



OMB Approval No.: 0985-00292

Expiration Date: 1/31/2020

Five Year State Plan For Year 2017

Identification

* - Required field

Part A: State Plan Period: **10-01-16 through 09-30-21**

Part B: Contact Person: **Steven Gieber**

Contact Number: **785-296-2609**

Contact Email: **sgieber@kcdd.org**

PART C: Council
Establishment

Date of
Establishment: **07-01-74**

Authorization
Method: **State Statute**

Authorization
Citation: **Article 74-5501-5505**

Council Membership [Section 125(b)(1)-(6)]

* - Required field

Council Membership Rotation Plan*

Council Members are appointed for a four-year term by the Governor's office and may be appointed for one additional four-year term. Members appointed to an unexpired term may still serve two full additional terms. KCDD staff have been working with the Governor's office since Mar. 2016 to add the missing members Older Americans Act A3, NGO/Local and other non profit A9. We have been successful at adding an additional self advocate and the Older Americans Act A3 representative. We continue work with the Governors office and hope to be in compliance soon. We have had some members who have been on the Council longer than two full terms and have made the Governors office aware of this situation as well. Several members are in there first term and may serve an additional term. Two Council members were replace prior to their term expiring in this past year. (2016)

Agency/Organization

- Rehab Act : A1
- IDEA : A2
- Older Americans Act : A3
- SSA, Title XIX : A4
- P&A : A5
- University Center(s) : A6
- NGO/Local : A7
- SSA/Title V : A8
- Other : A9
- Individual with DD : B1
- Parent/Guardian of child : B2
- Immediate Relative/Guardian of adult with mental impairment : B3
- Individual now/ever in institution : C1
- Immediate relative/guardian of individual in institution : C2

Gender

- Male : M

- Female : F
- Other : O

Geographicals

- Urban : E1
- Rural : E2

Race/Ethnicity

- White, alone : D1
- Black or African American alone : D2
- Asian alone : D3
- American Indian and Alaska Native alone : D4
- Hispanic/Latino : D5
- Native Hawaiian & Other Pacific Islander alone : D6
- Two or more races : D7
- Race unknown : D8
- Some other race : D9
- Do not wish to answer : D10

Council Members

First Name	Last Name	MI	Gender	Race/ Ethnicity	Geographical	Agency/ Organization Code/ Citizen Member Representative	Agency/ Organization Name	Appt Date	Appt Expired Date	Alt/Proxy for State Agency Rep Name
Stephanie	Coleman		F	D1	E1	B2		09-02-15	11-01-16	

First Name	Last Name	MI	Gender	Race/ Ethnicity	Geographical	Agency/ Organization Code/ Citizen Member Representative	Agency/ Organization Name	Appt Date	Appt Expired Date	Alt/Proxy for State Agency Rep Name
Brendan	Darnell		M	D1	E2	B1		06-01-16	11-01-19	
Michael	Donnelly		M	D1	E1	A1	Kansas Department of Rehabilitation Services	09-02-15	11-01-18	
Kristin	Fairbank		F	D9	E2	B3		10-09-05	11-01-15	
Brandt	Haehn		M	D1	E1	A4	Department on Aging	09-02-15	09-02-18	
Nancy	Johnson		F	D1	E1	B1		03-25-14	11-01-16	
Craig	Kaberline		M	D1	E1	A3	Department of Aging	05-02-16	05-02-19	
Stephanie	King		F	D1	E2	B1		11-16-09	11-01-12	
Lindsey	Krom- Craven		F	D7	E2	B2		09-05-15	11-01-17	
Allison	Nichols		F	D1	E1	B1		09-02-15	09-01-16	

First Name	Last Name	MI	Gender	Race/ Ethnicity	Geographical	Agency/ Organization Code/ Citizen Member Representative	Agency/ Organization Name	Appt Date	Appt Expired Date	Alt/Proxy for State Agency Rep Name
Rocky	Nichols		M	D1	E1	A5	Disability Rights Center	08-02-03	09-01-17	Mike Burgess
Patrick	Parkes		M	D1	E2	B1		07-13-16	11-01-20	
Karrie	Shogren		F	D1	E1	A6	KUCDD	10-01-14	10-01-18	Michael Wehmeyer
Heather	Smith		F	D1	E1	A8	Department of Health and Environment	04-01-14	04-01-18	Kayzy Bigler
Bill	Story		M	D1	E1	B1		11-27-13	11-01-17	
Dawn	Wilson		F	D1	E2	B2		01-16-13	11-01-16	
Connie	Zienkewicz		F	D1	E1	B2		09-02-15	11-01-16	
Colleen	Riley		F	D1	E1	A2	Department of Education	07-29-08	07-29-17	Wendy Coates
La Rae	Santiago		F	D5	E1	B2		09-02-15	09-01-17	
Joan	Kelley		F	D1	E2	C1		03-15-13	11-01-16	

Council Staff [Section 125(c)(8)(B)]

* - Required field

Disability data of Council staff will be collected. Response is voluntary and information shared will be kept confidential and serve for data purposes only. Self-identification of disability will be captured in the following manner:

Race/Ethnicity

- White, alone : D1
- Black or African American alone : D2
- Asian alone : D3
- American Indian and Alaska Native alone : D4
- Hispanic/Latino : D5
- Native Hawaiian & Other Pacific Islander alone : D6
- Two or more races : D7
- Race unknown : D8
- Some other race : D9
- Do not wish to answer : D10

Disability Options

- Yes : Y
- No : N
- Does not wish to answer : DWA

Gender

- Male : M
- Female : F
- Other : O

Council Staff

First Name of person in position	Last Name of person in position	MI	Disability	Race/ Ethnicity	Gender	Position or Working Title	FT	PT
Steven	Gieber		N	D1	M	Executive Director	<input type="radio"/>	<input type="radio"/>
Charline	Cobbs		N	D2	F	Senior Administrative Assistant	<input type="radio"/>	<input type="radio"/>
Elizabeth	Moran		N	D1	F	Public Policy Coordinator	<input type="radio"/>	<input type="radio"/>
Criag	Knutson		N	D1	M	Public Policy Coordinator	<input type="radio"/>	<input type="radio"/>

Designated State Agency

* - Required input

The DSA is :other

Agency Name * Department for Children and Families

DSA Official's name * Phyllis Gilmore

Address * 555 S Kansas Ave.

Phone * 785-296-3271

FAX 785-296-4685

Email * phyllis.gilmore@dcf.ks.gov

Direct Services [Section 125(d)(2)(A)-(B)]*

Does it provide or pay for direct services to persons with developmental disabilities? :Yes

Describe *

The department of Vocational Rehabilitation services is under the Department for Children and Families.

DSA Roles and Responsibilities related to Council [Section 125(d)(3)(A)-(G)] *

Describe how the DSA supports the Council * General Administrative support (travel reimbursement, salaries, administers fiscal aspects for Council staff and members, fiscal audits of sub-grantee, legal support staff support through the Department for Children and Families.

Memorandum of Understanding/Agreement [Section 125(d)(3)(G)]*

Does your Council have a Memorandum of Understanding/Agreement with your DSA? :No

Calendar Year DSA was designated [Section 125(d)(2)(B)] * 2012

CRA

State Information

* - Required field

Comprehensive Review and Analysis Introduction:

Include a broad overview of the Comprehensive Review And Analysis conducted by the Council. Below is information that can be included in the Introduction:

- The Council's state planning process including btaining multi-stakeholder and **culturally diverse** input to develop the CRA; the process used to identify state plan goals and objectives.
- An data,research and/or information that influenced the Council's goal selections.

- How information was gathered from focus groups including information gathered directly from a ***culturally diverse group*** of people with developmental disabilities and their families.
- Information on any federally assisted State programs, plans and policies that are not included in Parts A-D
- Other, broader issues, such as social policy, culture change, funding issues, etc. that are not incorporated into Parts A-D.

Describe how the DSA supports the Council

As part of the goal selection process, KCDD completed a comprehensive review, including an analysis of state issues and challenges, which provided the rationale for KCDD's goal selection. The process included public input and review. Only minor revisions to the proposed 2017-2021 5 Year Plan were necessary after taking into account Council feedback and responding to public comments. Informing the Goal selection process was information gathered by KCDD Staff and considered by the Council in 2015 and early 2016 through surveys, outreach, and information-gathering. See Public Input And Review [Section 124(d)(1)]. KCDD's small staff of four (Executive Director, Administrative/Office Assistant, and two Public Policy Coordinators) requires KCDD to implement efficient and effective organizational strategies. KCDD recognizes that one of its strongest assets is the trust and collaborations that it has developed with both the disability advocacy community and public policymakers. The successful partnerships that have been established over many years have reinforced KCDD's position as a facilitator and consensus builder, and the Council is in a unique position to coordinate and collaborate with a diverse network of stakeholders on KCDD's selected goals, objectives, and activities that will enhance a consumer and family centered system of community based services and supports for people with I/DD in Kansas. KCDD determined that advocacy and activities must necessarily focus on self-advocacy, employment, education, and quality assurance to address gaps and barriers that impact people's ability to lead independent lives. Throughout 2015, KCDD sought public input and direction in developing the 2017-2021 5-Year State Plan. Self-advocates, families, state agencies, providers, educators and other stakeholders contributed their ideas and suggestions relating to KCDD's charge, "to ensure the opportunity to make choices regarding participation in society and quality of life for individuals with developmental disabilities." The KCDD Priorities Survey 2015 provided written feedback from 43 Respondents and represented 17 KS Counties. While this number is relatively small, we were able to gather valuable information that was consistent with information we have received from other data points and resources. Resources for Public Input in developing KCDD's 5-Year Plan included: • KCDD Priorities Survey 2015-16 • SACK Conference – June 2015/June 2016: KCDD staff met with self-advocates at both the 2015 and 2016 SACK CONFERENCE to receive feedback from self-advocates on areas of concern and what they'd like KCDD to make a priority. Self-advocates' areas of priority included Education, Employment, Quality Assurance, and HCBS Services and Supports. • Interhab Conference - October 2015 • Ongoing and frequent consultation and collaboration with several KS Disability Advocacy Organizations including, but not limited to: DRC, KU (UCEDD), SACK, Interhab, Families Together, KGP, CDDO's, Big Tent Coalition, Friends and Families KDADS, KDHE KanCare Ombudsman, nursing facilities, the mental health community, ADRCs, hospitals, consumers, statewide Independent Living Centers, KGP, and individuals with developmental disabilities and their families. Within the last five year plan, Kansas has undergone a sea change in the nature of disability supports and services. Kansas has moved to a comprehensive managed care environment for the management of disability services; currently all

Kansans, outside of those few individuals who reside in one of the two state I/DD hospitals, who require and qualify for Medicaid HCBS services are enrolled in a managed health care plan in order to receive services. Advocates and families have expressed a deep sense of “change fatigue”, however, Kansas might be in the midst of further change as plans are underway to not only change the tool that assesses eligibility for services in Kansas, but also conflate all current HCBS waivers into a single global waiver. Advocates and families fear that given the current managed care environment, a major shift towards a medical model rather than a person centered strengths based system of supports is inevitable. The transition to managed care in Kansas has seemingly resulted in a loss of transparency in systems outcomes for advocates, their families and supports. Data regarding service utilization and outcomes that once was widely available and publically posted all but disappeared from public view. It is not known if this loss of publically available data is a systemic issue or an outcome of a system that is in perpetual change, both structurally and administratively. Within the last five year plan alone, Social and Rehabilitation Services (SRS)/Kansas Department of Aging and Disability Services (KDADS) has seen five different Cabinet Secretaries oversee I/DD waiver services. Advocates have been assured that, going forward, data will be made more available.

Poverty Rate Percentage 13.6

State Disability Characteristics

* - Required field

Prevalence of Developmental Disabilities in the State 45365

Explanation

2,871,238 * prevalence rate of 1.58%

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)
2014	11689	270	0	0	

Demographic Information about People with Disabilities

* - Required field

People in the State with a disability

People in the State with a disability	Percentage
Population 18 to 64 years*	10.4
Population 5 to 17 years*	5.3
Population 65 years and over*	36.5

Race and Ethnicity

Race and Ethnicity	Percentage
Do not wish to answer*	0
Some other race alone*	7.7

Race and Ethnicity	Percentage
Asian alone*	6
White alone*	12.4
Two or more races*	12.4
Hispanic or Latino (of any race)*	6.7
Black or African American alone*	15
American Indian and Alaska Native alone*	14.8

Educational Attainment Population Age 25 and Over

Educational Attainment Population Age 25 and Over	Percentage with a disability	Percentage without a disability
Bachelors degree or higher*	15.7	34.2
Less than high school graduate*	17.5	8.3
High school graduate, GED, or alternative*	36.2	25.1
Some college or associates degree*	30.6	32.5

Employment Status Population Age 16 and Over

Employment Status Population Age 16 and Over	Percentage with a disability	Percentage without a disability
Employed*	27.7	70.1

Employment Status Population Age 16 and Over	Percentage with a disability	Percentage without a disability
Not in labor force*	67.8	25.3

Earnings in Past 12 months Population Age 16 and Over with Earnings

Earnings in Past 12 months Population Age 16 and Over with Earnings	Percentage with a disability	Percentage without a disability
Earning \$15,000 to \$24,999*	15.3	14.5
Earning \$5,000 to \$14,999*	23	15.8
Earning \$25,000 to \$34,999*	12.6	14.7
Earning \$1 to \$4,999 or less*	18.9	11.7

Poverty Status Population Age 16 and Over

Poverty Status Population Age 16 and Over	Percentage with a disability	Percentage without a disability
Below 100 percent of the poverty level*	19.3	80.7
At or above 150 percent of the poverty level*	67.2	32.8
100 to 149 percent of the poverty level*	13.5	86.5

Portrait Of State Services [Section 124(c)(3)(A)(B)]

* - Required field

Recreation

All people benefit from inclusive recreational, leisure, and social activities consistent with their interests and abilities. However, for individuals with developmental disabilities, participation and access to recreational activities is often limited by their level of disposable income. Public funding and benefit plans rarely, if ever, provide allocations for leisure and recreation activities. If an individual has the resources to engage in recreational activity, they are often met with the additional barriers of inadequate availability of transportation and limited community recreation centers and activities. These limitations are particularly apparent in rural communities.

Traditionally, recreational activities have not had the same level of priority as other needs (quality assurances, person-centered services and supports, housing, employment, etc.). Many agencies have created and support separate recreational programs for individuals with disabilities, including those with developmental disabilities. For example, Parks & Recreation in Lawrence, KS has a “special populations” division for programs and activities for individuals with disabilities. Special Olympics Kansas provides year-round sports training and athletic competition in a variety of Olympictype sports for children and adults with intellectual disabilities. However, there is a movement toward recreational activities for individuals with disabilities, particularly in inclusive community settings with peers without disabilities when possible and appropriate, which can greatly benefit an individual with a disability by developing skills, building self-esteem and reducing social barriers that can prevent the individual from seeking employment in settings where there may not be any individuals with apparent disabilities. Individuals without disabilities also benefit from integrated recreational activities. Individuals without disabilities are provided with the opportunity to learn about the abilities that individuals with disabilities possess. This knowledge is likely to positively affect the attitudes of individuals without disabilities about the capabilities of individuals with disabilities in other settings, such as in the workplace (<http://www2.ed.gov/programs/rsarecreation/index.htm>).

Survey results indicate that only 20% of participating Kansans prioritized Recreation Activities as a priority area of concern (KCDD Priorities Survey 2015, KCDD Survey on Adult Guardianship in KS 2015, SACK Conference 2015, Interhab Conference 2015, consultation and collaboration with several Kansas disability advocacy organizations, KS and other states’ quality assurance efforts, regulations, legislation, and activities and to hear the thoughts of people with developmental disabilities, families, and advocates to bring their ideas into the future priorities planning process). Additionally, survey results indicate Kansans believe the following:

? Recreational programs provide recreation and related activities for individuals with disabilities to aid in their employment, mobility, independence, socialization, and community integration.

? Programs should be designed to promote the development of social skills that are necessary in order to integrate individuals with disabilities into the community.

? There are many organizations across the state of Kansas that provide recreation programs for individuals with disabilities, although most are not in inclusive community settings.

Transportation

Transportation is a concern in Kansas due to the rural nature of the state and sparsely populated areas. People with disabilities who cannot drive often have no way to get to other towns for doctor appointments.

In recent years, the Kansas Department of Transportation (KDOT) has partnered with the Federal Transit Administration to help create a network of transit providers in Kansas. Currently, KDOT has contracted with 108 transit providers covering 99 of 105 counties in the state. Only a small number of localities have fixed route transit programs, and often times even those programs have limited run hours per day (some ending as early as 3:30). Other communities have shared transit that requires advanced notification (at least one day prior) for riding- meaning people with disabilities are all too often left without accessible and affordable transportation should the need or desire spontaneously arise. Given the limited run times, it also means access to emergency care or work is often limited.

Transportation between communities is also very limited, and this is a major concern in rural areas where access to medical care- and often, social activities, is not always available in the local community. People with disabilities, most of whom do not drive themselves, are reliant upon community service providers (who are not able to bill for the service) or family, friends, or community members for their day to day transportation.

Kansas covers 82,278 square miles with a population of (approx.) 2,911,641 with an average population density of 35.1 people per square mile. While most of the top ten population centers in Kansas average between 1,800-2,800 people per square mile, it means that over half of the state population lives in areas far below the average population density for the entire state. Of the 105 counties in Kansas, 36 are designated as “frontier” (less than 6 people/square mile) and 31 are “rural” (6-19.9 people per square mile).

The Council is encouraging different state agencies, such as the Kansas Department on Aging and Disabilities Services (KDADS), KDOT, and local communities and resources to work together to provide more adequate transportation and utilize technology to bridge the geographical divide in the state.

Housing

The supply of appropriate housing and related person-centered supports and services has not kept pace with the growing demand for community-based housing, thus creating a shortage of safe, affordable, accessible and integrated housing options for individuals with developmental disabilities. The problem is exacerbated by the number of aging caregivers who provide support to their loved ones in their own homes. As these caregivers continue to age and become unable to support their family member, they will be seeking housing options, further pressuring the limited housing available. Accessibility of and number of banks that made mortgage funds available to enable people with disabilities to own their own homes is also limited. People with developmental disabilities face a crisis in the accessibility and availability of safe, affordable, and accessible housing.

For many years now, there has been a heightened recognition that individuals with developmental disabilities belong in the community, resulting in a growing demand for community-based housing. However, the median annual “household” income of households that include any working age (ages 21-64) people with a cognitive disability in Kansas in 2013 was \$ 33,200 (base population average income was \$60,000) (<http://disabilitystatistics.org/reports/acs.cfm?statistic=6>). This limited income of most people with developmental disabilities severely limits their choice of safe, affordable, and accessible housing.

In 2015, KDADS awarded funds to community mental health centers to develop Interim Housing projects. KDADS also awarded grants to CMHCs to be used to create and/or maintain housing programs for persons with a severe and persistent mental illness discharging from state funded institutions and those whom are experiencing homelessness. The funds are used by the CMHCS to lease units and offer immediate access to short-term community based housing coupled with supportive services. The Interim Housing projects provide short term housing, usually up to six months, as an alternative to discharging from a State institution into homelessness. The number of persons in households served with “other” disabilities (disabilities not associated with substance abuse or severe mental illness) in 2014 was 314 (The Kansas Housing Resources Corporation, Annual Performance Report on the Kansas Consolidated Plan for community and housing development for program year 2014). There is a pervasive and ongoing concern given that the majority of individuals with developmental disabilities are not competitively employed, live in poverty, and cannot acquire safe, affordable, and accessible housing.

Survey results indicate that 46.15% of participating Kansans prioritized Housing as a priority area of concern (KCDD Priorities Survey 2015, KCDD Survey on Adult Guardianship in KS 2015, SACK Conference 2015, Interhab Conference 2015, consultation and collaboration with several Kansas disability advocacy organizations, KS and other states’ quality assurance efforts, regulations, legislation, and activities and to hear the thoughts of people with developmental disabilities, families, and advocates to bring their ideas into the future priorities planning process).

While State programs are available, they are insufficient to meet the needs of Kansans with developmental disabilities and their families. It is critical that developmental disability advocates proactively pursue solutions to the housing crisis and develop new, inclusive housing alternatives to address this problem. Survey results also indicated the need for the following:

? Providing financial support, technical support, and/or activities to increase the supply of affordable and accessible housing options that are integrated in the community, including home ownership and rental housing, to meet the growing unmet needs of people with disabilities and their families

? Coordinating with other developmental disability stakeholders to remove barriers that prevent people from renting or buying their own homes through: simplifying programs; ensuring appropriate fair-market rents; eliminating discrimination based on source of income (such as SSI); seeking opportunities to educate and train public housing authorities and service providers on the housing needs of people with disabilities; and ensuring fairness and equity.

? Providing financial support, technical support, and/or educational opportunities for individuals with developmental disabilities to assist them in moving from congregate settings to homes in the community and homes of their choice.

Child Care

The Kansas Department of Health and Environment, due to an emphasis on early identification and intervention, somewhere between 10% and 20% of all Kansas children could be defined as having special needs. Early identification and intervention of childhood disabilities can lead to a higher quality of life for these children. Unfortunately, many staff at child care facilities are not adequately trained in identification and intervention strategies.

Current Kansas regulations regarding child care facilities (K.A.R. 28-4-435) and those for day care homes predate the Americans with Disabilities Act by almost 10 years. Fortunately, there is a greater awareness and understanding of disability and childhood than in the past.

Kansas adopted HB 2160 requiring health insurance companies to provide coverage for early intervention services for people on the autism spectrum under the age of 19. In January of 2013, Kansas adopted and implemented an Autism Waiver. Unfortunately, it can only serve 50 children at this time, and there is a waiting list for services. Evidence shows that early intervention can help children with autism later on in life so there is a necessity to try and eliminate the waiting list. For those that do qualify for services, much like other individuals with intellectual and developmental disabilities, there may not be enough capacity to adequately serve their needs, especially in rural parts of the state.

Integracy Initiatives

Kansas has a number of interagency initiatives and is currently working on additional ones. Staff are members of several interagency groups including the Workforce Board, Assistive Technology for Kansas, Adult Protective Services Committee, the Employment First Commission, Big Tent Coalition, DDBuddy group and the Commission on Disability Concerns KDADS Friends and Family group.

KCDD has entered into a partnership with Kansas Department of Aging and Disability Services to join the Community of Practice serving families across the life span.

The Council services in leadership roles in many of these groups. 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. We work with the State Rehabilitation Council, Work Investment Board, and Department of Commerce. 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.

We continue to serve on several committees at the state level including Waiver Intergration teams WISE and a committee developing a new assessment tool for waiver eligibility and to determine the level of serve needed.

Quality Assurance

Quality assurance systems and activities contribute to and protect self-determination, independence, productivity, and integration and inclusion in all facets of community life for Kansans with developmental disabilities. While compliance with standards and regulations can contribute to quality of person-centered supports and services, it is not – by itself - sufficient assurance of quality. Further, assisting people to "live their own lives" and "keeping them safe" are goals that are sometimes in conflict with each other. Kansans with developmental disabilities are especially vulnerable to abuse, neglect, and exploitation. People need to have the information, skills, opportunities, and supports to live free of abuse, neglect, financial and sexual exploitation, and violations of their human and legal rights, and the inappropriate use of restraints or seclusion.

As a group, people with disabilities are older, poorer, less educated, and less employed than people without disabilities and constitute the single largest minority group identified in the United States. They are a vulnerable population. While limited information exists regarding the criminal victimization of people with disabilities, the little that is available is horrifying in nature and scope. Studies show that they are 4 to 10 times higher

risk of becoming crime victims than persons without a disability (www.kdheks.gov). In 2013, the prevalence of disability in KS was: 12.2 percent for persons of all ages and the poverty rate of working-age people with disabilities in Kansas was 24.0 percent (http://www.disabilitystatistics.org/StatusReports/2013-PDF/2013-StatusReport_KS.pdf).

Supports, services, training, information, and resources for prevention of abuse, neglect, and exploitation (ANE) continues to be an area of concern in Kansas. Stakeholders have expressed a particular concern for the lack of a data collection and capacity analysis regarding prevalence of ANE incidents, mediation efforts, and prosecution of offenders. According to Kansas Department for Children and Families' Prevention and Family Services Report (SFY2016), an average of 37 Family Services cases are initiated statewide each month. Of those, the total number of Adult Protective Services (APS) reports received is 16,456 per year. APS staff reports that when looking at HCBS info that APS provides to KDADS, averaging approximately 300 reports per month, about 200+ of those reports investigated every month are for Kansans with I/DD alone. In stakeholder meetings, KDADS staff have indicated that 80-90% of referrals they receive are from the I/DD population. According to APS Reports (SFY2016), statewide, 19.9% of assigned Adult reports involve either Fiduciary Abuse or Exploitation, 31.6% of Financial Exploitation investigations involve adults age 80 and older, while the top three maltreatment types involved in assigned child reports (with or without disability) are physical abuse (32.7%), lack of supervision (18.7%), and emotional abuse (20.3%). Both APS and KDADS have indicated there is a continued need to work with advocacy organizations and other stakeholders to get information and training distributed statewide. KCDD is working, and will continue to work closely, with both organizations to meet this need for community both formal and informal supports.

Providing quality assurance for the disability population is further complicated by 31.8% of the total Kansas population live in rural areas and cities with populations of less than 5,000 and services and supports are difficult to access (www.kdads.ks.gov). Historically, people with disabilities are not informed of their rights, haven't received skills training to self-advocate, and as children have been subject to the use of restraints and seclusion in schools.

Quality assurance systems contribute to and protect self-determination, independence, productivity and integration and inclusion in all facets of community life. Survey results indicate that 57.41% of participating Kansans prioritized Quality Assurance (Person Centered Supports and Services) as a priority area of concern (KCDD Priorities Survey 2015, KCDD Survey on Adult Guardianship in KS 2015, SACK Conference 2015, Interhab Conference 2015, consultation and collaboration with several Kansas disability advocacy organizations, KS and other states' quality assurance efforts, regulations, legislation, and activities and to hear the thoughts of people with developmental disabilities, families, and advocates to bring their ideas into the future priorities planning process). Survey results also indicate the following:

? Self-advocates need skills training necessary to successfully exercise their rights and maintain choice in their lives.

? Individuals with developmental disabilities are at greater risk of abuse, neglect, and exploitation and need education, advocacy and training that extends beyond the urban core, to include those individuals and families in rural areas.

? Self-advocates need support and guidance to develop and manage coalitions, networks of support, and outreach efforts to assure continued investigation and improvement of quality assurance activities in Kansas.

? Quality Assurance systems, regulations, and legislation require continued oversight, analysis, and advocacy efforts to insure they contribute to and protect self-determination, independence, productivity, and integration and inclusion in all facets of community life.

Health/Healthcare

People with I/DD and other disabilities often have lower health outcomes than the general population. People with I/DD and other significant disabilities often have higher rates of diabetes, obesity, lower oral health and other health issues. Oftentimes, many of these health issues can be traced to lifestyle habits. In many parts of the state, especially rural areas, there are not an adequate number of doctors or dentists to serve the I/DD population. At this time, there are 107 rural hospitals in Kansas, at least one has closed in Independence, and another 31 are at risk of closure.

Many hospitals cite a lack of Medicaid expansion in Kansas as creating financial hardship for their organizations; in recent months, these hardships have been compounded by a proposed 4% (roughly \$56 million in state money, not counting federal match) Medicaid reimbursement cut by the current administration to offset fiscal shortfalls in state revenues. A major 378 bed hospital in Topeka has put itself up for sale after a \$6.2 Million dollar loss in 2014. Hospital administrators cited a lack of Medicaid expansion in Kansas as a contributing factor in deciding to sell the hospital.

The Kansas Department of Aging and Disability Services (KDADS) currently operates four state hospitals: Osawatomie State Hospital (OSH), Parsons State Hospital and Training Center (PSHTC), Kansas Neurological Institute (KNI), and Larned State Hospital. Most state operated hospitals are understaffed and over capacity; OSH has currently lost its Medicare funding eligibility due to the extent of the problems at the hospital.

In 2012, Kansas implemented Managed Care (KanCare) across all Medicaid populations and waivers except for the I/DD waiver which was integrated into KanCare in February of 2013.

The managed care model in Kansas has resulted in a paradigm shift where “health care” is promoted for the whole person with the expected outcome that “sick care” and the need to access more expensive clinical care is reduced resulting in both cost savings for the state and a higher quality of life for the person served. Under this model, it is estimated that physical environment, health behaviors, and social and economic factors account for ~80% of a person’s health while clinical care and performance accounts for only 20%.

All three managed care organizations cite a decrease in emergency room visits as evidence that KanCare is working, however, numbers for persons with intellectual and developmental disabilities have not been broken out by the organizations or state agencies.

At times, in the past, Oral Health Services have been offered as waiver services for people on the I/DD waiver, however, it is no longer offered as a waiver service. Some MCOs offer some variant of Oral Health Services as a “value added service.”

Prior to KanCare implementation, the Kansas Council on Developmental Disabilities (KCDD) commissioned a grant to study healthcare outcomes for people with significant intellectual and developmental disabilities; a replication of this study post KanCare implementation would help clarify what, if any, healthcare outcomes have resulted from the implementation of managed care in Kansas.

In 2016, the University of Kansas was awarded the KS Disability and Health Program 2016-2021: The program will address the problems of lack of inclusion and accessibility in public health programs and existence of significant health disparities for people with disabilities, particularly those with mobility limitations and/or intellectual and developmental disabilities (IDD). In particular, the program will work with a large network of partners and at multiple levels to: 1) improve physical activity access, opportunities and supports; 2) improve oral health knowledge and system capacity; and 3) improve knowledge of and access to good nutrition.

Access to services by people with intellectual and developmental disabilities who are not on the I/DD waiver may be limited. Due to the lack of Medicaid expansion in Kansas, candidates for Medicaid services must meet very restrictive income guidelines. As per the Kansas Medical Assistance Annual Report (MAR), in Fiscal Year 2016, average monthly KanCare beneficiary totals for the following populations totaled:

* ICFID residents-136

* Developmentally Disabled (Non dual diagnosis) – 3893

* Developmentally Disabled (Dual diagnosis) – 4851

* Total served monthly average- 8,880

Utilizing a Gollay study (1.58% of the population) to estimate the prevalence of developmental disabilities in the state (~45978), it would appear that only 17% of people with I/DD are identified as receiving services under KanCare in the FY16 MAR report summary. It is unclear if this low rate of utilization is due to individuals not needing services, not qualifying for services, or if they are unaware of the availability of services.

There is a concern in Kansas that many individuals who believe they qualify for Medicaid services have simply been “lost in the system.” In August 2011, Kansas officials announced a \$188 million contract for a new high-tech Medicaid enrollment system with Accenture. They said the new Kansas Eligibility Enforcement System (KEES) would replace a clunky paper-based enrollment system that sometimes took up to 45 days. The system went live in June 2015 (years past due date), but within months, organizations that serve Kansas Medicaid populations began reporting long waits for processed applications. The electronic application system under KEES has resulted in an unprecedented backlog of Medicaid eligibility applications in the state. As recently as June of 2016, over 11,000 KanCare applicants across all populations have been waiting for more than 45 days for the state to process their applications.

The state had reported to the Centers for Medicaid and Medicare Services (CMS) that the KanCare application backlog was 3,480 people, however, they later had to recant that number and acknowledge that backlog was actually quadruple, numbering 15,393.

There is concern that the state Hispanic population is underserved in the Kansas healthcare market. According to a 2011 Pew Research Center Demographic Profile of Hispanics in Kansas, there are 307,000 people of Hispanic origin who reside in Kansas representing roughly 11% of the state population. It is the fastest growing population demographic in the state. It is estimated that 2 out of 3 Hispanics speak Spanish as the primary language in the home, and that 30% of the Hispanic population is uninsured (16% uninsured native born vs. 56% uninsured foreign born). Three primary barriers to healthcare access by the Kansas Hispanic population are identified as: cultural, with the belief that the family and close community will care for their own; linguistic, as the majority do not speak English as a native language resulting in confusion or a complete lack of understanding of a complex service system; fear, resulting from a lack of documentation of citizenship. Healthcare access for the Hispanic community, and especially uninsured, is largely comprised of local church and health outreach activities.

Education/Early Intervention

Schools provide early intervention services for age 3-5 and by local groups that in many cases include Community Developmental Disability Organizations (CDDOs) and other I/DD service providers. For children under age three, services are provided by local groups that can include schools, I/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.

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.

The Kansas Autism Waiver is a service provided through Kansas Department on Aging and Disability Services for children from the age of diagnosis through the age of five. If eligible the child and family may receive waiver services for a time period of three years. The waiver is designed to provide intensive early intervention services to children with Autism Spectrum Disorder (ASD). Services include respite care, parent support and training, intensive individual supports, consultative clinical and therapeutic services, and family adjustment counseling. To be eligible for the autism

waiver the child must receive a diagnosis by a licensed medical doctor or psychologist (Ph.D.). At this time only a limited number of applicants can be served across the state of Kansas. Once the child has been accepted into services an Individualized Behavioral Plan/Plan of Care will be developed with the family by an Autism Specialist.

In 2014, the state of Kansas passed legislation that will provide insurance reform resulting in coverage for members who are less than 19 years of age and are diagnosed as being ASD. Covered services include diagnostic evaluation, Applied Behavior Analysis and any treatment "prescribed or ordered by a licensed physician, licensed psychologist or licensed specialist clinical social worker." Approved treatments must be "recognized by peer reviewed literature as providing medical benefit to the patient based upon the patient's particular autism spectrum disorder."

Kansas constitutionally requires both adequate and equitable funding of it's public schools. According to the Center on Budget and Policy Priorities, Kansas has seen a 14.6% decrease in per student spending between 2008 and 2014 once adjusted for inflation. The Kansas Supreme Court heard arguments, and ruled in 2016 that Kansas did not have an equitable formula to distribute student state aid across the state; in late June of 2016, the Kansas legislature reconvened for an emergency session to create a new formula for state aid that would satisfy the Kansas Supreme Court ruling. The Kansas Supreme Court has said it will consider another case regarding educational finance that addresses the adequacy of school funding in Kansas within the upcoming five year plan period. It is important for students with disabilities, their families, and supports understand how these rulings will impact special education and transition services in Kansas going forward. Should the Court rule that increased funding is needed, it should most certainly help Kansas special education programs have greater access to state of the art education and transition practices.

Employment

People with intellectual and developmental disabilities in Kansas lag behind their non-disabled peers in securing competitive, integrated employment. Although Kansas was the first state in the nation to adopt Employment First legislation in 2012, it now has 8.3% more people with intellectual/developmental disabilities engaged in non-work day activities than before passing of the statute.

Stakeholders, self advocates, service providers and state officials all agree that competitive, integrated employment is important both as a primary service model and as an essential component in a person's high quality of life.

In creating a *Kansas Roadmap to Employment* for the Kansas Council on Developmental Disabilities, Griffin Hammis & Associates analyzed employment outcomes for people with disabilities in Kansas relative to other states and found that, "comparative findings were clear: many persons with disabilities routinely employed in many states are not so routinely employed in Kansas."

The report goes on to note:

This reality of less than adequate numbers of Kansans with disabilities employed is despite almost countless current and former attempts, pilots, grants, and initiatives. To name some that were analyzed: Kansas has an Employment First decree from their Governor, innovative pilots like Project Search in ten different communities, a SSI Social Security Pilot, Business Leadership Networks, Systems Change Grants, a Disability Employment Initiative, the KANSASWORKS employer partnership, a new End-Dependence Kansas initiative, the Great Expectations Initiative from Vocational Rehabilitation, a Supported Employment Grant, Managed Care Employment Initiatives, one to begin April 2015 from United Health Care, and additional knowledge and resources covering federal policy changes coming from the Centers for Medicare and Medicaid Services Final Rule, the Workforce Innovation and Opportunity Act, including Rehabilitation Act revisions.

Barriers to employment include a lack of understanding by self advocates and their family on the impact of employment on their benefits; many fear that they will lose supports and services vital to their quality of life in the community of their choice. Education could help mitigate that barrier, however, benefits counseling is not a waiver service in Kansas, and there are currently only five (5) benefits counselors statewide to serve people across all disability spectrums.

Kansans with disabilities have difficulty accessing Rehabilitation Services that result in competitive, integrated employment. The Great Expectations Initiative (GEI) through Vocational Rehabilitation, is an example of the poor results of many Kansas Rehabilitation Services initiatives. GEI was a demonstration project that involved 192 people with developmental and intellectual disabilities that resulted in just 18 persons becoming employed. The GEI demonstration project had less than a 10% success rate on his or her job to the extent that successful Status 26 VR Closure was reached. Another, The KANSASWORKS Employer Partner Incentive invested \$500,000 in taxpayer money in 2012 for Kansas Rehabilitation Services to pay employers \$2000 to \$3000 to hire persons with disabilities and by December 2014, only \$15,000 had been given out to employers hiring six people total. According to the Minority Report written by the State

Vocational Rehabilitation (VR) Director in January 2014 for the Kansas Employment First Oversight Commission, one incentive available since 2011 for employment of persons on the waiting list for HCBS waiver eligible persons with developmental disabilities was VR's willingness to financially participate in his or her plan of employment services. VR encouraged participation with the understanding that the person would continue in HCBS waiver funded follow-along support. But, fewer than 25 people participated over the past three years. Another example of less than hoped for outcomes despite expenditure of taxpayer resources was 738 persons receiving an average of 25 hours of job coaching each with a VR payment of \$34 per hour, that resulted in only 16 of the 738 participants closed as successfully employed by VR, according to the State VR Director's Minority Report.

Despite these outcomes, the Kansas Rehabilitation Services (KRS) director announced in November of 2015 that Kansas had returned \$15 million in federal funding in FY15. This return represented nearly 60% of the state's \$25.5 million federal allotment. KRS noted that the state had returned another \$7.5 million dollars in FY14 as well. The decision, according to the director of Rehabilitation Services at the Kansas Department for Children and Families, was made because fewer people were asking the agency for help. In an interview with Kansas Health Institute news, the director said,

“The number of people coming in and applying for VR (vocational rehabilitation) assistance has dropped dramatically since 2011, when we were at the height of the recession.”

In fiscal year 2011, the director said, almost 8,300 adults with disabilities asked for the department’s help in finding employment. In FY 2015, which ended June 30, 2015, only 4,600 had applied. The director attributed much of the drop to improvements in the state’s economy. During public comment sessions for the KRS state plan, however, the director acknowledged that VR was up to 40% understaffed, with vacancies especially prevalent in rural areas of the state, and that the primary mode of community outreach was by "word of mouth." Kansas currently does not have any VR Counselors who speak Spanish.

Furthermore, there is a capacity crisis in the state of Kansas compounding access to quality VR services in the state. In June 2014 the Kansas Department of Children and Families Rehabilitation Services paid for a study by Public Consulting Group (PCG) to evaluate, analyze, and provide quality assurance guidance. Some key findings were:

- Two-thirds of the authorized rehabilitation agency providers in effect do not provide rehabilitation services reimbursed by the State of Kansas, as they receive little, between \$25,000 and zero revenue, from Vocational Rehabilitation per year.
- Only 15 providers of rehabilitation in the State of Kansas receive greater than \$100,000 for integrated employment services, meaning for all intents and purposes, that only a few Kansans fortunate enough to be near one of these providers have the opportunity for employment services.
- This likely means that persons with disabilities have few or no choice of community integrated employment providers in the area where he or she lives.

The PCG study also found that most of the direct service staff providing rehabilitation services in Kansas have a high school education or less than five years experience, and make between \$13.84 and \$15.40 per hour. This hourly amount of salary found in the PCG study, however, was higher than reported by all experienced Supported Employment providers in Kansas who said most of their employment specialists earn between \$9.00 and \$11.00 per hour, and that it is not uncommon to have annual staff turnover between 25-35% per year. Many have reported an annual staff turnover rate of 60%.

Kansas spends more total dollars (day and residential) and gets fewer meaningful outcomes for its citizens with disabilities when compared to similar states. The Kansas community employment participation rate and investment is nearly four times less than the average American state, in the bottom five, Braddock, 2013, *State of the States in Developmental Disabilities*. The exact same citizens are eight times more likely to be in an integrated community job and paying taxes, if he or she lives in Nebraska, a state with a similar per capita investment in total disability services. The three-year trend data from Braddock, *State of the States in Developmental Disabilities* show the current situation in Kansas as unchanging. Kansas current investment in Supported Employment is three million dollars less (unadjusted for inflation) than what it was 21 years ago, in 1994; according to Braddock, *State of the States*, 2015, Kansas only had 246 individuals with I/DD utilizing Supported Employment.

Given the State's annual investment (\$490 million) in all I/DD services, the Griffin Hammis & Associates' report recommended (among other things) that Kansas shift 11% of its day service dollars to Supported Employment outcomes rather than non-work day activities. Such a shift in resources, the report notes, is cost neutral and provides an adequate reimbursement rate for providers which would not only result in more providers but higher quality staff as well. This report has been presented to numerous legislators and state officials and has been enthusiastically received. The Secretary of Kansas Department of Aging and Disability Services is planning on devoting staff time and effort to implement the recommendations contained in the Kansas Roadmap to Employment.

In the past five years, the Kansas Council on Developmental Disabilities has had a proven track record for successful, innovative pilot programs geared towards successful employment outcomes for people with disabilities. KCDD brought Project SEARCH to Kansas, and the program has expanded to 11 sites in eight communities with another two sites currently in the planning process. In the past year, Project SEARCH Kansas totaled 83% positive competitive, integrated employment outcomes for its participants. Project SEARCH had been so successful in Kansas that it received additional funding from both the United Health Care Empower Kansans initiative and the Kansas Department of Commerce Disability Employment Initiative (DEI) grant to expand Project SEARCH to include adults in both Johnson County and Salina. In January of 2016, KCDD passed off statewide coordination of the program to Lifeshare, USA of the Sunflower Health Plan for long term sustainability in the state.

Going forward, more funding dedicated to employment outcomes should be available via recent initiatives such as DEI grant, WIOA, and MCO benchmark payments. KCDD continues to support education and outreach efforts by hosting a biannual Employment First Summit. Registration for the 2016 Summit totaled 345 attendees. The Summit featured four keynote speakers and 24 breakout learning sessions where attendees learned about best practices in Employment First.

There is currently very limited data on how culturally diverse individuals with disabilities engage the competitive integrated workforce. Current Kansas data are from findings from bilingual interviews with 12 Hispanic families with young adults with mild to severe disabilities ranging in age from 14-28 years. Eight of the families had attended the training, Family Employment Awareness Training (FEAT), and four had not. Since the training is designed to increase expectations and knowledge, interviews were conducted with both families who had attended FEAT and those who had not. Families were interviewed at three points in time – six months apart. Findings indicated that most families believed in the value of employment for their young adults with disabilities and desired for their son or daughter to find the right fit for their skills and interests. Many parents expressed the desire that their children have better jobs than they did. However, families also shared that they face numerous barriers to their son or daughter attaining employment (e.g., communication, lack of school support, citizenship status, lack of knowledge of and access to services).

Informal and formal services and supports

According to the latest US Census Bureau Reports, there are 346,327 people (non-institutionalized) living with a disability in Kansas. According to Kansas Department for Aging and Disability Services (KDADS) May 2016 HCBS Monthly Summary, there are 8,875 of those people eligible to receive I/DD HCBS Services in Kansas. The I/DD Waiver program serves individuals age 5 and older who meet the definition of intellectual disability or having a developmental disability or are eligible for care in an Intermediate Care Facility for people with Mental Retardation (ICF/MR). However, as of June 2016, 3,362 Kansans with I/DD remain on the Wait List. That number does not include Kansans eligible for services and/or on wait lists for related (and sometimes dual diagnosis individuals) services under the waivers for autism, frail elderly, serious emotional disturbance, physical disability, technology assisted, or traumatic brain injury. At a minimum, because of the Wait List(s), there remains 3000+ Kansans with I/DD largely unable to access services and supports that are would otherwise be available to them or offered in the community.

In addition to Kansas' Wait List concerns, the State is proposing an 1115 waiver amendment that will integrate current HCBS waiver services and allow waiver participants to access any available program service, if the consumer has a demonstrated need for the service. The goal of waiver integration is to create parity for populations served through HCBS programs (including IDD), offer a broader array of services, improve transitions between HCBS programs, support development and expansion of community-based services, and to make things simpler for KanCare members. Many individuals with developmental disabilities, their family members, supports and professionals have concerns about the future of services and supports under the proposed integrated waiver system.

Adding to the concerns with Wait Lists and potential Waiver Integration for Kansans with I/DD is the backlog in processing of application for services. According to KDHE, as of July 2016, there still remained a total of nearly 6000 unprocessed applications and redeterminations (from the original approximately 11,000). Of those, 3587 were beyond 45 days, and 1526 were pending on the basis of disability alone. an estimated 2600+ Kansans with developmental disabilities remain on the IDD Waiver Wait list and are waiting for life sustaining DD Waiver services.

For those who are currently receiving services, Kansas Medical Assistance Program - Beneficiaries by Population Group - Fiscal Year 2016 (KS MAR FY 2016), indicates a total of 499,168 Kansans are currently receiving assistance (out of Kansas total populations is 2,911,641 according to the US Census Bureau). Of those, 45,885 were categorized as SSI Blind/Disabled, 21,111 were categorized as Med. Needy Blind/Disabled, and 27,861 were Qualified Working Disabled, Low Income Medicare Beneficiary or Qualified Medicare Beneficiary. KanCare Beneficiary Counts for Fiscal Year 2016 totaled 409,638. Of those, 8,777 were identified as Developmentally Disabled (Dual/Non-Dual combined) and another 26,055 were identified as SSI Aged, Blind & Disabled (Non-Dual), 10,877 were SSI Aged, Blind & Disabled (Dual), and 17,680 were identified as LTC (Dual). Consumers by Category of Service (KDADs and KDOC) for Fiscal Year 2016 included 407,947 Kansans who received services from one of the three Kansas State Managed Care Organizations (MCO) each month. However, the numbers for consumer who received services for supports

that would assist individuals in accessing services and supports that are available or offered in the community, were relatively low...including Dental (148), Prescribed Drugs, Pharmacy (1253), Rural Health Clinic Services (773), Dietitian (0), Optometrist/Optometry Group (185), Home Health Agency (4), and Physical Therapist (30).

The KanCare program is the State of Kansas' Medicaid program. KanCare delivers whole-person, integrated care for the more than 360,000 consumers receiving services. Kansas has contracted with three new health plans, or managed care organizations (MCOs), to coordinate health care for nearly all Medicaid beneficiaries. The KanCare program began in January 2013. The KanCare health plans are Amerigroup of Kansas, Inc. (Amerigroup), Sunflower State Health Plan (Sunflower), and UnitedHealthcare Community Plan of Kansas (United). The administration of KanCare within the State of Kansas is carried out by the Kansas Department of Health and Environment (KDHE) and the Kansas Department for Aging and Disability Services (KDADS). KDHE maintains financial management and contract oversight of the KanCare program while KDADS administers the Medicaid waiver programs for Disability Services, Mental Health and Substance Abuse, and State Hospitals and Institutions.

The Kansas Department for Aging and Disability Services (KDADS) administers services to older adults; administers behavioral health, addiction and prevention programs; manages the four state hospitals and institutions; administers the state's home- and community-based services waiver programs under KanCare, the state's Medicaid program; and directs health occupations credentialing. KDADS is the second largest agency in state government, both in terms of budget and total number of employees and provides many services for Kansans with I/DD, including programs in the following areas:

- ? Autism (AU)
- ? Community Support Medication Program
- ? Intellectual Developmental Disability (I/DD)
- ? Money Follows the Person (MFP)
- ? Physical Disability (PD)
- ? Private Psychiatric Hospitals (PPHs)
- ? Psychiatric Residential Treatment Facilities (PRTFs)
- ? Recovery-Oriented Systems of Care (ROSC)
- ? Serious Emotional Disturbance (SED) Waiver
- ? Traumatic Brain Injury (TBI)

- ? Technology Assisted (TA)
- ? Youth Leaders in Kansas (YLinK)

Kansas Community Developmental Disability Organizations (CDDO) are responsible for determining whether a person qualifies for services, working with the person and/or their family or guardian in choosing from an array of service options, and referring those persons to other agencies if additional supports are needed. Kansas currently has 27 CDDOs, each of which are assigned a particular county or counties in which they are the primary provider of “gatekeeping” services. Such services include advocacy, mental health care, medical care, rehabilitative programs, financial management, transportation, employment, housing, recreation and adult education.

Kansas also has its Kansas Commission on Disability Concerns (KCDC). KCDC focuses on partnerships, information, and referral at the state, regional, and local level. The Commission provides policy recommendations to the State of Kansas on changes to laws, regulations and programs that affect people with disabilities. The Commission provides information to the public on employment (work), school (to work or transition), home, play/community, youth issues, and disability history. According to their annual report, KCDC the held Local Disability Mentoring Day (DMD) events in 31 counties and over 830 students and job seekers with disabilities participated across the state in FY 2015, continued its support of the Employment First Oversight Commission. The employment first policy is that state programs that provide services to people with disabilities must offer assistance with finding competitive integrated employment before offering any other employment options, updated the 29 Disability Service Maps for the KCDC website for use by Workforce Centers, community-based organizations and other state organizations as a resource tool to find employment-related services and other wrap-around services, and distributed over 500 news-related messages during FY 2015 through list serves on KCDCinfo.ks.gov. to businesses, ADA coordinators, community based organizations, employment specialists, employers and people with disabilities. While not providing direct services, KCDC does provide Kansas with information and resources for both formal and informal community supports.

Formal and informal supports for prevention of abuse, neglect, and exploitation continues to be an area of concern for supports and services in Kansas. According to Kansas Department for Children and Families’ Prevention and Family Services Report (SFY2016), an average of 37 Family Services cases are initiated statewide each month. Of those, the total number of Adult Protective Services (APS) reports received is 16,456 per year. APS staff reports that when looking at HCBS info that APS provides to KDADS, averaging approximately 300 reports per month, about 200+ of those reports investigated every month are for Kansans with I/DD alone. In stakeholder meetings, KDADS staff have indicated that 80-90% of referrals they receive are from the I/DD population. According to APS Reports (SFY2016), statewide, 19.9% of assigned Adult reports involve either

Fiduciary Abuse or Exploitation, 31.6% of Financial Exploitation investigations involve adults age 80 and older, while the top three maltreatment types involved in assigned child reports (with or without disability) are physical abuse (32.7%), lack of supervision (18.7%), and emotional abuse (20.3%). Both APS and KDADS have indicated there is a continued need to work with advocacy organizations and other stakeholders to get information and training distributed statewide. KCDD is working, and will continue to work closely, with both organizations to meet this need for community both formal and informal supports.

In sum, a large population of individuals with developmental disabilities remain without services and supports. Survey results indicate the need for an increased number of service provider and direct support professionals who demonstrate skills sets necessary to meet individual needs for formal and informal community supports. There also appears to be a need for direct support staff to be more appropriately compensated in order to maintain a qualified and stable workforce (KCDD Priorities Survey 2015, KCDD Survey on Adult Guardianship in KS 2015, SACK Conference 2015, Interhab Conference 2015, consultation and collaboration with several Kansas disability advocacy organizations, KS and other states' quality assurance efforts, regulations, legislation, and activities and to hear the thoughts of people with developmental disabilities, families, and advocates to bring their ideas into the future priorities planning process). 35.9% of participating Kansans prioritized Formal and Informal Community Supports as a priority area of concern, specifically the following:

- ? There is ongoing concern about the excessive number of individuals with disabilities who are unable to receive the adequate and individualized formal and informal community supports they need.
- ? While the DD Waiver wait list has been reduced, it has not been eliminated, and so individuals with developmental disability are unable to receive the supports they require.
- ? There is widespread stakeholder concern about the future availability of, qualifications for, and access to services and supports under the proposed integrated waiver system.

There remains a need in Kansas to increase access to informal and formal support for families of individual with developmental disabilities across the lifespan. It is imperative that individuals with developmental disabilities in Kansas, including those with the most challenging needs, and their families have access to individualized, appropriate, and quality supports and services as needed to be fully participating members of their community and maintain quality of life. To that end and during the first three years of the 2017-2021 5-Year Plan, KCDD will co-lead the Community of Practice for Supporting Families with KDADS to support related initiatives.

Analysis Of State Issues and Challenges [Section 124(c)(3)(C)]

* - Required field

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) intellectual disability ; 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 intellectual disability 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 contacted 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 including job development and job coaching. Unfortunately sheltered workshops still exist in our state, and has been used in the past to bypass more progressive competitive, integrated employment options for people with I/DD. Kansas has new initiatives that show promise such as Vocational Rehabilitation's Endependence program, Employment First, and Project Search.

Kansas is planning to begin using a new tool for assessment and gatekeeping for services. The State created a workgroup consisting of state staff, providers, advocates and university staff to analyze various assessment tools such as the Supports Intensity Scale (SIS) and the InterRAI I/DD assessment. Ultimately, the workgroup, headed by state staff chose the InterRAI I/DD assessment as it mirrors the new InterRAI assessment tool that is currently being utilized in other waivers in Kansas. The State noted that it wanted consistency in assessment across all waivers as the state looks to create a universal global waiver in the future. Workgroup members claimed that the InterRAI I/DD assessment is a tool that focuses on an individual's strengths, however, advocates have pointed out that the tool is predicated on a medical model of assessment and that the Strengths, Supports, and Relationships section of the assessment tool, for example, only had 10 questions yet contained 16 statements of deficiency and victimization. The Council continues to monitor and comment on the current BASIS assessment tool effectiveness and proposed assessments for the future.

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

There is concern that the state Hispanic population is underserved in both employment and the Kansas healthcare market. According to a 2011 Pew Research Center Demographic Profile of Hispanics in Kansas, there are 307,000 people of Hispanic origin who reside in Kansas representing roughly 11% of the state population. It is the fastest growing population demographic in the state. It is estimated that 2 out of 3 Hispanics speak Spanish as the primary language in the home, and that 30% of the Hispanic population is uninsured (16% uninsured native born vs. 56% uninsured foreign born). Three primary barriers to healthcare access by the Kansas Hispanic population are identified as: cultural, with the belief that the family and close community will care for their own; linguistic, as the majority do not speak English as a native language resulting in confusion or a lack of understanding of a complex service system; fear, resulting from a lack of documentation of citizenship. Healthcare access for the Hispanic community in Kansas, and especially uninsured, is largely comprised of local church and health outreach activities.

There is currently very limited data on how culturally diverse individuals with disabilities engage the competitive integrated workforce. Current Kansas data are from findings from bilingual interviews with 12 Hispanic families with young adults with mild to severe disabilities ranging in age from 14-28 years. Eight of the families had attended the training, Family Employment Awareness Training (FEAT), and four had not. Since the training is designed to increase expectations and knowledge, interviews were conducted with both families who had attended FEAT and those who had not. Families were interviewed at three points in time – six months apart. Findings indicated that most families believed in the value of employment for their young adults with disabilities and desired for their son or daughter to find the right fit for their skills and interests. Many parents expressed the desire that their children have better jobs than they did. However, families also shared that they face numerous barriers to their son or daughter attaining employment (e.g., communication, lack of school support, citizenship status, lack of knowledge of and access to services).

Money is the major barrier for all Kansans who are seeking services, but currently do not have them. 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 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, though these services aren't officially counted as "underserved" by the State as they are not waiver services. In addition, state DD hospitals are also seeing cuts, which impacts those served in the two state DD hospitals. Prior to 2014, the State maintained an "underserved" waiting list, a list comprised of people who received some, but not all, eligible waiver services that they needed but were entitled to access. Thanks to the efforts of advocacy groups, collaboration with the state PNA, and the Council's "End the Wait" campaign, the "underserved" waiting list was eliminated resulting in approximately 1,800 Kansans receiving the level of supports and services they were guaranteed under the waiver.

Because of the increased DD waiting list, which crosses all demographics, there are really no specific populations for our unserved people. All populations, regardless of age, culture, ethnicity, race, etc. may be found on the DD waiting list. However, we do recognize there are increased barriers of language and culture for SE Asian and, in particular, 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 7 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 roughly 2,910,00 people,) 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 limited 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 for fear of losing services. There is also a persistent belief by some that people with DD cannot work.

The state identifies the above populations through reviewing the characteristics of those waiting for services by type of service, area, length of time waiting, and through state agency collected data. A monthly DD Summary had provided by our DSA that includes BASIS data (see (i) eligibility criteria), however, the data was no longer posted on the DSA website in 2012. Efforts to obtain the data was met with resistance. We will continue to work to not only obtain the data, but ensure that it is available for public scrutiny.

We also work closely with statewide consumer advocacy groups, families 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, community organizations, and other NGOs in the geographic areas where these populations are growing provides further rationale for selecting this group as our chosen targeted disparity group.

Again, we review the DD waiting list numbers from legislative testimonies by state agencies 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 assessed for service eligibility identification purposes as well as making it more costly to provide services in the individual's home.

The availability of assistive technology

ATK (Assistive Technology for Kansans) is the primary 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 management offices of ATK are located in Parsons, KS.

ATK connects people with disabilities and health conditions of all ages with the assistive technology they need to learn, work, play and participate in community life safely and independently.

KCDD staff serve on ATK's statewide Advisory Council providing consumer direction and input from consumers from all regions of the state. State agency and disability organization representatives also serve on the Advisory Council and help guide the program. 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 K-Loan to offer low interest financial loans for the purchase of AT. Through these efforts ATK works to make AT more available and accessible to individuals with disabilities and their families.

ATK provides a variety of training opportunities for individuals and groups. ATK provides training for individuals with disabilities in the use of assistive technology hardware or software. If an individual is eligible for a public funding source, such as Kansas Rehabilitation Services or Kansas Medicaid, ATK staff will ask for permission to bill for their services. IN 2015, 1,859 Kansans with disabilities and chronic health conditions and/or service providers received more than 3,054 Assistive Technology (AT) Services provided by ATK staff.

Kansas state financing activities increase access to and funding for assistive technology devices and services. Financing programs assist individuals with disabilities with funding AT devices and services by administering and/or supporting financial loan programs and/or other systems that make funding available or reduce costs to acquire devices. In 2015, ATK made 29 loans this year to enable borrowers to purchase needed AT. Total amount loaned was \$123,357 with 29 devices acquired with 92.37% for the ratings of highly satisfied and satisfied.

Trainings are also conducted to increase knowledge, skills and competencies regarding assistive technology. Information and assistance responds to requests by telephone, email or other means for information about assistive technology products, policies, and funding and provides referrals to appropriate entities for additional support. A total of 3,415 individuals participated in training activities in 2015, with a total of 10,190 individuals were served by information and assistance activities. An additional 20,514 participated in public awareness activities.

Additional detail on ATK programming and performance can be found at http://atk.ku.edu/sites/atk.drupal.ku.edu/files/docs/ATK_AnnualReportKS2014_2015_FINAL.pdf.

Kansas also has an Assistive Technology Resource Center (ATRC) is to help Kansas schools meet their obligation to provide AT to students with visual impairments and other additional disabilities. The AT Loan Library will offer student evaluations, staff training, and the provision of AT equipment on a short-term loan or lease arrangement. The primary purpose of the Resource Center is to train and loan assistive technology to students in order that the local educational agency can evaluate the purpose of the equipment.

Council Staff

Year	State Pop (100,000)	Total Served	Number Served per 100,000 state pop	National Average 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
2012	28.7	9132	318	215	114	63
2013	29	8699	300	215	115	62
2014	29	8884	306	215	117	34
2015	29.1	8812	303	215	118	0

a. Entity who maintains wait-list data in the state for the chart above

Other

b. There is a statewide standardized data collection system in place for the chart above

No

c. Individuals on the wait-list are receiving (select all that apply) for the chart above

No Services :true

Only case management services :true

Inadequate services :

d. To the extent possible, provide information about how the state places or prioritizes individuals to be on the wait-list

Comprehensive services but are waiting for preferred options :

Other :true

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

The Kansas Department on Aging and Disability Services (KDADS) does not prioritize the Waiting List, they are first come first served. If a crisis develops in a person's life, 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.

e. Description of the state's wait-list definition, including the definitions for other wait lists

A person is defined as being on the "Waiting List for Services" if they have remain unserved for more than 60 days and the specific services for which they are waiting. Prior to 2014, the state also maintained an "Underserved Waiting List" for individuals 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. 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. The Underserved Waiting List was eliminated during 2014 due, in large part, to the KCDD "End The Wait" campaign.

f. Individuals on the wait-list have gone through an eligibility and needs assessment

Yes

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

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.

g. 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)

No

h. Specify any other data or information related to wait-lists

Once a person is deemed eligible for services, but are on a waiting list for services, they may access Targeted Case Management to help understand options and access assistance in planning their use of supports when they become available.

i. Summary of Waiting List Issues and Challenges

Between 2012 and 2014, Kansas was able to serve 666 more people and eliminate the underserved waiting list in 2014; unfortunately, during that same time, the waiting list still grew by almost 200 people. In short, the waiting list is growing faster than the state can take people off of it. Funding is not being provided for all people waiting and they have to wait much longer, in some cases over 7 years, for service. Funding is the challenge in a state where revenues have plummeted and 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. In 2016, the governor announced a 4% reduction in Medicaid reimbursement rates. 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.

Analysis of the adequacy of current resources and projected availability of future resources to fund services

Kansas is average in the amount of fiscal resources dedicated to I/DD waiver services, ranking 25th in the nation in per capita expenditures on I/DD services (\$113/person). These expenditures reflect an overall annual investment of \$327,623,634 in I/DD waiver services; the average cost to serve a person on the I/DD waiver is \$38,892/year as per Butterworth, *2015 State of the States*. Waiver services account for 67% of all expenditures in Kansas I/DD spending (~\$490 million annually). Of that amount, approximately \$87,530,000 is spent on day services and employment. In general terms, approximately 80% of the funding is spent for residential services and 20% is spent on employment and day services.

Of the \$490M total annual expenditures, about \$4.0M is spent on integrated competitive employment, about 8/10 of one cent for every dollar. Some funding that is billed as day services funding is integrated employment. It is not unreasonable to estimate total employment funding to be 1.5% of the total, although some persons considered in this 1.5% are in disability enclaves and would not be considered as integrated employment. It is reasonable to say that currently between \$4.0 and \$6.0M, about 6% of the \$87.53M total spent on day services and employment, is spent on integrated employment.

Provider reimbursement rates in the state are so low that there is difficulty filling the positions needed to serve the individuals currently being served as well as those potentially coming off the waiting list. The fiscal situation in Kansas is dire, and revenue projections and receipts portend a prolonged period of service underfunding by the state, including potential cuts in the foreseeable future as the governor has recommended a 4% reduction in Medicaid reimbursement rates.

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 December 31, 2014 Kansas has two large State DD hospitals, Kansas Neurological Institute with 145 residents and Parsons State Hospital with 171 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/ID facilities in Kansas except for the two state hospitals. All other private/public large bed facilities were closed by 2009. In FY2015, the state averaged 136 residents in ICF/ID settings.

All residential services (personal care, food, etc.) are provided. Some ICFs/ID 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.

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)))

It is not the case that Kansans taxpayers are investing too much or inadequately in the lives of citizens with disabilities (Kansas ranks 25th among all states in fiscal effort, Braddock, (2015) *State of the States in Developmental Disabilities 2015*, The American Association on Intellectual and Developmental Disabilities). A problem in Kansas is a good investment in some areas, like residential group homes, while investing very little in supports and services that foster independence and the need for less taxpayer support, like customized and supported employment. Kansas invests less than one-third of the average state in integrated community employment (Braddock, 2013).

The most fundamental change facing the systems that provide services to persons with disabilities in Kansas is not financial as is commonly believed, though the state's current fiscal challenges cannot be underestimated. It is a significant shift in federal policy through the Medicaid Final Rule and the Workforce Innovation and Opportunity Act. What formerly passed as worthy of taxpayer investment in the United States (\$56 billion annually) and for Kansas (a half billion dollars annually), working on goals and objectives in a disability specific facility, program, or home, has changed. These new laws are requiring a community orientation based on outcomes, results. This means citizens should be learning how to become more independent and interdependent in the context of a life shared with all Americans, and specifically now by law, not in environments that have an isolating effect, potentially day centers, sheltered workshops, affirmative industries, enclaves, mobile work crews, etc.

The notion of successfully completing individual objectives from a written plan of services, while remaining out of the context of the living and working life enjoyed by all Americans because that's what the state pays for, is found inadequate and has an isolating effect on persons, in potential violation with the expenditure of both federal Medicaid and Vocational Rehabilitation taxpayer resources (Federal Register Volume 79 Number 11 (2014, January 16) Part II Department of Health and Human Services, Centers for Medicare and Medicaid Services, 42 CFR Part 430, 431 etal. Final Rule.)

The growth in residential supports and services, almost exclusively group homes in Kansas, has been with the best of intentions, to ensure Kansans with developmental disabilities in particular, are not served in even more costly and ineffective institutional settings, such as state operated Institutions and nursing homes. And, while Peter should never be robbed to pay Paul, an analysis of needed employment changes cannot be divorced from considering how community residential services could be provided with more efficient options, additional choices for people with disabilities and their families to consider. Kansas has done an excellent job protecting persons, providing safety and security when persons are asleep. It is past time to consider how to provide equally high quality employment and other related supports when citizens with disabilities are awake.

Families, persons with developmental disabilities, residential services providers, and state officials in Kansas may be caught in an all or nothing approach. This all or nothing approach—you take care of him or her or we'll take care of him or her, may have created an unnecessary fiscal cliff in Kansas, where people get too few services and supports to keep him or her in a family home or they get residential group home services outside of the family home. When there's an opening in a residential group home, families are advised that they better take it, ready or not, because the wait has already been long. And, the person and his or her family waiting behind you and your family will surely jump at the opportunity of a group home placement if you don't.

Operating a Developmental Disabilities system by moving people with disabilities out of their family's home when there is an available opening, which may at first seem like a natural idea, may trap everyone into a very narrow and specific goal—a place in a group home. Lifelong employment may have become an after thought at best in 2015. It is an untrue "reality," that employment is mere wishful thinking.

That goal again—secure a group home placement—from the perspective of people with disabilities and their families is a safe and secure residence, throughout the remaining years of an adult with disabilities life, out of harm's way once the family can no longer directly care for him or her. Many Kansas families would say this is what they have been waiting for and, without question, securing a place in a group home is a worthy accomplishment. But it's importance is likely elevated due to Kansas lacking a more robust menu of choices for in-home, family, and community supports that are evident in states with two waivers—a supports waiver without out-of-home residential services and a residential waiver.

Families in states that have a supports waiver with a much broader menu of in home and community access services approved by the Centers for Medicare and Medicaid Services (CMS) have a more natural planned transition from the family home to the community, often putting employment first, ensuring one has a good job in the community. In states that have both a supports and a residential waiver the significant costs of a group home placement or other out of home residential alternative is eased until the person with disabilities and the family is ready.

From the perspective of providers, group homes are an excellent alternative to nursing homes or state operated institutions and they're correct. Residential group homes save taxpayers' money when compared to those more costly institutional alternatives. But residential group homes are built on economy of scale economics. To remain financially sound, it is necessary for group homes to remain at full capacity. Some persons, including some providers in Kansas, have said families don't carefully consider what happens during the day when their loved one is not in the group home.

It is often the case that persons with developmental disabilities in Kansas spend their days in a day center or workshop with other people who have a disability and their nights in a group home living arrangement with other people with disabilities. This scenario, with people transported on a bus together, running daily between the group home and the day center/sheltered workshop, with little community involvement besides group forays out and back to the day center, means people have little or no time to become a part of the community life of work, recreation, and living as do other Kansans without disabilities.

There are alternatives to this facility or center-based system in other states that Kansas should consider. It is also true that some providers provide supported employment, but when they do, it is often subsidized by other services they provide, fund-raising, donations, etc., because the rate of payment is too low to meet the costs of the service. In fact, 99.3% of all Medicaid Community funding for persons with disabilities in Kansas is spent on something other than community employment. Kansas Medicaid must change to become an effective partner with Kansas Vocational Rehabilitation to comply with the Workforce Innovation and Opportunity Act of 2014 on behalf of persons with disabilities.

Kansas ranks 49th among all states and spends 34 times less than the average state on supported living and personal assistance services, residential support alternatives to group homes (Braddock, 2013, *State of the States*).

A secure and safe place to live throughout a lifetime is very important, rightfully so, but when it becomes the total goal, the end all focus, it can diminish the importance of a lifetime as an adult in the community where citizens with disabilities live, work, and participate as do other Americans.

Critically, it may trap people with disabilities into what has been termed a “Disability World” where persons live in a home he or she share’s with many other people with disabilities and when awake, routinely leaves to spend time at a government funded day center or sheltered workshop only with other people with disabilities, back and forth every day of the week, forever.

A Supports Waiver, a second 1915 (c) waiver, should be written and submitted that would allow persons with disabilities to remain in the home of his or her parents with needed support, while providing a natural, when the time is right, opportunity for persons to access a wide choice of residential options through a separate residential waiver. These options could be paid for by rebalancing the current service spending.

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

* - Required field

Rationale for Goal Selection

As part of the goal selection process, KCDD completed a comprehensive review, including an analysis of state issues and challenges, which provided the rationale for KCDD's goal selection. The process included public input and review. Only minor revisions to 5 Year Plan were necessary after taking into account Council feedback and responding to public comments. Informing the Goal selection process was information gathered by KCDD Staff and considered by the Council in 2015 and early 2016 through surveys, outreach, and information-gathering. See Public Input And Review [Section 124(d)(1)].

KCDD's small staff of four (Executive Director, Administrative/Office Assistant, and two Public Policy Coordinators) requires KCDD to implement efficient and effective organizational strategies. KCDD recognizes that one of its strongest assets is the trust and collaborations that it has developed with both the disability advocacy community and public policymakers. The successful partnerships that have been established over many years have reinforced KCDD's position as a facilitator and consensus builder, and the Council is in a unique position to coordinate and collaborate with a diverse network of stakeholders on KCDD's selected goals, objectives, and activities that will enhance a consumer and family centered system of community based services and supports for people with I/DD in Kansas. To that end, and after consultation with ITACC and review of its organizational structure, resources, collaboration opportunities, and areas of staff expertise, KCDD determined that it must limit the number of areas that it addresses and associated activities in the 2017-2021 5-Year Plan. To effectively balance resources and areas of priority expressed in public input, review, and comprehensive analysis, KCDD determined that advocacy and activities must necessarily focus on self-advocacy, employment, education, and quality assurance to address gaps and barriers that impact people's ability to lead independent lives.

Using the information received over the course of 2015-2016, KCDD identified 4 Areas of Priority: Self-Advocacy, Employment, Education, and Quality Assurance. KCDD has identified a number of critical issues and/or barriers affecting individuals with developmental disabilities, their families, supports and services still to be addressed. See *also* Portrait of the State Services [Section 124(c)(3)(A)(B)]. In effort to address those issues and/or barriers, KCDD selected the following Goals with efforts to meet those needs, which include:

1. Self-Advocacy: People with developmental disabilities need flexible supports to enable them to live in and meaningfully participate in their communities, and there is a continuing need to address the barriers to self-direction. More effort is needed to support self-advocates, including the following:
 - Financial and staff support for the annual SACK conference (as per federal requirements to support statewide self advocacy programs).
 - Funding and scholarship for self advocates, support staff and families to attend integrated and/or advanced leadership training, including lodging, board, travel, training materials, and individualized support, as needed, both locally and nationally (as per federal mandate).
 - Support to ensure opportunity to exercise leadership training activities by self advocates (as per federal mandate).
 - Engagement in cross-disability coalition building and advocacy efforts.
 - Support of long-term cultivation of advocacy efforts across the lifespan.
 - Support and collaboration between organizations and with network partners to increase public knowledge of best practices leading to more informed choice and community engagement.
 - Updating the website and social media feed with self-advocacy and leadership resources for Kansas stakeholders.
8. Employment: Employment is a key component of cost effective, life enhancing long term supports for people with disabilities. Barriers to employment include a lack of understanding by self advocates and their family on the impact of employment on their benefits; many fear that they will lose supports and services vital to their quality of life in the community of their choice. Education could help mitigate that barrier, however, benefits counseling is not a waiver service in Kansas, and there are currently only five (5) benefits counselors statewide to serve people across all disability spectrum. More effort is needed to employment for Kansans with I/DD, including the following:
 - An Employment First Summit, which would continue to provide an opportunity for self advocates, families, providers, legislators, state agency personnel, and policy makers to share and learn new and innovative employment practices for people with disabilities.
 - Updating the website and social media feed with resources provides continual access to employment best practices for stakeholders.
 - Partnering with non-traditional entities and supports results in an increased knowledge base regarding the benefits of employing people with disabilities creating cost effective community opportunities for community living, engagement and employment.

- Implementation of The Kansas Roadmap to Employment and contracts/mini-grants that would allow for technical assistance and subject matter expertise to advise the state on how to move forward with implementation of the Roadmap.
 - Funding to support The Vocational Fit Assessment, a new tool to help match an individual with I/DD with potential vocations that best match their strengths, preferences, and identify areas of support intervention. In addition, The Vocational Fit Assessment isn't available in Spanish and so funding is needed to pay for a Spanish version of the tool/app.
 - Funding to conduct studies, collect data, and better understand the support needs and barriers to competitive integrated employment for families who live in Southwestern Kansas whose native language is Spanish and have family members with I/DD in partial fulfillment of the federal targeted disparity mandate.
 - Funding to provide trainings to help facilitate competitive, integrated employment by Spanish speaking individuals with I/DD in Southwestern Kansas in partial fulfillment of the federal targeted disparity mandate.
8. Education: Students with developmental disabilities face numerous barriers to receiving the education they need to effectively transition to adult life. There is a great challenge ahead to insure that the rights and protections for students and their parents are not diminished, particularly post-high school when many of their education-related supports and services terminate, and to establish opportunities for students to pursue meaningful integrated employment. More effort is needed to support education and life-span transition planning for Kansans with I/DD, their families, and supports, including the following:
- A Transition Conference to provide opportunity for self-advocates, families, providers, state agency personnel, educators and other stakeholders to share and learn new and innovative transition practices for people with disabilities across the lifespan.
 - Mini-grants and funding that would allow the Council to bring in featured presenters and subject matter experts to present on issues of importance to people with I/DD.
 - Funding to support KCDD participation and create awareness of Council activities at local transition fairs.
 - Updating the website and social media feed with resources provides continual access to education and transition-planning resources for Kansas stakeholders.
5. Quality Assurance: Quality assurance systems and activities contribute to and protect self-determination, independence, productivity, and integration and inclusion in all facets of community life for Kansans with developmental disabilities. Kansans with developmental disabilities are especially vulnerable to abuse, neglect, and exploitation. People need to have the information, skills, opportunities, and supports to live free of abuse, neglect, financial and sexual exploitation, and violations of their human and legal rights, and the inappropriate use of restraints or seclusion. Survey results indicate that 57.41% of participating Kansans prioritized Quality Assurance. In addition, the recent

introduction of an "integrated" waiver system and recent legislation provides both opportunity and concern about access, availability, and quality of HCBS services and supports. Providing quality assurance for the disability population is further complicated by 31.8% of the total Kansas population live in rural areas and cities with populations of less than 5,000 and services and supports are difficult to access. More effort is needed to ensure quality assurance for Kansans with I/DD, including the following:

- Expansion of advocacy, services and supports to address the needs of people with developmental disabilities who are un-served by Kansas state waiver(s). KCDD's participation in Communities of Practice will provide opportunity to evaluate and if needed, address this concern.
- Updating the website and social media feed with resources provides continual access to Quality assurance resources including, but not limited to, ANE, Supported Decision-Making, and Guardianship resources, for Kansas stakeholders.
- Funding to assess the current state of services for gaps in capacity so to better understand where advocacy efforts and resources are needed.
- Funding to support statewide education, trainings, and resources to individuals with I/DD, who are at greater risk of abuse, neglect, and exploitation and need education, advocacy and training, particularly those that extend beyond the urban core, to include those individuals, families, and supports in rural areas.
- Funding to consult with and bring-in subject matter experts on HCBS services and supports.
- Funding to host a Supported Decision-Making Conference (to include options and alternatives to Guardianship) in years two and four to inform self-advocates, families and stakeholders about best practices related to guardianship and protection of individual rights stemming from unnecessary guardianship. Advocacy will also include working with partners to create, publish, and distribute educational materials on ANE prevention, rights and responsibilities of guardians and wards, and ANE-related issues.
- Continued monitoring of activities and education of policy makers on how to improve the supports and services for people with I/DD.

Collaboration [Section 124(c)(3)(D)]

2017-2021 goals, objectives, and activities wherein KCDD will collaborate (provide funding, time, staff, and/or other support or facilitation) to address critical issues and/or barriers affecting individuals with developmental disabilities, their families, supports and services include (but are not limited to) the following:

1. Self-Advocacy

- Self-Advocacy Coalition of Kansas (SACK) Annual Conference: KCDD will continue to be the primary sponsor of the 2016 SACK (Self Advocacy Coalition of Kansas) Conference. Attendees typically include approximately 300 people with I/DD, their family members, as well as many of their service providers and supports. The conference provides for collaborations with 20+ different entities.
- Leadership Training: In collaboration with SACK, the Kansas Leadership Center (KLC), the Disability Rights Center of Kansas (DRC), the Kansas University Center for Excellence in Developmental Disabilities (UCEDD), and other stakeholders, KCDD will advocate and provide scholarship funding for self-advocates, family members and their allies to attend integrated leadership training and support self-advocate led training.
- Best Practices: KCDD will work collaborative with the KS UCEDD, the DRC, and the I/DD network in Kansas to increase access and availability of best practices research, resoruces, and self-advocacy tools and information for self-advocates their familes, and supports.

4. Employment

- KCDD will continue to partner and collaborate with local school districts, Vocational Rehabilitation field staff, community service providers, local host businesses, the United Healthcare Empower Kansans grant project, and the Department of Commerce's Disability Employment Initiative Grant. KCDD has done a good job of bringing stakeholders to the table. Although KCDD has turned the oversight and management of its Project SEARCH programming over to a private entity, KCDD will continue to collaborate and partner with stakeholders to help inform individuals with I/DD, their families and supports, and fellow advocates of some of the systems wide barriers, and make recommendations to the Employment First Oversight Commission on how to address these barriers.
- Employment First Summit: KCDD will partner and collaborate with Sponsor Employment First Summit in Years 2 and 4. This Summit provides information on employment to DD consumers, family members, VR staff, service providers and others interested in employment for persons with DD. The planning committee for the Summit provides cross-disability collaboration with self-advocates, providers, government employees and representatives from managed care organizations.

- Statewide Collaborations: KCDD will partner with statewide entities on conferences and seminars for businesses and educators including, but not limited to the Workforce Summit, DOE conferences, and Business Leadership Networks (BLNs).
- Kansas Roadmap to Employment: KCDD will partner with KDADS policymakers, legislators, VR, and other stakeholders to advocate for increased resources for formal and informal long-term supports for competitive integrated employment.
- KCDD will partner with community allies (churches, non profit organizations, schools, more generalized organizations, non governmental organizations, generic service systems, etc.) to provide South Western Kansans with I/DD and their families, whose native language is Spanish, with meaningful information and services to break down barriers to competitive integrated employment.

5. Education

- Transition Conference. KCDD will collaborate to support a bi-annual transition conference that incorporates transition across the lifespan. The Transition Conference will be an opportunity for self-advocates, families, providers, state agency personnel, educators and other stakeholders to share and learn new and innovative transition practices for people with disabilities across the lifespan.
- Online Resources: KCDD will collaborate to provide online transition resources for middle and high-school educators, education administrators, students with I/DD, their families, and allies on transition coordination.
- School Districts: KCDD will partner with ISD's and local districts to participate in transition fairs

4. Quality Assurance

- KCDD will work collaboratively with state agencies and other organizations to provide training, support, and resources in areas of quality assurance for individuals with I/DD, their families, and support networks.
- Communities of Practice: KCDD, in partnership with KDADS, has agreed to pay for three years of technical support for participation in the National Community of Practice (CoP) engaging the Council, KDADs and other stakeholders in projects that will provide quality of life and quality assurance resources and trainings to all Kansans.
- ANE Education, Training, and Resources: KCDD will work with state government, agencies, and other organizations to facilitate and encourage the development and implementation of a coordinated investigatory, reporting and response system to prevent abuse, neglect and exploitation (ANE) of persons with I/DD.
- HCBS Settings: KCDD to consult with, collaborate, and bring-in subject matter experts on HCBS services and supports.

- Supported Decision-Making Conference/Trainings: KCDD will collaborate to host trainings, to include but not limited to a Supported Decision-Making Conference (to include options and alternatives to Guardianship) in years two and four. Advocacy in this area will also include working with partners to create, publish, and distribute educational materials on ANE prevention, rights and responsibilities of guardians and wards, and ANE-related issues.

6. Other/General Collaborations:

- Assistive Technology: KCDD will continue to serve on the statewide advisory board for the Assistive Technology for Kansans project and provide conference support for the annual AT Expo and Conference. KCDD also has council members and staff that serve on United Health Care Empower Kansans advisory council and have been successful at supporting ATK's grant efforts.
- The Big Tent: KCDD participates in the largest cross disability coalition in Kansas made up of advocates self-advocates as well as aging mental health and disability leaders. The Big Tent coalition (BTC) represents a cross disability and aging coalition of consumers, advocates, parents, university staff, and service providers who meet monthly to collaborate, strategize, and develop advocacy plans for people with disabilities & aging. BTC's desired outcome is to reach agreement on improved policy & funding, cross-organization advocacy, education of policymakers, and provide a unified voice of advocacy on behalf of the Kansas disability and aging community. Members of this collaborative group include the DRC, the KS UCEDD, the Self-Advocate Coalition of Kansas (SACK), Interhab, the DD Buddy Group, the Friends and Family workgroup, and representatives from statewide CDDO's, cross-disability advocacy organizations, self-advocates, and family members), as well as other interested stakeholders.
- Legislative Collaborations: KCDD will work in collaboration with the KS DRC (Disability Rights Center) and other Kansas stakeholders in its collective effort toward moving bills forward in the Kansas Legislature and advocating for the rights of Kansans with I/DD.
- DD Buddy Group: KCDD staff are members of The KS DD Buddy Group is a volunteer group wherein members are consumers, parents, community service providers and UCEDD, P&A (Disability Rights Center), and KCDD. Our purpose is to share expertise, better understand each other's issues, and work together to improve the Kansas DD system. The DD Buddy Group meets bi-monthly to address funding and policy issues in the KS DD System and plan testimony for maximum impact.
- KCDD serves on many agency DD and disability specific committees to provide input.
- ADA Advocacy: KCDD collaborations will include, but are not limited to the following: Interhab Day at the Capitol, meetings with key legislators, KDADS Public Feedback Forums, the Waiver Integration Stakeholders and Engagement workgroups, ADA Celebration

Day at the Capitol, Deaf Day at the Capitol, SACK Conferences, Interhab Conferences, and Interhab "Push" Day at the Capitol each May.

5 Year Goals [Section 124(4); Section 125(c)(5)]/h4>

Goal #1: Education

Descripton *

People with disabilities will have support networks and education opportunities that promote independent choices throughout their lifespan.

Expected Goal Outcome *

1. Delivery of resources directed at transition and the different needs at those times, I/DD individuals and their supports will have a more informed time line on when to begin the process of each transition. 2. Transition staff will have the knowledge to direct families to resources that will help students lead self-determined lives. 3. Transition staff will counsel parents to seek the tools for supported decision-making, community-based housing and competitive employment.

Objectives

Objective 1. By 2021, Kansans with disabilities, their families, teachers, and support networks, through collaboration with state agencies and organizations, will receive education and training on availability and access to resources, including lifespan transitions. (i.e. beyond high school, not limited to employment transition services).

Goal #2: Employment

Descripton *

By 2021, Kansans with I/DD will have increased opportunities to engage in competitive integrated employment.

Expected Goal Outcome *

1. People will have increased knowledge and access to competitive, integrated employment opportunities 2. Networks that support people with I/DD will have increased knowledge and access to strategies to better support people in the workforce 3. Businesses will have increased knowledge about the benefits of hiring people with disabilities 4. Kansas will develop a long term funding mechanism to support competitive, integrated employment 5. Kansans with I/DD will have more long term employment supports opportunities 6. KCDD will have a better understanding of the service and employment needs of individuals with I/DD, whose native language is Spanish in Southwestern Kansas 7. Spanish speaking families in Southwestern Kansas will have a better understanding of service and employment opportunities for people with I/DD in their native language

Objectives

Objective 2. By 2021, Kansans with I/DD will have increased resources for formal and informal long-term supports for competitive integrated employment.

Objective 3. KCDD will partner with community allies (churches, non profit organizations, schools, more generalized organizations, non governmental organizations, generic service systems, etc.) to provide South Western Kansans with I/DD and their families, whose native language is Spanish, with meaningful information and services to break down barriers to competitive integrated employment.

Objective 1. KCDD will provide Kansans with I/DD, their families, employers, providers, and employment support staff with meaningful information about competitive integrated employment.

Goal #3: Self Advocacy

Descripton *

KCDD will strengthen a program for the direct funding of a statewide self-advocacy organization led by individuals with developmental disabilities to increase the advocacy capacity of self-advocates in the areas of independence, self- determination, and inclusion in the community.

Expected Goal Outcome *

1. Self advocates will have a better understanding of their rights and increased self advocacy skills 2. Self advocates will have increased leadership skills 3. Self advocates will engage in peer leadership mentoring/training 4. Self advocates will increase their engagement in personal, collaborate, and civic leadership 5. Self advocates with I/DD will have a greater understanding of culturally diverse and cross disability issues 6. There will be a culturally diverse increase in the knowledge and understanding of I/DD issues across disabilities. 7. People with I/DD will become more engaged in civic leadership activities that cross the disability spectrum 8. Youth with disabilities including people with IDD will become more knowledgeable in leadership. 9. Individuals, families, and their allies will have access to more resources on best practices to engage in self advocacy efforts 10. Individuals, families, and their allies will have increased opportunities to engage in self determination 11. Individuals, families, and their allies will have increased opportunities to make informed decisions 12. Individuals, families, and their allies will have increased engagement in civic activities

Objectives

Objective 2. Yearly, KCDD will work collaboratively with a statewide self- advocacy organization, DRC (Disability Rights Center of Kansas), and the KS UCEDD (University Center for Excellence in Developmental Disabilities) to increase the number of individuals with I/DD active in public policy, advocacy, cross-disability and culturally diverse leadership activities.

Objective 3. By 2021, KCDD will work collaboratively with the UCEDD and the DRC to increase access and availability of best practices research, resources, and self- advocacy tools and information for self-advocates, their families, and supports.

Objective 1. By 2021, Kansas will have increased the number of self advocates who have participated in leadership training so they can provide other self-advocates with opportunities to learn and engage in personal, collaborative, and civic leadership.

Goal #4: Quality Assurance

Descripton *

By 2021, KCDD will provide Kansans with I/DD, their families, and support networks with advocacy and training on how to better access and implement adequate, effective, person-centered supports and services.

Expected Goal Outcome *

1. Improved curriculum and quality of the training on person-centered supports and services. 2. Improved access to information and training on best practices in person-centered supports and services. 3. Ability to identify the % of reported ANE cases (where investigation begins within a particular time frame or similar component) to show that we have a system that is investigating appropriately. 4. Ability to identify concrete areas for improvement in person-centered supports and services through data analysis. 5. For purposes of the term “client-controlled,” the client is recognized as the legal decision maker, which may be the person with a disability, legal guardian, or parent of a child under 18.

Objectives

Objective 2. KCDD will work with state government, agencies, and other organizations to facilitate and encourage the development and implementation of a coordinated investigatory, reporting and response system to prevent abuse, neglect and exploitation (ANE) of persons with I/DD.

Objective 1. KCDD will work collaboratively with state agencies and other organizations to provide training, support, and resources in areas of quality assurance for individuals with I/DD, their families, and support networks.

Evaluation Plan

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

* - Required field

Evaluation Plan *

Over the course of the five years the Council will evaluate the plan to identify needed changes. Results of the analysis will be used to inform the Council and other stakeholders as to whether critical activities were conducted on schedule and had the intended results.

Outcomes will be measured using multiple methods including survey monkey and social media tools. Questions will be based on the standards measures. Post event evaluation tools will be collected to assess participants assessment of the activities. Each tool will be designed to identify the specific outcomes outlined in the state plan.

Some of the activities may require follow up survey/interviews to gather the data. Some of the activities will produce deliverables that will need to be assessed to determine if they have met the original intent of the project. Deliverables will be judged based completion, quality and relevance to the needs of people with disabilities and their families.

Projects will be evaluated based on the impact on increasing the independence, productivity, integration and inclusion of people with disabilities and their families.

Project reports will be reviewed during regularly scheduled Council meetings and incorporated into the Annual Program Performance template. The Council will review for overall progress towards the accomplishment of the five year plan in meeting identified needs and achieving the intended results. The Council will use this review to complete applicable reports and to make state plan amendments.

All projects have specific evaluations to assess their accomplishments and outcomes. Project status reports will be generated quarterly. All grantees will be required to submit status reports quarterly. The project report will contain at a minimum (1) a brief description of project activities and the degree to which it meets its stated objectives, (2) a summary of the consumer satisfaction data, (3) a qualitative description of project accomplishments or impact and (4) a summary of the projects modification, obstacles encountered, and emerging trends that need to be addressed.

Specific evaluations for each goal will be measured based upon the outputs outlined and defined in the KCDD Logic Plan Model. The following outputs were identified in the Logic Model:

Goal: Self Advocacy

- 200 self advocates , family members, and supports will attend the annual SACK conference
- At least 30 self advocates, family members,and supports will participate in KLC leadership training annually

- Yearly, two self advocates will be selected annually to attend advanced leadership training.
- Fifteen individuals with I/DD, families, and supports will attend the 2018 Kansas Disability Caucus
- A minimum of two learning sessions at the biannual Disability Caucus will be inclusive of I/DD issues
- KCDD will provide support for the annual Kansas Youth Leadership Forum to insure a minimum of six youth with I/DD are included in this leadership training.
- Three self advocates will participate in public policy and civic engagement.
- Yearly, twelve social media posts will highlight self determination best practices, implementation, and impact
- KCDD will provide a link to the Gateway to Self Determination on its website
- Yearly, twelve social media posts will highlight Partners in Policymaking best practices, implementation and impact
- KCDD will provide a link to the online Partners in Policymaking Training on its website

Goal: Employment

- In years 2018 and 2020 of the plan, host an Employment First Summit with at least 300 registrants.
- Eighteen (18) social media posts per year (Facebook, webpage, Twitter, etc.) will provide information and training on competitive, integrated employment.
- Yearly, KCDD will offer information about disability employment at the annual Kansas Workforce Summit.
- KCDD will provide information about disability employment initiatives in Kansas (i.e. Roadmap to Employment) to Kansas City and Sedgwick County Business Leadership Networks (BLNs).
- KCDD will meet quarterly with Kansas State agencies involved in employment services to plan for implementation of the Kansas Roadmap to Employment.
- KCDD will provide a minimum of four (4) meetings and/or testimonies to Kansas legislators per year regarding funding for long term employment supports.
- Three (3) new employment providers per year will make use of employment assessment tools to include, but not limited to, the Vocational Fit Assessment.
- In 2017, two (2) meetings will be held with individuals with I/DD, whose native language is Spanish, and their families and supports to assess service gaps, especially regarding supports for competitive, integrated employment.
- In 2018, quarterly training(s) will be provided to Spanish speaking families in Southwest Kansas in their native language.

- In 2018, at least eight (8) people will be provided meaningful information about services including competitive, integrated employment.

Goal: Education

- Four (4) webinars hosted and/or facilitated per year incorporating transition across the lifespan.
- Four (4) in person presentations and/or information sessions coordinated to provide transition resources for middle and high school educators, education administrators, students with I/DD, their families, and supports.
- Annually, twenty five (25) transition staff educated on best practices on transition across the lifespan.
- Fifty (50) people reached at transition fairs.

Goal: Quality Assurance

- One (1) report on the data analysis identifying gaps in quality assurance for Kansans with I/DD, their families and supports
- One (1) Quality Assurance related Training
- One (1) resource folder
- Two (2) Supported Decision Making Conferences

Logic Model

* - Required field

Logic Model *

Council Budget

Projected Council Budget [Section 124(c)(5) (B) and 125(c)(8)]			
			* - Required field
Projected Council Budget			
Goal	Subtitle B \$	Other(s) \$	Total
Education	\$60000	\$5000	\$65000
Employment	\$90000	\$10000	\$100000
Self Advocacy	\$110000	\$70000	\$180000
Quality Assurance	\$137000	\$20000	\$157000

Goal	Subtitle B \$	Other(s) \$	Total
General management (Personnel, Budget, Finance,Reporting)	\$196000	\$0	\$196000
Functions of the DSA	\$0	\$36000	\$36000
Total	\$593000	\$141000	\$734000

Assurances

Assurances [Section [124(c)(5)(A)-(N)]	* - Required field
<p>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 Assurance and Bill of Rights Act. :</p> <p>true</p> <p>Approving Officials for Assurances For the Council (Chairperson) : true</p> <p>Designated State Agency A copy of the State Plan has been provided to the DSA : true</p>	

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

* - Required field

Describe how the Council made the plan available for public review and comment. Include how the Council provided appropriate and sufficient notice in accessible formats of the opportunity for review and comment *

Throughout 2015, KCDD sought public input and direction in developing the 2017-2021 5-Year State Plan. Self-advocates, families, state agencies, providers, educators and other stakeholders contributed their ideas and suggestions relating to KCDD's charge, "to ensure the opportunity to make choices regarding participation in society and quality of life for individual with developmental disabilities." The KCDD Priorities Survey 2015 provided written feedback from 43 Respondents and represented 17 KS Counties. While this number is relatively small, we were able to gather valuable information that was consistent with information we have received from other data points and resources. Resources for Public Input in developing KCDD's 5-Year Plan included:

- KCDD Priorities Survey 2015-16: Respondents were asked to identify themselves (and in some cases, they selected more than one identifier), as follows: 64% Family Member, 43% Guardian or Conservator, 31% Service Coordinator or Provider, 12% Person with a disability, 7% Special or Regular Education Teacher, and 5% Direct Support Staff. The Top Five (5) Areas of Concern included: 56% Quality Assurance (Person Centered Supports and Services), 56% Employment, 46% Housing, 46% Transportation, 36% Formal and Informal Community Supports (Natural Supports), 28% Education, 21% Recreation, 8% Childcare. Other Priorities Survey Comments and/or Questions included the following:
 - Concern for adult transition/succession planning (when primary caretaker/guardian is no longer able or available)
 - Lack of direction from state regrading CMS Final Rule
 - KDADS, MCO, "the system" too slow to respond (ex: MFP changed, system failure, without any supported home care services for 25 days = relapse) ("have to hunt down authorizations," etc.)
 - Need for better communication/help for parents with getting documents prepared, navigating the system, paperwork, rules, etc.

- Concern about future services being cut (Integrated Waiver)
- Concern that TCM is "on its way out" (also HCBS/in-home services)
- Use the CDDO's to educate providers, bring in outside experts when possible, provide more education to all providers statewide
- KCDD Priorities Survey also guided the type of activities and implementation KCDD determined would be most valuable to stakeholders. When asked what type of information self-advocates would find most helpful, 48% On-site training (conducted by an instructor or team of educators/professionals), 19% Webinars (presentation using the computer, rather than in person), 10% Social Media or "Other", and only 7% Publications/Study Materials or On-line Courses.
- KCDD Survey on Adult Guardianship in KS 2015-16
- SACK Conference – June 2015/June 2016: KCDD staff met with self-advocates at both the 2015 and 2016 SACK CONFERENCE to receive feedback from self-advocates on areas of concern and what they'd like KCDD to make a priority. Self-advocates' areas of priority included Education, Employment, Quality Assurance, and HCBS Services and Supports.
- Interhab Conference - October 2015
- Ongoing and frequent consultation and collaboration with several KS Disability Advocacy Organizations including, but not limited to: DRC, KU (UCEDD), SACK, Interhab, Families Together, KGP, CDDO's, Big Tent Coalition, Friends and Families KDADS, KDHE KanCare Ombudsman, nursing facilities, the mental health community, ADRCs, hospitals, consumers, statewide Independent Living Centers, KGP, and individuals with developmental disabilities and their families.
- Review and discussion of Kansas and other states' quality assurance efforts, regulations, legislation and I/DD-related activities to hear the thoughts of people with developmental disabilities, families, their support staff, and advocates to bring their ideas into the future priorities planning process.

Feedback from the above-listed resources, coupled with survey results were collected and shared with the Council who met both as Council as a whole and in sub-committees to develop Goals, Objectives, and discuss activities, outputs, and outcomes. Using the information received over the course of 2015-2016, KCDD identified 4 Areas of Priority: Self-Advocacy, Employment, Education, and Quality Assurance.

A DRAFT of KCDD's 2017-2021 Goals & Objectives was made available for public review and comment on April 19, 2016 and public comment was posted as open from April 20 - June 2, 2016 *(NOTE: The Survey Monkey remained open for public feedback, as well as in-person, online, and*

phone opportunities for public feedback through July 29, 2016). The DRAFT 5-Year Plan was posted on KCDD's webpage (<http://www.kcdd.org/>), Facebook page (<https://www.facebook.com/kcdd.org/>), distributed via our email list-serve, and distributed in both paper format and in-person presentation/discussion at the 2016 Employment First Summit, 2016 SACK Conference, and at all stakeholder meetings. To ensure accessibility, KCDD also provided the following ways to review and/or provide KCDD with feedback on our 5-Year Plan:

1. Our Survey: https://www.surveymonkey.com/r/KCDD_5_Year_Plan
2. KCDD's website at www.KCDD.org
3. Survey link on our Facebook page: <https://www.facebook.com/kcdd.org/>
4. By calling 785-296-2608
5. Via email at KCDD@KCDD.org

Describe the revisions made to the Plan to take into account and respond to significant comments *

The Council reviewed all the comments that were submitted via survey monkey and considered them as we made the final changes to our goals and objectives. The changes were all minor wording changes. We also reviewed the draft KCDD five year plan with 30 self advocates that attended our session at the annual SACK conference. We had a lot of discussion but no suggestions or recommendations for any changes.