

VII. Commission Recommendations

After careful review the Advisory Commission has arrived at a set of recommendations for revising the state system of services and supports that reflects the wisdom of individuals and families, is based on a sound set of principles and future vision, and is consistent with national best practices.

The current system is too complicated, fragmented, confusing to consumers and agency staff, and it leads to uneven access and substantial frustration for Connecticut's citizens who have a developmental disabilities and their families.

Public Policy RECOMMENDATION

Connecticut should develop and implement a statewide COORDINATED interagency system of services and supports for persons with developmental disabilities and their families.

Recommended System Components

In order to achieve a system of support that is fair, much easier to use, and that can offer a comprehensive array of specialized services and supports that address priority needs of people with

developmental disabilities, the Commission recommends that the system embrace 11 key components:

1. Adopt the federal definition of developmental disabilities as the basis for service eligibility.
2. Designate DMR as the responsible lead agency for coordinating existing

services and developing new services for persons with developmental disabilities and their families.

3. Establish an independent Council to advise the lead agency in system design, implementation, and quality enhancement.
4. Adopt the Commission's Guiding Principles and Future Vision as the framework for the new system.
5. Develop a comprehensive and coordinated process for accessing information, resources, supports, and services.
6. Provide for the development and provision of individualized services and supports.
7. Establish procedural safeguards and consumer assurances.
8. Establish an interagency data and information management system.
9. Develop a competent and adequate workforce to provide supports and services for persons with developmental disabilities.
10. Design and implement a comprehensive system of quality enhancement and improvement.

11. Secure sufficient resources to fund new services and supports.

The Commission strongly recommends that all 11 components be included in any redesign of the system of services. Members also recognize such a major shift in Connecticut's public policy will require **new resources and need to be phased-in over time.**

THE NEW SYSTEM SHOULD INCLUDE

- **Eligibility based on FUNCTIONAL NEED**
- **DMR serving as the lead DD agency**
- **Advisory COUNCIL**
- **Guiding PRINCIPLES and VISION**
- **COORDINATED process for information, resources, and supports**
- **INDIVIDUALIZED supports**
- **Procedural SAFEGUARDS**
- **INTERAGENCY DATA system**
- **Focus on WORKFORCE DEVELOPMENT**
- **Comprehensive QUALITY ENHANCEMENT system**
- **Sufficient RESOURCES and FUNDING**

1. Adopt the federal definition of developmental disabilities as the basis for service eligibility.

As noted previously, almost 4 out of every 5 states across the nation have adopted eligibility criteria similar to the federal definition as the basis for organizing and providing services to persons with a developmental disability. This definition, taken from the *Developmental Disabilities Assistance and Bill of Rights Act of 2000*, 42 U.S.C. 15002 §102(8)(A) and (B) is based on the functional needs of the individual, irrespective of any specific clinical diagnosis. A full copy of the text of the federal definition is included in Appendix E.

Using this definition, eligibility for services would require that the following criteria be met:

- The disability is due to a mental or physical impairment
 - The disability is chronic in nature, i.e., it is expected to continue indefinitely
 - The disability is present before the age of 22-yrs.
- The disability results in a need for specialized, interdisciplinary or generic services or other forms of assistance that are individualized, planned and coordinated.
 - The disability results in substantial limitations in 3 or more major life activities:
 - Self-care
 - Receptive or expressive language
 - Learning
 - Mobility
 - Self-direction
 - Independent living
 - Economic self-sufficiency

As used in the federal definition, the concept of mental impairment does not include mental illness or substance abuse. Nevertheless, adopting the federal definition would not preclude services for an individual with a mental illness or substance abuse problem if they also have a developmental disability as defined above. Some individuals with developmental disabilities may also have mental disorders, and, if eligible, under the federal definition, they could receive services and supports from

Connecticut's designated developmental disabilities agency.

Moreover and as noted earlier in this report, adults (over 18 years of age) with psychiatric or substance use disorders, or both, who lack the financial means to obtain comprehensive mental health and substance abuse services elsewhere may receive such services from the DMHAS. DMHAS provides services to persons with developmental disabilities only if there is a concomitant psychiatric disorder. In regard to children, DCF, as a result of its behavioral health mandate, provides behavioral health services through its Voluntary Services program to any child or youth in the state who requires such service and has no other options and who does not have mental retardation.

Finally, the Commission recommends that individuals who are currently eligible for services from DMR continue to remain eligible until such time as they no longer need or want such services and supports. Given the federal definition, it is likely that vast majority of persons with mental retardation would be eligible for services.

2. Designate DMR as the responsible lead agency for coordinating existing services and developing new services for persons with developmental disabilities and their families.

Ensuring that individuals and families have access to a coordinated system of services and supports is highly dependent upon a single state agency having responsibility for the task of coordinating existing services and assuming leadership in developing and providing new services and supports. The Commission believes that this responsibility should be given to an existing state agency and that agency is the Department of Mental Retardation (DMR).

First, any potential benefit gained from establishing a new state agency for the purpose of coordinating existing services and developing new ones would not justify the expenditure of valuable taxpayer resources. Moreover, when we create new agency structures, we run the risk of duplicating existing administrative functions and increasing

complexity. Limited resources would be better spent if directed to the provision of individualized services and supports. It must be recognized, however, that ***any expansion of DMR's mandate requires additional resources*** for the development of new services, infrastructure, and qualified personnel.

Second, the Commission believes that DMR is best positioned to assume the role of lead agency for people with developmental disabilities. DMR is engaged in a major expansion of person-centered, highly individualized, and self-controlled supports, similar in nature to those desired by individuals with developmental disabilities and their families. This model of individual support is in keeping with identified best practices across the country. DMR also has a strong regional management structure that can oversee both contracted and self-directed services and supports. In addition, the department currently provides an array of services of varying intensity and function (e.g., in home supports, case management).

Third, expanding DMR's responsibilities would be consistent with national trends,

whereby many states have transitioned from serving only persons with mental retardation to providing community based services to individuals with a variety of developmental disabilities. As noted earlier, Connecticut is one of only six states that have not yet moved in this direction.

Change the Name

If DMR is to assume this new role, it is important that the department's name be changed to reflect the population of persons served and the types of services provided. Therefore, the Commission recommends that the name be revised to either the Department of Developmental Services (DDS) or the Department of Developmental Disabilities (DDD). Such a change would be consistent with historical requests from self-advocates currently served by DMR.

Change Relevant Statutes and Regulations

In addition to changing the name of the department, all relevant statutes and regulations would need to be modified to reflect the definition of developmental disability as adopted by the Commission. Currently, individuals must have mental retardation, as defined in section 1-1g of the Connecticut general statutes, as amended or a medical diagnosis of Prader-Willi syndrome to receive services and supports from DMR.

It should also be noted that DMR is designated as lead agency for coordinating autism services. According to section 17a-215 of the Connecticut general statutes, as amended, DMR " . . . shall serve as the lead agency to coordinate, where possible, the functions of the several state agencies which have responsibility for providing services to autistic persons". On the other hand, DMR cannot serve persons with autism spectrum disorders who do not have mental retardation.

Roles, Responsibilities, and Restructuring

In providing services and supports to persons with developmental disabilities who do not have mental retardation, DMR will need to assume many new roles and responsibilities and this in turn will result in the need to restructure some aspects of the department. At a minimum, the Commission recommends that the following happen.

A. Establish a “unit” with a focus on persons with developmental disabilities who do not have mental retardation. Transforming an organization and its vision of whom they are and their purpose is a formidable task even under the best of conditions. The Commission believes that this type of restructuring requires the establishment of a “unit” within DMR. The unit would primarily concentrate on developing new services and specialized expertise for persons with developmental disabilities who do not have mental retardation.

B. Expand less intense and individualized methods of support.

The Commission's findings indicate that most persons with developmental disabilities who do not have mental retardation neither require nor want supports that are as extensive or intensive as those typically provided by DMR. As noted earlier, only about one out of ten survey respondents indicated that they require or want out-of-home residential placement (e.g., group home). Rather, the vast majority of adults wanted services such as medical and health care, transportation, service coordination, personal care assistants, and community inclusion and recreation supports that would allow them to be more independent. Additionally, the majority of individuals indicated that they did not want nor did they need structured adult day programs. Rather, they required assistance with securing and maintaining employment.

DMR's current focus on individualized and self-directed supports can serve as a catalyst for the expansion of new and different

methods of support. The goal of individualized services is to support persons with developmental disabilities to achieve their individual potentials as independent adults in their community. This in turn suggests the need for dynamic approaches and strategies that can both meet the person's and community's changing needs and provide each person with opportunities for independent living, economic self-sufficiency, and social and community involvement.

C. Develop new services and a base of competent providers.

DMR will need to assume a leadership role in developing a base of providers who not only have a basic set of core competencies to meet the needs of individuals with developmental disabilities and their families, but who also have knowledge and skills that would meet the needs of persons with specific types of developmental disabilities. For example, among professionals and paraprofessionals in Connecticut, there is a recognized dearth of expertise with regard to understanding and using recommended practices for assessing

and teaching individuals with autism spectrum disorders. This shortage includes the wide variety of professionals and paraprofessionals who work with individuals and their families – in our schools, health care facilities, and the community at large. It is also important to note that over 49% (n = 316) of all survey respondents indicated that they or their family member had at least one diagnosis on the autism spectrum. Developing specialized support services and training personnel will be particularly important for individuals with autism spectrum disorders.

D. Coordinate existing services and supports. Currently, a variety of state agencies and local community organizations provide services to individuals with disabilities. It is anticipated that persons with developmental disabilities will continue to be eligible for and need many of these existing services and supports (e.g., SDE/LEA educational services, BRS job placement support, DSS health care and cash subsidies, and BESB or CDHI services). Through its system of service

coordination (i.e., case management), DMR will have the primary responsibility for assisting individuals with coordinating access to these supports and integrating them into their individual plans.

LEAD AGENCY RESPONSIBILITIES

- **Expand individualized approaches to support**
- **Develop new array of services**
- **Develop staff skills and competencies**
- **Coordinate existing services and supports**
- **Establish interagency agreements**
- **Oversee all components of the system**
- **Ensure compliance with all state and federal laws and regulation**

- E. Establish a series of interagency agreements.** The coordination of a broad array of supports will require the development of formal interagency agreements and memoranda of understanding in order to clarify roles and responsibilities and procedures for accessing and integrating services.
- F. Oversee the development, enhancement, and monitoring of all system components.** As the lead agency DMR will have the primary responsibility for managing all aspects of the system (e.g., eligibility, access, information and referral, quality enhancement and improvement, service provision). This will not only include assuring that all services meet and comply with relevant federal and state laws and requirements but also must include assurances that services are person-centered and reflective of individual outcomes.

3. Establish an independent advisory Council to advise and assist the lead agency in system design, implementation, and quality enhancement.

If the new system is to be consumer-driven and truly reflect the guiding principles as adopted by the Commission, then it is **imperative that all major stakeholders play a continuing role in the initial design and future evolution.** For this reason, the Commission strongly recommends that DMR establish a variety of formal mechanisms for including individuals with developmental disabilities, family members, and both public agency and private sector representatives in a meaningful fashion in all aspects of the system design, implementation, and ongoing evaluation. DMR has a strong history of including individuals, families, and public and private agency representatives in evaluating existing services and supports and designing new ones. For example, the department has used consumer surveys and in-person interviews, advisory boards, and issue-specific focus teams and workgroups.

The Commission envisions four primary areas of responsibility for the Council.

- A. **Participate** meaningfully in the **system design** and the development of new services and supports.
- B. **Monitor and evaluate the effectiveness** of the developmental disability system.
- C. **Advise the Commissioner** of the lead agency on system performance and need for change and enhancement.
- D. **Advocate** for and on behalf of persons with developmental disabilities and their families. Such advocacy may include public awareness and acceptance of persons with disabilities as well as informing public policy leaders on needs and resource enhancements.

Lastly, it should be noted that the Commission recognizes the presence of multiple advisory commissions, boards and councils that represent the interests of persons with developmental disabilities. It is therefore recommended that the legislature consider conducting a formal study of these entities for the purpose of reducing redundancy and effecting consolidation where

appropriate. The vision of the Commission is that all of the partners work together to establish a coordinated system of services and supports that are truly person-centered and promote real individual choice and control.

4. Adopt the Commission’s “Guiding Principles and Future Vision” as the framework for providing, coordinating and enhancing services and supports to persons with developmental disabilities.

The Principles established by the Commission represent the desires and dreams of individuals with disabilities and their families and friends. These principles also reflect established best practices in the field of developmental disabilities. In doing so, they establish a very poignant vision of a future state in Connecticut where ***all people recognize that disability is a natural part of the human experience that does not diminish the ability of people with***

developmental disabilities to experience the very same rights and opportunities as all other citizens of our state.

The Commission strongly recommends that the essence of our “Principles and Vision” be adopted by the State of Connecticut as the basis for all future system development for people with developmental disabilities. The principles should be used as a benchmark against which change and system effectiveness is measured.

GUIDING PRINCIPLES

- **Focus on the PERSON & FAMILY**
- **PARTNERSHIP & COLLABORATION**
- **EASY TO ACCESS & SIMPLE TO USE**
- **COMPREHENSIVE & meets QUALITY standards**
- **COMMUNITY-BASED**
- **COMPETENT WORKFORCE**

5. Develop a comprehensive and coordinated process for accessing information, resources, supports, and services.

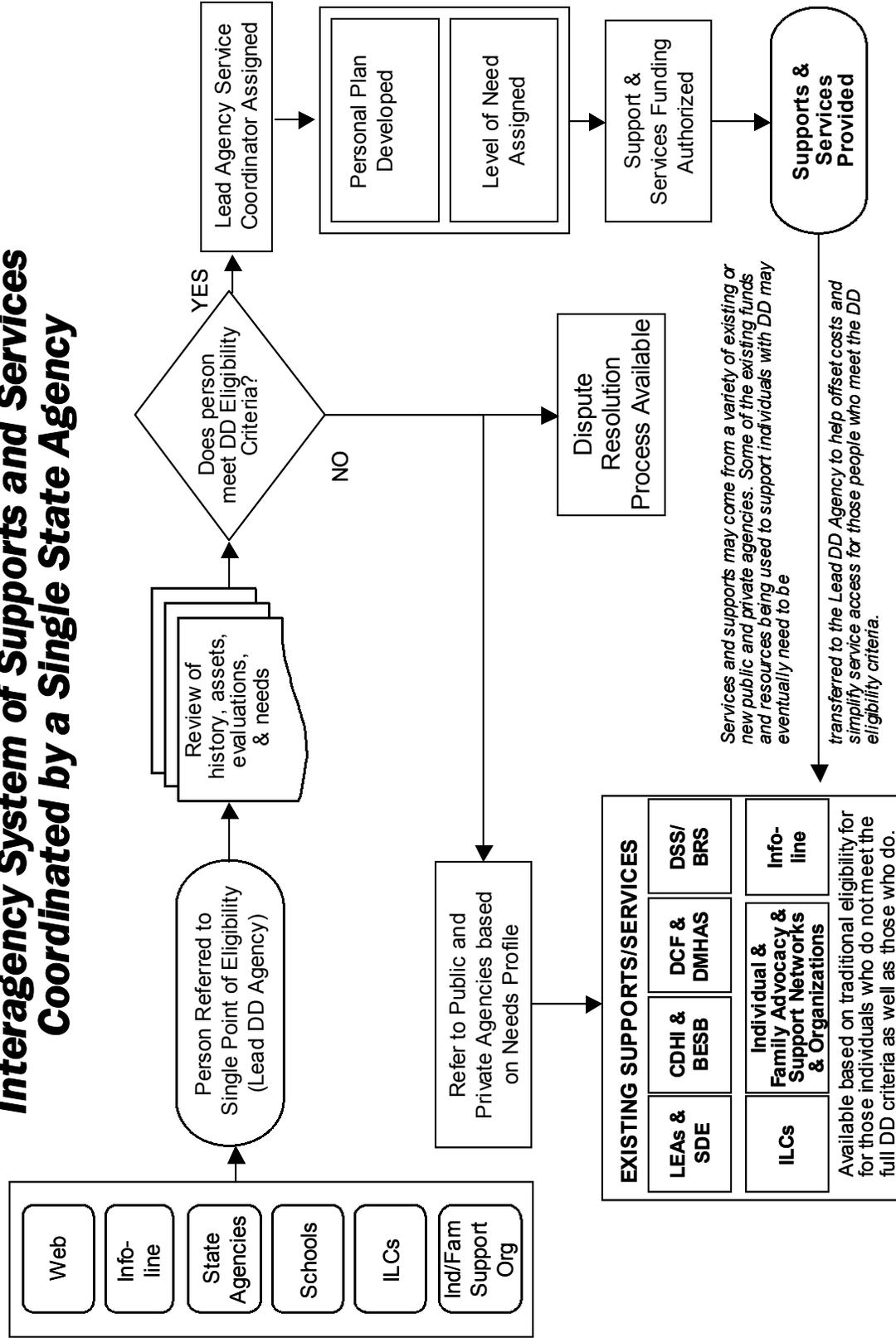
The current status of services and supports for persons with developmental disabilities can unfortunately be characterized by complexity and inefficient fragmentation. This in turn frustrates even the most informed and capable individual or family member.

The Commission recommends that Connecticut change its public policy and make a firm *commitment to making access to information, eligibility determination, and actual services simple and easy to use.*

Figure 9 on the following page provides a visual illustration of how the proposed system could be structured and the process that consumers would experience in the new system.

Figure 9: Proposed System Design

Interagency System of Supports and Services Coordinated by a Single State Agency



To accomplish this, the Commission recommends that Connecticut:

- A. **Establish multiple portals into the service system** (e.g., WebPages, Info-line 211), leading to a **single point of eligibility determination** as this relates to the lead agency. The goal is for any citizen with a developmental disability to be able to easily access information about and apply for state-sponsored services and supports for which they might be eligible. Our hope is that by transferring the burden of negotiating the bureaucratic “maze” from the citizen to state agency personnel, we will substantially reduce confusion, uneven access, and unnecessary frustration.
- B. **Develop an array of mechanisms to provide accessible information** about available services and supports for persons with developmental disabilities. Consumer guides, internet-based information that is linked and can be downloaded, as well as both telephone and internet consumer to state communication systems need to be established, all fully compliant with recognized accessibility standards.

- C. Provide **“cross agency” service plans and coordination** for individuals with a developmental disability who will need to access supports from multiple state agencies. Rather than assigning agency-specific service coordinators, each of whom focuses planning on a single agency set of services, individuals should be assigned a **lead service coordinator** who can help the consumer integrate – into one support plan – services and resources from the different state agencies. [Note: This concept will require the development of interagency agreements, cross agency training, and would be significantly facilitated by a common front-end data and information management system.]
- D. Establish a process either within or closely linked to the single point of eligibility determination to assist those individuals with a disability who **do not fully meet the established eligibility criteria** for a developmental disability. This process would focus on identifying priority needs and connecting non-eligible persons to other sources of

information, support, and community resources.

The function of assisting non-eligible persons with information could be either directly operated by the lead agency or, perhaps more effectively, contracted out to local private provider or advocacy organizations to assure easy access across the state.

**EASY TO USE &
COORDINATED
SYSTEM**

- **Multiple Portals of Entry**
- **Single Point of Eligibility Determination**
- **Accessible Information**
- **Cross Agency Service Plans**
- **Lead Service Coordinator**
- **Information About Accessing Supports for Non-Eligible Persons**

6. Provide for the development and provision of individualized services and supports.

The concept of “individualized supports” implies that the entire system of service provision – assessment, goal setting, planning, budgeting and assignment of resources, selection of service provider, payment for support, and quality evaluation – be custom tailored and focused on the individual and his or her unique needs, preferences, and expectations. The Commission strongly endorses this approach to supporting persons with developmental disabilities.

In order to implement such an individualized focus, the new system will need to assure that:

- A. Each consumer is assigned a **service coordinator** (benefits counselor) to help facilitate personal planning and acquisition of supports and resources.
- B. All service planning be based on a **person-centered approach** that helps individuals – and their families – identify and prioritize needs, consider options and exercise choice, and assume as much responsibility

for directing their services as they are willing and capable of assuming.

- C. **Partnerships** are established to foster shared responsibility between the individual, family, local community, and state government. Such partnership and collaboration includes the need to **integrate and “pool” personal, public and private resources** as well as actively pursue the use of **natural community and family supports** and resources.
- D. **Public funds are portable and assigned to the individual**, not to a private or public service provider. In this way, individuals can exercise greater choice and control over what support needs are a priority and from whom they will receive them, thus assuring flexibility and timeliness in meeting changing priorities.

This process of providing person-centered, self-directed, and highly individualized supports is quickly becoming the recognized national standard. Connecticut must make sure that “old ways of doing business” do not dictate the design of a new system.

Rather, the new system must be based on new ideas.

7. Establish procedural safeguards and consumer assurances.

The Commission recommends that the lead agency, with guidance from the proposed Council, establish formal policies and practices to assure that the legal and human rights of all individuals interacting with the system – and their families – are respected and protected. To accomplish this, the lead state agency should:

- A. Establish **formal mechanisms for complaint and dispute resolution**, administrative appeals (especially regarding eligibility), and to maintain and respect the confidentiality of records and personal privacy. This latter consideration is particularly important given previous recommendations for cross-agency planning and service delivery.
- B. Develop proactive methods to **communicate information**

regarding safeguards and assurances to individuals and families so they may fully exercise all of their rights.

- C. **Monitor** the implementation of all formal procedural safeguards and consumer assurances and share information regarding the effectiveness of these systems.

8. Establish an interagency data and information management system.

Information regarding individuals with developmental disabilities, their needs, and the services and supports they require and receive will be an important asset for statewide policy and resource planning, individual service and support planning, and quality assurance and enhancement.

Proper public planning requires valid information. At the current time, no state agency has or collects data about citizens with developmental disabilities. As noted earlier, efforts to analyze the existing service system, the needs of

people with developmental disabilities, and the costs associated with current and projected service needs was severely hampered by the absence of such data or information. Therefore, it is imperative that the lead agency establish data management systems to provide a basis for evaluating system performance and quality enhancement, changing needs, and future resource demands.

Additionally, since many persons with developmental disabilities have multiple and complex needs and will likely need to access an array of supports across several state agencies, the State of Connecticut should work to foster integration of client records to facilitate meaningful service coordination and individualized planning. Consequently, interagency agreements, policies, practices, and new technologies will be needed to protect confidentiality and provide legally sound security in accordance with state and federal regulations.

9. Develop a competent and adequate workforce to provide supports and services for persons with developmental disabilities through the coordination and expansion of state and local training, recruitment, and retention efforts.

The most progressive and comprehensive service and support system is useless if there are not enough qualified and committed support personnel available to provide needed services. Connecticut, like the rest of the nation, is already experiencing direct service workforce shortages.

Demographic projections strongly suggest that this shortage will only become greater within the next two decades as our population ages and the demands for personal support explode.

Further complicating this important concern are issues associated with special competencies that are currently, and will continue to be required for persons who support individuals with various disabilities. These competencies are broad based and include cultural

knowledge and appreciation, language skills (for non-English speaking consumers), and specialized knowledge and skills in working with people with physical and intellectual challenges and disabilities, for example. The need for highly skilled and competent direct support personnel was further validated recently by the U.S. Department of Labor, Employment and Training Administration, Office of Apprenticeship Training, Employer and Labor Services (OATELS) when they created a new apprenticeable occupation known as the “*direct support specialist*” (Appendix F contains a copy of the bulletin).

The Commission urges Connecticut leaders to immediately establish strategies to address workforce development. Such initiatives can and should be started even as other recommendations are phased in. Furthermore, the Commission recommends that, at a minimum, the focus of workforce development include:

- A. **Coordination of staff education and training programs** in developmental disabilities across state agencies (e.g., DCF, DMR,

SDE, DMHAS, and DSS) and in cooperation with local schools and higher education organizations.

Such collaboration will not only be more cost efficient, but will foster the development of a corps of professional and paraprofessional staff who use more consistent approaches to assessment and support.

- B. **Inclusion of individuals with developmental disabilities and family members** in the design, implementation, and evaluation of staff education and training programs.
- C. Establishing a capacity for **on-site technical assistance** and short-term consultation for schools and support providers. This is especially important in highly specialized areas such as health and behavior management.
- D. Development of **learning networks** for peer-to-peer support and communication.
- E. Use of **innovative recruitment approaches** for personnel at all levels of the system. Concepts such as tax incentives, stipends, urban corps (for high school inner city

students), and targeted outreach (e.g., non-English speaking groups) should be considered.

- F. Implementation of **employment screening procedures** to reduce the risk to individuals receiving support.
- G. Efforts to **enhance the importance of the role** of and general respect for direct support personnel. Direct service must be viewed as a valued career and a profession that contributes significantly to the prosperity and welfare of our state. Therefore, visible and ongoing recognition of the importance of direct support careers by Connecticut's leaders (e.g., business, government, education) is crucial to shifting public attitudes.
- H. Careful and ongoing analysis of **salary and benefit structures** and opportunities for career advancement. Monetary and other benefits for direct support personnel will need to keep pace with those available in competing industries and given the relative cost of living in Connecticut.

Aggressive leadership and commitment to these strategies, plus many others, will be needed to develop and assure the availability of a skilled, culturally competent and diverse workforce that can provide quality services in a reliable and respectful fashion. Without such a workforce, all of the other recommendations are moot.

10. Design and implement a comprehensive system of quality enhancement and improvement.

The Commission recommends that the lead agency establish a quality assurance and enhancement system that is based on best practice standards in the field of developmental disabilities. Such a system should include both monitoring and a focus on promoting continuous improvement by providers.

In designing and implementing the quality enhancement system, the lead agency should include mechanisms and methods to assure:

A. **Personal outcomes** reflect individual priorities and form the

foundation for measuring system and provider performance.

- B. **Consumer satisfaction** is recognized as a valuable indicator of system and provider effectiveness.
- C. The active **involvement of consumers and families** in the assessment and evaluation of services and providers.
- D. **Public accountability** and open availability of information on the performance of private and public provider organizations.
- E. The **safety and protection from unreasonable harm** for persons receiving supports.

Increased reliance on individualized and self-directed supports absolutely requires that consumers have meaningful and up to date information regarding the safety, quality and effectiveness of organizations that seek their business and provide them with support. The lead agency should work with consumers and providers to respond to identified needs and areas requiring improvement and enhancement.

The concept of an “informed consumer” will take on even greater significance in

the future. Therefore, a strong and comprehensive quality assurance and enhancement system – along with public access to performance measures – must be an essential component of the new system.

- Personal Outcome Measures**
- **Choice and Control**
 - **Rights, respect, and Dignity**
 - **Relationships**
 - **Achievement**
 - **Health and Wellness**
 - **Economic Security**
 - **Community Participation**
 - **Safety**

11. Secure sufficient resources to fund services and supports.

The first 10 Commission recommendations focus on the design of the proposed system and are intended to serve as a blueprint for the lead agency, when and if one is charged with the responsibility for serving Connecticut’s

citizens with a developmental disability. The final recommendation is directed to government leaders who will ultimately make the decision to proceed or not proceed with needed public policy changes to the existing system of service and support.

The Commission has found that the funds currently allocated to state agencies would not be sufficient to support newly eligible persons as recommended in this report.

Expansion of responsibility for the lead agency– or any other state agency – should be accompanied by appropriate increases in funding. We cannot

increase the number of persons served using the same resource base without seriously compromising quality supports and services. Moreover, very clear lessons from across the country have shown the pitfalls of attempting such. Equally important, DMR is already under substantial stress to meet the ever-expanding needs of people with mental retardation, as evident from the growing residential “waiting list” and its associated litigation.

Decisions on providing an adequate resource base for the new system must take into consideration a variety of factors in addition to increased state funding. Therefore, the Commission recommends the following:

- A. **Analysis of existing public budgets** to identify funds and resources currently being used to support people with developmental disabilities. It may be practical and appropriate to reallocate some of these funds to the lead agency for any service responsibilities that would be best transferred.
- B. Study potential investment strategies that could **maximize public and private reimbursement** opportunities.
- C. Establish public policies that encourage **individual and family contributions** to the cost of support. Such policies could include consideration of targeted tax incentives, changes to laws discouraging the establishment of trusts, and changes to eligibility rules for personal asset limits.
- D. Institute **cost sharing mechanisms** and requirements for state agencies

and individuals, including sliding scale individual and parental fee structures.

- E. Assure that **public resources are portable and flexible** and are not channeled through contracts or grants to private provider agencies, but rather are assigned to individuals based on an objective determination of individual level of need.
- F. Implement policies that provide **individuals and families authority to manage funds** and select from a menu of services and supports as opposed to purchasing whole programs.

Funding & Resource Strategies

- Identify EXISTING funding used to support people with developmental disabilities.
- Study INVESTMENT STRATEGIES to maximize reimbursement opportunities.
- Change rules to ENCOURAGE INDIVIDUAL AND FAMILY CONTRIBUTIONS.
- Establish COST-SHARING requirements.
- Make new funds PORTABLE and not tied to provider grants or contracts.
- Allow individuals to CHOOSE & SELECT only the services they really need.