



DECISION MEMORANDUM - *APPROVED*

DATE: November 20, 2024
TO: Members, Champaign County Developmental Disabilities Board
FROM: Lynn Canfield, Executive Director, Kim Bowdry, Associate Director
SUBJECT: PY2026 Allocation Priorities and Decision Support Criteria

Statutory Authority:

The [Community Care for Persons with Developmental Disabilities Act](#) (50 ILCS 835/ Sections 0.05 to 14) is the basis for Champaign County Developmental Disabilities Board (CCDDDB) policies. Funds shall be allocated within the intent of the controlling act, per the laws of the State of Illinois. [CCDDDB Funding Requirements and Guidelines](#) require that the Board annually review decision support criteria and priorities to be used in the process which results in contracts for services. Upon approval, this memorandum becomes an addendum to the Funding Guidelines.

Purpose:

The CCDDDB may allocate funds for the Program Year 2026, July 1, 2025 to June 30, 2026, using a timeline which begins with review and approval of allocation priorities and decision support criteria. These describe how the Board will contract with eligible human service providers for programs furthering the Board's goals and fulfilling their responsibilities to the public. This memorandum offers:

- Assessed needs and preferences of people who have Intellectual/Developmental Disabilities (I/DD).
- Impact of state and federal systems and other context.
- Broad priority categories to be addressed by proposals for funding.
- Best Value Criteria, Minimal Expectations, and Process Considerations to support the Board in evaluating applications and making allocation decisions.

Staff recommendations are based on input from board members and interested parties, along with our understanding of the larger context. In September, an initial draft was presented to the Board and stakeholders for further input, through October. Revisions based on that input include:

- Link and references to study session comments by advocates who have I/DD (in “Assessed Needs of Champaign County Residents” and throughout.)
- Self-advocates helping the Board develop plain language documents (in PRIORITY: Advocacy and Linkage.”)
- Eliminating the expectation for personal resilience (in “PRIORITY: Personal Life.”)
- Consideration for how people with I/DD impact programs (in “Self-Determination and Self-Direction in Service Planning.”)
- Noting that historically underrepresented may also mean undervalued (in “Eliminating Disparities in Access and Care.”)
- Retitling the “Continuation of Services” section retitled “Technology Access and Use,” broadening how technology and training strengthen a program.

If this draft is approved, or approved with additional revisions, a Notice of Funding Availability will be published, and the application period will start December 20.

Assessed Needs of Champaign County Residents:

“Listen to me when I ask for things or share my goals.” - Wendy

The Boards’ [2021 community needs assessment](#) includes survey and qualitative data from Champaign County residents with I/DD and their supporters. Many people commented on barriers not just to services but also to resources enjoyed by others. The 2021 results contributed to allocation priorities for the past three years. A community health needs assessment and a survey specific to funded programs are in process, with results to be used in future planning and priorities.

Each year, people with I/DD report unmet service needs through the Illinois Department of Human Services – Division of Developmental Disabilities (IDHS-DDD) “Prioritization of Urgency of Need for Services” (PUNS) database. In the August 2, 2024 PUNS report, sorted by County and Selection Detail:

- The most frequently identified support needs are (in order): Transportation, Personal Support, Behavioral Supports, Speech Therapy, Other Individual Supports, Occupational Therapy, Physical Therapy, Assistive Technology, Adaptations to Home or Vehicle, Respite, and Intermittent Nursing Services.
- 238 people are waiting for Vocational or Other Structured Activities, with the highest interest in community settings.
- 75 are waiting for (out of home) residential services with less than 24-hour support, and 39 are seeking 24-hour residential support.

Also annually, through a CCDDDB contract, the Champaign County Regional Planning Commission (CCRPC) asks people with I/DD about their preferences and satisfaction. Highlights of the PY2024 preference assessment, to which 103 people responded, 40% of them parents or guardians of the person, show:

- 45% had been on the PUNS list over five years, 30% three to five years.
- **94% of respondents have been on the PUNS list longer than one year.**
- **59% need services within one year.**
- 62% lived with family and 33% in their own home with occasional support.
- 62% preferred living with family and 42% living alone.
- 60% would choose to live in Champaign, 24% Urbana, 8% Mahomet, 8% outside of Illinois, 6% in Savoy, and 5% Rantoul.
- Despite interest in competitive employment (47%) or volunteer opportunities (37%), only 44% were doing so.
- From most to least frequently indicated, employment and volunteer interests were Other, Retail, Working with Animals, Restaurant/Food Services, Recreation and Outdoors, Office, and (a four-way tie) Factory and Public Service and the Arts and Trade Work.
- Half of respondents participated in a community group or organization. They identified Central Illinois Parrotheads, Special Olympics, CU Special Recreation, Penguin Project, CU Theater Company, Best Buddies, Church, Fast Track, Tae Kwon Do, Night to Shine, Parkland, The Singing Men of GNN Choir, Challenger League, Stephen's YMCA/Larkin's Place, Audubon Society, Dance Club, The Autism Program, Community Choices, and DSC.
- In order of most frequently indicated, recreation preferences included CU Special Rec (47%), Special Olympics, (three-way tie) YMCA and Church and Other, Groups/Clubs, Health and Wellness, Best Buddies, Continuing Education, and Gardening.
- Current leisure activities, in the order most often indicated: Eating Out, (tie) Shopping and Movies, Parks, Zoos/Aquariums, Sporting Events, (tie) Recreation/Sports and Festivals, Swimming, Concerts, and Other.
- Areas of support sought, in the order more often indicated: Financial, Medical, Independent/Daily Living, Transportation, (tie) Socialization and Competitive Employment Services, (tie) Behavioral Therapy/Counseling and Physical or Occupational Therapy, (tie) Community Day Services and Respite, Assistive Technology, Other, and None.
- **52% identified the need for Transportation Support.**
- 36% were on a provider agency's waiting list for the service or support indicated, with 17% waiting for longer than five years, 37% between three and five years, and 29% between one and three years.
- **83% had waited longer than one year for a service or support indicated.**
- The provider agencies identified were Community Choices, DSC, Envision, Familia Dental, and unknown. The majority were on PUNS.
- 82% were receiving case management services.
- As to navigating the system and advocating for themselves, 31 were "somewhat comfortable," 37 more comfortable, and 29 less comfortable. This is an improvement over last year's survey results.

157 people engage in CCDDDB funded programs while waiting for PUNS selection. In 2023, 41 adults and 8 children in Champaign County were issued selection letters. In 2024, 45 were selected. We do not have information from the Independent Service Coordination (ISC) unit regarding completed awards in either year.

Due to the long history of identified need for Transportation, data were presented to the Champaign County Board in [July 2024 \(see pages 106-111 of the CCDDDB packet\)](#). In addition to expansion of current transportation options, coordination of rides and training for participants and staff would help bridge the gap.

“Transportation is really important. I live near Tolono, and being able to have rides has been very helpful.” – Tobie.

Advocates Tiffany, Sarah, and Wendy added an emphasis on travel for social opportunities, some outside of Champaign Urbana and some involving staff support.

CCDDDB staff have received feedback from providers and board members:

- Some people with I/DD say they do not feel safe accessing the community. As we seek greater access for them, we need to be sure they want that and then work with them to become ready and comfortable.
- When asked what they think when someone gets off at the same bus stop as them, an individual shared that they fear that the person is stalking them. Others have shared that they fear they will be shot in the community or robbed or even get random unwanted text messages. Obviously, this does not apply to all people with I/DD, but if planning is not truly informed by the individual, we will miss important issues.
- Our hopes and dreams for people with I/DD may be bigger than what people want or are ready for. Some may not be thinking about vacation, classes, and hobbies if they don't feel their basic needs are being met.
- On the other hand...
- Despite priority categories and qualified local providers, there continue to be service gaps for those who are nearly independent. Young adults could use assistance to access community, social, hobby, and leisure opportunities. Some have transportation and the desire to try new things but rely only on family support to engage. The Champaign Public Library's new studio provides a great opportunity to learn about 3D printing and crafts using equipment provided there. Small groups or pairs who share an interest could explore such community options that are geared toward more independent involvement.

Self-advocates shared observations and answered Board member questions during a [study session on September 25](#). Their input is added to these PY2026 Allocation Priorities and Decision Support Criteria, affirming some of the considerations and underscoring the importance of people having a say in their own service plans as well as in the direction of programs meant to serve them.

Operating Environment:

The State of Illinois has been out of compliance with the **Ligas Consent Decree**, an Americans with Disabilities Act-Olmstead case concerning community-integrated residential settings. [An overview of the class action case](#) is provided by the American Civil Liberties Union of Illinois, and [annual court monitor and data reports](#) are available on IDHS website. Inadequate reimbursement rates have been a major cause not only for the state's failure to meet the terms of the settlement but also for its loss of community-based service capacity. Champaign County has identified specific concerns regarding the rate structure's inadequacy to meet transportation needs and whether such rate adjustments as have been made for Chicago and Springfield area providers should not also apply to Champaign County.

This year, the State moved to terminate the Decree, arguing that it has complied with the terms, despite non-compliance findings for the past 7 years. [This](#) article published in Capitol News describes the decree and why the State should not terminate. The request was denied on August 30, 2024, when Judge Coleman agreed with legal advocates who argued that the state still hasn't met its decade-old promises to help people with I/DD live outside large institutions. The judge acknowledged that the state has made progress but has not yet met the mandates of the consent decree. Another [article](#) in Capitol News details the ruling.

Direct Support Professional (DSP) pay remains below what workers earn in State Operated Developmental Centers (SODCs), which have been plagued by findings of serious harm and neglect and inadequate corrective actions. Last year, Equip for Equality issued a report on their monitoring of one SODC, "[Choate Developmental Center Repurposing Plan: Why No One Should be Left Behind.](#)" Recommendations were to end new placements, develop step-down and forensic units, transition people to less restrictive environments, improve programming, surveillance, and monitoring, and more. Recently, self-advocates, family members, and even the Director of the Division of DD have become more engaged toward solutions.

The Illinois General Assembly and Governor have again increased wages for DSPs, to bolster community-based service capacity. While historically unprecedented, the recent investments and wage increases might still be too little or too late to foster the level of direct support people seek. The state's reliance on institutional care and the slow growth of home and community-based services (HCBS), those waiver programs which are eligible for federal funding match and which require DSPs, are well-known. Community-based service capacity lost in the last decade will take time to restore. The transition to less restrictive environments will require expansion of home and community-based services (HCBS) and its key workforce, DSPs.

As many have advocated, the shift away from institutional care should offer people flexibility in service options and engagement with their communities. The global pandemic demonstrated how institutionalization and isolation multiply health risks.

[“Our Epidemic of Loneliness and Isolation: The U.S. Surgeon General’s Advisory on the Healing Effects of Social Connection and Community”](#) acknowledges the devastating impacts of increased isolation on all and identifies ways to advance social connection. Social isolation is not a new concern for those with I/DD and their paid and unpaid providers and loved ones, who experience its toll more than others. It has a role in the progression of ‘diseases of despair’ (e.g., depression and substance use disorder), other health conditions, and resulting deaths. In [“Capturing the Truth Behind Causes of Death,”](#) the Coalition to End Social Isolation & Loneliness calls for investigation and mitigation. People who have I/DD and their supporters deserve trauma-informed services as well as solutions to barriers to all resources, whether particular to their needs or enjoyed by other community members.

Because services and supports available to individuals through other pay sources cannot be funded by the CCDDDB, we are mindful of changes in the **state and federal systems**, particularly the [“Medicaid waiver” programs available through IDHS-DDD,](#) and of whether eligible individuals have access to these pay sources. If a service or support responsive to preferences and needs cannot be funded directly, whether due to constraints of the Community Care for Persons with Developmental Disabilities Act or other statutes, state and federal systems, or workforce shortage, it may be an important area for legislative and policy advocacy efforts of the Board and staff, with self-advocates and family members and with other organizations.

A statewide coalition emerged during 2024, propelled by family advocates and providing an opportunity for unified advocacy. **Engage Illinois’** North Star Plan was envisioned by self-advocates, family advocates, advocate groups, allies, and government partners, who offered their expertise and energy in a number of areas, celebrated progress and strengths, and identified issues with Illinois’ DD system:

- No person-centered focus/principles
- Service gaps for those with complex needs
- Inflexible waiver options
- Limited support services
- Limited community-based service capacity
- Complex and insufficient funding resources
- Missed opportunities to use other resources and best practices
- Slow compliance and non-compliance with laws

Acknowledging that some important issues could not be addressed at this time, workgroups have been formed to take on the following:

- Sustainable structure/advocacy coalition
- Shared/universal vision for the system

- Waiver amendment for supported living
- Education to navigate the system

Finally, this new project celebrates accomplishments which can now be built on:

- Unprecedented investment in the service system, adding 2-3 billion dollars over five years, increasing DSP wages and number of people to be served
- Improvements in public policy
- IDHS housing navigator program permanent
- More involvement by counties and municipalities
- Increased engagement of legislators in I/DD issues
- Providers exploring mixed-use building supported housing to increase capacity
- Division of DD leaders listening, collaborating with respect on new initiatives
- Supported decision making for self-advocates
- People residing at SODCs participating in education, transition events, and voting sessions
- Increased participation of parents and self-advocates through various collaboratives, with stronger sense of community
- Peer empowerment and advocacy successes by groups and self-advocates
- Increased training, education, and outreach to people, families, and other supporters through advocacy organizations.

Inspired by their example, let's raise expectations and watch them be met!

Program Year 2026 CCDDDB Priorities:

PRIORITY: Advocacy and Linkage

In the spirit of “nothing about us without us,” PY25 categories merge which should be as closely related as possible: “Self-Advocacy” and “Linkage and Coordination.” The former had pointed to family support and self-advocacy groups, but in recent years these groups have relied on unpaid members, making contract requirements more challenging. Meanwhile other self-advocacy and family support groups have been hosted by provider agencies through contracts aligned with the “Community Life” priority category. By merging Self-Advocacy and Linkage and Coordination, we continue to value smaller organizations while encouraging professionals to include self-advocates and their supporters in all service planning, referral, linkage, coordination, and monitoring activities.

People with I/DD and their families have long been the best champions of formal service system redesign. People who have I/DD or their supporters can inform and lead self-advocacy and peer support groups, which are very effective at:

- community awareness about I/DD and the rights of people with I/DD
- peer mentoring and networking,
- developing and sharing information on resources, and

- advocating and directing advocacy at the local, state, and federal levels. They are also the experts on themselves and what will bring them success.

A program might partner advocates with CCDDDB staff to create “plain language” versions of public documents, such as described in this [checklist](#). Such a group could access [trainings from Self Advocacy Resource and Technical Assistance Center \(SARTAC\)](#) or its [plain language training for folks with I/DD](#).

People who are eligible for but not receiving state Medicaid “DD waiver” funding should have access to benefits and resources, including those benefits and resources which are available to people who do not have I/DD. Of interest are:

- Conflict-free Case Management and Person-Centered Planning aligned with federal standards for Home and Community Based Services, to help identify, understand, and secure benefits, resources, and services a person chooses,
- Case management or coordination, guided by a self-directed plan, including for people who have complex support needs such as those related to aging, physical or behavioral health issue, loss of family member or caregiver, or other traumatic experience, and
- To ensure that individuals with I/DD who have almost become independent can maintain their trajectory to independence and have a long-term plan beyond the lives of aging family members, assistance with setting up special needs trust, rep payeeship, banking supports, guardianship or power of attorney, etc., and with appropriately documenting these efforts.

For these and similar planning and coordination supports, input from the person, their family, and their other supporters will improve the plan and the results. While it should be central here, it is true for all other priority categories, as services under each would be indicated in a person-centered plan.

“I like the things we do for self-advocacy. I like giving presentations. We’re encouraged to share our experiences and Community Choices staff help us put down our words so we remember what we want to share.” – Tobie
Advocates Sarah, Wendy, and Patty mentioned participating in the Speak Up Speak Out Summit, Best Buddies, and other special events.

PRIORITY: Home Life

People who have I/DD should have housing and home life matched to their needs and preferences. Individualized supports may include:

- assistance for finding, securing, and maintaining a home,
- preparing to live more independently or with different people, and
- given the limitations of community living options through the Medicaid waiver programs, creative approaches for those who qualify for but have not yet been ‘selected’ to receive these services.

PRIORITY: Personal Life

People who have I/DD can choose supports which lead them to personal success in the least segregated environment. These might include:

- assistive equipment, accessibility supports, and training in how to use technology, including electronic devices, apps, virtual meeting platforms, social media, and the internet, and how to ensure online privacy and security,
- speech or occupational therapy,
- respite or personal support in the individual's home or setting of their choice,
- training toward increased self-sufficiency in personal care, and
- strategies to improve physical and mental wellness.

“People also mentioned some practical medical things - like replacing some teeth for example, saving money to do that, knowing where to go, and booking the appointment.” - Tiffany

PRIORITY: Work Life

People with I/DD who are interested in working or volunteering in the community may find opportunities through individualized support. Well-matched community employment should help people feel less isolated and safer, due to relationships formed at work or even on the way to work, and should allow them to hone and contribute their talents. Focused on aspirations and abilities, the most integrated settings, people may benefit from:

- job development, matching, and coaching in the actual work setting,
- technology to enhance work performance and reduce on-site coaching,
- community employment internships, paid by the program rather than the employer, especially for people who would have used traditional day program,
- support for a path to self-employment or business ownership,
- transportation assistance, and
- education of employers about the benefits of working with people who have I/DD which then results in work for people with I/DD.

“Job coaches for employment and the LEAP program. I think a lot of people need help finding jobs they're able to do and like.” - Ryan

PRIORITY: Community Life

People with I/DD deserve the fullest social and community life they choose. Person-centered, family-driven, and culturally responsive support might offer:

- development of social or mentoring opportunities,
- transportation assistance,
- social and communication skill building, including through technology,
- connection to resources which are available to community members who do not have I/DD, both in-person and in digital spaces, and

- access to recreation, hobbies, leisure, or worship activities, matched to the person's preferences, both in-person and in digital spaces.

“Paying for tickets or expenses to do fun things in the community” - Ryan
“Membership fees at community groups like Makerspace or gyms and studios.” - Tiffany

Patty expressed the desire to go to a Bears game. Eric had an interest in classes to learn to speak other languages so he can be more helpful to Chinese, Japanese, or Spanish speakers when he's working at Home Depot.

PRIORITY: Strengthening the I/DD Workforce

Insufficient community-based service capacity remains a barrier to success and wellness for many people with I/DD and their supporters. Although the endangered direct support workforce and turnover in other roles could trap us in survival mode, advocates and providers hold modest goals to be innovative, culturally responsive, and focused fully on ‘the person.’ Agencies may propose strategies to improve staff knowledge of access to and use of technology for the benefit of the people they serve, attract new workers to the field, preserve current service capacity, and strengthen and diversify the workforce to meet the needs of all eligible residents of Champaign County. Solutions might include:

- social media and traditional media campaign informing middle school and high school students of the I/DD professions and opportunities,
- regular retention payments with a performance standard,
- intermittent payments for exceptional work,
- group and individual staff membership in trade associations which respect the I/DD workforce and offer networking and advocacy opportunities,
- trainings, including on technology use/access, which add to direct staff skills and promote greater independence for people with I/DD, and
- high quality trainings and certifications specific to staff roles, with recognition and payment at completion.

PRIORITY: Collaboration with the CCMHB: Young Children and their Families

Following the global pandemic, providers of services to young children have seen increases in developmental and social-emotional needs. Early identification and treatment can lead to great gains later in life. Services and supports not covered by Early Intervention or under the School Code may be pivotal for young children and their families and might include:

- coordinated, home-based services addressing all areas of development and taking into consideration the qualities and preferences of the family,
- early identification of delays through consultation with childcare providers, pre-school educators, medical professionals, and other service providers,
- coaching to strengthen personal and family support networks, and

- maximization of individual and family gifts and capacities, to access community associations, resources, and learning spaces.

Through the Boards' intergovernmental agreement, the Champaign County Mental Health Board (CCMHB) has funded programs which complement those addressing the behavioral health of very young children and their families, and for which service providers collaborate as a System of Care for children and families. For PY2026, the CCMHB may continue this priority area in their commitment to people with I/DD.

Another collaboration of the Boards is the I/DD Special Initiatives Fund, supporting short-term special projects to improve the quality of life for people with complex service needs. During or resulting from the allocation process, the CCMHB may transfer a portion of their dedicated I/DD amount to the CCDDDB or to the IDD Special Initiatives fund, to support contracts for DD services through either fund.

Criteria for Best Value:

An application's alignment with a priority category and its treatment of the overarching considerations described in this section will be used as discriminating factors toward final allocation decision recommendations. Our focus is on what constitutes a best value to the community, in the service of those who have I/DD. Some of these 'best value' considerations relate directly to priority categories and may be the focus of a proposal.

Budget and Program Connectedness – What is the Board Buying?

Details on what the Board would purchase are critical to determining **best value**. Because these are public funds administered by a public trust fund board, this consideration is at the heart of our work. Each program proposal requires a Budget Narrative with text sections for describing: all sources of revenue for the organization and those related to the proposed program; the relationship between each anticipated expense and the program, clarifying their relevance; the relationship of direct and indirect staff positions to the proposed program; and additional comments. Budget and Program Connectedness includes and builds on two Minimal Expectations.

The first is financial clarity, demonstrated by a recent independent CPA firm audit, financial review, or compilation report, or audited balance sheet. These reports, and the resolution of any negative findings, will support the Board's application review and allocation decision processes. Another Minimal Expectation is evidence that other funding is not available or has been maximized. The Budget Narrative submitted with each program proposal is an excellent place to describe efforts to secure other funding. The program's relationship to larger systems may be better understood, including how this program will leverage or serve as match for other resources. Programs with services billable to Medicaid or other insurance should attest that they will not use CCDDDB funds to supplement those. They may identify activities not billable to other payers which can be charged to the proposed contract.

While CCDDDB funds should not supplant other public systems, programs should maximize resources for long-term sustainability. The program's relationship to larger systems may be better understood, including how this program will leverage or serve as match for other resources, also described with Unique Features, below.

Participant Outcomes

A proposal should clarify how the program will benefit the people it serves, especially building on their gifts and preferences. In what ways are people's lives improved and how will we know? Simple, measurable outcomes are ideal. For each defined outcome, the application will identify a measurable target, timeframe, assessment tool, and assessment process. Applicants may view [short videos or 'microlearnings'](#) related to outcomes. A previously compiled ['measurement bank'](#) is also available, compiling information on outcome measures appropriate to various services and populations.

In a separate section, a proposal will describe how people learn about and access the program and will define measures of the program's performance: numbers of people served, service contacts, community service events, and other. While not Participant Outcomes, these are important and are required with every proposal.

Self-Determination and Self-Direction in Service Planning

The most meaningful participant outcomes will be developed through a person's involvement in their own service plan. Centering people's communication styles and networks of support, self-directed or person-centered planning can be done even if the person has been referred to the program by a third party. Every person should have the opportunity to inform and lead their service plan. The plan should balance what is important FOR the person with what is important TO the person, be responsive to their preferences, needs, values, and aspirations, and help them recognize and leverage their strengths and talents. CCDDDB funding should focus on people rather than programs, so that people control their day, build connections to their community for work, play, learning, and more, create and use networks of support, and advocate for themselves.

Proposals should describe the individual's role in service planning and should connect the program activities to what people have indicated they want and need. Consistent with federal regulations for community-based services, person centered planning models are available for programs serving people who have I/DD. In addition to planning their own individualized services, people who have personal knowledge of the issues addressed by a program may also contribute to its development and operation. An application should describe how input from people with I/DD helps to shape or run the program.

“I've also helped with staff interviews. I like reading their resumes and getting a sense of what their communication is like.” - Eric

“We give feedback on what is helpful, what isn’t. What programs we want more of and what could be better. I’ve worked with the Queens University project, where I interview other members about their lives, agency supports at Community Choices, and supports they get from their family and friends.” - Tiffany

Eliminating Disparities in Access and Care

Programs should move the local service systems toward equitable care, for the sake of optimal health and quality of life for all community members. Barriers specific to some groups should be identified and minimized. Programs should improve access and offer appropriate care for people from historically under-resourced/undervalued populations, as identified in the [2001 Surgeon General’s Report on Mental Health: Culture, Race, and Ethnicity](#). These groups, as well as people living in rural areas and those with limited English language proficiency, should have access to supports and services. Applications should identify strategies to engage people and eliminate barriers to care.

The application forms include a Cultural and Linguistic Competence Plan (CLCP) template consistent with the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (CLAS Standards.) [A toolkit for these standards](#) may be helpful. One CLCP is completed for each organization. The program plan narrative for each of an organization’s proposals should include strategies specific to the proposed program. CCDDDB staff offer technical assistance.

Promoting Inclusion and Reducing Stigma

Stigma inhibits individual participation, economic self-sufficiency, safety, and confidence, and may even be a driver of insufficient State and Federal support for community-based services. Stigma limits communities’ potential and isolates people, especially those who have been excluded due to sexuality, gender, race, ethnicity, disability, immigrant/refugee/asylee status, or preferred or first language. Programs should increase community inclusion, including in digital spaces. People thrive when they have a sense of belonging and purpose, and they are also safer through routine contacts with co-workers, neighbors, and acquaintances through a faith community, recreation center, or social networks. Positive community involvement builds empathy and group identity, reduces stress, and even helps to reduce stigma.

The CCDDDB has an interest in inclusion and community awareness, as well as challenging negative attitudes and discriminatory practices. Full inclusion aligns with the values of other Champaign County authorities and with the standards established by federal Home and Community Based Services, the Workforce Innovation and Opportunity, and the Americans with Disabilities Act. Proposed programs should describe activities and strategies that expand community inclusion and social connectedness of the people to be served.

Technology Access and Use

Applications should describe how people will be served in the event of a public health emergency which limits in-person contact, now that the negative impacts of social isolation are understood. While in-person services may be preferred over virtual options, some capacity should be maintained. Telehealth and remote services connect more people to virtual care, overcoming transportation and other barriers, and they can also enhance people's access to other resources. Access to and training in the use of technology and virtual platforms, not only for people who participate in services but also for the direct staff involved in their care, will build on the existing successes and might also decrease the need for some in person staff supports.

Unique Features

A **best value** is also demonstrated through characteristics of the service approach, staff qualifications, or a funding mix unique to a proposed program. Proposals will describe other program resources, skills specific to the program's staff, and any recommended or innovative service models which will effectively meet the needs and preferences of program participants.

- Approach/Methods/Innovation: cite the recommended, promising, evidence-based, or evidence-informed practice and address fidelity to the model under which services are to be delivered. In the absence of such an established model, describe an innovative approach and how it will be evaluated.
- Staff Credentials: highlight credentials and trainings related to the program.
- Resource Leveraging: describe how the program maximizes other resources, including state, federal, or local funding, volunteer or student support, and community collaborations. If CCDDDB funds are to meet a match requirement, reference the funder requiring this local match and identify the match amount in the application Budget Narrative.

Expectations for Minimal Responsiveness:

Applications not meeting the following expectations are “non-responsive” and will not be considered. Applicants must be registered at <http://ccmhddbrds.org>. Instructions on how to register and how to apply are posted there. Accessible documents and technical assistance on using the online tools, are available upon request through the CCDDDB staff.

1. Applicant is an **eligible organization**, demonstrated by responses to the Organization Eligibility Questionnaire, completed during initial registration. For applicants previously registered, continued eligibility is determined by compliance with contract terms and Funding Requirements.
2. Applicant is prepared to demonstrate their **capacity for financial clarity**, especially if they answered ‘no’ to any question in the Organization Eligibility Questionnaire or do not have a recent independent audit, financial review, or compilation report with no findings of concern.

NEW FOR PY2026: Unless already provided under prior contract with the CCDDDB, applicant should submit their most recent audit, review, or

- compilation. If one has not been conducted, an audited balance sheet should be submitted.
3. All application forms must be complete and **submitted by the deadline**.
 4. Proposed services and supports must relate to I/DD. **How will they improve the quality of life for persons with I/DD?**
 5. Application must include evidence that **other funding sources are not available** to support the program or have been maximized. Other potential sources of support should be identified and explored. Payer of Last Resort principle is described in CCDDDB Funding Requirements and Guidelines.
 6. Application must demonstrate **coordination with providers** of similar or related services, with interagency agreements referenced. Evidence of interagency referral process is preferred, to expand the service system's reach, respect client choice, and reduce risk of overservice to a few. For an inclusive, efficient system, application should acknowledge collaborative efforts and other resources.

Process Considerations:

The CCDDDB uses an online system for organizations applying for funding. Downloadable documents on the Board's goals, objectives, operating principles, and public policy positions are also posted on the application website, at <https://ccmhddbrds.org>. Applicants complete a one-time registration process, including an eligibility questionnaire, before receiving access to the online forms. Funding guidelines and instructions on how to use the system are also posted there.

Criteria described in this memorandum are guidance for the Board in assessing proposals for funding but are not the sole considerations in final funding decisions. Other considerations include the judgment of the Board and staff, evidence of the provider's ability to implement the services, soundness of the methodology, and administrative and fiscal capacity of the applicant organization. Final decisions rest with the CCDDDB regarding the most effective uses of the fund. Cost and non-cost factors are used to assess the merits of applications. The CCDDDB may also choose to set aside funding to support RFPs with prescriptive specifications to address the priorities.

Caveats and Application Process Requirements:

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

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

County. The CCDDDB reserves the right to require the submission of any revision to the application which results from negotiations.

- The CCDDDB reserves the right to contact any individual, agency, or employee listed in the application or who may have experience and/or knowledge of the applicant's relevant performance and/or qualifications.

**Approved November 20, 2024*