called the meeting to order at 8:00 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.

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DRAFT

CITIZEN INPUT:

None.

PRESIDENT'S COMMENTS:

None.

EXECUTIVE DIRECTOR'S COMMENTS:

Ms. Canfield discussed the ISC NOFU settlement.

APPROVAL OF CCDDB MINUTES:

Minutes from the March 20, 2019 and March 27, 2019 meetings were included in the Board packet.

MOTION: Ms. Ruesch moved to approve the meeting minutes from March 20, 2019 and March 27, 2019. Dr. Hanley-Maxwell seconded the motion. The motion passed unanimously.

FINANCIAL INFORMATION:

A copy of expenditures was included in the Board packet.

MOTION: Ms. Ruesch moved to approve the claims report as presented. Dr. Hanley-Maxwell seconded the motion. The motion passed unanimously.

NEW BUSINESS:

Agency Requests for I/DD Funding for FY2020:
The Board packet contained a spreadsheet of funding requests, draft program summaries, draft Cultural and Linguistic competency summaries, and a list of acronyms. Ms. Ruesch allowed the agency/program representative to provide a brief summary of the programs and any questions posed that could not be answered verbally will be given to the agency in writing and they will have until May 1, 2019 to respond.

Board Direction:
Director Canfield distributed a letter from Touch of Nature Environmental Center and Southern Illinois University requesting help in providing sponsorship at a residential camp for individuals with disabilities.

Successes and Agency Information:
Becca Obuchowski from Community Choices announced they are sponsoring an Unconference on June 7 and 8, 2019. The Unconference is an open source skill-sharing event that invites the community to come teach and learn together, battle isolation, and build community.

This FREE community event will kick off Friday with a keynote speaker and a blank calendar.

OLD BUSINESS:

Meeting Schedules:
CCDDB and CCMHB meeting schedules were included in the packet for information only.

CCMHB Input:
The CCMHB will meet this evening.

STAFF REPORTS:

None.

BOARD ANNOUNCEMENTS:

None.

ADJOURNMENT:

The meeting adjourned at 10:35 a.m.
Respectfully Submitted by: Stephanie Howard-Gallo

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

9.A.

Champaign County Developmental Disabilities Board
FY20 Program Application Review
Agency Response to Program Summary Questions & Board/Staff Questions
May 1, 2019

Agency responses to questions raised by Board members and staff can be found below. The questions are a compilation of those found in the Program Summary (emailed to each agency on April 17, 2019) and questions submitted after the April 24, 2019 CCDDB meeting (emailed to each agency on April 25, 2019).

Priority: Linkage and Advocacy for People with I/DD

CCRPC
Decision Support Person

No additional questions were presented to the agency. Program Summary questions were answered during the April 24, 2019 CCDDB Meeting.

DSC
Service Coordination

1. ***How is the agency dealing with the total agency and total program deficit?*** In an effort to not reduce services/supports over the past few years we have continued to operate at a deficit. We are evaluating our program and agency budgets and do not anticipate as large of a deficit in future years. However, some programs may always operate a deficit due the funding sources. We are able to operate some programs with losses by having other efforts such as fundraising minimize the loss.
   We work hard to stretch every dollar and maximize our resources to continue to provide essential services to individuals with intellectual and developmental disabilities living in Champaign County.

2. ***Ron mentioned referrals to SC coming from other programs such as HBS, residential, job placement and day program. Given that some of these programs include waiver funding for Q services, how is the determination made to use CCDDB funds for this service?*** HBS is a funding source and not a program. If waiver funding is available for a particular service, DDB funding is not used or billed.

3. ***Given that the PCP is developed by clients with program staff, how do you deal with the risk of conflict of interest?*** Individuals who are their own guardians voice their wants and needs to the team representing all the services received. The case manager's role is to facilitate/advocate for their desired outcomes. Those who have involved parents/guardians are also active participants in planning. When DSC is unable to meet a requested need, we are quick to refer to other local providers and community opportunities in an effort to insure they are familiar with other resources.

Per the board packet:

- Overtime is estimated based on past usage over several years and is mainly for on call hours.

- DSC has recently hosted POM training by DHS for a small group of staff to complete POM interviews. The interview process can be very lengthy and take several short visits with someone to complete. POM interviews are being phased in across programs.
- DHS $169k represents CILA and HBS recipients with a very limited per month allocation regardless of level of support needed. Necessary services are inadequately reimbursed by the state. Error in program summary: The program summary stated that 200 people would be served with the $423k. Actual projection in the application was 300 people.

Rosecrance

Coordination of Services: DD/MI

Program Summary Questions for FY20 Coordination of Services DD/MI Grant

1. ***How is the agency dealing with the total agency and total program deficit?*** Every program goes through a monthly financial analysis process that identifies revenue and expense strengths and weaknesses for that month. This includes comparisons to budget as well as identifying any anomalies that might have occurred during the month. These are reviewed with the Executive Director and program management staff. Steps are taken to minimize cost overruns and identify ways to address concerns moving forward. Rosecrance has identified and implemented several cost-saving measures for FY20 that will utilize staff more efficiently as well as improve the financial outcome for each program as well as the agency as a whole using this review process.

2. ***Given that the Person- Centered Planning (PCP) is developed by clients with program staff, how do you deal with the risk of conflict of interest?*** The client identifies the needs on which they want to work. If they are unable to do so or are unsure of their needs, we inform them of what the referral source had identified as areas for them to work on. If the client has a guardian, we seek input from the guardian. Needs and strengths are also identified through the process of completing the assessment. The client, in collaboration with their service coordinator prioritizes the goals they wish to work on first.

3. ***Why are three clients successfully discharged?*** Three is the anticipated number that will be successfully discharged each year. This number can vary based on the chronic mental illness and cognitive deficits of the clients. Progress towards objectives is often at a slower rate based on the client's individual needs.

4. ***What does a successful discharge look like?*** A successful discharge is a client who has achieved 80% of their objectives or indicates to us that they have achieved the things they wanted to be able to manage successfully on their own.

5. ***Are clients eligible to reenroll in services if necessary?*** Yes

6. ***Do clients reenrolling have to wait for services to begin?*** If the client's case has been closed, they will need to go through our assessment process again, but then would be quickly re-assigned.

Priority: Employment Services and Supports

Community Choices

Customized Employment

1. ***Given that the PCP is developed by clients with program staff, how do you deal with the risk of conflict of interest?*** It is an important step that the state of IL and our local support networks are working toward a system of conflict free case management, as it does serve to eliminate the potential for the conflict of interest that can occur when agencies are

both identifying goals and providing services for individuals. Because we are not providing case management services and not engaging in specific goal or outcome identification, we do not feel that we are at a strong risk of creating this conflict of interest when we support people within our Customized Employment department.

When people come to us looking for employment support, they have already identified both the goal (getting a job) and the service (Community Choices' Customized Employment department) that they are hoping for. The supports that we offer are to be a conduit for that person have access to the same opportunities than any citizen might. When someone chooses to use our services, they are essentially saying that they wish to use the services of the community, but need some guidance in how to make that happen.

Some individuals that we work with have gone through the formalized Person-Centered Planning process with their Independent Service Coordinator (ISC) who as a conflict-free case manager, is there to support the person in identifying this goal and us a provider. Others do not have access to an ISC, but have self-identified community employment as a goal and reached out to us to support them in achieving it. From there, what we do is develop a plan that outlines how we will work with that person to achieve their goal and gain access to the broader community. This exploration of how to make a goal a reality is the crux of our plans and critical to any well coordinated support service.

Regardless of if the person has outlined goals with an ISC or on their own, the plans that we develop are specific to the outcome of community employment that the person has identified for themselves. In State waiver services, the parallel to this would be the "Implementation Strategy". This is the document that explains how a provider is going to support a person in reaching the outcome outlined in the PCP written by the ISC. Because this is not a waiver service, we have chosen to continue to call the plans we outline for our participants "Employment Plans", but they do essentially the same thing – describe the details of how services will be provided to work toward the person's goal.

To develop these plans and to provide services, we do use a person-centered approach, which is different than formalized Person-Centered Planning. A person-centered approach focuses on the interactions that you have with an individual and the style of support that is offered. It is tailoring your support to the context of the person you are working with and at a fundamental level listening to and respecting that person as you work with them as a partner. This listening and rapport building allows us to learn from the person about what type of work makes them excited and what type of environments are going to be welcoming and successful for them – so that these are the jobs we will look for.

I agree that the emphasis on conflict free case management is an important part of increasing choices and person-centered services for people with I/DD overall. However, I do not believe that this means that providers should not engage in their own discovery, planning, and person-centered rapport building with their participants – particularly when the goal is to be a conduit to the opportunities that exist not inside of an organization, but in the broader community.

2. ***If the program is supported with a fee for service contract, with rates similar to DRS, how will that structure effect the different program components?*** The cost structure that we have built into the proposal for this grant is designed to closely mirror the reimbursement rates that DRS pays. The majority of employment supports paid for by DRS are done so using Milestone contracts rather than a straight hourly reimbursement rate. For standard job placement, DRS pays providers $7,424 per placement with 90 days of support. For Supported Employment Contracts that are designed for individuals with higher support needs, the reimbursement rate rises to approximately $10,600 for up to 24 months of support.

   With our proposal, we have set a goal of finding 13 people jobs. Thinking of this in per-placement reimbursement terms, the individual cost comes to $7,608. Included in this, is support that we provide to these 13 individuals beyond 90 days on the job as well as to others

who we continue to check-in and support for up to 18 months. This rate for our services is intentional, as it is closely linked to the rates paid by DRS.
However, the grant structure of our proposal also provides us the flexibility that we believe is necessary to best serve the adults with I/DD who wish to work with us. It allows us to take risks and focus on finding well-matched sustainable placements. While we do strive to have an outcome-focused program, which means we do carefully track and emphasize people finding jobs, we also know that only focusing only on this can lead to placements driven by organizational needs rather than the person's needs. The grant structure helps us to strike a balance between outcome-driven, and person-driven employment support while continuing to provide a thoughtfully-priced services that address the desires, needs, and full participation of our participants in the community work opportunities that exist for all people.
It is difficult to identify exactly how the different components of our program would be affected with a shift to a fee-for-service structure. If this is the direction that the board wishes to go, I am eager for a conversation about ways to design this type of system that balances specific outcomes, individual participant attention, and the administrative time and efforts needed to track this type of service.

Customized Employment
Program Summary Questions:

How does Discovery match people with opportunities that arise unexpectedly?
As part of the discovery process, not only do we identify the employment themes (topics, areas of strength, interest, etc), we also identify ideal work conditions. If a job becomes available unexpectedly that has qualities that match the type of work a person has outlined during the discovery process, then we will help connect or match the person to that job.
We do want to ensure that we are connecting people with jobs that will be a good fit for them. This can mean that not every job that is available makes sense for those who are currently looking. Because we have a small staff and a relatively small number of participants actively looking for work at one time, it can happen that no one chooses to move forward with these unexpected job leads. This is what makes our process customized. Rather than matching people with just the existing job leads, we work on an individual basis to find the jobs that will be tailored specifically to that person.

How does the program minimize the risk of conflict of interest if the consumer does person-centered-planning with support from staff employed by the same agency?
Please see the response to similar board question above.

Will agency assist 13 people if they find jobs but cannot maintain them?
We strive to have ambitious but achievable goals within the organization and intentionally design outcome-oriented services. While we will make every effort to find long-term sustainable jobs for 13 people, we acknowledge that depending on the specific needs of the people we are working with this may not always be possible. We have worked with individuals for up to year to find a job that is a good fit for them. This can make it challenging to balance staff time to support new people coming into the program. However, we would rather put efforts into supporting that person and finding a good work set up for them than to focus only on working with new people.
When people have found job but cannot maintain it, we will work with that person and their team to determine the barriers that are causing the arrangement to be unsustainable. From there we can determine how to move forward. Sometimes the person needs more ongoing 1:1 job coaching support than our department is set up to provide. When this is the case, we will work with the person to identify other resources such as PSWs or other support people that may be able to supplement our staff's involvement. Sometimes it is because there are life circumstances that make keeping job challenging. When this is the case, we will help the person

get linked to supports that may be needed. At times we may also need to sit down with the person and their family or support team and consider if working is feasible for them at that time. Occasionally it is not, and we remain open to working with that person in the future. Finally, in other instances, the job may turn out to just not be a good fit. When this happens, we will generally help that person look elsewhere for employment.
Any of these situations can make it more difficult to provide successful job placements for 13 people and why the grant structure of this program is effective in helping us to meet the needs of our participants. Each person we work with is unique and has a varied set of support needs. While we believe in our process, we also know that it does work better sometimes than it does other times and make every effort to adjust as needed.

TPC hours will be documented in online reporting system. How many service hours are being provided per person, per month, per year? The short answer to this is that it varies widely. However, we have estimated that to support 17 people in the discovery process it will take approximately 255 direct staff hours. For Job Matching support for 13 people, it will take approximately 455 hours. For Job Coaching we will spend about 520 staff hours. For long-term support we will spend 300 hours. These will all be documented in the online reporting system, though the reporting categories do not match with our specific program design, making an exact 1 to 1 comparison difficult to provide.

How many people are served overall in program budget? 36 people served in FY18, are additional people served through the additional 42% of the budget? We estimate to support 38 people in this program over the course of the year in some capacity. In total as an organization, we have a goal of finding 18 people jobs. 5 of these will be funded through DRS contracts while 13 will be paid for through CCDDB dollars if funded. The additional program participants will access our long-term employment supports.

DSC
Community Employment

1. ***How is the agency dealing with the total agency and total program deficit?*** In an effort to not reduce services/supports over the past few years we have continued to operate at a deficit. We are evaluating our program and agency budgets and do not anticipate as large of a deficit in future years. However, some programs may always operate a deficit due the funding sources. We are able to operate some programs with losses by having other efforts such as fundraising minimize the loss.
   We work hard to stretch every dollar and maximize our resources to continue to provide essential services to individuals with intellectual and developmental disabilities living in Champaign County.

2. ***If program is supported with a fee for service contract, with rates similar to DRS, how will that structure effect the different program components?*** DRS structure/fee for service doesn't cover much of the work that leads to a placement and the job coaching. DRS pays vendors such as DSC primarily through two contracts, Milestone and SEP. The milestone contract pays for the first 90 days of employment through milestones at the 15th, 45th, and 90th day of employment at which time the contract ends. The SEP contract pays for extended services over a longer period of time and pays for assessment and development of an employment plan, obtaining a job, and then payments every eight weeks the person remains employed for 10 months.

Per the board packet:

- In addition to providing on-going job coaching to over 60 people, including those in Supported Employment, 10 people will obtain jobs.
- If a person has HBS, that source is billed and no CCDDB money is used to provide the support.
- Many of the people who receive employment services from DSC have more complex support needs. Although the process for job development is the same, it is not unheard of for a person to be in job development for many months as we search for a job that meets the needs of the person. We are starting our process with the very first step – encouraging people to be open to a community job. As we try to encourage people who are reluctant to step away from the comforts of Clark Road, we're evaluating how we can help them take the next step. To this end we've recently introduced paid job experiences in the Carle Hospital dish room with a 1:1 job coach and are in the beginning stages of working with Stay Glassy, an ENACTUS project. This is in addition to seeking short-term supported employment jobs that provide opportunities for people to experience work outside Clark Road, but with a supervisor and co-workers they know. We also provide unlimited job coaching for those who need it. A local DRS audit of job placements over a 10-year period showed that we had the highest job retention rate, as well as the highest percentage of people who received an increase in pay and in job responsibilities. Employers have expressed appreciation for our commitment to them and their employee. Employers have called us to provide job coaching support for people we didn't help find the job.
- The frequency and intensity of services is based on the needs of the person and can ebb and flow based on variables including changes in job responsibilities, change in hours of work which may require learning new bus routes, and changes in supervisor. Hours can range from an hour per month to 10 hours per week.
- A total of twenty-six people were served through our DRS contracts.

DSC/CC

Employment First

1. ***Given that Employment 1st has begun educating families on useful technology, what can this program do to support individuals and families acquiring this technology?*** Although a family meeting during the previous fiscal year covered technology, hands-on demonstrations of the technology that is applicable to a particular situation seems to be the most meaningful and helpful. Employment Specialists help people with phone applications such as those specific to their employer or the MTD schedule. Employment counselors in the Community First program use I-Pads for cooking classes and have shared that information. Parents have also reached out to agency staff to help with technology issues on occasion.

2. ***How is the agency dealing with the total agency and total program deficit?*** In an effort to not reduce services/supports over the past few years we have continued to operate at a deficit. We are evaluating our program and agency budgets and do not anticipate as large of a deficit in future years. However, some programs may always operate a deficit due the funding sources. We are able to operate some programs with losses by having other efforts such as fundraising minimize the loss.
   We work hard to stretch every dollar and maximize our resources to continue to provide essential services to individuals with intellectual and developmental disabilities living in Champaign County.

Per the board packet:

- The three stakeholders are people with disabilities and their families, agency staff, and the business community.
- Although the measure of employers who actually hire a person following LEAP training is a good measure, the outcome is also impacted by many factors and isn't an entirely accurate indicator of culture change. We also track informally the number of businesses that continue active participation in events beyond their initial training such as the employer forum, frontline staff training evaluation, calls from employers for additional training and readership of the quarterly newsletter.
- Even though the training on customized employment was unable to be hosted this year, plans are made for Employment Specialists to attend the National Conference for Association of People Supporting Employment First (APSE) in June 2019 in St. Louis.
- Although a family meeting during the previous fiscal year covered technology, hands-on demonstrations of the technology that is applicable to a particular situation seems to be the most meaningful and helpful. Employment Specialists help people with phone applications such as those specific to their employer or the MTD schedule. Employment counselors in the Community First program use I-pads for cooking classes and have shared that information. Parents have also reached out to agency staff to help with technology issues on occasion. Leadership will be attending several technology conferences in the near future.

United Cerebral Palsy Land of Lincoln
Vocational Services

1. ***How is the agency dealing with the total agency and total program deficit?*** The total agency and program deficit reflects billings that have not been received as well as the suspended funding from the 377 DDB because of the audit requirements not being totally complete. The organization experienced some significant setbacks over the past year in our financial department. UCP lost its very experienced CFO and was not able to fill the position immediately and had a complete turnover of the accounting department. Eventually the CFO position was filled by a business manager, however, she did not have the skill set to complete items for our auditors and our Board Treasurer got involved and helped finish the audit process. When the audit was complete and given to us, it was missing some supplementary financial information required by the CCDDB. The auditors and our financial department are currently working on getting these documents completed. Thankfully, we have hired a new business manager and are contracting with our previous CFO to assist with these items. The program staff remain stable and the program participants are getting the support services they want and need.

2. ***If program is supported with a fee for service contract, with rates similar to DRS, how will that structure effect the different program components?*** The vocational services that the program provides are individualized services tailored to each person's needs. There are participants in the program who require short term support services and are closed during the course of the year, and there are participants who need long term services and continue services over several years. Some individuals use our services for a short time but come back to the program because they have lost their job or require more support services because their job changes. DRS Milestone and SEP contracts are set up the same for every person and there is a limited amount of DRS funding attached to one case – once that funding runs out for an individual, there are no services left for that person. Over the years, many of the referrals to

this program came from closed DRS customers who still needed help to become or stay successfully employed in their community. If the program would be supported by a fee for service contract, then the rate(s) would need to be set up to be able to accommodate all the participants' needs – possibly look at determining an hourly rate that would cover all the program components. UCP has had fee for service contracts in other areas and would be able to provide information to develop an hourly rate that would cover the costs of the program components.

Program Summary Questions were not answered by the agency.
How much more service will be provided to clients due to increase?

CCDDB Budget should be balanced – does the surplus result from an error?

Priority: Non-Work Community Life and Flexible Support

DSC
Apartment Services

1. ***How is the agency dealing with the total agency and total program deficit?*** In an effort to not reduce services/supports over the past few years we have continued to operate at a deficit. We are evaluating our program and agency budgets and do not anticipate as large of a deficit in future years. However, some programs may always operate a deficit due the funding sources. We are able to operate some programs with losses by having other efforts such as fundraising minimize the loss.
   We work hard to stretch every dollar and maximize our resources to continue to provide essential services to individuals with intellectual and developmental disabilities living in Champaign County.

2. ***Are CCDDB funds being used for people with CILA funding who are transitioning into Apartment Services?*** No. Reference was made in the meeting that there is an individual that may soon be ready to consider living independently. As long as a person is in a CILA, no Apartment Services billing may occur.

3. ***What is the overlap between people receiving case management services from AS and SC?***
   While there is some similarity to the services provided, what sets the programs apart is the level of support/intensity. Apartment Services is structured to provide more direct support to participants.

Per the board packet:

- A sample of the data for this program can be reviewed and reported on as suggested.
- Opportunities that allow participants to explore hobbies include linking to existing community resources/programs, facilitating community activities that introduce a variety of hobbies/activities to help identify interests, supporting people to connect with others who share like interests, etc. Some begin participating with support, but ultimately shift to using those skills independently.
- Number of participants in the program may vary contingent on the level of intensity/support needed by those receiving services.

DSC
Clinical Services

1. ***How is the agency dealing with the total agency and total program deficit?*** In an effort to not reduce services/supports over the past few years we have continued to operate at a deficit. We are evaluating our program and agency budgets and do not anticipate as large of a deficit in future years. However, some programs may always operate a deficit due the funding sources. We are able to operate some programs with losses by having other efforts such as fundraising minimize the loss.
   We work hard to stretch every dollar and maximize our resources to continue to provide essential services to individuals with intellectual and developmental disabilities living in Champaign County.
2. ***How many people without DSC affiliation are served through this program?*** Five at this time.

3. ***How do people without DSC affiliation know about this opportunity?*** Community Events such as Expo, TPC, public speaking, ISC referrals, other referrals/intakes called received. We also receive inquiries through the website for a variety of services, in addition to word of mouth by others receiving clinical services.

Per the board packet:

- Eligibility issues regarding access to psychiatry - per the meeting, Dr. Rapetto serves as the Clinical Director for the Pavilion for patients under his care. He has a contract for psychiatry services for people with I/DD who receive DSC services. Access to doctors who accept Medicaid payments has been an issue although always pursued. Additionally, the wait for services in Champaign County can be lengthy and this service can serve as a bridge until access to other options is made available.

DSC
Community 1st

1. ***How is the agency dealing with the total agency and total program deficit?*** In an effort to not reduce services/supports over the past few years we have continued to operate at a deficit. We are evaluating our program and agency budgets and do not anticipate as large of a deficit in future years. However, some programs may always operate a deficit due the funding sources. We are able to operate some programs with losses by having other efforts such as fundraising minimize the loss.
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2. ***If the CCDDB participates in the UIUC Evaluation Project, would this program commit to being a pilot?*** Yes.

Per the board packet:

- The majority of our production staff is DSP trained.
- Formal referrals to community employment are based on the interests of each person. Although people may not be formally opened in community employment, many of the program's activities and classes are geared toward employment. These include job club,

learning the MTD, volunteer groups, and random acts of kindness group. Group offerings are based on a combination of what people are interested in doing as well as what we have found to be stumbling blocks to people being willing to move toward employment.

- At this time, the Community First Program provides services to 48 people.

DSC
Connections

1. ***How is the agency dealing with the total agency and total program deficit?*** In an effort to not reduce services/supports over the past few years we have continued to operate at a deficit. We are evaluating our program and agency budgets and do not anticipate as large of a deficit in future years. However, some programs may always operate a deficit due the funding sources. We are able to operate some programs with losses by having other efforts such as fundraising minimize the loss.
   We work hard to stretch every dollar and maximize our resources to continue to provide essential services to individuals with intellectual and developmental disabilities living in Champaign County.

Per the board packet:

- The CROW is not being used to sell artwork on more occasions than the Boneyard Arts Festival. We had anticipated operating a storefront selling homemade soap as the cornerstone product. People interested in the project have been experimenting with the soap-making process selling at various local events while we have researched how to. We recently worked with the Gies College of Business. Following their research and recommendations we will be scaling back to starting with a weekend pop-up store, changing the product line, and will include other vendors. The site has also been used by Got You Covered, a t-shirt printing business started by three people with the support of University of Illinois ENACTUS.
- Groups through Community First that occur at the CROW usually last four months.
- There is no time limit for services through Connections.
- Artists selling artwork have not built up enough inventory to commit to the Farmers Market but have sold their work at other events. Interestingly enough, many sell their work independently to friends, co-workers, family members, and professional support staff. Another drawback is a lack of commitment to working the event every week during the season.
- We have reached out to local artists for reciprocal arrangements such as opening the space for a photographer to display her photography in exchange for teaching a photography class. This particular opportunity didn't come to fruition do to her mother's failing health. We also have been trying to arrange for a man who does wire art to teach a class at the site for free in exchange for a few of the class spaces to be reserved for program participants free of charge. A DSC staff person would still need to be present regardless of who teaches the class. Time involved in making these arrangements is also a factor.
- Classes and groups meet at The Crow daily. Some groups/classes meet there weekly while others use The Crow for special functions during their four-month group. These include art groups, upcycling groups, filming of stop action movies by the comic book group, music groups, and other groups that include art or craft projects as part of their group activities.
- Activities differ from classes in that at the end of a class people will have developed a specific skill such as improved cooking skills or newly acquired art understanding. Activities include groups that provide people with experiential opportunities such as fishing, outdoor games, or random acts of kindness, or book club with a desired outcome of people adding to potential

social opportunities they can experience either alone or with friends. Events are one time activities.

DSC

Individual & Family Support

1. ***How is the agency dealing with the total agency and total program deficit?*** In an effort to not reduce services/supports over the past few years we have continued to operate at a deficit. We are evaluating our program and agency budgets and do not anticipate as large of a deficit in future years. However, some programs may always operate a deficit due the funding sources. We are able to operate some programs with losses by having other efforts such as fundraising minimize the loss.
   We work hard to stretch every dollar and maximize our resources to continue to provide essential services to individuals with intellectual and developmental disabilities living in Champaign County.

2. ***How is it determined if a person/family has a financial need for a camp scholarship, etc.?*** Support needs are individualized and many factors are taken in to consideration when a request is made, such as: family size, family support in the area, level of support/intensity required to care for loved one, single parent household, etc.

Per the board packet:

- This program typically reimburses following a service. If prepayment was needed for something like a camp fee, we would require funding be returned if family does not participate.
- Wait list reference – people that enter the program typically maintain services indefinitely as the level of support needs are intense and long term. When someone discontinues participation, decreases attendance, or receives state funding, it creates opportunities for others to access service.
- DSC has recently hosted POM training by DHS for a small group of staff to complete POM interviews. The interview process can be very lengthy and take several short visits with someone to complete. POM interviews are being phased in across programs.
- Number of participants in the program may vary contingent on the level of intensity/support needed by those receiving services.

PACE

Consumer Control in Personal Support

1. ***What is the difference between "orientation and registration" and training?*** Orientation is the name for our classes we provide to people seeking work at PSWs under this contract, and to the potential Personal Assistants who are seeking employment through our 30-year old program funded by DHS-Home Services. It's because our belief in Consumer Control that we refer to these classes as orientation. We believe it is the place of the person hiring the PSW/PA to train them on the particular tasks they want completed. We are orienting these potential employees to the types of tasks and situations they may encounter, but training on the specifics of their daily work and how that work is to be completed is under the control of the consumer doing the hiring,
   Registration is when a potential PSW signs up to attend orientation

2. ***Is there a plan to connect the paws to people with I/DD?*** We are currently connecting the PSWs with people with I/DD using other funding sources. To date, we have matched 3 consumers with I/DD with PSWs that have gone through our orientation, and are now on our registry. We do plan to offer Self-Directed Assistance and be officially recognized as a provider on the consumer side as well. Offering SDA will expand the assistance which we are able to offer to consumers with I/DD. We expect the number of these matches to grow, and the number of these matches will be reported in comment sections of our quarterly reports.

3. ***Please clarify how it is of value to the CCDDB and people with I/DD to continue orienting and registering more PSWs but not connecting them to people with I/DD who seek this service?*** We are currently connecting the PSWs that go through our orientation with consumers with I/DD who are seeking PSWs. To date, we have made three of these matches (out of only 7 consumers who have come to us). We are getting referral calls and emails at least weekly from consumers (their families, and other agencies) with I/DD to inquire about our services (these services to consumers with I/DD are being provided under non-CCDDB funding sources). We believe that the value in this program is/will be having a central repository of people seeking employment as PSWs, as well as having a large group of PSWs who have the same information, and who have an introduction to important concepts such as Consumer control, and Independent Living Philosophy.

4. ***How will the impact of this program be measured if not through the number of people with I/DD using it?*** In part, this program will be measured by the number of people using it. To date, we have already had 3 matches between consumers with I/DD and people from the registry. The number of these matches will be reported on our quarterly reports. Other measures are the number of people on the registry as of the end of the quarter, because this will show how much of a potential asset to people needing to hire PSWs the list could be. For this reason, the "Other" number on the reports should be used to reflect this number rather than service hours.

5. ***How is the agency dealing with the total agency and total program deficit?*** We have reinvented our resource development team and are planning several fundraisers to help pay down the loan. We are currently putting together a Disability Awareness Day Camp 3rd week in June, a Spaghetti Dinner and Silent Auction August 3rd at Good Shepard Lutheran Church 4:30-7:30 pm, Direct mailings Spring and November, Glow Bingo no date set yet, Trivia Night for November. We have also taken on two programs that are fee for service to the state one is Personal Assistance anything over our expenses will be profit. The other is Fast Track Youth Transition which will also provide profit over our expenses. It will take time but we are determined to pay this down. We are not in need of taking more funds out but the bank prefers to see up and down movement in the line of credit in order to keep the entire line fully available. We have also increased the hours of a staff position that will develop an existing program of distribution of free amplified phones. We receive $40 for each phone we distribute and with staff time dedicated we can see this program expanding and reaching many more people in Illinois with a verifiable hearing loss that can use phone amplification. We continue to develop some technology sales in Access Alley a program that resembles an assistive technology store. We have brought in to the area some sophisticated devices that would otherwise not be locally available to try in person before purchase and many of the items cost enough that one wants to be sure before purchasing. This includes OrCam, IRIS Vision, cutting edge CCTVs, and a pen that reads out loud (and in different languages) when guided over print which is useful to people with learning disabilities, people with vision loss (that can still follow the line of print with the pen), students learning English and so on.

The approximately $3,000 program deficit is simply due to the difference in indirect cost rate between our organization (27.38%), and the 20% cap for this program. This very modest program deficit will not cause structural instability to the program or agency. According to the expense form submitted with this application, the agency itself has an over $15,000 surplus. This surplus may be expanded as the agency revenue numbers include 2 contracts where if we hit all targets of said contracts, the revenue will exceed the expenses of operating the contract. Further surplus may be realized as we have reinvigorated our Recourse Development efforts, and have three brand new fundraisers which were not included in the revenue projections for FY20.

Priority: Comprehensive Services & Supports for Young Children

CC Head Start

Social-Emotional Development Services

1. ***Can the new federal grant be used to support any of this contract?*** The Early Head Start Expansion grant can only serve children and families newly enrolled through this expansion grant. The expansion funds cannot be used for services to children enrolled and employees working in the original Head Start and Early Head Start grants. CCHS received only enough funds to serve an additional 80 infants and toddlers in 10 full-day classrooms and 10 pregnant women and teens. Typically, 76% of grant funds go to staffing costs. In total, this grant will cover the cost of approximately 40 employees to serve the new enrollments.

2. ***Does the increase in requested funding amount relate to the demand?*** Yes, the increased funding amount does relate to the growing need and increase in identification of social-emotional support and intensive services for enrolled children. Every year, CCHS projects the number of services to be provided to children and exceeds those projections significantly. CCHS continues to see a rise in the number of children who do not have the skills to express their emotions, attach to caregivers, build relationships, solve problems, and play with peers positively. Also, the interactions with peers and staff are often violent, for example, hitting, scratching, kicking, biting, choking, and throwing chairs. CCHS has documented violent behaviors in children as young as two years old. We all know that it is vital for children to receive intervention now before they enter kindergarten.
   By identifying and providing intervention early, we are able to decrease challenging behaviors and increase social-emotional skills. The Social-Emotional Development Specialist (SEDS) observes, identifies, refers, trains, and creates intervention plans for children. The program is currently funded to serve 435 preschoolers and 141 infants, toddlers, and pregnant women. According to the SEDS, she directly serves 20% of the total enrollment. Breaking that down further, 10% of those children are Treatment Plan Clients and the other 10% is Non-Treatment Plan Clients. The Social-Emotional Development Specialist supervises the services provided by the Social Skills & Prevention Coaches, who carry out the individual support plans throughout each day by modeling and supporting children and the classroom teams.

3. ***Is there no other support for this program, given the federal funding and requirement for social-emotional services?*** While the Office of Head Start does require programs to provide social-emotional services, it does not describe in detail what those services should look like nor does it identify specific dollars for those services. Many Head Start programs,

including CCHS, are struggling to serve children with challenging behaviors because of all the budgetary pressures for wages, employee health insurance, facilities, transportation, technology, and children's health services, including dental care. The Office of Head Start does not increase a program's budget as a result of increased need for funding. Increases to the budget occur only through announced expansion opportunities and infrequent cost of living increases. Our program searches for additional funding at the federal, state, and local levels and community partnerships to support the services we need daily in the classrooms. CCHS staff participate on several local groups that attempt to address the social-emotional needs of our community's children. Currently, our program has agreements and contracts with the following providers for services that positively impact children and their development.

- HopeSprings – provides counseling services to children and families and training to staff.
- Mindful Teacher Foundation – provides a 14-week mindfulness training course to staff.
- Karen Sims – offers staff and parent training on Trauma Informed Care.
- Champaign Unit 4, Urbana Early Childhood Unit 116, Middletown Early Childhood, Rantoul City Schools, Spectrum Early Childhood, and Child and Family Connections – provides evaluations and special education services to children with diagnosed disabilities.
- Champaign-Urbana Public Health District – provides nutrition and health services for all children enrolled and training to staff.
- SmileHealthy – provides dental services to all children and their families.
- Lions Club – offers hearing and vision screenings to all children.
- WILL – provides books for the classrooms and homes and schedules volunteers to read monthly to the children.
- Lincoln's Challenge – collaborates with the program and identifies cadets (young men and women) to volunteer time in the classroom such as reading books and playing activities inside and outside.
- Health Services Consultants – provides speech, language, and physical therapy to children not eligible for special education services.
- University of Illinois Speech and Hearing Clinic – provides speech and language screenings, evaluations, and intervention to children not eligible for special education services.
- Nutrition Consultant – evaluates nutrition screenings and creates individual plans for children and families to improve diets.
- Health Consultant – creates individualized health care plans for children who have medical needs.

As you can see, CCHS has leveraged services using our community partners, but none of these partnerships provide any funding to CCHS. Unless we find a grant from another source, the funding from the Champaign County Developmental Disabilities Board is essential to support the Social-Emotional Development Specialist's position. Without these funds, we will lose the expertise and ability to identify children who need services as well as daily support for children who have challenging behaviors and/or experience trauma.

DSC

Family Development

1. ***How is the agency dealing with the total agency and total program deficit?*** In an effort to not reduce services/supports over the past few years we have continued to operate at a deficit. We are evaluating our program and agency budgets and do not anticipate as large of a

deficit in future years. However, some programs may always operate a deficit due the funding sources. We are able to operate some programs with losses by having other efforts such as fundraising minimize the loss.
We work hard to stretch every dollar and maximize our resources to continue to provide essential services to individuals with intellectual and developmental disabilities living in Champaign County.

Per the board packet:

- Comment about only 15 files reviewed: Actual number of files that will be reviewed this fiscal year will be 100.

Priority: Self-Advocacy and Family Support Organizations

CU Able
CU Able Community Outreach

1. ***What is the cost of the Moms Retreat?*** The moms retreat is budgeted to cost approximately $125 per attendee based on 40 attendees at the event. This budget includes meeting rooms, 2 nights sleeping accommodations, 5 meals and snacks throughout the weekend, key note speaker, and consumables for various programs throughout the weekend. The cost per person can be affected by the number of attendees and in-kind donations of supplies we might receive.

2. ***How is Paid Staff administering the FB Page monitored?*** I wanted to take a moment to give you a brief overview of the job description for our ¼ time employee. While FB is the place where we touch hundreds of people per day, the job includes much more than FB moderation and administration.

   Here is the job description:
   Many of the responsibilities of this position are performed remotely. There is flexibility in setting of hours; however, there are required in-person meeting times. This position is a grant funded position and will terminate at the end of the grant contract 6/30/2019.

   Responsibilities:
   - Maintain and update website content
   - Attend monthly CU Able board meetings (generally Saturday mornings in Champaign)
   - Attend monthly meetings of the Champaign County Developmental Disability Board (generally 8am on Wednesdays in Urbana)
   - Create videos of meetings, trainings, etc. and upload them to social media
   - Organize, implement and attend events and activities
   - Attend the annual Moms Retreat in July
   - Communicate with members of CU Able, board of directors, and community partners via email, phone, and Facebook Messenger/Workplace
   - Create and send out monthly newsletter via email
   - Additional duties as assigned

   The Admin Assistant (AA) is monitored by board members in many ways.

We use Facebook Work to conduct our daily business. It is an app which is similar to FB and allows us to use Chat Channels and Project "groups" to organize our work. The AA is expected to check in at least once a day on the Work group to follow up with any questions the board may have. We use that as a communication tool to check in remotely and see if the AA has any questions for us.

There are several things the AA is responsible for in the CU Able FB group.

- Vetting and approving new members to the group
- Updating the monthly diaper program order form and processing the orders
- Providing monthly FB usage/contact reports so we can have some measure of our reach and efficacy.
- Creating and updating FB event posts for meetings and programs
- Posting videos/livestreams for appropriate events.

All the board members are on FB several times per day as moderators and admins. We can see when new member requests are made and how quickly they are approved by the AA. The expectation is that approvals will be done within 24 hours, or the AA will reach out to the requestor if they haven't provided adequate information. If a requestor hasn't provided the information within 2 weeks, they will be declined. If the AA has any concerns, they reach out to the board through FB Work.
We also have a protocol for posting new events which includes how early the event will be posted and how many times and when it will get "bumped" to re-engage and remind CU Able members about the event. This is laid out in our FB Work files and followed up on within that structure. With all board members utilizing both work and FB, it is quite easy to track when posts are made and any anticipated issues.

We have a monthly reporting protocol which requires the stats be provided at the beginning of the month for the prior month. These stats are easy to pull directly from the FB page and are posted to our Work group so we can evaluate how the group did the previous month. We look at things like growth of the group, number of posts, engagement on posts, etc. We also evaluate popular times of engagement so we can plan important group posts and events. Finally, we have monthly in person meetings with the AA and board. This is a working meeting to plan for future events, go through our finances, troubleshoot any open issues and do reporting for the DDBoard.

Champaign County Down Syndrome Network
CC Down Syndrome Network

1. ***How does Agency ensure that funds are used for Champaign County residents only?*** Each event we host we have everyone sign in and collect zip codes. CCDDB funds are only used for the number of people attending the event that live in Champaign County according to zip codes.

2. ***How many workshops/presentations are held each year?*** We try to host 5 to 7 smaller workshops/presentations a year using local/regional people and resources if we are not hosting a large workshop with nationally known speakers. Examples of smaller presentations have included topics such as Able Act, Trusts, Safety, Guardianships, Potty Training, IEP's. Past examples of large workshops are Wrightslaw, Brain Gym, Paula Kluth, Handwriting Without Tears. We are working on developing a schedule of presentations/workshops.

Community Choices, Inc.
Self-Determination Support

No additional questions were presented to the agency. Program Summary questions were answered during the April 24, 2019 CCDDB Meeting.

PACE
Opportunities for Independence

1. ***How do you include CCRPC-ISC with eligibility determinations and person centered planning?*** When we first arrive at a school, or have a new consumer come to the PACE office, they complete intake paperwork which in part gathers data necessary to determine whether they qualify for CCDDB services. When PACE completes our intake, we list them as an NTPC as their eligibility is determined. The relevant parts of their intake are sent over to CCRPC-ISC where the eligibility determination takes place. Once we receiving the determination, our funding provision is allocated. If CCRPC-ISC finds them eligible for CCDDB services, we switch them over to an TPC, and their services continue being counted as CCDDB funded. If CCRPC-ISC determines that they are ineligible, we provide services under other funding sources. Person Centered Planning is a component of what we do when a consumer opens a Treatment Plan (Consumer Service Record) with PACE. We practice Consumer Control--This philosophy puts the consumer completely in control of the goals they which to work on, and how they want to approach PACE services. This process is undertaken between the consumer and PACE staff.

2. ***If this were developed as a fee for service contract, what would you include in a group rate and an individual rate?*** There is a fee-for-service model which could be employed which pays us for each item we provide/produce (group school trainings, individual consumer appointments, case management, CSEs, etc.), but such a model does not take into account consumer fluctuations, and staff concerns such as medical leaves, Employing a fee-for-service structure which allows for more consistent contract payments would assist in ensuring the continuation of programmatic and organizational stability.

   Such a model would set annual and quarterly goals, and only as those goals weren't achieved during reporting periods would future payment be imperiled, and portions/entirety of past payments be recalled. This is the model which is in place for one of our other contracts, and it allows us to plan ahead, ensure dedicated staff time, and know that our budget will not be subsumed because the program does not meet a very specific number of groups or other activities.

3. ***How could this program partner with the Transition Specialists from CCRPC and the Champaign County Transition Planning Committee?*** We partner closely with the TPC. The value of this program is that we highlight components of Independent Living which the schools and other transition partners don't tend to emphasize. By focusing on these other components of transition, we compliment the transition work for the schools

and CCDDB partners. We would definitely be open to dialoguing with the Transition Specialists to see how we can directly collaborate with their process.

Priority: Expansion of Independent Community Residential Opportunities

Community Choices, Inc.

Community Living

1. ***Given that the PCP is developed by clients with program staff, how do you deal with the risk of conflict of interest?*** As with our Employment services, the plans that we develop in our Community Living program are created after a person has independently identified that they would like move into their own community home or apartment. As with employment, where we do not employ any of our participants, we do not stand to benefit from people's accessing housing in the community, because we do not own any housing. People come to us looking for assistance in accessing what is available to all people. Sometimes this goal has been identified through the ISC's planning process and sometimes it has been self-identified by the person. Either way the person comes to us with the goal of Moving Out clearly stated. The plans that we create are essentially how-to guides on the steps that we will work with them on to reach this goal.
   While we do use a person-centered approach in organizing and carrying out the services we provide to people, our overall structure is built specifically to allow people to easily self-identify the types of supports that they want and opt-in to them. Within the organization there is no gate-keeping planning process that either allows or limits people from accessing support. If a person wants Community Living support they can access it; if they want employment support they can opt in for this. It is only once a person identifies one of these domains that we will develop a plan with them on how to make those goals a reality. Though we have not used the same language as the newly designed conflict-free case management approach to ISC driven waiver services, our programs are designed to link specifically to this type of system organization. The wavier PCP system is now set up to help people identify the outcomes they'd like in specific life-domains and then choose service providers who can meet those needs on an ala cart basis. Once the provider has been identified, that organization outlines a plan on how they will address the goal. This is how our programs have always been set up. Our programs are organized by domains. When a person comes to us looking to address a goal in that particular domain, we sit down and develop a plan on how to make that happen. Overall, we feel that this type of structure does protect us against the risk of conflict of interest while still allowing us to coordinate high-quality and person-centered services.

I/DD Program Funding Requests for FY2020

July 1, 2019 thru June 30, 2020

Agency	Program Name	Current Awards PY19 DDB	Current Awards PY19 MHB	Requests PY20 DDB/MHB	Recommended Awards PY20 DDB	Recommended Awards PY20 MHB
Priority: Linkage and Advocacy for People with I/DD						
Rosecrance Central Illinois	Coordination of Services: DD/MI	$35,150.00		$35,150.00	$35,150.00	
Developmental Services Center	Service Coordination	$410,838.00		$423,163.00	$423,163.00	
CCRPC Community Services	Decision Support PCP	$119,629.00		$424,738.00	$424,738.00	
Priority: Employment Services and Supports						
United Cerebral Palsy Land of Lincoln	Vocational Services	$34,590.00		$60,000.00	$0.00	
Developmental Services Center/Community Choices	Employment First	$80,000.00		$80,000.00	$80,000.00	
Developmental Services Center	Community Employment	$361,370.00		$361,370.00	$361,370.00	
Community Choices, Inc.	Customized Employment	$87,000.00		$98,900.00	$98,900.00	
Priority: Non-Work Community Life and Flexible Support						
PACE	Consumer Control in Personal Support	$21,000.00		$23,721.00	$23,721.00	
Developmental Services Center	Individual & Family Support	$404,428.00		$416,561.00	$416,561.00	
Developmental Services Center	Community 1st (formerly ISBS)	$799,000.00		$822,970.00	$822,970.00	
Developmental Services Center	Connections	$85,000.00		$85,000.00	$85,000.00	
Developmental Services Center	Clinical Services	$174,000.00		$174,000.00	$174,000.00	
Developmental Services Center	Apartment Services	$429,861.00		$442,757.00	$442,757.00	
Priority: Comprehensive Services & Supports for Young Children						
Developmental Services Center	Family Development		$562,280.00	$579,148.00		$579,148.00
Champaign County Head Start/Early Head Start	Social Emotional Development Svcs		$73,605.00	$112,004.00	$24,402.00	$87,602.00
Priority: Self-Advocacy and Family Support Organizations						
PACE	Opportunities for Independence	$49,000.00		$55,640.00	$55,640.00	
Community Choices, Inc.	Self-Determination Support	$116,000.00		$138,000.00	$138,000.00	
Champaign County Down Syndrome Network	CC Down Syndrome Network	$15,000.00		$15,000.00	$15,000.00	
CU Able	CU Able Community Outreach	$15,285.00		$15,275.00	$17,275.00	
Priority: Expansion of Independent Community Residential Opportunities						
Community Choices, Inc.	Community Living	$72,500.00		$81,000.00	$81,000.00	
CILA (now subtracted from totals)	CILA Expansion	*50,000*	*50,000*	*$100,000.00*	*50,000*	*50,000*
	TOTAL	$3,309,651.00	$635,885.00	$4,444,397.00	$3,719,647.00	$666,750.00
		total PY19 = $3,945,536		*total w CILA*	*total PY20 = $4,386,397*	
		w CILA = $4,045,536		*= $4,544,397*	*w CILA = $4,486,397*	

DECISION MEMORANDUM

DATE: May 22, 2019
TO: Members, Champaign County Developmental Disabilities Board
FROM: Lynn Canfield, Executive Director
SUBJECT: STAFF RECOMMENDATIONS FOR FY20 FUNDING

Purpose

The purpose of this memorandum is to offer to the Champaign County Developmental Disabilities Board (CCDDB) members a set of staff recommendations for FY2020 (July 1, 2019 through June 30, 2020) funding allocations. These are based on a thorough evaluation of applications using decision support criteria approved by the CCDDB in November 2018. The final funding decisions rest solely with the CCDDB and their judgment concerning the most appropriate use of available dollars, based on community needs and decision-support match up. Applicants do not respond to a common set of specifications but instead request funding to address a variety of intellectual and developmental disabilities service and support needs. Evaluation is more difficult than conducting a Request for Proposals (RFP). The nature and scope of applications vary so that a numerical rating/selection methodology is not relevant. Our focus is on best value to the community, based on a combination of cost and non-cost factors, and will reflect an integrated assessment of the relative merits of applications using criteria and priorities approved by the CCDDB. In the event the applications are not sufficiently responsive to criteria and priorities described in this memorandum, the CCDDB may choose to set aside funding to support RFPs with more prescriptive specifications.

In 2018, a group of self-advocates who train organizations on interviewing and hiring staff advised us to: promote dignity and respect; teach staff accountability; listen to problems; discuss with the people who participate in a service; encourage people to become valued members of their community.

Statutory Authority

The CCDDB funding policies are based on requirements of the Community Care for Persons with Developmental Disabilities Act (50 ILCS 835/ Section 0.01 et. seq). 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 annual review of the decision support criteria and priorities to be used in the funding allocation process. Upon approval by the Board, this memorandum shall become an addendum to the CCDDB Funding Guidelines incorporated in standard operating procedures.

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The Operating Environment

The future of health care, especially publicly funded insurance, remains uncertain. Legislative and budget decisions impacting the Affordable Care Act could have devastating near-term and long-term effects on Illinois, on Champaign County, and on people who have intellectual/developmental disabilities. Long term supports and services are primarily Medicaid funded. Changes in the enforcement of rules will likely result in increased cost or decreased coverage. The limitations of state appropriations and the uncertain futures of public and private insurance impact services.

Illinois' Medicaid reimbursement rates remain well below the actual cost of their covered services. This has become a central issue in the state's Olmstead ADA case, Ligas v. Hamos in which, most recently, the federal judge agreed with the court monitor that Illinois is out of compliance with the consent decree, in part due to these rates. Because the rate paid for each service is inclusive and taken as payment in full, 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 providers to meet the needs of people who use Medicaid and waiver services. The damage includes a well-known and growing workforce shortage. If Medicaid Managed Care comes to include DD services, we expect additional challenges to providers, insured persons, and funders.

As the State of Illinois has shifted its investments from grant contracts to DD waiver programs to capture federal matching revenue, the limitations of the waivers and rates and the changing requirements of Medicaid have impacted how local funding can best support the people it is intended to serve. Many eligible residents of Champaign County do not yet have Medicaid waiver funding through the state, so their enrollment in the 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 CCDDB will work with traditional and non-traditional providers to identify services not covered by Medicaid or the DD waivers but which have been identified by people with I/DD in their person-centered service and support plans and which improve outcomes for individuals and promote a healthier, more inclusive community.

Program Year 2020 CCDDB Priorities:

Priority: Linkage and Advocacy for People with Intellectual and Developmental Disabilities
The CCDDB 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 CCDDB 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 CCDDB 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 CCDDB. 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. CCDDB 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 CCDDB 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 CCDDB resources: state, federal, and other local funding; volunteer or student support; community collaborations. If CCDDB 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 CCDDB 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 CCDDB 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 CCDDB 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 CCDDB and the Champaign County Mental Health Board (CCMHB) establishes that a portion of CCMHB funding be reserved for I/DD services and supports. Allocation decisions are aligned with CCDDB priority areas as defined in this document. Recommendations will be made by the CCDDB and staff, which are then considered and acted upon by the CCMHB, resulting in contracts between the CCMHB and I/DD service providers.

The CCDDB 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 CCDDB. In the event that applications are not sufficiently responsive to the criteria and priorities described in this memorandum, the CCDDB may choose to set aside funding to support RFPs with prescriptive specifications to address the priorities. The CCDDB 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 CCDDB 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 CCDDB 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 CCDDB request.
- The CCDDB 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 CCDDB.
- The CCDDB reserves the right to vary the provisions set forth herein at any time prior to the execution of a contract where the CCDDB deems such variances to be in the best interest of the CCDDB.
- Applications and submissions become the property of the CCDDB 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 CCDDB 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 CCDDB.
- The CCDDB 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 CCDDB 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 CCDDB 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 CCDDB reserves the right to require the submission of any revision to the application which results from negotiations conducted.

- The CCDDB 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 CCDDB may deem some programs as appropriate for two-year contracts.

Contract Negotiation Considerations for All PY20 Awards

All recommendations for funding approved by the CCDDB in the decision section of this memorandum are provisional, with funding contingent on the completion of successful contract negotiation. This may include modification of the budget, program plan, and personnel forms in order to align with CCDDB specifications. 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 shall result in cancellation of the award of a contract.

Special Notification Concerning All PY20 Awards

The recommendations in this decision memorandum are based on revenue estimates which will not be finalized until the CCDDB budget is approved by the Champaign County Board in November or December 2019. For this reason, all PY20 CCDDB contracts shall be subject to possible reductions in contract maximums necessary to compensate for any CCDDB revenue shortfall. These reductions shall be documented by contract amendment at the discretion of the CCDDB executive director with every effort made to maintain the viability and integrity of prioritized contracts. The contract boilerplate shall also include the following provision:

Obligations of the Board will cease immediately without penalty or further payment being required if in any fiscal year the tax that is levied, collected and paid into the Developmental Disabilities Fund is judged by the CCDDB executive director not to be sufficient for payment as delineated in the terms and conditions under this Contract.

Decision Section

The staff recommendations are based on decision support criteria and other factors outlined in this memorandum. For additional information, please refer to the application Program Summaries presented at the April 2019 CCDDB Meeting.

Per intergovernmental agreement with the CCMHB, applications related to I/DD supports and services are presented to the CCDDB for review. Twenty requests for I/DD funding were submitted, totaling $4,444,397. Agencies identified the priority area per application, as follows:

Linkage & Advocacy for People with I/DD
3 organizations, 3 applications, totaling $883,051 (PY19 = $577,942)

Employment Services & Supports
3 organizations, 4 applications, totaling $600,270 (PY19 = $647,960)

Non-Work Community Life & Flexible Support
2 organizations, 6 applications, totaling $1,965,009 (PY19 = $1,830,180)

Comprehensive Services & Supports for Young Children

2 organizations, 2 applications, totaling $691,152 (PY19 = $635,885)

Self-Advocacy & Family Support Organizations

4 organizations, 4 applications, totaling $223,915 (PY19 =$195,285)

Expansion of Independent Community Residential Opportunities

1 organization, 1 application, totaling $81,000 (PY19 = $72,500)

The Champaign County Mental Health Board (CCMHB) will allocate $666,750 (does not include annual amount for CILA for PY20) for I/DD services, per Intergovernmental Agreement. CCMHB decisions have been coordinated with the CCDDB decisions and shall be finalized at a May 2019 CCMHB meeting.

Staff Recommendations: Individual Applications

Priority: Linkage & Advocacy for People with I/DD
(3 applications from 3 organizations, totaling $883,051)

CCRPC-Community Services – Decision Support/Person-Centered Planning *Request is for $424,738.*

- Supports conflict-free case management and person-centered planning, transition from high school to adult life, and identification of desired supports (for future system planning).
- Provider has a growing role in the state's system for assessment, planning, referral, monitoring. This is the only local provider under contract with the state to perform this role.
- Application addresses all required components; one outcome relates clearly to consumer, the other two to program performance and other systems.
- Because it includes a new component, the program will report on progress at mid-year.
- A special provision will be included to ensure collaboration with providers of similar and related services, to minimize duplication of effort and move toward conflict-free case management, especially for people with no state funded services.
- A special provision will be included to work directly with other case management programs toward the best interests of people served. Transition specialists will coordinate with PACE self-advocacy program on behalf of people with ISBE funding. These collaborative efforts will be captured in service activity report comments section each quarter.

Motion to **approve** funding of $424,738 for **CCRPC-Community Services – Decision Support/Person-Centered Planning** as presented in this memorandum:

_____Approved
_____Denied
_____Modified
_____Additional Information Needed

DSC – Service Coordination *Request is for $423,163.*

- A longstanding case management program, formerly funded by state grants, with experienced staff. A new program director, not new to the agency, starts at the beginning of contract year.
- Good quality application with good, measurable consumer outcomes.
- The risk of conflict of interest is not easily managed with regard to assessment, service planning, referral and advocacy, and service monitoring. Other service activities include intensive, direct, day to day and as needed supports; the risk is much lower with these.
- Contract will include a special provision to ensure collaboration with similar/related programs, to improve coordination, minimize duplication of effort, and access available resources.

- As another program takes on more person centered planning and coordination for people who lack state funding, this program will increasingly identify service activities which address needs not otherwise met (e.g., intensive case management, direct support, respite). Contract will require quarterly reports on the transition away from activities sensitive to risk of conflict of interest. Funding may be redirected to IFS or other, as consumer needs are identified and with approval by the CCDDB.
- Monthly personnel change reports will be required. No other reporting or compliance issues.

Motion to **approve** funding of $423,163 for **DSC – Service Coordination** as presented in this memorandum:

_____Approved
_____Denied
_____Modified
_____Additional Information Needed

Rosecrance Central Illinois – Coordination of Services: DD/MI *Request is for $35,150.*

- Good quality application with clarity about what is purchased; consumer outcomes of value.
- Improves access to behavioral health services and benefits.
- Changes in Medicaid, other insurance, and health care delivery systems may alleviate or increase the need for this service. Program has secured benefits for clients and then no longer charged them to this contract, making room for new people in need of the services.
- As a unique program with one primary, highly specialized staff person, program was stable in PY19, but staff absence or turnover interrupts services or necessitates coverage by supervisor.
- Contract will include a special provision to ensure collaboration with related programs to improve coordination, minimize duplication of effort, and access all available resources. As another organization takes on more of the person-centered planning and coordination responsibilities for people with no state funding, this program will increasingly identify service activities which address needs not otherwise met (e.g., intensive case management, direct support, counseling, psychiatry). Contract will require quarterly reports on the transition away from activities sensitive to risk of conflict of interest.

Motion to **approve** funding of $35,150 for **Rosecrance Central Illinois – Coordination of Services: DD/MI** as presented in this memorandum:

_____Approved
_____Denied
_____Modified
_____Additional Information Needed

Priority: Employment Services & Supports
(4 applications from 3 organizations, totaling $600,270)

Community Choices, Inc. – Customized Employment *Request is for $98,900.*

- Application of high quality, with well-defined consumer outcomes which are measurable.
- Program largely unchanged in recent years. If Illinois funds a Customized Employment project, the agency should apply as a pilot site and shift from local to state support.
- A special provision will be included to ensure collaboration with other employment service providers to minimize duplication of effort and maximize outcomes.

Motion to **approve** funding of $98,900 for **Community Choices, Inc. – Customized Employment** as presented in this memorandum:

_____Approved
_____Denied
_____Modified
_____Additional Information Needed

DSC – Community Employment *Request is for $361,370.*

- Application of good quality; outcomes relate to process, with two of three depending on program performance.
- New in PY2019 was a short term work experience at Carle Dining Services.
- Stronger, measurable consumer outcomes should be developed.
- Due to excess revenue (and underutilization) in recent years, TPC and SC targets should be increased for this contract year and effort made to offer continuation of job supports for people previously served by another CCDDB funded employment program.
- A special provision will be included to ensure collaboration with other employment service providers to minimize duplication of effort and maximize outcomes; explore the use of technology to increase TPC's independence in their work.
- Monthly personnel change reports will be required. No other reporting or compliance issues.

Motion to **approve** funding of $361,370 for **DSC – Community Employment** as presented in this memorandum:

_____Approved
_____Denied
_____Modified
_____Additional Information Needed

DSC/Community Choices – Employment First *Request is for $80,000.*

- Application was responsive to all questions; outcomes are tied to program performance and to businesses rather than individuals (some should be more measurable).
- Frontline staff training is being developed, aligns with effort to transform services.
- Paid internships would fit well under this collaborative contract.
- Monthly personnel change reports will be required. No other reporting or compliance issues.

Motion to **approve** funding of $80,000 for **DSC/Community Choices – Employment First** as presented in this memorandum:

_____Approved
_____Denied
_____Modified
_____Additional Information Needed

United Cerebral Palsy Land of Lincoln – Vocational Services Request is for $60,000.

- Application was of good quality; measurable consumer outcomes are included.
- Local job coaching staff collaborate well with other providers and have attended some Customized Employment training.
- Fee for Service contract is recommended, using $40/hour (DRS rate); incentive payments could be developed to pay for consumer outcomes achieved during each quarter.
- A special provision will be included to ensure collaboration with other employment service providers to minimize duplication of effort and maximize outcomes.
- CLC Plan will be further developed with support from CCDDB staff.

- A special provision will be included to suspend payments immediately when any required report is not submitted by the deadline. Due to unresolved contract compliance issues, a PY20 contract should not be developed at this time.

Motion to **DENY** funding of $60,000 for **United Cerebral Palsy Land of Lincoln – Vocational Services** as presented in this memorandum:

_____Approved
_____Denied
_____Modified
_____Additional Information Needed

Priority: Non-Work Community Life and Flexible Support
(6 applications from 2 organizations, totaling $1,965,009)

DSC – Apartment Services *Request is for $442,757.*

- Application was of good quality; outcomes relate to consumers and are measurable.
- A longstanding program, formerly supported by state grants; during PY18, a new program director started, though not new to the agency.
- Affordable units may become available through Housing Authority of Champaign County, with vouchers reserved for people with I/DD.
- A special provision will be included to ensure collaboration with similar programs and coordination with conflict free case management for person centered plans.
- Monthly personnel change reports will be required. No other reporting or compliance issues.

Motion to **approve** funding of $442,757 for **DSC – Apartment Services** as presented in this memorandum:

_____Approved
_____Denied
_____Modified
_____Additional Information Needed

DSC – Clinical Services *Request is for $174,000.*

- Application was responsive to all questions. Outcomes relate to process, align with responsible behavioral health supports, but do not measure positive changes in individuals' wellness.
- Improves access to behavioral health services and benefits and collaborates with other providers toward a system of care approach.
- Program has buffered vulnerable people from changes in the health care delivery and payment systems and has helped meet behavioral health needs in spite of low provider capacity.
- Efforts to improve access by people with I/DD should be a focus. E.g., connect this program model with behavioral health providers' offices in the community, in order to bill other payors than the CCDDB for services which should be covered, and also to support those practices in improving their competence with this population. These efforts should be documented in the comments sections of quarterly service activity reports.
- Monthly personnel change reports will be required. No other reporting or compliance issues. Timely personnel reports should include information on all subcontracts.

Motion to **approve** funding of $174,000 for **DSC – Clinical Services** as presented in this memorandum:

_____Approved

_____Denied
_____Modified
_____Additional Information Needed

DSC – Community 1st (formerly Integrated/Site Based Services) *Request is for $822,970.*

- Application is responsive to requirements; consumer outcomes are relevant and measurable, could be further developed to connect to consumer choice.
- Focus is transformation from shelter-based services to meaningful community life. For those with significant support needs, who often have state funding for Community Day Services, large, group settings are still the norm, partially due to delays in state system transformation.
- In order for a person to participate as a TPC, there should be a person centered plan, developed by the conflict free case management provider, which clarifies those specific service needs and preferences to be addressed in this program.
- Because the state rate for Community Day Services (for NTPCs) is understood to be inadequate, a higher per person cost is associated with this program, with performance benchmarks for each quarter: a six month minimum of 17,000 total service hours and subsequent quarterly minimum of 8,500 total service hours associated with qualifying TPCs; a minimum of 60% (10,200 and 5,100) of those service hours in direct contact with TPCs; and a minimum of 50% (5,100 and 2,550) of these direct contact service hours delivered in community settings. If these benchmarks are not met during a quarter, the following quarter's payments will be pro-rated. Fourth quarter data will inform the final payment.
- Monthly personnel change reports will be required. No other reporting or compliance issues.

Motion to **approve** funding of $822,970 for a one-year term, for **DSC – Community 1st** as presented in this memorandum:

_____Approved
_____Denied
_____Modified
_____Additional Information Needed

DSC – Connections *Request is for $85,000.*

- Application is aspirational; outcomes defined by the interests of people participating in DSC programs. Focus on groups, community opportunities, and a specific location.
- During PY19, two local artists offered to trade instruction for use of the space; plans to expand on such arrangements for the benefit of interested program participants.
- For people participating in this program while also in other funded programs, interests and preferences addressed by the program should be demonstrated in the Person Centered Plan.
- Revise application to increase public use of the location through special events or activities which include people with I/DD.
- Monthly personnel change reports will be required. No other reporting or compliance issues.

Motion to **approve** funding of $85,000 for **DSC – Connections** as presented in this memorandum:

_____Approved
_____Denied
_____Modified
_____Additional Information Needed

DSC – Individual and Family Support *Request is for $416,561.*

- Application was responsive to requirements; consumer outcomes are measurable, relate to satisfaction and community involvement.
- During PY19, this program responded to increased needs, partially related to the loss of state-funded Respite. This led to a waiting list. Consider expansion of program capacity for Intermittent Direct Support.
- Agency has applied for State funding for Respite; this program does well with people in need of higher levels of care than Respite typically offers.
- Monthly personnel change reports will be required. No other reporting or compliance issues.

Motion to **approve** funding of $416,561 for **DSC – Individual and Family Support** as presented in this memorandum:

_____Approved
_____Denied
_____Modified
_____Additional Information Needed

Persons Assuming Control of Their Environment (PACE) – Consumer Control in Personal Support
Request is for $23,721.

- Application proposes to train personal support workers (PSWs), as it did last year; outcomes are associated with agency performance rather than clients and families.
- If the agency were enrolled as a participating provider with IDHS-DDD, it would be in a better position to connect PSWs to people with I/DD. Absent that, the agency relies on collaborations with local participating providers. These collaborations do not appear strong enough to support the growth of this project.
- Implement a Fee for Service contract, with a rate for completed training of PSW and payment per successful referral (i.e., leads to PSW service) from RPC ISC of PUNS enrolled individual.

Motion to **approve** funding of $23,721 for **Persons Assuming Control of Their Environment (PACE) – Consumer Control in Personal Support** as presented in this memorandum:

_____Approved
_____Denied
_____Modified
_____Additional Information Needed

Priority: Comprehensive Services & Supports for Young Children
(2 applications from 2 organizations, totaling $691,152)

Champaign County Head Start/Early Head Start – Social Emotional Disabilities Services
Request is for $112,004.

- Application was responsive; outcomes relate to changes in children's behavior and skills.
- Collaborates with other funded programs toward system of care approach.
- During 2018, the agency further strengthened this collaborative approach, as the recipient of a private foundation grant award to lead in the effort.
- A special provision will require continued collaboration with other early childhood programs to avoid duplication, maximize positive outcomes for children and families, and inform the Boards of service gaps; reports will be submitted as MHB agency and in online claims system.

Motion to **approve** partial funding of **$24,402** for **Champaign County Head Start/Early Head Start – Social Emotional Disabilities Services** as presented in this memorandum. **By agreement,**

the Champaign County Mental Health Board will provide partial funding of $87,602 for this program.

_____Approved
_____Denied
_____Modified
_____Additional Information Needed

DSC – Family Development Center *Request is for $579,148.*

- Application was of good quality, answering all questions and identifying of outcomes of value to families and children.
- During 2018, the program gained a new director with experience in a similar program; otherwise has fairly low turnover of staff with specialized training and credentials, i.e., relatively stable program.
- Collaborates with other funded programs toward system of care approach.
- A special provision will require continued collaboration with other early childhood programs to avoid duplication of effort, maximize positive outcomes for children and families, and inform the Boards of service gaps.
- Monthly personnel change reports will be required. No other reporting or compliance issues.

Motion to **DENY** funding of $579,148 for **DSC – Family Development Center** as presented in this memorandum. **By agreement, the Champaign County Mental Health Board will provide funding of $579,148 for this program:**

_____Approved
_____Denied
_____Modified
_____Additional Information Needed

Priority: Self-Advocacy and Family Support Organizations
(4 applications from 4 organizations, totaling $223,915)

CU Able – Community Outreach *Request is for $15,275.*

- Application is responsive to most questions; some outcomes relate to program performance, relevant for a support network.
- CLC Plan is evolving, and technical support is available from CCDDB staff.
- Collaborates with other support networks and service providers.
- If the organization is willing, contract could be increased by up to $2,000 to compile an extensive list of free or inexpensive resources (beyond funded programs and benefits) to be used by case managers, service providers, and transition specialists and teams.
- Year-end report regarding social media participation and members' service preferences will support CCDDB planning.

Motion to **approve** funding of $17,275 for **CU Able – Community Outreach** as presented in this memorandum:

_____Approved
_____Denied
_____Modified
_____Additional Information Needed

Champaign County Down Syndrome Network – CC Down Syndrome Network *Request is for $15,000.*

- Application should be revised and Outcomes and CLC Plan developed, with technical assistance from CCDDB staff.
- Collaborates with other support networks and service providers.
- Year-end report regarding members' service preferences will support CCDDB planning.

Motion to **approve** funding of $15,000 for **Champaign County Down Syndrome Network – CC Down Syndrome Network** as presented in this memorandum:

_____Approved
_____Denied
_____Modified
_____Additional Information Needed

Community Choices, Inc. – Self-Determination Support

Request is for $138,000.

- Application of high quality; outcomes well defined, relevant, and measurable.
- A special provision will be included to ensure collaboration with similar or related programs to improve coordination, minimize duplication of effort, and maximize outcomes.
- Although the CCDDB approved use of match for a potential grant from ICDD, this grant was not received on May 9, so the original requested amount is not adjusted. The effort to secure other funding is appreciated.

Motion to **approve** funding of $138,000 for **Community Choices, Inc. – Self-Determination Support** as presented in this memorandum:

_____Approved
_____Denied
_____Modified
_____Additional Information Needed

Persons Assuming Control of Their Environment (PACE) – Opportunities for Independence

Request is for $55,640.

- Application was unchanged from last year; some CLC Plan areas to be developed with assistance from CCDDB staff; consumer outcomes individualized but not measurable.
- Features an innovation to cultivate self-advocacy skills among young adults transitioning from school, especially in rural areas. Program currently works with two schools, plans to expand.
- As a unique program with one primary staff person, interruption of services can occur.
- Implement a Fee for Service contract structure, with an event rate for groups or community presentations and an hourly rate for transportation, direct support to individuals, coordination with other providers, and reporting.
- Contract will include a special provision to ensure collaboration with similar or related programs to improve coordination, minimize duplication of effort, and access all available resources. As another organization takes on more of the person-centered planning and coordination responsibilities for people with no state funding, this program will increasingly identify service activities which address needs not otherwise met (e.g., intensive case management, direct support). Program will also be required to coordinate with CCRPC Transition Specialists regarding support for those in ISBE funded services. Contract will require quarterly reports on the shift away from activities sensitive to risk of conflict of interest and on the coordination with CCRPC.

Motion to **approve** funding of $55,640 for **Persons Assuming Control of Their Environment (PACE) – Opportunities for Independence** as presented in this memorandum:

_____Approved
_____Denied
_____Modified
_____Additional Information Needed

Priority: Expansion of Independent Community Residential Opportunities
(1 application from 1 organization, totaling $81,000)

Community Choices, Inc. – Community Living *Request is for $81,000.*

- Application of good quality; consumer outcomes well-developed and measurable.
- Unique in its phased, two-year curriculum and use of 'supportive roommates.'
- A special provision will be included to ensure collaboration with similar and related programs and coordination with conflict free case management provider for person centered plans for each of the program's participants.

Motion to **approve** funding of $81,000 for **Community Choices, Inc. – Community Living** as presented in this memorandum:
_____Approved
_____Denied
_____Modified
_____Additional Information Needed

Motion to authorize the executive director to implement contract maximum reductions as described in the "Special Notification Concerning PY20 Awards" section of this memorandum:
_____Approved
_____Denied
_____Modified
_____Additional Information needed

Agency and Program acronyms

CC – Community Choices
CCDDB – 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.

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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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9.C.

DECISION MEMORANDUM

DATE: May 22, 2019
TO: Members, Champaign County Developmental Disabilities Board (CCDDB)
FROM: Lynn Canfield, Chris Wilson
SUBJECT: First Tax Distribution of 2019

Overview:

Due to last minute filings of tax exemption requests, the State of Illinois Department of Revenue was unable to provide Champaign County with the information necessary for tax bills to go out on time. With the mailings delayed, tax payments will be due later, so that the first distribution of tax revenues will not be completed in late May as it has been, but rather in late June.

The majority of revenue in the CCDDB fund and that of the Champaign County Mental Health Board (CCMHB) is from property tax levy. No other substantial deposits have been made during 2019, and yet each board – in fulfillment of its mission – primarily expends its fund as payments to contracted agency service providers and other organizations supporting people. These contracts include a payment schedule designed to avoid spending more than is available until late May, when the first deposits have been made: we do not issue payments during May but rather combine the May and June amounts into the contracts' final payments in early June, when funds will be available.

This year, with a greater than two-week delay in tax deposits, budgeted funds will not be available, and each of the CCMHB and CCDDB will be spending from fund balance in order to pay agencies and other obligations in a timely fashion. The CCMHB has adequate fund balance to make all of its May/June payments in early June, but the CCDDB may find a shortfall of at least $50,000.

Proposed Action:

Because the first distribution of tax revenues will not occur in late May as it typically has (and as we plan for), the CCDDB will not have adequate fund balance to cover all June payment obligations. At that point, the CCMHB will have sufficient fund balance to cover its June obligations and to transfer an amount to the CCDDB. If the CCMHB were to authorize an interfund transfer of $100,000 to the CCDDB, the CCDDB could issue all scheduled June payments on time and repay the CCMHB by interfund transfer of the same amount, upon receipt of the first property tax distribution. Without this transfer, the CCDDB may not be able to meet its obligations.

Budget Impact:

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The proposed actions will result in additional interfund transfers from the CCMHB to the CCDDB in late May and then from the CCDDB to the CCMHB as soon as the first tax distribution is deposited. Once both actions are completed, the changes in revenue and expenditure will have had no net effect on either fund's budget for 2019.

There is a very low risk associated with this action, in that the tax distribution will occur, though not as early as anticipated, and the CCDDB and CCMHB have an intergovernmental agreement defining oversight of their budget processes, among other shared responsibilities.

This situation is highly unusual, but there is a chance it could happen in a future year, as the primary causes of the delay are outside of the control of the County, the CCMHB, and the CCDDB. It affirms the fund balance strategy of keeping available a large enough amount to cover six months' operating costs.

Decision Section:

Motion to authorize an interfund transfer from the CCMHB fund to the CCDDB fund, in the event that the delayed tax distribution results in a shortfall in the CCDDB fund, in an amount sufficient to cover that shortfall and not to exceed $100,000. If this interfund transfer is made, an equal amount will be transferred from the CCDDB fund to the CCMHB fund after the tax distribution occurs:

_____ Approved
_____ Denied
_____ Modified
_____ Additional Information Needed

9.D.

TO: Deb Ruesch, CCDDB, President
✓ Lynn Canfield, CCDDB, Executive Director

FROM: William Gingold

DATE: May 7, 2019

RE: The ***Arc of Illinois 2019 Annual Convention*** Held in Lisle, Illinois on April 24-25, 2019

I had the opportunity and pleasure of attending the ***Arc of Illinois Annual Convention*** whose attendance exceeded 400 with a focus on "**Knowledge is Power**".

Let me take this opportunity to share with you some brief salient comments based for the sessions that I attended:

- ***Crowd Sourcing the Community: Brain Storming Possibilities for a Better Life***: Presented by Vicky Niswander and Kish Pisani of IAMC.

The focus of the presentation was to think for the future by building connections based on circles of relationships sometimes referred to as ecological planning with an underlying principle that disability rights are equal civil rights. Use inclusion as the basis for ecological mapping when outlining connections needed for engagement and the relative resources needed to facilitate connections and positive outcomes for individuals involved.

- ***Families of People with Special Needs: To Important to Ignore***: Presented by Don Meyer.

This was a superb presentation dealing with lifetime issues by capitalizing on sibling experiences, which are frequently similar to parents, but are frequently ignored until a time of crisis, (i.e., when parents die and siblings have to intercede to respond to crises and emergency situations).

Concerns and opportunities were explored with some time devoted in explaining the development of **Sib Shops** which 19 currently exist in Illinois whose primary focus is to "share experiences among sibs and have fun".

This may be an arena to be explored for Champaign county.

- ***Division of Developmental Disabilities Implementing Change***: Presented by Kathy Ward, Acting Director, ***Division of Developmental Disabilities, DHS***

Unfortunately, Ms. Ward gave a disjointed potpourri of the current, pending, and future services. I personally had trouble following the content and substance as well as the direction of her presentation. There is a national search for a Director for this Division.

- ***The Culture of Coordinated Supported Model: Change the Culture, Change the World:*** Presented by Jonathan Martinis

The presentation focused on culture change as a way to direct and facilitate more effective coordinated support services to the I/DD population. A PowerPoint presentation handout of this session is attached.

- ***Stronger Community Opportunities Through Organized Transportation***: Presented by Kara Pierce, ***New Stars***, Chicago, Illinois

They presented **New Stars Developed Innovative Ride-Share Mobile** app that attempts to meet the specific needs of people with intellectual and developmental disabilities. The App has been built on the strength of ***Uber*** and ***Lyft***, but minimize problems associated with these commercial services that do not seem to be specifically responsive to persons with special needs. A copy of their brochure is attached. Organizations or entities interested in their App can communicate directly with Kara Pierce at ***New Stars***.

- ***A Comprehensive Council Overview: National Trends Introduction to Investments and Goals for Illinois:*** Presented by Mariel Hamer, ***Illinois Council on Developmental Disabilities***

The focus of the presentation was to review **National Trends of the Aging Workforce and Utilization of Long-Term Supports and Services** and provide an overview of the Council's five-year state plan and the mission to invest in community inclusion, integration, and systems change.

Applications to grants or investment opportunities as referred by the Council are extremely competitive and may have some political as well as geographic overtones in the selection process.

- ***Illinois Medicaid Redeterminations: The Good, The Bad, and the Required***: Presented by Sherry Schneider, ***Benefit Solutions, Inc.***

The presentation was superb! It was presented by an extremely knowledgeable, competent, and articulate presenter. I would highly recommend inviting her to do such a presentation in our service area in the near future. It would be most appropriate for persons of special needs, their families, and providers. A copy of her PowerPoint presentation is attached.

Please let me know if you have any questions.

William Gingold
207 East McHenry Street
Urbana, IL 61801

WG:ce
Attachments

About Us

New Star is a 501(c)3, not-for-profit organization dedicated to challenging the limits and changing the lives of people with disabilities. We are continually restless in our determiniation to move beyond the status quo, helping our consumers turn the seemingly IMPOSSIBLE into I'M POSSIBLE each day.

Our programs are founded upon our passion to create life-changing vocational, educational, therapeutic, and social opportunities for the amazing people we serve. From launching a consumer-operated electronics recyclying service, to creating a nationally known advocacy program, to leading the way in innovative models of residential care, we continue to break down barriers and blaze new trails for children and adults with disabilities.

Contact Us

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Kara Pierce
Indiana Regional & Disability Employment Director
(219) 440-7430
kpierce@newstarservices.org

Re: App for rides share

/WeAreNewStar

/NewStarTweets

1005 West End Avenue
Chicago Heights, IL 60411

New Star
Challenging Limits...Changing Lives

Come along for the ride...

Licensing Agency Information

SCOOT

Why Scoot?

'hy should an agency take on SCOOT when there 'e so many other ride sharing apps out there?

'ith SCOOT, you control the drivers ensuring the ifety of the riders and providing them with a safe ıd affordable method of transportation.

- Costs are minimized by the driver charging a per mile rate.
- Agencies control the cost of a mile rate
- Drivers are vetted and trained by the agency to work with individuals with Intellectual and Developmental Disabilities.
- Agencies can gather data to see where rides are needed and make adjustments to meet the needs of the individuals they support.

s a licensing partner of SCOOT, you will have access) all of the app's administrative functions which ill allow you to operate the system independently. addition, you will have:

- Access to the app and the Content Management System (CMS)
- Control over your own drivers
- Use under your name and brand

You won't be alone

Once you sign the SCOOT agreement with New Star and receive access to the CMS, New Star will help you with set-up of the system. There will be support along the way which will include:

- General Training
- Access to webinars
- Upgrade alerts
- Driver's Forms
- Policies and Procedures that are adaptable to your agency
- Marketing Materials

Now you are behind the wheel

Once you are up and running, your agency will need one person to run the program. In addition, you will recruit drivers and riders as well set a minimum and maximum mileage cost.

Liability and the Licensing Agency

There is no guarantee that the nonprofit licensing agency will never encounter an unforeseen situation; however, SCOOT has been designed to minimize the risk to a nonprofit licensing agency who implements the app.

The driver is providing transportation for SCOOT on their own time. When a driver is operating through SCOOT, they are an independent agent and not acting as an employee of the nonprofit licensing agency.

The vehicle used for SCOOT is the private vehicle of the driver. SCOOT has established minimum requirements for the vehicle including personal liability insurance.

The nonprofit licensing agency is not involved in the financial transaction as a result of the ride. Before the trip begins, the fee is agreed upon, and the cashless transaction occurs directly between the rider and driver through a cash app.

Creating a Culture of Coordinated Support

Jonathan Martinis
Jessalyn Gustin
Something Else Solutions, LLC

Article of Faith: EVERYONE has the Same Goal

We **ALL** want "a foundation that will foster a lifetime of opportunity and happiness."

"Many of the means to achieving those outcomes are the same: enrollment in post-secondary education, vocational training programs, experiencing work, and developing social networks that foster long-term meaningful relationships and opportunity for continued growth."

- Gustin, 2015

2

Getting There: Self-Determination

- Life control
- People's ability and opportunity to be "causal agents . . . actors in their lives instead of being acted upon"

- Wehmeyer, Palmer, Agran, Mithaug, & Martin, 2000

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Benefits of Self-Determination

- People with disabilities who exercise greater self-determination have a **better quality of life**, more independence, and more community integration - Powers et al., 2012; Shogren, et al, 2014
- Older adults who exercise more control over their lives have a **better quality of life.** - Mallers, et al., 2014

4

How Did You Get To Self-Determination?

If you're a person without disabilities, how did YOU

- Develop short/long term goals
- Identify opportunities
- Complete college applications
- Write a resume
- Get a job

"Most likely all of these experiences happened with support, either from your family or mentors."
Gustin, 2015

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A Critical Difference

- **Students without disabilities:** "typically navigate with the assistance of a guidance department and the parent's personal experience"
- **Students with disabilities**: "Figuring out who the different service provider representatives are and what their roles are can take on a life of its own that often overwhelms families, mostly because the different service systems are not always clear on what their roles are or get into territorial role definitions that impact forward progress and planning."
- Gustin, 2015

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The Problem: Lack of Coordination

The "fragmented system of services . . . contributing to the failure . . . to prepare [people with disabilities] for the future." - Katsiyannis, deFur, & Conderman, 1998

"Too often, systems serving [people] with disabilities operate in "silos," focused only on what they provide and unaware of what others do. Worse, some providers engage in territorial "battles" that duplicate or cancel out others' efforts." – Gustin & Martinis, 2016 www.ApostropheMagazine.Com

7

Think About It

Special Education, Vocational Rehabilitation, Medicaid Waivers, Mental Health Services, Adult Services

ALL can address

- Education
- Independent Living
- Health Care
- Community Integration

SO WHY ARE THEY NOT MORE COORDINATED?

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The Solution: Creating A Culture of Coordinated Support

"We must create cultural change by moving away from separation and silos. Instead, individuals, families, and providers must work together to empower people with disabilities to live independent, productive, and community-included lives. We call this a Culture of Coordinated Support."

- Gustin & Martinis, 2016

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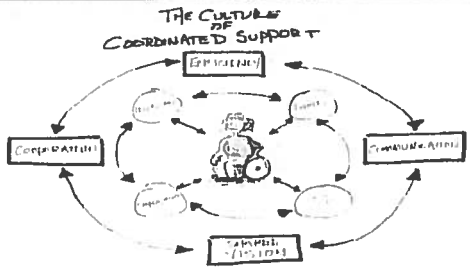
How It Looks



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Opportunities For Coordinated Support Are All Around Us

- **Education**: "Student Led" Transition IEPs
- **Employment**: "Informed Choice" in Vocational Rehabilitation
- **Medical Care**: Person Centered Planning for Medicaid and Waivers
- **Adult Services:** Centers for Independent Living PASS plans, ABLE Accounts

Article of Faith

Students who have self-determination skills are more likely to successfully make the transition to adulthood, including improved education, employment and independent living outcomes.

- Wehmeyer & Schwartz, 1997

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Getting There: The Individuals with Disabilities Education Act

"Under IDEA, schools must ensure that students in special education receive services reasonably calculated to enable the child to receive educational benefits."

Board of Education v. Rowley, 458 U.S. 176 (1982)

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What Are Educational Benefits?

Purpose of the IDEA:

"to ensure that all children with disabilities have available to them a free appropriate public education that emphasizes special education and related services designed to meet their unique needs and **prepare them for further education, employment, and independent living.**"

20 U.S.C. § 1400(d)(1)(A) (emphasis added).

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Therefore

Self determination is the ultimate goal of education
- Halloran, 1993

Promoting self-determination is a special educational "best practice"
- Wehmeyer & Hughes, 1998

Schools should focus on improving students' ability to set goals, solve problems, make decisions and advocate for themselves and, just as importantly, to give students the opportunity to exercise these skills.
- Wehmeyer & Gragoudas, 2004

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Making it Happen: Transition Starts Early

- Self-Determination and Decision-Making should be written into IEPs **AS SOON AS POSSIBLE.**
- DC Public Schools includes it in pre-K!

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Self-Determination: Make it a Goal

IEP goals/objectives related to self-determination:

- For every goal, there should be an application of self-determination to get there.
- "I statements" in IEP goals and objectives to get student involvement and accountability

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"I Statement" Example: Behavior Goals

- Instead of: "The Student will reduce the number of times she is tardy by 75%."

Try

- "I will work with my teacher to create a plan that will help me get to school on time at least 75% of the time."

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"I Statement" Examples: Self-Determination And Transition

- "I will identify a network of people I trust to help me identify jobs I may be interested in."
- "I will work with my support network to identify three independent living goals"
- "I will attend and lead my IEP team meetings, working with my network to identify goals and objectives for next year and after I graduate."

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Self-Determination Goals

- Research shows that creating and implementing goals and supports focused on self-determination results in students becoming more self-determined and improving their performance in school and non-school activities. - Wehmeyer, M., Palmer, S., Shogren, K., Williams-Diehm, K., & Soukup, J, 2013

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Creating and Reaching Those Goals: The Student Led IEP

THE STUDENT actually engages in self-determination

THE STUDENT can practice different decision-making methods in a "safe environment"

- **THE STUDENT** leads meeting
- **THE STUDENT** Identifies goals and objectives with assistance from professionals and people **THE STUDENT** invites

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The Student Led IEP Is Consistent with Research

- Students who led their IEP meetings "gained increased self-confidence and were able to advocate for themselves, interacted more positively with adults, assumed more responsibility for themselves, [and] were more aware of their limitations and the resources available to them." - Mason, C. Y., McGahee-Kovac, M., & Johnson, L., 2004

22

Coordination Opportunity: SpEd Transition Services

Transition services are "a **coordinated** set of activities"

- To "facilitate the child's movement from school to post-school activities, including post-secondary **education**, vocational education, integrated **employment** (including supported employment), continuing and adult education, adult services, **independent living**, or community participation;"
- Are "based on the individual child's needs, taking into account the child's strengths, preferences, and interests; and
- Include "instruction, related services, community experiences, the development of employment and other post-school adult living objectives, and, when appropriate, acquisition of daily living skills and functional vocational evaluation."

20 USC 1401(34)

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Transition Services

Start: "Beginning not later" than the year the student turns 16
- 20 U.S.C. § 1414(d)

Continue: At least until student is 21
- 34 CFR §300.101

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YOU HAVE FIVE YEARS

- To "coordinate services"
- To "coordinate community experiences"
- To "coordinate the development of post-school adult living objectives"
- To "coordinate . . . the acquisition of daily living skills"
- To "prepare for further employment, education, and independent living"

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COORDINATED SUPPORT OPPORTUNITY: VOCATIONAL REHABILITATION

VR program provides services and supports to help people with disabilities:

"prepare for, secure, retain, advance in, or regain employment"

Rehabilitation Act, 2006, § 722 (a)(1)

26

WHAT IF...

The skills you need to work are the **SAME** ones you need to build self-determination?

- Self-care
- Organization
- Communication
- Interpersonal Skills

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Employment Based Skills?

Would **YOU** hire or retain someone who has difficulty:

- Following directions or staying on task?
- Communicating with you or your customers?
- Getting along with co-workers?

Therefore

If these "life skills" limitations are related to a person's disability and make it harder for him or her to prepare for, get, or keep work:

VR MUST PROVIDE SERVICES AND SUPPORTS TO HELP OVERCOME THEM

Eligibility For VR

Your are eligible for VR if you

- Have a disability
- Want to Work

AND

- VR services will help you work.

If you receive SSI/SSDI you are **presumed eligible!**
34 CFR 361.42

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It's Hard To Be Ineligible

If you have a disability, the VR agency must **presume you want to work.**

Before the VR agency can say that you are "too disabled" to work, they have to **give you a chance to work!**

You don't have to prove you can work, **they have to prove you can't!**

34 CFR 361.42

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Make A Plan

The Individualized Plan for Employment (IPE)

Lays out the **PERSON'S** employment goal – the job the **PERSON** wants to get – and he services the **PERSON** chooses to get there.

34 CFR 361.46

VR Can Cover A LOT

Some services that are available:

- Assessments
- Counseling
- Job search and retention services
- Assistive technology
- Medical and mental health care
- Education Expenses (including College)
- On the job training
- Job coaches
- Transportation
- "Maintenance" payments
- Interpreters
- Services to family members (like Day Care!)

34 CFR 361.48

33

Support is Built-In

VR Agencies must ensure that the person can exercise "informed choice"

"**Informing each applicant and eligible individual . . . through appropriate modes of communication,** about the availability of and opportunities to exercise informed choice, **including the availability of support services** for individuals with cognitive or other disabilities who require assistance in **exercising informed choice** throughout the vocational rehabilitation process"

- 34 C.F.R. 361.52

34

Doesn't That Sound Like

The Student-Led IEP?

Opportunities for Coordination Are Built-In!

- The Workforce Innovation and Opportunity Act requires VR to "significant emphasis on the provision of services to youth with disabilities"
  - U.S. Department of Education, 2014
- Federal law requires VR to become involved in Special Education services "as early as possible"
  - 34 C.F.R. § 361.22
- **VR MUST attend IEP and ISP meetings if invited**
  - 34 C.F.R. 361.48

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Coordination Opportunity: Person Centered Planning

Person Centered Plan MUST:

- Address "health and long-term services and support needs in a manner that reflects individual preferences and goals."
- Result "In a person-centered plan with individually identified goals and preferences, including those related community participation, employment, income and savings, health care and wellness, education and others."
- https://www.medicaid.gov/medicaid/hcbs/downloads/1915c-fact-sheet.pdf

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Person Centered Planning Focuses On

What is:

- Important TO the Person
- Important FOR the Person

Where the Person is and where the Person wants to be

- What needs to change and what needs to stay the same to get there

Doesn't That Sound Like...

The Student Led IEP

Informed Choice in VR?

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Managing Money A Sad Fact

"[P]eople with disabilities cannot have a decent quality of life with limited financial resources and modest government support."

- Forbes Magazine, "Are Tax-Free ABLE Accounts The Right Financial Solution for People with Disabilities," 12/4/14

40

When You Receive Public Benefits

- To live independently, many people rely on public benefits like Medicaid, SSI, and SSDI
- To qualify for Medicaid/SSI, you generally may not have more than $2,000 of countable assets. Earnings of more than the substantial gainful activity (SGA) level can also affect eligibility for these programs.
- If families provide financial or "in-kind" support, the person may be disqualified or have benefits reduced.

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Enter ABLE

Achieving a

Better

Life

Experience

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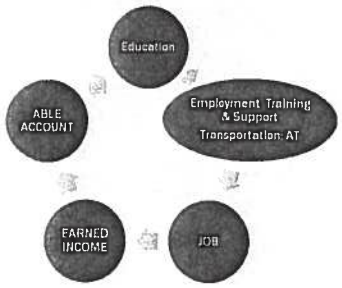
What It Is

- Like 529 Accounts for Education but for people who are or would be eligible for SSI/SSDI
- Family, friends can contribute up to $15,000 per year into an ABLE account
- ABLE account money can be withdrawn, tax free, to pay for housing, transportation, healthcare and other expenses
- Money in an ABLE account **does not** affect eligibility for Social Security or Medicaid/Medicare (if there is more than $101,999 in account, SSI benefits will be suspended, but still receive Medicaid).
- FOR MORE INFORMATION, SEE www.ABLENRC.ORG

43

A Path Out of Poverty



44

ABLE Accounts and Self-Determination

In ABLE Accounts, the person with disabilities decides how the money is spent but can identify people who can have access to information and provide assistance

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Doesn't That Sound Like:

The Student Led IEP?

Informed Choice in VR?

Person Centered Planning?

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Creating A Coordinated Support Transition Plan

- **Review!** Go through each area of the individual's life.
  - Example: Financial, Medical, Social, Employment
- **Brainstorm!** Does the person need support in these areas?
  - If so, talk about what support could help, who could provide it, and how
- **Write!** As you develop support solutions, create a written plan for the person and team to use
- **Attach!** Include it as part of the person's IEP, ISP, IPE, and other plans

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Making It Happen: Dream-Inspired Planning:

- **Dream:** The person identifies and communicates his/her dreams
- **Dig:** Conversations between the person and the support coordinator about his/her dreams, the values and visions that make them up, and the implications of them
- **Develop:** The person and support coordinator develop program goals and objectives that are consistent with and move the person toward their dreams

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Dreaming

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It Can Happen: Project RENEW

Provided young adults with coordinated services including employment planning and training as well as education in independent living skills and social skills- Malloy, 2013.

- First year of program
  - 93% of participants found employment
  - 69% maintained employment for more than 6 months
- 2 years after program
  - 94% either completed high school or were involved in a high school program
  - 75% were enrolled in post-secondary education
  - 83% found employment

- Hagner, Cheney, & Malloy, 1998

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It IS Happening Pickaway County, Ohio and Rutland, Vermont

- Collaborations between School, VR, and I/DD Providers
- Identifying students in transition at risk of guardianship
- Students create Dream Boards
- Joint Planning meetings to create unified goals and supports and decide who will provide them
- Regular check-ins to gauge progress and modify as needed
- Identifying "gaps in the system" and helping agencies work together to provide more effective, cost-efficient supports.

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It WILL Happen
Change The Culture, Change The World!

"Long after the schools, Vocational Rehabilitation, early interventionist, behavioral consultants, and para-educators have gone. the students will be adults. . . We [are] ethically, morally, and fiscally responsible for supporting their lives of success and meaning. . . . We have the tools, we have the means . . . we have the vision."

Gustin, 2015

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Join the Conversation

The National Resource Center for Supported Decision-Making:
SupportedDecisionMaking.Org

Something Else Solutions, LLC:
SomethingElseJM@Gmail.Com

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Illinois Medicaid Redeterminations: The Good, The Bad and The Required

Sherri Schneider

IL Medicaid

Implemented in Illinois January 1966

Individuals covered by Illinois Medicaid can EITHER have a

fee-for-service plan (traditional Medicaid – SECONDARY to other comprehensive health insurance) OR

a managed care plan (If you have NO other comprehensive health insurance)

IL Medicaid

IL Medicaid was originally established to pay for services of a MEDICAL nature:

Hospitals, doctors, pharmacies, nursing homes……

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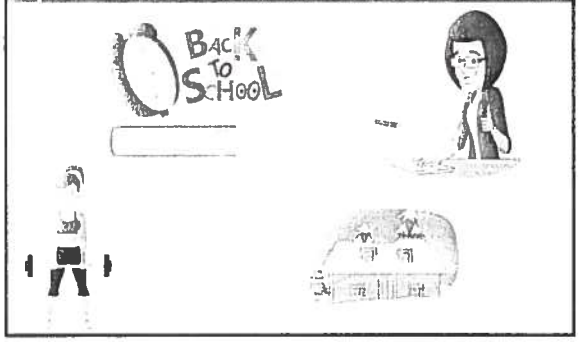
Medicaid -> NOT JUST FOR MEDICAL



MEDICAID WAIVER PROGRAMS

- HCBS Waiver for Adults with Developmental Disabilities (Home & Community Based Services)
- HCB Support Waiver for Children and Young Adults with Developmental Disabilities
- Residential Waiver for Children and Young Adults with Developmental Disabilities
- Children that are Technology Dependent/Medically Fragile
- Persons with Brain Injuries (TBI)
- Persons with HIV or AIDS
- Supportive Living Facilities
- Persons with Disabilities- DHS - DRS
- Persons who are Elderly
- Behavioral Health

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Redeterminations

ILLINOIS MEDICAID

NOW

requires

REDETERMINATIONS

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Redeterminations - The WHY

There was thinking that individuals were receiving IL Medicaid that were not eligible

STEP ONE:

Compare the IL Medicaid data base against other states' data base

The WHY

Step Two:

Conduct YEARLY redeterminations for all currently eligible individuals

This is now a federal and state law!!

(§ 435.916 Periodic renewal of Medicaid eligibility)

NEW BILL

There is a current bill (that, if passed, will also need CMS approval) requesting that individuals on a DD waiver will NOT need to undergo the current redetermination process.

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The WHO

IL Medicaid redeterminations will occur:

YEARLY

or

When a circumstance changes – ie:

-change in income (got a job/more income)

-turning 19 years old

-just awarded Medicare

The HOW

Individuals on IL Medicaid will receive their redetermination letter to the address that IL Medicaid has on record.

If Medicaid gets returned mail, the IL Medicaid case can be cancelled.

The HOW

If on a DD waiver, the ISC agent should have the ISC agency's name & address as the Approved Representative.

This will help with address issues.

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The HOW continued

There are several different types of letters that one may receive.

Each letter has a DEADLINE and a list of questions and documents being requested.

WATCH THE DEADLINE !!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!

The HOW continued

If not returned before the deadline date, the case WILL be cancelled!!!!

If you lose your IL Medicaid

YOU ARE IN DANGER OF LOSING YOUR WAIVER PROGRAMS

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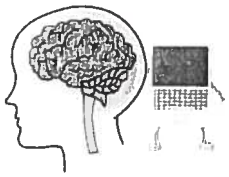
Medicaid Cancellation

This happens AUTOMATICALLY in most instances.

A caseworker is not doing this

The system does it automatically.



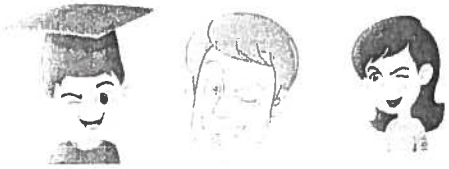
Medicaid Deadline

If the redetermination paperwork is NOT returned by the deadline date, the system will automatically cancel the case

HOWEVER

If the paperwork is received by the deadline date – even if incorrect or incomplete - it will NOT cancel automatically.

Deadline Date & Automatic Cancellation



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Deadline & Auto Cancel

Now the system shows receipt of paperwork BY the deadline date and an actual person needs to review the case.

The HOW continued

Send the form and documents requested in a manner in which you will get PROOF of receipt:

- Certified letter
- Fax report sheet

This will help in an appeal

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The HOW continued

If you use ABE – call to ensure the information has been received.

REMEMBER TO GET A PERSON'S NAME & KEEP A NOTE – DATE, TIME & PERSON YOU SPOKE TO

Will help in an appeal.

The HOW continued

So, now there is this form.

How do I complete it?????

DO I complete it?

1) If the Medicaid recipient is enrolled in a Medicaid waiver for a Developmental Disability (Home Based, CILA, Childrens' Waiver), the ISC agent should be completing this redetermination form.

The HOW continued

No matter who is completing it:

NOW we look at:

Whose income to provide??

To determine whose income to include, IL Medicaid uses "relationship rules" or tax filing rules.

If the recipient will be claimed as a dependent on a parents' tax return, AND the recipient does NOT have Medicare, IL Medicaid will require the parents' income- regardless of age.

If no, parental income will ONLY be required if the recipient is under 19. (If on a waiver, the parents' income is exempt – but still needed)

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Quick Guide to Help The HOW

- IL Medicaid assigns every case a CATEGORY AND in the following order:

  FIRST:

  ACA – Affordable Care Act Medicaid

  - began January 2014
    between 19-64 years old
    legal status
    ONLY looks at income – if claimed – PARENTAL INCOME
    Income: 1 person $1386 2 people $ 1867
    does NOT look at assets
    CANNOT HAVE MEDICARE

WHY ACA FIRST??

The federal government pays 100% during 2014-2016.

Then

The federal portion gradually decreases – reaching 90% by 2020 (The state of Illinois will cover the 10%)

SSI –vs- SSDI

SSI – Supplemental Security Income

Never counts for AABD income

CANNOT be more than $ 771 per month

SSDI – Social Security Disability Income

On a FICA work record

Can NEVER end in cents

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Quick Guide Continued

AABD – Aid to the Aged, Blind, & Disabled
DISABLED

- If someone receives SSI or SSDI, IL Medicaid will accept this determination of disability and will not require any medical records.
- If someone does NOT receive SSI or SSDI, the applicant can provide medical records to the Medicaid caseworker. These medical records will get reviewed by Medicaid's Client Assessment Unit to determine if the medical records prove disability.

Quick Guide Continued

Second:

AABD – Aid to the Aged, Blind and Disabled- where the income & assets are UNDER the guidelines

- looks at the individual's income – less than $ 1065 per month for 2019 SSI is always exempt
- looks at individual's assets – one home you live in, one car and less than $2000

Quick Guide Continued

Third:

AABD – Aid to the Aged, Blind and Disabled – where the income & assets are OVER the guidelines but the redetermination is submitted with:

- 2653 form (waiver services)
- DRS waiver form
- medical bills/receipts
- Medicare/health insurance premiums

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VERY IMPORTANT TO KNOW

AABD & ACA, TODAY, PROVIDE THE EXACT SAME MEDICAID COVERAGE

Adults do NOT need to be AABD to partake in a DD waiver!!!! They CAN have ACA.

AABD COVERAGE ACA COVERAGE

Quick Guide Continued

Fourth:

HBWD – Health Benefits for Workers with a Disability

- Illinois resident between 16 & 64
- MUST have "disability"
- MUST be employed & pay into FICA

- Allows person to earn more money
- Allows person to have more assets

Traditional Medicaid vs. Health Benefits for Workers with Disabilities

	TRADITIONAL	NEW HBWD
INCOME (1 Person)	$1065	$3643
ASSETS (1 Person)	$2,000	UP TO $25,000 & Qualified Retirement Accounts ARE EXEMPT!
COST	If over $1065 Monthly spend down. No coverage until spend down is met.	CANNOT be over. Monthly premium to "buy" coverage is $0 - $100+

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Quick Guide Summary

Order of Processing:

1. ACA
2. AABD – less than allowable income & assets
3. AABD – more than allowable income & assets but documents submitted to meet the overage
4. HBWD

Back to The HOW

- 18 YEAR OLDS – NOT receiving DD waiver
- HUGE issue

Example:

Zach is 18 years old. He lives with his parents and has no income. He applies for IL Medicaid. IL Medicaid asks for parental income (relationship rules). Mother earns over ACA standard. Application is denied.

There are TWO things to help this application:

18 Year olds

If Zach had applied for and received SSI, the Medicaid caseworker would say: over income for ACA but receives SSI – should process as AABD

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18 Year Olds continued

If Zach had attached medical records to his Medicaid application (183A form attached to power point), the caseworker would say: over income for ACA but he is alleging disability. I can send his medical records to our Client Assessment Unit to confirm or deny his disability and ability to get AABD

Idea

18 Year Olds continued

BEST to apply for & obtain SSI.

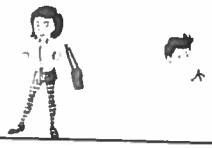
Then, should be a no-brainer for IL Medicaid-

Over income for ACA with parents' income but, receives SSI – can be approved as AABD

19 Year Old Aging Out of All Kids

Most children under 19 years old were previously approved under a Kid Care or Family Care category (I am under 19)

When they turn 19, they no longer fit in the "under 19" category.



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19 Year Old Aging Out of All Kids

A form HFS 643A will be mailed to the parent approximately 1 month before their 19th birthday – ONLY if the Medicaid recipient's current record is reflecting that he/she is NOT claimed

If the current record reflects that he/she IS claimed, then the system automatically runs eligibility for ACA coverage.

Most times, the parents' income is OVER ACA standards, a new application will be required.

IF ON A DD WAIVER – THE ISC CAN DO THIS IN ABE AND E-MAIL JENNIFER FRESCURA that this was done:

Jennifer.Frescura@illinois.gov

Routine Redetermination Letter

A form HFS 2381 will be mailed to the house approximately 3 weeks before their DEADLINE

Routine Redetermination Letter

1) AGE of the recipient?

If under 19 y/o, NEED parents' income

If on a waiver, will be exempt

2) Does the Medicaid recipient have Medicare?

If yes, can never be ACA so parental income NOT needed

3) Is the Medicaid recipient being claimed on parents' taxes?

If yes, need parental income – regardless of age

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Routine Redeterminaton Letter

4) Does the Medicaid recipient have other health insurance?

If yes, be sure to include:

- a copy of the front & back of the health insurance card
- the name, birthdate & ss# of the INSURED
- if from an employer, the employer's name, address & phone number

Routine Redetermination Letter

INCOME

Include proof of the last 30 days of income for the recipient (& for parent – if needed)

ASSETS

If requested, include the most recent bank and/or account statement for each account that has the recipient's name on it either – sole or joint.

Be sure to include Representative Payee accounts.

ONLY the recipient's assets are required

GOOD NEWS

Allegedly:

If the IL Medicaid recipient receives SSI, they will undergo ONE redetermination.

After this, they will not need to undergo another redetermination UNLESS there is a change in income.

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Medicaid will NOT talk to me – see form attached

Contact Info – Medicaid & DD

Jay Bohn
Illinois Department of Human Services
Division of Developmental Disabilities
600 East Ash Street
Building 400 – **3S**
Springfield, IL 62703
217-558-1361
Jay.bohn@Illinois.gov

More Contact Info – Medicaid if on a Waiver

Jennifer Frescura

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OK, So We Are Smart Now:

Rhonda is 17 years old.

She has the children's waiver.

Her mother receives redetermination paperwork for her.

Rhonda Continued

1) WHO completes the redetermination form?
2) Whose income needs to be submitted?
3) Does mom's income count?

Rhonda Grows up

Rhonda is now 18 years old.

She has the children's waiver.

Her mother receives the redetermination form for her

WHO completes the redetermination form?

Whose income needs to be submitted?

Does mom's income count?

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Serenity

Serenity is 17 years old.

She DOES NOT have the children's waiver.

Her mother receives the redetermination paperwork for her.

WHO completes the redetermination form?

Whose income needs to be submitted?

Does mom's income count?

Les

Les is 52 years old.

He lives with his mother.

He received his redetermination paperwork.

He has NO waiver services

He is claimed on his mother's taxes.

Who completes this form?

Whose income counts?

Serenity Continued

Serenity is now 32 years old.

She has no waiver services.

Her mother receives redetermination paperwork for her.

WHO completes the redetermination paperwork?

WHAT 2 questions do we need to ask to determine whose income to submit?

91

Luke

Luke is 23 years old.

He keeps getting a letter from the Client Enrollment Broker to select a Medicaid plan.

He keeps ignoring this letter because he has Blue Cross & Blue Shield and, at a seminar, he heard that he does not need to select a plan if he has other comprehensive health insurance.

Luke Continued

WHY does he keep getting this letter to select a plan?

HINT: what info is Medicaid lacking?

HOW can this madness stop??

FAX: 217-557-1174

I Work For an ISC

Aimee is my client.

She is 33 years old.

She receives SSDI of $ 1589 monthly – on her own work record.

Does her income qualify her for ACA?

Is her income under AABD monthly standard?

What can I use to meet her anticipated Spend-down?

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FAMILY BENEFIT SOLUTIONS, INC.

Sherri Schneider
847-279-8506
Benefithelp@aol.com

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State of Illinois
Department of Human Services

Medical Evaluation - Physician's Report

Date: _____

189ca752-3a1f-4f6c-b39f-5e6261243652

Case Number: _____

Office Name: _____

NAME: _____
ADDRESS: _____
ADDRESS: _____
CITY, ST. ZIP _____

Office Address: _____

_____

Phone: _____

TTY: _____

Fax: _____

Tenemos este aviso en español. Para solicitar avisos en español, por Internet vaya al sitio ABE-MMC o llame al 1-800-843-6154 (TTY 1-866-324-5553 TTY/ Nextalk, 711 TTY Relay).

You can manage your account online at abe.illinois.gov

Physical Assessment: MEDICAL PROVIDER - Please Complete the Following Sections
The medical Information will help us determine if your patient is eligible for medical assistance or other public assistance.
In order to evaluate your patient, we ask that you provide us with a copy of your office progress notes, test results, x-ray reports, and any other relevant medical records for the past 12 months.
Please complete the SECTION 1 and any of the following sections that relate to your patient's diagnosis, symptoms and complaints. **YOUR OPINION ON YOUR PATIENT'S ABILITY TO PERFORM WORK RELATED ACTIVITIES IN SECTION 3 and 4 IS VERY IMPORTANT.** Please return this completed form to: _____

SECTION 1:

Date Last Examined: _____ Date First Seen: _____ Frequency of Visits: _____

Number of Hospitalizations in last 12 months: _____

Approximate Dates	Where Hospitalized	Reason Hospitalized

Height: _____ Weight: _____ BMI: _____ Blood Pressure: _____ Pulse: _____ Respiratory Rate: _____

General Appearance:

Chief Complaints of Patient and Dates of Onset:

Complete Diagnosis (for mental impairments, include DSM Code if known):

Significant Lab Tests (list dates and results):

H/H: _____ Sed Rate: _____ ANA: _____ RF: _____

Creatinine: _____ Bilirubin: _____ Other: _____

Continued on Next Page

State of Illinois
Department of Human Services
Medical Evaluation - Physician's Report

Date: _____

SECTION 2: Case Number: _____ 189ca752-3a1f-4f6c-b39f-5e6261243652

1.Vision

Left Visual Acuity: _____ Right Visual Acuity: _____ * Left Corrected: _____ * Right Corrected: _____
(* measured with current manifest refraction)

Date of Examination: _____ Any Pathology: _____

2.Hearing

Left: _____ Right: _____ Test Results (include date of test and copy of test): _____

Air Conduction Left _____ Air Conduction Right _____

Bone Conduction Left _____ Bone Conduction Right _____

Cochlear implant: ○ Yes ○ No Date : _____ Aided: ○ Yes ○ No

3.Cardiovascular System

Heart Size: _____ Sounds: _____ Rate/Rhythm: _____

Chest Pains (describe): _____ Dyspnea: _____

Syncope (describe): _____

Peripheral Pulses: _____ Edema: _____

Treatment/Prescription: _____

Response: _____

EKG Findings (list dates and include copies of tracings): _____

AHA Cardiac Functional Capacity ○ 1 ○ 2 ○ 3 ○ 4 Ejection Fraction: _____ Date: _____

EF obtained from ○ Cardiac Catheterization ○ Muga ○ Echo cardiogram (submit report)

EF done during a period of ○ stability or ○ exacerbation

Other Test Results (include dates): _____

4.Respiratory System

Describe clinical signs (e.g., wheezing, rhonchi, prolonged expiration, etc.):

Pulmonary Function Study Date: _____ During a period of ○ stability or ○ exacerbation

Pre-bronchodilator: FVC _____ FEV1 _____ DLCO _____ O2 sat on room air: _____

Post-bronchodilator: FVC _____ FEV1 _____

Treatment/Prescriptions: _____

Response: _____

Continued on Next Page

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State of Illinois
Department of Human Services
Medical Evaluation - Physician's Report

Date: _____

5.Digestive System Case Number: _____ 189ca752-3a1f-4f6c-b39f-5e6261243652

Objective Findings (if wt. loss, describe): _____

Test Results (show dates): _____

Treatment/Prescription: _____

Response: _____

6.Genitourinary System

Objective Findings: _____

EDD: _____ Pregnancy complications (include dates): _____

Test Results (show dates): _____

Treatment/Prescription: _____

Response: _____

7.Endocrine System

Objective Findings: _____

Test Results (show dates): _____

Treatment/Prescription: _____

Response: _____

For diabetes mellitus, indicate frequency of acidotic episodes, presence of neuropathy, retinitis, etc.:

8.Hemic and Lymphatic System

Objective Findings: _____

Test Results (show dates): _____

Treatment/Prescription: _____

Response: _____

9.Neoplastic Disease (attach pathology reports)

Origin: _____ Metastasis ○ Yes ○ No Site: _____

Treatment/Prescription: _____

Response: _____

Prognosis: _____

Secondary Complications: _____

10.HIV Infection and Immune System

Serological Test for AIDS: Type: _____ Result: _____ Date: _____

Continued on Next Page

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State of Illinois
Department of Human Services
Medical Evaluation - Physician's Report

Date: _____

Case Number: _____ 189ca752-3a1f-4f6c-b39f-5e6261243652

10.HIV Infection and Immune System (continued)

Opportunistic Infections (identify): _____
Other related diseases: _____
Other symptoms: _____
Treatment/Prescription: _____
Response: _____

11.Neurological System

If seizure disorder exists, indicate frequency: _____ Seizure medication blood level and date: _____
Describe seizure in detail (if multiple types of seizures, note frequency and description of each type):

Treatment/Prescription: _____ Compliant? : ○ Yes ○ No
Response to Treatment: _____
Stroke: _____ Date: _____ Sequela: _____
List other neurological impairments (e.g., gait, station, balance, etc.): _____
Describe any deficiencies in hand manipulation and/or weakness of the upper or lower extremities (if applicable):

12.Musculoskeletal System

Describe any pain, swelling, tenderness, stiffness, or crepitus (including location, frequency and specific findings):

Describe loss of joint motion (indicate joint and describe range of motion in degrees from neutral position):

Describe any deficiencies in hand manipulation and/or weakness of the upper or lower extremities (if applicable):

Describe x-ray findings (include dates): _____
Other objective findings: _____
Treatment / Prescription: _____
Response: _____

13.Skin:

Describe location of lesions, onset and response to treatment:

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SECTION 3: MEDICAL REVIEW OF THE ABILITY TO DO WORK-RELATED ACTIVITIES (PHYSICAL)

- **REGULAR AND CONTINUOUS BASIS** means 8 hours a day, for 5 days a week, or the equivalent
- **OCCASIONALLY** means very little to one-third of the time
- **FREQUENTLY** means from one-third to two thirds of the time
- **CONTINUOUSLY** means more than two-thirds of the time

Age and body habitus of the individual should not be considered in the assessment of limitations.

	Lift				Carry			
	Never	Occasionally	Frequently	Continuously	Never	Occasionally	Frequently	Continuously
< 10 lbs	☐	☐	☐	☐	☐	☐	☐	☐
10 lbs	☐	☐	☐	☐	☐	☐	☐	☐
25 lbs	☐	☐	☐	☐	☐	☐	☐	☐
50 lbs	☐	☐	☐	☐	☐	☐	☐	☐
100 lbs	☐	☐	☐	☐	☐	☐	☐	☐

MOBILITY

SITTING/STANDING/WALKING AT ONE TIME WITHOUT INTERRUPTION

	Minutes	Hours
a. Sit	_____	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8
b. Stand	_____	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8
c. Walk	_____	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8

Does the individual require the use of a cane/walker/other appliance to ambulate? ○ Yes ○ No

How far can the individual ambulate without the use of this device? _____

- Without this support, can the individual use his/her free hand to carry small objects? ○ Yes ○ No

USE OF HANDS - Indicate how often the individual can perform the following activities:

Occasionally = up to 1/3 Frequently = 1/3 to 2/3 Continuously = over 2/3

	Right Hand			
	Never	Occasionally	Frequently	Continuously
Reaching Overhead	☐	☐	☐	☐
Reaching All Other	☐	☐	☐	☐
Handling	☐	☐	☐	☐
Fingering	☐	☐	☐	☐
Feeling	☐	☐	☐	☐
Push/Pull	☐	☐	☐	☐

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USE OF HANDS - Indicate how often the individual can perform the following activities: (continued)

	Left Hand			
	Never	Occasionally	Frequently	Continuously
Reaching Overhead	☐	☐	☐	☐
Reaching All Other	☐	☐	☐	☐
Handling	☐	☐	☐	☐
Fingering	☐	☐	☐	☐
Feeling	☐	☐	☐	☐
Push/Pull	☐	☐	☐	☐

USE OF FEET - Indicate how often the individual can perform the following activities:

Occasionally = up to 1/3 Frequently = 1/3 to 2/3 Continuously = over 2/3

Right Foot	Never	Occasionally	Frequently	Continuously
Operating foot controls	☐	☐	☐	☐
Left Foot	Never	Occasionally	Frequently	Continuously
Operating foot controls	☐	☐	☐	☐

Postural Activities - How often can the individual perform the following activities:

Occasionally = up to 1/3 Frequently = 1/3 to 2/3 Continuously = over 2/3

	Never	Occasionally	Frequently	Continuously
Climb stairs and ramps	☐	☐	☐	☐
Climb ladders / scaffolds	☐	☐	☐	☐
Balance	☐	☐	☐	☐
Stoop	☐	☐	☐	☐
Kneel	☐	☐	☐	☐
Crouch	☐	☐	☐	☐
Crawl	☐	☐	☐	☐

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ENVIRONMENTAL LIMITATIONS - How often can the individual tolerate exposure to the following conditions:

	Never	Occasionally	Frequently	Continuously
Unprotected Heights	☐	☐	☐	☐
Moving Mechanical Parts	☐	☐	☐	☐
Humidity and wetness	☐	☐	☐	☐
Dust, odors, fumes	☐	☐	☐	☐
Pulmonary irritants	☐	☐	☐	☐
Extreme cold	☐	☐	☐	☐
Extreme heat	☐	☐	☐	☐
Vibrations	☐	☐	☐	☐
Other (specify) _____	☐	☐	☐	☐

	Quiet (Library)	Moderate (Office)	Loud (Heavy Traffic)	Very Loud (Jack Hammer)
Noise	☐	☐	☐	☐

Do any of the impairments affect the individual's hearing or vision?

☐ No ☐ Yes ☐ Not Evaluated If "yes" please complete the following questions (where appropriate)

1.If a hearing impairment is present:

a. Does the individual retain the ability to hear and understand simple oral instructions and to communicate simple information? ☐ Yes ☐ No

b. Can the individual use a telephone to communicate? ☐ Yes ☐ No

2. If a visual impairment is present:

a. Is the individual able to avoid ordinary hazards in the workplace, such as boxes on the floor, doors ajar, or approaching people or vehicles? ☐ Yes ☐ No

b. Is the individual able to read very small print? ☐ Yes ☐ No

c. Is the individual able to read ordinary newspaper or book print? ☐ Yes ☐ No

d. Is the individual able to view a computer screen? ☐ Yes ☐ No

e. Is the individual able to determine the differences in shape and color of small objects such as screws, nuts, or bolts? ☐ Yes ☐ No

PLEASE PLACE A CHECK IN APPROPRIATE BOXES BASED SOLEY ON THE PERSON'S PHYSICAL IMPAIRMENT.

1.Can the individual perform activities like shopping unassisted? ☐ Yes ☐ No

2.Can the individual travel without a companion for assistance? ☐ Yes ☐ No

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PLEASE PLACE A CHECK IN APPROPRIATE BOXES BASED SOLEY ON THE PERSON'S PHYSICAL IMPAIRMENT.

3.Can the individual walk a block at a reasonable pace on rough or uneven surface? ☐ Yes ☐ No

4.Can the individual use standard public transportation? ☐ Yes ☐ No

5.Can the individual climb a few steps at a reasonable pace with the use of a single hand rail? ☐ Yes ☐ No

6.Can the individual prepare a simple meal and feed himself/herself? ☐ Yes ☐ No

7.Can the individual care for personal hygiene? ☐ Yes ☐ No

8.Can the individual sort, handle, use paper/files? ☐ Yes ☐ No

State any other work-related activities, which are affected by any impairment, and indicate how the activities are affected. Examples would be a need to lie down during the work day, a need to be absent from their job or a need to shift at will.

Identify the particular medical or clinical findings (i.e., physical exam findings, x-ray findings, laboratory test results, history, and symptoms including pain, etc) which support your assessment of any limitations and why the findings support the assessment. It is important that you relate particular medical or clinical findings to any assessed limitations in capacity. The usefulness of your assessment depends on the extent to which you do this.

THESE LIMITATIONS ABOVE ARE ASSUMED TO BE YOUR OPINION REGARDING CURRENT LIMITATIONS ONLY.

HOWEVER, IF YOU HAVE SUFFICIENT INFORMATION TO FORM AN OPINION WITHIN A REASONABLE DEGREE OF MEDICAL PROBABILITY AS TO PAST LIMITATIONS, ON WHAT DATE WERE THE LIMITATIONS YOU FOUND ABOVE FIRST PRESENT? MONTH _____ YEAR _____

HAVE THE LIMITATIONS YOU FOUND ABOVE LASTED OR WILL THEY LAST FOR 12 CONSECUTIVE MONTHS? ☐ Yes ☐ No

SECTION 4: MEDICAL REVIEW OF THE ABILITY TO DO WORK-RELATED ACTIVITIES (Mental)

For each activity shown below, respond to the questions about the individual's ability to do work-related activities on a sustained basis (8 hours a day five days a week or the equivalent) using the following definitions for the rating terms:

- **None** -Absent or minimal limitations (transient or expected reactions to psychological stresses).
- **Mild** -There is a slight limitation in this area, but the individual can generally function well.
- **Moderate** -There is more than a slight limitation but the individual functions satisfactorily.
- **Marked** -There is serious limitation with a substantial loss in the ability to effectively function.
- **Extreme** -There is major limitation in this area. There is no useful ability to function in this area.

1.Understand and remember simple instructions ☐ None ☐ Mild ☐ Moderate ☐ Marked ☐ Extreme

2.Carry out simple instructions ☐ None ☐ Mild ☐ Moderate ☐ Marked ☐ Extreme

3.Ability to make judgments on simple tasks ☐ None ☐ Mild ☐ Moderate ☐ Marked ☐ Extreme

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SECTION 4: MEDICAL REVIEW OF THE ABILITY TO DO WORK-RELATED ACTIVITIES (Mental) (continued)

4.Carry out complex instructions ☐ None ☐ Mild ☐ Moderate ☐ Marked ☐ Extreme

5.Ability to make judgments on complex decisions ☐ None ☐ Mild ☐ Moderate ☐ Marked ☐ Extreme

6.Interact appropriately with the public ☐ None ☐ Mild ☐ Moderate ☐ Marked ☐ Extreme

7.Interact appropriately with supervisor(s) ☐ None ☐ Mild ☐ Moderate ☐ Marked ☐ Extreme

8.Interact appropriately with co-workers ☐ None ☐ Mild ☐ Moderate ☐ Marked ☐ Extreme

9.Respond appropriately to usual work situations and to changes in a routine work setting
☐ None ☐ Mild ☐ Moderate ☐ Marked ☐ Extreme

10.Other capabilities affected by the impairment? ☐ Yes ☐ No
Please identify the capability and describe how it is affected.

Identify the factors (e.g., the particular medical signs, laboratory findings, or other factors described above) that support your assessment. It is important that you relate particular medical or clinical findings to any assessed limitations in capacity. The usefulness of your assessment depends on the extent to which you do this.

11. The limitations above are assumed to be your opinion regarding current limitations only. However, if you have sufficient information to form an opinion within a reasonable degree of medical or psychological probability as to past limitations, on what date were the limitations you found first present? _____

12. If the claimant's impairment(s) include alcohol and/or substance abuse, do these impairments contribute to any of the claimant's limitations as set forth above? If so, please identify and explain what changes you would make to your answer if the claimant was totally abstinent from alcohol and/or substance use/abuse.

Medical Provider Signature: _____ Date of Examination: _____

Printed Name of Medical Provider: _____ Telephone Number: _____

Medical Specialty: _____

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Authorization to Share Information

Part 1: Please share my information

Fill out this part if you would like us to share information about your medical benefits with a person or organization. We will share information only with the people you write here.

My name	Social Security number (*you can choose not to write this*)
Please share my information with	

When I sign below, I know that:

- This authorization will last as long as I keep getting health benefits or until I tell you to stop sharing my information.
- I can change my mind about sharing information by signing part 2 of this form and sending it back to you by mail or fax.
- My choice to share information about my case, or to stop sharing it, will not change what benefits I can get.
- I can keep a copy of this form or call 1-855-458-4945 to get a copy.

Signature	Date
Address	Date of Birth

Part 2: Please STOP sharing my information

Sign here if you change your mind and would like us to stop sharing your information. After you sign, mail or fax this form to us. Keep a copy.

I do not want you to share my information with the person or organization on this form.

Signature	Date

Mail: Illinois Medicaid Redetermination
PO Box 1242
Chicago, Illinois 60690-1242

Fax: 1-866-661-7025

Questions? Call 1-855-458-4945 (TTY: 1-855-694-5458). The call is free!
Monday to Friday from 7 a.m. to 7:30 p.m. and Saturday from 8 a.m. to 1 p.m.
E-mail us via the secure website www.medredes.hfs.illinois.gov or send a fax to 1-866-661-7025.
Tenemos información en español. ¡Servicio de intérpretes gratis!
Llame al 1-855-458-4945.

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CCDDB 2019 Meeting Schedule

Board Meetings
8:00AM except where noted
Brookens Administrative Building
1776 East Washington Street, Urbana, IL

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

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

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

March 27, 2019 – Lyle Shields Room (5:30PM) – study session

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

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

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

July 17, 2019 – John Dimit Conference Room (8AM)

September 18, 2019 – John Dimit Conference Room (8AM)

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

October 30, 2019 – Lyle Shields Room (5:30PM) Joint Study Session

November 20, 2019 – John Dimit Conference Room (8AM)

December 18, 2019 – John Dimit Conference Room (8AM)

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

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CHAMPAIGN COUNTY MENTAL HEALTH BOARD

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

CCMHB 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)

January 23, 2019
January 30, 2019 – SPECIAL MEETING and study session
February 20, 2019
February 27, 2019 – study session
March 20, 2019
March 27, 2019 – study session (optional, re: online review)
April 17, 2019
April 24, 2019 – study session
May 1, 2019 – TENTATIVE study session
May 15, 2019 – study session
May 22, 2019
June 19, 2019
July 17, 2019 – John Dimit Conference Room
September 18, 2019 – John Dimit Conference Room
September 25, 2019 – study session
October 23, 2019
October 30, 2019 – study session
November 20, 2019 – John Dimit Conference Room
December 18, 2019 (tentative) – John Dimit Conference Room

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

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DRAFT

July 2019 to June 2020 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 2020. 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 CCDDB 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 2021 (July 1, 2019 – June 30, 2020) and deadlines related to current (PY2020) agency contracts.

07/17/19	**Regular Board Meeting (Dimit Conference Room)** Election of Officers
08/30/19	*Agency PY2019 Fourth Quarter and Year End Reports Due*
09/18/19	**Regular Board Meeting (Dimit Conference Room)**
10/23/19	**Regular Board Meeting (Dimit Conference Room)** Draft Three Year Plan 2019-2021 with 2020 Objectives Release Draft Program Year 2021 Allocation Criteria
10/25/19	*Agency PY2020 First Quarter Reports Due*
10/30/19 – 5:30PM	Joint Study Session
10/31/19	*Agency Independent Audits Due*
11/20/19	**Regular Board Meeting (Dimit Conference Room)**
12/08/19	*Public Notice to be published on or before this date, giving at least 21-day notice of application period.*
12/18/19	**Regular Board Meeting (Dimit Conference Room)** Approve Three Year Plan with One Year Objectives Allocation Decision Support – PY21 Allocation Criteria
01/03/20	*CCMHB/CCDDB Online System opens for Agency Registration and Applications for PY21 Funding.*
01/22/20	**Regular Board Meeting**
01/24/20	*Agency PY2020 Second Quarter Reports Due*
02/07/20	*Agency deadline for submission of applications for PY2021 funding. Online system will not accept forms after 4:30PM.*

02/19/20	**Regular Board Meeting** List of Requests for PY21 Funding
03/18/20	**Regular Board Meeting**
04/15/20	*Program summaries released to Board, copies posted online with the CCDDB April 22, 2020 Board meeting agenda*
04/22/20	**Regular Board Meeting** Program Summaries Review and Discussion
04/24/20	*Agency PY2020 Third Quarter Reports Due*
05/13/20	*Allocation recommendations released to Board, copies posted online with the CCDDB May 20, 2020 Board meeting agenda.*
05/20/20	**Regular Board Meeting** Allocation Decisions Authorize Contracts for PY2021
06/17/20	**Regular Board Meeting** Approve FY2021 Draft Budget
06/24/20	*PY21 Contracts completed/First Payment Authorized*

Champaign County Mental Health Board

FY19 Revenues and Expenditures as of 03/31/19

Revenue	Q1	YTD	Budget	% of Budget
Property Tax Distributions	$ -	$ -	$ 5,001,938.00	0.00%
From Developmental Disabilities Board	$ 84,387.00	$ 84,387.00	$ 337,555.00	25.00%
Gifts & Donations	$ 3,175.00	$ 3,175.00	$ 20,000.00	15.88%
Other Misc Revenue	$ 124,221.05	$ 124,221.05	$ 45,000.00	>100%
TOTAL	**$ 211,783.05**	**$ 211,783.05**	**$ 5,404,493.00**	**3.92%**

Expenditure	Q1	YTD	Budget	% of Budget
Personnel	$ 113,716.76	$ 113,716.76	$ 542,252.00	20.97%
Commodities	$ 2,607.63	$ 2,607.63	$ 17,600.00	14.82%
Contributions & Grants	$ 895,151.00	$ 895,151.00	$ 4,347,815.00	20.59%
Professional Fees	$ 40,854.11	$ 40,854.11	$ 235,000.00	17.38%
Transfer to CILA Fund	$ 50,000.00	$ 50,000.00	$ 50,000.00	100.00%
Other Services	$ 36,497.07	$ 36,497.07	$ 211,826.00	17.23%
TOTAL	**$ 1,138,826.57**	**$ 1,138,826.57**	**$ 5,404,493.00**	**21.07%**

Champaign County Developmental Disability Board

FY19 Revenues and Expenditures as of 03/31/19

Revenue	Q1	YTD	Budget	% of Budget
Property Tax Distributions	$ -	$ -	$ 4,174,033.00	0.00%
From Mental Health Board	$ -	$ -	$ 8,000.00	0.00%
Other Misc Revenue	$ 5,094.46	$ 5,094.46	$ 15,000.00	33.96%
TOTAL	**$ 5,094.46**	**$ 5,094.46**	**$ 4,197,033.00**	**0.12%**

Expenditure	Q1	YTD	Budget	% of Budget
Contributions & Grants	$ 821,637.00	$ 821,637.00	$ 3,809,479.00	21.57%
Professional Fees	$ 84,387.00	$ 84,387.00	$ 337,554.00	25.00%
Transfer to CILA Fund	$ 50,000.00	$ 50,000.00	$ 50,000.00	100.00%
TOTAL	**$ 956,024.00**	**$ 956,024.00**	**$ 4,197,033.00**	**22.78%**