



## DECISION MEMORANDUM - *APPROVED*

DATE: November 19, 2025  
TO: Members, Champaign County Developmental Disabilities Board  
FROM: Associate Director Kim Bowdry, Executive Director Lynn Canfield  
SUBJECT: PY2027 Allocation Priorities and Decision Support Criteria

### **Statutory Authority:**

The [Community Care for Persons with Developmental Disabilities Act](#) (50 ILCS 835/ Sections 0.05 to14) is the basis for Champaign County Developmental Disabilities Board (CCDDB) policies. Funds shall be allocated within the intent of the controlling act, per the laws of the State of Illinois. [CCDDB Funding Requirements and Guidelines](#) require that the Board annually review decision support criteria and priorities to be used for funding services of value to the community. An approved final version of this memorandum becomes an addendum to Funding Guidelines.

### **Purpose:**

CCDDB staff seek board approval of this memorandum, offering clarity to potential funding recipients during an open application period to begin in late December.

The CCDDB may allocate funds for the Program Year 2027, July 1, 2026 to June 30, 2027, through a process outlined in a publicly available timeline. The first step is review and approval of allocation priorities and decision support criteria the Board will later use to consider proposals for funding. This memorandum details:

- Observations on needs and preferences of people who have Intellectual/Developmental Disabilities (I/DD).
- Impact of state and federal systems and other aspects of the environment.
- Priority categories to be addressed by proposals for funding.
- Best Value Criteria, Minimal Expectations, and Process Considerations.

An initial draft was presented to the Board and the public during September. The document was based on our understanding of context and best practices, using input from providers, board members, and interested parties. Subsequent feedback informed the following revisions.

- Throughout the document, addition of observations by advocates.
- Removal of the now obsolete name which resulted in the acronym “PUNS.”
- Correction of ‘roommates’ to ‘housemates.’
- Addition of some of the data requested regarding state PUNS selections.
- Updates from the joint CCDDDB-CCMHB study session on I/DD.
- Small update to Operating Environment notes.
- In the Priority category for Collaboration with the CCMHB, addition of financial support related to meeting individual eligibility prerequisites.
- To Best Value Criteria, addition of discussion of civic engagement as it relates to Personal Agency and Inclusion, with links to more information.
- Addition of a Caveat acknowledging that the CDDDB might exercise its authority to add to the eligibility standards in use by IDHS-DDD, at its discretion, and in response to shortcomings of the current system.

## **Needs and Priorities of Champaign County Residents:**

### *Circumstances Unique to 2025*

The **first** is the culmination of a seven-year partnership with other entities responsible for assessing and planning for Champaign County’s health needs. The [2025 Community Health Needs Assessment \(CHNA\)](#) emphasizes social determinants of health and may inform our own efforts, especially to include people with I/DD. Priorities identified by members of the public are: Access to Healthcare; Healthy Behaviors; Behavioral Health; and Violence Prevention.

The **second** unique circumstance was relocation of the CCDDDB-CCMHB staff offices. We reviewed archived files and organized them for better access and preservation. Some were needs assessments, related reports, and plans going back to 1972, when the CCMHB was first funded and when national and state data reports were not readily accessible. The issues of the time were similar to today’s: adult mental health, alcoholism, drug abuse, children/adolescents, services to the elderly, financing, I/DD, and telephone services. Barriers of limited transportation, waitlists, and low awareness of resources have endured.

The **third** unique circumstance relates to dramatic federal budget and policy changes, some of which have stalled in Congress or been challenged by courts and state governments. Clarity about the operating environment (below) would contribute to impactful allocation decisions. More relevant to needs assessment is that young children and their families and people with I/DD, who already experience barriers to care, are facing new or increased threats. Needs assessments could become more difficult if national research and data are less abundant. Fortunately, we have collected information recently which we hope will serve the PY2027 cycle.

## *Young Children*

The Illinois Birth to Five Council, Region 9 [“Early Childhood Needs Assessment: Focus on Mental & Behavioral Health”](#) report identifies familiar barriers: stigma; transportation; lack of resource information; and lack of culturally and linguistically diverse providers. Recommendations are to: increase awareness of the need for more programs; increase collaboration between programs; partner with county health departments to link people to care; establish navigators to help caregivers understand services, eligibility, and payment; increase educational opportunities, transportation and virtual service options, and awareness of 211; improve support for pregnant people and their families; raise awareness of the need for culturally and linguistically diverse providers, to reach more families with effective care; raise awareness among providers of the need to accept multiple forms of insurance, also to reach more families; create accessible resource guides; and increase collaboration on behalf of international students and immigrants.

Child and Family Connections (CFC) of Central Illinois prepares data for the [CFC #16 Local Interagency Council \(LIC\)](#). Their most recent report shows:

- Champaign County children referred for services in PY25 totaled 627.
- This is higher than in any of the prior four years, as with Ford County.
- All but one of the 6 counties saw higher numbers referred in PY25 than PY24.

Of Champaign County children referred from April through June 2025:

- 34% were younger than 1 year, 36% younger than 2, and 30% younger than 3.
- Most were referred by physicians, then family, then hospitals, a distribution similar to referral sources for the total region.
- Whether referrals were to individual providers, agencies, or clinics, speech and developmental therapies were the most prevalent services.

## *Youth and Adults*

Each year, people who are eligible for services funded by the Illinois Department of Human Services (IDHS) – Division of Developmental Disabilities (DDD) report their unmet services needs through the PUNS database. On August 20, 2025 and again on September 10, Associate Director Bowdry wrote to IDHS requesting current PUNS data for Champaign County.

From the September 2025 PUNS report, sorted by County and Selection Detail:

- The most frequently identified support needs are (in order): Transportation, Personal Support, Behavioral Supports, Occupational Therapy, Speech Therapy, Other Individual Supports, Physical Therapy, Assistive Technology, Respite, Adaptations to Home or Vehicle, and Intermittent Nursing Services.
- 217 (a decrease from 238 last year) people are waiting for Vocational or Other Structured Activities, with the highest interest in community settings.

- 76 are waiting for (out of home) residential services with less than 24-hour support, and 54 (an increase from 39 last year) are seeking 24-hour residential support.
- Champaign County residents comprise 1.69% of the total PUNS cases and 1.77% of active cases. For comparison, Champaign County is 1.67% of Illinois' total population (2024 estimates.)

Also annually, the Champaign County Regional Planning Commission (CCRPC) asks people with I/DD about their preferences and satisfaction. 131 people responded during PY2025, with these results:

- 69 people answered on their own behalf, 52 were parents/guardians of the person, and 20 skipped this question.
- 78% of respondents were receiving case management services, typically through CCRPC, DSC, Community Choices, Rosecrance, or PACE.
- 5.7% have been on the PUNS list less than 1 year, 15.5% between 1 and 3, 27.6% between 3 and 5, and 51% longer than 5.
- 63.4% need services within one year.
- Over half were not interested in support for competitive employment or volunteer opportunities, but over half already work or volunteer in the community.
- The most (to least) popular work/volunteer opportunities were retail, working with animals, food service/restaurant, outdoors, education/childcare, technology services, and various other categories.
- Half participate in community groups, through agencies as well as Central Illinois Parrotheads, Special Olympics, churches, CU Special Recreation, Best Buddies, Asian American Club, Fellowship of Christian Athletes, Penguin Project, Tom Jones Challenger League, YMCA Neurodiversity Group, TAP social groups, Healing Horses Stables, The Singing Men of WGNN Choir, Audubon Society, and Uniting Pride.
- The most (to least) popular leisure activities were eating out, going to the movies, shopping, parks, zoos/aquariums, sports, swimming, sporting events, theatre/arts/museums, festivals, and concerts.
- People seek support for (most to least) independent living, financial management, transportation, medical care, competitive employment, socialization, behavioral therapy, community day program, respite, physical/occupational/speech therapy, and assistive technology.
- 32% are on agency waitlists for services (primarily Medicaid-waiver funded.)
- 34% have waited over 5 years, 24.4% 3-5 years, 22% 1-3, 19.5% less than 1.
- 28.5% are "somewhat comfortable" navigating the I/DD service system, 11.5% "not comfortable," and 8.5% "very comfortable."
- 63.3% of respondents lived with family, 29.7% lived in their own home with occasional support, and 7% lived in their own home with no support.
- 59.5% prefer to live with family, 38.9% alone, 12.7% with roommates/housemates, 7.1% in a CILA with their own bedroom, 1.6% a

- CILA with a shared bedroom, 1.6% Intermittent CILA, 0.8% a host family CILA, 0.8% a Supportive Living Facility, and 0.8% a State Operated Developmental Center (SODC).
- Among people who prefer housemates, eight chose 1, five chose 1-2, one chose 3, two chose 3-4, one chose up to 4, and two chose 4-6.
- 64.6% prefer to live in Champaign, 26.2% Urbana, 14.6% Savoy, 10% Mahomet, 6.2% St. Joseph, 7% outside Illinois, 3.1% Thomasboro, 3% outside the County, 2.3% Rantoul, 2.3% Philo. 1.5% Ogden, 1.5% Tolono, and below 1% in each of Bondville, Ludlow, Fisher, Ivesdale, and Sadorus.

During PY24, 195 people engaged in CCDDDB funded programs while waiting for PUNS selection. This is a large increase from the previous period, when 157 were served. In 2023, 41 adults and 8 children in Champaign County were issued selection letters by IDHS-DDD. In 2024, 45 were selected. We do not have information from the Independent Service Coordination (ISC) unit regarding completed awards in either year. On July 23, 2025 and again on August 15, Associate Director Bowdry emailed Prairieland Service Coordination, Inc., the ISC agency serving Champaign County, requesting information on the number of Champaign County residents selected to apply for funding through PUNS during the July 2025 PUNS selection process. On September 23, the ISC shared that 39 Champaign County residents were selected in July and 2 more in September, totaling 41 for this year.

- 49 total in 2023
- 45 total in 2024
- 41 total in 2025

Without total numbers for the state in each year, it is not clear whether additional advocacy might be needed on behalf of Champaign County residents.

### ***Transportation***

Historically, transportation has been the highest identified support need according to PUNS data and the CCRPC Preference Assessment. Lack of transportation is a major barrier across the state and country.

["Transportation for People with Intellectual and Developmental Disabilities in Home- and Community-Based Services"](#) identifies barriers specific to different types of community and points out the many areas of life people would participate in if not for these. The study compares Medicaid HCBS waivers in 44 states and DC to learn how this flexible funding has been used. Twelve states only embed transportation within the HCBS benefit so that data were not available on these specific uses. Three states offer transportation only as a stand-alone option. Thirty states, including Illinois, offer it as an embedded and as a separate benefit. In Illinois, only 0.61% of HCBS participants with I/DD used stand-alone. Louisiana was the only state with a lower share. In waiver definitions across the US, public transportation was the most

frequent method, followed by provider staff vehicles, taxi, and other private transportation. Many prioritized free rides from friends, family, and neighbors.

A [2022 report from the Institute on Disability and Human Development](#) acknowledges that this significant barrier limits employment and independence of people with I/DD, offering some solutions:

- Travel training and planning, through existing curricula or peer support.
- Technology solutions, such as smartphone apps for individual riders in cities with public transportation options.
- Ridesharing other than paratransit, possibly with a companion but also likely to require a smartphone and app.
- Enhanced mobility through a Mobility Manager to facilitate transportation.

While we cannot be certain that transportation remains the top support need identified by people enrolled in the PUNS database, Transportation Support was again identified as a support need on the CCRPC Preference Assessment, and we do see the need and impact the Community Choices Transportation Support program has had over the past two years. According to its PY24 and PY25 quarterly reports, a total of 4,459 rides were provided for the following categories: Work – 2,048, Leisure – 769, Medical/Health – 392, CC events – 731, CC meetings/appointments (only tracked during PY25) – 249, Errands - 186, Family – 31. In addition to providing scheduled transportation for their members, Community Choices’ staff also train program participants on the use of other available local transportation resources, such as MTD, Uber, and Lyft. They also provide training on other tools, technologies, and apps associated with making these options safer and more accessible.

### *Direct Input*

I/DD advocates shared many observations during the [September 24 study session \(a recording is linked here\)](#). They ~~also~~ developed and reported on a brief survey for their colleagues, to identify one thing going well and one thing that could be better about several life areas.

- Positives about work were mostly having money or credit for purchases.
- Work life could be better with more hours, opportunities, and better pay.
- Positives about health were good habits and access to doctors.
- Health could be better with family support, good habits, faster wheelchair repairs, fewer appointments, etc.
- Positives about recreation and leisure were CU Special Rec, agency activities, church, time with friends, etc.
- Rec/leisure could be better with more money, freedom, options, and friends.
- Positive housing comments were mostly about living arrangements and skills.
- Housing could be better with more housing options, quieter surroundings, etc.
- Positive transportation comments focused on mass transit and rides from parents or others.



- Transportation could be better with consistent bus schedule, accessible options, and affordable trips out of town.
- Positive advocacy comments related to agency groups or board service, SpeakUp and SpeakOut, lobbying, etc.
- Advocacy work would be improved with more opportunities.
- To the bonus question on anything else the CCDDDB and CCMHB should know, people remarked on social connection, the Expo, funding, and dating.

*“People with disabilities need help but can do things on their own too and people should let them do more.”*  
*- Unknown Advocate*

## **Operating Environment:**

In addition to responding to the needs and priorities of Champaign County residents with I/DD, CCDDDB allocations are determined within the constraints and opportunities of the operating environment. Where other payers cover services, care is taken to avoid supplanting and to advocate for improvements in the larger systems.

Many federal level changes have been proposed or threatened, but few settled. Earlier in 2025, social programs many people rely on lost funding. At the time of this writing, the federal government has achieved its longest ever “shutdown,” Medicaid is at risk, Congress is still working on a federal budget for the year in progress, and the massive cuts described in HR1, the One Big Beautiful Bill Act, are not yet supported by congressional progress. These uncertainties create uncertainties at the state level, and service providers are unable to count on continued funding.

[NACO’s report “The Big Shift: An Analysis of the Local Cost of Federal Cuts”](#) describes how the loss of federal support and new mandates will shift billions of dollars of costs to counties while adding administrative burden. This happens at a time when people struggle with rising costs, lack of affordable housing, etc. and when some states are considering elimination of property taxes as an abatement strategy. Most safety net and social services are funded by taxes, so that even if economic recovery is right around the corner, it might not come in time to avoid much pain.

People with I/DD are among the many who rely on the vanishing social programs. Loss of support for basic needs, e.g., housing and food, adds to financial stress already associated with having a disability. [This study on out-of-pocket expenses and unmet needs](#) shows that working-age adults with disabilities have additional strain:

- Disability-related expenses were roughly 20% of household income.
- 67% reported an unmet need.
- Those with income below federal poverty level had greater burden from out-of-pocket expenses.
- Hispanic people with disabilities had higher rates of unmet need.

Some dramatic changes have been enacted or proposed for the US Department of Education and the US Department of Health and Human Services (HHS). [This September 2025 DisabilityScoop article](#) reports Dept of Ed cancellation of 9 disability-related grants and 25 programs for special education teacher training, parent resource centers, etc. These cuts were based on review for language related to diversity, equity, and inclusion. Within HHS, [Centers for Medicare and Medicaid Services \(CMS\)](#) administers programs which are slated for reductions so great that millions of people will lose access to care, counties will lose revenue, and regions will lose hospitals, clinics, and other providers. Medicaid-waiver programs approved through subsection [1915c of the Social Security Act](#) pay for home and community based care of the elderly and people with disabilities, to avoid institutional care.

Most Illinoisans who use community-based professional support do so through the [“Medicaid waiver” programs available through IDHS-DDD](#). To avoid risk of supplementation and to align with IDHS rules and standards, we need to understand changes in these state and federal systems and whether eligible people have access to the pay sources. The state’s Medicaid administrator, [Illinois Healthcare and Family Services’ Info Center](#) addresses how federal cuts may impact Medicaid:

- 3.4 million Illinoisans were enrolled at the end of SFY24 (state fiscal year).
- 44% were children, and 7% were adults with disabilities.
- Approximately 330,000 are likely to lose Medicaid due to federal cuts.

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, state and federal systems, or workforce shortage, it may be an area for system-level advocacy efforts by the CCDDDB and other interested parties.

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.

Some progress has been made in Illinois to increase the wages for Direct Support Professionals (DSPs). The hourly rate will increase by 80 cents per hour as of January 1, 2026, with at least 60% of that increase going to base wages. Unfortunately, this goes into effect at the same time as a 35% reduction in CILA DSP hours.



During 2024, people with I/DD, family members, advocacy groups, allies, and governmental partners contributed to **Engage Illinois'** North Star Plan. This statewide coalition continues to grow, offering an opportunity for unified advocacy on system redesign, especially for Illinois support for the Supported Living Model, a national best practice which is sustainable, person-centered, and more effective than the current HCBS options. Their first goal has been to create a strong coalition, building infrastructure, networking, and finding power in numbers.

## **Program Year 2027 CCDDDB Priorities:**

*The Board recommitts to the broad priority categories in use during PY2026, to offer consistency in the face of large-scale change. Each category has been updated. Addressing unmet needs and specific barriers experienced by Champaign County residents will continue to be of the highest value.*

### ***PRIORITY: Advocacy and Linkage***

People with I/DD and their families are still the best champions of service system change. This category includes activities to support people in advocating on their own behalf and finding the best-matched resources for them. Family or peer advocacy or support groups often rely on unpaid members, which may make it difficult for them to meet CCDDDB contract requirements, but small organizations might coordinate to share indirect costs and staff. Some family and peer groups are hosted by provider agencies. Whether as small independent organizations or groups within provider agencies, “self” advocates and their supporters should lead service planning, referral, linkage, and coordination.

*“I enjoy advocating with NAMI and PACE and HRA with Community Choices. I've learned how to advocate for myself. The healthcare guide helped me advocate for myself at the doctors.”*

*- Unknown Advocate*

*“I was able to do advocacy lobbying in Springfield with DSC.”*

*- Unknown Advocate*

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- waiver (HCBS) funding should have access to benefits and resources, including those benefits and resources 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 with complex support needs which may be addressed through other service/support systems such as those focused on aging, physical or behavioral health, grief work, or healing from violence or other trauma.
- To ensure that individuals with I/DD who do not use many supports (natural or professional) can maintain their trajectory to independence and have a long-term plan beyond the lives of aging family members, assistance with special needs trust, representative payeeship, banking assistance, guardianship or power of attorney, etc., and with appropriately documenting these efforts.

Advocacy and Linkage are fundamental to all of the broad priority categories below. The people who participate in programs aligned with any priority should be the focus of program activities and individual service plans.

### ***PRIORITY: Home Life***

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

- Assistance for finding, securing, and maintaining a home.
- Preparing to live more independently or with different people.
- Given the limitations of current Medicaid waiver options, creative approaches for those who qualify but have not yet been ‘selected’ to receive these services.

*“Have my own room or get my own apartment. I need more money to do that because rent is expensive.”* - Unknown Advocate

*“Help... people to be able to afford apartments. That's why a lot of people are living with family or group homes... It's just trying to be able to be able to afford it.”* - Jen Buoy, Advocate

### ***PRIORITY: Personal Life***

People who have I/DD can choose supports for personal success in least segregated environments. Supports for which they have no other pay source 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.
- Strategies to improve physical and mental wellness.

*“Some people reported that they would like to work on being... on the same page with family about what is good for their health.”* - Jen Buoy, Advocate

*“We have to find strength and weaknesses in each one of us.”* - Eric Beasley, Advocate

### ***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 paid or volunteer work 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 and on the most integrated settings, people might choose:

- 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 pursuing and sustaining self-employment or business ownership.
- Transportation assistance.
- Education of employers about the benefits of working with people who have I/DD which then results in work for people with I/DD.

*“And people with disabilities are still smart. Many still want to work. Some people need accommodations...”*

*- Jen Buoy, Advocate*

*“I love working at DSC...”*

*- Unknown Advocate*

### ***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.
- Civic engagement of many types.
- 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.
- Access to recreation, hobbies, leisure, or worship activities, matched to the person’s preferences, both in-person and in digital spaces.

*“Our community has a lot of options for transportation, including Community Choices Transportation program, Lyft, Uber, MTD buses, ADA, and family and friends. The MTD buses are accessible and... easy to get around. MTD also provides free dash passes for people with disabilities. Many like that live close to easy access to buses. Advocates report having... strong family support. Some advocates have their driver's licenses, and I really like this.”*

*- Toby Wood, Advocate*

### ***PRIORITY: Strengthening the I/DD Workforce***

Provider agency staff, management, and governance are fundamental to reaching other goals. An agency requesting funding aligned with another priority will address such issues through its Cultural and Linguistic Competence (CLC) Plan.

Insufficient community-based service capacity remains a barrier to success and wellness for many people with I/DD and their supporters. To accelerate progress, a proposal specific to this priority category might focus on strategies to recruit and retain a high quality, diverse workforce, reducing turnover, burnout, and periods of vacancies. To achieve staffing levels sufficient to meet Champaign County's I/DD support needs, a proposal might offer:

- Training or certifications specific to staff roles or the needs of people served, with recognition and payment for completion.
- Sign-on bonuses and periodic retention payments with performance standard.
- Intermittent payments for exceptional performance.
- Group and individual staff membership in trade associations which respect I/DD workforce roles and offer networking and advocacy opportunities.
- Social media and traditional media campaign informing middle school and high school students of the I/DD professions and opportunities.
- Training on technology use and access, which add to direct staff skills, promote greater independence for people with I/DD, and may decrease the need for in-person support. This strategy is described in Best Value Criteria below but could be the focus of a program proposal.

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

Providers of services to young children previously noted increases in developmental and social-emotional needs. As pressures on families increase, this trend continues. Early identification and treatment can lead to great gains later in life. Services 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.
- Maximizing 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 PY2027, 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 quality of life for people with complex service needs. The CCMHB might also transfer a portion of its dedicated I/DD funding to the CCDDDB or IDD Special Initiatives Funds, to support contracts for DD services.

Because until PY2027 the IDD Special Initiatives Fund balance supports short term assistance through a single contract, the Boards might amend this contract to address a pressing need such as establishing eligibility through evaluations not otherwise covered or available for individuals who will benefit from other I/DD services. If funds remain in PY2027, additional Board actions will be considered.

## **Criteria for Best Value:**

*An application's alignment with a priority category and its treatment of the 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 'best value' considerations may relate directly to priority categories.*

### ***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 describing: all sources of revenue for the organization and those related to the proposed program; the relationship between each anticipated expense and the program; the relationship of direct and indirect staff positions to the proposed program; and additional comments.

Building on the minimal expectation to show that other funding is not available or has been maximized, an applicant should use text space in the Budget Narrative to describe efforts to secure other funding. If its services are billable to other payers, the applicant should attest they will not use CCDDDB funds to supplement them. Activities not billable to other payers may be identified for the proposal. While CCDDDB funds should not supplant other 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 – Are People's Lives Improved?***

A proposal should clarify how the program will benefit the people it serves, especially building on their gifts and preferences. In what ways does the program improve people's lives and how will we know? For each defined outcome, the application will identify a measurable target, timeframe, assessment tool, and process. Applicants may access [data workshop materials](#) or view [short videos or 'microlearnings'](#) related to outcomes. A [logic model toolkit](#) is also available, compiling information on measures appropriate to various services and populations. Evaluation capacity building researchers developed the linked materials and offer innovations such as 'storytelling' to communicate the impact of services, especially those with a high degree of individualization. Proposals will also describe how people learn about and access the

program and will estimate numbers of people served, service contacts, community service events, and other measure.

### ***Personal Agency - Do People Have a Say in Services?***

Proposals should describe how an individual contributes to their service plan and should connect program activities to what the person indicates they want and need. Meaningful outcomes develop through a person's involvement in their own service plan. Self-directed planning centers people's communication styles and networks of support, promotes choice, and presumes competence. Each person should have the opportunity to inform and lead their service plan. Plans should be responsive to the individual's preferences, values, and aspirations and should leverage their talents. This may involve building **social capital**, connections to community for work, play, learning, and more. [The Council on Quality and Leadership capstone "Increasing the Social Capital of People with Disabilities"](#) offers context. [This 2014 article reviews studies that](#) show family and community social capital improves outcomes for children and youth.

*"Cool to hear about what other people are doing. And I love being on the CC board."*

*- Unknown Advocate*

Proposals should also describe how people with relevant lived experience are contributing to the development and operation of the program itself. How does their knowledge shape the program? Contributing to an organization is an example of **civic engagement**, which helps people build social capital and realize greater personal agency. (See below for links to supporting research and recommendations.)

### ***Engaging the Whole Community – Does Everyone Have Access?***

An organization applying for funding will design a Cultural and Linguistic Competence Plan, based on National Culturally and Linguistically Appropriate Services Standards. [A toolkit for these standards](#) may be helpful. The principal standard is to *"Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs."*

Each application should describe strategies specific to the proposed program, to improve engagement and outcomes for people from historically under-invested groups, as identified in the [2001 Surgeon General's Report on Mental Health: Culture, Race, and Ethnicity](#). These community members, rural residents, and people with limited English language proficiency should have access to supports and services which meet their needs.

### ***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 disability, behavioral health concern, or racial, ethnic, or gender identity. Programs should increase community inclusion, including in digital spaces. People thrive when they have a sense of belonging and purpose, and they are safer through routine contacts with co-workers, neighbors, and acquaintances through a faith community, recreation center, or social network. Positive community involvement builds empathy and group identity, reduces stress, and even helps to reduce stigma.

**Civic engagement** which can build social capital and improve the whole community includes volunteering, informal helping, engaging with neighbors, and attending public meetings. AmeriCorps ([website under renovation](#)) has published reports such as “Renewed Engagement in American Civic Life” showing increased specific engagement since the pandemic, for positive individual and community outcomes.

The CCDDDB has an interest in inclusion and community awareness, as well as in challenging negative attitudes and discriminatory practices. This aligns with standards established by federal Home and Community Based Services, the Workforce Innovation and Opportunity, and the Americans with Disabilities Act.

*“I definitely think that when they did... open mic for the people who are attending, that was a lot of fun, getting to hear their stories and being able to, like, get a look into, like, their lives and what they need. I think that was definitely a good way for the... State Representatives to actually know firsthand what... actual people needed, instead of just yapping to us. The open mic actually gave them an opportunity to literally speak up and speak up about legitimate concerns... a lot of people that I knew did do it, and I just thought it was really nice to hear their concerns or their opinions, and I thought, that that was actually really helpful to have that open mic session.”*

*- Chloe Briskin, Advocate*

Proposals should describe how a program will increase inclusion and social connectedness of the people to be served, linking them with opportunities traditionally difficult to access. In the study, [“If I Was the Boss of My Local Government”: Perspectives of People with Intellectual Disabilities on Improving Inclusion](#), insights echo local advocates: safe public amenities, accessible information and communication, and more respectful and understanding community members are all needed and can be accomplished through direct engagement of people with I/DD in local government. The Lurie Institute for Disability Policy report [“Civic Engagement and People with Disabilities: A Way Forward through Cross-Movement Building”](#) (<https://heller.brandeis.edu/lurie/pdfs/civic-engagement-report.pdf>) offers recommendations on inclusion and empowerment.

### ***Technology Access and Use***

Applications should outline virtual service options which will reduce any disruptions of care or impacts of social isolation. Telehealth and remote services can also overcome transportation barriers, save time, and improve access to other resources.

Programs may build on existing successes or reduce the need for in-person staff support by helping people access technology and virtual platforms and gain confidence in their use. [SafeinHome Remote Supports](#) are available across the country, with many success stories. The [UIUC College of Applied Health Sciences McKechnie Family LIFE Home](#) conducts research and partners with community on innovative supports within the home.

Technology access and training for staff may also expand the program's impact.

### ***Unique Features***

Especially due to the unique strengths and resources of Champaign County, a program might offer a unique service approach, staff qualifications, or funding mix. Proposals will describe features which will help serve program participants most effectively.

- 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 funding, volunteer or student support, and community collaborations. If CCDDDB funds are to meet a match requirement, reference the funder requiring local match and identify the match amount in the application Budget Narrative.

## **Expectations for Minimal Responsiveness:**

Applications which do not meet these expectations will not be considered. Organizations register and apply at <http://ccmhddbrds.org>, using instructions posted there. Accessible documents and technical assistance are available upon request through 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 **capacity for financial clarity**, especially if answering 'no' to a question in the eligibility questionnaire OR if the recent independent audit, financial review, or compilation report had negative findings. Unless provided under CCDDDB contract, applicant should

- submit the most recent audit, review, or compilation, or, in the absence of one, an audited balance sheet.
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. The 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 and reference interagency agreements. Optional: describe the interagency referral process, to expand impact, respect client choice, and reduce risk of overservice.

## Process Considerations:

The CCDDDB uses an online system at <https://ccmhddbrds.org> for applications for funding. On the public page of the application site are downloadable documents describing the Board's goals, objectives, funding requirements, application instructions, and more. Applicants complete a one-time registration before accessing the online forms.

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 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 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.
- Proposals must be complete, on time, and responsive to application instructions. Late or incomplete applications will be rejected.
- If selected for funding, the contents of an 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 final terms of any or all contracts with the selected applicant; 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.
- The CCDDDB may exercise its authority to add to the definition of intellectual/developmental disability, including eligibility criteria or a process for individual eligibility determination which varies, in the short term or long term, from those of the Illinois Department of Human Services – Division of Developmental Disabilities. Any action under this authority will be reviewed and approved by the full Board in advance of implementation.

*\*Approved by the CCDDDB on November 19, 2025.*