

1/19 Revisions updated Executive Order, membership and FFY19 budget.

SECTION I: COUNCIL IDENTIFICATION

PART A. State Plan Period: October 1, 2016 through September 30, 2021

PART B. Contact Person: Arlene Poncelet
Phone Number: 605-773-6369
E-mail: Arlene.poncelet@state.sd.us

PART C. Council Establishment:
Date of Establishment: 12/1/1973
Authorization: ____ State Statute Executive Order ____ N/A
Authorization Citation: Executive Order 2018-03

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

(i) Council membership rotation plan (1,000 character limit):

Council bylaws provide for members to serve two consecutive three-year terms. Through the Designated State Agency (DSA), the Council works with the Governor’s Office to keep appointments up-to-date. Each spring the Council encourages people interested in Council membership to complete an Information Sheet providing contact information, interest level and availability to be a member. This information is reviewed by Council staff and the Executive Committee then shared with the full Council (if time allows). Final recommendations are submitted to the DSA and then on to the Governor’s Office.

Compliance Issue – Less than 60% of members are people with developmental disabilities and their parents or guardians. The Council has 23 people appointed by the Governor. 60% of 23 is 13.8. The Council has 14 members that are either parents or guardians or people with developmental disabilities. The Council member appointed for the Department of Social Services represents the Older Americans Act (A3) and SSA, Title XIX (A4).

(ii) Council Members:
Council Membership Category Codes:

Agency/Organizational Representatives

- A1 = Rehab Act
- A2 = IDEA
- A3 = Older Americans Act
- A4 = SSA, Title XIX
- A5 = P&A
- A6 University Center(s)
- A7 = NGO/Local
- A8 = SSA/Title V
- A9 = Other

Gender Identity

M= Male

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F= Female

O= Other

Geographical

E1 = Urban

E2 = Rural

Citizen Member Representatives

B1 = Individual with DD

B2 = Parent/Guardian of child

B3 = Immediate Relative/Guardian of adult with mental impairment

C1 = Individual now/ever in institution

C2 = Immediate relative/guardian of individual in institution

Race/Ethnicity

D1= White, alone

D2= Black or African American alone

D3= Asian alone

D4= American Indian and Alaska Native alone

D5= Hispanic/Latino

D6= Native Hawaiian & Other Pacific Islander alone

D7= Two or more races

D8= Race unknown

D9- Some other race

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#	Last Name	First Name	Agency/ Org. / Citizen Rep Code	Agency/ Org. Name	Appt. date	Appt. Expired Date	Alt/ Proxy for State Agency Rep Name
1	Weiss	Eric	A1	Division of Rehabilitation Services	11/19/13	Pleasure of the Governor	
2	Trujillo	Wendy	A2	Office of Special Education	7/20/17	Pleasure of the Governor	
3	Thomas	Yvette	A3	Division of Long Term Services & Supports	7/20/17	Pleasure of the Governor	
4	Forsch	Carroll	A4	Department of Social Services	1/9/17	Pleasure of the Governor	
5	Neyhart	Tim	A5	SD Advocacy Services	9/11/14	Pleasure of the Governor	
6	Vacant		A6	USD Center for Disabilities		Pleasure of the Governor	
7	Anderson	Kelli	A7	Resources for Human Development, Inc.	7/20/17	6/30/20	
8	Malsam-Rysdon	Kim	A8	Department of Health	7/15/15	Pleasure of the Governor	
9	Millner	Darryl	A9	Division of Developmental Disabilities	7/20/17	Pleasure of the Governor	
10	Abeln	Barb	A9	SD Developmental Center	8/1/16	Pleasure of the Governor	
11	Maggard	Angel	B1		7/30/14	6/30/20	
12	Henrie	Chuck	B1		8/7/15	6/30/21	
13	Colling	David	B1		7/28/16	6/30/19	
14	Taber	Cindy	B1		7/29/16	6/30/19	
15	Smith	Derek	B1		7/28/16	6/30/19	
16	Bowie	Roger	B2		5/20/13	6/30/19	
17	Reuter	Crystal	B2		6/15/12	6/30/20	
18	Erdman-Becker	Katherine	B2		8/3/15	6/30/21	
19	Kostal	Tania	B2		7/28/16	6/30/19	
20	Gloor	Erica	B3		7/20/17	6/30/20	
21	Haug	Reed	B3		7/30/15	6/30/21	
22	Schmitz	Connie	B3		8/3/15	6/30/21	
23	Lorensberg	Marcie	B3		7/28/16	6/30/19	
24	Peschl	Barb	C2		6/19/18	6/30/21	

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

#	Position or Working Title	FT	PT	% PT	Last Name	First Name	MI
1	Executive Director	X			Poncelet	Arlene	M

SECTION II: DESIGNATED STATE AGENCY [Section 125(d)].

PART A. The Designated State Agency (DSA)

The DSA is:

The Council

Other agency

1. Agency Name: Department of Human Services, Division of Developmental Disabilities (DHS/DDD)
2. State DSA Official's Name: Darryl Millner, Director
3. Address: Hillsvie Plaza, E Hwy 34, c/o 500 E Capitol, Pierre, SD 57501
4. Phone: 605-773-3438
5. FAX: 605-773-7562
6. E-mail: Darryl.millner@state.sd.us

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

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

No

Yes

If yes, describe the general category of services it provides (e.g. Health, education, vocational, residential, etc.). (250 character limit)

DHS/DDD contracts with individuals and community support providers for residential, vocational and home and community based waiver services. Staff administer the family support programs and respite care programs.

PART C. Memorandum of Understanding/Agreement. [Section 125(d)(3)(G)]

Does Your Council have a Memorandum of Understanding/Agreement with your DSA?

No

Yes

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

If DSA is other than the Council, describe.

The DSA receives, accounts for and disburses funds, provides the required assurances, fiscal management, financial reporting; grant agreements, contracts and amendments for services and project activities; providers administrative support for Council meetings and office space.

PART E. Calendar Year DSA was designated. [Section 125(d)(2)(B)]: 1973

SECTION III: COMPREHENSIVE REVIEW AND ANALYSIS [Section 124(c)(3)]

INTRODUCTION:

The Council's planning process includes ongoing input to the Council from all members and other guests and grant applicants during regular quarterly meetings. This input included the areas of the state developmental disability service system, vocational rehabilitation, waivers, maternal and child health, social services, childcare, education, assistive technology, workforce and family supports.

Council members and staff participate in workgroups, steering committees, advisory boards, summits and training institutes at which discussion is held and planning done concerning various parts of the state service system for people with intellectual and developmental disabilities. Examples include the Family Support Council, Youth Leadership Forum Steering Committee, Core Stakeholders Workgroup, Employment First Alliance, Family Support Coordinators meeting, Brain Injury Workgroup, Autism Resource Network and SD After School Network Partners. Involvement in these groups and updates at Council meetings provide the members with many opportunities to keep current on activities across the state.

The Council uses a variety of methods to gather information, including a survey of stakeholders, discussion at Council meetings, focus and workgroup meeting participation, and summaries of public listening sessions held by other agencies and organizations (at least one was held on a reservation).

In July 2015, the Council invited members from 15 different boards, councils and workgroups to a meeting held in Chamberlain. Attendees provided information about their organizations and their goals, activities and concerns.

The Council Executive Director met with Family Support Coordinators in September and received recommendations from this group to share with the Council. In September 2015 the Council reviewed the information gathered from the above surveys and meetings and prioritized the ideas

From there, the Council developed draft goals and objectives to share with the public. A survey was mailed, emailed, and shared on the website for all stakeholders to complete and give input regarding the draft goals and objectives.

Further Council discussions at the January, April and July meetings created the final goals and objectives, annual work plans and budget recommendations.

PART A. State Information

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

Race/Ethnicity	Percentage of Population
White, alone	85.4
Black or African American alone	1.5
American Indian and Alaska Native alone	8.6
Asian alone	1.1
Native Hawaiian and Other Pacific Islander alone	0
Some other race alone	0.9
Two or more races:	2.5
Two races including Some other race	2.2
Two races excluding Some other race, and three or more races	0
Hispanic or Latino (of any race)	3.2

Source: US Census Bureau, 2010-2014 American Community Survey 5-Year Estimates

(ii) Poverty Rate:

The percentage of South Dakota’s population for whom poverty status was determined was 14.2%.

Source: US Census Bureau, 2010-2014 American Community Survey 5-Year Estimates

(iii) State Disability Characteristics

a) Prevalence of Developmental Disabilities in the State:

The number of people with developmental disabilities in South Dakota is estimated to be 13,188.

Total population estimate for 2014 = 834,708

Source: US Census Bureau, 2010-2014 American Community Survey 5-Year Estimates

National Health Interview Survey-Disability Supplement (NHIS-D) prevalence rate of 1.58% of the general population was used.

Source: Larson, S.A., Lakin, K.C., Anderson, L., Kwak, N., Lee, J., & Anderson, D. (2001). Prevalence of mental retardation and developmental disabilities: Estimates from the 1994/1992 national Health Interview Survey Disability Supplements. *American Journal on Mental Retardation*, 106(3), 231-252.

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b) Residential Settings:

Year	Total Served	A. Number Served in Setting of <6 (per 100,000)	B. Number Served in Setting of >7 (per 100,000)	C. Number Served in Family Setting (per 100,000)	D. Number Served in Home of Their Own (per 100,000)
2014	4,316	204	98	204	65
2013	4,315	225	99	196	67
2012	3,822	228	94	139	67

2012 Source: Larson, S.A., Hallas-Muchow, L., Aiken, F., Hewitt, A., Pettingell, S., Anderson, L.L., Moseley, Ch., Sowers, M., Fay, M.L., Smith, D., & Kardell, Y. (2014). In-Home and residential long-Term Supports and Services for Persons with Intellectual or Developmental Disabilities: Status and trends through 2012. Minneapolis: University of Minnesota, Research and Training Center on Community Living, Institute on Community Integration.

2013 Source: Larson, S.A., Hallas-Muchow, L., Aiken, F., Taylor, B., Pettingell, S., Hewitt, A., Sowers, M., & Fay, M.L. (2015). In- Home and residential long-Term Supports and Services for Persons with Intellectual or Developmental Disabilities: Status and trends through 2013. Minneapolis: University of Minnesota, Research and Training Center on Community Living, Institute on Community Integration.

2014 Source: Unpublished tables from the In- Home and residential long-Term Supports and Services for Persons with Intellectual or Developmental Disabilities: Status and trends through 2014. Minneapolis: University of Minnesota, Research and Training Center on Community Living, Institute on Community Integration.

c) Demographic Information about People with Disabilities

People in the State with a disability	Percentage
Population 5 to 17 years	4.6%
Population 18 – 64 years	10%
Population 65 years and over	35.8%

Race and Hispanic or Latino Origin of people with a disability	Percentage
White alone	12.2%
Black or African American alone	5.6%
American Indian and Alaska Native alone	13.5%
Asian alone	4.7%
Native Hawaiian and Other Pacific Islander Alone	17.8%
Some other race alone	4.5%
Two or more races	11.7%
Hispanic or Latino (of any race)	8.1%

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Employment Status Population Age 16 and Over	Percentage with a disability	Percentage without a disability
Employed	32.2%	73%
Not in labor force	64.5%	23.6%

Educational Attainment Population Age 25 and Over	Percentage with a disability	Percentage without a disability
Less than high school graduate	18.7%	7%
High school graduate, GED, or alternative	38.1%	30.1%
Some college or associate’s degree	28.1%	33.5%
Bachelor’s degree or higher	15.1%	29.4%

Earnings in Past 12 months Population Age 16 and Over with Earnings	Percentage with a disability	Percentage without a disability
\$1 to \$4,999 or loss	20.3%	11.7%
\$5,000 to \$14,999	24.3%	15.7%
\$15,000 to \$24,999	15.5%	15.8%
\$25,000 to \$34,999	14%	17%
\$35,000 to \$49,999	12.3%	18.5%
\$50,000 to \$74,999	8.1%	12.5%
\$75,000 or more	5.5%	8.9%

Poverty Status Population Age 16 and Over	Percentage with a disability	Percentage without a disability
Below 100 percent of the poverty level	20.9%	11.5%
100 to 149 percent of the poverty level	14.1%	7.6%
At or above 150 percent of the poverty level	65%	80.9%

Source: US Census Bureau, 2010-2014 American Community Survey 5-Year Estimates

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

(i) Health/Healthcare :

The South Dakota Department of Health (DOH) administers several programs that impact children and adults with disabilities. The Children’s Special Health Services – Health KiCC (Better Health for Kids with Chronic Conditions) program provides financial assistance for medical appointments, procedures, treatments, medications and travel reimbursement for children with certain chronic health conditions. Care coordination is available based on request or need. A care coordinator can assist the parents in explaining the services their child may need. This could include things such as connecting to other resources; identifying the best options for your particular situation or needs; and helping to prepare your child for transitions at

child care, school and into adulthood. To be eligible, a South Dakota resident must be under 21 years of age, have a chronic medical condition covered by the program, and meet financial guidelines (up to 250% of the federal poverty guidelines). Chronic conditions include: multiple anomaly syndromes (2), cardiology (8), gastroenterology (5), pulmonary (6), craniofacial anomalies (2), endocrinology (8), hematology/hemophilia/oncology (8), children's rehabilitation (8), neurology (5), renal (5), and ophthalmology (4). <http://doh.sd.gov/>

South Dakota mandates newborn screenings for hearing and for certain metabolic, inherited and genetic disorders. Newborn Screening is coordinated by DOH in collaboration with hospitals, laboratories, health care professionals and families. All babies born in South Dakota are screened for the following metabolic disorders: amino acid disorders, biotinidase deficiency, congenital adrenal hyperplasia (CAH), congenital hypothyroidism, cystic fibrosis, fatty acid oxidation disorders, galactosemia, organic acidemia disorders, phenylketonuria (PKU), and sickle cell disease. Severe combined immunodeficiency (SCID) screening began in South Dakota on September 1, 2015.

The DOH Office of Rural Health provides information on Health Professional Shortage Areas (HPSAs) and Medically Underserved Areas (MUAs). As of June 2016, the following number of counties are totally or partially designated as shortage areas for primary medical care (42 based on geography and 11 more based on low income for a total of 53 of 66), mental healthcare (61 of 66); dental healthcare (25 based on geography and 9 more based on low income for a total of 34 of 66); and for medically underserved areas (51 of 66 counties and 20 communities).

The South Dakota Critical Access Hospital Program (SoDaCAHP) is an effort to help small rural hospitals adjust to the rapidly changing health care environment. The centerpiece of the program is the Critical Access Hospital (CAH). A CAH is a facility that has met certain eligibility standards under Medicare including limitation of bed size and inpatient length of stay. In exchange the facility receives cost-based reimbursement. 38 hospitals are designated as CAH.

The Department of Social Services (DSS) Division of Economic Assistance is responsible for administering the Children's Health Insurance Program, Community Assistance Program, Energy & Weatherization Assistance, Supplemental Nutrition Assistance Program, Medical Eligibility, Temporary Assistance to Needy Families and Quality Control. These programs help low income individuals, families and children. The DSS Division of Medical Services covers all areas of Medicaid except for the eligibility criteria. The total number of South Dakotans eligible for Medical Services as of March 2016 was 119,140 (37,466 adults and 81,674 children).

The DSS Division of Behavioral Health Services includes Community Behavioral Health, State Inpatient Behavioral Health, and Correctional Behavioral Health. Community Behavioral Health oversees state funded mental health and addiction treatment services provided to youth and adults in the community through accredited agencies. The Division of Behavioral Health accredits and contracts with 11 community mental health centers across the state to provide quality services to both adults and youth. Individuals who meet programmatic and financial eligibility criteria may qualify for state funded services. Services provided include, screenings and assessments, case management, individual therapy, group therapy, and crisis intervention. The Correctional Behavioral Health program is responsible for provision of mental health, addiction treatment and psychiatric services to youth and men and women in the state's correctional institutions.

The Assistive Daily Living Services (ADLS) Program provides personal attendant services, case management, consumer preparation and ancillary services such as skilled nursing and emergency response services to individuals with quadriplegia. Eligibility determination is done through the Division of Rehabilitation Services. <http://dhs.sd.gov/drs/il/ADLS.aspx>

From the Kaiser Family Foundation Analysis of 2015 and 2014 ASEC supplements to the Current Population Survey, the number of uninsured non-elderly persons in South Dakota in 2014 was 10.8%.

(ii) Employment*:

Governor Dugaard announced the Employment Works Initiative and created the SD Employment Works Task Force in 2013. After a series of meetings, the task force made recommendations in five areas for systems change to promote employment for people with disabilities.

The DHS/Division of Developmental Disabilities (DDD) identifies employment as an alternative to sheltered workshops and as a system priority. DDD participates in national employment surveys, State Employment Leadership Network, collaboration with other agencies, provides technical assistance and promotes best practices and has involved many stakeholders in a financial workgroup. The financial workgroup has developed new waiver service definitions that promote integrated competitive employment opportunities. In January 2015, two key documents were issued by DDD: *Achieving Dreams through Employment* and the *Person-Centered Employment Planning Guide*.

The South Dakota Employment First Alliance (SDEFA) has been meeting regularly since fall of 2010 for the purpose of developing strategies to increase employment outcomes for people with intellectual and developmental disabilities. The SDEFA is comprised of self-advocates, family members, providers, state agencies, and other interested stakeholder groups. Annually, SDEFA identified priorities that align with the Division of Developmental Disabilities efforts as well as topics on the national forefront and the State Employment Leadership Network's South Dakota Work Plan. Subcommittees are utilized to focus on specific areas such as person-centered employment planning, messaging and outreach, and effective employment supports. Results of past subcommittee work include the following resources: *Achieving Dreams Through Employment*; *Person Centered Employment Planning Guide* (English and Spanish versions); *Person Centered Employment Planning Report* and *Top Ten South Dakota Resources for Employment*. <http://dhs.sd.gov/dd/employmentres.aspx>

The DHS/Division of Rehabilitation Services (DRS) helps individuals with disabilities to obtain or maintain employment, economic self-sufficiency, personal independence and full inclusion into society. The vocational rehabilitation program provides individualized vocational rehabilitation and supportive services to assist eligible individuals with disabilities to get and keep jobs compatible with their skills and abilities. Services include assessment for determining eligibility and vocational rehabilitation needs; vocational counseling; physical and mental restoration, evaluations; supported employment; personal assistance services; vocational and other training; job related services; transition services; rehabilitation/assistive technology, interpreter services; work-site evaluations; self-employment services; financial support for maintenance and transportation; and more. <http://dhs.sd.gov/drs/>

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DRS also supports independent living services , Telecommunications Relay Service (TRS), Telecommunications Adaptive Devices (TAD); Telecommunications Equipment Distribution (TED) program; Hearing Aid Assistance Program (HAAP) for children under 19; Cochlear Implant Program; SD Deaf-Blind Equipment Distribution Program; communication assistance services; mentoring services; and interpreter resources.

Supported employment services are available and include job placement, job coaching and follow-along services. An individual receiving any of these services is also eligible to receive any of the other services available through the State Vocational Rehabilitation Program. There are three (3) types of providers: 1) DHS approved Community Support Providers, Mental Health Centers, etc., 2) Consumer Certified providers who meet minimal standards to provide job coaching or follow-along services for a specific consumer; and 3) private providers who meet DRS standards have a provider agreement with DRS.

South Dakota has 4 Project SEARCH sites. Each Project SEARCH site is a unique business-led transition program for students with disabilities. Students who want to work have the chance to explore careers and develop transferable job skills. The goal of the Project SEARCH program is competitive employment for each intern. Designed as an internship program, Project SEARCH affords students the opportunity to put employability skills into practice. For five days a week, students report to the host business and learn employability skills in the classroom and job skills while participating in targeted internships. They receive support with accommodations, adaptations, and on-the-job coaching. Students who have completed all academic requirements for graduation from high school may apply for enrollment in Project SEARCH. Participants must be 18 to 21 years old.

DRS purchases services from approved Benefits Specialists. These individuals have gone through extensive training on benefits services and have been certified by the Virginia Commonwealth University. Benefits Specialists are available to provide advice and support to people with disabilities on managing their benefits and advising on Social Security Work Incentives. The goal of the Benefits Specialists is to assist beneficiaries to maximize their earning potential and achieve greater self-sufficiency through employment. When compared to other Vocational Rehabilitation consumers, those who received services from a Benefits Specialists had: a higher success rate; higher weekly earnings; more weekly hours; and higher average hourly earnings.

The following data is from the DRS FFY2015 Year End Report. The number of applications for DRS services in FFY15 was 2,328. The total number of eligible consumers of vocational rehabilitation services was 4,502. The primary diagnosis of eligible consumers was: cognitive 42%, mental 31%, physical 24% and sensory 3%. Of the 42% with a cognitive disability, intellectual impairment (IQ<70) was 12%, specific learning impairment was 11%, borderline intellectual functioning was 7%, with attention deficit hyperactivity disorder, autism, traumatic brain injury and other following with 4%, 2%, 2% and 4%. Successful Closures included 554 people in competitive employment, 6 in self-employment and 209 in supported employment. The primary diagnosis of successful closures was: cognitive 47%, mental 28%, physical 20% and sensory 5%. Of the 47% with a cognitive disability, intellectual impairment (IQ<70) was 17%, specific learning impairment was 12%, borderline intellectual functioning was 7%, with attention deficit hyperactivity disorder, autism, traumatic brain injury and other following with

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3%, 2%, 2% and 4%. The total number of supported employment consumers was 402 with 201 successfully rehabilitated.

South Dakota has four American Indian Vocational Rehabilitation programs located on the Pine Ridge, Cheyenne River, Standing Rock and Lower Brule reservations.

The Department of Labor and Regulation's (DLR) mission is to promote economic opportunity and financial security for individuals and businesses through quality, responsive and expert services; fair and equitable employment solutions; and safe and sound business practices. Each of South Dakota's 16 local offices is staffed with trained professionals ready to help employers deal with various labor issues and to help job applicants identify opportunities and prepare for productive employment. As part of the American Job Center Network, local DLR offices provide support, education and training through coordinated partnerships and career pathways leading to sustainable employment and economic self-sufficiency for individuals and a skilled workforce for businesses. For those eligible and committed to improving your employment future, the Workforce Training program can assist with paid work experiences related to your field of study, guidance for success in post-secondary school, and financial supports as appropriate. <http://dlr.sd.gov/>

Career Learning Centers work closely with Career Centers to provide education and training services that meet the needs of local employers and job seekers. Curriculum is personalized and self-paced to meet the needs of the job seeker.

The Sioux Falls Business Resource Network (BRN) mission is to provides businesses with education, awareness and resources to promote the successful employment of persons with disabilities. <http://sfbrn.org/>

The Workforce Diversity Network of the Black Hills (WDBNH) is a team of business and human resource individuals who serve as a link between employers and people with disabilities who have the desire and qualifications to work. Members of WDBNH recognize that a healthy workforce is diversified and inclusive of persons with disabilities. <http://workforcediversitynetworkbh.org/>

(iii) Informal and formal services and supports*:

South Dakota's developmental disabilities (DD) service system consists of 19 community support providers (CSPs) who receive their primary funding through the Division of Developmental Disabilities (DDD). In addition, South Dakota has one public Intermediate Care Facility/for Individuals with Intellectual Disabilities (ICF/IID), the South Dakota Developmental Center (SDDC); and one private ICF/IID.

Admissions to CSPs and SDDC are administered by the DDD allowing for the least restrictive placement. DDD has funding, certification, and monitoring responsibilities for CSPs. The DDD's mission is to ensure that people with developmental disabilities have equal opportunities and receive the services and supports they need to live and work in South Dakota communities. Programs administered include the CHOICES Waiver (home and community based services or HCBS waiver), Family Support Waiver (also an HCBS Waiver), community training services, respite care, local and statewide family support programs, and adult foster care.

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In addition to the general Medicaid State Plan services for hospital, physician, mental health, dental, chiropractic and other services, the CHOICES Waiver offers community based services for people with developmental disabilities who need an ICF/IID level of care but with services can remain at home or in their community.. Services include: day habilitation, nursing services, residential habilitation, service coordination, medical equipment and drugs, supported employment, and other medically related services such as speech, hearing and language.

South Dakota's Statewide Transition Plan for HCBS – The Transition Plan covers all four 1915(c) waivers (Assistive Daily Living Services or ADLS, CHOICES, Family Support 360 and HCBS Adult Services and Aging (ASA) Waiver). Each waiver targets a specific population and provides a menu of services to meet the needs of the target population. The Department of Social Services (DSS) provides oversight to all the Medicaid waivers. DDD administers the CHOICES and Family Support 360 Waivers. DSS and DHS measured residential settings with a three-step assessment process – provider self-assessment, state staff on-site assessment and interviews with individuals in residential settings. Areas for Improvement were Community Integration and Living Arrangements concept areas. Comments received as part of the formal public notice period included:

- Physical accessibility in homes in the community can be an issue in the CHOICES waiver; more individuals could move from larger settings if more homes were accessible.
- Posting grievance policies is not conducive to a home-like environment. Individuals should be educated regarding grievance procedures and their right to have an advocate file a grievance on their behalf.
- Would like more options for integrated living opportunities in the CHOICES waiver, including individuals living with more typical peers.
- More use of technology in homes.
- Request that language in a lease contain simple and understandable terms for guardians and self-advocates. Also suggesting CSP facilitated education regarding SD tenant/landlord laws for individuals.
- Individual's lives could be improved if individuals were aware of their ability to request rights restrictions be lifted and were provided supports to challenge rights restrictions decisions.
- There are many challenges associated with transportation especially in rural areas. Public transit is not always immediately available. Transportation needs limit community involvement.
- Increase the use of natural supports to engage individuals in the community. Use more community resources and volunteer opportunities to increase community involvement.
- Engage individuals and families early about opportunities for employment and connection to other community resources.
- Need to work with more employers and job coaches to find more opportunities to employ individuals with disabilities. Need more creative thinking.
- Concern that individuals with disabilities will lose opportunities for employment if a sub-minimum wage is revoked.
- Concern that requirement to pursue employment before day programs may be too much and that some individuals may not be employable.
- New requirements may make it more time intensive for staff to care for individuals. There is a need for more staff and there are challenges associated with funding limitations.
- Community support providers need oversight to ensure proper training is being provided to all workers who support individuals with disabilities.

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- Concern about high staff turnover in community support providers.
- Increase communication between providers across the state to share best practices, connections and to promote more consistency between providers serving the CHOICES waiver.
- Although individuals seem satisfied with current services, individuals may benefit from increased exposure to new experiences.

Over 3,000 adults and children with developmental disabilities receive services through the CHOICES and Family Support 360 waivers. The Community Support Providers (CSPs) offer vocational opportunities in sheltered workshops, services such as job coaches and pre-vocational training are provided for people looking for community jobs and vocational expanded follow-along for those working in the community. CSPs provide residential options such as group homes and supervised apartments and assistance for those living in their own homes or apartments.

Community training services (CTS) are utilized for people that need less intensive services or who do not meet the financial eligibility for an ICF/DD or HCBS Waiver. Services provided through CTS funding are prevocational and community living training and expanded follow-along/support.

Respite Care is temporary relief care designed for families of children or adults with disabilities or chronic medical needs. Providers, chosen by the family, care for children or adults while families take a class, go to a movie, go on a vacation or enjoy any non-work activity. Caretakers often face serious problems and stress as a result of balancing the needs of their child or adult with special needs with the needs of other family members. These breaks allow families time to tend to the needs of their other children, spouses and themselves.

Family Support (FS) 360 programs utilize the Family Support Waiver funding for eligible participants as well as state general funds. FS360 assists participants and their families in getting the services they need to live as independently as possible in the community. FS360 is not a single service, but rather a flexible constellation of services and supports which are customized to meet the varied and changing needs of each participant and family. In addition to utilizing natural supports, FS360 helps participants and families to access existing formalized services such as the Child Care Assistance Program, Children's Miracle Network, Energy Assistance, etc.

The Local FS Programs provide service coordination, a wide array of services and access to the FS360 Waiver. Due to limited spots on the local family support programs, a family remains on the Statewide FS Program while waiting for the opportunity to transfer to a local program. The Statewide FS Program does not provide service coordination. Each of the 27 local FS programs serves approximately 40 participants.

Conflict Free Case Management is being implemented during State Fiscal Year 2017. The conflict-free case managers will develop Individualized Service Plans (ISP) using a new standardized ISP format; monitor plans to ensure outcomes are met; use person-centered practices; and help the individual and family become well-informed about all options. Direct supports such as residential, day services, nursing and employment supports, continue to be provided by the CSPs chosen by the participant.

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The mission of the South Dakota Developmental Center (SDDC) is to provide individualized treatment services and supports to people with developmental disabilities and challenging behaviors only when needed services are not available in a community setting. The Center provides a wide variety of training and vocational opportunities both on and off campus. Currently 142 people with developmental disabilities ranging in age from 12 to 76 years old receive supports at SDDC. The facility has three programs that allow staff to provide person-centered supports based on the people's needs.

At SDDC, disabilities represented range from very mild developmental disability to profound disability. Cognitive ability of nearly 50% of the population falls within the mild range of intellectual disability or borderline range of intellectual functioning. Approximately 15% of the population of the people at the Center have been diagnosed as having severe or profound intellectual disability and many also have severe physical limitations and/or complex medical conditions. The Turtle Creek Youth Program provides year-round educational and residential services for 40 adolescents under the age of 22, who need supports for behavioral issues including but not limited to aggression, chemical dependency, sexual offending, and other serious emotional disturbances. Approximately 98% of all people living at the Center have co-occurring mental disorders.

Since 2011, Lifescape - Children's has been the only private Intermediate Care Facility for Individuals with DD (ICF/DD) providing services to children through age 21 in the state. Person-Centered Thinking trainings and philosophy are integrated into current services. The mission of CCHS is to pursue excellence in family-centered services for children with special health care and educational needs. The program provides comprehensive services that bridge the medical, behavioral, rehabilitation and educational demands of children with a wide variety of special needs. However, services are not limited to children and their team of occupational and physical therapists, assistive technology practitioners and other specialists, as well as state-of-the-art equipment, are available to adults with special needs, as well.

The Department of Human Services provides assistance to adults with developmental disabilities by providing court appointed guardianship or conservatorship services or by providing financial assistance to families or others in obtaining guardianship or conservatorship of an adult with a developmental disability.

The Department of Social Services Division of Adult Services and Aging (ASA) provides home and community service options to individuals 60 years of age and older or 18 years of age and older with physical disabilities, regardless of income. ASA promotes in-home and community-based services to prevent or delay premature or inappropriate institutionalization. ASA provides a variety of services such as adult day services, adult foster care, adult protective services, assisted living, caregiver programs, homemaker services, nursing services, respite care, transportation and more. ASA has an Aging and Disability Resource Connection (ADRC) program whose objective is to provide information, assistance and access to long-term services and support options for people over age 60 and to adults over age 18 with physical disabilities.

South Dakota has 3 Independent Living Centers that provide assistance to people with significant physical, mental, cognitive or sensory impairments who have limited ability to function independently in the family or community or to obtain, maintain or advance in

employment. Services include: information and referral, independent living skills training, peer counseling, individual and systems advocacy, housing related services and home modifications and adaptive devices.

(iv) Interagency Initiatives*:

Interagency agreements and memorandums of understanding (MOU) exist between many of the state agencies involved in providing services to people with developmental and other disabilities. The Divisions of Rehabilitation Services (DRS), Services to the Blind and Visually Impaired (SBVI) and Developmental Disabilities (DD) have joint funding policies. In addition, an MOU reflects the current description of programs and services available through the agencies, the referral process and how services are coordinated. The Transition Services Liaison Project is funded jointly by the Office of Special Education Programs and DRS.

The Statewide Independent Living Council (SILC) members are appointed by the Governor and 9 of the 16 members are people with disabilities (currently physical, mental, cognitive, sensory and multiple disabilities are represented). Three members of the SILC are past participants in Youth Leadership Forums.

The Board of Vocational Rehabilitation (BVR) is appointed by the Governor to assist the DRS to develop and evaluate employment services for South Dakotans with disabilities. The Board's 15 members are a cross-section of people who have a stake in vocational rehabilitation services. Seven (7) people with disabilities are members of the board. One member is a graduate of Partners in Policymaking.

The Board of Service to the Blind and Visually Impaired (BSBVI) is appointed by the Governor as both advisors and partners to the Division of Service to the Blind and Visually Impaired. A minimum of 50% of the board must be blind or visually impaired. Nine (9) members have been consumers of services.

Annually, the SILC, BVR and BSBVI hold a joint meeting and hold public listening sessions throughout the state, including one on a reservation. In 2014, the Council was asked to join them for lunch and to share information. In July 2015, the Council invited members from all boards and councils to come together to discuss needs, barriers and trends.

Since 1994, the Family Support Council has been involved with the design, implementation, regulation and evaluation of family support services in South Dakota. The Council is composed of 15 members who are adults with DD or family members of children or adults with DD. This Council provides valuable information to the Division of DD with regard to the local and statewide family support programs. Nine members of this Council are graduates of Partners in Policymaking.

The Workforce Development Council oversees implementation of workforce training programs funded by the Workforce Investment Act. Members represent various business, labor and education interests. A majority of the members are from the private sector. Council members include representatives of the state departments of Labor and Regulation, Education, Human Services, Tourism and State Development and the Board of Regents. The Department of Human Services includes the Divisions of Rehabilitation Services, Service to the Blind and Visually Impaired and Developmental Disabilities.

SD Housing Development Authority (SDHDA) and the Department of Human Services (DHS) have entered into a memorandum of understanding detailing how the two agencies will handle joint housing issues. The primary focus is, to the extent practicable, promote the full integration of citizens with disabilities in South Dakota into individual housing settings and to limit the number of congregate units utilized or created for people with disabilities. SDHDA has agreed to consult with DHS prior to granting approval of any application or request from an organization that receives long term funding from DHS and prior to granting approval of any application or request to underwrite multifamily housing for people with disabilities. In 2015, 811 housing funds were received to increase the number of people with developmental disabilities living in integrated settings.

DakotaLink is the South Dakota Assistive Technology (AT) Act Project. DakotaLink provides information and referral on AT devices and services, presentations, device trials through short term equipment loans and demonstration of AT devices. Through a fee for service agreement with several agencies, they also provide individual evaluation and assessment of AT needs, equipment setup and proper use training and equipment sales. South Dakota AT4All is a free, web-based equipment recycling program where un-needed devices and medical equipment are listed for sale, loan or donation.

The Employment Works Task Force developed five recommendations to increase the hiring rate of people with disabilities. Those recommendations are as follows: 1 – Find and support businesses to employ people with disabilities; 2 – Connect businesses to employees with disabilities; 3 – Eliminate disincentives to employment for people with disabilities; 4 – Develop flexible systems and promote promising practices; and 5 – Educate the public, providers, employers, and people with disabilities. The overall goal of the five recommendations is the hiring, inclusion, and retention of employment of people with disabilities.

“Ability for Hire” was born out of the Employment Works Task Force established by Governor Dugaard in 2013. The campaign’s goal was to make South Dakota an “employment first” state that focused on increasing employment of people with disabilities. The campaign is designed to deliver information, outreach and resources to businesses, job seekers and the public workforce system to ensure greater recruiting and hiring opportunities for job candidates with disabilities. For more information, visit AbilityForHire.com.

The South Dakota Department of Human Services (DHS) has received a Telly Award for its “Ability for Hire” video campaign. The campaign video was created through EpicositySM, a Sioux Falls-based company that specializes in marketing and public relations. The Telly Awards honor the finest film and video productions, groundbreaking web commercials, videos and films, and outstanding local, regional, and cable TV commercials and programs. The winning video features Kendra, whose disability hasn’t stopped her from working a regular job and enjoying it fully. To see the winning video visit: <https://www.youtube.com/watch?v=DNlokXmR5BE>.

(v) Quality Assurance:

In the HCBS Transition Plan, three specific practices of continuous quality improvement monitoring were highlighted. DHS/DDD collects and analyzes monitoring information and shares the results with stakeholders on a quarterly basis to assist with systemic quality

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improvements. The Department of Health conducts biennial physical facility standards compliance reviews for all settings owned or leased by qualified providers.

SMART (Systemic Monitoring and Reporting Technology) is an online review system to compile and calculate Health & Welfare performance measures for the CHOICES waiver. SMART facilitates DHS/DDDs review of compliance including all critical incident reporting, medication management and administration and the use of highly restrictive procedures. SMART aligns existing quality assurance and improvement processes with federal reporting requirements while concurrently producing meaningful information for systemic improvement. SMART engages qualified providers in the remediation of problems discovered and systemic improvement of their certification requirements.

National Core Indicators (NCI) is a collaborative effort between the National Association of State Directors of DD Services (NASDDDS) and the Human Services Research Institute. The purpose of the program is to gather a standard set of performance and outcome measures that can be used to track performance and satisfaction over time, to compare results across states and to establish national benchmarks. South Dakota has participated in NCA since 2002. DDD recently partnered with the University of South Dakota Center for Disabilities to conduct the face-to-face interviews of 350 waiver participants.

The Council on Quality and Leadership (CQL) accredits qualified providers in South Dakota. CQL ensures accountabilities for health, safety and welfare through provider compliance reviews of licensing and certification standards. CQL compiles systems and practices data from providers to identify trends and gaps requiring systemic improvement. Data can be analyzed at the provider level as well as statewide and nationally.

The Department of Human Services' Internal Waiver Review Committee (IWRC) reviews information and trends related to the CHOICES Waiver, Family Support Waiver, Personal Assistance Services Waiver and Activities of Daily Living Services Waiver. The committee consists of the program specialists who manage each waiver and fiscal staff as well as staff from the Department of Social Services which oversees all Medicaid Waivers in our state.

DDD created an online reporting system for Critical Incident Reports (CIR) beginning in 2005. The system allows CSPs to submit required reports electronically and allow DDD to analyze the data. CIR Annual Reports are issued based on the calendar year. The population covered by the CIR system includes people receiving CHOICES waiver services, community training services and private Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID). Beginning in September 2010, CSPs began submitting incidents for non-division funded persons who provided releases of information.

The 2014 Annual CIR report provides a summary review of the data submitted by the nineteen CSPs and one private ICF/IID, aggregated for calendar year 2014. The DDD's intent is to issue a comprehensive trend analysis on an annual basis while providing specific reports to each CSP on a quarterly basis. The purpose of the report is to communicate information about trends, remain vigilant for emerging issues, and use data to plan, prioritize and implement preventative and proactive initiatives.

Each CSP is each assigned a Program Specialist who is responsible for reviewing all CIRs submitted by that CSP. DDD nurses review all CIRs that involve health, medication, injury,

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unplanned hospitalizations or medication issues. The DDD also has a CIR/QA team that coordinates a peer review process for all CIRs. The peer review process is designed as a quality assurance mechanism to ensure that all necessary follow-up is completed, timelines are met, and that any additional third party reporting (e.g., to the Attorney General's Medicaid Fraud Control Unit, Law Enforcement, Department of Social Services) has occurred. The peer review process has increased the DDD's ability to address CIR inconsistencies both internally and systemically.

In 2014, the number of persons supported through HCBS, CTS and Private ICF/IID funding increased by 12, and the number of participants for whom critical incidents were reported increased by 31 participants from 2013. The total incident count for 2014 was 1,457, an increase of 138 incidents from the previous year. These incidents were submitted for 778 participants, or 27.3% of all participants in South Dakota receiving supports and services through CHOICES, CTS or Private ICF/IID. The total population of participants supported in South Dakota has grown on average per year by 64 participants since 2009. Although there was an increase in incidents in 2014, this may be attributed to the fact that the number of participants has increased; as well as supporting people with more challenging needs, therefore multiple CIRs are reported for each person.

While receiving provider support, incidents primarily occur at residential settings and segregated day settings. Participants are likely spending most of their time in these environments, as 896 incidents occurred in residential settings and 189 incidents occurred in segregated day settings. Significantly less incidents occur while participants are at other locations in the community, supported employment, school, and in vehicles.

Incidents that occur while people are outside of provider support happen most frequently in the "community" with 72 reports. This data reflects that participants are accessing the community by themselves or with natural support networks and includes a variety of locations. Fifty-eight incidents occurred while people were at home, which encompasses participants who reside in a supported living environment and receive minimal residential supports as well as participants who live in a home with family members. Thirty-one incidents occurred at "other" locations, which include, but are not limited to, clinics, hospitals, and local events/businesses.

In 2014, the CIR category most frequently reported to DDD was Abuse, Neglect and Exploitation (ANE) with 405 incidents. This is an increase of 34 reports from the previous year. The second highest category reported was Highly Restrictive Measures category, with 331 incidents. Other category was the third most frequently reported with 284 incidents, followed by Injury (184). The Other incident category includes: Community Complaint; Increase in Behavioral Issues; Jeopardizing Personal Safety; Jeopardizing Services; Medical Diagnosis; Medication Error; Use of Illegal Substances; Vehicle Accident; Victim of Fire; Victim of Theft; and Communicable Disease.

Incident reporting trends for 2009 through 2014 are consistent with 2014 reporting with ANE and Other being the most frequently reported incidents over the past six years. ANE reporting has ranged from 217 reports in 2010 to 405 reports in 2014, with an average of 397 incidents from 2009-2014. Incidents in the Highly Restrictive Measures category total 1,357 from 2009 through 2014. Reporting in this category has generally increased since 2009.

Incident reporting in the ANE category for 2014 was as follows: 200 Abuse allegations, 139

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Neglect allegations, and 73 Exploitation allegations. Suspected Abuse has historically been more frequently reported than neglect and exploitation. Within the CIR form, reporters are required to specify whether the Abuse was Verbal, Physical, Psychological, or Sexual. The number of allegations of Physical Abuse is substantially higher than other types of Abuse at 95 allegations, followed by allegations of Verbal Abuse at 68 reports. Sexual and Psychological allegations are the lowest at 52 and 18 reports, respectively.

A total of 412 ANE allegations were made in 2014. Of those, 242 were against staff members; 50 were against other participants using supports; 45 were against Community Members; 43 allegations were against Family Members; 21 were Unknown; and 4 allegations were made against Guardians.

In 2014, 223 allegations were Substantiated, 169 were Unsubstantiated and 13 were Unspecified. Unspecified is an indication that the Program Specialist marked neither the Substantiated nor the Unsubstantiated section while reviewing the CIR online report. Follow up will occur with Program Specialists to ensure incidents are accurately categorized. The data shows a 54% Substantiation rate among all reported allegations of ANE.

A total of 242 total incidents were reported for ANE against staff providing services and supports in provider agencies. Of the 242 reported incidents 152 were Substantiated, 85 were Unsubstantiated and five were Unknown. After further analysis of the five incidents that are categorized as neither Substantiated nor Unsubstantiated, it was determined that investigations conducted by the provider were inconclusive. Training was provided in December of 2014 to CSPs regarding these reports.

DDD supports people from an early age until the end of life. Supporting individuals through the end stages of their life is a critical function that CSPs provide to participants. DDD reviews all deaths and may conduct investigations of any deaths that are accidental, unexplained, or occur amidst allegations of abuse or neglect. In 2014, there were 32 deaths reports submitted by CSPs. Of these, 18 participants were receiving residential supports in a Group Home (Level One) setting and two in each Supervised Apartment (Level Two) and Supported Living (Level Three). Instances in which the level of supervision is "Not Specified," indicates that the participant did not receive residential supports from the CSP but received at least one other waiver service, CTS or private funding. Sixteen deaths in 2014 were due to Natural Causes-Anticipated and twelve due to Natural Causes-Not Anticipated, three Accidental and one Undetermined death. The single Undetermined death was categorized as such due to an inconclusive autopsy report. The three accidental deaths were all from one CSP and categorized as such due to an autopsy not being shared with CSP, including one vehicle accident and one choking incident. There were no Homicides or Suicides reported in 2014.

The Council continues to support Partners in Policymaking and Youth Leadership Forum to provide leadership and self-advocacy training to youth and adults with intellectual and developmental disabilities and their families. Partners in Policymaking is a joint effort of South Dakota Advocacy Services, Center for Disabilities, SD Parent Connection, Children's Care Hospital & School and the DD Council and has trained over 500 people with DD and their family members. The Youth Leadership Forum is sponsored by the Transition Services Liaison Project, Division of Rehabilitation Services, Office of Special Education, private foundations and the DD Council. Each year approximately 36 high school students with disabilities attend this 5-day event to receive training and mentoring from 10-15 adults who

serve as team leaders, assistant team leaders and mentors.

South Dakota Advocates for Change is the Council's statewide self-advocacy network. The Network is led by a Leadership Team of 10-15 self-advocates who work on activities in their communities and around the state. Members of the Leadership Team have provided training to other self-advocates and will be asked to provide additional training in the area of self-determination as the system of services moves to more self-directed options.

(vi) Education/Early Intervention:

According to the 2014-2015 Department of Education statistics, there were 18,846 students identified through Child Count activities as receiving Special Education Services. Special needs students represent 14.5% of the total K-12 student enrollment of 129,772.

The State Interagency Coordinating Council members are appointed by the Governor and work as a committee to advise and assist the Department of Education on identifying appropriate services for children ages birth to 3. Two agency members are also members of the DD Council.

The South Dakota Head Start State Collaboration Office was established in 1990 and is located within the Department of Education. Head Start is designed to meet each child's individual needs by providing a self-paced approach to education. It also aims to meet the needs of the community served and its ethnic and cultural characteristics. Various program options; center based, home based, combination center/ home based, and school cooperative programs are available to families according to program resources and community needs. Comprehensive and integrated services are structured under 3 major areas: Early Childhood Development and Health Services, Family and Community Partnerships, and Program Design and Management.

Members of the South Dakota Advisory Panel for Children with Disabilities are appointed by the Governor to advise the Department of Education, Special Education Programs (SEP) on issues related to students with disabilities. The Panel conducts public meetings, advises the SEP on the State Performance Plan and the Annual Performance Report. There are 16 members on the panel and a majority of the members must be individuals with disabilities or parents of children with disabilities (ages birth through age 26). Currently one member is a graduate of Partners in Policymaking and one is a past participant/team leader/mentor for the Youth Leadership Forum.

The Division of Rehabilitation Services is a partner with the Office of Special Education for the Transition Services Liaison Project (TSLP). Regional Transition Liaisons provide support and technical assistance to students with disabilities and their families, and local education agencies seeking information on transition planning. Liaisons are involved with Project Skills, Youth Leadership Form, Regional Transition Forums and Catch the Wave events.

Regional Transition Forums are informal and interactive meetings for providers of services to share information with transition-age students with disabilities, as well as families and teachers.

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Project Skills is a paid work experience program for high school students with disabilities in South Dakota. The program is a cooperative arrangement between the state vocational rehabilitation agencies and the local school districts. Project Skills provides students the opportunity to learn different skills in a variety of job placements, with the assistance of a job coach. Project Skills will help to build the student's work history, references and help them move into different and better jobs as they mature and are ready to take on new challenges. During FFY2015, Project Skills had 382 participants and 153 schools had contracts. Of the total Project Skills participants, 269 had a primary impairment of intellectual impairment involving learning, thinking, processing information and concentration. The top four causes of impairment were intellectual disabilities, specific learning disabilities, autism and borderline intellectual functioning.

Catch The Wave is a one-day conference designed specifically for high school students who have a disability and are considering post-secondary education (either college or technical institutes). Students learn about preparing for college life, securing appropriate accommodations, and developing self-advocacy and communication skills. Highlights of the conference are panel discussions with individuals who have a disability and have experienced a post-secondary setting, as well as disability coordinators discussing entrance and eligibility requirements. <http://tslp.org/>

The Youth Leadership Forum enables young adults who have a disability to learn from each other and from successful adults with disabilities who are recognized leaders and role models. Students learn more about their own disability and others' disabilities, to analyze their own strengths and weaknesses and to make decisions, organizational skills, learn different leadership styles, learn about the legislative process and disability laws, how to influence others, etiquette, and much more.

The South Dakota Board of Regents has adopted a statewide attainment goal of 65% of South Dakota citizens, ages 25-34, holding some type of postsecondary credential by 2025. As of 2014, about 45% of working-age South Dakotans held some form of postsecondary credential at the certificate level or higher. The new goal is based on projections from the Georgetown University Public Policy Institute's Center on Education.

Augie Access will begin its second year in fall 2016. The program is a collaborative effort of the Department of Education, Department of Labor and Regulation, Board of Regents, Divisions of Rehabilitation Services and Developmental Disabilities and the Council. The principles used as the foundations of the program are employment, inclusiveness, academic, adaptive and evaluation and data. The program began with 5 students who have intellectual or developmental disabilities. These students have attended university classes for credit or auditing. Some have lived in campus housing and others have continued to live at home. Five new students will begin the program while the first five continue their post-secondary plans.

(vii) Housing:

The South Dakota Housing Development Authority (SDHDA) acts as the lead agency for developing the Consolidated Plan on behalf of the State of South Dakota. The 2016 Annual Action Plan provided the following information in regard to housing in South Dakota.

The overall goals of community development and planning programs covered in the

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Consolidated Plan are to develop viable communities by providing decent affordable housing and a suitable living environment and expanding economic opportunities primarily for low- and moderate-income persons. The primary means toward this end is to extend and strengthen partnerships among all levels of government and the private sector, including for-profit and non-profit organizations in the production and operation of affordable housing and economic development.

Demand for housing remains strong in South Dakota; communities are experiencing tight rental markets with vacancy rates around 2% and sale of single family homes remain steady. Based on these reasons, South Dakota's emphasis will continue to be placed on providing housing opportunities geographically across the State for both rental and homeownership. Demand for rental housing is evident for the lowest of income to workforce housing evidencing the need to leverage resources and form creative partnerships to develop appropriate housing.

SDHDA will also continue to prioritize housing opportunities for homeless and special needs population groups. In addition SDHDA was successful in applying for the HUD Section 811 Program. Planning meetings are being held with SDHDA, Dept. of Human Services, Dept. of Social Services, and service providers to assist in making necessary changes to programs and develop relationships to ensure successful Section 811 Program implementation.

During the 2013 legislative session, the Building South Dakota Fund was passed providing programs and funding for local infrastructure improvements, job grants, workforce education, and housing, which are integral to economic development. The Housing Opportunity Fund (HOF) is designed to promote economic development by expanding the supply of decent, safe, sanitary and affordable housing targeted to low and moderate income families and individuals. The HOFund can be utilized for rental and homeownership activities for incomes up to 115% of AMI (Annual Median Income).

SDHDA has been working with USDA Rural Development on homeownership endeavors, one of which is the formation of the Native American Homeownership Coalition (Coalition). The Coalition first met in June 2013, with great representation from Native American organizations, federal and state agencies, private and nonprofit agencies, and lenders. The goal of the Coalition is to build capacity and partnerships to increase homeownership opportunities for Native Americans both on and off Indian Reservations. This Coalition continues with strong support. Trainings and workshops are ongoing to address the barriers to affordable housing for Native Americans.

In 2012, SDHDA started the Housing Needs Study Program to assist rural communities in evaluating their need for housing. The program provided up to 50% of the cost or up to \$5,000 per applicant to pay for the cost of a housing study. A partnership with Community Partners Research ensures consistent market study review and analysis at a pre-determined cost. To date 36 communities have been approved to participate with 33 studies being completed bringing a new awareness for housing in their community.

With conclusion of the housing study comes the realization that there is a lack of affordable housing and workforce housing in many communities across the state. Development of housing may consist of a duplex to larger apartment complexes requiring access to different funding sources and levels of expertise. The barriers that seem most prevalent in these communities is lack of development expertise and ability to find entities interested in taking on

the risk of ownership and/or development. SDHDA will continue to work with partner agencies, meet with communities and assist in any way possible to address housing needs.

Many people in South Dakota require supportive housing to allow them to remain in their homes or in the communities in which they reside. Included in this group of people who need supportive housing are the elderly, the frail elderly, persons with disabilities, persons with alcohol or other drug addiction, and persons diagnosed with AIDS and related diseases.

The Division of DD's philosophy is to provide program participants with choices regarding where they work, live and play. DDD works with SDDC to locate community placements for people who currently reside at SDDC. DDD continues to coordinate efforts with CSPs, SDHDA and others to offer people an array of housing options. This effort has and is likely to continue to result in downsizing congregate living facilities and increasing the utilization of apartments and single family homes by persons with developmental disabilities. People with developmental disabilities have low-incomes and, like other low- and very low Income South Dakotans, need financial assistance to purchase homes and rent apartments. Housing options need to be affordable, accessible and available.

The lack of awareness of programs for low-income people, particularly people with disabilities, had been identified as a barrier to affordable housing. In addition, poor credit histories of borrowers and renters alike are a substantial barrier to the lowest income households; as are application fees, security deposits, down payment and closing costs, and fear of the home buying process. In some communities it is difficult to find suitable housing, while in others the housing is available, but necessary supports may not be available.

(viii) Transportation:

The South Dakota Department of Transportation (SDDOT) acts as a facilitator of public and specialized transportation services. SDDOT does not directly provide the services but contracts for services to be delivered within South Dakota through the awards of grants to transit providers. Local governments and nonprofit entities are responsible for the development and operation of local transit systems.

According to the 2010 South Dakota Long Range Statewide Transportation Plan, there are 22 rural transit providers and 2 urban transit providers. The state transit system includes local bus, paratransit, and rural transit. Transit challenges include: providing mobility to seniors, low-income households, and people with disabilities; dedicated local funding sources for transit; coordination between multiple transit providers servicing the same area; and providing service to all areas of South Dakota.

With the population aging, reliability on transit is expected to increase. A function of the transportation system is to provide convenient and affordable access to jobs, health care facilities, educational facilities, and grocery and shopping facilities. South Dakota is a rural state with low population densities and minimal services. Many people have no choice but to travel by automobile because there are no other alternatives.

The population is aging and South Dakota has limited health care facilities in rural areas. Transit services are located in communities throughout the state with limited service to

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communities under 1000 population. Many transportation dependent people in these small communities rely upon family members, neighbors and friends for transportation.

From the 2014 Department of Transportation Annual Report, the following information is available:

- A total of 218,630 rides were provided through specialized services to elderly people and persons with disabilities, and 1,525,303 rural public transit rides were provided for a total of 1,743,933 rides given in 2014.
- Elderly residents, people with disabilities, school children and rural and low-income residents use public transit. Some riders use daily services on fixed routes with fixed schedules. Others call transit services to arrange for rides on the same day or in the near future.
- About 43 rural and specialized organizations provide transportation services to 70% of South Dakota's geographical area. Funding helps provide specialized transportation service for the elderly and persons with disabilities as well as planning for both rural and urban transit services.

Public and special transportation service providers are a key element in the successful implementation of numerous state policy objectives. Among those is the effort to keep elderly citizens and citizens with disabilities in their own homes and communities—in an independent living status, instead of forcing them into the more costly nursing home environment or requiring them to migrate to large urban areas for needed services.

(ix) Child care:

The Department of Social Services, Division of Child Care services provides assistance to low income families who need help with child care costs while parents work or attend school. They also provide oversight, technical assistance and support in promoting safe, healthy and caring environments for children through licensing, registration and quality improvement activities. The availability of quality child care is not only important for maintaining a strong workforce, it is vital for the growth and development of healthy children.

The Division of Child Care Services provides child care facility development, direct child care assistance payments for qualifying families, training and technical assistance for child care and afterschool programs, licensing and registration of child care and afterschool programs and an online listing of registered and licensed child care providers in South Dakota.

Eligibility is based on the family's gross income and household size. The program helps pay for child care for children under age 13 (or up to age 18 for children with special needs) if the family's income is less than 175% of the Federal Poverty Level.

The Division of Child Care partners with five Early Childhood Enrichment (ECE) programs across the state to deliver a variety of services focused on parents, child care and afterschool providers. The ECE statewide training system was established to meet the growing demand for early childhood and school-age training and to help recruit and retain quality child care providers across South Dakota. ECE programs offer a systematic approach to providing early childhood and school-age education services and technical assistance. Services are available to all child care and afterschool providers, parents and others involved in the day to day care of children and youth. The five ECE sites provide classroom-style, online and on-site training

including professional growth classes on issues such as child development, age-appropriate activities, effective guidance and program management; on-site technical assistance and coaching to help providers gain knowledge and put knowledge into practice; telephone consultations for early care and education professionals and parents; promotion of health, safety and development of young children in early childhood and out of school time programs; educating parents to help families to make informed choices when selecting a child care program for their child; and informing the community about child care issues.

The Division of Child Care Services partners with the regional ECE sites to increase awareness and knowledge of resources and services available for families of children with special needs to include infants and toddlers. Families experiencing difficulty in finding and/or maintaining child care for an infant or toddler with special needs can receive special services on a case by case basis. The team consists of regional ECE staff, licensing specialists, subsidy program specialists and others depending on the need. The goal is to ensure the most appropriate care setting for the child and that caregivers are properly trained and compensated. Also at the local level, parenting classes are available through the ECE training system for those with children age birth to three. The classes emphasize responsive caregiving and include support for children with special needs. These classes are offered throughout the year at no cost.

DDD's Family Support 360 program offers a wide array of services and supports to families of individuals with a developmental disability. Supports are designed specifically for each family and are intended to help families stay together. The Division of Child Care partners with Family Support 360 local coordinators to assist with families whose children have special needs. These families often do not meet the eligibility requirements of the regular child care program and are experiencing special challenges in obtaining affordable childcare. Families qualifying under the special service needs program are eligible if their income falls below 85% of the State Median Income and a higher rate can be authorized for provider reimbursement. Family Support 360 coordinators assist families in applying for child care assistance and work closely with the family and the Child Care Program Subsidy Specialist to identify the child's needs. If the family needs help securing child care, the Child Care Program Subsidy Specialist works with the Child Care Licensing Specialist to identify and secure child care arrangements. If special training is needed for the child care provider, the regional ECE training program can provide training support depending on the issue.

Here4Youth is a child care program in Sioux Falls, which offers services to all children while specializing in the provision of quality services to those with disabilities. With a 1:5 staff to child ratio, children receive the attention they need to enjoy learning and enrichment. Here4Youth is able to meet the needs of children who may not be successful in other settings. The Division of Child Care works closely with these families and the child care program to secure a higher rate of reimbursement which may be necessary to sustain the placement and ensure continuity of care. An overall higher rate is allowed for providers caring for children with special needs requiring additional care. A special rate can be negotiated depending on the need which allows for a 20% income disregard and consideration of income at a maximum of 85% of the SMI.

The South Dakota School Age Care Alliance (SoDakSACA) promotes quality Out-of-School Time programs for children and youth through professional development and public advocacy. Since 1999, SoDakSACA sponsors an annual conference, Afterschool Day at the Capitol and the statewide Lights On Afterschool event. The Council partnered with SoDakSACA to offer

the Kids Included Together (KIT) training at a Directors Retreat in 2013.

(x) Recreation:

The area of Recreation and Leisure Activities continues to come up during public listening sessions. Comments most frequently heard include:

- People enjoy participating in Special Olympics and want more opportunities.
- Rural communities have few opportunities for organized activities beyond school sports events.
- After-school programs and city recreation programs are not always welcoming to children with disabilities.
- People with DD would like to go to more concerts, trips, etc., but staff support is limited.
- Young adults need to learn more about safe social activities – including issues with alcohol, drugs and other activities, including internet safety.

PART C. Analysis of State Issues and Challenges [Section 124(c)(3)(C)]:

(i) Criteria for eligibility for services*:

An analysis of the eligibility criteria for services shows that a number of factors impact a person's eligibility including: age limitations, services available only if eligible for other benefits such as Medicaid or SSI and income guidelines. Eligibility for developmental disabilities services is limited by federal waiver requirements such as limited income and resources and the person must meet the need for institutional care if services were not available in the community. The state offers a limited program for people not meeting the criteria for institutional care. Many programs required the person to meet federal poverty guidelines and have limited resources.

Public comments at various events included that the completion of paperwork for some programs can be very time consuming; parents seldom know how the services integrate with each other; and parents are not sure of their role as the child moves through transition to adult services.

The following paragraphs outline the eligibility criteria for a number of programs available to people with developmental disabilities.

South Dakota Codified Law 27B-1-18 defines a developmental disability as any severe, chronic disability of a person that:

1. Is attributable to a mental or physical impairment or combination of mental and physical impairments;
2. Is manifested before the person attains age 22;
3. Is likely to continue indefinitely;
4. Results in substantial functional limitations in 3 or more of the following areas of major life activity: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, and economic self-sufficiency; and

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5. Reflects the person's need for an array of generic services, met through a system of individualized planning and supports over an extended time, including those of a life-long duration.

CHOICES and Family Support 360 Waivers have eligibility criteria that "waive" the institutional level of care so people receive services in their communities. Eligibility for the Family Support 360 and CHOICES Waivers (both are Medicaid/Title XIX home and community based services waivers) is determined by the Department of Social Services.

The following criteria are used for both the CHOICES and Family Support 360 Waivers to determine if a person has a developmental disability. Administrative Rules of South Dakota (ARSD) 67:54:04:05 provides the criteria for determining developmental disability. The provider shall maintain documentation signed by a physician or psychologist which indicates that the individual is developmentally disabled. An individual is considered developmentally disabled if the individual meets all of the following criteria:

1. The individual has a severe, chronic disability attributable to intellectual disability, cerebral palsy, epilepsy, head injury, brain disease, autism, or other condition which is closely related to intellectual disability and requires treatment or services similar to those required for the mentally retarded. To be closely related to intellectual disability, a condition must cause impairment of general intellectual functioning or adaptive behavior similar to that of intellectual disability;
2. The disability manifested itself before the individual reached the age of 22; and
3. The disability is likely to continue indefinitely.

To be eligible for the Family Support 360 Waiver the individual must live in their own home or in a family member's home on a full-time basis; and the individual's monthly income must be less than 300% of the SSI Standard Benefit Amount and resources must be less than \$2,000. Income and resources of the parents are not considered to determine eligibility.

ARSD 67:54:09:12 describes eligibility for family support services as follows: The department shall apply the provisions of chapters 67:16:01, 67:46:01 through 67:46:05, inclusive, 67:46:07, and 67:46:08 when determining eligibility for services provided under this chapter. The individual shall be receiving SSI or be aged, blind, or disabled and have income less than 300% of the SSI standard benefit amount. In addition, the following requirements must also be met:

- (1) the individual is developmentally disabled under the provisions of § 67:54:03:03 or, if the individual is age birth through two years of age, the division has documentation from the Department of Education that indicates the child has been identified as needing prolonged assistance;
- (2) for individuals age four and above, the individual has substantial deficits as exhibited by completion of an Inventory for Client and Agency Planning (ICAP);
- (3) the individual is in need of and eligible for placement in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) based on findings that the individual has a substantial functional limitation in three or more of the functional areas; and
- (4) an individualized service plan for the individual that has been prepared.

Eligibility for the CHOICES Waiver includes meeting the long term care requirements, having a developmental disability, residing in the home of a parent, other relative or legal guardian; or residing in an adult foster care home or special therapeutic foster home licensed by the

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Department of Social Services; or residing in a community residential, supervised apartment or community habilitation facility approved by the Department of Human Services; or residing in an individual's own home; and the person's monthly income must be less than 300% of the SSI Standard Benefit Amount and resources must be less than \$2,000. ARSD 67:54:04:03 and 04 describe financial eligibility and eligibility if denied SSI disability benefits.

The Respite Care Program is available to any family having a child or adult family member who has a developmental disability, a developmental delay (children only), a serious emotional disturbance, a severe and persistent mental illness, a chronic medical condition (children only), a traumatic brain injury, or a child they have adopted may be considered for respite care services. There is no income eligibility requirement. There is no age limit (except those disabilities listed as for children only); however, the child or adult must live with a parent or family member.

The SD Developmental Center (SDDC) provides supports and services for individuals with an intellectual disability who meet the established eligibility criteria when suitable community supports and services are not available. Individuals admitted to SDDC must be in need of active treatment and be likely to benefit from placement at SDDC. There are four different eligibility criteria for placement at SDDC.

Criteria 1 - Eligibility for the Intermediate Care Facility for Individuals with Intellectual Disability (ICF/IID) – An ICF/IID is to furnish health or rehabilitative services to persons with intellectual or developmental disabilities or other related conditions. Persons with other related conditions means individuals who have a severe, chronic disability that meets all of the following conditions: 1) is attributable to a) cerebral palsy or epilepsy; or b) any other condition, other than mental illness, found to be closely related to intellectual disability because this condition results in impairment of general intellectual functioning or adaptive behavior similar to that of individuals with intellectual disabilities and requires similar treatment or services; 2) is manifested before the person reaches age 22; 3) is likely to continue indefinitely; 4) results in substantial functional limitations in 3 or more of the following areas of major life activity: self-care, understanding and use of language, learning, mobility, self-direction, capacity for independent living.

Criteria 2 – Eligibility and Need for ICF/IID Services – To be eligible for these services under Medicaid, the following criteria must be met: 1) must be eligible for Medicaid under ARSD 67:16; must be developmentally disabled; and the utilization review team must have determined that the individual is in need of ICF/IID services pursuant to ARSD 67:54:03:04. To be determined in need of ICF/IID services, the individual must have a substantial functional limitation in 3 or more of the following functional areas as determined by a completed Inventory for Client and Agency Planning (ICAP): self-care, receptive and expressive language, learning/general cognitive competence, mobility, self-direction, capacity for independent living and economic self-sufficiency.

Criteria 3 – The individual must have unsuccessfully received treatment in a less restrictive environment.

Criteria 4 – The individual must display behaviors that are dangerous or cause concern for the safety of the individual or others.

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Vocational rehabilitation services are available for individuals with a disability (i.e. an individual who has a physical or mental impairment which constitutes or results in a substantial impediment to employment), be able to benefit from vocational rehabilitation services in achieving an employment outcome, and require vocational rehabilitation services to prepare for, enter, engage in, or retain gainful employment.

Independent Living Services are available to an individual with a significant disability (physical, mental, cognitive or sensory impairment) whose ability to function independently in the family or community or whose ability to obtain, maintain, or advance in employment is substantially limited; and for whom the delivery of independent living services will improve the ability to function, continue functioning, or move towards functioning independently in the family or community or to continue employment.

The Department of Education's (DOE) Administrative Rules (24:05:24.01:01) define students with disabilities as "students evaluated in accordance with chapter 24:05:25 as having autism, deaf-blindness, deafness, hearing loss, cognitive disability, multiple disabilities, orthopedic impairment, or other health impairments, emotional disturbance, specific learning disabilities, speech or language impairments, traumatic brain injury or vision loss, including blindness, which adversely affects educational performance and who, because of those disabilities, need special education or special education and related services." DOE's Birth to Three Connections provides early intervention services, at no cost, for children from birth to age 3 who have a disability or a developmental delay.

Head Start and Early Head Start Programs have eligibility requirements for total program enrollment. Of the total program enrollment, 90% must be children of families who meet federal regulated income guidelines determined by the US Department of Health and Human Services. Ten percent of the total program enrollment may be above these federal income guidelines and 10% must include children with identified disabilities. Residency within the Head Start programs geographical service area is generally required. Families with infants and toddlers ages 0-3 and pregnant women who meet federally regulated income guidelines are eligible to participate in Early Head Start. Children must be 3 or 4 years old by September 1 to be eligible for Head Start Program services.

The Department of Health's Children's Special Health Services – Health KiCC Program (Better health for Kids with Chronic Conditions) requires a child to be a resident of the state, be under age 21, have a chronic condition (any of the more than 50 conditions in 11 groups on their list of covered conditions); and meet financial guidelines (income up to 250% of federal poverty level).

Delta Dental of South Dakota provides the Dakota Smiles Program. This is a dental outreach program that brings care directly to underserved children all across South Dakota. The program treats children ages 0-21. The program mission is to treat children without access to dental care, which includes those children who have not seen a dentist within the past two years and/or those that live more than 85 miles from a dentist. No child is turned away for an inability to pay.

- (ii) Analysis of the barriers to full participation of unserved and underserved groups of individuals with developmental disabilities and their families*:

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South Dakota's demographics create a challenge in attempting to provide services to people with developmental disabilities. The state encompasses 75,885 square miles with a 2010 US Census population of 814,191. South Dakota is designated as a frontier state by the Affordable Care Act. A frontier state is one in which at least 50% of the counties are frontier counties. Frontier Counties are sparsely populated and geographically isolated from population centers and services. Of the 311 incorporated towns and cities in South Dakota, only 27 have populations greater than 2,500 people. South Dakota has only two cities of 50,000 or more people, Rapid City and Sioux Falls, on opposite ends of the state. In South Dakota, only 10.7 people on average inhabit each square mile compared to 87.3 for the nation. South Dakota has 9 federally recognized tribes within its boundaries. The majority of the reservations are geographically isolated in frontier locations. Community Support Providers are located in only 17 communities throughout the state and none are on a reservation.

South Dakota's rural nature presents challenges for service delivery. Rural communities face difficulties maintaining a healthcare workforce and most cannot compete with wages and amenities available to physicians and other professionals in more urban locations. The cost of delivering services is greater as distances can be significant. The rural nature of the state impacts all citizens but does add to the access of services issue for people with developmental disabilities, particularly in the areas of proximity to services for evaluations and availability of services.

For Native Americans living on and off the reservations, barriers may include a lack of knowledge and understanding of the service system and people are not as connected to information about services and supports. Other barriers include community attitudes, transportation, limited or no employment opportunities, lack of trained personnel, housing, the delivery of service maze includes State and Tribal programs, high rate of co-occurring disorders, lack of communication options and lack of independent living services on the reservations.

The unserved and underserved populations identified by the Council included people living in rural communities and Native Americans.

(iii) The availability of assistive technology*:

DakotaLink is South Dakota's program for linking people with assistive technology devices and services in situations where the person's day-to-day functioning is impaired due to a disability, injury or aging.

DakotaLink has certified assistive technology specialists in 4 locations throughout the state to provide information and training on assistive technology devices statewide. There are for-profit providers of assistive technology devices and services (beyond medical equipment) located in the two largest cities of South Dakota. This leaves a large portion of rural South Dakotans with no close resources on assistive technology. In an effort to address that issue and others, DakotaLink sites maintain an array of devices for a person to view and try for a limited time prior to making the decision to purchase.

DakotaLink encourages device recycling through South Dakota AT4ALL. This web-based resources is an easy and efficient way to locate, sell, donate or recycle used assistive technology devices, including durable medical equipment. www.sdat4all

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A lack of funding assistance for assistive technology for people with limited incomes is a challenge. There are few dollars available to assist people with disabilities and their families in purchasing assistive technology. Medicaid and other agency rules sometimes prohibit the purchase of a device or a device that has more than one purpose (i.e. a Dynavox can cost \$3000 while an I-pad and applications for communicating with symbols could cost \$800 and also be used for other purposes).

Another challenge is how to keep families and people with developmental disabilities informed of new assistive devices and technologies being developed. DakotaLink participates in a number of conferences that reach people with developmental disabilities, their families and service providers, but a majority of people do not attend those conferences and must rely upon their service providers, family and friends to share information about assistive technology that is available.

During SFY2016, the Division of Developmental Disabilities began several pilot programs in partnership with four Community Support Providers to assess participant autonomy and create a framework to offer providers flexibility to reallocate staffing resources while increasing focus on community integration and goal attainment. DDD is overseeing the use of remote supports, sensors and applications that promote independence in accessing transportation. After a comprehensive analysis of pilot performance including participant outcomes, DDD will consider incorporating technology use in the CHOICES waiver. Pilots include remote supports and sensor technology; remote supports during overnight hours and use of the ABleLink WayFinder 3 travel technology.

(iv) Waiting Lists*:

a. Numbers on Waiting Lists in the State:

Year	State Pop (100,000)	Total Served	Number Served per 100,000 state pop.	National Average served per 100,000	Total persons waiting for residential services needed in the next year as reported by the State, per 100,000	Total persons waiting for other services as reported by the State, per 100,000
2014	8.5	4,316	506		0	0
2013	8.4	4,315	510		0	0
2012	8.3	3,822	458		0	0

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

- Case management authorities
- Providers
- Counties
- State Agencies

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___ Other _____

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

___ Yes

___ No

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

___ No services

___ 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 _____

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

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

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

g. 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:

h. 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:

j. Summary of Waiting List Issues and Challenges

All referrals receive assistance from Division of Developmental Disabilities staff with planning and navigating the system. Resource Coordinators are available throughout the state to work with families and individuals who request information about services or to determine eligibility for services.

An analysis of the available waiting list information reinforces the fact that there is limited information available. There is no information available regarding people with developmental disabilities who are waiting for services that are more self-directed or not based in an agency setting; or the number of underserved or unserved people with developmental disabilities who need supports to be successful but do not meet eligibility criteria for current waiver services;

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there is no method for determining how many people currently receiving services would like to see their services change (i.e. how many working in a sheltered workshop setting would like to be working in competitive or supported employment).

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

South Dakota's Legislature approves a balanced budget each year. In February 2016, general fund revenue estimates were slightly higher (<4%) than the previous year's estimates. South Dakota has maintained a reserve fund and state agencies continue to work with limited inflationary increases for the most part.

Since 2012 when the South Dakota Legislature cut provider rates between 4.5 and 10%, there has not been another cut, but the increases for inflation have been minimal. Agencies and providers continue to discuss with all public policymakers the need for higher rates for services in order to pay direct support professionals a living wage and reduce turnover and overtime costs.

The Community Support Providers of SD provided the following statistics to the 2016 Legislative Appropriations Committee. "Workforce Vision: Organizational culture, staff development/training, and enhanced use of technology, coupled with competitive pay, motivate people to work for Community Support Providers. Target Areas: increase focus on employee retention and reduction of turnover, increase appropriate compensation, increase focus on training, increase the flow of applicants, and increase applicant hires. Trend Information: Over 80% of all CSP positions are Direct Support Professionals (DSPs) – 3,105 positions. Turnover for DSPs during FY2015 was 48%. Nearly \$5 million was paid in overtime for FY2015. FY2015 DSP Starting wage was \$10.35/hour with the average wage being \$11.43/hour. 42% of DSP families are on some form of public assistance."

Over the years, the Legislature has provided expansion dollars for additional family support programs (proven to be a cost efficient way to provide services to families with children and adults with developmental disabilities) and expansion dollars for costs associated with students who are entering the adult service system from the education system. These additional funds have allowed the Division of Developmental Disabilities to maintain a very low number of adults on their planning list. In fact, most adults on the planning list are receiving services but want to move to another residential setting or area of the state.

During the upcoming years, the Division of Developmental Disabilities will be changing the way it reimburses providers for services. Rates are being reviewed and recommendations for change will occur in conjunction with the HCBS Waiver renewal process.

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

The review of the services and supports available at the SD Developmental Center (SDDC) show that SDDC has been changing in many positive ways over the years. The current number of people served at SDDC is 135 and the average length of stay is 6.8 years and the average length of stay at discharge only 3.5 years. A majority of the people served at SDDC are referred from Community Support Providers who are unable to provide the level of support

a person needs due to challenging behaviors or other issues. All three programs at SDDC have a transition component including a transitional living area. These transitional services provide an opportunity for people getting ready to move back to the community to have a less structured but supervised environment to develop and practice skills needed for community living.

SDDC has been actively involved with the Person-Centered Thinking Skills and Organizational Change activities. They have used these Person-Centered Practices to 1) foster a learning environment that supports a cooperative partnership resulting in people having positive control over their lives; 2) utilize practices that assist in determining what is important “to” each person served in addition to what is important “for” the person; 3) enhance, reinforce, and strengthen a person’s natural supports whenever possible; 4) promote independence and instill a sense of self-determination and well-being; and 5) provide high-quality standards of services which support a therapeutic environment and result in a balanced life for the person.

SDDC promotes the person-centered approach to provision of supports. Person Centered Thinking is a process for people who are paid to provide support, to think about the quality of life from the perspective of the person they support. It is a person-driven approach to services and supports, rather than an agency-driven approach. Program development for each person begins with a thorough assessment of all areas of daily living. The person and his/her guardian and family are integral members of the Interdisciplinary Team that works together to find a balanced treatment plan. Supports and treatment are offered in the areas of mental health, transition, healthcare, vocational, dietary and therapeutic recreation.

SDDC works closely with the Division of DD through an Outplacement Workgroup. An outplacement/waiting list is used to track people who no longer meet criteria to remain at SDDC or whose community placement is jeopardized. The list also provides data regarding capacity issues for the community and SDDC. SDDC provides consultation services to community support providers to reduce the number of emergency admissions to the Center.

SDDC and the Division of DD continue to collaborate in the development and implementation of specialized programs that assist people moving from SDDC to the community. Some of the specialized programs currently available are for PICA behaviors, wandering, sexual offending, autism, traumatic brain injury and the crisis diversion program that works to keep individuals in a community placement instead of returning to SDDC.

(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)))*:

A review of Home and Community Based Services (HCBS) Waivers encompasses both the CHOICES and Family Support Waivers administered by the Division of Developmental Disabilities (DDD).

CHOICES Waiver services are provided by 19 Community Support Providers (CSPs) in 17 locations across the state. Challenges remain when salaries paid to direct support professionals have not remained competitive throughout much of the state; and finding enough qualified workers is an issue. Family Support programs have proven to be cost effective and provide eligible families with service coordination and limited funding to purchase services.

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South Dakota has been involved with the National Core Indicators (NCI) surveys since 2002. The Division of Developmental Disabilities works with the Center for Disabilities to conduct interviews with people who are receiving services through the waivers. Results from the Adult Consumer Survey for 2014-2015 indicate the following satisfaction outcomes:

- 84% reported they like their home.
- 31% want to live somewhere else.
- 94% of respondents with a paid community job reported they like where they work.
- 38% of respondents with a paid community job want to work somewhere else.
- 80% reported they like their day program or regular activity.
- 37% reported they want to go somewhere else or do something else during the day.
- Demographics for this group show that 80% of respondents were white and 16% were Native American; 51% have a mild level of intellectual disability, 18% a moderate level, 12% a severe level and 9% a profound level; and other disabilities included autism (14%), cerebral palsy (19%), brain injury (7%), seizure disorder or neurological problem (29%), chemical dependency (3%), and Down Syndrome (6%).
- Overall health was rated as excellent 15%, very good 43%, fairly good 40% and poor 3%.
- 29% of the respondents do not have a guardian; 3% have a limited guardianship and 49% had a full guardianship.
- 33% of the respondents have a paid job in the community; 58% of those are in competitive employment, 29% in individually supported, and 13% in group supported.
- 63% of respondents without a paid job in the community reported they would like a paid job in the community.
- 30% of respondents reported having community employment as a goal in their service plan.
- 36% of respondents volunteer.
- 13% of respondents reported they use a self-directed supports option.
- 35% of respondents feel lonely at least half the time.
- 54% of respondents take at least one medication for mood disorders, anxiety or psychotic disorders; of these respondents, 1% take 5-10 medications, 28% take 3-4 medications and 71% take 1-2 medications.
- 86% of respondents reported that their staff treats them with respect.
- 43% have participated in a self-advocacy meeting, conference or event or were given the opportunity and choose not to.
- 84% of respondents reported they never or rarely feel afraid or scared in their home and the same 84% rarely felt afraid or scared in their neighborhood; 88% never or rarely feel afraid or scared at their work, day program or regular activity; and 93% reported they have someone to go to for help if they ever feel afraid.

The Adult Family Survey was completed by a random sample of families of an adult with a developmental disability living in the respondent's home and who received at least one direct service or support other than service coordination. The Family/Guardian Survey provided results from families of an adult with a developmental disability living outside of the respondent's home and who received at least one direct service or support other than service coordination. The Child Family Survey is completed by families who had a child with a developmental disability living at home and received at least one direct service or support other than service coordination. Results from these surveys can be found at <http://dhs.sd.gov/dd/division/nclReports.aspx>

Person-Centered Planning continues to be utilized with parents, people with disabilities, as a required part of the Individualized Support Plans and work continues to expand the use of Person Centered Thinking Skills and Tools within the education system. Each fall a Person Centered Thinking Gathering is held where providers, families, individuals and agencies can meet to share ideas and learn from each other.

These activities and others are moving the system towards more self-directed services and people with intellectual and developmental disabilities having more choice and control over their supports and services.

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

Trends and areas of concern shared and discussed at the July 2015 meeting with other boards and councils included: transportation, training daycare providers/individuals who are thinking about becoming daycare providers about how to be more 'inclusive' of all children; behavioral health care; technology; school issues; need more community activities involving all people; broaden Person Centered Transition Assessment (PCTA) training; need more adult sibling workshops; explore ways to coordinate services/training/resources; create mentoring opportunities and broaden outreach through the use of technology; offer peer to peer education and awareness; housing/home ownership, how to build a portfolio for loan applications/renting an apartment, build upon independent living skills, promote the participation of individuals with ID/DD on various boards/councils /committees, need for greater parent involvement; transportation can hinder involvement of parents with school/activities in very rural areas; need for additional tribal VR program, transition planning is lacking from K-12 to post-secondary education, the need for competitive employment; take steps to break down barriers of providers' stereotypes and attitudes, school discipline (school to prison pipeline); need for positive behavioral supports, abuse & neglect and rights violations, limited supported employment opportunities, obtain more involvement and participation of advocates and parents in meetings and forums; need better communication to improve linkages; additional work with people with disabilities at all levels – individual, community, university, etc.; more outreach to reservations; limited job opportunities on the reservations so many people do "home industry" but need help to turn these into viable employment options; better identification of individuals who need services; and staff support needed for advocates to participate (meetings, trainings, etc.).

Specific concerns about the need for new and continued educational opportunities were for: university staff about available resources and services, people with disabilities to continue to thrive and grow, general public awareness of needs of those who are deaf/hard of hearing, law enforcement and resource officers (sensitivity/disability etiquette), current teachers (at all levels) regarding available services, resources for people with disabilities, doctors and nurses on disability, sensitivity and etiquette and general public understanding of those who have IDD on people's abilities, capabilities and strengths.

Ideas for new initiatives included: grant funds for a single point of contact to provide needed information/resources; work with Community Support Providers (CSPs) to identify individuals that might want to attend Partners in Policymaking; work with CSPs on issues, e.g., rights, abuse/neglect; any marketing campaign needs to include information on hidden disabilities; and coordination of funding of services, activities/services.

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Suggestions for collaboration included: trainings for Person Centered Transition Assessment, and the MyFile; adult siblings workgroups; Families Planning Together; create deaf mentoring program; share more on DD with SILC/other groups for public awareness (individual differences and abilities – not a one size fits all disability category i.e., cerebral palsy, autism); collaborative approach to “group advocacy”; host Disability Summits to share information, resources and available services; Disability Advocacy Network; use of co-occurring support groups for individuals with IDD and mental health issues; greater use of DDD’s data sources to track trends and other data elements; and broad use of the “Supporting the Real Lives Across the Lifespan” folders disseminated by DDD.

At the Council’s September 2015 meeting, the above ideas as well as those from the meeting with Family Support Coordinators and Council member suggestions were discussed and prioritized- . Ideas and topics that received support were: workforce issues, early intervention, safety & security, employment, DD council work more with other boards & groups, transportation, general awareness – people with DD, special education issues, behavioral health (lack of services), daycare for those with ID/DD above age 12, person centered services, abuse, neglect and rights, disability summits, disability advocacy network, afterschool/summer programs, overnight respite care (young adults with medical needs), law enforcement, training for childcare providers, isolation/loneliness, accessibility, participation of people with DD on other boards and councils, technology, more family networking opportunities, transition to adult services, and marketplace for used equipment.

The highest priority issues and what council members felt was included in those areas were as follows:

Workforce issues - staff are knowledgeable and trained; things that elevate the status of the workforce; credentialing - National Alliance of DSPs; recognition; training on person centered practices, general awareness of disabilities and assistive technology; and how entities can support staff who may need supports in their own lives. (daycare, housing, employee assistance programs)

Early Intervention - easy access to supports; training; general awareness of disabilities for child care providers, teachers, parents, etc.; public awareness – abilities; better communication and linkages; getting technology earlier; Head Start and birth to three; Lifespan folders distribution; behavioral health challenges; integrated day care and after school programs; respite care providers; and legislative advocacy – ABA, child care provider registration, etc.

Safety and Security - person to feel safe and secure in their own environment; technology so person can live as independently as possible; self-determination, self-advocacy, supported decision making, peer mentoring; accessibility; freedom of choice and dignity of risk; preparedness (example safety at the pool, etc.); ADA; self-defense/ home defense; and work with law enforcement.

Employment - technology and adaptive devices; transportation; for all people including those with significant disabilities; a lot of employment initiatives going on – making sure we enhance the current efforts; opportunities; accessibility; adherence to ADA; raising expectations; provide supports to work competitively; post-secondary education; coordination of existing services; vocational rehabilitation; braiding funding streams; getting a job earlier; Project Search; SELN

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(State Employment Leadership Network); Governor's Employment Task Force; Ability for Hire; social networking; and connecting with others (coworkers) to get transportation to work etc.

Collaboration with other board and groups - Governor's Task Force works with SD retailers; DDC and CSPs find niche jobs; continue meetings with other boards similar to July 15 meeting; look to other boards we don't usually connect with; state technical institutes; Workforce Development Council; Job Centers and DakotaLink.

The above discussions were used to develop the draft goals and objectives that were submitted for public comment.

Results from the Public Comment showed strong support for all of the goal areas. Top areas that people wanted the Council to focus on were: Transition from school to employment or adult services; employment; health and wellness and education and early intervention.

Specific comments and suggestions included:

Workforce – training and oversight for staff is desperately needed; train community staff to prevent victimization; closer monitoring of community support providers; need adequate staffing ratio at group homes especially when the group home has a mix of behaviors from low to high

Early Intervention – train schools/day cares on recognizing disabilities and developing plans and follow-through; education of communities, families, agencies on Medicaid expansion and other upcoming changes; childcare for older children is a concern especially in small towns; supporting healthy birth outcomes and prevention of developmental disabilities; and support for prenatal and breastfeeding and parenting education

Safety & Security – train law enforcement how to safely handle a violent child and to safely engage with a person without using a normal police hold or protocol that would escalate an already escalated person and give a greater understanding of a person who has an emotional/mental disability; recreation and inclusive activities to build friendships and social skills

Employment – transportation is a huge area of need; promote skill based training opportunities for people with disabilities and/or post-secondary; more employer understanding of hiring people with disabilities; training and shadowing in high school; more on the job training for people with disabilities; find jobs for people in the community

Advocacy & Leadership – provide more 1 or 2 day sessions rather than the full Partners; keep all issues in front of local, state and national policymakers

Rationales

Goal 1 - Based on workforce information shared with the Council by the Community Support Providers of SD and public comments, the need for trained and knowledgeable staff was selected.

Goal 2 – Concerns and suggestions related to child care were provided to the Council's staff by families participating in events and during the meeting with family support coordinators. The Council also had a presentation from the Office of Child Care Services.

Goal 3 – Topics that fit the area of safety and security were shared during the meeting with other boards and councils and specific training suggestions in the public comments on the draft goals and objectives.

Goal 4 – Employment remains a high priority for the Council and many others across the state. The Council has been supportive current activities and work plans developed by other groups. Public comments support the continuation of Council activities in this area.

Goal 5 – There is always a need advocacy and leadership skill building for people with intellectual and developmental disabilities and family members. Continuing successful activities but also offering other opportunities for learning and networking was discussed in the meetings and shared in the public comments. There continues to be a need for opportunities for adults with developmental disabilities to learn presentation and advocacy skills and to share their knowledge with other advocates.

PART E. 5-YEAR GOALS [Section 124(4); Section 125(c)(5)] Identify the 5 year state plan goals, objectives, and outcomes.

Goal 1: Workforce

People with intellectual and developmental disabilities are provided services and supports by direct support professionals that are knowledgeable, trained and supported.

Objective(s):

1. Annually through FFY2021, the Council will collaborate with the Community Support Providers of South Dakota, Division of Developmental Disabilities and others to use media and communication activities with a consistent message to elevate the status of direct support professionals.
2. Annually through FFY2021, the Council will support training opportunities through the Community Support Providers of SD for 500 direct support professionals and 100 front line supervisors.

Expected Outcomes:

1. More direct support professionals will be well trained.
2. Direct support professionals will have higher wages.
3. There will be an established career path for direct support professionals.
4. Retention of direct support professionals will increase.
5. Effective strategies for recruitment will be identified.

Goal 2: Early Intervention

Parents and guardians of young children with intellectual and developmental disabilities know about the resources available and have increased access to supports, services and training.

Objective(s):

1. Through FFY2021, the Council will collaborate to support training and information for 100 parents, guardians and early intervention service providers to set high expectations for all children.
2. Through FFY2019, the Council will support and participate in the National Community of Practice on Supporting Families in collaboration with the Division of Developmental Disabilities to increase supports to families.

Expected Outcomes:

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1. Parents and guardians of young children will have easy access to information.
2. Information and training will help families and early intervention service providers set high expectations for all children.
3. System supports will be consistent across education systems.

Goal 3: Safety & Security

People with intellectual and developmental disabilities feel safe and secure in their communities.

Objective(s):

1. Through FFY2021, the Council will collaborate with others to disseminate information and resources to 600 youth and adults with intellectual and developmental disabilities that help them to access and feel safe in their communities.
2. During FFY2018, the Council will collaborate with other agencies and organizations to disseminate information and resources related to emergency preparedness to 500 people with intellectual and developmental disabilities and their families.
3. Through FFY2019, the Council will support training and information for 1,000 law enforcement officers (including school resource officers) and other first responders on working with people with intellectual and developmental disabilities.

Expected Outcomes:

1. People with disabilities feel safe in their community and are comfortable accessing needed services.
2. People with disabilities have relationships and experiences within their communities.
3. More buildings, public places and websites are accessible.
4. Law enforcement and first responders are more aware and knowledgeable about people with disabilities.

Goal 4: Employment

People with intellectual and developmental disabilities, including those with significant disabilities, and their families will have the expectation of employment in community settings.

Objective(s):

1. Through FFY2021, the Council will promote Employment First philosophy and activities to increase competitive employment opportunities for people with intellectual and developmental disabilities.
2. Through FFY2021, the Council will promote post-secondary education opportunities for people with intellectual and developmental disabilities to increase the number of programs available in our state.
3. Through FFY2021, the Council will collaborate with the Division of Developmental Disabilities and community support providers to develop a model for employment for people with significant disabilities.
4. Through FFY2021, the Council will support 10 opportunities for networking and training for people with intellectual and developmental disabilities, their families and providers of employment services.

Expected Outcomes:

1. More people with intellectual and developmental disabilities are competitively employed.
2. Best practices, training and resources are used throughout the system and community.

3. People with intellectual and developmental disabilities receive more training and education to be employed.
4. There are visible changes in attitudes and beliefs that support the expectation of employment.

Goal 5: Advocacy and Leadership Development

Through collaborative efforts of the Council, Center for Disabilities (UCEDD), and SD Advocacy Services (P&A), people with intellectual and developmental disabilities and their families have information, training, support and opportunities to effectively advocate and impact system change.

Objective(s):

1. Through FFY2021, the Council, SD Advocacy Services and Center for Disabilities will support the statewide organization of self-advocates, South Dakota Advocates for Change (SDAC), to strengthen the self-advocacy organization, provide 15 advocate leaders opportunities to train other advocates, and to support and expand advocate participation in cross-disability and diverse leadership coalitions.
2. Through FFY2021, the Council, SD Advocacy Services and Center for Disabilities will provide 100 people with intellectual and developmental disabilities and their families' access to training on advocacy, self-determination, leadership development and opportunities for networking.
3. Through FFY2021, the Council, SD Advocacy Services and Center for Disabilities will provide learning and networking opportunities for 100 parents of children and youth with intellectual and developmental disabilities and/or advocates who are Native American.

Expected Outcomes:

1. People with intellectual and developmental disabilities and their families have improved advocacy skills.
2. People with intellectual and developmental disabilities and their families are aware of and seeking opportunities for assistance and training.

**Included in the Council's goals are
Self-Advocacy Goal(s)**

1-3 Goals, and/or objectives, to address the self-advocacy requirement to:

- Establish or strengthen a program for the direct funding of a State self-advocacy organization led by individuals with developmental disabilities;
- Support opportunities for individuals with developmental disabilities who are considered leaders to provide leadership training to individuals with developmental disabilities who may become leaders; and
- Support and expand participation of individuals with developmental disabilities in cross-disability and culturally diverse leadership coalitions

Goal 5 of the Council's Five Year State Plan is for Advocacy and Leadership Development. Objective 1 addresses all three requirements.

Include at least one goal and/or objective to address the following two components during the course of the 5-year State plan implementation:

Targeted Disparity

Based on the findings of the comprehensive review and analysis (1) identify a subpopulation (i.e., racial, ethnic, sexual orientation, gender minority groups with developmental disabilities) vulnerable to disparities (e.g., health, education, employment, housing, etc.) (2) Identify a disparity and develop an impact statement in a targeted area of emphasis around individual/family advocacy and/or systems change; and implement strategies to decrease the differences in access, service use, and outcomes among such sub population during the course of the 5 year state plan implementation. The identified targeted disparity could be a goal or objective with corresponding activities. The activities should include evidenced based, best and/or promising practices, to the extent feasible.

Goal 5, Objective 3

Targeted Disparity Statement

The Council will partner with SD Advocacy Services and the Center for Disabilities to provide opportunities for training and networking specifically designed for parents of children and youth with intellectual and developmental disabilities and adults with disabilities who are Native American.

Targeted Area of Emphasis: Formal & Informal Community Supports and Training

Performance Measure Focus

Individual/Family Advocacy; IA 1.2: Number of family members who participated in Council supported activities designed to increase their knowledge of how to take part in decisions that affect their lives, the lives of others, and/or systems.

Strategies for reducing disparity:

1. Gain insight from and share information with LEND fellowship participants.
2. Develop and implement a training program on advocacy and leadership skill building specifically for Native American participants.

Expected outcomes:

1. Increase the number of Native American advocates and their families who are aware of resources and have information on needed services.

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

Describe how, through interagency agreements or other mechanisms, the UCEDD(s) and P&A will collaborate with the Council to achieve outcomes consistent with the Council purpose. Information about DD Network collaboration is **required** per Section 124(c)(3)(D).

- (i) **As a Network:** Describe the planning of collaborative efforts (goals, objectives, and corresponding activities) of the Council, P&A, and UCEDD(s), and how each entity will use their resources in collaboration with the effort(s) that are supported by the Comprehensive Review and Analysis.

The South Dakota DD Network includes the Center for Disabilities, South Dakota Advocacy Services and the SD Council on Developmental Disabilities. The directors and/or staff of the DD Network meet monthly to share current activities, discuss opportunities for collaboration and use this time for planning current and future

strategies or activities. It was during these meetings that the DD Network decided to focus on the area of Advocacy and Leadership Development specifically for Native Americans.

The Center for Disabilities has submitted a grant for the continuation of the LEND fellowships at two Native American Universities. The Council and SD Advocacy Services plan to provide opportunities for the LEND fellowship participants to attend meetings of our boards or appropriate trainings and offer to have them share their experiences and concerns. The Center for Disabilities has a new staff person (who happens to be Native American) and will be working with the DD Network to develop the one-day training on advocacy and leadership. SD Advocacy Services staff has experience in providing advocacy and leadership training (Partners in Policymaking) and that expertise will be utilized in the planning and development of this new one-day training. All members of the DD Network have contacts within the Native American communities that we will reach out to when it is time to find local partners and participants for the training.

- (ii) [With each other: Describe plans the Council has to collaborate with the UCEDD\(s\). Describe plans the Council has to collaborate with the P&A and how each of these plans will assist in the Council purpose.](#)

The Council plans to collaborate with the Center for Disabilities by providing opportunities for the LEND fellowship participants to attend a DD Council meeting and present to the Council; working together on the development of the one-day training on advocacy and leadership development; participating on the Consumer Advisory Committee, sharing information on Center training events, participating in the review and development of new resources for parents and people with disabilities, and including staff as presenters to the SD Advocates for Change Leadership Team.

The Council plans to collaborate with SD Advocacy Services by supporting and promoting the RevUp (voting) activities, supporting and promoting Partners in Policymaking training, attending and presenting at Partners in Policymaking, disseminating information through the DD Network bags at all conferences, meetings and public sessions that are attended, and including staff as presenters to the SD Advocates for Change Leadership Team.

- (iii) [With other entities: Describe how the DD Network will collaborate with other entities in the State, including both disability and non-disability organizations, as well as the State agency responsible for developmental disabilities services, to assist with the goals and outcomes of the Council's 5 year state plan. Identify the organizations and summarize the collaborative activities planned, such as joint meetings, joint public education events/initiatives, joint trainings, etc.](#)

The DD Network collaborates with SD Parent Connection to promote participation in trainings and dissemination of information and resources to parents and people with disabilities. The DD Network all have members on various committees supported by the Division of Developmental Disabilities (such as Core Stakeholders Workgroup, Employment First Alliance, and the Financial Workgroup). Many times the DD

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Network is a partner with other boards, councils and agencies that hold public listening sessions or trainings. The DD Network works collaboratively with the SD Coalition of Citizens with Disabilities in the areas of advocacy and leadership training, voting, accessibility, and more.

Submit a logic model for the 5 year state plan. (separate document)

SECTION IV: EVALUATION PLAN [Section 125(c)(3) and (7)]

Grantees provide monthly or quarterly reports that share progress, barriers and results of activities. Final reports and other summary products including evaluation results provided by grantees are shared with the Council. In preparation for the Annual Report, Council staff request grantees complete a survey and provide results of their project (using the performance measures).

Information is gathered such as the number of people trained, the number of people with intellectual and developmental disabilities in supported and competitive employment, etc. In addition, the Council will use public listening sessions and other assessments to determine satisfaction with current activities or projects, changes in attitudes, etc. This information may be gathered from sources other than the Council and its grantees.

Council staff uses the above information to prepare a summary of the State Plan goals, objectives and performance measures with the annual projections and actual results from Council and grantee activities.

Council discussion is facilitated by the following questions:

1. Were the goals achieved?
2. What barriers affected the achievement of the goals?
3. What was learned from the evaluation and/or satisfaction results?
4. What are the emerging trends and needs based on project results, public listening sessions and information reviewed?
5. What additional information is needed for Council discussion and updating the comprehensive review and analysis.

The Logic Model is reviewed for progress achieved or activities needing to be completed or changes to the plan.

The review provides the Council with information for state plan amendments, for the annual program performance report and development of Requests for Proposals.

SECTION V: PROJECTED COUNCIL BUDGET [Section 124(c)(5) (B) and 125(c)(8)]

FFY2017

Goal	Subtitle B \$	Other(s) \$	TOTAL
1. Goal – Workforce	\$ 55,000	\$ 18,333	\$ 73,333
2. Goal – Early Intervention	\$ 70,000	\$ 23,333	\$ 93,333

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3. Goal – Safety & Security	\$ 62,511	\$ 20,837	\$ 83,348
4. Goal – Employment	\$ 75,000	\$ 25,000	\$ 100,000
5. Goal – Advocacy & Leadership development	\$ 175,000	\$ 58,333	\$ 233,333
General management (Personnel, Budget, Finance, Reporting)	\$ 50,000	\$ 16,667	\$ 66,667
7. Functions of the DSA	\$ 0	\$ 0	\$ 0
8. TOTAL	\$ 487,511	\$162,503	\$ 650,014

FFY2018

Goal	Subtitle B \$	Other(s) \$	TOTAL
1. Goal – Workforce	\$ 55,000	\$ 18,333	\$ 73,333
2. Goal – Early Intervention	\$ 70,000	\$ 23,333	\$ 93,333
3. Goal – Safety & Security	\$ 62,511	\$ 20,837	\$ 83,348
4. Goal – Employment	\$ 75,000	\$ 25,000	\$ 100,000
5. Goal – Advocacy & Leadership development	\$ 175,000	\$ 58,333	\$ 233,333
General management (Personnel, Budget, Finance, Reporting)	\$ 50,000	\$ 16,667	\$ 66,667
7. Functions of the DSA	\$ 0	\$ 0	\$ 0
8. TOTAL	\$ 487,511	\$162,503	\$ 650,014

FFY2019

Goal	Subtitle B \$	Other(s) \$	TOTAL
1. Goal – Workforce	\$ 55,000	\$ 18,333	\$ 73,333
2. Goal – Early Intervention	\$ 70,000	\$ 23,333	\$ 93,333
3. Goal – Safety & Security	\$ 62,511	\$ 20,837	\$ 83,348
4. Goal – Employment	\$ 75,000	\$ 25,000	\$ 100,000
5. Goal – Advocacy & Leadership development	\$ 175,000	\$ 58,333	\$ 233,333
General management (Personnel, Budget, Finance, Reporting)	\$ 50,000	\$ 16,667	\$ 66,667
7. Functions of the DSA	\$ 0	\$ 0	\$ 0
8. TOTAL	\$ 487,511	\$162,503	\$ 650,014

SECTION VI: ASSURANCES [Section [124(c)(5)(A)-(N)]

Written and signed assurances have been submitted to the Administration on Intellectual and Developmental Disabilities, Administration for Community Living , United States Department of Health and Human Services, regarding compliance with all requirements specified in Section 124 (C)(5)(A) – (N) in the Developmental Disabilities Assurance and Bill of Rights Act.

Approving Officials for Assurances

For the Council (Chairperson)

For the State or Territory (DSA is to assist the DD Council in obtaining assurances)

Assurances reference **Section 124 (c)(5)(B-N)**

The [insert state or territory] provides the following assurances to support the [insert Council name] Five Year Plan 2017-2021.

(B) USE OF FUNDS

(i) not less than 70 percent of such funds will be expended for activities related to the goals of the Council Five Year State Plan;

(ii) such funds will contribute to the achievement of the purpose of Subtitle B of Public Law 106-402, The Developmental Disabilities Assistance and Bill of Rights Act of 2000 and in various political sub-divisions of the State;

(iii) such funds will be used to supplement, and not supplant, the non-Federal funds that would other-wise be made available for the purposes for which the funds paid under section 122 are provided;

(iv) such funds will be used to complement and augment rather than duplicate or replace services for individuals with developmental disabilities and their families who are eligible for Federal assistance under other State programs;

(v) part of such funds will be made available by the State to public or private entities;

(vi) at the request of any State, a portion of such funds provided to such State under this subtitle for any fiscal year shall be available to pay up to 1 /2 (or the entire amount if the Council is the designated State agency) of the expenditures found to be necessary by the Secretary for the proper and efficient exercise of the functions of the designated State agency, except that not more than 5 percent of such funds provided to such State for any fiscal year, or \$50,000, whichever is less, shall be made available for total expenditures for such purpose by the designated State agency; and (vii) not more than 20 percent of such funds will be allocated to the designated State agency for service demonstrations by such agency that-

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(I) contribute to the achievement of the purpose of this subtitle; and

(II) are explicitly authorized by the Council.

(C) STATE FINANCIAL PARTICIPATION. -The State assures that there will be reasonable State financial participation in the cost of carrying out the plan.

(D) CONFLICT OF INTEREST. -No member of the Council will cast a vote on any matter that would provide direct financial benefit to the member or otherwise give the appearance of a conflict of interest.

(E) URBAN AND RURAL POVERTY AREAS. -Special financial and technical assistance will be given to organizations that provide community services, individualized supports, and other forms of assistance to individuals with developmental disabilities who live in areas designated as urban or rural poverty areas.

(F) PROGRAM ACCESSIBILITY STANDARDS. -Programs, projects, and activities funded under the plan, and the buildings in which such programs, projects, and activities are operated, will meet standards prescribed by the Secretary in regulations and all applicable Federal and State accessibility standards, including accessibility requirements of the Americans with Disabilities Act of 1990 (42 U.S.C. 12101 et seq.), section 508 of the Rehabilitation Act of 1973 (29 U.S.C. 794d), and the Fair Housing Act (42 U.S.C. 3601 et seq.).

(G) INDIVIDUALIZED SERVICES. - Any direct services provided to individuals with developmental disabilities and funded under the plan will be provided in an individualized manner, consistent with the unique strengths, resources, priorities, concerns, abilities, and capabilities of such individual.

(H) HUMAN RIGHTS. - The human rights of the individuals with developmental disabilities (especially individuals without familial protection) who are receiving services under programs assisted under this subtitle will be protected consistent with section 109 (relating to rights of individuals with developmental disabilities).

(I) MINORITY PARTICIPATION. - The State has taken affirmative steps to assure that participation in programs funded under this subtitle is geographically representative of the State, and reflects the diversity of the State with respect to race and ethnicity.

(J) EMPLOYEE PROTECTIONS. - Fair and equitable arrangements (as determined by the Secretary after consultation with the Secretary of Labor) will be provided to protect the interests of employees affected by actions taken under the plan to provide community living activities, including arrangements designed to preserve employee rights and benefits and provide training and retraining of such employees where necessary, and arrangements under which maximum efforts will be made to guarantee the employment of such employees.

(K) STAFF ASSIGNMENTS. -The staff and other personnel of the Council, while working for the Council, will be responsible solely for assisting the Council in carrying out the duties of the

SECTION VII: PUBLIC INPUT AND REVIEW [Section 124(d)(1)]

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

The draft goals and objectives were made available on June 1st through a survey mailed to 300 people on the mailing list and emailed to an additional 250 people who have requested information from the Council in the past.

In addition, the draft goals and objectives were shared by Council staff at meetings of the Family Support Council, Brain Injury Workgroup, SD Autism Connection workgroup, Partners in Policymaking, DD Network, etc. Accessible formats were offered. The survey was also placed on the Council's website for downloading. Surveys were accepted by hard copy, phone, email and fax.

(ii) Describe the revisions made to the Plan to take into account and respond to significant comments.

In the area of Workforce, the comments supported the draft goal and objectives.

In the Early Intervention area, comments supported training for early intervention service providers, specifically child care providers. The suggestions for activities in the area of prevention and support for prenatal and parenting education will be discussed for activities in years 3-5.

Safety and Security comments related mostly to training for law enforcement. Recreation and social skills have always been important areas and will be shared with SD Advocates for Change as possible training topics.

Transportation is an issue in a rural state. It is included in the objectives in the Employment area as well as training experiences for people with intellectual and developmental disabilities.

Suggestions for shorter sessions on advocacy skill building were added to the activities along with opportunities for networking.