



DECISION MEMORANDUM *APPROVED*

DATE: December 15, 2021
TO: Members, Champaign County Developmental Disabilities Board (CCDDB)
FROM: Lynn Canfield, Executive Director
SUBJECT: PY2023 Allocation Priorities and Decision Support Criteria

Overview:

The purpose of this memorandum is to recommend allocation decision support criteria and funding priorities for the Champaign County Developmental Disabilities Board (CCDDB) Program Year 2023, July 1, 2022 to June 30, 2023. Funding priorities and decision support criteria are a framework for how contracts with service providers further the mission and goals of the Board. Staff recommendations are based on Board and stakeholder input and our understanding of best practices and state/federal service and payment systems. CCDDB members were presented an initial draft on October 20, which incorporated input from a July board meeting discussion. The draft was then distributed to providers, family members, advocates, and stakeholders, with a request for comments. Comments were received which supported specific sections. Using highlights and strikethroughs which will be removed in the approved version, this final draft uses feedback from Board, staff, and public:

- The sixth and final of Expectations for Minimal Responsiveness expands on use of technology and internet access;
- Considerations of training and access to technology are expanded in the Operating Environment section, in Priority categories for Community Life and Relationships and Strengthening the I/DD Workforce, and in Overarching Considerations, for Inclusion, Integration, and Anti-Stigma; and
- A confusing statement about re-registration is removed on page 12.

Statutory Authority:

The Community Care for Persons with Developmental Disabilities Act (50 ILCS 835/ Sections 0.05 to14) is the basis for CCDDB funding policies. All funds shall be allocated within the intent of the controlling act, per 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 which results in contracts for services from July 1 to June 30. Upon approval by the Board, this memorandum becomes an addendum to the Funding Guidelines, incorporated in standard operating procedures.

Operating Environment:

The story of COVID-19 and its long-term impacts is still being written. As noted in the CCDDB/CCMHB 2021 Community Needs Assessment, weaknesses and gaps in our social

service and health care systems were dramatically unveiled and deepened, with the virus and responses to it causing great harm to people who have I/DD.

In previous years' decision support and priorities memoranda, we described an operating environment filled with challenges to the I/DD system and the people it should serve. 2020 and 2021 made the crisis of previous years look like practice. The challenges are interrelated, did not improve from one year to the next, and grew even more dire during the pandemic:

- insufficient provider capacity;
- limited flexibility in the current community-based service array and rules;
- notably low Medicaid-waiver reimbursement rates;
- long waiting lists for Medicaid-waiver services;
- 'change fatigue' experienced by service providers, funders, and advocates; and
- a complicated system for individuals and families to navigate.

During the pandemic, with new and prolonged threats to their well-being, people with I/DD and their family caregivers were under even more pressure. Although the rapid implementation of telehealth and virtual services provided relief, there are likely to be deeper and emerging support needs, which could be temporary if successfully met. A trauma-informed approach across the service and support system, with consideration for new mental health concerns, is indicated.

Threats to Well-being:

During shelter-in-place and periods of limited in-person activities, people with I/DD experienced the abrupt ending of day programming, education, work life, social life, and other community engagement and relied more on support from others living in their homes, if there were any, or through technology, if they had it and were able to use it. Many people with I/DD, including children, had difficulty acquiring and maintaining skills without access to therapists, teachers, and support staff. In addition to restricting community life, Covid-19 and limited health care services took a heavy toll on residents and staff of congregate living settings. People with I/DD and their families and staff experienced greater isolation, fear of becoming sick, loss of loved ones, disruption of routine, and loss of income, all of which contribute to burnout, anxiety, and depression. Technology was and continues to be critical to decreasing social isolation and increasing community integration and employment, including the knowledge and skills needed to build relationships with others, participation in civic life, and obtaining and maintaining employment. The Arc of the United States advocates for technology access and use (including internet access) as a way to support independence, inclusion, and community participation of people with disabilities ([The Arc of the United States Public Policy Agenda for the 117th Congress](#), page 66). Recovery from this period requires sensitivity to the impacts of trauma and grief on all participants, providers, and family members. Many caregivers had increased responsibilities for a family member, found caregiving to be more difficult emotionally due to Covid-19, reported anxiety and depression, and experienced the loss of health and finances.

Endangered Provider Capacity:

In August 2021, the American Network of Community Options and Resources (ANCOR) surveyed providers during a 5-week period. Key findings:

- **77% of providers are turning away new referrals**, a 16.7% increase since the beginning of the pandemic.

- **58% of providers are discontinuing programs and services**, a 70.6% increase since the beginning of the pandemic.
- **81% of providers are struggling to achieve quality standards**, a 17.4% increase since the beginning of the pandemic.
- **Nearly 3 in 10 providers report spending at least \$500,000 annually** on costs associated with high turnover and vacancy rates.
- **92% of providers report that the COVID-19 pandemic continues to complicate their ability to recruit and retain** qualified direct support professionals.

(Author: Elise Aguilar, October 5, 2021 <https://www.ancor.org/newsroom/news/ancor-issues-findings-2021-state-americas-direct-support-workforce-crisis-survey>)

The Institute on Community Integration at University of Minnesota’s “Predictors of Annual Turnover Among Direct Support Professionals” identifies factors leading to high DSP turnover across the country and offers recommendations: DSP wages should rise with skill level, signaling that these workers are valued; these should be ‘livable wages’ with annual cost of living increases built into states’ rates so that they remain competitive over the long-term; health insurance and paid time off should be offered, and states’ rates structures should account for these in order to keep them affordable to agencies; states should prioritize moving people from large institutional settings and into community-based care, fully funding this transition and making it sustainable; states should increase participation in Home and Community Based Services; and investments are needed for strengthening the workforce.

Further, in the report titled “[Addressing the Disability Services Workforce Crisis of the 21st Century](#) (2017) and, more recently, in the report titled “[Bringing Long-term Supports & Services into the 21st Century](#)”, ANCOR indicates the need for service providers to be able to receive training on using technology to deliver services and also to support community integration, including self-advocates’ supported decision making in choosing and using technology to live more independent and overall quality lives.

In “Ed’s Newsletter” No. 204 September 29, 2021, Ed McManus reminds us that “provider agencies have been experiencing a severe shortage of staff for years due to inadequate funding from the State, and the pandemic has made it worse.” Many of Illinois’ agencies will be unable to take new individuals into CILAs, and at the same time over 100 people with I/DD are ready to transition out of large institutions and into community-based residential services. Mr. McManus notes that the state’s unprecedented appropriation of \$170 million for DD was a great start, but increased funding will also be needed next year, and DSP wages will not become competitive for several more years.

A federal infrastructure bill features funding to increase Medicaid Home and Community Based Services over the next ten years, which might improve the DSP wage and retention situation and allow expansion of these services, but that portion of the bill is at risk of being dropped in order to improve the likelihood of passage of other parts of the bill.

One Step Forward:

Last year, building on providers' successes in keeping people connected through online platforms, the State approved a new service category within Community Day Services (CDS). Virtual Day Services are person centered and planned so that people may participate safely, mitigating the effects of isolation, assisting with social and adaptive skills, supporting the development of interests and self-advocacy, and increasing interactions outside the home. The service is limited by: billable hours being counted toward the low annual cap on CDS hours; low reimbursement rate and high staff-to-individual ratio; only provided by CDS providers; and other barriers associated with the 'digital divide'.

With telehealth services and remote meetings rapidly introduced out of necessity, some people were more able to connect with services and with social opportunities than they had been (e.g., if they had access to the internet but not to transportation, or if they preferred being home to being in the community or at an agency). Those who prefer virtual participation over in-person are encouraged to strike a balance, when in-person is safe, for the sake of increasing connections and reducing dependence on others in their home.

The Future:

Our service systems must prepare for increased and emerging needs. Those most deeply impacted require more attention and support to fully recover from losses and then to thrive. Services should be pandemic-proof, supporting individual and family recovery from isolation and stress and securing a more stable system. Recovery should center trauma-informed care, including for providers and family caregivers. CCDDDB funded programs target eligible individuals who do not have other funding or who seek services not billable to other payors.

Expectations for Minimal Responsiveness:

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

1. Applicant is an eligible organization, demonstrated by responses to the Organization Eligibility Questionnaire.
2. All required application forms must be submitted by the deadline. *Late or incomplete applications will not be accepted.*
3. Proposed services or supports must relate directly to intellectual/developmental disabilities. **How will they improve the quality of life for persons with I/DD?**
4. Application must include evidence that other funding sources are not available to support this program or have been maximized. Other potential sources of support should be identified and explored. This is especially important in 2022, as federal and state opportunities may apply to projects currently supported only by local funding.
5. Application must demonstrate coordination with providers of similar or related services. Interagency agreements should be referenced. Evidence of interagency referral process is preferred, as this expands the service system's reach, respects client choice, and reduces risk of overservice to a few.
6. Application must describe planning for continuation of services during a public health pandemic or epidemic. Programs should build on their successes with

technology and virtual platforms, increasing training and access for direct staff and people served.

“We have great parks. The cost of living is relatively low. It’s easy to get around town by car, bus, bike, or walking. The MTD is fantastic and one of the best bus systems we’ve encountered (out of many states and several countries). We have lots of entertainment options, from live music (Friday Night Live, free concerts in the park, etc), theatrical productions (Krannert), movie theaters...”

“Overall there is a LOT of segregation of people with disabilities in our communities in housing, access to employment and socialization... Transportation is a major issue... I would like to see more supports for caregivers, such as a caregiver support group.”

“Friendly people, great community, good restaurants and libraries, great health department, lots of nature and wonderful parks.”

“Right now, there are very little resources for people like myself who know nobody personally in the area, are disabled and need a helping hand occasionally. It leaves me in a very stressful and desperate situation...”

– *Various Survey Respondents, CCDDDB/CCMHB 2021 Community Needs Assessment*

Assessed Needs of Champaign County Residents:

According to the Illinois Department of Human Services – Division of Developmental Disabilities “Prioritization of Urgency or Needs for Services (PUNS) Summary by County and Selection Detail” for July 14, 2021:

- Of 356 **Supports Needed**, the most frequently identified are Personal Support, Behavioral Supports, Speech Therapy, Other Individual Supports, Occupational Therapy, Assistive Technology, Physical Therapy, 24-hour Respite, Adaptations to Home or Vehicle, Intermittent Nursing Services in the Home (in rank order).
- 321 people identified the need for **Transportation** Support.
- 243 people identified the need for **Vocational** or Other Structured Activities, preferring (in order) Support to work in the community, Support to engage in work/activities in a disability setting, Support to work at home, and Attendance at activity center for seniors.
- 65 people are waiting for Out-of-home **residential services** with less than 24-hour supports, and 45 are seeking 24-hour residential.

The year-end report prepared by the Champaign County Regional Planning Commission Independent Service Coordination (ISC) unit aggregates results of additional questions asked of those who enroll in or update PUNS information during the contract year. PY2021 responses show that people value: going out to recreation/sports events, eating out,

zoo/aquariums, parks, and movies. Recreational and social activities are affordable in our county under ‘normal’ circumstances, and some work well in online platforms.

Other notable details from the Community Needs Assessment are quotes from focus group participants and an encouraging statement from a provider agency director:

Social interaction missing, beyond skill streaming. I never had a mentor growing up in school. I now mentor a student in high school. I’ve always struggled with social interactions with teachers and friends who don’t understand how I understand things. I still struggle with interactions with people, being able to recruit people for important things, like encouraging people to get involved with leadership and advocacy.

- *Focus Group Member and Community Choices Leadership & Advocacy Co-facilitator*

I live with parents on a farm. I like it, and it works for now. I am concerned that other people might not have as good of a situation as other people, and they may have been forgotten about. Transportation – not as easy for others living in the country, the weather is also an issue. Do those people have enough food, heating? Technology concerns – iPhones or laptops to facilitate communication purposes – training on Zoom, email, etc. Home living supports – training for daily living or in need of an aide. Having access to technology and internet in rural areas is a problem.

- *Focus Group Member and Community Choices and DSC Participant*

Many of our participants are also coming to the employment process with renewed motivation and in some cases new skills. The pull of re-engagement in the community is high and lots of people are excited to find work. Many, like all of us, are also coming to our services with new computer and communication skills picked up from months of searching through emails for zoom links and messages from friends... It has been an extremely heartening pattern to witness when so many people and organizations are struggling. COVID has stretched our community in many ways, but we hope that this trend toward flexibility and inclusion continues in our workforce.

- *Becca Obuchowski, Executive Director, Community Choices, Inc.*

Program Year 2023 CCDDB Priorities:

Priority: Self-Advocacy

Nationally most care is provided by family, friends, and community rather than by the formal service system. In addition, parents and self-advocates improve the formal system and non-traditional resources and raise awareness of disabilities and of how the system works or fails. Self-advocacy and peer support organizations, especially those governed by people who have I/DD and their families or supporters, may:

- improve others' understanding of the personal experience of I/DD and the rights of people with disabilities;
- offer peer mentoring and networking to support other family- or self-advocates;
- navigate the service system or share information on helpful current resources; and
- engage in or define system advocacy at the local, state, and federal levels.

Priority: Linkage and Coordination

The CCDDDB will support efforts to connect people who have I/DD to appropriate benefits, state/federal funding, and resources. Agencies qualified to perform linkage, coordination, and planning support may provide these to people with I/DD who are eligible for but not receiving state Medicaid-waiver funding:

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

Priority: Home Life

People who have disabilities should have options for housing of their choice, in their own communities, with people they choose, and with supports appropriate to their needs and preferences. Individualized supports may include:

- assistance for finding, securing, and maintaining a home;
- preparing to live more independently or with a different set of people; and
- given the limitations of community residential options through the state/federal partnership (i.e., Medicaid-waiver), creative approaches for those who qualify for but do not receive these services.

Priority: Personal Life and Resilience

Delivered in the least segregated environments and selected by the person, supports for personal success and resilience are across a broad range:

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

Priority: Work Life

Community employment opportunities have increased for people with I/DD, and with experience and exposure, people may find even better opportunities. Proposed programs should incorporate recommended or innovative practices and focus on people's aspirations and abilities, in the most integrated community settings possible, and help them achieve their desired outcomes. Programs may offer:

- job development, job matching, and job coaching;

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

Priority: Community Life and Relationships

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, including digital spaces. Of interest would be:

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

Priority: Strengthening the I/DD Workforce (possible collaboration with the CCMHB)

To address this long-standing, deepening existential threat to the I/DD system, agencies may propose strategies to strengthen and stabilize the workforce, with an immediate focus on those direct support professionals performing “essential” services. Such strategies would strive to maintain the current service capacity, improve workforce knowledge of technology access and use for the benefit of those with whom they work, and allow it to grow to meet the needs of all eligible residents of Champaign County. Agencies may collaborate on a joint application proposing system-wide solutions.

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

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

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

Through the Boards’ intergovernmental agreement, the Champaign County Mental Health Board (CCMHB) has funded programs which complement those addressing the behavioral health of very young children and their families, and for which service providers collaborate as a System of Care for children and families. For PY2023, the CCMHB may continue this priority area as a demonstration of their continued commitment to people with I/DD.

Overarching Considerations:

Underserved/Underrepresented Populations and Countywide Access

Applications (proposals for funding) should describe how the program will promote access for historically underinvested populations as identified in the 2001 Surgeon General's Report on Mental Health: Culture, Race, and Ethnicity and the federal Substance Abuse and Mental Health Services Administration (SAMHSA). Because members of racial and ethnic minority groups encounter disparities in access and quality of care related to I/DD, applications should address earlier, accurate identification of I/DD in minority children, as well as reduction of racial disparities in the utilization of services across all ages. Members of these groups, people living in rural areas, and those with limited English language proficiency should have access to quality services; engagement strategies should be identified which overcome barriers related to stigma and infrastructure and reach even those who are seeking support for the first time. A Cultural and Linguistic Competence Plan (CLCP) is required of each organization applying for funding. The online system includes a CLCP form which is consistent with requirements of Illinois Department of Human Services and which applies the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (CLAS Standards.)

Inclusion, Integration, and Anti-Stigma

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

Outcomes

Applications should identify measures of access for people seeking to participate in the program and outcomes expected to result from this participation. Because defining and measuring outcomes of value can be challenging, the Board offers support through a research team from University of Illinois at Urbana-Champaign's Department of Psychology, with training and technical assistance on 'theory of change' logic modeling, a consultation 'bank', workshops on reporting, and a template for year-end reports. Agencies using these resources may gain an advantage when competing for other funding. Applicant organizations already reporting on outcomes to other funders may include those outcomes, if relevant, in the application for CCDDDB funding.

The Council on Quality and Leadership and the National Core Indicators share a focus on:

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

Coordinated System

Toward a more inclusive, efficient, and effective local system, applications should include evidence of collaboration and should acknowledge other resources and how they are linked. The CCDDDB values partnership and collaboration, not only to avoid overserving and overspending but also to reach our least connected residents. Of interest are: combined efforts of providers and schools, support groups, hospitals, advocates, etc.; a commitment to updating information in resource directories and databases; participation in trainings, workshops, or council meetings with other providers of similar services; and partnerships which go further to make sure that all who have a need are reached and that those needs are met. While the CCDDDB cannot pay for services which are covered under the School Code or are the responsibility of other service systems (e.g., medical, law enforcement, justice system), activities may include collaborative planning, linkage, training, and similar as appropriate to the proposed service and people to be served. Written working agreements should include details of coordinated services, referral relationships, and other partnerships. Applications for funding should acknowledge these relationships.

A joint application may be submitted by two or more agencies proposing services and supports consistent with their shared mission. This could include shared infrastructure (physical, data systems, professional services, etc.) to support organizations’ common goals and improve administrative functions such as bookkeeping and reporting. Another critically important area appropriate for collaboration would be a joint application proposing strategies to strengthen and stabilize the direct support workforce. An application could propose to coordinate internet access and use efforts with other local broadband infrastructure projects, to increase the efficiency and effectiveness of all.

Budget and Program Connectedness

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

Person Centered Planning (PCP)

Every person who will participate in a proposed program should have the opportunity to direct their services and supports. The Person-Centered process seeks a balance between what is important TO a person and what is important FOR a person and includes strengths, preferences, clinical and support needs, and the person's desired outcomes. CCDDDB funding should be associated with people rather than programs. All services and supports should be documented in a plan 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 the same places and times used by other community members;
- *people create and use networks of support* consisting of friends, family, community members with similar interests, and allies/associates they choose; and
- *people advocate for themselves*, make informed choices, control their own service plans, and pursue their own aims.

Applications should describe how specific services relate to what people have indicated that they want and need. For PY2023, funded programs will report on individuals' service activities in simple categories, as full hours, to capture whether the service happens with the individual or on their behalf (in their absence) and whether the service is delivered in the community (including the person's home) or at an agency office. Benchmarks may be developed to promote fullest inclusion. Previous years' aggregate reports have demonstrated the complicated service mix and widely varying utilization patterns and costs.

Added Value and Uniqueness

Applications should identify specific, even unique, features of the approach, the staff, and the funding mix.

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

Process Considerations:

Priority areas and overarching considerations will be used as discriminating factors which influence final allocation decision recommendations. The CCDDDB uses an online system for agencies applying for funding. An agency must complete the one-time registration process, including an organizational eligibility questionnaire, before receiving access to online

application forms. *Note: During 2021, agencies who registered several years earlier are required to submit a new organizational eligibility questionnaire prior to the application deadline.*

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

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

The CCDDDB allocation of funding is a complex task and not a request for proposals (RFP). Applicants are not responding to a common set of specifications but rather are seeking funding to address a wide variety of support needs of people who have I/DD. The nature and scope of applications may vary widely and may include treatment and early intervention models. A numerical rating/selection methodology is not relevant or feasible. Our focus is on what constitutes a best value to the community, in the service of those who have I/DD, and is therefore based on a combination of cost and non-cost factors, reflecting an integrated assessment of the relative merits of applications using criteria and priorities approved by the CCDDDB. If applications are not sufficiently responsive to the criteria and priorities described in this memorandum, the CCDDDB may choose to set aside funding to support RFPs with prescriptive specifications to address the priorities. The CCDDDB may also choose to identify requests, including for capital and infrastructure projects, which are appropriate for an award of funding to be issued during the Program Year 2023 but later than July 1, 2022, in the event of greater than expected Board revenue.

Caveats and Application Process Requirements:

- Submission of an application does not commit the CCDDDB to award a contract or to pay any costs incurred in the application preparation or to pay for any other costs incurred prior to the execution of a formal contract.
- During the application period and pending staff availability, technical assistance will be limited to process questions concerning the use of the online registration and application system, application forms, budget forms, application instructions, and CCDDDB Funding Guidelines. Support is also available for CLC planning.

- Applications with excessive information beyond the scope of the application format will not be reviewed and may be disqualified from consideration.
- Letters of support are not considered in the allocation and selection process. Written working agreements with other agencies providing similar services should be referenced in the application and available for review upon request.
- The CCDDDB retains the right to accept or reject any application, or to refrain from making an award, when such action is deemed to be in the best interest of the CCDDDB and residents of Champaign County.
- The CCDDDB reserves the right to vary the provisions set forth herein at any time prior to the execution of a contract where the CCDDDB deems such variances to be in the best interest of the CCDDDB and residents of Champaign County.
- Submitted applications become the property of the CCDDDB and, as such, are public documents that may be copied and made available upon request after allocation decisions have been made and contracts executed. Submitted materials will not be returned.
- The CCDDDB reserves the right, but is under no obligation, to negotiate an extension of any contract funded under this allocation process for up to a period not to exceed two years, with or without an increased procurement.
- If selected for contract negotiation, an applicant may be required to prepare and submit additional information prior to final contract execution, in order to reach terms for the provision of services agreeable to both parties. Failure to submit required information may result in disallowance or cancellation of contract award.
- The execution of final contracts resultant of this application process is dependent upon the availability of adequate funds and the needs of the CCDDDB.
- The CCDDDB reserves the right to further define and add application components as needed. Applicants selected as responsive to the intent of this online application process will be given equal opportunity to update proposals for the newly identified components.
- To be considered, proposals must be complete, received on time, and responsive to the application instructions. Late or incomplete applications will be rejected.
- If selected for funding, the contents of a successful application will be developed into a formal contract. Failure of the applicant to accept these obligations can result in cancellation of the award for contract. The CCDDDB reserves the right to withdraw or reduce the amount of an award if the application has misrepresented the applicant's ability to perform.
- The CCDDDB reserves the right to negotiate the final terms of any or all contracts with the selected applicant, and any such terms negotiated as a result of this process may be renegotiated and/or amended in order to meet the needs of Champaign County. The CCDDDB reserves the right to require the submission of any revision to the application which results from negotiations conducted.
- The CCDDDB reserves the right to contact any individual, agency, or employee listed in the application or to contact others who may have experience and/or knowledge of the applicant's relevant performance and/or qualifications.

Approved December 15, 2021