Colorado Developmental Disabilities Council

Five Year State Plan

For year 2013

Submitted on: Wednesday, August 15, 2012 05:54pm

Printed on: Wednesday, August 15, 2012 05:54pm

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Denver, CO 80203

PART B: Contact Person: Marna Ares, Planner

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E-Mail: marna.ares@state.co.us

PART C: Council Establishment:

(i) Date of Establishment: 1979-Jun-22

(ii) Authorization: State Statute

(iii) Authorization Citation: C.R.S. 27-10.5-203

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

(i) Council Membership rotation plan:

In keeping with guidelines established in federal legislation, the makeup of the Colorado Developmental Disabilities Council includes people with disabilities, family members of people with disabilities, and representatives of state agencies, nongovernmental agencies and private nonprofit groups concerned with services for people with disabilities. The Council must have 24 members, each of who is appointed by the Governor for a maximum of two consecutive 3-year terms.
<table>
<thead>
<tr>
<th>#</th>
<th>Name</th>
<th>Code</th>
<th>Organization</th>
<th>Appointed</th>
<th>Term Date</th>
<th>Alt/Proxy State Rep Name</th>
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<tbody>
<tr>
<td>1</td>
<td>Leroy, Scott</td>
<td>A1</td>
<td>Division for Vocational Rehabilitation, Department of Human Services</td>
<td>2011-Jun-13</td>
<td>2014-Jul-01</td>
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<tr>
<td>2</td>
<td>Quintana, Gina</td>
<td>A2</td>
<td>Colorado Department of Education</td>
<td>2012-Apr-13</td>
<td>2015-Jul-30</td>
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<tr>
<td>3</td>
<td>Coffey, Todd</td>
<td>A3</td>
<td>Colorado Department of Human Services, Aging and Adult Services</td>
<td>2011-Jun-13</td>
<td>2014-Jul-01</td>
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<tr>
<td>5</td>
<td>Harvey, Mary Anne</td>
<td>A5</td>
<td>The Legal Center for People with Disabilities and Older People</td>
<td>2012-Jul-30</td>
<td>2015-Jul-30</td>
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<tr>
<td>7</td>
<td>Fager, Sue</td>
<td>A7</td>
<td>PACER Center</td>
<td>2012-Jul-30</td>
<td>2015-Jul-30</td>
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<td>8</td>
<td>Babler, Shirley</td>
<td>A8</td>
<td>Maternal and Child Health</td>
<td>2010-Jun-14</td>
<td>2013-Jul-01</td>
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<tr>
<td>10</td>
<td>Castillo, Jesus</td>
<td>B1</td>
<td></td>
<td>2010-Jun-14</td>
<td>2013-Jul-01</td>
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<td>12</td>
<td>Hoover, Michael</td>
<td>B1</td>
<td></td>
<td>2011-Jun-13</td>
<td>2014-Jul-01</td>
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<td>13</td>
<td>Mannix, Melissa</td>
<td>B1</td>
<td></td>
<td>2012-Jul-30</td>
<td>2015-Jul-30</td>
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<td>14</td>
<td>Valdez, Karie</td>
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<td>2010-Jun-14</td>
<td>2013-Jul-01</td>
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<td>15</td>
<td>Winkler, Joshua</td>
<td>B1</td>
<td></td>
<td>2012-Jul-30</td>
<td>2015-Jul-30</td>
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<td>16</td>
<td>Carol, Katherine</td>
<td>B2</td>
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<td>2012-Jul-30</td>
<td>2015-Jul-30</td>
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<td>17</td>
<td>Grange, Kathleen</td>
<td>B2</td>
<td></td>
<td>2010-Jun-14</td>
<td>2013-Jul-01</td>
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<tr>
<td>20</td>
<td>Meredith, Carol</td>
<td>B2</td>
<td></td>
<td>2010-Jun-14</td>
<td>2013-Jul-01</td>
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<td>23</td>
<td>Henderson, Betty</td>
<td>B3</td>
<td></td>
<td>2010-Jun-14</td>
<td>2013-Jul-01</td>
<td></td>
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<tr>
<td>24</td>
<td>Hudner, Raymond</td>
<td>C2</td>
<td></td>
<td>2012-Jul-30</td>
<td>2013-Jul-01</td>
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</tr>
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</table>

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

<table>
<thead>
<tr>
<th>#</th>
<th>Name</th>
<th>Position or Working Title</th>
<th>FT/PT %</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Ares, Marna</td>
<td>Planner</td>
<td>100.00%</td>
</tr>
<tr>
<td>2</td>
<td>Farrar, Julie</td>
<td>Policy Analyst</td>
<td>100.00%</td>
</tr>
<tr>
<td>3</td>
<td>Helton, Mackenzie</td>
<td>Fiscal Manager</td>
<td>100.00%</td>
</tr>
<tr>
<td>4</td>
<td>Llewellyn, Lionel</td>
<td>Administrative Assistant</td>
<td>100.00%</td>
</tr>
<tr>
<td>5</td>
<td>Tewell, Marcia</td>
<td>Executive Director</td>
<td>100.00%</td>
</tr>
</tbody>
</table>
PART A: The designated state agency is:
Colorado Department of Human Services
1575 Sherman Street
Denver, CO 80203
phone: (303) 866-5700, fax: (303) 866-4740
e-mail: reggie.bicha@state.co.us

PART B: Direct Services. [Section 125(d)(2)(A)-(B)].
The DSA provides direct services to persons with developmental disabilities. (Personal care, home maintenance/modification, habilitation services, employment services, transportation, health care, therapies, assistive technology, respite, recreation supports, mentorship, parent education, and case management.)

PART C: Memorandum of Understanding/Agreement: [Section 125(d)(3)(G)].
The DSA has a Memorandum of Understanding/Agreement with the Council.

PART D: DSA Roles and Responsibilities related to Council. [Section 125(d)(3)(A)-(G)]
CDHS disperses funds and performs personnel, accounting, legal, purchasing, reporting, and other administrative functions. CDDC is a Type 1 Transfer agency, which means that CDDC can function independently while part of another state agency.

PART E: Calendar Year DSA was Designated. [Section 125(d)(2)(B)]
1979
INTRODUCTION: A broad overview of the Comprehensive Review and Analysis conducted by the Council. The process for developing the current Five-Year Plan was summarized in the submission of the plan in August 2011. During the first year of implementing the Five-Year Plan all Council Committees kept abreast of issues that might impact the Council's implementation and amendment of its Plan, and determined there was no need to amend the Plan. In addition to the monitoring of Plan implementation by the Committees, the Council met in two communities outside the Denver metro area (Glenwood Springs and Trinidad), and gathered information from community members about issues and concerns for people with developmental disabilities, family members and community members. The information gained also did not indicate to the Council a need to amend the Plan. Grant projects are located in many communities throughout Colorado, and information obtained through grantees was also determined not to indicate a need to amend the Plan. At its March and May 2012 meetings the Council decided not to amend the Plan after the first year of implementation.

PART A: State Information

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

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Percentage of Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>White alone</td>
<td>81.3%</td>
</tr>
<tr>
<td>Black or African American alone</td>
<td>4%</td>
</tr>
<tr>
<td>American Indian and Alaska Native alone</td>
<td>1.1%</td>
</tr>
<tr>
<td>Asian alone</td>
<td>2.8%</td>
</tr>
<tr>
<td>Native Hawaiian and Other Pacific Islander alone</td>
<td>0.1%</td>
</tr>
<tr>
<td>Hispanic or Latino of any race</td>
<td>20.7%</td>
</tr>
<tr>
<td>Some other race alone</td>
<td>7.2%</td>
</tr>
<tr>
<td>Two or more races:</td>
<td>3.4%</td>
</tr>
</tbody>
</table>

(ii) Poverty Rate: 13.4%

(iii) State Disability Characteristics:

a) Prevalence of Developmental Disabilities in the State: 80845


b) Residential Settings:

<table>
<thead>
<tr>
<th>Year</th>
<th>Total Served</th>
<th>A. Number Served in Setting of 6 or less (per 100,000)</th>
<th>B. Number Served in Setting of 7 or more (per 100,000)</th>
<th>C. Number Served in Family Setting (per 100,000)</th>
<th>D. Number Served in Home of Their Own (per 100,000)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td>5227</td>
<td>91.830</td>
<td>12.110</td>
<td>142.630</td>
<td>16.370</td>
</tr>
<tr>
<td>2005</td>
<td>5019</td>
<td>94.640</td>
<td>12.950</td>
<td>120.640</td>
<td>18.540</td>
</tr>
</tbody>
</table>
### c) Demographic Information about People with Disabilities:

<table>
<thead>
<tr>
<th>People in the State with a Disability</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population 5 to 17 years</td>
<td>4.3%</td>
</tr>
<tr>
<td>Population 18 to 64 years</td>
<td>8.5%</td>
</tr>
<tr>
<td>Population 65 years and over</td>
<td>34.5%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Race and Hispanic or Latino Origin of People with a Disability</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>White alone</td>
<td>10.2%</td>
</tr>
<tr>
<td>Black or African American alone</td>
<td>11.2%</td>
</tr>
<tr>
<td>American Indian and Alaska Native alone</td>
<td>16.4%</td>
</tr>
<tr>
<td>Asian alone</td>
<td>5.5%</td>
</tr>
<tr>
<td>Native Hawaiian and Other Pacific Islander alone</td>
<td>0%</td>
</tr>
<tr>
<td>Some other race alone</td>
<td>7.8%</td>
</tr>
<tr>
<td>Two or more races</td>
<td>10.5%</td>
</tr>
<tr>
<td>While alone, not Hispanic or Latino</td>
<td>10.6%</td>
</tr>
<tr>
<td>Hispanic or Latino (of any race)</td>
<td>8.5%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Employment Status Population Age 16 and Over</th>
<th>Percentage with a Disability</th>
<th>Percentage without a Disability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employed</td>
<td>27.3%</td>
<td>68.2%</td>
</tr>
<tr>
<td>Not in Labor Force</td>
<td>66.6%</td>
<td>24.7%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Education Attainment Population Age 25 and Over</th>
<th>Percentage with a Disability</th>
<th>Percentage without a Disability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than High School graduate</td>
<td>17.4%</td>
<td>8.8%</td>
</tr>
<tr>
<td>High School graduate, GED, or alternative</td>
<td>31.4%</td>
<td>21.3%</td>
</tr>
<tr>
<td>Some college or associate's degree</td>
<td>30.5%</td>
<td>30.5%</td>
</tr>
<tr>
<td>Bachelor's degree or higher</td>
<td>20.7%</td>
<td>39.4%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Earnings in the past 12 months Population Age 16 and Over with Earnings</th>
<th>Percentage with a Disability</th>
<th>Percentage without a Disability</th>
</tr>
</thead>
<tbody>
<tr>
<td>$ 1 to $4,999 or loss</td>
<td>19.3%</td>
<td>11.4%</td>
</tr>
<tr>
<td>$ 5,000 to $ 14,999</td>
<td>20.3%</td>
<td>16.4%</td>
</tr>
<tr>
<td>$ 15,000 to $ 24,999</td>
<td>16.1%</td>
<td>14%</td>
</tr>
<tr>
<td>$ 25,000 to $ 34,999</td>
<td>10.8%</td>
<td>13.2%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Poverty Status Population Age 16 and Over</th>
<th>Percentage with a Disability</th>
<th>Percentage without a Disability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Below 100 percent of the poverty level</td>
<td>19.2%</td>
<td>11.2%</td>
</tr>
<tr>
<td>100 to 149 percent of the poverty level</td>
<td>12.4%</td>
<td>7.5%</td>
</tr>
<tr>
<td>At or above 150 percent of the poverty level</td>
<td>68.5%</td>
<td>81.3%</td>
</tr>
</tbody>
</table>

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

(i) Health/Healthcare:

Medicaid Expansion/Buy-In Colorado has become the 44th State to participate in the Medicaid Buy-In (MIG) Program. HB 08-1072 Medicaid Buy-In Programs for Working Adults with Disabilities was passed to allow for the creation of MIG and HB 09-1293 Colorado Health Care Affordability Act created the funding mechanism for Medicaid expansion, including MIG, through a hospital provider fee. As of July 31st, 2012, 19 children with disabilities and 290 working adults with disabilities are enrolled in the Medicaid Buy-In Program. The original plan did not allow for Personal Assistance Services to be provided outside of the client’s home. The state is now working closely with Health Care Policy and Finance, Center on Medicaid/Medicare Services and
stakeholders to allow for enrollment by people currently receiving services through the HCBS waivers, which
do offer PAS and other enhanced employment services. Currently the anticipated goal of expansion into the
Elderly Blind Disabled (EBD) and Community Mental Health Services (CMHS) waivers is January 1, 2013.
There is discussion of expanding MIG into all HCBS waivers, including the DD waivers at some point. A few
challenges regarding enrollment remain, including passive enrollment in MIG, receiving notification and a bill
for two months worth of premiums without knowing they had been enrolled or that they were responsible for
paying a premium. Another potential complication is the inability to qualify for benefits in an expedited
manner, including Medicaid and SSI/SSDI should loss of employment occur. Care Coordination The
Colorado Department of Health Care Policy and Finance has hired consultants to reach out to stakeholders
(consumers) in order to seek guidance on creating a more consumer friendly service delivery system and be
in alignment with the person-centered care model of the Affordable Care Act. The State of Colorado is also
working to rapidly enroll Medicaid recipients in Accountable Care Collaboratives (ACCs) in order to better
coordinate care and reduce costs. Colorado has also applied for a $1 million design contract Dual Eligible
Grant from CMS to develop a model for providing person-centered care coordination for people who are
dually eligible for Medicaid and Medicare. The Regional Care Collaborative Organizations (RCCO’s) and
ACC’s have been heavily involved and there is outreach to the disability community in particular due to the
high number of people with disabilities who are dually enrolled. There have been numerous stakeholder
meetings and the Council wrote a letter of support for the grant application process. The use of RCCO’s and
ACC’s role in Care Coordination has been seen as a strategy to provide better primary care and reduce the
frustrations of systems navigation. However, there is concern that the complex case management needs of
some people with developmental disabilities and barriers to accessing specialists could negatively impact
overall health outcomes. Uninsured/Underinsured SB 12-134 the Hospital Payment Assistance Program
was also signed into law which made mandatory disclosure of financial assistance resources to help cover
hospital and medical expenses for the uninsured. The bill increased transparency, required hospitals to offer
reasonable payment plan options and limits hospital prices for those under 250% of FPL to the lowest
negotiated rates paid by private insurers. In Colorado Medicare cost reports showed that total hospital
charges were 384% of total cost, demonstrating charges significantly higher than actual care costs. Families
with children with complex healthcare needs who are uninsured or underinsured will be able to access
hospital charity and discount care policies in order to minimize financial impact and risk of bankruptcy.

(ii) Employment:
Non-integrated work settings (sheltered workshops) are no longer reimbursed in the state as of July 1, 2012.
A pre-vocational category has been approved with a five-year limit on being in pre-vocational services. An
employment path is developed at the start of the pre-vocational experience, followed with close planning on a
path to employment. If employment has not occurred in five years, the individual will be referred to a
recreation based category such as community connections. Supported Employment (SE) has decreased of
late due to a number of factors, including relatively low reimbursement rates, the general economy, and lack
of back up for families if their adult son or daughter living at home loses a job. SE annual reimbursement
rates are between $3,000 and $4,000; 1/3 lower than states with highest rates (WA and OK). 24% of people
with developmental disabilities are employed now, compared with 46% in 1997, 34% in 2000, and 27% in
2006. Planning processes (such as Discovery) are not yet implemented in a formal way. The Support
Intensity Scale (SIS) tool is used to set rates on a scale of 1-6 for all receiving DDD services. Only those with
very high reimbursement rates (i.e. 6) can receive 1:1 supports, and often those supports are not provided for
SE, but justified for safety purposes in segregated day programs. Incentive-based funding which had paid
25% more for those employed with a SE model has disappeared. DVR no longer has a waiting list. Due to a
complication in federal legislation that did not fund benefit counselors, DVR has funded CP Colorado for
$300K to keep the counselors in place until/if the legislation passes. Most states’ participants are currently
on SSDI or participating in a waiver with earnings caps of $28,000 while maintaining benefits. CDDC funds
Colorado’s membership in the Statewide Employment Leadership Network (SELN) for $35,000 as of April of
2011, and is considering funding a second year. Based on the self-assessment report prepared by Institute
for Integration in Boston, the work plan has been completed and adopted by the Department of Human
Services. CDDC funds Project SEARCH (for three years) with expansion planned in future years. Data are not collected to reflect the fact that many adults in services participate part-time in pre-vocational services, community connections, part-time supported employment, volunteering, or day habilitation. There are billing statistics for each service, but people participate in a variety of settings to complete a full week and the data are not aggregated. DVR has a pilot in two communities to work through details of increased rates for Job Search and Placement that is to be fully implemented on Jan. 1, 2013. There are two tiers of funding; most individuals with developmental disabilities will be in tier two. The system has incentives for certain milestones and a bonus for job placement with exceptional wages of 25% of DOL.

(iii) Informal and informal services and supports:
The Long Term Care Advisory Committee is looking at waiver consolidation, improvements in eligibility, care coordination and the expansion of Consumer Directed Supports and Services (CDASS). The possibility of receiving an enhanced Federal match of 6% for meeting Long Term Care capacity in community settings through the Community First Choice Act has led to the opportunity for departmental collaboration with ADAPT and other leaders in the disability community. There are differing opinions on why CDASS is not being expanded into the DD waivers: the most troubling is simply a reiteration by the department that CDASS must become “stable and sustainable” this creates problems as those terms have yet to be defined. A group of advocates, including members of ADAPT, Colorado Cross Disability Coalition, Arcs, CDASS consumers, and paid family caregivers have been working together on an informal level to address sustainability and stability issues. A newly formed “Participant Directed Public Policy Collaborative” that includes case managers, consumers, paid family caregivers, advocates and Medicaid leadership, staffed by the Director of Stakeholder Engagement, has been meeting monthly to address concerns on a systemic level. Another positive development was the passage HB 12-1177 – Concerning a Grant Program to Provide Home Care Allowance Benefits to Certain Eligible Individuals, and, In Connection Therewith, Making and Reducing Appropriations, which restored the Home Care Allowance for 241 people with developmental disabilities on CES and SLS HCBS waivers. Cooperation and collaboration has improved at least on the surface between the State and the lead disability advocacy groups, ADAPT, Colorado Cross Disability Coalition (CCDC), Parent2Parent, and Parents of Adults with Disabilities-Colorado, (PAD-CO). The DD Council held a Legislative Session for the grantees across the state in March, parents of young children with disabilities and young adults with disabilities came together from Denver, Walsenberg and Greeley to learn about the legislative process. They also participated in a mock hearing on SB12-1085, “Concerning An Exception To The Hearsay Rule To Allow Testimony From Persons With Developmental Disabilities”, the legislative panel included Representative Mark Ferrandino, and Senators Pat Steadman and Dr. Irene Aguilar.

Valley Life for All in the Roaring Fork Valley continues to build natural supports with young adults with disabilities and the community through presentations, small business partnerships, collaboration and outreach. Watch Our Words, presents throughout the state on augmentative/facilitated communication educating the public and encouraging others to utilize technology to enhance communication and understanding. Access to communication continues to be a very real challenge for people with alternative communication needs.

(iv) Interagency Initiatives:
As new administration and newly appointed directors of Colorado Department of Human Services, Medicaid and Health Care Policy and Finance have been charged by Governor Hickenlooper create a more “effective, elegant and efficient” service delivery system we have seen a revival of outreach and attempts at improved stakeholder engagement. To that end a great deal of attention was given to reducing duplication, improve communication and “customer relations” with recipients of publicly funded services. One of the main ambitions was to move the Department of Disability Determination from under the umbrella of the Department of Human Service over to the Department of Health Care Policy and Finance. Although the efforts led to an impasse at the legislative level, Governor Hickenlooper issued an executive order in July, 2012 announcing
an Office of Community Living and a Governor’s Advisory Group on Community Living. This Interagency Initiative includes representatives from the Area Agencies on Aging, Community Centered Boards, County Commissioners, the Long Term Care Advisory Committee and the Colorado Commission on Aging. Colorado’s Inaugural Aging and Disability Summit will be a federal, state, local, public and private collaborative training and professional development conference held in November. The Governor also created an Office of Early Childhood Office of Early Childhood and the co-location of programs strengthening interagency partnerships and collaboration to improve the efficiency, effectiveness and quality of childhood and youth supports, services and programs in Colorado. The DD Council currently has staff member advisory representation on the State Rehabilitation Council and will soon have a Governor appointed Council member on the SRC. DD Council staff also sits on the Colorado’s University for Excellence, JFK Advisory Committee as the consumer co-chair. DD Council staff recently participated in a Department of Labor Women’s Roundtable that addressed issues such as home health workforce capacity, including the protection of overtime pay for home care workers and wage and hour compliance for exploited and vulnerable workers with developmental disabilities in Non Integrated Work Settings.

(v) Quality Assurance:
During the last days of Governor Ritter’s administration, in 2010, Department of Human Services Executive Director Karen Bye, issued an Executive Order banning prone restraint. During the 2011 legislative session SB 11-049 was introduced to ban prone restraint and it was discovered that the ban was already in place but had never been implemented.

The legislation was defeated but the group of stakeholders including legislators, new DHS Director Reggie Bicha, Dan Casey, Juvenile Corrections, the mental health community, family members of people killed in prone restraint, and advocates such as the Arcs, the Legal Center and DD Council came together as a work group to address implementation of the Executive Order. The Human Services Board adopted final rules banning prone restraint in all state licensed facilities, except Department of Corrections. The Legal Center has received a grant through the DD Council to continue their work in the area of use of seclusion and restraint in the public school system. SB12-1085, “Concerning An Exception To The Hearsay Rule To Allow Testimony From Persons With Developmental Disabilities,” was passed with collaboration from the Arcs, The Legal Center, law enforcement and local District Attorney’s, the hope is that this legislation would increase the prosecution rate, some estimates of the incidence of sexual assault rates are as high as 83% with less than 5% successfully prosecuted and convicted. There was also passage of HB 12-1294: Eliminating Duplication and Unnecessary Government Oversight of the Regulation of Health Facilities in Colorado which attempted to cut down on unnecessary, duplicative and sometimes contradictory and conflicting regulatory, licensing and certification for health facilities, Regional Centers, and group homes. The Department of Public Health and Environment in particular seems to be working primarily from a medical model that emphasizes health and safety over quality of life. This problem has been compounded lately by a Department of Labor audit that found that one of the larger Community Center Boards had misclassified over 200 employees as sub-contractors. Many families are scrambling to keep their long-time chosen caregivers and may have to become Certified Personal Assistance Service Agencies, in the process. These PASAs would in actuality be an agency of one, but they would fall under the regulatory authority of CDPHE. Although coming along more slowly in embracing a more person-centered approach to service delivery, CDPHE has agreed to hold several stakeholder meetings to get input on improvement and expanded their outreach to get true stakeholder input from people with developmental disabilities and their family members. There continues to be a struggle to maintain a balance between attempting to keep people protected to the degree it negatively affects quality of life and preventing inclusive access to the community through very strict rules and regulations that incorporate the institutional bias into home and community based settings, and making sure that people with developmental disabilities are safe and the systemic safeguards are used appropriately to maximize independence rather than thwart any attempt at true inclusive, participant-directed service delivery that supports the right to choose, including the right to choose where to live and who to hire to provide support for Activities of Daily Living.
(vi) Education/Early Intervention:
The Attorney General delivered to the state Supreme Court their rebuttal to a lower court ruling that threw out the State's public education funding system. The rationale is that funding for education is a political question, not a legal question. The AG also argued that nearly half of the current $7 billion of general funds is spent on K-12. The decision is based on a seven-year-long Lobato v. Colorado case, which claims that education is under-funded in the State based on constitutional guarantees. A Denver District judge upheld the case in December, saying the State's system of paying for public education is "irrational, arbitrary and severely under-funded." The state has appealed to the Colorado Supreme Court. University of Colorado agreed to file a brief in support of the State's appeal. The regents fear that if Lobato is upheld, other state services will suffer because all the tax money will go to K-12 education. The Supreme Court is expected to take up the case in the fall. There were a number of efforts to consolidate government in the legislature this session. One effort was to consolidate early childhood programs from the Health Department, Human Services and the Division on Developmental Disabilities into a single office. Although the legislation failed, it was determined that the offices could still physically move into a single location. As a result, the early childhood section for children with developmental disabilities was moved from the Division, into a new single office for early childhood within the Department of Human Services. This move was opposed by current service providers within the developmental disabilities community. Another issue within special education is that of charter schools and their ability to deliver supports to students with IEPs or 504 plans. A school board near Castle Rock, Co. approved a plan for the board to directly fund charters, including those with a religious curriculum. Dollars went from the board directly to families, thus avoiding traditional funding mechanisms. The Legal Center did a survey of the charter schools that received funding and found that the majority of the schools had no provisions to meet the needs of the students with IEPs. The judge in the case issued an injunction against the district and prevented the schools from receiving the funding or accepting students at the start of the 2012 school year.

(vii) Housing:
The Colorado Division of Housing (DOH) is applying to the U.S. Department of Housing and Urban Development for funding through the Section 811 Supportive Housing for Persons with Disabilities Project Rental Assistance (PRA) Program. The Section 811 Program assists the lowest income people with significant and long-term disabilities to live independently in the community by providing affordable housing linked with voluntary services and supports. PRA funds can only be used as rental assistance. Capital Advances are not an eligible activity. DOH will attach the PRA subsidy to new or existing multifamily developments in which the development costs are paid for with other public or private sources. This includes projects that have a commitment of federal Low Income Housing Tax Credits, HOME funds, or other commitments of funding from federal, state, or local government or any other source. Project owners can be nonprofit or for-profit developers. This funding will provide project based rental assistance to households composed of one or more persons who are:
At least 18 years of age and less than 62 years of age; Extremely low income (30%) of Area Median Income (AMI); and Can benefit from supportive services in connections with housing. The main target group for the Section 811 project will be participants of the Money Follows the Person (MFP) grant. Colorado’s MFP grant is called Colorado Choice Transitions (CCT). CCT is an initiative of the Colorado Department of Health Care Policy and Finance (HCPF). The goal of CCT is to move at least 500 persons with disabilities out of nursing homes and other long-term care in the next five years. HCPF is partnering with supportive service agencies and housing providers to provide enhanced services associated with affordable housing to assist with the transition of consumers into the community. The enhanced services will be provided for up to a year after the consumer moves into the community. After that, the consumer will be provided with regular supportive services through state Medicaid contracts. A negative aspect of 811 housing is that once an individual lives in the housing, they may not move freely to other 811 housing. DOH is also writing a decision item for the JBC for $5.5 million out of the state’s general fund dollars to provide housing that is not linked to cumbersome federal requirements that disencourage the expansion of affordable housing. This activity is a projection with no definite outcome at this point. Additionally, DOH reports that there are no more Section 8 vouchers
available due to lack of authorization of the U.S. Congress. This fact is particularly disheartening given that the other option for individuals with D.D. is to be served under a single waiver that only allows for CCB administered group homes or host homes. The lack of Section 8 voucher option decreased the choices of individuals eligible for CCB supports.

(viii) Transportation:
Affordable and accessible transportation and housing continue to be the biggest barriers to de-institutionalization and community participation, especially in the more rural parts of the state. Most recently, the Front Range Express (FREX), which was the only public transportation available between Colorado Springs and Denver was discontinued. There was a valiant organizing effort by the disability community and others affected to try to keep the only means of travel available for people with disabilities. Although the Regional Transportation District and Denver Regional Mobility and Access Council have been working together to try and promote travel training for people with disabilities in the Denver Metro area, there is an increased reliance on paratransit and the belief that the majority of people with disabilities cannot successfully access fixed route and Light Rail is too pervasive. There have been organized and well attended town halls regarding the reduction of fixed route transit service as light rail expands. Although the disability community welcomes Light Rail Expansion, the targeted audience is the business commuter who drives to a Park and Ride, this can cause a decrease in public bus ridership and as fixed route access and service shrinks, so does Access-A-Ride because paratransit availability is based on fixed route service availability. We have had some members of the disability community who are public transit dependent become very active, including two people with disabilities who are running for the RTD Board of Directors.

(ix) Child Care:

(x) Recreation:

PART C: Analysis of State Issues and Challenges [Section 124(c)(3)(C)]:
(i) Criteria for eligibility for services:
People who have a developmental disability are those who have a “disability that is manifested before the person reaches twenty-two years of age, which constitutes a substantial disability to the affected individual, and is attributable to mental retardation or related conditions which include cerebral palsy, epilepsy, autism, or other neurological conditions when such conditions result in impairment of general intellectual functioning or adaptive behavior similar to that of a person with mental retardation” (CRS 27-10.5-102). For children under five years of age, eligibility is based on determination of either a developmental delay or factors putting the child at risk of having a developmental disability.

(ii) Analysis of the barriers to full participation of unserved and underserved groups of individuals with developmental disabilities and their families:
Numerous communities continue to express frustration at the lack of transportation in specific geographic areas as well as in Denver. Additionally, citizens are frustrated that much of the policy-making takes place in Denver and the lack of ability to be physically present makes participation difficult. There is a need for transportation and the need for citizens of Denver to become familiar with rural areas and their needs, including transportation. As a result of the frustration, the Council will hold two of six annual meetings in a rural area in 2012. We hope that by holding meetings outside of Denver, people living in rural areas will be able to attend the single Council meeting to learn more of what the Council does as well as for the Council to get a feel for rural issues. The Council is addressing underserved populations with three leadership-training groups, two of which are in rural areas and one of which is targeted to people of color in the Denver metro area. The series of trainings will take place locally in each community; all project participants will attend one training at the Capitol in Denver in March of 2013. Individuals with developmental disabilities and their families of ethnic and cultural minorities experience barriers to full participation due to lack of adequate state and community agency staff who are culturally competent or fluent in languages other than English. Others who experience similar barriers are parents with developmental disabilities and elderly individuals with developmental disabilities. Many people with developmental disabilities do not have access to communication, in part because of attitudinal barriers based on assumptions they are not competent to benefit from alternative and augmentative communication. Additionally, there is an attitudinal barrier in that people with physical disabilities perceive people with cognitive disabilities to be incapable of self-determination and they are therefore excluded from some of the benefits realized from the advocacy for rights and access by people with physical disabilities.

(iii) The availability of assistive technology:

Assistive Technology Partners (ATP) was created as part of the Assistive Technology Act of 1988 and has been active lately around the issue of use of generic or universal technology in situations where it may be both less costly and of higher quality as well as very functional for the A.T. user. A group is looking at the interpretation of the definitions of durable medical equipment (DME) and medical necessity to determine why Medicaid is not approving more generic technology. Medicaid rules and regulations from CMS indicate that there are clear restrictions from the federal level (equipment must be disability specific, not able to be used by general public), which also exist from state rules. The use of the I-pad as well as I-phone and other equipment has spurred the effort. There continues to be a strong need for assessments as unused or irrelevant equipment continues to be purchased with no money for training on the use of the equipment. Smart Homes continue to get some attention, but this tends to be at conferences rather than having implementation in the community in a broad way. The Coleman Institute in Boulder continues to have annual meetings that are well attended.

ATP has an equipment loan bank, training to demonstrate AT statewide, an Internet service linking to EBay for purchase of used equipment, and three offices throughout the state for individuals to test equipment before purchase as well as to receive assessments. Lastly, ATP holds an annual conference with cutting edge information and hosts AT week annually in October via Governor proclamation.

(iv) Waiting Lists:

a. Numbers on Waiting Lists in the State:
<table>
<thead>
<tr>
<th>Year</th>
<th>State Pop. (100,000)</th>
<th>Total Served</th>
<th>Number Served per 100,000 state pop.</th>
<th>National Averaged served per 100,000</th>
<th>Total persons waiting for residential services needed in the next year as reported by the State, per 100,000</th>
<th>Total persons waiting for other services as reported by the State, per 100,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>51.170</td>
<td>7019</td>
<td>137.000</td>
<td>143.100</td>
<td>43.330</td>
<td>115.010</td>
</tr>
<tr>
<td>2009</td>
<td>50.290</td>
<td>5227</td>
<td>104.000</td>
<td>143.100</td>
<td>37.920</td>
<td>178.780</td>
</tr>
<tr>
<td>2007</td>
<td>49.390</td>
<td>4937</td>
<td>102.000</td>
<td>145.100</td>
<td>22.630</td>
<td>142.310</td>
</tr>
<tr>
<td>2005</td>
<td>46.650</td>
<td>5019</td>
<td>108.000</td>
<td>138.700</td>
<td>66.340</td>
<td>165.550</td>
</tr>
</tbody>
</table>

b. Description of the State’s wait-list definition, including the definitions for other wait lists in the chart above:
When people are determined eligible and in need of services, but no openings are available, they are placed on a waiting list. The waiting lists the Council reports twice yearly are for those administered by the Division for Developmental Disabilities (Comprehensive Services, Supported Living Services, Children’s Extensive Support Waiver, Family Support Services Program, and Early Intervention) and those administered by Health Care Policy and Financing (Autism Waiver and HCBS Children’s Waiver). The DDD now monitors the waitlist for the state, rather than it being done by the 20 local community centered boards.

c. To the extent possible, provide information about how the State selects individuals to be on the wait list:
Students ages 14 to 16 are not on waitlist due to age. Waitlist categories: ‘as soon as possible’ status; ‘high risk’ status. High risk is for those over 40 living with a parent or relative, and/or individuals who have one or more of the disabilities (in State’s language) of Mental Illness, Behavioral Issues, Non-mobile, Medically Fragile, and/or has an overall function level of Profound. DVR no longer has order of selection waitlist. Early intervention has no wait list per federal regulation. Whether to use funds from fund-raising, grant writing, or general funds for direct services to those on waitlist or to invest is currently in discussion. Currently there is no standard for ratio of operating costs to direct service. One of the 20 area providers recently released information that they are providing $1 million to help address the waiting list.

d. Entity who collects and maintains wait-list data in the State:
- [ ] Case management authorities
- [ ] Providers
- [ ] Counties
- [X] State Agencies
- [ ] Other:

e. A state-wide standardized data collection system is in place:
- [ ] Yes/No

f. Individuals on the wait list are receiving (select all that apply):
- [X] No services
- [X] Only case management services
Inadequate services

Comprehensive services but are waiting for preferred options (e.g., persons in nursing facilities, institutions, or large group homes waiting for HCBS)

Other: see description below

Other services:

Other services description(s):

With Colorado’s receipt of the Money Follows the Person grant, people with disabilities desiring to leave nursing homes for life in the community have a funded process by which to leave nursing homes for community living.

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

Yes/No

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

On the Dep't of Human Services website, the wait list is described as: When people are determined eligible and in need of services, but no openings are available, they are placed on a waiting list. Waiting lists occur in both the DD and DMH systems. The waiting list within Vocational Rehabilitation is known as order of selection. DVR has, however, suspended the use of order of selection and has no waiting list currently. One of the 20 Community-Centered Boards (CCB) in the state informs people on their website that once a person is determined eligible for services an Individualized Plan (IP) is developed with the person, their family, the intake case manager, and others as requested by the person or family. The IP describes the person’s needs, how they are currently being met, and what services might be needed in the future. The IP at that point will not include specific goals, and also does not provide an estimate for the length of time the person will be waiting for services.

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

Yes/No

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

Without the benefit of Lakin et al data and lack of update from the State of the States, the CO waiting list figures are derived from the Division for Developmental Disabilities data collection. The total served for 2011 is significantly greater than the total reported for 2009, and the numbers for those waiting for residential and other services also are derived from state data collection sources and may not be comparable to numbers reported for 2005, 2007 and 2009.

j. Summary of waiting list Issues and Challenges:

Issues for individuals and families are the missed opportunities for leading full and meaningful lives, financial
and physical burden imposed on people who, while on the waiting list, are receiving either no services/supports, or grossly inadequate support. Minimum standards of health and safety are not met, putting lives and health in jeopardy. Adults with dd transitioning from foster care or whose caregivers no longer able to provide care, face inappropriate and high cost placement in either a three regional centers, intermediate care facilities or nursing homes. Inappropriate placement in nursing homes violates federal PASRR requirements. This represents noncompliance with the Olmstead ruling, and could put at risk Medicaid funding for people with dd. Children are at risk of longer term or increased levels of delays due to loss of ARRA funds for early intervention (EI) services. Another result is higher costs to CO during public education years and higher health care costs.

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

CO has 12 HCBS waivers, more than any other state, and added a new waiver that allows people with Spinal Cord Injuries SCI to access alternative therapies such as acupuncture, massage, yoga, and chiropractics. Numbers served: Childrens HCBS 1314, Childrens Medicaid, Childrens Extensive Support 393, Children’s Habilitation Residential Program 140, Brain Injury 300, Mental Illness 2641, AIDS 67, Elderly Blind and Disabled (22384, DD Supported Living Services 3270, DD Comprehensive 4482, and Children with Autism 113. Originally the waivers were necessary because the State Medicaid plan is one of the leanest in the country, unfortunately as the waiver categories expanded with the caveat that no waiver could have duplicative services, eligibility became based not on need but on diagnosis, or what box a person fit into. The three overarching departments: DHS, CDPHE and HCPF, are trying to become more person centered but struggling with defining the concept and letting go of older models that dealt primarily with safety and a very low threshold for reaching minimum standards of care. There was an attempt to move Division for Developmental Disabilities DDD back to HCPF from DHS in order to avoid duplication of effort. This was fought by the many, including: Denver Regional Council of Governments DRCOG, Community Center Boards, and others. The legislation failed to be introduced this past session. Nonetheless the Governors Office created the Office on Community Living to administratively begin the transition. There is also recognition that there are significant Conflict of Interest Issues within the service delivery systems, in particular in the Behavioral Health and Developmental Disabilities systems. Family Caregiver has been initiated, but problems are tied to conflict of interest. CCBs take disproportionate amount for administration, reported in one case to be 60 percent. CDASS fiscal intermediaries, on the other hand, have administrative costs capped at 11 percent. Consumer Directed Attendant Supports and Services has been very successful as a model of self directed care which allows people to recruit, hire, train, manage, and fire their own support staff. Through an exemption from the Nurse Practice Act and with the use of a Fiscal Intermediary and if necessary an Authorized Representative, people utilizing CDASS also manage their own Personal Assistance Services allocation, completing time sheets and setting wages for staff of their own choosing. Ensuring stability and sustainability for this model would help CO as it moves toward accepting and implementing Community First Choice. CMS is leading the charge when it comes to pushing CO to embrace person centered, participant directed care. Again, the community worries who is at the table to define key concepts and how these changes are implemented systemically. There has been a marked increase of cooperation and collaboration between CMS, Medicaid, and the disability community. We will find out in the next few months if this leads to real substantive change or was simply another exercise in obtaining stakeholder input without working aggressively within the system to end Institutional Bias the traditional medical model of service delivery. Work is being done in waiver consolidation, wait list management and moving from a diagnosis based to a needs based model for eligibility, that may drive how soon MIG is available to all persons with disabilities who are receiving Medicaid through HCBS waivers. The state is currently modeling the impact of implementing CFC, this would allow for PAS in the community, consumer directed care options and require an end to the wait-list for services in the DD waivers. The need to address Conflict of Interest in the BHOs and CCBs, the waiver expansion efforts, how PAS are actually delivered for people on the DD waivers, and whether or not CO implements CFC all play a role in postponing the expansion of CDASS.
(vi) Analysis of the adequacy of health care and other services, supports, and assistance that individuals with developmental disabilities who are in facilities receive:

Colorado continues to operate three public institutions/ICFs; one in Grand Junction, a second mental health institute in Pueblo, and the third in a suburb of Denver, Wheat Ridge Regional Center. The Mental Health Institute has had incidents of misuse of prone restraint. The Institute works closely with the state prison that has a unit for special offenders, also located in Pueblo. Grand Junction Regional Center downsized in 2010 by sixty individuals, many of who are medically fragile. The Joint Budget Committee (JBC) has been involved in the decision-making, as the cost of repair to the physical plant in Grand Junction is not cost effective relative to keeping it open.

The SPARK Institute held a number of public forums during the year, however, specific plans for the regional centers remain unclear. Reports indicate that the cost of serving someone in an ICF/institutional setting is $190K, in a comprehensive resource in the community is $78K, and a nursing home is $57K, and a Supported Living Support resource is $20K. Individuals living at Ridge are in both ICF funded and HCBS group homes on the same campus. Individuals residing there are medically fragile or court ordered placements, including sex offenders. The plan to change the work of the regional center includes moving individuals out via the Money Follows the Person grant, although the persons living on campus in HCBS group homes are not eligible for enhanced dollars of a 75% match (first year of moving out) as the grant requires funding goes to ICF or nursing home clients. The target is to move 100 people out of nursing homes and all three institutions during the first phase of the grant. The following stats relate to the numbers of individuals being served in the state in institutional settings.

1,742 nursing facility residents have a major mental health diagnosis;
275 nursing facility residents have a developmental disability diagnosis;
38 nursing facility residents are diagnosed with both a major mental illness and a developmental disability;
Of the 2,055 individuals mentioned above, Medicaid serves the large majority and 689 of the 2,055 (33 percent) are 65 years old or younger. (Page 24 of the Olmstead report.) There are more individuals with diagnoses of mental health or developmental disability institutionalized in nursing homes than on the campuses of the Regional Centers, Ft Logan, or CO Mental Health Institute in Pueblo.

The Legal Center identified 8 individuals with developmental disabilities who clearly wish to move to a community setting and 7 individuals with mental health diagnoses.
The Legal Center has referred these individuals to the Community Choices Transition (formerly Money Follows the Person) project and is bringing them to the attention of the powers that be.

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

Current services are inadequate to meet the needs of people with developmental disabilities and their families in Colorado. While the legislature has approved small budget increases for the 2011-2012 budget, thus allowing for a few people to get off the waiting lists for services, the waiting lists are projected to last into the foreseeable future. Colorado has 11 Medicaid waivers: Children's HCBS (1314 served), Children's Medicaid, Children's Extensive Support (393 served), Children's Habilitation Residential Program (140 served), Persons Living with Brain Injury (300 served), Persons Living with Mental Illness (2641 served), Persons Living with AIDS (67 served), Elderly Blind and Disabled (19848 served), Developmental Disability Supported Living Services (3270 served), Developmental Disability Comprehensive (4482 served), and Children with Autism (113 served). Waiting lists exist for CES, SLS, DD-Comp, and Autism. DD Definition Committee has met for two years to work on the interpretation of the current statute that states a person is eligible for services based on an IQ of 70 or below and/or impact in two or more activities of daily living. There was a group convened to look at the definition and write proposed rules to go through the rule-making process at Human Services. This is not only due to lack of rule to reflect statute, but also because there is a lack of a common interpretation statewide of the meaning of “and/or” and a number of appeals which have been won concerning eligibility. The rule is to be approved by the DHS Board, but is opposed by the providers who will be providing the eligibility determinations, as cost for eligibility determination is not
reimbursed. Individuals/families pay for assessments, or use those from education records. However, the gathering of the paperwork and determination itself is not reimbursable. Although the committee had members from the provider community, this issue was not raised as a cause to block the rule from being implemented. There is no final action as of this date. Relative to adequacy of services, more people would be added to the waiting list, but not receive services. Individuals from the Autism community, fetal alcohol syndrome community, as well as others, would be impacted by this rule. There is conversation about merging the eleven waivers to simplify the system and put dollars toward services rather than toward the bureaucracy to implement services. There may be a waiver for children and another for adults. This is an issue being considered by the MFP grant process. There is enough money in the system according to the Director of HCDF, but it is not in the right place to serve all that are in need of supports. Waiver cuts are planned for SLS (supported living services) that will impact 178 individuals, Comprehensive, CES (Children’s Extensive Supports) waivers via the capping process. Day programming also known as day habilitation was 1800 hours but is being capped at 1200/24 hours a week, to save about $2.5 million. Behavior services were at 165 units, and are capped at 80 units saving $1.4 million, and dental services are moving to being provided by state plan services in Medicaid. Behavioral evaluations are capped at one per year. SPAL or spending authorization limits already has affected individuals served in the SLS waiver. These are proposed cuts that are in the process of being submitted by July 1 of this year. When there is a waiting list for services, the inadequacy of the system is clear. For those receiving waiver services, inadequacy still exists in that the receipt of services presupposes living in poverty, both in terms of income as well as having limited choices or control over life decisions.

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

The process for developing the new Five-Year Plan began with an agreement between the Planning & Grants and Multicultural Committees to meet jointly every other month from January to October 2010 to develop a curriculum and develop the job description for coordinators for the regional forums and focus groups to be held in the summer and fall of 2010. The joint work of the committees was to ensure that cultural competence and responsiveness would be an integral part of the Council’s Plan development activities. Each of six regional forums, a collaborative effort of the Council and the state’s Protection and Advocacy Organization, The Legal Center for People with Disabilities and Older People, included presentations by The Legal Center staff on the history of the disability rights movement, Council staff and members on the Council’s role, mission and activities, and presentations by Council grantees from the area in which the forum was being held. Focus groups were held following the forum, facilitated by local coordinators and Council and P&A staff. The focus groups discussed survey questions that were also mailed out to the Council’s mailing list and posted on the Council’s website for comment. Additionally, questions about the perceptions of cultural responsiveness (what it is and how one recognizes it when one experiences it) were included as the first activity of the regional focus groups. The Council considered the public responses to the surveys, as well as information on state trends as provided by fellow Council members and Council staff, to draft goals and objectives for the Five-Year Plan. Important to the decision-making process was a review of past grants and activities for indicators of effective strategies that have allowed the Council to meet its goals and objectives under the Five-Year Plan 201-2011. Council members as a group, whether representatives of state agencies or members representing the perspectives of people with developmental disabilities and family members, are actively involved and informed in public policy and civic issues that affect the lives of people with developmental disabilities in Colorado. Council members are conversant and communicative of their perspectives on the areas of concern represented in previous parts of this Section III. Issues that were brought forth by Council members were the need to look to community organizations and resources for innovative, meaningful and effective ways to include people with developmental disabilities as active members of their communities, the increasing use of seclusion and restraint for students with disabilities in Colorado’s public schools and with people with developmental disabilities in a variety of other settings, the need for increased public awareness of the contributions people with developmental disabilities can make to
their communities, the need to stay on the cutting edge of developing technology and social media, and the ubiquitous and dire need for people with developmental disabilities to be able to work for a livable wage in jobs of their choosing. The draft goals and objectives were approved at the January 2011 Council meeting and posted on the Council’s website for a 45-day period to receive public comment. Based on public input, the Council finalized the wording and approved the goals and objectives for the Five-Year Plan at its March 2011 meeting.

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

(i) As a Network:

The Legal Center is the Protection and Advocacy agency and JFK Partners is the University Center for Excellence in Colorado. The Executive Director of the Council will continue to sit on JFK’s Advisory Council that meets four times a year. Both JFK and The Legal Center participated in public forums held for the purpose of gathering local input on the Five-Year Plan. Additionally information was gathered around goals for seclusion and restraint in the Plan, and implementation of the new goal is a collaborative effort among the Network partners. The Autism Commission is newly named CANDO and is an ad hoc committee of the Council. The committee includes participants from a range of groups, and includes all three DD Act funded entities.

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

The Executive Director of the Council will continue to sit on JFK’s Advisory Council that meets four times a year. The Council’s policy analyst is the co-chair of the JFK Advisory Committee. The former Autism Commission’s recommendations are the basis for the work plan of the current CANDO committee that is overseen by the JFK Partners Executive Director and a Council member. The CANDO committee functionally sits as a Council ad hoc committee under the Council umbrella. As both The Legal Center and JFK Partners were instrumental in the development of the new Plan goal concerning seclusion and restraint, both partners will be actively involved in the implementation of strategies to achieve the goal over the next five years. The Legal Center received a $40K grant from the Council in 2012 to develop consistency and track data from the Department of Education regarding seclusion and restraint in the Colorado public schools. Legislation and rule making created the necessity for the data collection; however, without funding attached, the data were not consistently gathered. The Council’s policy analyst worked on a Get Out the Vote as part of the Legal Center’s HAVA grant this summer. The Council staff also is working with staff of the Legal Center around the Money Follows the Person grant as well as the implementation of the Medicaid Infrastructure Grant of MIG as it begins July 15, 2012.

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

The Council is working with the Divisions of Developmental Disabilities (DDD) and Vocational Rehabilitation (DVR) around employment initiatives and supported employment, in part via the SELN grant. Council staff
sits on the employment committee at the DDD, both of which are planning training events around employment along with DVR. As the Department of Health Care Policy and Financing (HCPF), as the Medicaid arm in Colorado, moves forward with the Money Follows the Person grant, as well as consolidating waivers, the policy analyst sits on the Long Term Care Advisory committee. The State Unit on Aging has been working with Department of Public Health and Environment (DPHE) on federal initiatives around respite that include the elderly, individuals with disabilities, and family caregivers. The Council’s policy analyst sits on the State Rehabilitation Council. The Older Americans Act representative on the Council is also involved with the AAAs as well as the ADRCs.
GOAL # 1: Leadership and Self-Advocacy

Promote and support the development of leadership and self-advocacy capacity among people with disabilities and their family members.

Area(s) of Emphasis:
- Quality Assurance
- Education and Early Intervention
- Child Care
- Health
- Employment
- Housing
- Transportation
- Recreation
- Formal and Informal Community Supports

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

Objectives
Promote and support the development of leadership, self-determination and self-advocacy capacity among people with developmental disabilities and their family members through a variety of strategies, including state-of-the-art technology.

Activities
Continue funding leadership and self-advocacy development, expand replication to other communities; participate as an organizational member of AT Coalition to further access to and use of state-of-the-art technology; implement leadership-training program conducted by local coordinators in CO communities. Purpose of training is to increase participants’ knowledge and understanding of history of disability rights movement and dynamics of system change in order to successfully influence system and social processes. Graduates of inclusive leadership development training will have the knowledge, skills and experience to create positive system policy changes that will enhance/create opportunities for people with developmental disabilities to further their independence, productivity, inclusion and integration into all aspects of community life;
take advantage of development of local leaders who may be resources for communities conducting the leadership training series.

Timeline

Provide short-term (one year) and long-term grant funding for leadership development throughout the five years of the Plan.

Objectives

Support policy-making groups to actively include people with developmental disabilities and family members in decision-making processes.

Activities

1. Disseminate existing resources developed by CDDC concerning strategies for including people with developmental disabilities as active members of policy-making groups. 2. Work collaboratively with statewide and national organizations to improve and disseminate information on active inclusion of people with developmental disabilities and family members in decision-making processes. 3. Individual Council members offer themselves as resources for training and information, along with the Council’s brochure on including people with disabilities on boards of directors, to community organizations. 4. Grant money to a foundation for a year to support an intern who will support the foundation’s board of directors in developing strategies for effectively including board members who are people with disabilities and/or family members.

Timeline

Efforts are expected to span the five years of the Council’s 2012-2016 Plan.

Objectives

Serve as a representative voice of the cultural competence and cultural diversity interests and concerns among Colorado citizens with developmental disabilities.

Activities

1. The Council’s Multicultural Committee (MCC) will develop a Speakers’ Bureau and talking points for presentations. 2. Require that all Requests for Proposals for Council-funded grants assure that individuals with developmental disabilities and their families have access to culturally competent, person/family-centered supports. 3. In order that the DD Council is seen as a change agent that reflects the geographic and cultural diversity of the State, over the period of two years the Council will meet 4 times in 3 different communities. At the beginning of the Plan Year 2012 the Council will have chosen one Western Slope, one central and one Front Range community in which to conduct its bi-monthly meetings.
Timeline

Efforts are expected to span the five years of the Council's 2012-2016 Plan.

Objectives

Support and expand participation of people with developmental disabilities in cross-disability and culturally diverse leadership coalitions.

Activities

1. Require that Council-funded grants include a goal to support people with developmental disabilities to take leadership roles in cross-disability and culturally diverse leadership coalitions within their communities.
2. Recruit MCC and Council members from previous Council-funded leadership development grants in the African-American and Latina/o communities.
3. Seek the mentoring of graduates of the above projects in the development of community-based leadership training programs.

Timeline

Efforts are expected to span the five years of the Council's 2012-2016 Plan.

Objectives

Establish or strengthen a program for the direct funding of a State self-advocacy organization led by people with developmental disabilities.

Activities

Continue to strengthen and expand the influence of Watch Our Words, a group of people with disabilities who determine the agenda for their monthly meetings and the design of the curricula they use in conducting training series around the state.

Timeline

Efforts are expected to span the five years of the Council's 2012-2016 Plan.

Objectives

Support leadership training by people with developmental disabilities and their family members for other people with developmental disabilities and their family members who may become leadership in Colorado.

Activities

1. Fund local leadership projects conducted by people with developmental disabilities and/or family
members in three to four communities each year, encouraging participation in under-served and rural communities in Colorado. 2. Continue to strengthen and expand the influence of Watch Our Words, a group of people with disabilities who determine the agenda for their monthly meetings and the design of the curricula they use in conducting training series around the state.

Timeline

Local Leadership Development projects will be funded in each of the five years, with the intention of expanding to new communities each year.

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

- [x] State Protection and Advocacy System
- [x] University Center(s)
- [ ] State DD Agency

Non-profit organizations, citizen coalitions
GOAL # 2: Development of community coalitions

Support the development of broad community coalitions that include people with developmental disabilities in natural proportions to address community-identified issues.

### Area(s) of Emphasis:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>✓</td>
<td>Quality Assurance</td>
</tr>
<tr>
<td></td>
<td>Education and Early Intervention</td>
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<tr>
<td></td>
<td>Child Care</td>
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<tr>
<td></td>
<td>Health</td>
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<td></td>
<td>Employment</td>
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<td>Housing</td>
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<td></td>
<td>Transportation</td>
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<tr>
<td></td>
<td>Recreation</td>
</tr>
<tr>
<td>✓</td>
<td>Formal and Informal Community Supports</td>
</tr>
</tbody>
</table>

### Strategies to be used in achieving this goal:

<p>| | |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
<td></td>
<td>Outreach</td>
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<tr>
<td></td>
<td>Training</td>
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<tr>
<td></td>
<td>Technical Assistance</td>
</tr>
<tr>
<td>✓</td>
<td>Supporting and Educating Communities</td>
</tr>
<tr>
<td>✓</td>
<td>Interagency Collaboration and Coordination</td>
</tr>
<tr>
<td>✓</td>
<td>Coordination with related Councils, Committees and Programs</td>
</tr>
<tr>
<td></td>
<td>Barrier Elimination</td>
</tr>
<tr>
<td></td>
<td>Systems Design and Redesign</td>
</tr>
<tr>
<td>✓</td>
<td>Coalition Development and Citizen Participation</td>
</tr>
<tr>
<td>✓</td>
<td>Informing Policymakers</td>
</tr>
<tr>
<td>✓</td>
<td>Demonstration of New Approaches to Services and Supports</td>
</tr>
<tr>
<td></td>
<td>Other Activities</td>
</tr>
</tbody>
</table>

### Objectives

Support local grassroots efforts in communities outside Denver and in rural areas of Colorado to contribute to the development of such efforts as accessible transportation, affordable housing, employment, inclusive recreation or meaningful participation in community policies that expand access and inclusion.

### Activities

1. Build on an existing coalition of citizens who are concerned about the issue, determine how to maximize participation by a variety of community groups and interests, and identify short-term goals for taking action on creating policies and/or solutions.
2. Identify an existing coalition and who the local funders are or have been, and seek to combine Council grant dollars with local grant dollars.
3. Identify 3-4 communities to come together to determine needs and resources to address the issues that people highlighted in responses to the focus groups and surveys the Council conducted in the summer of 2010.
4. Fund the Local Leadership Development Projects for adults with developmental disabilities and family members of children with developmental disabilities.
5. Fund three Community Transportation Solutions Grants and convene a statewide Community
Transportation Solutions Workshop at the end of the first grant year.

Timeline

During 2012 and 2013 the Council will identify, provide granting funding to and work with communities interested in developing coalitions concerned with community-identified issues. During 2014 the Council will assess its success in supporting local community efforts to cultivate local resources. Local Leadership and Transportation projects (6) will address this objective in 2013-2014.

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

✔️ State Protection and Advocacy System
✔️ University Center(s)
☐ State DD Agency

Non-profit organizations, citizen coalitions
GOAL # 3: Freedom from abuse, neglect and exploitation

People with developmental disabilities will be free from abuse, neglect and exploitation related to differential treatment, because of disability, in a variety of settings.

Area(s) of Emphasis:

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

Strategies to be used in achieving this goal:

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

Objectives

The Council will investigate and establish an effective means for ongoing monitoring of the frequency with which people who have developmental disabilities experience instances of abuse, neglect, exploitation, seclusion and restraint.

Activities

1. Investigate and document incidences of abuse, neglect and exploitation. 2. Legislate policy change through coalition efforts. 3. Investigate and document instances of bullying of people with developmental disabilities in Colorado.

Timeline

Investigation and documentation of seclusion and restraint and of bullying will occur in the first two years of the Plan, at a maximum. Legislation and policy change efforts will be based on documented evidence, and are anticipated to continue during 2014-2016.
The Council will work to implement successful strategies to decrease and ultimately prevent instances in which people with developmental disabilities experience abuse, neglect, exploitation, seclusion or restraint.

Activities

1. Ongoing training and consulting with service providers at all levels of an organization. 2. Support coalitions to focus on rules and regulations for such systems as foster care and juvenile justice. 3. Support ongoing training and implementation of Solution-Focused Planning with education professionals, advocates and families of children who receive behavioral support in schools, as well as in the juvenile justice and foster care systems. 4. Follow and influence national legislation concerning the use of seclusion and restraints in public schools.

Timeline

The Multicultural Committee and the Planning & Grants Committee will develop background information on bullying and harassment of students and adults of color and students and adults with developmental disabilities during the first year of the Plan (2012), and the Council will fund a grants in 2012 through 2014.

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

- State Protection and Advocacy System
- University Center(s)
- State DD Agency
- Non-profit organizations, citizen coalitions
GOAL # 4: Employment for people with developmental disabilities

Support and sustain community inclusion of people with developmental disabilities in real jobs that offer real wages where non-disabled community members work.

Area(s) of Emphasis:  
- [✓] Quality Assurance
- [ ] Education and Early Intervention
- [ ] Child Care
- [ ] Health
- [✓] Employment
- [ ] Housing
- [ ] Transportation
- [ ] Recreation
- [✓] Formal and Informal Community Supports

Strategies to be used in achieving this goal:  
- [✓] Outreach
- [✓] Training
- [ ] Technical Assistance
- [✓] Supporting and Educating Communities
- [✓] Interagency Collaboration and Coordination
- [ ] Coordination with related Councils, Committees and Programs
- [✓] Barrier Elimination
- [ ] Systems Design and Redesign
- [✓] Coalition Development and Citizen Participation
- [ ] Informing Policymakers
- [✓] Demonstration of New Approaches to Services and Supports
- [ ] Other Activities

Objectives

Participate in and support a network of agencies providing education, training, employment and other supports to employers, community members and people with disabilities.

Activities

Support the expansion of Project SEARCH from work in two communities to at least five communities throughout Colorado. Fund Colorado’s membership in SELN, including attendance at the annual conference, and actively participate in the implementation of the state’s work plan to increase employment of people with developmental disabilities. Fund a project focused on community transportation solutions with one outcome being access for people with developmental disabilities to transportation so that they can get to community-supported employment.

Timeline

The Project SEARCH grant will conclude in 2014, but a number of organizations statewide are expected to replicate the project after the Council-funded grant has ended. SELN membership will be supported during 2012 and 2013, and continued if outcomes are achieved. Transportation grants will be funded for at least 2012 and 2013.
Objectives
Support the cultivation of natural supports within non-segregated employment settings that foster job retention, skill achievement/enhancement and employee success.

Activities
Capitalize on and influence current training efforts by the Colorado Departments of Health Care Policy and Financing and Human Services to include best practices such as the discovery process.

Timeline
Work by various state agencies to implement the Medicaid Infrastructure Grant will continue after the MIG has concluded in the 2011 calendar year. Council will continue is collaborative efforts with other state entities through 2012 and assess at that point what efforts are likely to result in systemic changes in employment strategies and results for people with developmental disabilities.

Objectives
Promote and increase the active participation of people with developmental disabilities in designing the approach and implementation of employment strategies.

Activities
Identify, and use as resources to others, individual participants in local leadership development projects around the state whose leadership plans include person-centered strategies for gaining and keeping employment.

Timeline
The number of people with developmental disabilities who become leaders in their communities is expected to increase each year from 2012-2016. The Council will use as a resource the expanding pool of people with developmental disabilities who can promote individualized employment practices throughout its Five-Year Plan.

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

- ✔ State Protection and Advocacy System
- ✔ University Center(s)
- ☐ State DD Agency
- Non-profit organizations, businesses
GOAL # 5: Inclusion in community life

Improve the quality of life, and increase real choices for people with disabilities to live in their communities by providing them the resources they need to live a quality inclusive life.

Area(s) of Emphasis:
- Quality Assurance
- Education and Early Intervention
- Child Care
- Health
- Employment
- Housing
- Transportation
- Recreation
- Formal and Informal Community Supports

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

Objectives
Support or lead a collaborative approach to the development of a long-term strategic plan to increase public awareness and understanding of the gifts and abilities of people with developmental disabilities in Colorado, both those receiving services and those on waiting lists, as well as the supports they need to be contributing members of their communities.

Activities
1. Fund the work of the collaborative to develop the strategic public awareness campaign by contracting with public awareness professionals to assist the collaborative to develop the strategic plan within a period of two years, and to implement the plan over the following three years.  
2. Use existing and effective films and documentaries at regional Council meetings and other public forums the Council conducts in order to increase the understanding about the gifts, abilities and needs of people with developmental disabilities.

Timeline
Development of strategic plan takes place in years 2012 and 2013. Implementation of the plan takes place from 2014 to 2016.
Objectives

Engage in public policy and advocacy activities that encourage and result in the simplification and coordination of systems and resources for the support of people with developmental disabilities.

Activities

1. The Council, including its committees and staff, will take a leading role in the development of the Affordable Care Act in Colorado with special focus on the “essential benefits package”. 2. Engage with the mental health system to break down barriers for children and adults with developmental disabilities to access needed mental health and behavioral health care. 3. Support the development of Medical Homes that include access and support for people with developmental disabilities. 4. Support Watch Our Words to provide trainings that include discussions of life with disability, improving quality of life, and increasing choices for people through access to communication. 5. Transportation action plans constitute collaborative approaches to long-term strategic plans to increase public awareness of the importance of transportation as a link to community involvement and resources.

Timeline

Efforts are expected to span the five years of the Council’s 2012-2016 Plan. Transportation summit will be conducted in 2013, with continuation in following years dependent on realization of tangible outcomes.

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

- State Protection and Advocacy System
- University Center(s)
- State DD Agency

Health Care Policy and Financing Department, citizen coalitions, non-profit organizations
Section V : Evaluation Plan [Section 125(c)(3) and (7)]

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

Part A: Outline of how the Council will examine the progress made in achieving the goals of the State Plan. Evaluation of the Council’s progress to achieving the goals in the Five-Year Plan is accomplished through the use of logic tables for each goal in the Five-Year Plan and through grantee bi-monthly report tables. Each grantee must devise and implement an evaluation plan specific to the grantee’s project, and the outcomes of each grantee’s evaluation plan are reflected in both the grant report table and in the overall Five-Year Plan logic table. During the first year of implementing the Five-Year Plan the Colorado Developmental Disabilities Council used a logic table based on a theory of change model, borrowed from the logic model used by The Denver Foundation’s Strengthening Neighborhoods Program, and modified to reflect the CDDC and the values of the DD Act. The logic table has been used at each monthly committee meeting during the year, and at Council meetings, to review progress toward achieving the Five-Year Plan goals and objectives. At the Council’s annual retreat in October 2011 the Council used a five-year timeline to set priorities for implementing the Five-Year Plan, including discussion of strategies and activities to address the goals through grant-making activities and through legislative and public policy advocacy.

Part B: Methodology to determine if the needs identified and discussed are being met and if the Council results are being achieved. The methodology used to determine if the needs identified are being met is specific to the information gathered by the Council through focus groups in seven Colorado communities, through holding two Council meetings outside the Denver metro area, and through ongoing contact and site visits with grantees. The needs identified are developing alternative supports and services for those on waiting lists, person- and family direction, community inclusion rather than living in a medical model, employment, ending the use of seclusion and restraint in public schools, addressing the incidences of bullying of people with developmental disabilities, and transportation to jobs, community and social events. The methods the Council uses to address the needs include grant making and advocacy in the public policy and legislative arenas. In addition to using the logic table to summarize grant and advocacy activities that furthered the Council’s efforts to achieve goals, Council grantees report to the Council bi-monthly using a report table that is based on the components in each grantee’s respective statement of work, including their evaluation plan for the project. Also, each statement of work for all Council grantees requires grantees to explore unexpected outcomes, whether positive or negative, in order that the grantee and the Council may learn from unexpected outcomes and adjust grant project and advocacy activities accordingly. The progress to achieving project benchmarks and expected outcomes that is reflected in the grant report tables is entered in the Five-Year Plan logic table so that the entirety of the Council’s advocacy and grant-making efforts are summarized for each goal in the Five-Year Plan. Recently, the logic table chosen last year has been modified using a template provided to Councils by ITAAC. The revised logic table is attached to this submission of the Council’s State Plan Amendment. All Council’s grants focus on person-centered and community-centered approaches to designing the scope of each grant project. Council grants are increasingly based in communities outside the Denver metro area, or, if they are in the metro area, focus on a subset of the population that is underserved or un-served. In this way the Council more readily learns of the needs and issues of various communities in the State and, therefore, has a more complete picture of the nature and variability of disability supports and services across the State. Self-advocacy, as part of Goal 1 of the
Council’s Five-Year Plan is being addressed specifically through the Council’s grant support of Watch Our Words, WOW, addresses the Council's objective to support leadership training by people with disabilities and their family members for other people with disabilities and family members who may become leaders in Colorado by continuing to conduct trainings in facilitated communication. WOW members are people with disabilities, their family members and other citizens whose mission is to train other people with disabilities, family members and interested citizens to use facilitated communication as a means to advocate for themselves and to increase the visibility and active presence of people with disabilities in many arenas. WOW's trainings have been designed and conducted by WOW members who are users of facilitated communication, with assistance from family members and others who are facilitators for FC users. WOW has modeled and encouraged leadership and participation by people with disabilities in a variety of ways, from initiating and participating in person-centered planning meetings to taking leadership positions in community organizations. The Local Leadership Development projects also address the Council’s self-advocacy goal, in that participants (adults with developmental disabilities and family members of children with developmental disabilities) develop and carry out individual and community leadership projects. Consumer satisfaction with Council supported or conducted activities is not adequately assessed using the consumer satisfaction questions provided to Councils by AIDD. Feedback from grantees and their participants indicates that the questions are often not applicable to the grant activity. For example, the question about whether people feel safer as a result of an activity is usually answered negatively or not at all. Also, it is seen as discriminatory that there are two sets of questions, one for people with developmental disabilities and their family members, and another for “stakeholders” (professionals, people without disabilities), and that the latter set of questions has a more complex and detailed scale for the answers. As part of their evaluation plan, Council grantees gather consumer satisfaction information, and that is used to replicate successful strategies in other grant projects or to revise grant project activities and strategies.

Part C: Council’s role in reviewing and commenting on progress toward reaching the goals of the Plan. The logic table, being the repository for information on all Council efforts, would be too lengthy and unwieldy a document to fulfill the intended purpose of being a working document for the Council, and has been broken into five logic tables to reflect the five goals in the Council’s Five-Year Plan. Council and Committee members, at each Committee and Council meeting, have suggested additions and changes to the collection of information on grant-making and advocacy activities, and those suggestions have been incorporated in the on-going monitoring of the implementation of the Five-Year Plan.

Part D: How the annual review will identify emerging trends and needs as a means for updating the Comprehensive Review and Analysis. At both bi-monthly Council and monthly committee meetings Council members are informed of and discuss national and state issues and developments. At both types of meetings state agency and DD network representatives on the Council report on emerging issues in their respective areas of expertise. Based on these sources of information and input, Council committees consider changes that might be made to the Five-Year Plan, and the Council discusses any needed amendments to the Plan beginning with their March meeting.

ATTACHMENTS:

Year One Amendment Logic Table attachment.pdf
Logic Table for Evaluation of Plan Implementation
## Section VI: Projected Council Budget [Section 124(c)(5)(B) and 125(c)(8)]

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<thead>
<tr>
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<th>Subtitle B $</th>
<th>Non-Federal Share $</th>
<th>Total $</th>
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<tr>
<td>2. Employment for people with developmental disabilities</td>
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<td>3. Freedom from abuse, neglect and exploitation</td>
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<td>4. Inclusion in community life</td>
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<td>5. Leadership and Self-Advocacy</td>
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<td>6. General Management</td>
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<td>8. TOTALS</td>
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Section VII : Assurances  [Section 124(c)(5)(A)-(N)]

Written and signed assurances must be submitted to the Administration on Developmental Disabilities, Administration for Children and Families, United States Department of Health and Human Services, regarding compliance with all requirements specified in Section 124 (C)(5)(A) ñ (N) in the Developmental Disabilities Assurance and Bill of Rights Act.

☑ Assurances submitted

Approving Officials for Assurances

☑ For the Council (Chairperson)
☑ For DSA, when not Council
PART A: How the Council made the plan available for public review and comment and how the Council provided appropriate and sufficient notice in accessible formats of the opportunity for review and comment.

The Council considered the public responses to the surveys and regional forum focus groups, as well as information on state trends as provided by fellow Council members and Council staff, to draft goals and objectives. At its January 2011 meeting, the Council worked in small groups to draft and refine the proposed goals, objectives, strategies and methods of evaluation. The draft goals and objectives were approved at the January 2011 Council meeting and posted on the Council’s website in both English and Spanish for a 45-day period to receive public comment. Alternative formats were offered on request. In 2012, the Council, based on public meetings, Council and Committee contributions, determined not to amend the Plan, but to refine implementation strategies.

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

The draft goals and objectives that had been posted for public comment, and the comments received, were considered at the March meeting at which each Goal and Objective was discussed, revised and voted upon. The original four objectives under Goal 3 were subsumed into two, but kept the original intent of those who had proposed Goal 3 and associated implementation strategies. The language of Goal 5 was changed from the use of “funds” to “resources” to reflect the knowledge that it takes more than money for people to live meaningful lives included in their communities. The wording for the original draft of Goal 5 was extensively reworked and clarified based on public comments that the proposed language (“…break down existing silos in the systems…”) did not make sense, and that the phrase, “…the simplification and coordination of systems and resources…” was more clear and captured the intent of those who had proposed the goal. No input sought for Plan in 2012.