KANSAS: SCDD FIVE YEAR STATE PLAN

SECTION I: COUNCIL IDENTIFICATION

State Plan Period:

Start Period	2021-10-01
End Period	2026-09-30

Contact Information

Contact Person	Steven Gieber
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Date of Establishment:	Date (1974-07-01)

Authorization:	State Statute (2)

Authorization Citation:	
Article 74-5501-5505 74-5501. State council on developmental disabilities; establishment; membership. (a) There is hereby established the state council on developmental disabilities which shall consist of not less than 18 members. The membership of the council shall at all times include representatives of the state entities that administer funds provided under federal laws related to individuals with disabilities, including the rehabilitation act of 1973 (29 U.S.C. 701 et seq.), the individuals with disabilities education act (20 U.S.C. 1400 et seq.), the older americans act of 1965 (42 U.S.C. 3001 et seq.), and titles V (42 U.S.C. 701 et seq.) and XIX of the social security act (42 U.S.C. 1396 et seq.), and centers in the state, the state protection and advocacy system, local agencies, and nongovernmental agencies and private nonprofit groups concerned with services to persons with developmental disabilities. The council shall be appointed by the governor who shall make appropriate provisions for the rotation of membership on the council and shall on July 1 of each year designate one member to be chairperson for the following year. (b) At least 60% of the membership of the state council shall consist of persons who are: (1) Persons with developmental disabilities or parents or guardians of such persons; or (2) Immediate relatives or guardians of persons with mentally impairing developmental disabilities and who are not (A) employees of a state agency which receives funds or provides services under the federal rehabilitation act, or (B) managing employees (as defined in 42 U.S.C. 1320a-5 in effect on the effective date of this act) of any other entity which receives funds or provides services under the federal rehabilitation act of 1973 (29 U.S.C. 701 et seq.), as amended. (c) Of the members of the state council described in	

subsection (b): (1) At least one-third shall be persons with developmental disabilities; and (2) At least one-third shall be individuals described in paragraph (2) of subsection (b), and at least one of such individuals shall be an immediate relative or guardian of an institutionalized person with a developmental disability, or shall be an individual with a developmental disability who resides or previously resided in an institution. 74-5502. State council on developmental disabilities; powers and duties; legislative recommendations; cooperation by state agencies. (a) The state council shall: (1) Study the problems of prevention, education, rehabilitation and other programs affecting the general welfare of the developmentally disabled. (2) Monitor, review and evaluate, at least annually, the implementation of the state plan for developmental disabilities. (3) Review and comment, to the maximum extent feasible, on all state plans in the state which relate to programs affecting persons with developmental disabilities. (4) Submit to the secretary of health and human services, through the governor, such periodic reports on its activities as the secretary of health and human services may reasonably request and keep such records and afford such access thereto as the secretary of health and human services finds necessary to verify such reports. In accordance with federal laws, the state plan for developmental disabilities shall be prepared jointly by the division of the Kansas department for aging and disability services that is responsible for programs for developmental disabilities and the state council. (5) Study the various state programs for the developmentally disabled and shall have power to make suggestions and recommendations to the various state departments for the coordination and improvements of such programs. (b) The council may make proposed legislative recommendations having as a function the more efficient, economic and effective realization of intent, purpose and goal of the various programs for the developmentally disabled. (c) Each state agency represented by membership on the council is hereby authorized to furnish such information, data, reports and statistics requested by the council. 74-5503. Same; meetings; reports. The state council shall conduct quarterly meetings and additional meetings deemed necessary, keep minutes and send a copy thereof to the governor and all participating state agencies and members. The council shall report regularly to the governor, the legislature, and various other state agencies and organizations working with the developmentally disabled on progress of programs throughout the state. 74-5504. Same; compensation, allowances and expenses. Members of the state council on developmental disabilities attending meetings of such council, or attending a subcommittee meeting thereof authorized by such council, shall be paid amounts provided in subsection (e) of K.S.A. 75-3223 and amendments thereto. 74-5505. Department for aging and disability services to receive and administer funds under federal developmental disabilities assistance and bill of rights act. The division of the Kansas department for aging and disability services that is responsible for programs for developmental disabilities is hereby designated as the agency to receive and administer federal funds under the federal developmental disabilities assistance and bill of rights act, 42 U.S.C. 6000 et seq., as amended. The state plan for developmental disabilities shall provide for such fiscal control and fund accounting procedures as may be necessary to assure the proper disbursement of and accounting for funds paid to the state under such act.

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. Council members can remain on the Council if their term expires until a replacement is appointed by the Governor. The Council continues to work with the Governors office to ensure compliance with member terms and representation quotas. KCDD makes periodic announcements regarding Council openings via listservs and social media so that the public is aware of any open positions. Applicants are initially reviewed by the Executive Committee who then forward

recommendations for Council membership to the full Council. The full Council reviews the recommendations and votes on whether to accept the Committee's recommendations and then forwards the recommended applications on to the Governor's office for appointment. Some Council members are noted as having expired terms; the governor's office is currently in the process of reappointing Council members to subsequent terms. KCDD currently has one open vacancy on the Council; the Council has sent out recruitment notifications across the state and received several applications for the open position (and to potentially replace members whose terms have expired). Applications have been reviewed by the full Council and have been forwarded on to the Governor's office. The Council is currently waiting appointment for the vacant position from the Governor's office.

Council Members:

Name	Gender	Race/Ethnicity	Geographical	Agency/Org/Citizen Rep Code	Agency/Org Name	Appt. Date	Appt. Expired Date	Alt/Proxy for State Agency Rep Name
Daniel Decker	M	D1	E1	A1	Rehab Act	2015-09-02		
Bert Moore	M	D1	E1	A2	IDEA	2008-07-29		Zajic, Dean
Amy Penrod	F	D1	E1	A3	Older Americans Act	2017-06-02		Bowles, Russell
Fran Seymour-Hunter	F	D1	E1	A4	SSA, Title XIX	2019-01-01		Groins, Lisa
Rocky Nichols	M	D1	E1	A5	P&A	2003-08-02		Burgess, Mike
Karrie Shogren	F	D1	E1	A6	University Center(s)	2014-10-01		Swindler, Sean
Kathy Stifler	F	D1	E2	A7	NGO/Local	2021-01-10	2024-12-31	
Heather Smith	F	D1	E1	A8	SSA/Title V	2014-		Bigler, Kayzy

						04-01		
Shirley Fessler	F	D1	E1	A9	Other	2021-01-01	2024-12-31	
Josh Alters	M	D1	E1	B1		2018-01-12	2021-11-01	
Brendan Darnell	M	D1	E2	B1		2016-06-01	2019-10-31	
Michael Fairchild	M	D1	E2	B1		2018-12-20	2020-10-31	
Bill Story	M	D1	E1	B1		2013-11-27	2010-11-01	
Skylar Schwindt	M	D1	E1	B1		2018-12-20	2020-10-31	
Sarah Tweedy	F	D1	E2	B1		2018-12-20	2021-10-31	
Kacy Seitz	F	D4	E2	B2		2018-12-20	2021-10-31	
Nikki Heiman	F	D1	E2	B2		2017-09-26	2020-10-31	
Kathy Keck	F	D1	E2	B2		2018-11-01	2020-10-31	
Richard Martinez	M	D5	E1	B2		2018-12-20	2021-10-31	
Kimberly	F	D1	E2	B2		201	2020-	

McLemore						6-12-30	11-01	
Sarah Meitner	F	D5	E2	B2		2018-11-01	2022-10-31	
Karey Padding	F	D1	E2	B2		2021-01-01	2024-12-31	
Nancy Chafin	F	D1	E2	C2		2016-12-20	2020-11-01	
vacant v vacant	O	D8	E1	B1				

Council Staff:

Name	Position/Working Title	FT Status	% PT	Gender	Race/Ethnicity	Disability
Steven P Gieber	Executive Director	1		M	D1	N
Charline Cobbs	Senior Administrative Assistant	1		F	D2	N
Craig Knutson	Policy Analyst	1		M	D1	N
Jeff Schroeder	Public Policy Coordinator	1		M	D1	N
Liz Long	Policy Analyst	1		F	D1	N

SECTION II: DESIGNATED STATE AGENCY

The DSA is:	Other Agency (2)

Agency Details:

Agency Name	Department for Children and Families
State DSA Official's Name	Laura Howard
Address	555 S Kansas Avenue, Topeka, KS 66603
Phone	7852963274
FAX	7852964685
E-mail	laura.howard@ks.gov

If DSA is other than the Council, does it provide or pay for direct services to persons with developmental disabilities?	Yes (1)

If yes, describe the general category of services it provider (e.g. health, education, vocational, residential, etc.) (250 character limit)	The department of Vocational Rehabilitation services is under the Department for Children and Families.

Does your Council have a memorandum of Understanding/Agreement with your DSA?	No (0)

If DSA is other than the Council, describe (250 character limit).	
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.	

PART E - Calendar Year DSA was designated [Section 125(d)(2)(B)]	1994

SECTION III: COMPREHENSIVE REVIEW AND ANALYSIS

Introduction:	
Throughout 2020 and in to 2021, KCDD sought public input and direction in developing the 2022 - 2026 Five-Year State Plan. Self-advocates, families, state agencies, providers, educators and other stakeholders contributed their ideas and suggestions relating to KCDD's mission, to empower individuals with I/DD and their families to lead systems changes, build capacity, and advocate for inclusive, integrated, accessible communities where everyone belongs and thrives. The KCDD Needs Assessment Survey (November 2020 to January 2021) provided written feedback from 145 Respondents. The information gathered from the survey was very valuable and helped the Council identify areas of stakeholders concerns that we could focus on during our statewide listening sessions. The needs assessment survey asked questions in 12 different sections Health and Healthcare, Transition and Transfer of Care, Access to Services, Employment, Services and Supports, Interagency Initiatives, Quality Assurance, Education/Early Intervention, Housing, Transportation, Child Care, and Recreation. The survey also asked each respondent, Has the COVID-19 pandemic affected you or your loved one in the areas this survey focused on? and gave room for written responses to all 12 sections. - KCDD Needs Assessment Survey: Respondents were asked from what perspective are they sharing their experience. A total of 145 responses were collected with the following results: 48% support a family member or loved one with a disability 34% employee of an organization that advocates for or provides services to individuals with a disability/their families 15% person with a disability 3% local or state government employee. After evaluating the responses from the needs assessment survey, the Council used that information to guide its focus and gather additional information from stakeholders by holding 6 statewide listening sessions by Zoom in January 2021. Accommodations were provided upon participant	

request for both American Sign Language interpretation and Closed Captioning. A total of 120 participants attended the listening sessions; 55 of those as guest stakeholders: - Jan 19 - 12:00 PM to 2:99 PM 21 participants (12 KCDD staff and Council members, 9 guests) - Jan 21 - 10:00 AM to 12:00 PM 23 participants (10 KCDD staff and Council members, 13 guests) - Jan 21 - 6:30 PM to 8:30 PM 10 participants (8 KCDD staff and Council members, 2 guests) - Jan 25 - 10:00 AM to 12:00 PM 20 participants (12 KCDD staff and Council members, 8 guests) - Jan 25 - 6:30 PM to 8:30 PM 18 participants (10 KCDD staff and Council members, 8 guests) - Jan 27 - 12:00 PM to 2:00 PM 28 participants (13 KCDD staff and Council members, 15 guests) KCDD Listening Session Participants were asked from what lens are you giving input from: - 45% - Support a family member or loved one with a disability - 29% - Employee of organization that advocates or provides services - 17% - A person with a disability - 9% - Local or State government employee Information gathered from all listening sessions resulted in these top areas of concern: 55% Supports and Services, 48% Health and Healthcare, 42% Employment, 34% Quality Assurance, and 31% Education/Early Intervention. Even though the entire council was very active and participated in all of the processes of developing the KCDD Needs Assessment Survey, developing the listening sessions agenda, actively participating in each of the listening sessions by volunteering as facilitators, note takers, chat monitors and time keepers, feedback from the above listed activities was shared with the Council who met both as Council as a whole and in sub-committees to develop Goals and Objectives, and discuss activities, outputs, and outcomes. A draft of the KCDD's 2022 - 2026 Goals and Objectives was made available for public review and comment and was posted as open for 45 days, April 13th through May 31st. During that time, KCDD received 13 responses. The DRAFT five-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 and other digital formats when requested (Word and PDF) and in presentations/discussions at all stakeholder Zoom meetings and other virtual meetings and events. 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://kcdd.org/advocacy/state-plan-public-comments 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 and by emailing any of the KCDD staff As part of the Comprehensive Review and Analysis, Council staff reviewed existing data in Kansas and from national resources to develop a snapshot of the current state supports and services in each area of emphasis in the portrait of state services as well as identify past and emerging trends in each of those areas. Council staff incorporated the feedback received from the public with the available data to work with Council members to develop a five year state plan that addressed specific areas of need in Kansas while basing the plan in the bedrock of the Developmental Disabilities Assistance and Bill of Rights Act core charge for Councils to Empower Advocacy and Lead Systems Change/Build Capacity.

Describe how the DSA supports the Council:	

The Kansas Department of Children and Families (DCF) serves as the Designated State Agency for KCDD. DCF provides fiscal management services, drawing down KCDD's federal funds and assists in the payment of KCDD's financial obligations. DCF also provides Human Resources support for the Council and its staff, and currently, provides KCDD with limited IT support. KCDD offices are located in a state owned building, and is subject to all federal and state regulations with regards to operations. KCDD staff meet regularly with DCF staff to help ensure smooth operating procedures are in place so that Council activities and objectives can be met and that the state's reasonable financial participation is realized. Designated State Agency Support is further detailed in the letter of Assurance (Section 124 (c)(5)(B-N) found in the Assurances section of this planning cycle.

Poverty Rate:	11.4

(i) Racial and Ethnic Diversity of the State Population

Percentage of Population (White, alone)	83.6
Percentage of Population (Black or African American alone)	5.7
Percentage of Population (American Indian and Alaska Native alone)	.8
Percentage of Population (Asian alone)	3
Percentage of Population (Native Hawaiian and Other Pacific Islander alone)	.1
Percentage of Population (Some other race alone)	3
Percentage of Population (Two or more races:)	3.7
Percentage of Population (Two races including Some other race)	0
Percentage of Population (Two races excluding Some other race, and three or more races)	0
Percentage of Population (Hispanic or Latino (of any race))	12.2

(a) Prevalence of developmental disabilities in the state:	1.58

Explanation (of % of prevalence):	
Estimated number of Kansans with I/DD is 46418. KCDD took the total number of citizens times the national prevalence rate of 1.58 percent utilizing the Gollay study. In 2020, the population of Kansas was 2,937,880; given an estimated rate of prevalence of 1.58% using the Gollay study, we can estimate that there are 46,418 Kansans with I/DD.	

(b) Residential Settings:

Total Served (2017)	9072
A. Number Served in Setting of under 6 (per 100,000) (2017)	305.27
B. Number Served in Setting of over 7 (per 100,000) (2017)	4.52
C. Number Served in Family Setting (per 100,000) (2017)	N/A
D. Number Served in Home of Their Own (per 100,000) (2017)	N/A
Total Served (2016)	8912
A. Number Served in Setting of under 6 (per 100,000) (2016)	300.69
B. Number Served in Setting of over 7 (per	4.62

100,000) (2016)	
C. Number Served in Family Setting (per 100,000) (2016)	N/A
D. Number Served in Home of Their Own (per 100,000) (2016)	N/A
Total Served (2015)	8839
A. Number Served in Setting of under 6 (per 100,000) (2015)	298.08
B. Number Served in Setting of over 7 (per 100,000) (2015)	4.73
C. Number Served in Family Setting (per 100,000) (2015)	N/A
D. Number Served in Home of Their Own (per 100,000) (2015)	N/A

(c) Demographic Information about People with Disabilities:

Percentage (Population 5 - 17 years)	6.5
Percentage (Population 18 - 64 years)	13.6
Percentage (Population 65 years and over)	23.3

Race and Hispanic or Latino Origin of people with a disability

Percentage (White alone)	13.7
Percentage (Black or African American alone)	15.5
Percentage (American Indian and Alaska Native alone)	23.6
Percentage (Asian alone)	5.6
Percentage (Native Hawaiian and Other Pacific Islander alone alone)	0
Percentage (Some other race alone)	9.8
Percentage (Two or more races)	13.8
Percentage (Hispanic or Latino (of any race))	9.0

Employment Status Population Age 16 and Over

Percentage with a disability (Employed)	47.2
Percentage without a disability (Employed)	84.2
Percentage with a disability (Not in labor force)	8
Percentage without a disability (Not in labor force)	15.7

Educational Attainment Population Age 25 and Over

Percentage with a disability (Less than high school graduate)	15.4
Percentage without a disability (Less than high school graduate)	8.2
Percentage with a disability (High school graduate, GED, or alternative)	31.3
Percentage without a disability (High school graduate, GED, or alternative)	26.3
Percentage with a disability (Some college or associate's degree)	37.2
Percentage without a disability (Some college or associate's degree)	31.4
Percentage with a disability (Bachelor's degree or higher)	16.1
Percentage without a disability (Bachelor's degree or higher)	34

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

Percentage with a disability ($1 to $4,999 or less)	15.3
Percentage without a disability ($1 to $4,999 or less)	14.5
Percentage with a disability ($5,000 to $14,999)	23
Percentage without a disability ($5,000 to $14,999)	15.8
Percentage with a disability ($15,000 to $24,999)	12.6
Percentage without a disability ($15,000 to $24,999)	14.7
Percentage with a disability ($25,000 to $34,999)	18.9
Percentage without a disability ($25,000 to $34,999)	11.7

Poverty Status Population Age 16 and Over

Percentage with a disability (Below 100 percent of the poverty level)	19.3
Percentage without a disability (Below 100 percent of the poverty level)	11.4
Percentage with a disability (100 to 149 percent of the poverty level)	67.2
Percentage without a disability (100 to 149 percent of the poverty level)	18.1
Percentage with a disability (At or above 150	13.5

percent of the poverty level)	
Percentage without a disability (At or above 150 percent of the poverty level)	61.5

(i) Health/Healthcare:	
It is established that persons with I/DD and other disabilities have healthcare disparities. It is difficult to determine how much of the increase in negative health outcomes is derived from chronic conditions (diabetes, obesity, high blood pressure and asthma), natural progression of a disabling condition, or lack of education by health care providers on appropriately supporting a person with a disability. 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, there have been multiple closures over the last several years primarily in rural cities. In 2019 one study conducted by Navigant found 28.7% of rural hospitals in Kansas were are risk for closure compared to 21% nationally. While 86% were identified as essential and only 64% nationally on average. The identified driving factors were payer mix degradation, declines in inpatient care, and inability to leverage innovations due to lack of capitol. Many hospitals cite a lack of Medicaid expansion in Kansas as creating financial hardship for their organizations. 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. In 2012, Kansas implemented Managed Care (KanCare) across all Medicaid populations and HCBS waivers. 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 physical health 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. In the past, oral health services have been offered as waiver services for adults on the I/DD waiver, however it is no longer offered as a waiver service. The MCOs offer value added services that may include preventative cleanings or a small, capped cost for restorative procedures. The children continue to be eligible for dental services and adult's coverage of emergency dental procedures remain part of Medicaid covered services. Which only benefits people who can access a dentist. 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 is limited, in part due to the lack of Medicaid expansion in Kansas, and due to legislative resistance to fully fund the current waiting	

list. As per the Kansas Medical Assistance Annual Report (MAR), in Fiscal Year 2020, average monthly KanCare beneficiary totals for the following populations totaled: ICFID residents-111 Developmentally Disabled (Non dual Medicare eligible) - 3876 Developmentally Disabled (Dual Medicare eligible) - 5152 Total served monthly average- 9,139. The waiting list included 4464 as of December 2020 HCBS Monthly Summary. Utilizing a Gollay study (1.58% of the population) to estimate the prevalence of developmental disabilities in the state (46,418) With the most recent US census bureau population estimate as of July 1, 2019 for Kansas being 2,913,314, 29.6% of people with I/DD are known to the service system with 20% receiving services. 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.

Estimated IDD Waiting List	2018	2019	2020	2021 YTD	2022	2023	2024	People Waiting
3911	4086	4464	4542	4769	5008	5258	# Increase	175	378	78
227	238	250	263	% Increase	4%	9%	2%	5%	5%	5%

Due to the challenges of implementing a new eligibility system beginning in 2016, it is possible potentially eligible people may have given up trying to navigate the system barriers including lengthy processing times, repeated request for documentation, and confusion over LTSS program eligibility guidelines. While currently KDHE reports the backlog has been addressed and a new eligibility contract company has been procured, the application process is still complex and no doubt leads to people failing to complete the process. 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. In addition to the multicultural disparities in access to Kansas long term services and supports, there remain challenges to accessing services once someone is covered by Medicaid. Including people with intellectual disabilities in the decision-making process around their health care will be important moving forward. Utilizing Supported Decision Making around healthcare could allow the person to have more control over their health as well as supporting the healthcare providers who may have a misconception that guardians have total control over the health care decision process. As identified in the 2020 Kansas Maternal and Child Healthcare Needs Assessment some of the following gaps were stated by stakeholders. We need life outcomes, not just birth outcomes. Key informants also spoke to the number of providers who do not accept Medicaid/KanCare (the gap is especially acute for dental care, since only about 1/3 of Kansas dentists accept Medicaid). Key informants also expressed concern about the gap between services needed by some MCH populations and what Medicaid sees as a reimbursable medical expense. For CSHCN who have mobility impairments, for example, wheelchairs and other mobility devices, and the fittings for these devices, are critical to mobility and health, but the costs associated with them are not traditionally covered by Medicaid. These are some of the examples that demonstrates that self-advocates and their families need support in having a stronger voice in the Medicaid program design. Access to mental health Services is challenging in Kansas on several levels. The network adequacy is poor, and providers with ability to work with individuals with developmental disabilities is further limited. There are significant challenges within the children's mental health system supporting persons with dual diagnosis. Currently autism services lack sufficient qualified providers. In Kansas the Medicaid program covers standard prevention health services such as mammograms, well

woman exams, smoking cessation, bariatric surgery and children receive dental exams wellness visits and all vaccines are also covered. Kansas has a Federally Facilitated Marketplace (FFM) that utilizes the www.healthcare.gov platform. An enhanced direct enrollment pathway for consumers to enroll in health insurance coverage is available through the FFM. The pathway allows the Centers for Medicare and Medicaid (CMS) to collaborate with the private sector to provide a more user-friendly enrollment experience for consumers by allowing them to apply for and enroll in an Exchange plan directly through an approved issuer or webbroker without being redirected to www.healthcare.gov or contacting the Exchange call center. Consumers can visit https://www.healthcare.gov/direct-enrollment/ for information on how to get health coverage through approved enrollment partner websites.

(ii) 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. That said, currently, in Kansas, there is one approved 14(c) certificate, and 24 pending applications for approval. It should be noted that not all providers who hold, or have pending certificate approvals actually pay less than minimum wage, however, the majority of those who hold such certificates still choose to offer subminimum wage to persons with disabilities. While the number of 14 (c) certificate holders comprise a network that covers a majority of Kansans with I/DD, the current number of providers with approved and pending certificates has decreased over the past five year planning cycle where 34 providers held 14 (c) certificates. 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. 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; in 2015 there were only five (5) benefits counselors statewide to serve people across all disability spectrums. Understanding that this is a needed service, the state added two more benefits specialists in 2020. While this is a step in the right direction, it still doesn't meet the demand the demand for these types of services. Kansans with intellectual and developmental 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. Not only is there a lack of VR vendors in the state for all people with disabilities, but people with Intellectual and Developmental Disabilities are more likely to be deemed unable to serve because of the pay for performance reimbursement model utilized by Kansas Rehabilitation Services. This reimbursement model results in providers prioritizing VR services for Kansans who are most likely to have a successful case closure due to placement in competitive, integrated employment. Unfortunately, this all too often means that Kansans with significant disabilities cannot access the supports and services they need to obtain and maintain competitive, integrated employment. Data from the most recent FEDERAL FISCAL YEAR 2018 MONITORING REPORT ON THE KANSAS REHABILITATION SERVICES VOCATIONAL REHABILITATION AND SUPPORTED EMPLOYMENT

PROGRAMS continues to paint a bleak picture of employment outcomes for people with disabilities in Kansas: - Individuals achieving supported employment outcomes declined from 148 individuals in FFY 2015, to 79 individuals during the first three quarters of FFY 2017. KRS attributed this to under-reporting and speculated that individuals participating in the End-Dependence Kansas programs are not being counted when they should be; According to Braddock, State of the States in Developmental Disabilities 2021, the national trend since 2013 is for more people to be engaged in competitive, integrated employment; in Kansas, according to the waiver renewal, competitive, integrated employment and Supported Employment services is trending in the opposite direction. In 2017, (the most recent data for Braddock), Supported Employment accounted for 0% of total expenditures for I/DD services in Kansas. According to the 2019 CMS approved Intellectual and Developmental Disabilities Waiver for Kansas, it was estimated that the number of individuals utilizing Supported Employment would drop to 54 annual users at a total cost of $93,279.25 per year. According to Braddock, State of the States in Developmental Disabilities 2021, the national trend since 2013 is for more people to be engaged in competitive, integrated employment; in Kansas, according to the waiver renewal, competitive, integrated employment and Supported Employment services is trending in the opposite direction. Oddly, the data suggests that while the state invested less and less money into Supported Employment, the number of people who received Supported Employment services actually increased. This is obviously an erroneous data set. Whereas the data suggests that only 246 individuals obtained Supported Employment Services in 2015, the data submitted by the state also seems to indicate that there are currently 3,923 Kansans with I/DD who utilize Supported Employment. This is a direct contraindication of the data that was submitted to CMS during the I/DD waiver renewal. The Council staff has spent the past five years working with KDADS staff to educate the state's reporting staff on what exactly counts as competitive, integrated employment and supported employment and to reconcile the data reported to national databases with what is reported in the waiver application, but these efforts have met limited success. In 2020, KDADS staff announced that they would be looking to raise the reimbursement rate for Supported Employment so that it would be more in line with the reimbursement rate for this service in other states. Kansas currently has the lowest reimbursement rate in the nation for Supported Employment at a rate of $13/hour according to the 2019 Waiver renewal. KCDD is currently participating in the Results & Innovation in Systems Excellence (RISE) e-Learning Community of Practice with a focus on how the Council can implement activities that help ensure better reimbursement rates for Supported Employment under a MLTSS structure. KCDD continues to support education and outreach efforts by hosting a biannual Employment First Summit. Registration for the 2016 Summit totaled 345 attendees. The 2018 Employment First Summit reached capacity for the venue at 350 registered attendees, so an online viewing option was made available for people who couldn't attend the Summit in person. Data analytics suggested that over 400 more people were able to attend the Summit virtually. An Employment First Summit was again planned for 2020, but was postponed due to the Covid-19 pandemic; it was hoped that an in person event could be held later in the year, but the environment did not allow that to happen. KCDD did manage to partner with the South Central Kansas Employment First Coalition to stage a virtual Employment First Summit in April of 2021. KCDD had previously partnered with this group to provide a smaller, regional Employment First Summit in 2019. There is currently very limited data on how culturally diverse individuals with disabilities engage the competitive integrated workforce. Increasing awareness about competitive integrated employment among the Hispanic and Spanish speaking population was the focus the Council's Targeted Disparity objective in the FY17-21 planning cycle. One activity that emerged as a promising practice was the Family Employment Awareness Training (FEAT) that educated families on the importance of competitive, integrated employment. FEAT trainings were offered in partnership with Families Together, and sessions were also offered in Spanish as well as in English. 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). Given the success of this program in Kansas, other states have moved to implement FEAT trainings in their states as well. The full impact of Covid-19 on competitive integrated employment for people with I/DD in Kansas may not be known for several years. What is known is that people with I/DD were typically the first people to lose their jobs during the pandemic and the last ones to get rehired. Anecdotally, one provider in the state reported that up to 80% of the people they supported in competitive integrated employment lost their jobs during the height of the pandemic. While some of those people have since returned to work, many are still without a job. One lesson learned from the Covid-19 shutdown, however, is that remote work, a workforce accommodation that has long been advocated for by people with disabilities, is a viable work option for all people, not just people with disabilities. Hopefully, with that barrier overcome, if not eliminated, we will see more work from home options for people with disabilities going forward. Transition from school to competitive integrated employment for Kansas youth with I/DD remains challenging; KRS works with the Kansas State Department of Education (KSDE) to determine the number of potentially eligible students with disabilities in the State and estimates the number being close to 20,000, which the agency reported was beyond its capacity to serve. On July 1, 2021, the Kansas Department of Health and Environment and its Working Healthy program launched the Supports and Training for Employing People Successfully (STEPS) program. The STEPS program was developed with input from both the KCDD Roadmap to Employment, and featured KCDD staff in advisory roles throughout the development process. STEPS is a voluntary pilot program operating within the Kansas 1115 demonstration called KanCare. STEPS is designed to provide individualized employment and independent living supports available for up to 500 Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI) beneficiaries who meet pilot eligibility criteria. STEPS purpose is to help the State determine whether providing services designed to support competitive, integrated employment and independent living support result in successful employment and independent living outcomes.

(iii) Informal and formal services and supports:

According to the latest US Census Bureau Reports, there are 384,627 people (non-institutionalized) living with a disability in Kansas. According to Kansas Department for Aging and Disability Services (KDADS) April 2021 HCBS Monthly Summary, 9,026 of those people are 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 Individuals with Intellectual Disabilities (ICF/IID). As of March 2021, 4,542 Kansans with I/DD remain on the Wait List for Home and Community Based Services. That number does not include Kansans eligible for services and/or on wait lists for related services (and sometimes dual diagnosis individuals) under the waivers for autism, frail elderly, serious emotional disturbance, physical disability, technology assisted, or brain injury. At a minimum, because of the Wait List(s), there remains 4542+ Kansans with I/DD largely unable to access services and supports that are would otherwise be available to them or offered in the community.For those who are currently receiving services, Kansas Medical Assistance Program - Beneficiaries by Population Group - KS MAR FY 2021, indicates a total of 461,149 Kansans are currently receiving assistance (out of Kansas total populations is 2,913,314 according to the US Census Bureau). Of those, 44,982 were categorized as SSI Blind/Disabled, 12,556 were categorized as Med. Needy Blind/Disabled, and 26,058 were Qualified Working Disabled, Low Income Medicare Beneficiary or Qualified Medicare Beneficiary. KanCare Beneficiary Counts for Fiscal Year 2021 totaled 429,635. Of those, 9,061 were identified as Developmentally Disabled (Dual/Non-Dual combined) and another 28,501 were identified as SSI Aged, Blind & Disabled (Non-Dual), 11,345 were SSI Aged, Blind &

Disabled (Dual), and 17,509 were identified as LTC (Dual). Consumers by Category of Service (KDADS and KDHE) for Fiscal Year 2021 included 425,172 Kansans who received services from one of the three Kansas State Managed Care Organizations (MCO) each month.The State of Kansas uses the KanCare program to provide Medicaid. KanCare started in January 2013 and provides services to approximately 365,000 individuals across the state. Kansas contracts with three health plans, or managed care organizations (MCOs), to manage health care for nearly all Medicaid recipients. The KanCare health plans are Aetna Better Health of Kansas (Aetna), Sunflower State Health Plan (Sunflower), and United Healthcare 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 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; 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 - Brain Injury (BI) - 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). The Vision of KCDC is people with disabilities are equal citizens and equal partners in society. 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. KCDC facilitates the organization of Disability Mentoring Day (DMD) events throughout Kansas held in local communities. These DMD events help KCDC continue its support of the Employment First Oversight Commission. The focus of the commission shall be on increasing the number of Kansans with disabilities in competitive integrated employment. The Kansas employment first initiative act states that competitive and integrated employment shall be considered its first option when serving persons with disabilities who are of working age to obtain employment. This policy applies to programs and services that provide services and supports to help obtain employment for persons with disabilities. While not providing direct services, KCDC does provide 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. In FY 2020, APS received 17,697 reports of potential ANE, of that 4098 (55.8%) were assigned to be investigated. Of the investigated cases the substantiated cases of ANE totaled 678 or only 16.5%, and additional 190 were self-neglect confirmations. The data includes both the elderly and disabled and is not specific to IDD. Similarly, Child Protective Services does not publicly break their data out by population groups. This lack of data transparency makes addressing systemic issues challenging. 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 summary, 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. From our KCDD Listening Sessions and Needs Assessment Survey, 55% of participating Kansans prioritized Supports and Services as a priority area of concern for KCDD to focus on.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. According to the State of the States in Intellectual and Developmental Disabilities, only 245 Kansans with I/DD were able to access Family Support Services, and only 121 Kansans were utilizing Personal Assistance Services. Kansas also does not accurately track data regarding the type of setting in which a person is served. KCDD has had numerous conversations with both the Kansas Department on Aging and Disability Services and the Kansas Department of Health and Environment about the lack of data in these areas. KCDD staff has even facilitated discussions with state staff in charge of tracking this data and the national teams representing the those who compile the State of the States and RISP reports; unfortunately, these efforts have yet to yield a change in data collection on behalf of the state. Going forward, one hope is that a proposed assessment instrument, the InterRAI I/DD will capture the data needed that is currently not properly collected. Inclusion of these data points were added to the proposed instrument due to Council staff involvement in the planning process for this assessment tool. Given the current lack of data, however, KS must report an NA for people currently receive Supports and Services in their Families Home or their Own Home in the current planning tool.

(iv) Interagency 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 Oversight Commission, Big Tent Coalition, DD Buddy group, the Self-Advocate Coalition of Kansas (SACK), the Transition Transformers Coalition, and the Commission on Disability Concerns KDADS Friends and Family group. KCDD has entered into a partnership with Kansas Department for 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 to improve services for Kansans with disabilities. The Council is also a member of the 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. SACK is also a member of several groups that we mentioned and we work closely with self-advocates with everything we do. 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 Integration teams WISE and a committee developing a new assessment tool for waiver eligibility

and to determine the level of services needed.

(v) Quality Assurance:

Quality (including self-determination, independence, productivity, integration, and community inclusion) in the Kansas intellectual and developmental disabilities (IDD) system is woven into most areas of IDD service system such as: The DD reform Act, K.A.R. 30-63-1 and 30-64-0, Attachment J of the 1115 Waiver, in the 1915 (c) Home and Community Based Services Waiver, in contracts with the Managed Care Organizations, Community Developmental Disability Organizations, and IDD providers. While all groups agree quality of supports and services for persons with IDD is vitally important, what that looks likes from the various lens of these groups creates fragmented implementation. The fact that there is monetary drive for MCO, CDDO and providers may create perverse incentives in how they provide supports and how they implement quality oversight. Determination of quality is heavily based on Person-Centered Planning; performance of plan creations and implementation often has quality issues in and of itself. The multiple level of accountability to multiple oversight agencies leaves the direct service providers with many masters all with various guidance. Providing quality assurance is further complicated by 31.8% of the total Kansas population living in rural areas and cities with populations of less than 5,000, which can make accessing services and supports are difficult. In the past Kansas has focused on person driven service systems, however the unique challenge of supporting someone with an intellectual disability live the life of their choosing, while also maintaining the societal expectation that the supports keep people in services safe from harm, creates a unique challenge to providers. The discussion of the dignity of risk has occurred intermittently within the provider networks but never reaching across all levels of the system or reaching a consensus on the meaning. This leads to additional challenges within Kansas disability services and the other supports around the system that address Abuse Neglect and Exploitation of persons with IDD, and how it interacts with all the facets of the Kansas IDD system In FY 2020, APS received 17,697 reports of potential ANE, of that 4098 (55.8%) were assigned to be investigated. Of the investigated cases the substantiated cases of ANE totaled 678 or only 16.5%. The data includes both the elderly and disabled and is not specific to IDD. Similarly, Child Protective Services does not publicly break their data out by population groups. This lack of data transparency makes addressing systemic issues challenging. In the 2021 legislative session, Kansas successfully passed the elder care act to include enhancements to the APS system to allow information to by shared with assisted living facilities on confirmations, increase time to investigate financial exploitation, and create multidisciplinary teams (MDTs) in each of the 31 judicial districts that will include APS, Attorney Generals office, Department on Aging and Disabilities, Sherriffs, Physicians, and Banking. The increase communication and build collaboration across the organizations. APS staff report that when looking at reports received related to persons receiving HCBS services, that APS provides to KDADS, approximately 300 reports per month, about 200+ of those reports investigated every month are for Kansans with I/DD alone. KDADS staff have indicated that 80% of referrals they receive are related to an individual with I/DD. According to APS Reports (SFY2020), statewide, 21.4% of assigned adult reports involve either Fiduciary Abuse or Exploitation, while the top three maltreatment types involved in assigned reports (with or without disability) are physical abuse (18.4%), Neglect (17.5%). APS, Attorney Generals Office and KDADS have indicated there is a continued need to work with organizations and stakeholders to get information and training distributed statewide. KCDD will continue to work closely, with both organizations to meet this need for community training for formal and informal supports. Stakeholders have continued to express a particular concern for the lack of a data collection and capacity analysis regarding prevalence of ANE incidents, mediation efforts, and prosecution of offenders. While any person with IDD receiving services is required to be informed of their rights and responsibilities by a service provider annually, the effectiveness and validity of this

occurring is questionable. Additionally, people frequently have not received skills training to self-advocate, and as children may have been subject to the use of restraints and seclusion in schools. The combination allows for them to accept the mistreatment as normal and not to report or self-advocate. https://disabilityjustice.org/justice-denied/abuse-and-exploitation/#cite-note-1 According to Disability Justice Abuse Neglect and Exploitation of persons with developmental disabilities are at such a high rate for some of the following reasons. (estimated as 2-3 times as likely) People with disabilities are more susceptible to abuse for many reasons. Some of these reasons are: -Predators may perceive a person with disabilities as weak, vulnerable, or less likely to report -People are often isolated and dependent on a small circle of friends or caregivers for critical support, including assistance with basic physical needs. These same caregivers are often the abusers, which poses a difficult decision for the victim who is required to choose between the potential for continuing abuse and an uncertain future. -In addition, victims who are abused in group settings may have limited access to police, advocates, medical or social services representatives, or others who can intervene and help. According to Disability Justice Abuse Neglect and Exploitation of persons with developmental disabilities are at such a high rate for some of the following reasons. People with limited communication abilities and/or cognitive disabilities may find it difficult to report abuse effectively. Many people with disabilities are afraid that they will not be believed when they do report abuse. Many people with disabilities have been verbally abused, resulting in low self-esteem and, in some cases, a belief that the abuse is somehow deserved. It is easier to abuse or exploit someone if you inherently believe that people with disabilities are less human, less valuable or dont contribute to society. People with disabilities experience the same forms of physical violence, sexual abuse and molestation and neglect as the general population. However, they experience these abuses at much higher rates For example, it is not uncommon for an abuser to manipulate medications or to withhold access to assistive equipment and technology, including communications devices, in order to control behavior. In other cases, a personal care assistant might refuse to provide essential assistance.(https://disabilityjustice.org/justice-denied/abuse-and-exploitation/#cite-note-1) Additional areas of improvement for Kansas are: -The increased awareness of Trauma Informed Care: Empowerment, Connections, Safety are areas of growth needed in Kansas in response to ANE. -Self-advocates need continued skills training to successfully exercise their rights and maintain choice in their lives. -Individuals with developmental disabilities need rights education, advocacy and training including individuals in rural areas. -Self-advocates need support to develop and manage coalitions, networks of support, and outreach efforts to assure continued investigation and improvement of quality assurance activities. -Supported Decision Making training and team building supports. -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 in inclusion in all facets of community life.

(vi) 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. It is estimated that approximately 7,552 Kansas school children have an I/DD based upon a 1.58% rate of prevalence (Gollay study) and and estimated enrollment of 478,000 students overall in 2020. 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. Kansas public schools are also supported by a network of Education Service Centers that provide districts with training and technical assistance. The Kansas State Department of Education also offers the Kansas Technical Assistance System Network (TASN) which provides technical assistance to support school districts' systematic implementation of evidence-based practices. 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). Unfortunately, the Kansas Autism Waiver does not fully meet the needs of Kansas children who have been diagnosed with Autism. The waiver currently serves only 50 participants at a time, and often by the time a slot on the waiver opens up, the child waiting for the services has aged out of the program's eligibility. Complicating matters further, access to services are very limited geographically in Kansas due to a lack of provider network statewide, especially in rural areas. 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. Perhaps one of the greatest accomplishments of the Council over the course of the current five year planning cycle was the increased capacity of the Council to engage the Kansas State Department of Education (KSDE) and how our activities could benefit not only schools, but families as well. Historically, the KSDE had not actively engaged other state agencies and programs such as the Council due to its autonomous nature within Kansas political structure. Laying the groundwork and building trust with the Department of Education is a key factor in effecting long term systems change in Kansas education as outlined in the Council's education goal. A change in the leadership at the statewide transition level, along with leadership from the Kansas State Board of Education and increased representation on the Council served to bridge the divide between education, the Council and the disability community. The Council intends to build upon this newly strengthened relationship, and continue to serve as a trusted source of information for both the education community and the students and families we both serve. Dividends of this newly formed and strengthened partnership include an increased presence of the Council at statewide KSDE events such as the TASN conference for special education administrators and an opportunity to expose special education professionals to both the LifeCourse Framework and increase their awareness regarding Supported Decision Making as an alternative to Guardianship. Engaging the KSDE also opened doors for the Council to participate in other education activities and networking opportunities such as other formal and informal training opportunities and participation in newly created and innovative projects such as the Transition Alliance. In the 2018 legislative session a bill was introduced to mandate a Transition Bill of Rights so that students, parents, and educators about the transition process. Jim Porter, President of the Kansas Board of Education, said that the proposed legislation was the right thing to do and that he had the power to make it happen as school board president. After talking with the Council and the Disability Rights Center of Kansas, it was proposed that the legislation need not be implemented if the Kansas State Department of Education commits to it voluntarily. Shortly thereafter, a taskforce was convened that included Council staff, education professionals, advocates, parents, and state agency staff to begin work on the Transition Bill of Rights for Kansas Students. Over the course of the 2019 Fiscal Year, this workgroup met, formed subgroups to address specific issues surrounding effective transition in Kansas,

and compiled a report with recommendations that ultimately affect Kansas State Board of Education Policies. These policy recommendations focused four main topic areas: - Training, Professional Development and the IEP/Transition System - Systems Change and Coordination - Capacity Building - Data Collection and Tracking In all, the group proposed 22 recommended policy/procedure changes that were sent to the Kansas State Board of Education for approval. (The workgroup was chaired by Board President, Jim Porter.) The work of this task force culminated in FY20 when the State of Kansas Department of Education Special Education Advisory Council formally adopted these recommendations as policy. As part of the Council's response to the listening sessions conducted early in the planning cycle, and the expressed need by families for more information about Transition, the Council awarded a grant to Families Together, Inc to develop a Peer IEP Mentoring project that helps train parents in a peer to peer environment on how to ensure that their child's IEP meets their individual needs. In part, due to the increased efforts statewide towards more effective transitions that result in quality of life outcomes including competitive, integrated employment, Kansas was awarded an Administration for Community Living Community-Based Transition Partnership Planning Grant in 2020. Covid 19 presented unique challenges to students with disabilities in the 2020-21 school years. As schools were closed and remote learning became the norm, many of the in-person supports and services that students with disabilities relied on were no longer available. While schools adapted and supported students with disabilities the best they could given the circumstances, it is feared that many students did not receive all the supports and services they needed due to the need to socially isolate. The real impact of Covid 19 on students may not be fully understood until further study and data is collected.

(vii) 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); by 2018, the median annual household income for families with a cognitive disability dropped to $31,400 (https://disabilitystatistics.org/reports/acs.cfm?statistic

(viii) Transportation:	

As with all states, transportation needs are a difficult issue to address and remains a concern in Kansas due to the rural nature of the state and sparsely populated areas. People with disabilities who cannot drive many times face difficulties navigating their own communities, and often have no way to get to other towns for doctor appointments, employment, or social and recreational activities. Accessible local transportation is critical for people with disabilities to have the freedom to travel where, when, and how they choose. Transportation between communities is also very limited, and this is a major concern in

rural areas where access to medical care, medical specialists, 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. The University of Kansas Transportation Center hosts a Kansas Transit Provider Directory & Map on their website that has an interactive map of Kansas where people can look for different types of available transportation in their county for different services. This resource allows individuals to click on any county in Kansas and see a list of available agencies that provide transportation services, the clientele they serve (Elderly, Disabled, General Public), and view that agencys information, such as contact details, service hours, service profile, and other information. The website can be viewed here: https://kutc.ku.edu/map The transportation map on the University of Kansas website is a great resource, however we realize that it has its limitations and may not meet everyones transportation needs. KCDD and our partners also refer individuals to contact their local centers for independent living (CIL) for help with finding transportation. Kansas covers 82,278 square miles with a population of (approx.) 2,913,314 with an average population density of 35.4 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 for 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.

(ix) 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. Many staff at childcare facilities are not adequately trained in identification and intervention strategies. Current Kansas regulations regarding childcare facilities reference understanding and meeting the needs of handicapped children.(K.A.R. 28-4-435) and those for day care homes predate the Americans with Disabilities Act. Fortunately, there is a greater awareness and understanding of disability and childhood than in the past. While there are many programs for early childhood screening and many programs to assist children identified as having a developmental delay, most depend on parental initiation. Someone in the childs life needs to identify a potential need, find a screening to attend, then parents need to participate and continue involvement with any of the follow up services from newborn screening, children with special healthcare needs program, Head start or Early Head start, to name a few. Much depends on familys resources to navigate and follow through with any available resources. Which can be a huge barrier when many families are struggling with meeting basic needs such as food housing and employment. Lack of awareness of the formal and informal supports can be even more challenging if the language and cultural barriers are not addressed by the support systems. Screening in Kansas occurs in key developmental areas, primarily newborn, child well visits, pre-K screenings, and Kindergarten. All of these programs may impact which childcare programs a child may be eligible for, while not addressing whether the program will have capacity (including English as a second language) in the familys city. Some additional information on Screenings: Newborn screening in Kansas: While most newborns look perfectly healthy, there are some diseases that aren't visible. Unless these diseases are identified and treated early, they can cause severe illness, developmental disability, or in some cases death. As of January 2, 2021, the Kansas Newborn Screening Program added two lysosomal storage disorders (LSD) to the blood spot screening panel: Pompe Disease &

Mucopolysaccharidoses I (MPS I). With this change, Kansas is now screening for 34 of the 35 conditions on the Recommended Uniform Screening Panel. The Kansas Special Health Care Needs (SHCN) Program promotes the functional skills of persons, who have or are at risk for a disability or chronic disease. The program is responsible for the planning, development, and promotion of the parameters and quality of specialty health care in Kansas in accordance with state and federal funding and direction. The 2020 Kansas Maternal and Child Healthcare Needs Assessment Title V program finds Children with Special Health Care Needs:(CSHCN) All Kansas children are screened for genetic conditions at birth 93% of CSHCN have at least one preventive medical visit in a 12-month period 4 in 5 CSHCN have a personal doctor or nurse Almost 3 in 4 (73%) CSHCN in have teeth in good or excellent condition (compared to 66% in the U.S.) Concerns facing Kansas Child population: Just over one-third (37.8%) of children 9 through 35 months received a developmental screening using a parent-completed screening tool in the past year (NPM 6) Concerns facing Kansas Children with Special Health Care Needs population: Less than one in five adolescents ages 12 through 17 receive the services necessary to make transitions to adult health care (CSHCN: 16.1%; non-CSHCN: 19.6%) (NPM 12) 61% of Kansas CSHCN received effective care coordination, compared to 81% of non-CSHCN 2 in 5 Kansas CSHCN had two or more adverse childhood experiences (compared to 19% of non-CSHCN) 49% of CSHCN were bullied or excluded (compared to 39% for the U.S.) (NPM 9

(x) 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 Olympic type 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 from our 2020 KCDD Needs Assessment Survey and follow-up Listening Sessions indicate that only 3% of participating individuals who answered our surveys listed Recreation Activities as a priority area of concern. Kansas is seeing some community attempts to offer recreational opportunities for individuals who are disabled. Several cities and towns now have accessible playground equipment such as swings that allow a person with a wheelchair to use, or swings that a person who cant sit in a regular swing, can be safely strapped in to enjoy. A few times, however, we have found that some new

equipment may be accessible, but getting to that equipment might be a challenge due to the lack of accessible pathways to the playground. KCDD will continue to advocate for inclusive and accessible recreational opportunities for all Kansans throughout the state.

(i) Criteria for eligibility for services:	

The Kansas DD Reform Act, KSA 39-1801-1810 passed in 1996 uses the same definition as the Federal DD Act except it adds (F) does not include individuals who are solely and severely emotionally disturbed or seriously or persistently mentally ill or have disabilities solely as a result of the infirmities of aging. (f) Developmental disability means: (1) 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 states 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. In 2013 the state waiver operating organization reorganized into Kansas Department for Aging and Disability Services (KDADS). They stopped collecting information regarding future services needs (waiting list) as part of the BASIS assessment process. 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 University of Kansas was contracted and has completed all analyses, including Interrater reliability (IRR) analysis for the MFEI-BI, and completed the final report and CMS reports. Wichita State University delivered updated software packages to KDADS. KU assisted KDADS in testing the software and algorithms, and everything is working. WSU also provided a demo of the MFEI-IDD software to CDDOs, and WSU is taking into consideration any additional feedback received as they update the IDD version. KU consulted with stakeholders to finalize the IDD careplanning versions and obtained interRAI approvals. A few small edits were made to all careplanning versions in response to interRAI feedback and final versions are attached. interRAI accepted all of our proposed edits and revisions, but provided some errata and updates for us to consider (e.g., updated wording on a few items for clarity). I also cleaned up formatting. The final versions are provided for your records as a workgroup member (attached), but should not be distributed further or implemented without a license, as this is copyrighted interRAI material. KU completed train-the-trainer training on the IDD version with KDADS program and QA staff (train-the-trainer training was previously provided on the FE/PD/BI/PACE/CARE versions). KU is 99% complete with the training modules, but on track for submitting final materials to WSU and KDADS. WSU will format these materials for the TRAIN system, and WSU continues to work on the MFEI project through the end of this year. KU will remain available to answer any questions about the training materials as WSU and KDHE prepares them for the TRAIN system. The state is still utilizing the BASIS assessment tool and has not moved forward with the MFEI tool at this time even though most of the work to implement it has been completed. The Council continues to monitor and comment on the current BASIS assessment tool effectiveness and proposed MFEI assessments for the future.

(ii) 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 general Kansas healthcare market. According to the 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. This population was impacted by the COVID 19 pandemic both in terms of wide spread job

loss and serious illness. 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. Waiting list funding has not kept up with the increasing demand for long term services and supports. The Legislature created a funding crisis with income tax cuts that have only recently been restored. That has allowed for some increased funding in the past couple of years in the areas of education bringing the state in compliance with the court ordered increase in funding. That has left little additional funding for other state services like waiting list etc. 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. Some of the MCOs have provided limited dental services as a value added service but this still isnt addressing the real need. One of the state mental health hospitals has had difficulty maintaining Federal compliance limiting the access to services for people experiencing mental health issues. 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. We were successful in getting the state to allow people on the waiting list to access Vocational Rehabilitation Services while maintaining their place on the waiting list. In practice this service isnt available state wide because of a lack of VR vendors. Some people continue to believe that if they seek employment only while waiting for a waiver slot that the slot will not be available in the future if they need it so they end there employment out of fear of losing DD waiver 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. The ability of the state to produce accurate data seems to have been impacted by the move to managed care. The state has been working on a new assessment tool the MFEI to replace the BASIS tool in the near future. The State is currently working on developing a contract so that they can more accurately identify the needs and characteristics of those individuals that are waiting for services. 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 date 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.

(iii) 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 and distribution, 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 FY2018, 1,652 Kansans with disabilities and chronic health conditions and/or service providers received more than 3,356 Assistive Technology (AT) Services provided by ATK staff. Assistive Technology for Kansans served Kansans in all 105 counties in the state. Customers include seniors, infants and toddlers, students, working age adults, farmers with disabilities, active duty soldiers and veterans with disabilities, individuals with vision and hearing loss, and other persons with disabilities and chronic health conditions. Comprehensive AT services include product information, equipment loan, device demonstration, device reuse/recycle, assessment, funding assistance, and training. ATK provides technology solutions in the areas of vision, hearing, speech communications, learning, cognition, mobility, seating, daily living, environmental adaptations, vehicle modifications, computer and related technology, recreation and sports adaptations. 24 staff associated with ATK have expertise and certifications in a broad range of assistive technology categories including speech language pathology, special education, certified assistive technology practitioner, deaf/blind technology, computer technology and programming, early childhood education, and construction management. Nationally recognized AT program provides support and technical assistance to other states. State financing activities increase access to and funding for assistive technology devices and services. 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. Financial Loan Program for FY18 . . . Made 80 loans this year to enable borrowers to purchase

needed AT Average income of borrowers approved for a financial loan was $34,981 Average interest rate of approved loans was 5.5% Total amount loaned was $733,810 with 80 devices acquired The Kansas Telecommunications Access Program (TAP) is an equipment distribution program. The purpose of the program is to provide specialized telephones and other telecommunications devices to Kansans with disabilities who cant use traditional home telephones. Based on a state law, the program receives funds through the Kansas Universal Service Fund (KUSF) and is regulated by the Kansas Corporation Commission (KCC). TAP provides free equipment to those who qualify. TAP in FY18 Served 655 individuals Consumer Satisfaction for All State Financing Activities This Year 98.67% for the ratings of highly satisfied and satisfied. Reassignment programs refurbish assistive technology devices and provide them as a permanent reassignment, at reduced or no cost, to individuals who need the devices or repair devices for individuals who would otherwise have non-functional devices. Reassignment Program in FY18 . . . 693 individuals received refurbished or repaired devices Total amount saved by consumers was $627,327 Consumer Satisfaction for Reuse Activities This Year 98.54% for the ratings of highly satisfied and satisfied. Short-term device loans enable individuals or entities to borrow and try-out devices. A short-term device loan is not a permanent reassignment, but enables individuals to have direct access to devices, often in the environment where they will be used. Device Loan Program during FY18 . . . Provided equipment to 507 borrowers Total of 616 devices were borrowed Purposes were 73.18% to assist in decision-making 1.18% to serve as a loaner during device repair or while waiting for funding 22.68% to provide a short-term accommodation 2.96% for other purposes Consumer Satisfaction for Device Loan Activities This Year 96.06% 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 1,977 individuals participated in training activities in FY2018, with a total of 2,370 individuals were served by information and assistance activities. An additional 6,940 participated in public awareness activities. Additional detail on ATK programming and performance can be found at https://atk.ku.edu/atk-2017-2018-annual-report 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.

(iv) Waiting Lists: required per Section 124(c)(3)(C)(v)

State Pop (100,000) (2017)	29.19
Total Served (2017)	9072
Number Served per 100,000 state pop. (2017)	310.79
National Average served per 100,000 (2017)	141
Total persons waiting for residential services needed in the next year as reported by the State, per 100,000 (2017)	3677
Total persons waiting for other services as reported by the State, per 100,000 (2017)	125.97
State Pop (100,000) (2016)	29.19
Total Served (2016)	8912
Number Served per 100,000 state pop. (2016)	305.31
National Average served per 100,000 (2016)	141

Total persons waiting for residential services needed in the next year as reported by the State, per 100,000 (2016)	3387
Total persons waiting for other services as reported by the State, per 100,000 (2016)	116.03
State Pop (100,000) (2015)	29.19
Total Served (2015)	8839
Number Served per 100,000 state pop. (2015)	302.81
National Average served per 100,000 (2015)	141
Total persons waiting for residential services needed in the next year as reported by the State, per 100,000 (2015)	3392
Total persons waiting for other services as reported by the State, per 100,000 (2015)	116.20

a. Entity who maintains waitlist data in the state for the chart above:

State Agencies	4
Other (please specify)	5
	Locally, and it should be noted, inconsistently, Community Developmental Disability Organizations (CDDOs) tend to track individuals who have applied for I/DD waiver services in their catchment area. CDDOs serve as the local gatekeeper for I/DD waiver services in Kansas, and applicants must apply for waiver services through their area CDDO.

b. There is a statewide standardized data collection system in place for the chart above:	No (0)

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

Only case management services	2
Inadequate services	3

d. To the extent possible, provide information about how the state places or prioritizes individuals to be on the waitlist:

Other (please specify)	2
	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.

Use the space below to provide any information or data available to the related response above:	
With the advent of KanCare, Kansas has had issues with consistent data collection and reporting. Data regarding the number of persons on a waiting list for fiscal years 2015-2017 were compiled from the Massachusetts Case for Inclusion Study rather than from published state reports. The state had suspended the practice of publishing monthly service summary reports during that time. That data gleaned from the Case for Inclusion study, however, seemed consistent with trends that were observed when the state resumed publishing monthly summary reports, including waiting list numbers in 2018. These reports were resumed after advocacy efforts by the I/DD community as a whole.	

e. Description of the state's wait list definition, including the definitions of 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 (0)

Use the space below to provide any information or data available to the related 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. It is anticipated that a new eligibility instrument may be adopted sometime during the upcoming 5 year planning cycle; the instrument proposed is called the Multi-Functional Eligibility Instrument (MFEI) and is based on the InterRAI I/DD scale.	

g. There are structured activities for individuals or	No (1)

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):	

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. These activities, however, are not structured and implementation and effectiveness vary widely across the state and service providers. Kansans with I/DD who are on the Waiting List for services, and have a successful VR case closure that resulted in competitive, integrated employment are eligible for continued Supported Employment Supports. Unfortunately, this service is rarely, if ever, utilized in Kansas due to extremely low reimbursement rate for Supported Employment in Kansas. The Kansas Department of Health and Environment set to begin a pilot project targeting individuals on the waiting list to provide increased supports and services if they currently receive SSI payments and would like competitive, integrated employment. This pilot project is called the Supports and Training for Employing People Successfully (STEPS) program, and was initially modeled after recommendations from the KCDD Roadmap to Employment undertaken in a previous planning cycle.	

i. Summary of Waiting List issues and challenges	
Addressing issues surrounding the waiting list in Kansas was identified as a top priority/concern of Kansans who participated in the KCDD Needs Assessment Survey and Focus Groups as the Council began the planning process for the upcoming 5 year cycle. Access to services by people with intellectual and developmental disabilities who are not on the I/DD waiver is limited, in part due to the lack of Medicaid expansion in Kansas, and due to legislative resistance to fully fund the current waiting list. As per the Kansas Medical Assistance Annual Report (MAR), in Fiscal Year 2020, average monthly KanCare beneficiary totals for the following populations totaled: ICFID residents-111 Developmentally Disabled (Non dual Medicare eligible) 3876 Developmentally Disabled (Dual Medicare eligible) 5152 Total served monthly average- 9,139. The waiting list included 4542 as of June 2021. The current number of Kansans on the I/DD Waiver waiting list has grown by 865 individuals over the course of the current five year plan representing a 23.52% increase in the wait list over that time period. Utilizing a Gollay study (1.58% of the population) to estimate the prevalence of developmental disabilities in the state (46,030) With the most recent US census bureau population estimate as of July 1, 2019 for Kansas being 2,913,314, 29.7% of people with I/DD are known to the service system with ~20% receiving services. 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. Two factors seem to contribute to the increase in the waiting list and need for services despite a lack of increase in the overall general population in Kansas: 1) family caregivers are themselves aging into needed services and supports and can no longer provide the natural supports for their loved ones, and 2) anecdotally, there has been an increase in the number of young Kansans who have received an Autism diagnosis due to more advanced diagnostic procedures and criteria. It is estimated that Kansans who are now coming off the wait list have been requesting services from between 8-12 years. Given the rate of growth of the wait list over that time period, it is estimated that, with the current system, those who now enter onto the wait list can expect	

to wait 16-24 years for services in Kansas without a crisis exception. Any reduction in the waiting list in Kansas will require a fundamental rethinking of supports and services; simply increasing funding to the service system will not solve the problem due to the current workforce crisis that providers now experience. Services providers struggle to find adequate and competent staff now due to low reimbursement rates and Kansas lawmakers are reluctant to raise rates to a level that would allow providers to attract more workers. This problem is expected to be exasperated as other industries raise wages while reimbursement rates remain relatively stagnant. That said, the Kansas legislature voted to increase the reimbursement rates for the I/DD waiver by 5% for the final three months of state FY21 and 7% for the following year. There were no provisions, however, to ensure that the rate increases would be passed on to the frontline staff.

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

Over the past five years, Kansas' Total Fiscal Effort ranking has slipped from 25th in the nation at the beginning of the prior planning cycle to the bottom quarter where it now ranks 39th in total fiscal effort when compared to other states; Kansas is approximately 22.22% lower than the national average ($4.41/ $1000 national average vs $3.43/$1000 Kansas) according to Butterworth State of the States in Developmental Disabilities. Most recent data for this figure is from FY2017. Waiver services account for 69% of I/DD expenditures in Kansas ($475M total in FY2017); of that amount, only $1.4M is spent on Family Supports and only $111K is spent on Supported Employment. These figures represent a net 0% investment in either category as a percentage of total spending on I/DD services in Kansas. Kansas ranks last in the nation on these measures. 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. It is estimated that Kansans who are now coming off the wait list have been requesting services from between 8-12 years. Given the rate of growth of the wait list over that time period, it is estimated that, with the current system, those who now enter onto the wait list can expect to wait 16-24 years for services in Kansas without a crisis exception. Any reduction in the waiting list in Kansas will require a fundamental rethinking of supports and services; simply increasing funding to the service system will not solve the problem due to the current workforce crisis that providers now experience. Services providers struggle to find adequate and competent staff now due to low reimbursement rates and Kansas lawmakers are reluctant to raise rates to a level that would allow providers to attract more workers. This problem is expected to be exasperated as other industries raise wages while reimbursement rates remain relatively stagnant. That said, the Kansas legislature voted to increase the reimbursement rates for the I/DD waiver by 5% for the final three months of state FY21 and 7% for the following year. There were no provisions, however, to ensure that the rate increases would be passed on to the frontline staff.

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

As of January 31, 2020 Kansas has two large State DD hospitals, Kansas Neurological Institute with 132 residents down 10% from 2014 and Parsons State Hospital with 164 residents down 4% from 2014. 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 FY2020, the state averaged 104 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.

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

Kansass overall ranking in fiscal effort has slipped over the past five years. Prior, it was not the case that Kansans taxpayers are investing too much or inadequately in the lives of citizens with disabilities (Kansas ranked 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); however, a lack of investment in supports and services for Kansans with I/DD has resulted in the state slipping into the bottom third of states with a rank of 34 among all states in the most recent State of the States in Developmental Disabilities report. 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 ranks dead last among all states in terms of investing in supported employment with 0% (~$100,000) of all I/DD expenditures going towards Supported Employment. 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 Settings 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 laws, ideally, 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 thats 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 approachyou take care of him or her or well 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 theres 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 dont. Operating a Developmental Disabilities system by moving people with disabilities out of their familys 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 goala place in a group home. Lifelong employment may have become an after thought at best in 2021. It is an untrue reality, that employment is mere wishful thinking. That goal againsecure a group home placementfrom 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 harms 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 its 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 waiversa 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 theyre 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 dont carefully consider what happens during the day when their loved one is not in the group home. It is most often the case that persons with developmental disabilities in Kansas who receive waiver services 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, over 99% 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 last among all states and spends up to 50 times less than the average state on supported living and personal assistance services, residential support alternatives to

group homes (Braddock, 2021, State of the States). Only 0.5% of Kansas families with a member with I/DD receive Family Support and Supported Living from an I/DD agency vs the national average of 10.2%. Only 0.5% of Kansas Medicaid funds are spent on Family Supports and Supported Living compared the national average of 25% (Braddock, 2021, 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 shares 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.

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

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 and objective selection. The process included a 45-day public review and comment period. Only minor revisions to the proposed 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 2020 and early 2021 through surveys, outreach, and information gathering. See Public Input And Review [Section 124(d)(1)]. A conscious effort was made by the Council to simplify the upcoming plan so that it directly reflects the fundamental purpose of Developmental Disability Councils: To Empower Advocacy and to Lead Systems Change. KCDD understands that all systems change must begin with the very people it is designed to serve: Nothing about me without me. Systems change must be led by self advocate and family member leaders, and is thus the foundation for the Council's first Goal: Create Leaders and Empower Advocacy: People with developmental disabilities and their families will have access to leadership development trainings and tools so that they can better advocate for their needs and preferences. The Council firmly believes that, people with I/DD, as valued members of their communities, belong and thrive at all tables where voices are shared and regarded, including organizational and civic boards. Their role as community leaders is welcomed and respected. This firm commitment is the basis for Objective 1: Establish and Strengthen Statewide Self Advocacy (DD Act Requirement): By 2026, Kansas will have increased the number of self-advocates who have participated in leadership training so they can provide others including additionally identified self-advocates with opportunities to learn and engage in personal, collaborative, and civic leadership so that self-advocates can be on workgroups, committees, Councils, and commissions. As Council staff was preparing the FY17-21 plan, they noticed what at first appeared to be an anomalous set of data regarding the number of Kansans with I/DD: Utilizing the Gollay study rate of prevalence for I/DD of 1.58%, the data suggested that based upon the population of Kansas, there were approximately 46,000 Kansans with I/DD. When looking at the number of Kansans served and those on the waiting list, however, only about 13,000 Kansans were known to the system. This meant that both state policies and Council activities were targeting only roughly 28% of Kansans with I/DD. Where then, were these other 72% of Kansans with I/DD? After digging deeper, the Council discovered that the vast majority of these missing Kansans with I/DD were living with, and supported by, a family member caregiver and not

accessing formal supports and services. Armed with this understanding, the Council believes that it is important to engage not only self advocates, but to equip family members with these advocacy tools as well. It is with this intent that the Council formed Objective 2: Support advocacy training and development programs for family members: By 2026, Kansas will have increased the number of newly identified family members who have participated in leadership and advocacy training so they can provide their families and other family to family peers with opportunities to learn and engage in personal, collaborative, and civic leadership. By empowering advocacy efforts through creating leaders among self advocates and family members, the Council not only fulfills one of its fundamental missions and requirements set forth in the Developmental Disabilities Act , it also positions itself and the Kansans it serves to fulfill the second goal in the FY22-26 five year plan, Lead Systems Change: People with developmental disabilities and their families in Kansas will have increased awareness and access to formal and informal supports and services that promotes independence and meets their individual needs and preferences. While Kansas has a robust supports and services system, the state is very fragmented in its approach how to make these supports available across the lifespan. When developing the current plan, Council members wanted to, Ensure that individuals with I/DD and their families have access to individualized supports through the creation of a coordinated and collaborative system to eliminate the fragmented approach.... Given the feedback received from the both the KCDD Needs Assessment Survey, and the comments offered during the virtual townhalls, the first step towards ensuring that families and self advocates have access to the supports they need is ensuring that they are aware of the options, both formal and informal, that might be available to them. This focus is the foundation for Objective 1 under the Council's Systems Change goal: Increase Awareness of Informal and Formal Supports and Services with a focus on Transitions across the Lifespan: By 2026, Kansans with disabilities and their family members will have increased awareness of formal and informal supports and services that meet their individual needs and preferences. While the lack of awareness of available resources, supports, and services is endemic to Kansas families statewide, there a population in Southwest Kansas where this problem is especially acute for linguistic, political, and cultural reasons. Hispanic/English as a Second Language families, however, make up the majority of the population in many of these rural southwest areas of the state, yet they do not comprise a majority of the families and self advocates receiving supports and services in the area. Given the disparate access to needed supports and services, the Council wanted, (t)o increase awareness, understanding, and equitable access to formal and informal supports for Hispanic Kansans in Southwest Kansas with language and cultural differences in a linguistic and culturally appropriate manner. This impact is the focus of the Council's Targeted Disparity and second objective under its Systems Change goal: By 2026, Hispanic families and people with disabilities will have increased awareness of formal and informal supports and services that meet their individual needs and preferences in a culturally appropriate manner. Kansas currently has a waiting list of 4,542 for I/DD waiver services as of June 2021. It is estimated that Kansans who are now coming off the wait list have been requesting services from between 8-12 years. The waiting list and the need for more awareness about formal and informal supports and services were the top two issues stakeholder identified during the Council's Needs Assessment Survey and virtual town hall series. Any reduction in the waiting list in Kansas will require a fundamental rethinking of supports and services; simply increasing funding to the service system will not solve the problem. The need for individualized supports and services occurs whether or not a person is on a waiting list or currently received services. Covid19 taught us as a nation that congregate settings as the default option for supports and services could have disastrous outcomes for people with disabilities. National data showed that individuals with I/DD were 2.5x as likely to contract Covid19, 2.7x as likely to be hospitalized due to Covid19, and 5.9x as likely to die from Covid19 than the general population. It must be recognized that quality of life is every bit as important as a person's quantity of life and the health and safety measures that are in place to insure that. Reducing the barriers for Kansans with disabilities so that they may access supports and

services so that they may live more independent, fulfilling lives in their chosen community forms the basis for the Council's third objective under the Systems Change goal, Cultivate innovative solutions for Kansans with I/DD on a waiting list and those who seek more individualized support options: By 2026, Kansans who seek more individualized options or who are on a waiting list for waiver services will have increased awareness and access to formal and informal supports and services that meet their individual needs and preferences, including enhanced data collection efforts. By focusing on innovative solutions for Kansans with I/DD on a waiting list and those who seek more individualized support options, the Council has positioned itself to address an array of support options across life domains, across the lifespan, and across a multitude of areas of emphasis. Seeking innovative solutions for more individualized supports also allows the Council to proactively address emerging issues and trends that might not currently be on our radar such as the Covid19 pandemic or any other type of emergency or disaster. The Council's targeted innovations, like all Council activities, will be data driven. Unfortunately, in Kansas, data, once a statewide strength, has become an inherent weakness with the advent of managed care. Reliable data is important for the development of dreams, but is also essential for the prevention of nightmares. Nationally, it is recognized people with disabilities experience the same forms of physical violence, sexual abuse and molestation and neglect as the general population. However, they experience these abuses at much higher rates. All people deserve to live a life free from abuse, neglect, and exploitation. The Council is committed to Increasing the number of Kansans who are living, learning, working, playing and belonging in their community with dignity and respect free from abuse, neglect and exploitation. KCDD had several attempts to address ANE issues in Kansas in the past, including multiple failed RFPs. Given the gravity of ANE, KCDD decided to hire staff to focus on this issue. Specific areas of improvement for Kansas can be addressed in the fourth Systems Change objective, Increase Protections from Abuse, Neglect, and Exploitation: By 2026, Kansans with disabilities will have increased protections from abuse, neglect, and exploitation (ANE) through enhanced reporting, data, and training opportunities. One hallmark of protecting a person from abuse, neglect, and exploitation is ensuring the protection of their personal rights and freedoms. Kansans with I/DD are 3x more likely to have a guardian than their peers across the nation. Current Kansas law provides that guardianship is the last option for people with disabilities; unfortunately, it doesn't provide what other options are available. As a result, guardianship becomes the default option when a person with I/DD approaches the age of majority and guardianship is discussed in schools during the IEP process. The Council desires to reverse this trend and Increase an individual's, their family, and their community's ability to understand, navigate and advocate for alternatives to guardianship, resulting in protection of personal rights and freedoms. The Council will work together with its DD Network partners to better fulfill the intent of current law, propose and advocate for legislation that clearly offers better options for Kansans to protect and preserve their civil rights through the final Systems Change objective, Increased utilization of Supported Decision Making (DD Network Collaboration Measure): By 2026, Kansans with disabilities and their families will have increased awareness and utilization of Supported Decision Making (SDM), an alternative to Guardianship facilitated by collaboration between the Council, the Disability Rights Center of Kansas, and the Kansas University Center for Excellence on Developmental Disabilities.

Collaboration [Section 124(C)(3)(D)]	
The Council, Disability Rights Center (DRC) and the UCEDD enjoy a particularly close and open relationship in Kansas that fosters ongoing and continual cooperation to address issues that are of great importance to Kansans with disabilities. In 2020 we worked together on many policy issues. The nature of this relationship allows the DD Network partners in Kansas to present a united front based upon shared values in the DD Act. The strength of this relationship and the networks that each entity has	

fostered appeals to other stakeholders in Kansas who share similar values. The synergistic effect of these combined networks allows for much cross disability collaboration in Kansas. Many of the issues we were working on were impacted by the COVID 19. Our legislature only passed 8 bills before recessing due to the pandemic. The legislative process was impacted by conservative leadership that wanted to not only block Medicaid expansion but also wanted new abortion legislation. The DD network were successful in getting a supported decision making act passed in the House and sent to the Senate Judiciary that passed the bill and it set on the senate calendar. When Senate leadership didn't get her way on the abortion issue she sent all bills back to committee and wouldn't pass anything that the house had passed. Kansas UCEDD KU received a supported decision making planning grant from ACL. Council staff and the Kansas P and A were involved in the drafting and implementation of the ACL grant. This allowed us to build additional grass roots support and bring more people to the table. We feel confident that we will get the supported decision making bill passed this session. During the implementation of the ACL grant we had some self-advocates express concerns about SDM bill limiting who they could have as a supported decision making advisor. We plan to make the changes suggested during those meetings and will have a much better bill that will meet peoples needs. Issues that have been identified as important for Kansans with disabilities that DD Network partners and other collaborators have agreed to address collectively include, but are not limited to: 1. Independent Ombudsman for KanCare 2. Community service coordination for all 3. Improve social determinants of Health 4. Kancare reform (Kansas Medicaid system) 5. Direct Care worker wages/workforce crisis 6. Improve employment outcomes 7. Advancing member independence and oversight 8. HCBS waiting list 9. Enhanced HCBS data collection and analysis 10. Protection from ANE 11. Improved educational outcomes and enhanced transition opportunities across the lifespan 12. Increasing the protected income level from $747 to $1140 for people who have a spenddown. The Council, Disability Rights center and the UCEDD met every other week to discuss issues that people with IDD and their families are experiencing. The Council also meets monthly with other collaborators at the Big Tent Coalition meetings as well as weekly meetings with KanCare Advocacy group. Each of these groups include cross disability stakeholders, including aging and mental health advocates; collectively these coalitions have been coming together to not only plan but to share their most pressing issues.

Identify the 5 year state plan goals, objectives, and outcomes.

Goal 1. Create Leaders and Empower Advocacy

Description

People with developmental disabilities and their families will have access to leadership development trainings and tools so that they can better advocate for their needs and preferences.

Expected Goal Outcome

*People with I/DD, as valued members of their communities, belong and thrive at all tables where voices are shared and regarded, including organizational and civic boards. Their role as community leaders is welcomed and respected. *Empower families to advocate for change. Provide equitable access to statewide support services for all families of loved ones with I/DD, thereby increasing their ability to navigate and understand the system, offer long-term stability to the family unit, and break down barriers

Objectives

Objective 1.	Establish and Strengthen Statewide Self Advocacy (DD Act Requirement): By 2026, Kansas will have increased the number of self-advocates who have participated in leadership training so they can provide others including additionally identified self-advocates with opportunities to learn and engage in personal, collaborative, and civic leadership so that self-advocates can be on workgroups, committees, Councils, and commissions.
Objective 2.	Support advocacy training and development programs for family members: By 2026, Kansas will have increased the number of newly identified family members who have participated in leadership and advocacy training so they can provide their families and other family to family peers with opportunities to learn and engage in personal, collaborative, and civic leadership.

Goal 2. Lead Systems Change

Description

People with developmental disabilities and their families in Kansas will have increased awareness and access to formal and informal supports and services that promotes independence and meets their individual needs and preferences.

Expected Goal Outcome

Ensure that individuals with I/DD and their families have access to individualized supports through the creation of a coordinated and collaborative system to eliminate the fragmented approach. This bridge will provide for smoother transitions across the lifespan and life domains, promote independence, and enhance inclusion in all facets of community life. To increase awareness, understanding, and equitable access to formal and informal supports for Hispanic Kansans in Southwest Kansas with language and cultural differences in a linguistic and culturally appropriate manner. To greatly reduce the barriers Kansans with disabilities may experience when waiting for needed, appropriate individualized services and supports, resulting in increased independence within each individual's chosen community thus promoting an environment where everyone in the family thrives. Increasing the number of Kansans who are living, learning, working, playing and belonging in their community with dignity and respect free from abuse, neglect and exploitation. Increase an individual's, their family's, and their community's ability to understand, navigate and advocate for alternatives to guardianship, resulting in protection of personal rights and freedoms.

Objectives

Objective 1.	Increase Awareness of Informal and Formal Supports and Services with a focus on Transitions across the Lifespan: By 2026, Kansans with disabilities and their family members will have increased awareness of formal and informal supports and services that meet their individual needs and preferences.
Objective 2.	Increased awareness and participation of early childhood and education interventions and supports for English as a Second Language (ESL)/Hispanic Kansas families with children with disabilities (Targeted Disparity): By 2026, Latinx families and people with disabilities will have increased awareness of formal and informal supports and services that meet their individual needs and preferences in a culturally appropriate manner.
Objective 3.	Cultivate innovative solutions for Kansans with I/DD on a waiting list and those who seek more individualized support options: By 2026, Kansans who seek more individualized options or who are on a waiting list for waiver services will have increased awareness and access to formal and informal supports and services that meet their individual needs and preferences, including enhanced data collection efforts.
Objective 4.	Increase Protections from Abuse, Neglect, and Exploitation: By 2026, Kansans with disabilities will have increased protections from abuse, neglect, and exploitation (ANE) through enhanced reporting, data, and training opportunities.
Objective 5.	Increased utilization of Supported Decision Making (DD Network Collaboration Measure): By 2026, Kansans with disabilities and their families will have increased awareness and utilization of Supported Decision Making (SDM), an alternative to Guardianship facilitated by collaboration between the Council, the Disability Rights Center of Kansas, and the Kansas University Center for Excellence on Developmental Disabilities.

Self-Advocacy Goal(s)/Objectives	
KCDD understands that all systems change begins not with professionals and policy makers, but with the efforts and outreach of self advocates and the family members who love and support Kansans with I/DD. Any systems change must begin with the very people it is designed to serve: Nothing about me without me. Systems change must be led by self advocate and family member leaders, and is thus the foundation for the Council's first Goal: Create Leaders and Empower Advocacy: People with developmental disabilities and their families will have access to leadership development trainings and tools so that they can better advocate for their needs and preferences. The Council firmly believes that, people with I/DD, as valued members of their communities, belong and thrive at all tables where voices are shared and regarded, including organizational and civic boards. Their role as community leaders is welcomed and respected. This firm commitment is the basis for Objective 1: Establish and Strengthen Statewide Self Advocacy (DD Act Requirement): By 2026, Kansas will have increased the number of self-advocates who have participated in leadership training so they can provide others including additionally identified self-advocates with opportunities to learn and engage in personal, collaborative, and civic leadership so that self-advocates can be on workgroups, committees, Councils, and commissions. As Council staff was preparing the FY17-21 plan, they noticed what at first appeared to be an anomalous set of data regarding the number of Kansans with I/DD: Utilizing the Gollay study rate of prevalence for I/DD of 1.58%, the data suggested that based upon the population of Kansas, there were approximately 46,000 Kansans with I/DD. When looking at the number of Kansans served and those on the waiting list, however, only about 13,000 Kansans were known to the system. This meant that both state policies and Council activities were targeting only roughly 28% of Kansans with I/DD. Over the course of the last five year cycle, the Council learned that this was not just an anomalous data set, but rather a data set that trended with national averages and was reflected again in the data for the FY22-26 planning cycle. Where then, were these other 72% of Kansans with I/DD? After digging deeper, the Council discovered that the vast majority of these missing Kansans with I/DD were living with, and supported by, a family member caregiver and not accessing formal supports and services. Armed with this understanding, the Council believes that it is important to engage not only self advocates in leadership development so that they can lead systems change, but to equip family members with these advocacy tools as well. Council members were firm in their commitment to, Empower families to advocate for change; provide equitable access to statewide support services for all families of loved ones with I/DD, thereby increasing their ability to navigate and understand the system, offer long-term stability to the family unit, and break down barriers. It is with this intent that the Council formed Objective 2: Support advocacy training and development programs for family members: By 2026, Kansas will have increased the number of newly identified family members who have participated in leadership and advocacy training so they can provide their families and other family to family peers with opportunities to learn and engage in personal, collaborative, and civic leadership. By empowering advocacy efforts through creating leaders among self advocates and family members, the Council not only fulfills one of its fundamental missions and requirements set forth in the Developmental Disabilities Act , it also positions itself and the Kansans it serves to fulfill the second goal in the FY22-26 five year plan, Lead Systems Change: People with developmental disabilities and their families in Kansas will have increased awareness and access to formal and informal supports and services that promotes independence and meets their individual needs and preferences.	

Targeted Disparity	
While the lack of awareness of available resources, supports, and services is endemic to Kansas families statewide, there a population in Kansas where this problem is especially acute for linguistic, political, and cultural reasons. Southwest Kansas is a largely agrarian region of the state punctuated by a large meat packing industry in several communities in that area. Counties in this area of the state are classified as being either rural or frontier based upon their population densities, yet the economies are dependent upon a workforce that tend to be either immigrant or migrant in nature. Statewide, the Hispanic population accounts for 8.7% of the total state population. Hispanic/English as a Second Language families, however, make up the majority of the population in many of these rural southwest areas of the state, yet they do not comprise a majority of the families and self advocates receiving supports and services in the area. Council outreach in these areas during the current five year planning cycle has shown that there is multitude of reasons why this disparity exists. First and foremost is the language barrier. For many of the Hispanic families in this area, English is not the primary language spoken in the home; oftentimes, children serve as translators for parents who speak no English. While technological solutions such as Google Translate and other translation software and apps provide a first step in offering information in a non-English format, translations tend to be incomplete at best, and the syntax and structure of the translation is lost without a native speaker acting as translator. Cultural and political differences also contribute to the disparate access to formal and informal supports and services for Hispanic families in Southwest Kansas. Culturally, both geographically and familially, there is a tendency for Hispanic families and communities to support each other rather than rely upon outside supports and services. Politically, many Hispanic families in this part of the state are undocumented and are reluctant to reach to the government for support for fear of deportation, even if many, if not most, family members happen to be citizens. Given the disparate access to needed supports and services, the Council wanted, (t)o increase awareness, understanding, and equitable access to formal and informal supports for Hispanic Kansans in Southwest Kansas with language and cultural differences in a linguistic and culturally appropriate manner. This impact is the focus of the Council's Targeted Disparity and second objective under its Systems Change goal: By 2026, Hispanic families and people with disabilities will have increased awareness of formal and informal supports and services that meet their individual needs and preferences in a culturally appropriate manner.	

DD Network Collaboration	
The Council, Disability Rights Center (DRC) and the UCEDD enjoy a particularly close and open relationship in Kansas that fosters ongoing and continual cooperation to address issues that are of great importance to Kansans with disabilities. In 2020 we worked together on many policy issues. The nature of this relationship allows the DD Network partners in Kansas to present a united front based upon shared values in the DD Act. The strength of this relationship and the networks that each entity has fostered appeals to other stakeholders in Kansas who share similar values. The synergistic effect of these combined networks allows for much cross disability collaboration in Kansas. Many of the issues we were working on were impacted by the COVID 19. Our legislature only passed 8 bills before recessing due to the pandemic. The legislative process was impacted by conservative leadership that wanted to not only block Medicaid expansion but also wanted new abortion legislation. The DD network were successful in getting a supported decision making act passed in the House and sent to the Senate Judiciary that passed the bill and it set on the senate calendar. When Senate leadership didn't get her way on the abortion issue she sent all bills back to committee and wouldn't pass anything that the house had passed. Kansas UCEDD KU received a supported decision making planning grant from ACL. Council staff and the Kansas P and A were involved in the drafting and implementation of the ACL grant. This allowed us to build additional grass roots support and bring more people to the table. We feel confident	

that we will get the supported decision making bill passed this session. During the implementation of the ACL grant we had some self-advocates express concerns about SDM bill limiting who they could have as a supported decision making advisor. We plan to make the changes suggested during those meetings and will have a much better bill that will meet peoples needs. Issues that have been identified as important for Kansans with disabilities that DD Network partners and other collaborators have agreed to address collectively include, but are not limited to: 1. Independent Ombudsman for KanCare 2. Community service coordination for all 3. Improve social determinants of Health 4. Kancare reform (Kansas Medicaid system) 5. Direct Care worker wages/workforce crisis 6. Improve employment outcomes 7. Advancing member independence and oversight 8. HCBS waiting list 9. Enhanced HCBS data collection and analysis 10. Protection from ANE 11. Improved educational outcomes and enhanced transition opportunities across the lifespan 12. Increasing the protected income level from $747 to $1140 for people who have a spenddown. The Council, Disability Rights center and the UCEDD met every other week to discuss issues that people with IDD and their families are experiencing. The Council also meets monthly with other collaborators at the Big Tent Coalition meetings as well as weekly meetings with KanCare Advocacy group. Each of these groups include cross disability stakeholders, including aging and mental health advocates; collectively these coalitions have been coming together to not only plan but to share their most pressing issues. In the upcoming 5 year planning cycle, KCDD will partner with both the Kansas University Center for Excellence on Developmental Disabilities and the Disability Rights Center of Kansas in addressing the Supported Decision Making objective under the plan's Lead Systems Change goal. One hallmark of protecting a person from abuse, neglect, and exploitation is ensuring the protection of their personal rights and freedoms. Unfortunately, in Kansas, personal and civil rights are unwittingly taken away from individuals with I/DD with the best of intentions. Kansans with I/DD are 3x more likely to have a guardian than their peers across the nation. Current Kansas law provides that guardianship is the last option for people with disabilities; unfortunately, it doesn't provide what other options are available. As a result, guardianship becomes the default option when a person with I/DD approaches the age of majority and guardianship is discussed in schools during the IEP process. The Council desires to reverse this trend and Increase an individual's, their family, and their community's ability to understand, navigate and advocate for alternatives to guardianship, resulting in protection of personal rights and freedoms. The Council will work together with its DD Network partners to better fulfill the intent of current law, propose and advocate for legislation that clearly offers better options for Kansans to protect and preserve their civil rights through the final Systems Change objective, Increased utilization of Supported Decision Making (DD Network Collaboration Measure): By 2026, Kansans with disabilities and their families will have increased awareness and utilization of Supported Decision Making (SDM), an alternative to Guardianship facilitated by collaboration between the Council, the Disability Rights Center of Kansas, and the Kansas University Center for Excellence on Developmental Disabilities.

Evaluation Plan [Section 125(c)(3) and (7)]:	
The Kansas Council on Developmental Disabilities will implement a four step evaluation plan to help it assess the progress Council activities and partnerships make towards achieving the stated outcomes of the goals for the upcoming five year plan. This evaluation plan will create a feedback loop that will allow the Council to adjust and modify its planned activities on an ongoing basis so as to continually make progress on Council goals. The evaluation plan consists of the following steps: 1) Promote Quality Data Collection 2) Analyze Data on a Regular Basis 3) Make Data Based Recommendations 4) Implement Data Based Recommendations Promote Quality Data Collection: Evaluation of Council activities and their impact towards achieving goal outcomes begins with consistent, reliable, and valid data. The upcoming five year plan is structured so that specific Council and Council sponsored activities correlate directly	

with specific OAIDD Individual/Family Advocacy (IFA) and Systems Change (SC) performance measures. If a Council activity focuses on the on Empowering Self Advocacy Goal, the data collected by either Council staff or activity partner will reflect performance measures that track IFA measures; likewise, if a Council activity focuses on the Lead Systems Change goal, the data collected by Council staff or activity partner will reflect performance measures that track SC measures. Specific OIDD performance measures for each goal, objective, and activity can be found in the annual work plan. By linking Council goals, activities, and performance measures together, the Council can provide clarity to staff, activity partners, and Council members as to what data is collected and how it is to be collected and reported back to the Council and our federal partners. The Council will ensure that Council staff receive training on OAIDD performance measures; the Council will also provide training to activity partners (such as grant and contract recipients) to ensure that consistent, reliable, and valid data is implemented. Of particular note, Council activities that focus on the Empowering Self Advocacy goal will target data collection that ensures that the three requirements of the federally required self advocacy goal are analyzed and evaluated for effectiveness. The Council and Council partners will provide accessible and culturally competent evaluation opportunities for project participants to understand the demographics of who was served so the Council can implement needed improvements so that all communities and cultures can participate. The Council will work with partners to monitor and evaluate both output and outcome measures to better understand how many people are impacted by the Council's work, and whether or not Council activities led to the desired outcome measures of empowering their advocacy as a result of Council work. The increase in advocacy activity can be measured with the sub-outcome meaures of whether or not there was an increase in people's ability who are able to say what they want or say what services and supports is important to them, whether or not they are now participating in advocacy activities, and whether or not they obtained a position on a cross disability coalition, policy boards, advisory board, governing bodies, and/or serving in a leadership position. The Council will also collect satisfaction data on all Council activities when relevant. Numbers alone, however, do not paint the entire picture of the effectiveness of Council activities. Council staff and partners will also collect individual and systems impact stories that illustrate how the numbers behind Council activities impacted the lives of Kansans. Analyze Data on a Regular Basis: As part of State requirements, Council activity partners that receive either grant or contract money must submit quarterly reports to both the Council and the State to track work progress unless otherwise specified (i.e. grant, contract, or sponsorship is in support of a one-off event or activity, for example). Council staff will collect the data from staff and partner activities and share it with the KCDD Grant Outcome Committee which will review the data on a regular basis and make recommendations based upon their findings to the full Council. Data review will be monitored against projected output and outcome measures identified in the annual work plan. Council staff will also provide the Council with data based report on staff led projects on a regular basis that compares projected activity outputs and outcomes and measured outputs and outcomes. These periodic reports will allow the Council and its federal partners to better understand whether an activity is in a planning, implementation, or completion phase. The Council does have the option of convening an ad hoc committee to address any unforeseen opportunities or issues that might arise that fall outside the scope of the KCDD Grant Outcome Committee. Make Data Based Recommendations: Council staff, the Grant Outcome Committee, and any other relevant committee will make recommendations to the full Council as to how the Council can improve activity outputs and outcomes based upon the data collected by staff and Council partners. This data will also allow the Council to explore options for activities that are not currently part of the state plan but could be added via a state plan amendment. In particular, by utilizing a data based output and outcome approach to plan evaluation, the Council can analyze lessons learned from successful activities, and ideally, apply them to other activities or expand and scale the scope of those successful activities. Conversely, by taking a data based approach to plan evaluation, the Council and staff will be able to quickly identify activities that are not meeting expected

outputs and outcomes as outlined in the annual work plan, and work to identify barriers to successful implementation of the plan and potential solutions to overcome those barriers. The full Council, armed with this data, can then make recommendations on next steps in plan implementation. Implement Data Based Recommendations: Council staff will implement Council recommendations into staff run projects, and will share recommendations with activity partners resulting in a continual refinement and, ideally, improvement in Council activity outputs and outcomes. The implemented recommendations will be subject to the improved data collection measures outlined earlier in the evaluation plan. Utilizing this four step approach to plan evaluation will create a consistent, sustained feedback loop that results in ongoing measurement, evaluation, and implementation of the plan designed for continuous improvement.

Logic Model	KCDD 5 year plan logic model for FY22-26.docx

SECTION IV: PROJECTED COUNCIL BUDGET

Goal	Subtitle B $	Other(s) $	Total
Create Leaders and Empower Advocacy	$174410	$	$174410
Lead Systems Change	$291900	$	$291900
General management (Personnel, Budget, Finance, Reporting)	$184000	$0	$184000
Functions of the DSA	$0	$0	$0
Total	$650310	$0	$650310

SECTION V: ASSURANCES

Written and Signed Assurances	Written and signed assurances are on file at the Council and will be made available to the Office on Intellectual and Developmental Disabilities, Administration for Community Living, United States Department of Health and Human Services upon request, regarding compliance with all requirements specified in Section 124 (C)(5)(A) (N) in the Developmental Disabilities Assurance and Bill of Rights Act. (true)

Approving Officials for Assurances	For the State or Territory (DSA is to assist the DD Council in obtaining assurances) (2)

Designated State Agency	A copy of the State Plan has been provided to the DSA (true)

SECTION VI: PUBLIC INPUT AND REVIEW

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 2020 and in to 2021, KCDD sought public input and direction in developing the 2022 - 2026 Five-Year State Plan. Self-advocates, families, state agencies, providers, educators and other stakeholders contributed their ideas and suggestions relating to KCDD's mission, to empower individuals with I/DD and their families to lead systems changes, build capacity, and advocate for inclusive, integrated, accessible communities where everyone belongs and thrives. The KCDD Needs Assessment Survey (November 2020 to January 2021) provided written feedback from 145 Respondents. The information gathered from the survey was very valuable and helped the Council identify areas of stakeholders concerns that we could focus on during our statewide listening sessions. The needs assessment survey asked questions in 12 different sections Health and Healthcare, Transition and Transfer of Care, Access to Services, Employment, Services and Supports, Interagency Initiatives, Quality Assurance, Education/Early Intervention, Housing, Transportation, Child Care, and Recreation. The survey also asked each respondent, Has the COVID-19 pandemic affected you or your loved one in the areas this survey focused on? and gave room for written responses to all 12 sections. - KCDD Needs Assessment Survey: Respondents were asked from what perspective are they sharing their experience. A total of 145 responses were collected with the following results: 48% support a family member or loved one with a disability 34% employee of an organization that advocates for or provides services to individuals with a disability/their families 15% person with a disability 3% local or state government employee. After evaluating the responses from the needs assessment survey, the Council used that information to guide its focus and gather additional information from stakeholders by holding 6 statewide listening sessions by Zoom in January 2021. Accommodations were provided upon participant request for both American Sign Language interpretation and Closed Captioning. A total of 120 participants attended the listening sessions; 55 of those as guest stakeholders: - Jan 19 - 12:00 PM to 2:99 PM 21 participants (12 KCDD staff and Council members, 9 guests) - Jan 21 - 10:00 AM to 12:00 PM 23 participants (10 KCDD staff and Council members, 13 guests) - Jan 21 - 6:30 PM to 8:30 PM 10 participants (8 KCDD staff and Council members, 2 guests) - Jan 25 - 10:00 AM to 12:00 PM 20 participants (12 KCDD staff and Council members, 8 guests) - Jan 25 - 6:30 PM to 8:30 PM 18 participants (10 KCDD staff and Council members, 8 guests) - Jan 27 - 12:00 PM to 2:00 PM 28 participants (13 KCDD staff and Council members, 15 guests) KCDD Listening Session Participants were asked from what lens are you giving input from: - 45% - Support a family member or loved one with a disability - 29% - Employee of organization that advocates or provides services - 17% - A person with a disability - 9% - Local or State government employee Information gathered from all listening sessions resulted in these top areas of concern: 55% Supports and Services, 48% Health and Healthcare, 42% Employment, 34% Quality Assurance, and 31% Education/Early Intervention. Even though the entire council was very active and participated in all of the processes of developing the KCDD Needs Assessment Survey, developing the listening sessions agenda, actively participating in each of the listening sessions by volunteering as facilitators, note takers, chat monitors and time keepers, feedback from the above listed activities was shared with the Council who met both as Council as a whole and in sub-committees to develop Goals and Objectives, and discuss activities, outputs, and outcomes. A draft of the KCDD's 2022 - 2026 Goals and Objectives was made available for public review and comment and was posted as open for 45 days, April 13th through May 31st. During that time, KCDD received 13 responses. The DRAFT five-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 and other digital formats when requested (Word and PDF) and in presentations/discussions at all stakeholder Zoom meetings and other virtual meetings and events. 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://kcdd.org/advocacy/state-plan-public-comments 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 and by emailing any of the KCDD staff

Describe the revisions made to the Plan to take into account and respond to significant comments.	No revisions to the plan were made after taking into account and responding to significant comments.

ANNUAL WORK PLANNING

Fiscal Year 2022 Planning

Goal 1: Create Leaders and Empower Advocacy

Quality Assurance	false
Education and Early Intervention	false
Child Care	false
Health	false
Employment	false
Housing	false
Transportation	false
Recreation	false
Community Supports	true
Outreach	true
Training	true
Technical Assistance	false
Supporting and Educating Communities	true
Interagency Collaboration	true
Coordination	true
Barrier Elimination	false
System Design	false
Coalition Development	true
Informing Policymakers	false
Demonstration	false
Other Activities	true
Advocacy	true
System Change	false
Self Advocacy	true

Targeted Disparity	false
Collaboration	false
Rights	true
Capacity Building	false
State Protection	true
University Centers	true
State DD Agency	false
justification	
Other 1	true
Other 1 Specify	Self Advocate Coalition of Kansas
Other 2	true
Other 2 Specify	Kansas Leadership Center
Other 3	true
Other 3 Specify	Supporting Families Community of Practice

Objectives

Objective 1.1:	Establish and Strengthen Statewide Self Advocacy (DD Act Requirement): By 2026, Kansas will have increased the number of self-advocates who have participated in leadership training so they can provide others including additionally identified self-advocates with opportunities to learn and engage in personal, collaborative, and civic leadership so that self-advocates can be on workgroups, committees, Councils, and commissions.

Performance Measures

IA 1.1	123
IA 1.2	0
IA 2.1	50%
IA 2.2	0%
IA 2.3	50%
IA 2.4	50%
IA 2.5	10%
IA 3.1	75%
IA 3.2	0%
SC 1.1	0
SC 1.2	0
SC 1.3	0
SC 1.3.1	0
SC 1.3.2	0
SC 1.3.3	0
SC 1.3.4	0
SC 1.4	0
SC 1.5	0
SC 2.1	0
SC 2.2	0

SC 2.1.1	0
SC 2.1.2	0
SC 2.1.3	0
SC 2.1.4	0

Key Activities

Key Activity 1.1.1:	Partnership with SACK and Kansas Leadership Center for self advocate leadership training
Key Activity 1.1.2:	Sponsorship of SACK conference
Key Activity 1.1.3:	Partner with stakeholder groups to identify new self advocates for leadership training opportunities
Key Activity 1.1.4:	Sponsorship of Kansas Youth Empowerment Academy Youth Leadership Forum
Key Activity 1.1.5:	Sponsorship of Kansas Disability Caucus
Key Activity 1.1.6:	Individual Scholarships and Sponsorships for leadership trainings and activities

Expected Outputs

Expected Output 1.1.1:	IFA 1.1 The number of people with developmental disabilities who participated in Council supported activities designed to increase their knowledge of how to take part in decisions that affect their lives, the lives of others, and/or systems; 8 New Self Advocate Leaders from partnership with SACK and KLC
Expected Output 1.1.2:	IFA 1.1 The number of people with developmental disabilities who participated in Council supported activities designed to increase their knowledge of how to take part in decisions that affect their lives, the lives of others, and/or systems; 100 Self Advocates who learned about Self Advocacy from attending SACK conference
Expected Output 1.1.3:	IFA 1.1 The number of people with developmental disabilities who participated in Council supported activities designed to increase their knowledge of how to take part in decisions that affect their lives, the lives of others, and/or systems; 2 New Self Advocate Leaders identified from partnership with stakeholder groups
Expected Output 1.1.4:	IFA 1.1 The number of people with developmental disabilities who participated in Council supported activities designed to increase their knowledge of how to take part in decisions that affect their lives, the lives of others, and/or systems; 3 Youth with I/DD will increase advocacy skills from participation in Youth Leadership Forum
Expected Output 1.1.5:	IFA 1.1 The number of people with developmental disabilities who participated in Council supported activities designed to increase their knowledge of how to take part in decisions that affect their lives, the lives of others, and/or systems; 10 people will I/DD will increase advocacy skills from participation in Disability Caucus

Expected Sub-Outputs

Expected Sub-Outcome 1.1.1:	IFA 2.1 After participation in Council supported activities, 50 percent of people with developmental disabilities who report increasing their

	advocacy as a result of Council work.
Expected Sub-Outcome 1.1.2:	IFA 2.3 Fifty percent of people who are better able to say what they want or say what services and supports they want or say what is important to them
Expected Sub-Outcome 1.1.3:	IFA 2.4 Fifty percent of people who are participating now in advocacy activities
Expected Sub-Outcome 1.1.4:	IFA 2.5 10 percent of people who are on cross disability coalitions, policy boards, advisory boards, governing bodies and/or serving in leadership positions.

Data Evaluations

Data Evaluation 1.1.1:	IFA 1.1 The number of people with developmental disabilities who participated in Council supported activities designed to increase their knowledge of how to take part in decisions that affect their lives, the lives of others, and/or systems
Data Evaluation 1.1.2:	IFA 2.1 After participation in Council supported activities, the percent of people with developmental disabilities who report increasing their advocacy as a result of Council work.
Data Evaluation 1.1.3:	IFA 2.3 The percent of people who are better able to say what they want or say what services and supports they want or say what is important to them
Data Evaluation 1.1.4:	IFA 2.4 The percent of people who are participating now in advocacy activities
Data Evaluation 1.1.5:	IFA 2.5 The percent of people who are on cross disability coalitions, policy boards, advisory boards, governing bodies and/or serving in leadership positions.
Data Evaluation 1.1.6:	IFA 3.1 The percent of people with developmental disabilities satisfied with a project activity

Objective 1.2:	Support advocacy training and development programs for family members: By 2026, Kansas will have increased the number of newly identified family members who have participated in leadership and advocacy training so they can provide their families and other family to family peers with opportunities to learn and engage in personal, collaborative, and civic leadership.

Performance Measures

IA 1.1	0
IA 1.2	55
IA 2.1	0%
IA 2.2	50%
IA 2.3	50%
IA 2.4	25%
IA 2.5	10%
IA 3.1	0%
IA 3.2	75%

SC 1.1	0
SC 1.2	0
SC 1.3	0
SC 1.3.1	0
SC 1.3.2	0
SC 1.3.3	0
SC 1.3.4	0
SC 1.4	0
SC 1.5	0
SC 2.1	0
SC 2.2	0
SC 2.1.1	0
SC 2.1.2	0
SC 2.1.3	0
SC 2.1.4	0

Key Activities

Key Activity 1.2.1:	KCDD partnership with Kansas Leadership Center to offer leadership training opportunities to family members
Key Activity 1.2.2:	Families Together Parent IEP Peer Mentor Grant
Key Activity 1.2.3:	KCDD participation in Supporting Families Community of Practice
Key Activity 1.2.4:	Individual scholarships and sponsorship for family members to attend leadership training and activities
Key Activity 1.2.5:	Planning: Family Peer to Peer trainings on grant writing and community engagement strategies to create more inclusive communities (accessible parks, splash pads, changing tables, etc.)

Expected Outputs

Expected Output 1.2.1:	IFA 1.2 The number of family members who participated in Council supported in activities designed to increase their knowledge of how to take part in decisions that affect the family, the lives of others, and/or systems; 5 new Family Member Leaders from partnership with KLC
Expected Output 1.2.2:	IFA 1.2 The number of family members who participated in Council supported in activities designed to increase their knowledge of how to take part in decisions that affect the family, the lives of others, and/or systems; 25 Family Members who increased thier advocacy after participating in Families Together Parent IEP Peer Mentoring project
Expected Output 1.2.3:	IFA 1.2 The number of family members who participated in Council supported in activities designed to increase their knowledge of how to take part in decisions that affect the family, the lives of others, and/or systems; 25 Family Members who increased thier advocacy after participating in Supporting Families Community of Practice/LifeCourse lunch and learns and events

Expected Sub-Outputs

Expected Sub-Outcome 1.2.1:	IFA 2.2 After participation in Council supported activities, 50 percent of

	family members who report increasing their advocacy as a result of Council work.
Expected Sub-Outcome 1.2.2:	IFA 2.3 Fifty percent of people who are better able to say what they want or say what services and supports they want or say what is important to them
Expected Sub-Outcome 1.2.3:	IFA 2.4 Twenty five percent of people who are participating now in advocacy activities
Expected Sub-Outcome 1.2.4:	IFA 2.5 Ten percent of people who are on cross disability coalitions, policy boards, advisory boards, governing bodies and/or serving in leadership positions.

Data Evaluations

Data Evaluation 1.2.1:	IFA 1.2 The number of family members who participated in Council supported in activities designed to increase their knowledge of how to take part in decisions that affect the family, the lives of others, and/or systems
Data Evaluation 1.2.2:	IFA 2.2 After participation in Council supported activities, the percent of family members who report increasing their advocacy as a result of Council work.
Data Evaluation 1.2.3:	IFA 2.3 The percent of people who are better able to say what they want or say what services and supports they want or say what is important to them
Data Evaluation 1.2.4:	IFA 2.4 The percent of people who are participating now in advocacy activities
Data Evaluation 1.2.5:	IFA 2.5 The percent of people who are on cross disability coalitions, policy boards, advisory boards, governing bodies and/or serving in leadership positions.
Data Evaluation 1.2.6:	IFA 3.2 The percent of family members satisfied with a project activity.

Goal 2: Lead Systems Change

Quality Assurance	true
Education and Early Intervention	true
Child Care	false
Health	true
Employment	true
Housing	false
Transportation	false
Recreation	false
Community Supports	true
Outreach	true
Training	true

Technical Assistance	false
Supporting and Educating Communities	true
Interagency Collaboration	true
Coordination	true
Barrier Elimination	true
System Design	true
Coalition Development	true
Informing Policymakers	true
Demonstration	true
Other Activities	true
Advocacy	false
System Change	true
Self Advocacy	false
Targeted Disparity	true
Collaboration	true
Rights	true
Capacity Building	true
State Protection	true
University Centers	true
State DD Agency	true
justification	Development of online collaboration space to share information among "network of kitchen tables" to increase awareness and access to formal and informal supports and services. Platforms currently under investigation by the Council for this demonstration project have a nominal annual cost and funding issues surrounding long term sustainability are not anticipated due to the low (or no) cost associated with this demonstration project.
Other 1	true
Other 1 Specify	Families Together, Inc
Other 2	true
Other 2 Specify	Kansas Attorney General's Office
Other 3	true
Other 3 Specify	Kansas Adult Protective Services

Objectives

Objective 2.1:	Increase Awareness of Informal and Formal Supports and Services with a focus on Transitions across the Lifespan: By 2026, Kansans with disabilities and their family members will have increased awareness of formal and informal supports and services that meet their individual needs and preferences.

Performance Measures

IA 1.1	0
IA 1.2	0
IA 2.1	0%
IA 2.2	0%
IA 2.3	0%
IA 2.4	0%
IA 2.5	0%
IA 3.1	0%
IA 3.2	0%
SC 1.1	0
SC 1.2	0
SC 1.3	1
SC 1.3.1	0
SC 1.3.2	1
SC 1.3.3	0
SC 1.3.4	0
SC 1.4	85
SC 1.5	3
SC 2.1	1
SC 2.2	0
SC 2.1.1	0
SC 2.1.2	0
SC 2.1.3	1
SC 2.1.4	0

Key Activities

Key Activity 2.1.1:	Employment First Summit (Regional events)
Key Activity 2.1.2:	Families Together Family Employment Awareness Training grant
Key Activity 2.1.3:	ABLE Account outreach and trainings
Key Activity 2.1.4:	Planning: Partner, Support, and Referral for KDHE Supporting You program (Peer support network)
Key Activity 2.1.5:	Planning: Development of online collaboration space to share information among Network of Kitchen Tables
Key Activity 2.1.6:	Planning: Identify gaps and barriers for Family Information and Referral grant; Targeted Trainings for TinyK participants transitioning to school (Pre IEP mentor type project?), Targeted Trainings for TinyK participants transitioning to school (Pre IEP mentor type project?)

Expected Outputs

Expected Output 2.1.1:	SC 1 The number of Council efforts to transform fragmented approaches into a coordinated and effective system ; Employment First Summit
Expected Output 2.1.2:	SC 1 The number of Council efforts to transform fragmented approaches into a coordinated and effective system; Families Together

	FEAT training grant
Expected Output 2.1.3:	SC 1 The number of Council efforts to transform fragmented approaches into a coordinated and effective system ; ABLE Account outreach and trainings
Expected Output 2.1.4:	SC 1.3.2 # of promising practices supported; 1 Families Together FEAT training supported by Council activities
Expected Output 2.1.5:	SC 1.4 # of people trained or educated through Council systemic change initiatives; 50 people trained at Employment First Summits
Expected Output 2.1.6:	SC 1.4 # of people trained or educated through Council systemic change initiatives; 30 people trained at Families Together FEAT trainings
Expected Output 2.1.7:	SC 1.4 # of people trained or educated through Council systemic change initiatives; 5 people trained/referred to from ABLE account outreach and training
Expected Output 2.1.8:	SC 1.5 # of council supported systems change activities with organizations actively involved (Collaboration); Department of Commerce Transition Transformers group in partnership with Employment First Summit
Expected Output 2.1.9:	SC 1.5 # of council supported systems change activities with organizations actively involved (Collaboration) Families Together in partnership with FEAT trainings
Expected Output 2.1.10:	SC 1.5 # of council supported systems change activities with organizations actively involved (Collaboration) KS Dept. of Treasury in partnership with ABLE account outreach and training

Expected Sub-Outputs

Expected Sub-Outcome 2.1.1:	SC 2.1 # of Council efforts led to improvement (sub measures SC 2.1.1 and SC 2.1.3); KCDD effort leads to improvement of FEAT training promising practice
Expected Sub-Outcome 2.1.2:	SC 2.1.3# of promising and/or best practices improved; KCDD effort leads to improvement of FEAT training promising practice

Data Evaluations

Data Evaluation 2.1.1:	SC 1.3 # of promising and/or best practices created and/or supported
Data Evaluation 2.1.2:	SC 1.3.2 # of promising practices supported
Data Evaluation 2.1.3:	SC 1.4 # of people trained or educated through Council systemic change initiatives
Data Evaluation 2.1.4:	SC 1.5 # of council supported systems change activities with organizations actively involved (Collaboration)
Data Evaluation 2.1.5:	SC 2.1 # of Council efforts led to improvement (sub measures SC 2.1.1 and SC 2.1.3
Data Evaluation 2.1.6:	SC 2.1.3 # of promising and/or best practices improved

Objective 2.2:	Increased awareness and participation of early childhood and education interventions and supports for English as a Second Language (ESL)/Hispanic Kansas families with children with disabilities (Targeted

	Disparity): By 2026, Latinx families and people with disabilities will have increased awareness of formal and informal supports and services that meet their individual needs and preferences in a culturally appropriate manner.

Performance Measures

IA 1.1	0
IA 1.2	0
IA 2.1	0%
IA 2.2	0%
IA 2.3	0%
IA 2.4	0%
IA 2.5	0%
IA 3.1	0%
IA 3.2	0%
SC 1.1	0
SC 1.2	0
SC 1.3	2
SC 1.3.1	0
SC 1.3.2	2
SC 1.3.3	0
SC 1.3.4	0
SC 1.4	7
SC 1.5	2
SC 2.1	2
SC 2.2	0
SC 2.1.1	0
SC 2.1.2	0
SC 2.1.3	2
SC 2.1.4	0

Key Activities

Key Activity 2.2.1:	Support Spanish Language Translation of KDHE Supporting You materials and ensure plain language materials in a culturally competant manner
Key Activity 2.2.2:	Families Together Spanish Language Family Employment Awareness Training grant
Key Activity 2.2.3:	Planning: Outreach to Hispanic/Latinx community and community organizations in SW Kansas
Key Activity 2.2.4:	Planning: Facilitate opportunities for Spanish Language translation activities of online collaboration space to share information among

Expected Outputs

Expected Output 2.2.1:	SC 1 The number of Council efforts to transform fragmented approaches into a coordinated and effective system; Council activities that support Spanish language translation of KDHE Supporting You

	materials
Expected Output 2.2.2:	SC 1 The number of Council efforts to transform fragmented approaches into a coordinated and effective system; KCDD support of Spanish Language FEAT trainings
Expected Output 2.2.3:	SC 1.3 # of promising and/or best practices created and/or supported; Support Spanish Language Translation of KDHE Supporting You materials and ensure plain language materials in a culturally competent manner
Expected Output 2.2.4:	SC 1.3 # of promising and/or best practices created and/or supported; Families Together Spanish Language Family Employment Awareness Training (FEAT) grant
Expected Output 2.2.5:	SC 1.3.2 # of promising practices supported; Support Spanish Language Translation of KDHE Supporting You materials and ensure plain language materials in a culturally competent manner
Expected Output 2.2.6:	SC 1.3.2 # of promising practices supported; Families Together Spanish Language Family Employment Awareness Training (FEAT) grant
Expected Output 2.2.7:	SC 1.4 # of people trained or educated through Council systemic change initiatives; 7 Spanish speaking families participating in Spanish language FEAT trainings
Expected Output 2.2.8:	SC 1.5 # of council supported systems change activities with organizations actively involved (Collaboration); Spanish language translations of Supporting You material with KDHE
Expected Output 2.2.9:	SC 1.5 # of council supported systems change activities with organizations actively involved (Collaboration); Spanish Language FEAT trainings with Families Together

Expected Sub-Outputs

Expected Sub-Outcome 2.2.1:	SC 2.1 # of Council efforts led to improvement (sub measures SC 2.1.1 and SC 2.1.3); Support Spanish Language Translation of KDHE Supporting You materials and ensure plain language materials in a culturally competent manner
Expected Sub-Outcome 2.2.2:	SC 2.1 # of Council efforts led to improvement (sub measures SC 2.1.1 and SC 2.1.3); Families Together Spanish Language Family Employment Awareness Training (FEAT) grant
Expected Sub-Outcome 2.2.3:	SC 2.1.3 # of promising and/or best practices improved; Support Spanish Language Translation of KDHE Supporting You materials and ensure plain language materials in a culturally competent manner
Expected Sub-Outcome 2.2.4:	SC 2.1.3 # of promising and/or best practices improved; Families Together Spanish Language Family Employment Awareness Training (FEAT) grant

Data Evaluations

Data Evaluation 2.2.1:	SC 1.3 # of promising and/or best practices created and/or supported
Data Evaluation 2.2.2:	SC 1.3.2 # of promising practices supported
Data Evaluation 2.2.3:	SC 1.4 # of people trained or educated through Council systemic change initiatives
Data Evaluation 2.2.4:	SC 1.5 # of council supported systems change activities with

	organizations actively involved (Collaboration)
Data Evaluation 2.2.5:	SC 2.1 # of Council efforts led to improvement (sub measures SC 2.1.1 and SC 2.1.3)
Data Evaluation 2.2.6:	SC 2.1.3 # of promising and/or best practices improved

Objective 2.3:	Cultivate innovative solutions for Kansans with I/DD on a waiting list and those who seek more individualized support options: By 2026, Kansans who seek more individualized options or who are on a waiting list for waiver services will have increased awareness and access to formal and informal supports and services that meet their individual needs and preferences, including enhanced data collection efforts.

Performance Measures

IA 1.1	0
IA 1.2	0
IA 2.1	0%
IA 2.2	0%
IA 2.3	0%
IA 2.4	0%
IA 2.5	0%
IA 3.1	0%
IA 3.2	0%
SC 1.1	5
SC 1.2	0
SC 1.3	3
SC 1.3.1	0
SC 1.3.2	3
SC 1.3.3	0
SC 1.3.4	0
SC 1.4	50
SC 1.5	6
SC 2.1	5
SC 2.2	3
SC 2.1.1	3
SC 2.1.2	3
SC 2.1.3	2
SC 2.1.4	

Key Activities

Key Activity 2.3.1:	Partner with UCEDD and P&A in advocating for and implementing Waiting List Study
Key Activity 2.3.2:	Trainings on issues surrounding effective transition from education to adulthood/support for Transition Alliance
Key Activity 2.3.3:	Replication of ACL Salina Transition Grant actitivities and outcomes in other parts of KS

Key Activity 2.3.4:	Participation and Support of Sedgwick County CDDO Technology First Initiative with replication in other parts of KS
Key Activity 2.3.5:	Advocate for increased reimbursement rates for Supported Employment Services and Supports
Key Activity 2.3.6:	Explore and implement strategies to increase competitive, integrated employment outcomes of persons with significant disabilities including support for 1915i-like programs such as STEPS and WORK programs
Key Activity 2.3.7:	Advocate for development and implementation of a Family Supports waiver
Key Activity 2.3.8:	Advocate for adequate funding of formal and informal I/DD supports and services
Key Activity 2.3.9:	LifeCourse Trainings/Lunch and Learns for families, self advocates, and professionals
Key Activity 2.3.10:	Advocate for development of Waiting List Navigator

Expected Outputs

Expected Output 2.3.1:	SC 1.1 # of policy and/or procedures created or changed; implementing Waiting List Study
Expected Output 2.3.2:	SC 1.1 # of policy and/or procedures created or changed; increased reimbursement rates for Supported Employment Services and Supports
Expected Output 2.3.3:	SC 1.1 # of policy and/or procedures created or changed; implementation of a Family Supports waiver
Expected Output 2.3.4:	SC 1.1 # of policy and/or procedures created or changed; Increased funding for formal and informal I/DD Supports and Services
Expected Output 2.3.5:	SC 1.1 # of policy and/or procedures created or changed; development of Waiting List Navigator
Expected Output 2.3.6:	SC 1.3 # of promising and/or best practices created and/or supported; Replication of ACL Salina Transition Grant activities and outcomes in other parts of KS
Expected Output 2.3.7:	SC 1.3 # of promising and/or best practices created and/or supported; Participation and Support of Sedgwick County CDDO Technology First Initiative with replication in other parts of KS
Expected Output 2.3.8:	SC 1.3 # of promising and/or best practices created and/or supported; LifeCourse Trainings/Lunch and Learns for families, self advocates, and professionals
Expected Output 2.3.9:	SC 1.3.2 # of promising practices supported; Replication of ACL Salina Transition Grant activities and outcomes in other parts of KS
Expected Output 2.3.10:	SC 1.3.2 # of promising practices supported; Participation and Support of Sedgwick County CDDO Technology First Initiative with replication in other parts of KS
Expected Output 2.3.11:	SC 1.3.2 # of promising practices supported; LifeCourse Trainings/Lunch and Learns for families, self advocates, and professionals
Expected Output 2.3.12:	SC 1.4 # of people trained or educated through Council systemic change initiatives; 50 people trained at LifeCourse Trainings/Lunch and

	Learns for families, self advocates, and professionals
Expected Output 2.3.13:	SC 1.5 # of council supported systems change activities with organizations actively involved (Collaboration); Partner with UCEDD and P&A in advocating for and implementing Waiting List Study
Expected Output 2.3.14:	SC 1.5 # of council supported systems change activities with organizations actively involved (Collaboration); Trainings on issues surrounding effective transition from education to adulthood/support for Transition Alliance
Expected Output 2.3.15:	SC 1.5 # of council supported systems change activities with organizations actively involved (Collaboration); Partner with UCEDD on Replication of ACL Salina Transition Grant activities and outcomes in other parts of KS
Expected Output 2.3.16:	SC 1.5 # of council supported systems change activities with organizations actively involved (Collaboration); Participation and Support of Sedgwick County CDDO Technology First Initiative
Expected Output 2.3.17:	SC 1.5 # of council supported systems change activities with organizations actively involved (Collaboration); Partner with Working Healthy to Explore and implement strategies to increase competitive, integrated employment outcomes of persons with significant disabilities including support for 1915i-like programs such as STEPS and WORK programs
Expected Output 2.3.18:	SC 1.5 # of council supported systems change activities with organizations actively involved (Collaboration); Partner with National Community of Practice and Kansas State Strategic Planning team for LifeCourse Trainings/Lunch and Learns for families, self advocates, and professionals

Expected Sub-Outputs

Expected Sub-Outcome 2.3.1:	SC 2.1 # of Council efforts led to improvement (sub measures SC 2.1.1 and SC 2.1.3); Replication of ACL Salina Transition Grant activities and outcomes in other parts of KS
Expected Sub-Outcome 2.3.2:	SC 2.1 # of Council efforts led to improvement (sub measures SC 2.1.1 and SC 2.1.3); Replication and Support of Sedgwick County CDDO Technology First Initiative in other parts of KS
Expected Sub-Outcome 2.3.3:	SC 2.1 # of Council efforts led to improvement (sub measures SC 2.1.1 and SC 2.1.3); Increased reimbursement rates for Supported Employment Services and Supports
Expected Sub-Outcome 2.3.4:	SC 2.1 # of Council efforts led to improvement (sub measures SC 2.1.1 and SC 2.1.3); Increased competitive, integrated employment outcomes of persons with significant disabilities including support for 1915i-like programs such as STEPS and WORK programs
Expected Sub-Outcome 2.3.5:	SC 2.1 # of Council efforts led to improvement (sub measures SC 2.1.1 and SC 2.1.3); Increased funding of formal and informal I/DD supports and services
Expected Sub-Outcome 2.3.6:	SC 2.2 # of Council efforts implemented (sub measures SC 2.1.2 and SC 2.1.4); Implementation of Waiting List Study
Expected Sub-Outcome 2.3.7:	SC 2.2 # of Council efforts implemented (sub measures SC 2.1.2 and

	SC 2.1.4); Implementation of Family Supports Waiver
Expected Sub-Outcome 2.3.8:	SC 2.2 # of Council efforts implemented (sub measures SC 2.1.2 and SC 2.1.4); Implementation of Waiting List Navigator
Expected Sub-Outcome 2.3.9:	SC 2.1.1 # of policy, procedure, statute, regulation changes improved; Increased reimbursement rates for Supported Employment Services and Supports
Expected Sub-Outcome 2.3.10:	SC 2.1.1 # of policy, procedure, statute, regulation changes improved; Increased competitive, integrated employment outcomes of persons with significant disabilities including support for 1915i-like programs such as STEPS and WORK programs
Expected Sub-Outcome 2.3.11:	SC 2.1.1 # of policy, procedure, statute, regulation changes improved; Increased funding of formal and informal I/DD supports and services
Expected Sub-Outcome 2.3.12:	SC 2.1.2 # of policy, procedure, statute, regulation changes implemented; Implementation of Waiting List Study
Expected Sub-Outcome 2.3.13:	SC 2.1.2 # of policy, procedure, statute, regulation changes implemented; Implementation of Family Supports Waiver
Expected Sub-Outcome 2.3.14:	SC 2.1.2 # of policy, procedure, statute, regulation changes implemented; Implementation of Waiting List Navigator
Expected Sub-Outcome 2.3.15:	SC 2.1.3 # of promising and/or best practices improved; Replication of ACL Salina Transition Grant activities and outcomes in other parts of KS
Expected Sub-Outcome 2.3.16:	SC 2.1.3 # of promising and/or best practices improved; Replication and Support of Sedgwick County CDDO Technology First Initiative in other parts of KS

Data Evaluations

Data Evaluation 2.3.1:	SC 1.1 # of policy and/or procedures created or changed
Data Evaluation 2.3.2:	SC 1.3 # of promising and/or best practices created and/or supported
Data Evaluation 2.3.3:	SC 1.3.2 # of promising practices supported
Data Evaluation 2.3.4:	SC 1.4 # of people trained or educated through Council systemic change initiatives
Data Evaluation 2.3.5:	SC 1.5 # of council supported systems change activities with organizations actively involved (Collaboration)
Data Evaluation 2.3.6:	SC 2.1 # of Council efforts led to improvement (sub measures SC 2.1.1 and SC 2.1.3)
Data Evaluation 2.3.7:	SC 2.2 # of Council efforts implemented (sub measures SC 2.1.2 and SC 2.1.4)
Data Evaluation 2.3.8:	SC 2.1.1 # of policy, procedure, statute, regulation changes improved
Data Evaluation 2.3.9:	SC 2.1.2 # of policy, procedure, statute, regulation changes implemented
Data Evaluation 2.3.10:	SC 2.1.3 # of promising and/or best practices improved

Objective 2.4:	Increase Protections from Abuse, Neglect, and Exploitation: By 2026, Kansans with disabilities will have increased protections from abuse, neglect, and exploitation (ANE) through enhanced reporting, data, and training opportunities.

Performance Measures

IA 1.1	
IA 1.2	
IA 2.1	%
IA 2.2	%
IA 2.3	%
IA 2.4	%
IA 2.5	%
IA 3.1	%
IA 3.2	%
SC 1.1	3
SC 1.2	
SC 1.3	
SC 1.3.1	
SC 1.3.2	
SC 1.3.3	
SC 1.3.4	
SC 1.4	
SC 1.5	3
SC 2.1	3
SC 2.2	
SC 2.1.1	3
SC 2.1.2	
SC 2.1.3	
SC 2.1.4	

Key Activities

Key Activity 2.4.1:	KCDD Staff participation with DCF APS program and advisory council
Key Activity 2.4.2:	KCDD Staff Participation in Attorney General's Vulnerable Adult Task Force
Key Activity 2.4.3:	KCDD Staff participation in development of enhanced data collection measures
Key Activity 2.4.4:	Planning: Professional staff training on preventing, recognizing, and reporting ANE
Key Activity 2.4.5:	Planning: Self Advocate leaders conduct peer to peer ANE prevention and reporting training
Key Activity 2.4.6:	Planning: Supporting improving quality assurance processes in the state for I/DD supports and services that lead to better outcomes regarding ANE

Expected Outputs

Expected Output 2.4.1:	SC 1.1 # of policy and/or procedures created or changed; 1 policy change due to KCDD Staff participation with DCF APS program and advisory council
Expected Output 2.4.2:	SC 1.1 # of policy and/or procedures created or changed; 1 policy

	change due to KCDD Staff Participation in Attorney General's Vulnerable Adult Task Force
Expected Output 2.4.3:	SC 1.1 # of policy and/or procedures created or changed; 1 policy change due to KCDD Staff participation in development of enhanced data collection measures
Expected Output 2.4.4:	SC 1.5 # of council supported systems change activities with organizations actively involved (Collaboration); 1 collaboration from KCDD Staff participation with DCF APS program and advisory council
Expected Output 2.4.5:	SC 1.5 # of council supported systems change activities with organizations actively involved (Collaboration); 1 collaboration from KCDD Staff Participation in Attorney General's Vulnerable Adult Task Force
Expected Output 2.4.6:	SC 1.5 # of council supported systems change activities with organizations actively involved (Collaboration); 1 collaboration from KCDD Staff participation in development of enhanced data collection measures

Expected Sub-Outputs

Expected Sub-Outcome 2.4.1:	SC 2.1 # of Council efforts led to improvement (sub measures SC 2.1.1 and SC 2.1.3); 1 improved ANE reporting/prevention policy from KCDD Staff participation with DCF APS program and advisory council
Expected Sub-Outcome 2.4.2:	SC 2.1 # of Council efforts led to improvement (sub measures SC 2.1.1 and SC 2.1.3); 1 improved ANE reporting/prevention policy from KCDD Staff Participation in Attorney General's Vulnerable Adult Task Force
Expected Sub-Outcome 2.4.3:	SC 2.1 # of Council efforts led to improvement (sub measures SC 2.1.1 and SC 2.1.3); 1 improved ANE reporting/prevention policy from KCDD Staff participation in development of enhanced data collection measures
Expected Sub-Outcome 2.4.4:	SC 2.1.1 # of policy, procedure, statute, regulation changes improved; 1 improved ANE reporting/prevention policy from KCDD Staff participation with DCF APS program and advisory council
Expected Sub-Outcome 2.4.5:	SC 2.1.1 # of policy, procedure, statute, regulation changes improved; 1 improved ANE reporting/prevention policy from KCDD Staff Participation in Attorney General's Vulnerable Adult Task Force
Expected Sub-Outcome 2.4.6:	SC 2.1.1 # of policy, procedure, statute, regulation changes improved; 1 improved ANE reporting/prevention policy from KCDD Staff participation in development of enhanced data collection measures

Data Evaluations

Data Evaluation 2.4.1:	SC 1.1 # of policy and/or procedures created or changed
Data Evaluation 2.4.2:	SC 1.5 # of council supported systems change activities with organizations actively involved (Collaboration)
Data Evaluation 2.4.3:	SC 2.1 # of Council efforts led to improvement (sub measures SC 2.1.1 and SC 2.1.3)
Data Evaluation 2.4.4:	SC 2.1.1 # of policy, procedure, statute, regulation changes improved

Objective 2.5:	Increased utilization of Supported Decision Making (DD Network Collaboration Measure): By 2026, Kansans with disabilities and their families will have increased awareness and utilization of Supported Decision Making (SDM), an alternative to Guardianship facilitated by collaboration between the Council, the Disability Rights Center of Kansas, and the Kansas University Center for Excellence on Developmental Disabilities.

Performance Measures

IA 1.1	
IA 1.2	
IA 2.1	%
IA 2.2	%
IA 2.3	%
IA 2.4	%
IA 2.5	%
IA 3.1	%
IA 3.2	%
SC 1.1	
SC 1.2	1
SC 1.3	1
SC 1.3.1	
SC 1.3.2	
SC 1.3.3	
SC 1.3.4	1
SC 1.4	25
SC 1.5	2
SC 2.1	1
SC 2.2	1
SC 2.1.1	
SC 2.1.2	1
SC 2.1.3	1
SC 2.1.4	

Key Activities

Key Activity 2.5.1:	Partner with UCEDD and P&A to advocate for adoption of Supported Decision Making (SDM) legislation in KS
Key Activity 2.5.2:	Partner with KSDE for training of educators, transition staff, and families on alternatives to guardianship (TASN)
Key Activity 2.5.3:	Training of legal, financial, medical, and other professionals and judicial system of SDM as a legally viable alternative to guardianship consistent with current KS law

Expected Outputs

Expected Output 2.5.1:	SC 1.2 # of statute and/or regulations created or changed; 1 adoption of Kansas SDM statute
Expected Output 2.5.2:	SC 1.3 # of promising and/or best practices created and/or supported; 1 adoption of SDM in Kansas through legal, financial, medical, and other professionals and judicial system training
Expected Output 2.5.3:	SC 1.3.4 # of best practices supported through Council activities; 1 adoption of SDM in Kansas through legal, financial, medical, and other professionals and judicial system training
Expected Output 2.5.4:	SC 1.4 # of people trained or educated through Council systemic change initiatives; 25 legal, financial, medical, and other professionals and judicial system trained on SDM
Expected Output 2.5.5:	SC 1.5 # of council supported systems change activities with organizations actively involved (Collaboration); 1 partnership with UCEDD and P&A to advocate for adoption of SMD legislation in KS
Expected Output 2.5.6:	SC 1.5 # of council supported systems change activities with organizations actively involved (Collaboration); 1 partnership with UCEDD and P&A to train legal, financial, medical, and other professionals and judicial system of SDM as a legally viable alternative to guardianship consistent with current KS law

Expected Sub-Outputs

Expected Sub-Outcome 2.5.1:	SC 2.1 # of Council efforts led to improvement (sub measures SC 2.1.1 and SC 2.1.3); 1 improved best practice of adoption of SDM in Kansas through training
Expected Sub-Outcome 2.5.2:	SC 2.2 # of Council efforts implemented (sub measures SC 2.1.2 and SC 2.1.4); 1 adoption of Kansas SDM statute
Expected Sub-Outcome 2.5.3:	SC 2.1.2 # of policy, procedure, statute, regulation changes implemented; 1 adoption of Kansas SDM statute
Expected Sub-Outcome 2.5.4:	SC 2.1.3 # of promising and/or best practices improved; 1 improved best practice of adoption of SDM in Kansas through training

Data Evaluations

Data Evaluation 2.5.1:	SC 1.2 # of statute and/or regulations created or changed
Data Evaluation 2.5.2:	SC 1.3 # of promising and/or best practices created and/or supported
Data Evaluation 2.5.3:	SC 1.3.4 # of best practices supported through Council activities
Data Evaluation 2.5.4:	SC 1.4 # of people trained or educated through Council systemic change initiatives
Data Evaluation 2.5.5:	SC 1.5 # of council supported systems change activities with organizations actively involved (Collaboration)
Data Evaluation 2.5.6:	SC 2.1 # of Council efforts led to improvement (sub measures SC 2.1.1 and SC 2.1.3)
Data Evaluation 2.5.7:	SC 2.2 # of Council efforts implemented (sub measures SC 2.1.2 and SC 2.1.4)
Data Evaluation 2.5.8:	SC 2.1.2 # of policy, procedure, statute, regulation changes implemented

Data Evaluation 2.5.9:	SC 2.1.3 # of promising and/or best practices improved

Fiscal Year 2023 Planning

Goal 1: Create Leaders and Empower Advocacy

Quality Assurance	false
Education and Early Intervention	false
Child Care	false
Health	false
Employment	false
Housing	false
Transportation	false
Recreation	false
Community Supports	true
Outreach	true
Training	true
Technical Assistance	false
Supporting and Educating Communities	true
Interagency Collaboration	true
Coordination	true
Barrier Elimination	false
System Design	false
Coalition Development	true
Informing Policymakers	false
Demonstration	false
Other Activities	true
Advocacy	true
System Change	false
Self Advocacy	true
Targeted Disparity	false
Collaboration	false
Rights	false
Capacity Building	false
State Protection	true
University Centers	true
State DD Agency	true
justification	
Other 1	true
Other 1 Specify	Self Advocate Coalition of Kansas
Other 2	true
Other 2 Specify	Kansas Leadership Center

Other 3	true
Other 3 Specify	Supporting Families Community of Practice

Objectives

Objective 1.1:	Establish and Strengthen Statewide Self Advocacy (DD Act Requirement): By 2026, Kansas will have increased the number of self-advocates who have participated in leadership training so they can provide others including additionally identified self-advocates with opportunities to learn and engage in personal, collaborative, and civic leadership so that self-advocates can be on workgroups, committees, Councils, and commissions.

Performance Measures

IA 1.1	123
IA 1.2	
IA 2.1	50%
IA 2.2	%
IA 2.3	50%
IA 2.4	50%
IA 2.5	10%
IA 3.1	75%
IA 3.2	%
SC 1.1	
SC 1.2	
SC 1.3	
SC 1.3.1	
SC 1.3.2	
SC 1.3.3	
SC 1.3.4	
SC 1.4	
SC 1.5	
SC 2.1	
SC 2.2	
SC 2.1.1	
SC 2.1.2	
SC 2.1.3	
SC 2.1.4	

Key Activities

Key Activity 1.1.1:	Partnership with SACK and Kansas Leadership Center for self advocate leadership training
Key Activity 1.1.2:	Sponsorship of SACK conference
Key Activity 1.1.3:	Partner with stakeholder groups to identify new self advocates for leadership training opportunities
Key Activity 1.1.4:	Sponsorship of Kansas Youth Empowerment Academy Youth Leadership Forum

Key Activity 1.1.5:	Sponsorship of Kansas Disability Caucus
Key Activity 1.1.6:	Individual Scholarships and Sponsorships for leadership trainings and activities

Expected Outputs

Expected Output 1.1.1:	IFA 1.1 The number of people with developmental disabilities who participated in Council supported activities designed to increase their knowledge of how to take part in decisions that affect their lives, the lives of others, and/or systems; 8 New Self Advocate Leaders from partnership with SACK and KLC
Expected Output 1.1.2:	IFA 1.1 The number of people with developmental disabilities who participated in Council supported activities designed to increase their knowledge of how to take part in decisions that affect their lives, the lives of others, and/or systems; 100 Self Advocates who learned about Self Advocacy from attending SACK conference
Expected Output 1.1.3:	IFA 1.1 The number of people with developmental disabilities who participated in Council supported activities designed to increase their knowledge of how to take part in decisions that affect their lives, the lives of others, and/or systems; 2 New Self Advocate Leaders identified from partnership with stakeholder group
Expected Output 1.1.4:	IFA 1.1 The number of people with developmental disabilities who participated in Council supported activities designed to increase their knowledge of how to take part in decisions that affect their lives, the lives of others, and/or systems; 3 Youth with I/DD will increase advocacy skills from participation in Youth Leadership Forum
Expected Output 1.1.5:	IFA 1.1 The number of people with developmental disabilities who participated in Council supported activities designed to increase their knowledge of how to take part in decisions that affect their lives, the lives of others, and/or systems; 10 people will I/DD will increase advocacy skills from participation in Disability Caucus

Expected Sub-Outputs

Expected Sub-Outcome 1.1.1:	IFA 2.1 After participation in Council supported activities, 50 percent of people with developmental disabilities who report increasing their advocacy as a result of Council work.
Expected Sub-Outcome 1.1.2:	IFA 2.3 Fifty percent of people who are better able to say what they want or say what services and supports they want or say what is important to them
Expected Sub-Outcome 1.1.3:	IFA 2.4 Fifty percent of people who are participating now in advocacy activities
Expected Sub-Outcome 1.1.4:	IFA 2.5 10 percent of people who are on cross disability coalitions, policy boards, advisory boards, governing bodies and/or serving in leadership positions.

Data Evaluations

Data Evaluation 1.1.1:	IFA 1.1 The number of people with developmental disabilities who participated in Council supported activities designed to increase their

	knowledge of how to take part in decisions that affect their lives, the lives of others, and/or systems
Data Evaluation 1.1.2:	IFA 2.1 After participation in Council supported activities, the percent of people with developmental disabilities who report increasing their advocacy as a result of Council work.
Data Evaluation 1.1.3:	IFA 2.3 The percent of people who are better able to say what they want or say what services and supports they want or say what is important to them
Data Evaluation 1.1.4:	IFA 2.4 The percent of people who are participating now in advocacy activities
Data Evaluation 1.1.5:	IFA 2.5 The percent of people who are on cross disability coalitions, policy boards, advisory boards, governing bodies and/or serving in leadership positions.
Data Evaluation 1.1.6:	IFA 3.1 The percent of people with developmental disabilities satisfied with a project activity

Objective 1.2:	Support advocacy training and development programs for family members: By 2026, Kansas will have increased the number of newly identified family members who have participated in leadership and advocacy training so they can provide their families and other family to family peers with opportunities to learn and engage in personal, collaborative, and civic leadership.

Performance Measures

IA 1.1	
IA 1.2	32
IA 2.1	%
IA 2.2	50%
IA 2.3	50%
IA 2.4	25%
IA 2.5	10%
IA 3.1	%
IA 3.2	75%
SC 1.1	
SC 1.2	
SC 1.3	
SC 1.3.1	
SC 1.3.2	
SC 1.3.3	
SC 1.3.4	
SC 1.4	
SC 1.5	
SC 2.1	
SC 2.2	
SC 2.1.1	

SC 2.1.2	
SC 2.1.3	
SC 2.1.4	

Key Activities

Key Activity 1.2.1:	KCDD partnership with Kansas Leadership Center to offer leadership training opportunities to family members
Key Activity 1.2.2:	KCDD participation in Supporting Families Community of Practice
Key Activity 1.2.3:	Individual scholarships and sponsorship for family members to attend leadership training and activities
Key Activity 1.2.4:	Planning: Family Peer to Peer trainings on grant writing and community engagement strategies to create more inclusive communities (accessible parks, splash pads, changing tables, etc.)

Expected Outputs

Expected Output 1.2.1:	IFA 1.2 The number of family members who participated in Council supported in activities designed to increase their knowledge of how to take part in decisions that affect the family, the lives of others, and/or systems; 5 new Family Member Leaders from partnership with KLC
Expected Output 1.2.2:	IFA 1.2 The number of family members who participated in Council supported in activities designed to increase their knowledge of how to take part in decisions that affect the family, the lives of others, and/or systems; 25 Family Members who increased thier advocacy after participating in Supporting Families Community of Practice/LifeCourse lunch and learns and events
Expected Output 1.2.3:	IFA 1.2 The number of family members who participated in Council supported in activities designed to increase their knowledge of how to take part in decisions that affect the family, the lives of others, and/or systems; 2 Family members who increased their advocacy after participating in Family Peer to Peer trainings on grant writing and community engagement strategies

Expected Sub-Outputs

Expected Sub-Outcome 1.2.1:	IFA 2.2 After participation in Council supported activities, 50 percent of family members who report increasing their advocacy as a result of Council work.
Expected Sub-Outcome 1.2.2:	IFA 2.3 Fifty percent of people who are better able to say what they want or say what services and supports they want or say what is important to them
Expected Sub-Outcome 1.2.3:	IFA 2.4 Twenty five percent of people who are participating now in advocacy activities
Expected Sub-Outcome 1.2.4:	IFA 2.5 Ten percent of people who are on cross disability coalitions, policy boards, advisory boards, governing bodies and/or serving in leadership positions.

Data Evaluations

Data Evaluation 1.2.1:	IFA 1.2 The number of family members who participated in Council

	supported in activities designed to increase their knowledge of how to take part in decisions that affect the family, the lives of others, and/or systems
Data Evaluation 1.2.2:	IFA 2.2 After participation in Council supported activities, the percent of family members who report increasing their advocacy as a result of Council work
Data Evaluation 1.2.3:	IFA 2.3 The percent of people who are better able to say what they want or say what services and supports they want or say what is important to them
Data Evaluation 1.2.4:	IFA 2.4 The percent of people who are participating now in advocacy activities
Data Evaluation 1.2.5:	IFA 2.5 The percent of people who are on cross disability coalitions, policy boards, advisory boards, governing bodies and/or serving in leadership positions.
Data Evaluation 1.2.6:	IFA 3.2 The percent of family members satisfied with a project activity.

Goal 2: Lead Systems Change

Quality Assurance	true
Education and Early Intervention	true
Child Care	false
Health	true
Employment	true
Housing	false
Transportation	false
Recreation	false
Community Supports	true
Outreach	true
Training	true
Technical Assistance	false
Supporting and Educating Communities	true
Interagency Collaboration	true
Coordination	true
Barrier Elimination	true
System Design	true
Coalition Development	true
Informing	true

Policymakers	
Demonstration	true
Other Activities	true
Advocacy	false
System Change	true
Self Advocacy	false
Targeted Disparity	true
Collaboration	true
Rights	true
Capacity Building	true
State Protection	true
University Centers	true
State DD Agency	true
justification	Development of online collaboration space to share information among "network of kitchen tables" to increase awareness and access to formal and informal supports and services. Platforms currently under investigation by the Council for this demonstration project have a nominal annual cost and funding issues surrounding long term sustainability are not anticipated due to the low (or no) cost associated with this demonstration project.
Other 1	true
Other 1 Specify	Attorney General's Office
Other 2	true
Other 2 Specify	Adult Protectice Services
Other 3	true
Other 3 Specify	Kansas Department of Health and Environment Working Healthy

Objectives

Objective 2.1:	Increase Awareness of Informal and Formal Supports and Services with a focus on Transitions across the Lifespan: By 2026, Kansans with disabilities and their family members will have increased awareness of formal and informal supports and services that meet their individual needs and preferences.

Performance Measures

IA 1.1	
IA 1.2	
IA 2.1	%
IA 2.2	%
IA 2.3	%
IA 2.4	%
IA 2.5	%
IA 3.1	%
IA 3.2	%
SC 1.1	
SC 1.2	

SC 1.3	2
SC 1.3.1	1
SC 1.3.2	1
SC 1.3.3	
SC 1.3.4	
SC 1.4	105
SC 1.5	4
SC 2.1	1
SC 2.2	1
SC 2.1.1	
SC 2.1.2	
SC 2.1.3	1
SC 2.1.4	1

Key Activities

Key Activity 2.1.1:	Employment First Summit (Regional events)
Key Activity 2.1.2:	ABLE Account outreach and trainings
Key Activity 2.1.3:	Partner, Support, and Referral for KDHE Supporting You program (Peer support network)
Key Activity 2.1.4:	Development of online collaboration space to share information among Network of Kitchen Tables (Demonstration Project)
Key Activity 2.1.5:	Family Information and Referral grant-Targeted Trainings for TinyK participants transitioning to school (Pre IEP mentor type project?), Training opportunities for families to improve medical transitions for individuals with complex needs

Expected Outputs

Expected Output 2.1.1:	SC 1 The number of Council efforts to transform fragmented approaches into a coordinated and effective system ; Employment First Summit
Expected Output 2.1.2:	SC 1 The number of Council efforts to transform fragmented approaches into a coordinated and effective system ; ABLE Account outreach and trainings
Expected Output 2.1.3:	SC 1 The number of Council efforts to transform fragmented approaches into a coordinated and effective system; Partner, Support, and Referral for KDHE Supporting You program (Peer support network)
Expected Output 2.1.4:	SC 1 The number of Council efforts to transform fragmented approaches into a coordinated and effective system; Development of online collaboration space to share information among Network of Kitchen Tables (Demonstration Project)
Expected Output 2.1.5:	SC 1 The number of Council efforts to transform fragmented approaches into a coordinated and effective system ; Family Information and Referral grant-Targeted Trainings for TinyK participants transitioning to school (Pre IEP mentor type project?), Training opportunities for families to improve medical transitions for

	individuals with complex needs
Expected Output 2.1.6:	SC 1.3 # of promising and/or best practices created and/or supported; 1 Development of online collaboration space to share information among Network of Kitchen Tables (Demonstration Project)
Expected Output 2.1.7:	SC 1.3 # of promising and/or best practices created and/or supported; 1 KDHE Supporting You program (Peer support network)
Expected Output 2.1.8:	SC 1.3.1 # of promising practices created: 1 Development of online collaboration space to share information among Network of Kitchen Tables (Demonstration Project)
Expected Output 2.1.9:	SC 1.3.2 # of promising practices supported; 1 KDHE Supporting You program (Peer support network)
Expected Output 2.1.10:	SC 1.4 # of people trained or educated through Council systemic change initiatives; 50 people trained at Employment First Summits
Expected Output 2.1.11:	SC 1.4 # of people trained or educated through Council systemic change initiatives; 5 people trained/referred to from ABLE account outreach and trainings
Expected Output 2.1.12:	SC 1.4 # of people trained or educated through Council systemic change initiatives; 50 people trained at Family Information and Referral grant trainings
Expected Output 2.1.13:	SC 1.5 # of council supported systems change activities with organizations actively involved (Collaboration); Department of Commerce Transition Transformers group in partnership with Employment First Summit
Expected Output 2.1.14:	SC 1.5 # of council supported systems change activities with organizations actively involved (Collaboration) KS Dept. of Treasury in partnership with ABLE account outreach and training
Expected Output 2.1.15:	SC 1.5 # of council supported systems change activities with organizations actively involved (Collaboration); Partner, Support, and Referral for KDHE Supporting You program (Peer support network)
Expected Output 2.1.16:	SC 1.5 # of council supported systems change activities with organizations actively involved (Collaboration); Family Information and Referral Grant: Targeted Trainings for TinyK participants transitioning to school (Pre IEP mentor type project?) Training opportunities for families to improve medical transitions for individuals with complex needs

Expected Sub-Outputs

Expected Sub-Outcome 2.1.1:	SC 2.1 # of Council efforts led to improvement (sub measures SC 2.1.1 and SC 2.1.3); Partner, Support, and Referral for KDHE Supporting You program (Peer support network)
Expected Sub-Outcome 2.1.2:	SC 2.2 # of Council efforts implemented (sub measures SC 2.1.2 and SC 2.1.4); Development of online collaboration space to share information among Network of Kitchen Tables (Demonstration Project)
Expected Sub-Outcome 2.1.3:	SC 2.1.3# of promising and/or best practices improved; Partner, Support, and Referral for KDHE Supporting You program (Peer support network)

Expected Sub-Outcome 2.1.4:	SC 2.1.4# of promising and/or best practices implemented; Development of online collaboration space to share information among Network of Kitchen Tables (Demonstration Project)

Data Evaluations

Data Evaluation 2.1.1:	SC 1.3 # of promising and/or best practices created and/or supported
Data Evaluation 2.1.2:	SC 1.3.1 # of promising practices created
Data Evaluation 2.1.3:	SC 1.3.2 # of promising practices supported
Data Evaluation 2.1.4:	SC 1.4 # of people trained or educated through Council systemic change initiatives
Data Evaluation 2.1.5:	SC 1.5 # of council supported systems change activities with organizations actively involved (Collaboration)
Data Evaluation 2.1.6:	SC 2.1 # of Council efforts led to improvement (sub measures SC 2.1.1 and SC 2.1.3)
Data Evaluation 2.1.7:	SC 2.2 # of Council efforts implemented (sub measures SC 2.1.2 and SC 2.1.4)
Data Evaluation 2.1.8:	SC 2.1.3 # of promising and/or best practices improved
Data Evaluation 2.1.9:	SC 2.1.4 # of promising and/or best practices implemented

Objective 2.2:	Increased awareness and participation of early childhood and education interventions and supports for English as a Second Language (ESL)/Hispanic Kansas families with children with disabilities (Targeted Disparity): By 2026, Latinx families and people with disabilities will have increased awareness of formal and informal supports and services that meet their individual needs and preferences in a culturally appropriate manner.

Performance Measures

IA 1.1	
IA 1.2	
IA 2.1	%
IA 2.2	%
IA 2.3	%
IA 2.4	%
IA 2.5	%
IA 3.1	%
IA 3.2	%
SC 1.1	
SC 1.2	
SC 1.3	2
SC 1.3.1	1
SC 1.3.2	1
SC 1.3.3	
SC 1.3.4	
SC 1.4	

SC 1.5	2
SC 2.1	1
SC 2.2	1
SC 2.1.1	
SC 2.1.2	
SC 2.1.3	1
SC 2.1.4	1

Key Activities

Key Activity 2.2.1:	Support Spanish Language Translation of KDHE Supporting You materials and ensure plain language materials in a culturally competant manner
Key Activity 2.2.2:	Outreach to Hispanic/Latinx community and community organizations in SW Kansas
Key Activity 2.2.3:	Facilitate opportunities for Spanish Language translation activities of online collaboration space to share information among Network of Kitchen Tables

Expected Outputs

Expected Output 2.2.1:	SC 1 The number of Council efforts to transform fragmented approaches into a coordinated and effective system; Council activities that support Spanish language translation of KDHE Supporting You materials
Expected Output 2.2.2:	SC 1 The number of Council efforts to transform fragmented approaches into a coordinated and effective system; Outreach to Hispanic/Latinx community and community organizations in SW Kansas
Expected Output 2.2.3:	SC 1 The number of Council efforts to transform fragmented approaches into a coordinated and effective system; Facilitate opportunities for Spanish Language translation activities of online collaboration space to share information among Network of Kitchen Tables
Expected Output 2.2.4:	SC 1.3 # of promising and/or best practices created and/or supported; Support Spanish Language Translation of KDHE Supporting You materials and ensure plain language materials in a culturally competent manner
Expected Output 2.2.5:	SC 1.3 # of promising and/or best practices created and/or supported; Facilitate opportunities for Spanish Language translation activities of online collaboration space to share information among Network of Kitchen Tables
Expected Output 2.2.6:	SC 1.3.1 # of promising practices created; Facilitate opportunities for Spanish Language translation activities of online collaboration space to share information among Network of Kitchen Tables
Expected Output 2.2.7:	SC 1.3.2 # of promising practices supported; Support Spanish Language Translation of KDHE Supporting You materials and ensure plain language materials in a culturally competent manner
Expected Output 2.2.8:	SC 1.5 # of council supported systems change activities with

	organizations actively involved (Collaboration); Spanish language translations of Supporting You material with KDHE
Expected Output 2.2.9:	SC 1.5 # of council supported systems change activities with organizations actively involved (Collaboration); Outreach to Hispanic/Latinx community and community organizations in SW Kansas

Expected Sub-Outputs

Expected Sub-Outcome 2.2.1:	SC 2.1 # of Council efforts led to improvement (sub measures SC 2.1.1 and SC 2.1.3); Support Spanish Language Translation of KDHE Supporting You materials and ensure plain language materials in a culturally competent manner
Expected Sub-Outcome 2.2.2:	SC 2.2 # of Council efforts implemented (sub measures SC 2.1.2 and SC 2.1.4); Facilitate opportunities for Spanish Language translation activities of online collaboration space to share information among Network of Kitchen Tables
Expected Sub-Outcome 2.2.3:	SC 2.1.3 # of promising and/or best practices improved; Support Spanish Language Translation of KDHE Supporting You materials and ensure plain language materials in a culturally competent manner
Expected Sub-Outcome 2.2.4:	SC 2.1.4 # of promising and/or best practices implemented; Facilitate opportunities for Spanish Language translation activities of online collaboration space to share information among Network of Kitchen Tables

Data Evaluations

Data Evaluation 2.2.1:	SC 1.3 # of promising and/or best practices created and/or supported
Data Evaluation 2.2.2:	SC 1.3.1 # of promising practices created
Data Evaluation 2.2.3:	SC 1.3.2 # of promising practices supported
Data Evaluation 2.2.4:	SC 1.5 # of council supported systems change activities with organizations actively involved (Collaboration)
Data Evaluation 2.2.5:	SC 2.1 # of Council efforts led to improvement (sub measures SC 2.1.1 and SC 2.1.3)
Data Evaluation 2.2.6:	SC 2.2 # of Council efforts implemented (sub measures SC 2.1.2 and SC 2.1.4)
Data Evaluation 2.2.7:	SC 2.1.3 # of promising and/or best practices improved
Data Evaluation 2.2.8:	SC 2.1.4 # of promising and/or best practices implemented

Objective 2.3:	Cultivate innovative solutions for Kansans with I/DD on a waiting list and those who seek more individualized support options: By 2026, Kansans who seek more individualized options or who are on a waiting list for waiver services will have increased awareness and access to formal and informal supports and services that meet their individual needs and preferences, including enhanced data collection efforts.

Performance Measures

IA 1.1	

IA 1.2	
IA 2.1	%
IA 2.2	%
IA 2.3	%
IA 2.4	%
IA 2.5	%
IA 3.1	%
IA 3.2	%
SC 1.1	5
SC 1.2	0
SC 1.3	3
SC 1.3.1	0
SC 1.3.2	3
SC 1.3.3	0
SC 1.3.4	0
SC 1.4	50
SC 1.5	6
SC 2.1	5
SC 2.2	3
SC 2.1.1	3
SC 2.1.2	3
SC 2.1.3	2
SC 2.1.4	

Key Activities

Key Activity 2.3.1:	Partner with UCEDD and P&A in advocating for and implementing Waiting List Study
Key Activity 2.3.2:	Trainings on issues surrounding effective transition from education to adulthood/support for Transition Alliance
Key Activity 2.3.3:	Replication of ACL Salina Transition Grant activities and outcomes in other parts of KS
Key Activity 2.3.4:	Participation and Support of Sedgwick County CDDO Technology First Initiative with replication in other parts of KS
Key Activity 2.3.5:	Advocate for increased reimbursement rates for Supported Employment Services and Supports
Key Activity 2.3.6:	Explore and implement strategies to increase competitive, integrated employment outcomes of persons with significant disabilities including support for 1915i-like programs such as STEPS and WORK programs
Key Activity 2.3.7:	Advocate for development and implementation of a Family Supports waiver
Key Activity 2.3.8:	Advocate for adequate funding of formal and informal I/DD supports and services
Key Activity 2.3.9:	LifeCourse Trainings/Lunch and Learns for families, self advocates, and professionals

Key Activity 2.3.10:	Advocate for development of Waiting List Navigator

Expected Outputs

Expected Output 2.3.1:	SC 1.1 # of policy and/or procedures created or changed; Implementing Waiting List Study
Expected Output 2.3.2:	SC 1.1 # of policy and/or procedures created or changed; increased reimbursement rates for Supported Employment Services and Supports
Expected Output 2.3.3:	SC 1.1 # of policy and/or procedures created or changed; implementation of a Family Supports waiver
Expected Output 2.3.4:	SC 1.1 # of policy and/or procedures created or changed; Increased funding for formal and informal I/DD Supports and Services
Expected Output 2.3.5:	SC 1.1 # of policy and/or procedures created or changed; development of Waiting List Navigator
Expected Output 2.3.6:	SC 1.3 # of promising and/or best practices created and/or supported; Replication of ACL Salina Transition Grant activities and outcomes in other parts of KS
Expected Output 2.3.7:	SC 1.3 # of promising and/or best practices created and/or supported; Participation and Support of Sedgwick County CDDO Technology First Initiative with replication in other parts of KS
Expected Output 2.3.8:	SC 1.3 # of promising and/or best practices created and/or supported; LifeCourse Trainings/Lunch and Learns for families, self advocates, and professionals
Expected Output 2.3.9:	SC 1.3.2 # of promising practices supported; Replication of ACL Salina Transition Grant activities and outcomes in other parts of KS
Expected Output 2.3.10:	SC 1.3.2 # of promising practices supported; Participation and Support of Sedgwick County CDDO Technology First Initiative with replication in other parts of KS
Expected Output 2.3.11:	SC 1.3.2 # of promising practices supported; LifeCourse Trainings/Lunch and Learns for families, self advocates, and professionals
Expected Output 2.3.12:	SC 1.4 # of people trained or educated through Council systemic change initiatives; 50 people trained at LifeCourse Trainings/Lunch and Learns for families, self advocates, and professionals
Expected Output 2.3.13:	SC 1.5 # of council supported systems change activities with organizations actively involved (Collaboration); Partner with UCEDD and P&A in advocating for and implementing Waiting List Study
Expected Output 2.3.14:	SC 1.5 # of council supported systems change activities with organizations actively involved (Collaboration); Trainings on issues surrounding effective transition from education to adulthood/support for Transition Alliance
Expected Output 2.3.15:	SC 1.5 # of council supported systems change activities with organizations actively involved (Collaboration); Partner with UCEDD on Replication of ACL Salina Transition Grant activities and outcomes in other parts of KS
Expected Output 2.3.16:	SC 1.5 # of council supported systems change activities with organizations actively involved (Collaboration); Participation and

	Support of Sedgwick County CDDO Technology First Initiative
Expected Output 2.3.17:	SC 1.5 # of council supported systems change activities with organizations actively involved (Collaboration); Partner with Working Healthy to Explore and implement strategies to increase competitive, integrated employment outcomes of persons with significant disabilities including support for 1915i-like programs such as STEPS and WORK programs
Expected Output 2.3.18:	SC 1.5 # of council supported systems change activities with organizations actively involved (Collaboration); Partner with National Community of Practice and Kansas State Strategic Planning team for LifeCourse Trainings/Lunch and Learns for families, self advocates, and professionals

Expected Sub-Outputs

Expected Sub-Outcome 2.3.1:	SC 2.1 # of Council efforts led to improvement (sub measures SC 2.1.1 and SC 2.1.3); Replication of ACL Salina Transition Grant activities and outcomes in other parts of KS
Expected Sub-Outcome 2.3.2:	SC 2.1 # of Council efforts led to improvement (sub measures SC 2.1.1 and SC 2.1.3); Replication and Support of Sedgwick County CDDO Technology First Initiative in other parts of KS
Expected Sub-Outcome 2.3.3:	SC 2.1 # of Council efforts led to improvement (sub measures SC 2.1.1 and SC 2.1.3); Increased reimbursement rates for Supported Employment Services and Supports
Expected Sub-Outcome 2.3.4:	SC 2.1 # of Council efforts led to improvement (sub measures SC 2.1.1 and SC 2.1.3); Increased competitive, integrated employment outcomes of persons with significant disabilities including support for 1915i-like programs such as STEPS and WORK programs
Expected Sub-Outcome 2.3.5:	SC 2.1 # of Council efforts led to improvement (sub measures SC 2.1.1 and SC 2.1.3); Increased funding of formal and informal I/DD supports and services
Expected Sub-Outcome 2.3.6:	SC 2.2 # of Council efforts implemented (sub measures SC 2.1.2 and SC 2.1.4); Implementation of Waiting List Study
Expected Sub-Outcome 2.3.7:	SC 2.2 # of Council efforts implemented (sub measures SC 2.1.2 and SC 2.1.4); Implementation of Family Supports Waiver
Expected Sub-Outcome 2.3.8:	SC 2.2 # of Council efforts implemented (sub measures SC 2.1.2 and SC 2.1.4); Implementation of Waiting List Navigator
Expected Sub-Outcome 2.3.9:	SC 2.1.1 # of policy, procedure, statute, regulation changes improved; Increased reimbursement rates for Supported Employment Services and Supports
Expected Sub-Outcome 2.3.10:	SC 2.1.1 # of policy, procedure, statute, regulation changes improved; Increased competitive, integrated employment outcomes of persons with significant disabilities including support for 1915i-like programs such as STEPS and WORK programs
Expected Sub-Outcome 2.3.11:	SC 2.1.1 # of policy, procedure, statute, regulation changes improved; Increased funding of formal and informal I/DD supports and services
Expected Sub-Outcome 2.3.12:	SC 2.1.2 # of policy, procedure, statute, regulation changes implemented; Implementation of Waiting List Study

Expected Sub-Outcome 2.3.13:	SC 2.1.2 # of policy, procedure, statute, regulation changes implemented; Implementation of Family Supports Waiver
Expected Sub-Outcome 2.3.14:	SC 2.1.2 # of policy, procedure, statute, regulation changes implemented; Implementation of Waiting List Navigator
Expected Sub-Outcome 2.3.15:	SC 2.1.3 # of promising and/or best practices improved; Replication of ACL Salina Transition Grant activities and outcomes in other parts of KS
Expected Sub-Outcome 2.3.16:	SC 2.1.3 # of promising and/or best practices improved; Replication and Support of Sedgwick County CDDO Technology First Initiative in other parts of KS

Data Evaluations

Data Evaluation 2.3.1:	SC 1.1 # of policy and/or procedures created or changed
Data Evaluation 2.3.2:	SC 1.3 # of promising and/or best practices created and/or supported
Data Evaluation 2.3.3:	SC 1.3.2# of promising practices supported
Data Evaluation 2.3.4:	SC 1.4 # of people trained or educated through Council systemic change initiatives
Data Evaluation 2.3.5:	SC 1.5 # of council supported systems change activities with organizations actively involved (Collaboration)
Data Evaluation 2.3.6:	SC 2.1 # of Council efforts led to improvement (sub measures SC 2.1.1 and SC 2.1.3)
Data Evaluation 2.3.7:	SC 2.2 # of Council efforts implemented (sub measures SC 2.1.2 and SC 2.1.4)
Data Evaluation 2.3.8:	SC 2.1.1# of policy, procedure, statute, regulation changes improved
Data Evaluation 2.3.9:	SC 2.1.2# of policy, procedure, statute, regulation changes implemented
Data Evaluation 2.3.10:	SC 2.1.3# of promising and/or best practices improved

Objective 2.4:	Increase Protections from Abuse, Neglect, and Exploitation: By 2026, Kansans with disabilities will have increased protections from abuse, neglect, and exploitation (ANE) through enhanced reporting, data, and training opportunities.

Performance Measures

IA 1.1	
IA 1.2	
IA 2.1	%
IA 2.2	%
IA 2.3	%
IA 2.4	%
IA 2.5	%
IA 3.1	%
IA 3.2	%
SC 1.1	4
SC 1.2	
SC 1.3	

SC 1.3.1	
SC 1.3.2	
SC 1.3.3	
SC 1.3.4	
SC 1.4	50
SC 1.5	5
SC 2.1	4
SC 2.2	1
SC 2.1.1	4
SC 2.1.2	
SC 2.1.3	
SC 2.1.4	1

Key Activities

Key Activity 2.4.1:	KCDD Staff Projects and participation with DCF APS program and advisory council
Key Activity 2.4.2:	KCDD Staff Participation in Attorney General's Vulnerable Adult Task Force
Key Activity 2.4.3:	KCDD Staff participation in development of enhanced data collection measures
Key Activity 2.4.4:	Professional staff training on preventing, recognizing, and reporting ANE
Key Activity 2.4.5:	Self Advocate leaders conduct peer to peer ANE prevention and reporting training
Key Activity 2.4.6:	Supporting improving quality assurance processes in the state for I/DD supports and services that lead to better outcomes regarding ANE
Key Activity 2.4.7:	Planning: Explore participation in ARC Pathways to Justice program

Expected Outputs

Expected Output 2.4.1:	SC 1.1 # of policy and/or procedures created or changed; 1 policy change due to KCDD Staff participation with DCF APS program and advisory council
Expected Output 2.4.2:	SC 1.1 # of policy and/or procedures created or changed; 1 policy change due to KCDD Staff Participation in Attorney General's Vulnerable Adult Task Force
Expected Output 2.4.3:	SC 1.1 # of policy and/or procedures created or changed; 1 policy change due to KCDD Staff participation in development of enhanced data collection measures
Expected Output 2.4.4:	SC 1.1 # of policy and/or procedures created or changed; 1 policy regarding MCO QA due to Supporting improving quality assurance processes in the state for I/DD supports and services that lead to better outcomes regarding ANE
Expected Output 2.4.5:	SC 1.4 # of people trained or educated through Council systemic change initiatives; 25 people trained due to Professional staff training on preventing, recognizing, and reporting ANE
Expected Output 2.4.6:	SC 1.4 # of people trained or educated through Council systemic

	change initiatives; 25 people trained due to Self Advocate leaders conduct peer to peer ANE prevention and reporting training
Expected Output 2.4.7:	SC 1.5 # of council supported systems change activities with organizations actively involved (Collaboration); 1 collaboration from KCDD Staff participation with DCF APS program and advisory council
Expected Output 2.4.8:	SC 1.5 # of council supported systems change activities with organizations actively involved (Collaboration); 1 collaboration from KCDD Staff Participation in Attorney General's Vulnerable Adult Task Force
Expected Output 2.4.9:	SC 1.5 # of council supported systems change activities with organizations actively involved (Collaboration); 1 collaboration from KCDD Staff participation in development of enhanced data collection measures
Expected Output 2.4.10:	SC 1.5 # of council supported systems change activities with organizations actively involved (Collaboration); 1 collaboration with Kansas provider network from Professional staff training on preventing, recognizing, and reporting ANE
Expected Output 2.4.11:	SC 1.5 # of council supported systems change activities with organizations actively involved (Collaboration); 1 collaboration with Self Advocacy network from Self Advocate leaders conduct peer to peer ANE prevention and reporting training

Expected Sub-Outputs

Expected Sub-Outcome 2.4.1:	SC 2.1 # of Council efforts led to improvement (sub measures SC 2.1.1 and SC 2.1.3); 1 improved ANE reporting/prevention policy from KCDD Staff participation with DCF APS program and advisory council
Expected Sub-Outcome 2.4.2:	SC 2.1 # of Council efforts led to improvement (sub measures SC 2.1.1 and SC 2.1.3); 1 improved ANE reporting/prevention policy from KCDD Staff Participation in Attorney General's Vulnerable Adult Task Force
Expected Sub-Outcome 2.4.3:	SC 2.1 # of Council efforts led to improvement (sub measures SC 2.1.1 and SC 2.1.3); 1 improved ANE reporting/prevention policy from KCDD Staff participation in development of enhanced data collection measures
Expected Sub-Outcome 2.4.4:	SC 2.1 # of Council efforts led to improvement (sub measures SC 2.1.1 and SC 2.1.3); 1 policy regarding MCO QA due to Supporting improving quality assurance processes in the state for I/DD supports and services that lead to better outcomes regarding ANE
Expected Sub-Outcome 2.4.5:	SC 2.2 # of Council efforts implemented (sub measures SC 2.1.2 and SC 2.1.4); 1 best practice implemented from Self Advocate leaders conduct peer to peer ANE prevention and reporting training
Expected Sub-Outcome 2.4.6:	SC 2.1.1 # of policy, procedure, statute, regulation changes improved; 1 improved ANE reporting/prevention policy from KCDD Staff participation with DCF APS program and advisory council
Expected Sub-Outcome 2.4.7:	SC 2.1.1 # of policy, procedure, statute, regulation changes improved; 1 improved ANE reporting/prevention policy from KCDD Staff Participation in Attorney General's Vulnerable Adult Task Force

Expected Sub-Outcome 2.4.8:	SC 2.1.1 # of policy, procedure, statute, regulation changes improved; 1 improved ANE reporting/prevention policy from KCDD Staff participation in development of enhanced data collection measures
Expected Sub-Outcome 2.4.9:	SC 2.1.1 # of policy, procedure, statute, regulation changes improved; 1 policy regarding MCO QA due to Supporting improving quality assurance processes in the state for I/DD supports and services that lead to better outcomes regarding ANE
Expected Sub-Outcome 2.4.10:	SC 2.1.4 # of promising and/or best practices implemented; 1 best practice implemented due to Self Advocate leaders conduct peer to peer ANE prevention and reporting training

Data Evaluations

Data Evaluation 2.4.1:	SC 1.1 # of policy and/or procedures created or changed
Data Evaluation 2.4.2:	SC 1.4 # of people trained or educated through Council systemic change initiatives
Data Evaluation 2.4.3:	SC 1.5 # of council supported systems change activities with organizations actively involved (Collaboration)
Data Evaluation 2.4.4:	SC 2.1 # of Council efforts led to improvement (sub measures SC 2.1.1 and SC 2.1.3)
Data Evaluation 2.4.5:	SC 2.2 # of Council efforts implemented (sub measures SC 2.1.2 and SC 2.1.4)
Data Evaluation 2.4.6:	SC 2.1.1 # of policy, procedure, statute, regulation changes improved
Data Evaluation 2.4.7:	SC 2.1.4 # of promising and/or best practices implemented

Objective 2.5:	Increased utilization of Supported Decision Making (DD Network Collaboration Measure): By 2026, Kansans with disabilities and their families will have increased awareness and utilization of Supported Decision Making (SDM), an alternative to Guardianship facilitated by collaboration between the Council, the Disability Rights Center of Kansas, and the Kansas University Center for Excellence on Developmental Disabilities.

Performance Measures

IA 1.1	
IA 1.2	
IA 2.1	%
IA 2.2	%
IA 2.3	%
IA 2.4	%
IA 2.5	%
IA 3.1	%
IA 3.2	%
SC 1.1	
SC 1.2	
SC 1.3	2

SC 1.3.1	
SC 1.3.2	
SC 1.3.3	
SC 1.3.4	2
SC 1.4	50
SC 1.5	2
SC 2.1	1
SC 2.2	
SC 2.1.1	
SC 2.1.2	
SC 2.1.3	1
SC 2.1.4	

Key Activities

Key Activity 2.5.1:	Partner with KSDE for training of educators, transition staff, and families on alternatives to guardianship (TASN)
Key Activity 2.5.2:	Training of legal, financial, medical, and other professionals and judicial system of SDM as a legally viable alternative to guardianship consistent with current KS law

Expected Outputs

Expected Output 2.5.1:	SC 1.3 # of promising and/or best practices created and/or supported; 1 adoption of SDM in Kansas through legal, financial, medical, and other professionals and judicial system training
Expected Output 2.5.2:	SC 1.3 # of promising and/or best practices created and/or supported; 1 adoption of SDM in Kansas through training of legal, financial, medical, and other professionals and judicial system of SDM as a legally viable alternative to guardianship
Expected Output 2.5.3:	SC 1.3.4 # of best practices supported through Council activities; 1 adoption of SDM in Kansas through legal, financial, medical, and other professionals and judicial system training
Expected Output 2.5.4:	SC 1.3.4# of best practices supported through Council activities; 1 adoption of SDM in Kansas through training of educators, transition staff, and families on alternatives to guardianship (TASN)
Expected Output 2.5.5:	SC 1.4 # of people trained or educated through Council systemic change initiatives; 25 legal, financial, medical, and other professionals and judicial system trained on SDM
Expected Output 2.5.6:	SC 1.4 # of people trained or educated through Council systemic change initiatives; 25 training of educators, transition staff, and families on alternatives to guardianship (TASN)
Expected Output 2.5.7:	SC 1.5 # of council supported systems change activities with organizations actively involved (Collaboration); 1 partnership with UCEDD and P&A to train legal, financial, medical, and other professionals and judicial system of SDM as a legally viable alternative to guardianship consistent with current KS law
Expected Output 2.5.8:	SC 1.5 # of council supported systems change activities with

	organizations actively involved (Collaboration); 1 partnership with UCEDD, P&A, and Kansas State Dept. of Education for training of educators, transition staff, and families on alternatives to guardianship (TASN)

Expected Sub-Outputs

Expected Sub-Outcome 2.5.1:	SC 2.1 # of Council efforts led to improvement (sub measures SC 2.1.1 and SC 2.1.3); 1 improved best practice of adoption of SDM in Kansas through training
Expected Sub-Outcome 2.5.2:	SC 2.1.3# of promising and/or best practices improved; 1 improved best practice of adoption of SDM in Kansas through training

Data Evaluations

Data Evaluation 2.5.1:	SC 1.3 # of promising and/or best practices created and/or supported
Data Evaluation 2.5.2:	SC 1.3.4# of best practices supported through Council activities
Data Evaluation 2.5.3:	SC 1.4 # of people trained or educated through Council systemic change initiative
Data Evaluation 2.5.4:	SC 1.5 # of council supported systems change activities with organizations actively involved (Collaboration)
Data Evaluation 2.5.5:	SC 2.1 # of Council efforts led to improvement (sub measures SC 2.1.1 and SC 2.1.3)
Data Evaluation 2.5.6:	SC 2.1.3# of promising and/or best practices improved