

Kansas Council on Developmental Disabilities

State Plan

For Federal Fiscal Year 2016

Submitted on: 2015-12-31 14:38:30

Kansas Council on Developmental Disabilities
915 SW Harrison Room 141
Docking State Office Building
Topeka, KS
66612

Section I : Council Identification

PART A: State Plan Period: **October 1, 2011 through September 30, 2016**

PART B: Contact Person: **Steven Gieber**

Phone Number: **(785) 296-2609**

E-Mail: **sgieber@kcdd.org**

PART C: Council Establishment:

(i) Date of Establishment: **1974-07-01**

(ii) Authorization: **State Statute**

(iii) Authorization Citation: **Kansas Statutes Annotated 74-5501 through 74-5505**

PART D: Council Membership [Section 125(b)(1)-(6)].

(i) Council Membership rotation plan:

The Council member's terms are staggered so each year the Governor may appoint a new member or members to the Council.

Bylaws were revised in 2012 and the council members now serve up to two four year terms or at the pleasure of the Governor. Classes have been established to create a new rotation schedule.

(ii) Council Members:

#	Name	Code	Organization	Appointed	Term Date	Alt/Proxy State Rep Name
1	Donnelly Michael	A1	Vocational Rehabilitation	2015-09-01		
2	Riley, Colleen	A2	Department of Education	2006-08-14		Pickell, Wendy
3	Haehn Brandt	A3	Department on Aging	2015-09-01		Jordan, Aquila
4	Nichols, Rocky	A5	Disability Rights Center	2003-07-03		Mike Burgess
5	Wehmeyer, Michael	A6	University of Kansas	2002-09-23		Shogren Karrie Dr.
6	Smith, Heather	A8	Department of Health and Environment	2013-03-01		Sara Walters
7	Allison, Nichols	B1		2015-09-01	2019-09-01	
8	Bill Story	B1		2013-11-01	2017-11-30	
9	King, Stephanie	B1		2009-01-16	2012-01-16	
10	Linnenkamp, Bradley	B1		2013-11-01	2017-12-01	
11	Nancy Johnson	B1		2014-07-01	2017-11-30	
12	Coleman, Stephanie	B2		2015-09-01	2019-09-01	
13	Lindsey, Krom-Craven	B2		2015-09-01	2019-09-01	
14	Santiago, La Rae	B2		2015-09-01	2019-09-01	
15	Wilson, Dawn	B2		2009-01-16	2012-01-16	
16	Zienkewicz, Connie	B2		2015-09-01	2019-09-01	
17	Fairbank, Kristin	B3		2005-10-03	2015-11-15	
18	Kelley, Joan	C1		2013-04-01	2017-03-31	

PART E: Council Staff [Section 125(c)(8)(B)].

#	Name	Position or Working Title	FT/PT %
1	Cobb, Charline	Senior Admin Assistant	100.00
2	Gieber, Steven	Executive Director	100.00
3	Knutson Craig	Public Policy Coordinator	100.00
4	Moran Elizabeth	Public Policy Coordinator	100.00

Section II : Designated State Agency

PART A: The designated state agency is:

Department for Children and Families

555 S. Kansas Ave

Topeka, KS 66603

phone: (785) 296, fax: (785) 296

email: phyllis.gilmore@dcf.ks.gov

PART B: Direct Services. [Section 125(d)(2)(A)-(B)].

The DSA provides direct services to persons with developmental disabilities. (Pays directly for vocational rehabilitation only.)

PART C: Memorandum of Understanding/Agreement: [Section 125(d)(3)(G)].

N/A or No agreement.

PART D: DSA Roles and Responsibilities related to Council. [Section 125(d)(3)(A)-(G)]

General administrative support (travel reimbursement, salaries, administers fiscal aspects for Council staff and members, fiscal audits of sub-grantees, legal support, staff support through the Department of Children and Families.

PART E: Calendar Year DSA was Designated. [Section 125(d)(2)(B)]

2012

Section III : Comprehensive Review and Analysis [Section 124(c)(3)]

INTRODUCTION: A broad overview of the Comprehensive Review and Analysis conducted by the Council. The Council’s Government members, representing the IDEA, Older American’s Act, Rehabilitation Act, Social Security Act (Titles V and XIX), and the Kansas DD Administration, provided information and updates on their various programs. Other information was collected from Kansas self advocates, DD family members, DD service providers, the P&A, UCEDD, and additional state agencies. After reviewing the information, the Council determined what goals and objectives were possible for the Council to accomplish, given the funding available to the Council. Three areas were determined to be or great need: advocacy, employment, and health care. Council members divided into these three areas and collected more information specific to each area. In 2014 the Council decided to place on hold the area of health care. With all the changes in Kansas in the move to managed care many of the activities of the Council became the responsibility of the Managed Care Companies MCO's. The Council has reached out to the MCO's and offered to work together to improve health care in Kansas.

In 2015, managed care continues to be an area that we are concerned about as additional changes are occurring. The State has announced that they are moving to a global waiver and will place all services in that waiver. We continue to have concerns that this still doesn't address the waiting list or the need for additional service models that aren't currently available.

PART A: State Information

(i) Racial and Ethnic Diversity of the State Population:

Race/Ethnicity	Percentage of Population
White alone	78.2%
Black or African American alone	5.9%
American Indian and Alaska Native alone	1%
Asian alone	2.4%
Native Hawaiian and Other Pacific Islander alone	0.1%
Hispanic or Latino of any race	10.5%
Some other race alone	0%
Two or more races:	3%

(ii) Poverty Rate: 13.20

(iii) State Disability Characteristics:

**a) Prevalence of Developmental Disabilities in the State: 52092
1.8% per Gollay study**

b) Residential Settings:

Year	Total Served	A. Number Served in Setting of 6 or less (per 100,000)	B. Number Served in Setting of 7 or more (per 100,000)	C. Number Served in Family Setting (per 100,000)	D. Number Served in Home of Their Own (per 100,000)
2012	287			97.000	86.000
2010	272	74.000	16.000	89.000	88.000
2009	357	3.000	2.000	86.000	97.000
2007	363	4.000	5.000	87.000	95.000
2005	336	4.000	3.000	84.000	84.000

c) Demographic Information about People with Disabilities:

People in the State with a Disability	Percentage
Population 5 to 17 years	5.7%
Population 18 to 64 years	10.4%
Population 65 years and over	38%

Race and Hispanic or Latino Origin of People with a Disability	Percentage
White alone	12.2%
Black or African American alone	16.1%
American Indian and Alaska Native alone	18.5%
Asian alone	5.3%
Native Hawaiian and Other Pacific Islander alone	0%
Some other race alone	8.3%
Two or more races	14%
White alone, not Hispanic or Latino	12.6%
Hispanic or Latino (of any race)	7.9%

Employment Status Population Age 16 and Over	Percentage with a Disability	Percentage without a Disability
Employed	28%	71%
Not in Labor Force	37.4%	23.8%

Education Attainment Population Age 25 and Over	Percentage with a Disability	Percentage without a Disability
Less than High School graduate	19.5%	8.1%
High School graduate, GED, or alternative	37.4%	26.6%
Some college or associate's degree	28.9%	32.4%
Bachelor's degree or higher	14.2%	99.99%

Earnings in the past 12 months Population Age 16 and Over with Earnings	Percentage with a Disability	Percentage without a Disability
\$ 1 to \$4,999 or loss	34.6%	22.3%
\$ 5,000 to \$ 14,999	10.4%	8.2%
\$ 15,000 to \$ 24,999	16.4%	15.8%
\$ 25,000 to \$ 34,999	12.6%	14.5%

Poverty Status Population Age 16 and Over	Percentage with a Disability	Percentage without a Disability
--	------------------------------	---------------------------------

Below 100 percent of the poverty level	19.8%	10.7%
100 to 149 percent of the poverty level	13.9%	7.4%
At or above 150 percent of the poverty level	66.3%	81.9%

PART B: Portrait of the State Services [Section 124(c)(3)(A and B)]:

(i) Health/Healthcare:

Medical coverage for persons with disabilities is available - applications may be found at either area agency offices or on-line in English, Arabic, Farsi, German, Hmong, Lao, Russian, Somali, Spanish, Swahili or Vietnamese, downloaded, completed and faxed. For children, there is the Children’s Initiative Fund (CIF) that serves 200,000 or 1/3 of KS children and funds newborn screening, Infant and Toddlers for children with disabilities, Newborn Hearing Aid Loaner program and many other programs. The State Children’s Health Insurance Program (SCHIP) has reduced the number of uninsured children by one-third over the past decade. SCHIP funding provides more than 35,000 eligible Kansas children with access to health insurance through the state’s HealthWave program. Without SCHIP funding, uninsured Kansas children would be at 63 percent. Children and Youth with Special Health Care Needs promotes the functional skills of young persons in Kansas who have a disability by providing or supporting a system of specialty health care. Nutrition and WIC services are available for pregnant women and families.

Adults have access to Working Healthy, our Medicaid Buy-In Infrastructure program for adults with disabilities who want to work. There are also a Farmworker health program, local community health centers, 27 local community mental health centers and three state mental health institutions, two DD state institutions, 20 state funded dental clinics, 34 counties who have state funded primary care clinic grants across KS (intended to make primary medical and dental care, prescription drugs, and preventive health care services accessible and affordable to underserved Kansas residents, including uninsured individuals and those enrolled in public insurance programs with eligibility based on income that are operated by KS and/or federal government (HealthWave/Medicaid)), and rural critical access hospitals. The Disability and Health program tries to increase quality of life through promoting health and reducing secondary conditions.

The DD Medicaid Waiver serves 7451 adults and 1184 families with children with DD. Funded with county, HCBS, state VR, and local funds it provides day and residential services, in-home family supports, and direct financial support.

In 2013 all Medicaid medical health care was moved into a managed care program called KanCare. Long term care services were carved out for one year.

In Feb of 2014 IDD services were placed in Medicaid manage care KanCare.

(ii) Employment:

Vocational Rehabilitation Services is housed with the Department of Social and Rehabilitation Services (SRS). As with all VR programs, one must meet eligibility criteria. VR does job placement and also contracts outside the agency for this service. Some DD service providers are under contract with VR as vendors to provide job placement, job training, and other vocational services. VR also coordinates with local public education programs to emphasize the employment potential of students with disabilities and improve the outreach and outcomes for transition-aged students. The available level of staff resources influences VR’s policies and procedures in serving youth with disabilities. An example of a program supported by the Council and VR is Kansas Project SEARCH. In its second year of implementation, it is a business-led partnership with local school districts, community service providers and vocational rehabilitation. The Council has selected five local coalitions as their 1st year pilot projects with six local businesses serving as internship sites for the fall of 2011. 55 students will begin their internships at the University of Kansas, Lawrence Memorial Hospital, K-State University, Wichita Public School District, Newton Medical Center and Salina Regional Health Center. The only goal of Project

SEARCH is competitive, integrated employment at prevailing wage for 20 or more hours per week.

Competitive, integrated employment efforts and Employment First policies/efforts are on going state efforts. The Employment First Workgroup was established two years ago as a part of the contract between SRS and CDDOs and has been meeting regularly since. With the assistance of Council funding and staff resources, they drafted a work plan and have carried out numerous activities including a legislative reception, Governor's Proclamation on employment first, employment first summit, employment 1st website and successfully passed the Kansas employment first bill. Plans are underway for a second employment first summit, continued partnership with stakeholders and ongoing dedication to the work plan.

There are 271 persons with DD who are competitively employed for 20 or more hours per week and 627 who are competitively employed for less than 20 hours per week. Unfortunately, Kansas has 2,261 in work environments designed for persons with DD at 20 or more hours per week and 1,185 in work environments designed for persons with DD at under 20 hours per week or less. Most of these individuals receive subminimum wages. We do not know how many adults with DD are receiving supported employment. In 2013 the employment first law was modified and removed the requirements for a legislative report as well as added two additional appointees. Current attempts in increase employment outcomes haven't been successful with the exception of Project Search.

(iii) Informal and informal services and supports:

The Department of Social and Rehabilitation Services (SRS) has many programs that PWDD may access. They are responsible for the Kansas DD system serving persons from age 5 (excepting some early childhood programs) and through death. The Department on Aging does not serve people with DD. The DD system is governed by the Kansas DD Reform Act. The Council had many members involved in the creation of this law. SRS Child Welfare Case Management Providers work with the child and family to resolve issues so the child can return home. Adoption Services are available when it is not possible to reunite a child with the family, parental rights may be legally terminated or relinquished and the child is then available for adoption. Maintaining and strengthening the child's connection to their relatives, culture and community is essential. Child Welfare Case Management Providers are responsible for recruiting homes for children who do not have another resource for adoption. Independent living is provided through the 27 Community Developmental Disabilities Organizations (CDDOs), single points of entry into the DD system, who develop a person centered support plan based on the individual's preferred life style. The DD system provides independent living, in home supports for families with children with DD, partially fund peer support (Self Advocate Coalition of Kansas or SACK), home and community based services through CDDOs and affiliated community service providers (CSPs). This is also our long term care system. Each county selects their CDDO from the 27. CDDOs in larger cities (Topeka, Kansas City, Wichita) serve only persons in those cities. The NWKS CDDO has the largest area serving 18 counties and is also sparsely populated. CSPs must affiliate with the CDDO in the area they wish to serve. Adults services include 1544 day only, 324 Residential, 4715 day and residential, 1722 in home family support, 22 direct financial support, 20 equipment modifications, 1501 wellness monitoring, 51 medical alert. Children in families services include 1 day only, 41 residential, 1056 in home family support, 101 direct financial support, 1 equipment modifications, 2 wellness monitoring, and 1 medical alert. All data is from the June 2011 DD Monthly Report by our DSA.

(iv) Interagency Initiatives:

Kansas has a number of interagency initiatives and is currently working on additional ones. Current ones include

the Employment First Initiative Work Group that includes Medicaid Infrastructure program, VR, UCEDD, KCDD, DD Services, Self Advocates, and 14 DD service providers. This groups efforts resulted in an Employment Summit for people with disabilities and passage of the first Employment 1st bill in the US this year, HB 2336. Other interagency efforts are Statewide Technology Interagency Board (includes people with DD), Kansas Commission on Disability Concerns. The DD Council attends all of the above as a member. The Council is a member of the Big Tent Coalition, a cross disability group that includes the UCEDD, P&A, community service providers, consumers, families, and various advocates whose role is improve services for Kansans with disabilities and DD Buddy Group composed of consumers, family members, service providers, the UCEDD, P&A, whose role is to advocate for improved DD policy and funding. The DD Buddy group got additional funding for the DD Waiting List this year. Council members have participated on the Interagency Coordinating Council (Part C of IDEA) and we work closely with them. We are members of the Aging and Disability Resource Center Advisory Board; work with the State Rehabilitation Council, Work Investment Board, and State Infrastructure Medicaid grant. We assist different state entities including agencies and organizations in finding persons with DD and family members to serve on their boards, commissions, councils, etc.

(v) Quality Assurance:

State DD services provided under federal and state funding include a monitoring process that involves not only review of information provided to the Department of Social and Rehabilitation Services (SRS) but also on-site monitoring of Community Developmental Disabilities Organizations (CDDOs). In addition, each CDDO is required to have a Council of Community members that includes consumers, family members, and community service providers. SRS also has toll free (hot line) numbers both for suspected child abuse and/or neglect and the abuse and/or neglect of an adult in the community. These telephone lines are staffed 24 hours every day and every call is taken seriously. The Attorney General's Office provides an amber alert system for missing children and also a The Violent and Sexual Offender Registry to search for offenders living in each area of the state. The P&A, Council, and UCEDD in collaboration with self advocates, parents, community service providers and others have worked with the Legislature to get state laws passed in the area of restraints and seclusion use in public schools. Such laws are in place for all persons residing in institutions. The Department of Education has published guidelines for appropriate use of seclusion and restraint in schools due to our advocacy. Partners in Policymaking for all consumers and adults who have a disability, and for family members is provided through Council funds. The Youth Leadership Forum has also been provided partially through Council funds. Person centered planning services are available to all persons with DD who receive services. The Council also works with different agencies to help ensure participation of self-advocates/consumers and family members in all aspects of policymaking. An example is their inclusion in SRS/CDDO contract negotiation, regulatory review, and providing testimony on issues of importance during the Legislative Session.

(vi) Education/Early Intervention:

Kansas has public schools in all parts of the state. Special education and related services are provided through single school districts, special education cooperatives in which several school districts go together and share services and the costs of such, and special education interlocals that are separate entities from schools, run by independent boards, who provide special education and related services that are purchased from them by school districts. They also provide various other services such as bulk purchasing. Schools must report to the State Department of Education how many students are served, what services they receive, by age, school, amount of time in service, etc. One state institution for mental illness and one for DD have schools and all children are placed in one of those facilities. All state juvenile justice facilities have education including special education. Private schools do not have to provide special education although some do. Early childhood special education

services are available at age 3 by public schools and at age 0-2 by various collaborative efforts including schools, CDDOs, and other local entities. The Department of Health and Environment is responsible for 0-2 age programs. All teachers, school administrators, and related service personnel must graduate from a state approved teacher training university and must be licensed in Kansas.

(vii) Housing:

(viii) Transportation:

Transportation is a concern in Kansas due to the rural nature of the state and sparsely populated areas. People who with disabilities who cannot drive often have no way to get to other towns for doctor appointments. The Council is encouraging different state agencies, such as the Department of Social and Rehabilitation Services and Department on Aging, to work together to provide transportation. Persons with disabilities and the elderly are often those who do not have ready access to reliable, affordable transportation. Small towns (40,000 or less) often do not have public transportation. Bus transportation does not go to every town in Kansas. There are few trains and no other forms of public transportation other than taxi service and that is not available in most small towns. With 82,277 square miles and 2,853,118 people, we have a population density of one person per 32.9 square miles. There are only three four-lane highways that do not go to southwest or south east Kansas. Like many states, the economy is suffering and the State has is little money to invest in transportation.

(ix) Child Care:

(x) Recreation:

PART C: Analysis of State Issues and Challenges [Section 124(c)(3)(C)]:

(i) Criteria for eligibility for services:

The Kansas DD Reform Act, KSA 39-1801-1810 passed in 1996 uses the same definition as the federal DD Act except it adds "(F) does not include individuals who are solely and severely emotionally disturbed or seriously or persistently mentally ill or have disabilities solely as a result of the infirmities of aging". (f) "Developmental disability" means:

(1) Mental retardation; or (2) a severe, chronic disability, which:

(A) Is attributable to a mental or physical impairment, a combination of mental and physical impairments or a condition which has received a dual diagnosis of mental retardation and mental illness;

(B) is manifest before 22 years of age;

(C) is likely to continue indefinitely;

(D) results, in the case of a person five years of age or older, in a substantial limitation in three or more of the following areas of major life functioning: Self-care, receptive and expressive language development and use, learning and adapting, mobility, self-direction, capacity for independent living and economic self-sufficiency;

(E) reflects a need for a combination and sequence of special interdisciplinary or generic care, treatment or other services which are lifelong, or extended in duration and are individually planned and coordinated; and

(F) does not include individuals who are solely and severely emotionally disturbed or seriously or persistently mentally ill or have disabilities solely as a result of the infirmities of aging. KSA 39-1803

Kansas DD system has discontinued funding for all but DD Waiver Services. Previously, persons who either did not choose to use Waiver services or those who did not qualify for Waiver services but who did meet the state's DD definition could receive limited support through state only funded services. These were only a few hours per week and such items as help with finances, house cleaning, etc.

KSA 39-1803 Eligibility is determined by one of the 27 Community DD Organizations (CDDO), who do testing and determine eligibility and level of service needed. Counties select their CDDO and some provide fiscal support. The State provides the 40% match for Medicaid services. Each person receiving services has a person centered plan so generic as well as specialized services are provided based on need. In 1989 Kansas began using the Developmental Disabilities Profile (DDP) developed by New York State to collect information about adaptive functioning skills, challenging behaviors and health factors. In 1995 the DDP was incorporated into a new system, the Basic Assessment and Services Information System (BASIS). BASIS also includes individual demographic information, and the kind(s) of service the person is receiving or waiting to receive. To be in BASIS the person must meet the state definition, have had a completed assessment if five years or older, be willing to accept services if offered, and the person/family must be contact annually to see if services are still needed. Schools provide early intervention services for age 3-5 and by local groups that in many cases include CDDOs and other DD service providers. For children under age three, services are provided by local groups that can include schools DD service providers and others. They follow the federal special education definitions and regulations that are also mirrored in state law, with the exception that a parent/guardian can refuse special education and related services. Special education and related services are provided by all public schools and also mirror federal IDEA law.

Both DD service providers and vocational Rehabilitation Services provide employment services. These include job find, job coaching, unfortunately sheltered workshops and new initiatives such as Employment First and Project Search.

Kansas is planning to began using a new tool for assessment and gatekeeping for services. The Council continues to monitor and comment on the tool effectiveness.

(ii) Analysis of the barriers to full participation of unserved and underserved groups of individuals with developmental disabilities and their families:

Money is the major barrier. State funded only DD services have been eliminated. The Legislature is making specific cuts in all areas (education, social services, etc.) and reducing agency budgets. Until the economy improves the unserved and underserved populations will continue to grow. Dental care was taken out of all waivers and mental health services were cut as well as services for the elderly (the latter are only served by DD, not by the elder care system). Some with DD need but may not receive mental health services and that, coupled with losing dental services, has increased the underserved population. In addition, state DD hospitals are also seeing cuts, which impacts those served in the two state DD hospitals.

Because of the increased DD waiting list, there are really no specific specific populations for our unserved and underserved people. All populations, regardless of age, culture, ethnicity, race, etc. may be found on the DD waiting list. We do recognize there are increased barriers of language and culture for SE Asian and Hispanic populations that are growing, especially in SW, NE, and South Central Kansas. Prejudice against illegal aliens

stops some from asking for help.

A few believe the State should not provide any DD services at all, families should provide for their members with DD. This potentially can create barriers if more adhere to this belief. Reductions in state staff have lowered oversight for DD programs. This makes it difficult for consumers and families to find answers to specific questions regarding the DD system. Some have been waiting for services for over 5 years. Crisis service funding is available but this does not help everyone waiting for services.

The rural nature of Kansas (82,277 square miles with 2,853,118 people, a population density of 32.9 per square mile) makes specialized services difficult to find and requires much creativity on the part of consumers, families, and service providers. Add to that only three four-lane highways (I 70, I 335, and I 35) and little public transportation and one can see problems, especially when specialized medical treatment is needed.

Another barrier is the belief by some that one seeks employment only while waiting for a waiver slot and quits when they are on the DD waiver. There is also a persistent belief by some that people with DD cannot work.

We identify the above populations through reviewing the characteristics of those waiting for services by type of service, area, length of time waiting, and through DSA collected data. A monthly DD Summary is provided by our DSA that includes BASIS data (see (i) eligibility criteria). We also work closely with statewide consumer, family and DD service providers to obtain additional information both in data form and anecdotal form. Identification of SE Asian and Hispanic populations occurs through census data that shows both populations increasing. Information from service providers in the geographic areas where these populations are growing provides further rationale for selecting these groups. Again, we review the DD waiting list that shows us the need for services is increasing all over the state as fewer funds are available and increases in service costs are seen. The increase in gas also makes it difficult for people to even get to a place to be tested for identification purposes as well as making it more costly to provide services in the individual's home. Again, money appears to be one of the biggest barriers we face.

With the inclusion of the IDD population in managed care the state eliminate the underserved waiting list. This created additional services for approximately 800 of the 1700 people that were waiting for additional services.

(iii) The availability of assistive technology:

AT devices are available through the schools for students with disabilities if such device is needed for them to receive a free appropriate public education. For adults and students who may need such devices at home, Assistive Technology for Kansans is the Kansas statewide assistive technology program and has AT Access Sites located in Oakley, Wichita, Salina, Topeka and Parsons and an equipment reuse site in Garden City. The regional centers are especially helpful due to the rural nature of the state. The ATK Board has 15 members who have a disability and 12 agency representatives including the Council. ATK provides four core services: device demonstration, short-term equipment loan, AT reuse, and assistance in determining funding eligibility for both new and used technologies. The program also works with KATCO to offer low interest financial loans for the purchase of AT.

The Kansas Assistive Technology Cooperative (KATCO) was established and is directed by persons with disabilities. A consumer run organization, their purpose is to help people with disabilities gain economic and functional independence by coordinating and providing financing for the purchase of assistive technology (AT) equipment and services. They offer financing to eligible borrowers across the state. A typical customer is an individual or family who lives on fixed or limited income though there are no restrictions on who may apply. To be eligible for financing an applicant must, at a minimum:

Be a person with a disability, a parent of a minor with a disability, the guardian of a person with a disability, or the employer of a person with a disability.

Upon receipt of a completed KATCO Application staff review the paperwork and offer guidance to applicants about specific AT specialists and vendors along with possible financial resources. Paperwork is reviewed by a committee that renders a decision to approve or deny the application. In either case KATCO attempts to provide supports and services so that any applicant leaves with more information and resources than when KATCO was first contacted. KATCO provides assistance through other means through partnerships with Housing and Consumer Credit Counseling, financial counseling, and financial assistance through United Cerebral Palsy, Kansas Rehabilitation Services, and various home and community based services waivers. KATCO also manages the Telework Loan Program which addresses the financing needs of individuals engaged in distance-based (Telework) employment.

(iv) Waiting Lists:

a. Numbers on Waiting Lists in the State:

Year	State Pop. (100,000)	Total Served	Number Served per 100,000 state pop.	National Averaged served per 100,000	Total persons waiting for residential services needed in the next year as reported by the State, per 100,000	Total persons waiting for other services as reported by the State, per 100,000
2009	28.000	10061	357.000	212.500	30.000	32.000
2007	28.000	10087	363.000	198.200	24.000	30.000
2005	27.000	9215	336.000	184.000	24.000	26.000

b. Description of the State's wait-list definition, including the definitions for other wait lists in the chart above:

Kansas has two DD waiting lists, unserved who receive no services and underserved who receive some but not all services needed. An example of someone who is underserved is a person who has exited public school through graduation or aging out and now needs day services. Also tracked are numbers who remain unserved for more than 60 days and the specific services for which they are waiting. This also occurs for underserved, such as those on the day services list are waiting for day services in residential, in home, or direct financial services. Underserved in residential services means being served in day, in home, or direct financial services. Underserved in home services means waiting for in home services and being served in residential, day or direct financial services. Underserved in direct financial services means waiting for direct financial services and being served in residential, day or in home services.

Underserve waiting list was eliminated during 2014.

c. To the extent possible, provide information about how the State selects individuals to be on the wait list:

Adults and children seeking DD services must be evaluated and found eligible (meet the criteria) for Day, Residential, in home family support, and/or direct financial support based on Kansas DD Reform Act definitions and using BASIS. If they meet the eligibility criteria, services are unavailable due to financial constraints, and they wish to be placed on a waiting list, they are. If they currently receive no services, they are placed on the Unserved DD Waiting List. If they receive some services but need more they are placed on the Underserved DD Waiting List. SRS maintains the DD Waiting List on a statewide basis. SRS does not prioritize either Waiting List, they are first come first served. If a crisis develops there is a crisis fund that may be accessed for services.

Categories are based on what is needed (day, residential, etc.) rather than level of severity, demographics, characteristics, etc.

Additional funds allowed the removal of an additional 167 people from the waiting list

d. Entity who collects and maintains wait-list data in the State:

- Case management authorities
- Providers
- Counties
- State Agencies
- Other:

e. A state-wide standardized data collection system is in place:

- Yes/No

f. Individuals on the wait list are receiving (select all that apply):

- No services
- Only case management services
- Inadequate services
- Comprehensive services but are waiting for preferred options (e.g., persons in nursing facilities, institutions, or large group homes waiting for HCBS)
- Other:

Other services:

Other services description(s):

g. Individuals on the wait list have gone through an eligibility and needs assessment:

- Yes/No

Use space below to provide any information or data related to the response above:

Eligibility is determined by one of the 27 Community DD Organizations (CDDOs), who do testing and determine eligibility and level of service needed. Each county selects their CDDO and some counties also provide fiscal support. Information regarding each CDDO is on the SRS web site. CDDOs use BASIS for each person to determine adaptive functioning skills, challenging behaviors and health factors and collect demographic information. To be in BASIS the person must meet the state definition, have had a completed assessment if five years or older, be willing to accept services if offered, and the person/family must be contacted annually to see if services are still needed.

h. There are structured activities for individuals or families waiting for services to help them understand their options or assistance in planning their use of supports when they become available (e.g. person-centered planning services):

Yes/No

i. Specify any other data or information related to wait lists:

All persons seeking DD services must have a person centered plan (PCP) when services become available. Case managers are available to assist each person and/or family in developing the PCP and in obtaining services. Each CDDO maintains a list of all service providers in their area (called affiliates) and, when funding is available for services, refers the person/family to those who provide services needed. The state provides monthly information through the DD Monthly Summary. It shows numbers of people waiting for each service, broken down by CDDO area and adult and families with children.

j. Summary of waiting list Issues and Challenges:

People with DD served in Kansas went from 9211 in 2005 to 8788 in 2011 while the unserved waiting list went from 1358 in 2005, to 1667 in 2009, to 3139 as of June 2011 or more than double the number from 2005 to 2011. Funding is not being provided for all people waiting and they have to wait much longer, in some cases over 3 years, for service. Those waiting for additional services are also growing and have to wait longer for additional services. Funding is the challenge in a state where the economy is not growing and all services, including education, mental health, elder care, are being cut. Waiver services are also being reduced; dental care is no longer provided on any waiver. State funded only services are gone in the DD system. Funding increases will only occur when Kansas economy improves and there will be a lot of competition for such funds among the different programs and services.

(v) Analysis of the adequacy of current resources and projected availability of future resources to fund services:

Kansas lacks funds to support persons with developmental disabilities. During the 2011 Legislative Session Kansas reduced funding for education, including special education, the elderly, and provided a small increase (\$6.6 million) for the DD Waiting List that will not begin to fund the current (July 12, 2011) unserved waiting list of 3039 persons and the underserved waiting list of 1643. Earlier Kansas cut all state funded only programs for persons with DD, and eliminated dental services for all HCBS waivers, including the DD Waiver. Although state revenue has grown the past several months it is not nearly enough to replace cuts in social services and education. Some policymakers also want to use the small increase in revenue to cut taxes. The outlook is bleak for future services unless there is a dramatic turn around in the economy. Some small DD service providers are in danger of bankruptcy. The State has also reduced funding for the two DD hospitals making it difficult for them to maintain licensure. One positive aspect is the Governor's desire to close one of the two large state DD hospitals. If the funding can be kept in the DD community, the DD waiting list could be significantly reduced. Other things that could be funded include traveling medical services to help those who are unable to go to the three major cities where the services are available.

(vi) Analysis of the adequacy of health care and other services, supports, and assistance that individuals with developmental disabilities who are in facilities receive:

As of July 12, 2011 Kansas has two large State DD hospitals, Kansas Neurological Institute with 156 residents and Parsons State Hospital with 196 residents. Currently, all needed services are provided including special education, residential, day treatment, medical and dental care, food including all special dietary needs, personal care attendants, etc. State hospital residents are sent to a local hospital if acute medical care is needed. The hospitals are maintained but the facilities are aging. There are no public or private large (over 17 bed) ICF/MR facilities in Kansas except for the two state hospitals. All other private/public large bed facilities were closed by 2009. 46 Kansans with DD reside in 4 Medium (9-16 bed) ICFs/MR and 91 Kansans reside in 19 small (4-8 bed) ICFs/MR facilities. 8 ICFs/MR are located in rural areas and 14 in urban/suburban areas. All residential services (personal care, food, etc.) are provided. Some ICFs/MR provide day treatment services and some residents go elsewhere for day programs. Health care may be provided on-site by nursing staff or, if acute dental/medical care is needed residents will go to local dentists or hospitals. A small number of persons with DD are in nursing homes and they receive the same services provided to others in the facilities such as special diets, personal attendant care, assistance with medication, etc.

(vii) To the extent that information is available, the adequacy of home and community-based waivers services (authorized under section 1915(c) of the Social Security Act (42 U.S.C. 1396n(c))):

The quality of DD Waiver services provided in Kansas is adequate, in many cases more than adequate, but the numbers of people being served is not. The number of people being served has decreased from 9211 in 2005 to 8788 in 2011. At the same time, the unserved waiting list went from 1358 in 2005 to 3139 as of June 2011. The need continues to grow while the number actually served decreases. Funding sources include county (only 4 counties have this), discretionary, Home and Community Based Services (HCBS), State, certified match, Vocational Rehabilitation Services (VR), and other. Some persons may have more than one funding source. County and state funds depend upon either county mill levy or state appropriations. Some CDDOs have foundations that provide discretionary funds. Most funding comes from HCBS, certified match, and the state (95%). State DD Waiver funds have risen from \$217,398,000 (2005) to \$248,145,859 (2007) to \$290,726,845 (2009). Need has more than doubled and some of this funding went just for maintenance (housing, transportation, salaries) etc. for those in service. Another factor is staff turnover. Many direct care staff do not receive benefits and are paid the same as or less than employees of hamburger chains. This causes turnover when staff simply need more money on which to live.

PART D: Rationale for Goal Selection [Section 124(c)(3)(E)]:

Employment was selected as a goal because Kansas ranks 42 in the nation in employment of persons with DD. Many Kansas DD consumers said employment was a priority for them; they can and want to work. The Objectives are to start a sustainable small business technical assistance center that will help people with DD start their own businesses. This is a follow up to our successful funding of small business opportunities for people with DD. DD Summit - every other year we will work with the DD Network and others to hold an employment first summit for persons with disabilities. We held two and they provided much information to people with disabilities regarding employment, keeping benefits, how to find a job, etc. They are in great demand (400 attended the last one) and we have had to turn people away due to lack of space. We will continue this because every year more and more DD youth exiting public education want jobs. More adults with DD have also decided they want to work. Finally we will continue our initial efforts in Project SEARCH, a program to provide education and training to young adults with DD through an innovative workforce and career development model that benefits the individual, workplace, and community. The primary goal is to secure competitive employment

outcomes for each of the program's graduates.

The Advocacy goal comes from the needs of Kansans with DD some of whom are and have been waiting for years for services. Objectives are to decrease the number of persons on the DD waiting list and raise education level and policy engagement in DD by Kansans with DD, their families and others. The desired outcome is an increase in DD policy advocacy and involvement by Kansans with DD, their families, and others who know them. We will also continue to work with colleagues in the disability field to and in other areas such as policymakers to improve the Kansas DD system through education, providing information, and advocating for appropriate, adequate funding and oversight.

Add waiting list need here>>>>>>>>

Quality Assurance Goal involves information, training and inclusion of persons with developmental disabilities and their family members in programs such as Partners In Policymaking, Youth Leadership Forum, and through advocating that state entities include these individuals in various meetings related to developmental disabilities. We also assist DD consumers and family members by making them aware of opportunities to provide testimony on disability issues and work with the Legislature to improve the DD system the first employment first bill in the US last year was passed in Kansas.

Health Care's goal is to increase the number of Kansans with DD who receive culturally competent medical and dental care that addresses their needs. A health care delivery model will establish an ongoing patient – provider relationship to deliver comprehensive, accessible, and continuous primary and preventive care, and to coordinate the individual's health needs across the health care system to improve quality and health outcomes in a cost effective manner. (A baseline of persons receiving medical and dental care will be developed from the year 1 Regional Town Hall meetings.) Strategies for Years 2 – 5 will be based on information from the Year 1 grant.

PART E: Collaboration [Section 124(c)(3)(D)]

(i) As a Network:

The Disability Rights Center (DRC) , University Center on Developmental Disabilities (UCEDD), and the Council on Developmental Disabilities (KCDD) are collaborating on grant writing, serve on the DRC Board, UCEDD advisory board and Council, and are engaged in hospital closure, employment of persons with DD, health care, education, waiting list issues, monitoring the Kansas DD system and providing input to proposed changes and funding of the system. For hospital closure we all testified before legislative committees and met with individual legislators, collected data, developed issue papers and distributed them to all policymakers. We will continue to do this next year and are working with the Governor's office in this endeavor. In employment we will continue to work on employment first to see that it is implemented across Kansas and will assist people with DD in finding employment. For the DD waiting list see below. In all areas we will continue to exchange data and alert each other to proposed changes, then meet with each other and other stakeholders to see if the changes will benefit or harm Kansans with DD and plan what actions we will take.

(ii) With each other: (e.g. Describe the plans the Council has to collaborate with the UCEDD(s). Describe the

plans the Council has to collaborate with the P&A.)

Collaboration with the UCEDD has centered on Employment in writing for a federal grant, using the expertise of the UCEDD in trying to develop a small business outreach center in Kansas to help persons with DD to start their own business. The Assistant ED of the UCEDD has great experience with employment and we work closely with her on all our employment projects to obtain data, information and best practices. P&A collaboration will continue in the legislative area with the P&A and Council jointly meeting with legislators to explain bills, funding, and policy. We have been successful in passage of bills and in getting even a small increase in funding for the DD waiver when most programs were cut. We also jointly participated in contract negotiations between our DSA and Community DD Organizations and got employment of persons with DD added and other things that did not benefit Kansans with DD removed. The Council funded a grant with the P&A to do an End the Wait campaign for DD, like those of other states with the goal of reducing the DD waiting list.

(iii) With other entities: (e.g. network collaboration with other entities in the State, including both disability and non-disability organizations, as well as the State agency responsible for developmental disabilities services)

All three entities collaborate on a regular basis. Examples include our participation in the cross disability and elderly fields as members of the Big Tent Coalition and DD Buddy group. All three entities are members and participants of both groups. The Council ED Chaired the Big Tent and the P&A ED is the current Chair. The P&A provides meeting space for the DD Buddy group. We plan testimony together, work on passage of legislation such as last Session's Employment First Bill. The P&A, UCEDD, and Council together with others drafted the bill's language and recruited legislators to introduce and advocate for the bill. We all support our self-advocates assuring their inclusion in legislative activities and various meetings regarding the Kansas DD system. We work with the Statewide Independent Living Council, State Parent Training and Information Center under IDEA, Self Advocate Coalition of Kansas, state service providers and the 29 other members of the Big Tent Coalition (see bigtentcoalition.org for a list) that represent all types of disability and elder care. We will continue to work with the state departments of administration; aging; education; health care; labor; commerce and housing; Juvenile Justice; Judicial Council; Attorney General's office; Governor's office; the Commissions on Deaf and Blind, Disability Concerns, Human Rights; Legislators and staff; and all other entities. Some we interact with more than others because of different issues but we connect with and work with all as well as the large and small universities in Kansas. We attend meetings, exchange information, do joint trainings, get and give advice, collect data and disperse it, and any thing else we can do to improve the lives of Kansans with DD. Examples are the cross disability Employment First conference, Project First Conference, and Project LEAN conferences that were all well attended and received excellent reviews.

Section IV : 5-Year Goals [Section 124(4); Section 125(c)(5) and (c)(7)]

GOAL # 1: Advocacy: Statewide End the Waiting List Campaign

Decrease number on Home & Community Based Services DD waiting list, goal is to end waiting list. Accomplished by activities such as increasing advocacy among DD stakeholders and awareness of the need by state legislators and the public. Social networking will also be used to increase knowledge and communication of stakeholders. It will be measured by a decrease in the numbers of persons with DD on the state DD waiting list and a funding increase to bring persons on waiting list into service.

Area(s) of Emphasis:

Strategies to be used in achieving this goal:

- | | |
|--|---|
| <input type="checkbox"/> Quality Assurance | <input checked="" type="checkbox"/> Outreach |
| <input type="checkbox"/> Education and Early Intervention | <input checked="" type="checkbox"/> Training |
| <input type="checkbox"/> Child Care | <input checked="" type="checkbox"/> Technical Assistance |
| <input type="checkbox"/> Health | <input checked="" type="checkbox"/> Supporting and Educating Communities |
| <input type="checkbox"/> Employment | <input checked="" type="checkbox"/> Interagency Collaboration and Coordination |
| <input type="checkbox"/> Housing | <input checked="" type="checkbox"/> Coordination with related Councils, Committees and Programs |
| <input type="checkbox"/> Transportation | <input checked="" type="checkbox"/> Barrier Elimination |
| <input type="checkbox"/> Recreation | <input type="checkbox"/> Systems Design and Redesign |
| <input checked="" type="checkbox"/> Formal and Informal Community Supports | <input checked="" type="checkbox"/> Coalition Development and Citizen Participation |
| | <input checked="" type="checkbox"/> Informing Policymakers |
| | <input type="checkbox"/> Demonstration of New Approaches to Services and Supports |
| | <input type="checkbox"/> Other Activities |

Objective: 1.1

A grant for this goal has been approved and funded. The P&A and Self advocate statewide organization shall collaborate on the grant. A staff person for the grant has been hired.

Activities

Operational: Obtain/assess/monitor data from the state. Choose a database management tool for Waiting List campaign. Complete a detailed Strategic Plan for ending the waiting list.

Projects identified in the Strategic plan will be implemented over the next 2 years. The Council has asked the grantee to encourage the development of a long term plan to eliminate the waiting list.

Timeline

Activities shall be completed by the end of year 3 (January 1, 2014). This project has been approved for one additional year at a reduced rate. Because of the success we have experienced and the fact that we still have a need to focus on waiting list we have extending this project until Jan. 1, 2016.

Objective: 1.2

Outreach: Introduce/update campaign information to stakeholders and Legislature.

Activities

Conduct intensive education of policymakers and the media.

Participate in various activities such as DD Advocacy Day and PUSH Day that are supported by DD stakeholder groups. Create a web site and social media (Facebook) network.

Timeline

Activities shall be completed by the end of third year1 (Jan.1 ,2016)

Objective: 1.3

Identify and Train stakeholders across the state.

Activities

Identify and appoint regional coordinators across the state.

Hold Support Group Meetings in selected regions across state.

Produce real life stories for web site and print media. Disseminate stories and other information across the state.

Timeline

Activities shall be completed by the end of the fourth year (January 1, 2016).

Intermediaries/Collaborators Planned for this goal (if known):

- State and P&A
- University Center(s) for Excellence
- State DD Agency

GOAL # 2: Advocacy: Institutional Transition

Raise the level of education and public policy engagement of consumers, family members, people close to them, and other non-traditional sources resulting in an increase in the actual policy advocacy that occurs. Create innovative projects for one year that provide information and tools to assist people with DD and their family members in gaining access to community resources. Inform parents/guardian of successful transition to the community.

Area(s) of Emphasis:

Strategies to be used in achieving this goal:

- Quality Assurance
- Education and Early Intervention
- Child Care
- Health
- Employment
- Housing
- Transportation
- Recreation
- Formal and Informal Community Supports

- Outreach
- Training
- Technical Assistance
- Supporting and Educating Communities
- Interagency Collaboration and Coordination
- Coordination with related Councils, Committees and Programs
- Barrier Elimination
- Systems Design and Redesign
- Coalition Development and Citizen Participation
- Informing Policymakers
- Demonstration of New Approaches to Services and Supports
- Other Activities

Objective: 2.1

Successful Transition DVD for parents/guardians of persons at large facilities to inform them of community supports and transition possibilities. DVD will be created by parents of former institution residents.

Activities

Identify persons with DD to be featured in DVD. Persons will include former residents of state institutions, their families, caregivers, friends, employers, important people in their lives outside institution. Obtain consents of all concerned.

Timeline

All implementation Activities shall be completed by the end of year 1 (October 1, 2012).

Objective: 2.2

Create DVD that shows stories of persons who have successfully transitioned from an institution to the community. All transitions will have occurred recently and will show barriers and how they overcame the barriers.

Activities

Conduct interviews with person, family, friends, and service providers. Create script that has an introduction, tells about each person being interviewed and lessons learned. Edit interviews to make an approximately 10 minute DVD that provides parents and other family members, guardians, consumers, and other concerned persons with actual examples of persons who have transitioned to the community. Provide DVD to parent groups for large congregate facilities. The Department of Social and Rehabilitation Services has agreed to help distribute the DVD because they have access to such parents/guardians for residents of state institutions. Grantee will provide copies of the DVD to state legislators for their education.

Timeline

All implementation Activities shall be completed by the end of year 1 (October 1, 2012).

Objective: 2.3

Evaluation of DVD in its ability to provide information about transition to the community and improve attitudes of parents/guardians of residents of Dd institutions regarding community placement.

Activities

Develop a pre and post survey regarding knowledge and attitudes towards community placement. There may not be a great change in attitude but a significant increase in knowledge regarding the successes of persons who have moved to community services should be shown on the surveys. All information shall be provided to the Council as well as to other DD stakeholders for use with the state legislature regarding closure efforts of another state DD institution.

Timeline

All implementation Activities shall be completed by the end of year 3 (Sept 30, 2012).

Intermediaries/Collaborators Planned for this goal (if known):

State and P&A

- University Center(s) for Excellence
- State DD Agency

GOAL # 3: Advocacy: Community Resources/Alternatives

Provide information and training, written materials and web sites to educate people with DD and their support networks on resources available to assist them to live and succeed in the community. There are over 3000 adults and children (under age 21) on the DD waiting list. Often these individuals do not know about resources outside DD Waiver that can help them succeed. The goal is to provide information on these alternative resources.

Area(s) of Emphasis:

Strategies to be used in achieving this goal:

- Quality Assurance
- Education and Early Intervention
- Child Care
- Health
- Employment
- Housing
- Transportation
- Recreation
- Formal and Informal Community Supports

- Outreach
- Training
- Technical Assistance
- Supporting and Educating Communities
- Interagency Collaboration and Coordination
- Coordination with related Councils, Committees and Programs
- Barrier Elimination
- Systems Design and Redesign
- Coalition Development and Citizen Participation
- Informing Policymakers
- Demonstration of New Approaches to Services and Supports
- Other Activities

Objective: 3.1

Provide at least 10 in person training sessions across the state regarding alternatives to DD Waiver services to assist persons with intellectual disabilities in reaching goals of independence, inclusion, and productivity.

Activities

Develop training sessions that include information about employment, volunteer possibilities, other day activities that are not provided by Home and Community Based Services DD Waiver.

Timeline

All activities to be completed by October 1, 2012

Objective: 3.2

Develop materials regarding alternative resources to assist persons with intellectual disabilities to reach goals of independence, inclusion, and productivity in the community of their choice.

Activities

Create and print a brochure that lists resources available statewide including contact information. This brochure will be used at in person training sessions and made available to the 26 Self Advocate of Kansas local self advocacy groups. Create additional pages for the SACK website that provide the same information as well as video stories of people who have successfully used community resources to improve their lives and links to alternate resources. Target customers include persons with intellectual disabilities who are waiting for services, those who have lost services due to funding cuts, those who are transition aged students, and families and support networks.

Timeline

All activities to be completed October 1, 2012.

Intermediaries/Collaborators Planned for this goal (if known):

- State and P&A
- University Center(s) for Excellence
- State DD Agency

GOAL # 4: Employment

To increase outcomes/earnings for persons with DD through development of a statewide, sustainable small business technical assistance and outreach center. Sponsor training for Project SEARCH high school transition program for youth with DD in their senior HS year. Sponsor Employment 1st Summit for consumers, parents, service providers VR, and others interested in employment for persons with DD.

Area(s) of Emphasis:

Strategies to be used in achieving this goal:

- | | |
|---|--|
| <input type="checkbox"/> Quality Assurance | <input type="checkbox"/> Outreach |
| <input type="checkbox"/> Education and Early Intervention | <input checked="" type="checkbox"/> Training |
| <input type="checkbox"/> Child Care | <input checked="" type="checkbox"/> Technical Assistance |
| <input type="checkbox"/> Health | <input checked="" type="checkbox"/> Supporting and Educating Communities |
| <input checked="" type="checkbox"/> Employment | <input checked="" type="checkbox"/> Interagency Collaboration and Coordination |
| <input type="checkbox"/> Housing | <input type="checkbox"/> Coordination with related Councils, Committees and Programs |
| <input type="checkbox"/> Transportation | <input checked="" type="checkbox"/> Barrier Elimination |
| <input type="checkbox"/> Recreation | <input checked="" type="checkbox"/> Systems Design and Redesign |
| <input type="checkbox"/> Formal and Informal Community Supports | <input checked="" type="checkbox"/> Coalition Development and Citizen Participation |
| | <input type="checkbox"/> Informing Policymakers |
| | <input checked="" type="checkbox"/> Demonstration of New Approaches to Services and Supports |
| | <input type="checkbox"/> Other Activities |

Objective: 4.1

Develop sustainable self-employment technical assistance capacity for persons with DD in Kansas.

Activities

Train KCBDC, Network Kansas, business owners, VR vendors/counselors, educators through regional classroom trainings and competency-based on-line courses. Regular updates from the systems perspective provided to the Council through the project blog with an annual executive summary report on findings and progress noting the next steps required and opportunities for building sustainability. Provide business development services and co-counseling to these prospective business owners. KSBDC and Network Kansas staff to be mentored and trained in disability issues building lasting capacity accommodation persons with DD. Hands-on technical consultation from families, Vocational Rehabilitation staff, educators and others will be welcomed into the process. Promote policy and practice revisions that enhance self-employment outcomes and develop statewide

capacity. Work with the Council and other partners in identifying new opportunities/resources. Provide information on new resources.

Timeline

All activities completed by Sept 30, 2014

Objective: 4.2

Project SEARCH is implemented in 5 communities in Kansas with 6 additional communities to be added in years 2 and 3 for a total of 11. We plan on having two Adult Project SEARCH sites by the end of 2015.

Activities

Training of teachers, businesses, service providers in vocational & life skills training and educational support leading to long term employment. Students selected through screening process that matches abilities and strengths with employer needs. Students will be placed in mentoring positions with local business to learn employability and job skills on a first hand basis.

Timeline

Activities completed by Sept 30, 2015.

Objective: 4.3

Sponsor Employment First Summit in Years 1, 3, and 5 to provide information on employment to DD consumers, family members, VR staff, service providers and others interested in employment for persons with DD. In year 4 we will partner with the WIA Workforce Summit and focus on Kansas employment policy development for people with disabilities.

Activities

Staff will oversee logistics including budget and date, locate event facility, selection and recruitment of speakers, agenda, event publicity, program and handouts, and coordination of sponsorships for persons with DD and their personal care attendants to attend. The Council will seek partners for event sponsorship. Fiscal activities such as payment of event bills (travel, speaker honorariums, participant travel, hotel expenses (rooms, meeting rooms, meals, etc.) will be done by staff. Registration of participants, name tags and all other summit needs will also be done or coordinated by staff. Staff will also develop evaluation of the event and a report provided to Council members.

Timeline

All activities will be completed by Sept 30, 2016.

Objective: 4.4

Assist the state agencies in modifying policy and processes in the area of employment services based on the Employment First Oversight Commission 2014 report.

Activities

Advocate for a payment system that supports employment outcomes. The Council put out a call for investment to fund a grant to engage subject matter experts to help develop the system.

Timeline

Work with the agencies during 2015.

Intermediaries/Collaborators Planned for this goal (if known):

- State and P&A
- University Center(s) for Excellence
- State DD Agency

GOAL # 5: Health Care

To increase the number of persons with DD in Kansas who receive medical care that addresses their physical, dental, mental, and behavioral needs and improves health outcomes.

Area(s) of Emphasis:

Strategies to be used in achieving this goal:

- Quality Assurance
- Education and Early Intervention
- Child Care
- Health
- Employment
- Housing
- Transportation
- Recreation
- Formal and Informal Community Supports

- Outreach
- Training
- Technical Assistance
- Supporting and Educating Communities
- Interagency Collaboration and Coordination
- Coordination with related Councils, Committees and Programs
- Barrier Elimination
- Systems Design and Redesign
- Coalition Development and Citizen Participation
- Informing Policymakers
- Demonstration of New Approaches to Services and Supports
- Other Activities

Objective: 5.1

In Year One, conduct at least six regional town hall meetings across Kansas for DD stakeholders including adults, youth, and families about components of a health care delivery model and Affordable Care Act initiatives that begin to promote effective and successful systems change for persons with DD.

Activities

Set up town hall meetings consulting with stakeholders in each area to determine the best time, date, etc. on which to hold the meeting. Ensure accessibility and cultural competency of both information and site. Determine model to be used for community engagement in the town hall process.

Become knowledgeable about each community including economic, political, and cultural structures, demographic trends, and past experience with related town hall or similar efforts.

Timeline

Town Halls to be completed by October 1, 2012.

Objective: 5.2

Identify ways to increase health care access in physical, dental, mental, and behavioral needs for persons with developmental disabilities across Kansas in rural and urban areas.

Activities

Create a process to combine information collected with the different health care access systems (i.e., physical, dental, mental, and behavioral needs). Such information will include information that can be provided to persons with DD and their families for use in accessing medical services. A written report and presentation will both be presented in person and provided in written form to the Council who shall base additional year's activities on the results.

Timeline

The Report shall be presented and provided in written form to the Council by the December, 2012 Council meeting.

Objective: 5.3

Identify ways to use the information developed during the study and encourage the Managed Care Organizations to partner with us to improve health outcomes.

Activities

KCDD will continue to encourage Managed Care Organizations to improve health outcomes for Kansans with developmental disabilities and their families.

Timeline

All activities will be completed by September 30, 2016.

Intermediaries/Collaborators Planned for this goal (if known):

- State and P&A
- University Center(s) for Excellence
- State DD Agency

GOAL # 6: Improving the Kansas developmental Disabilities System

The Kansas developmental disabilities system will be improved through providing information, training and skill development to persons who have developmental disabilities and their family members and educating policymakers on their need improved and enhanced services, supports, and other assistance for support to live free of abuse, neglect, financial and sexual exploitation, and violation of their human and legal rights and the inappropriate use of restraints or seclusion.

Area(s) of Emphasis:

Strategies to be used in achieving this goal:

- | | |
|---|---|
| <input checked="" type="checkbox"/> Quality Assurance | <input type="checkbox"/> Outreach |
| <input type="checkbox"/> Education and Early Intervention | <input checked="" type="checkbox"/> Training |
| <input type="checkbox"/> Child Care | <input type="checkbox"/> Technical Assistance |
| <input type="checkbox"/> Health | <input type="checkbox"/> Supporting and Educating Communities |
| <input type="checkbox"/> Employment | <input checked="" type="checkbox"/> Interagency Collaboration and Coordination |
| <input type="checkbox"/> Housing | <input checked="" type="checkbox"/> Coordination with related Councils, Committees and Programs |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Barrier Elimination |
| <input type="checkbox"/> Recreation | <input type="checkbox"/> Systems Design and Redesign |
| <input type="checkbox"/> Formal and Informal Community Supports | <input checked="" type="checkbox"/> Coalition Development and Citizen Participation |
| | <input checked="" type="checkbox"/> Informing Policymakers |
| | <input type="checkbox"/> Demonstration of New Approaches to Services and Supports |
| | <input type="checkbox"/> Other Activities |

Objective: 6.1

Promote education and training of persons with DD and their family members through provision and sponsorship of training programs and conferences.

Activities

The Council will annually set aside funding for sponsorship for training for consumers with developmental disabilities and their family members. Applications may be made to the Council on Council forms that include the anticipated numbers of persons with DD or their family members to be trained, purpose of training, presenters (if Council is asked to sponsor presenter), date, time of training, and flyers (if available). If money is available, the Council will fund such training based on need and anticipated attendance. Documentation of efficacy of training will be provided to the Council by each applicant. Such documentation could include surveys completed at the event, follow-up

activities, and other approved methods for determining the outcomes of the event.

Timeline

All such events shall be held by October 1, 2017.

Objective: 6.2

In 2014 the Council replaced the partners in policymaking program with a 8 section Self Advocacy training program. The Council is developing a new leadership training program in partnership with self advocates and the Kansas Leadership Center.

Activities

Contacting service providers in the area and supporting them in providing the Self Advocacy training programs. Partner with SACK in increasing the distribution of the Self Advocacy training program. Partner with the Kansas Leadership Center to develop a training program focusing on the core competencies of adaptive leadership skills for people with disabilities.

Timeline

Completed by Sept. 30, 2016

Objective: 6.3

Education of Kansas Policymakers on the needs of persons with developmental disabilities and their families shall be provided.

Activities

During the Kansas Legislative Session and at relevant Interim Committee meetings bills shall be reviewed and if relevant, monitored to determine their impact on the Kansas DD system. Council staff will provide testimony and recruit stakeholders to provide testimony and work with DD stakeholders to ensure well rounded testimony. Council staff will notify self advocates of opportunities to testify and shall provide assistance on time, date, place of hearing, requirements for copies, and can notify the committee secretary of their desire to testify. Council staff shall provide information on the DD system, and the impact of various bills on the system. Staff shall follow the Council's Legislative Position and ask for guidance if a bill does not appear to follow the Council's Legislative Position Paper. Council members shall receive reports during the Legislative Session (January through May) and during the Interim Session when relevant.

Timeline

Reports of bills, bill activity and testimony shall be provided as soon as possible to Council members via electronic means. The Legislature may change their schedule at any time but staff shall try to provide notification a week in advance where possible.

Objective: 6.4

Support the statewide self-advocacy organization in the areas of conferences and promoting self-determination.

Activities

Present on council goals and activities and gather feed back at the SACK conference.

Timeline

support a self advocacy conference in 2015.

Objective: 6.5

The current system is designed to address Abuse Neglect and Exploitation (ANE) after an incident has occurred; we want to teach people how to avoid situations that lead to ANE and minimize the use of unnecessary guardianships.

Activities

The Council released a call for investment on prevention of abuse neglect and exploitation with up to \$50,000 in funding available for projects. The Council will also work with Adult Protective Services and the Attorney Generals office to find additional ways to provide prevention training.

Timeline

All activities will be completed by Sept. 20, 2016

Intermediaries/Collaborators Planned for this goal (if known):

- State and P&A
- University Center(s) for Excellence
- State DD Agency

Section V : Evaluation Plan [Section 125(c)(3) and (7)]

- Outline how the Council will examine the progress made in achieving the goals of the State Plan.
- Explain the methodology, which may be qualitative or quantitative, that will be used to determine if the needs identified and discussed are being met and if the Council results are being achieved.
- Describe the Council's role in reviewing and commenting on progress towards reaching the goals of the Plan.
- Describe how the annual review will identify emerging trends and needs as a means for updating the Comprehensive Review and Analysis.

Each goal has a variety of methods used to determine the extent to which the goal is achieved, depending on whether the goal involves training, working with communities, research, etc. All grant reports, (quarterly reports, final reports, data gathered from projects), and any additional information is reviewed as received by Council staff. Quarterly Reports prepared by staff are provided to the Council and a final report when the activities are completed. Reports shall contain progress towards each goal on a quarterly or annual basis, using the Goal objectives and what has been accomplished. At any time the Council may elect to revise goals and objectives in the state plan to reflect new information received, unexpected events/barriers, reduction in funds or any other event or occurrence that impacts the Kansas DD system. The final Legislative budget approved by the Governor contains funding for the DD system and is used to track increases and decreases in funding. The State publishes the DD Monthly Summary (attached) that will also be used where possible to determine progress towards specific goals. Data such as numbers on the DD waiting lists, day activities of adults, number in competitive employment, residential and other services received/needed. The Self Advocate Coalition of Kansas (SACK) is state funded. We monitor SACK annually and a coalition of P&A, UCEDD, service providers and other stakeholders have successfully kept this funding in the budget for many years. All supported/conducted activities are evaluated by the participants as appropriate.

Goal 1 DD Waiting List has grantee reports of activities and outcomes. Staff monitors the DD waiting list and numbers receiving services and funding for DD services and compares to previous year. Grantee reports made quarterly to the Council grant manager and a report based on what is received and verified is made at each Council meeting. Goal 2 Advocacy: Institutional Transition. The DVD for parents/guardians of persons with DD on stories of successful transition of persons with DD from institution to the community is provided to the Council. Evidence of distribution to parents/guardians and the legislature is provided and also a final report on the pre and post surveys documenting change in knowledge and attitudes of parents/guardians. Goal 3 Community Resource Alternatives will be evaluated based on training materials and evaluation results of the trainings in quarterly reports. Copies of the brochure are provided and Council review of the web site as developed. A count of web-site hits and follow-up surveys of training participants shall be provided in a final report. Goal 4 Small business technical assistance/outreach center, a 3-year project. Documentation of training and increased knowledge provided by updates from the systems perspective to the Council, through project blog and annual summary on findings, progress, next steps, and opportunities for building sustainability. Goal 5 Health and dental care needs of Kansans with DD and their family members must be determined. 6 regional town hall meetings will be held to collect data and information. Reports of the meetings' results, specific barriers, resources, and concrete action steps needed will be used to develop a list of health choices including preventive medical/dental health and self care issues. Quarterly reports of progress/findings and final report are provided to the Council. All resources for persons with DD, their families, advocates, providers and policymakers placed on websites. Goal 6 Improve the KS DD System. Funding is provided on a first come first served basis to applicants that provide training to Kansans with DD and their families. After training Council receives report that includes numbers

trained and evaluation of the training. Partners In Policymaking (PIP) program evaluates each speaker. After graduation participants are contacted to find out what they learned, how it is being used, and suggestions for changes. PIP reports are provided quarterly with a final follow-up report. All Legislative bills are reviewed, if relevant to the DD, monitored by staff through Committee meetings and meetings with Legislators. Staff testimony is maintained and information sent to Council members when legislative action is taken. Council members receive reports during the Session and Interim when relevant. At Session end a report of impacts to Kansans with DD is provided to Council members. Information on legislative action may be used to revise the State Plan and Council grants.

Progress towards the accomplishment of each goal will be monitored by the Council through quarterly and yearly reports. Results from all grant reports, quarterly reports, data gathered from projects, and any additional information is provided in a quarterly report at Council meetings for Council review. Grantees are also invited to present their findings at least once a year so that Council may receive first hand reports and ask questions. Final reports and annual reports for multi-year projects are also received and executive summaries reported to the Council. Activities completed by staff for annual goals are reported at least quarterly to Council members. Data such as the DD Monthly Summary, final Legislative budgets approved by the Governor, and other information may also be used to determine progress towards Council goals. The Council is responsible for reviewing the reports provided in written and oral form, and commenting on the progress. At any time the Council may elect to revise goals and objectives in the state plan to reflect new information received, unexpected events, reduction in funds or any other event or occurrence that impacts the Kansas DD system. Council members are also responsible for asking questions of staff and other members (i.e., state agency staff) and requesting additional data when needed.

Extensive data regarding Kansans with DD, waiting lists, services needed and services provided, is kept and reported monthly by the State on the DD Monthly Summary. Such reports are provided by the State to the Council and kept on file in the Council office. These Reports are used to identify emerging trends in many areas such as numbers served, numbers waiting for services, numbers needing additional services, day activities, numbers employed competitively, and much other relevant information. Comparison of such data on an annual basis also shows differences and enables the Council to identify changes in the DD population being served as well as those waiting for services. Other information is regularly provided by the State at quarterly DD Stakeholders meetings and through monthly DD Buddy meetings. All relevant information obtained is provided to the Council as it is received to see changes in the DD system as they occur. This permits the Council to react quickly to changes so as to respond better to the needs of Kansans with DD and their families.

Section VI : Projected Council Budget [Section 124(c)(5)(B) and 125(c)(8)]

Goal	Subtitle B	Non-Federal Share	Total
1. Advocacy: Statewide End the Waiting List Campaign	25,000	8,500	33,500
2. Advocacy: Institutional Transition	0	0	0
3. Advocacy: Community Resources/Alternatives	0	0	0
4. Employment	166,000	16,500	182,500
5. Health Care	0	0	0
6. Improving the Kansas developmental Disabilities System	200,000	50,000	250,000
7. Functions of the DSA	0	20,000	20,000
8. General Management	140,500	0	140,500
Totals	531,500	95,000	626,500

Section VII : Assurances [Section 124(c)(5)(A)-(N)]

Written and signed assurances have been submitted to the Administration on Intellectual and Developmental Disabilities, Administration for Community Living, United States Department of Health and Human Services, regarding compliance with all requirements specified in Section 124(c)(5)(A-N) in the Developmental Disabilities Assistance and Bill of Rights Act of 2000:

Assurances submitted

Approving Officials for Assurances

For the Council (Chairperson)

For DSA, when not Council

Section VIII : Public Input and Review [Section 124(d)(1)]

PART A: How the Council made the plan available for public review and comment and how the Council provided appropriate and sufficient notice in accessible formats of the opportunity for review and comment.

The Council works with all DD stakeholder groups in Kansas through the Big Tent Coalition and DD Buddy Group. We did presentations at the Self Advocate Coalition of Kansas statewide conference and had a form for comments and a box at the registration desk in which completed forms could be placed. We did articles for newsletters for Interhab, the state service provider organization, and Families Together, the state parent training (under IDEA) providing both snail and e-mail addresses as well a phone number for comments. This information was distributed on or before April 1 with an asked for return date by April 22, 2011. We also provided comment forms at disability related conferences and sent copies of the form to DD stakeholders including statewide organizations asking for comments. Copies of the proposed goals were also provided in Braille, on CDs, and in other formats as requested and on our web site..

PART B: Revisions made to the Plan after taking into account and responding to significant comments.

Comments made on the State Plan included many needs such as employment, housing summer recreation programs, smaller buses more organizations that provide services and overwhelming support for ending the DD waiting list and to fight for fewer budget cuts. The Council took into account the many needs but recognized, as a relatively a small allotment state, the Council could not do everything. If the funds available were spread too thinly across many areas, there would be no significant impact. They kept their original goals with a few small revisions. Some comments involved dental services such as free clinics, more dentists donating services, and getting dental services back on the waiver. We hope the Health Care goal will help address some of those areas. The great majority of comments were supportive of the Council's Goals and did not ask for revisions.