NEBRASKA: SCDD FIVE YEAR STATE PLAN

SECTION I: COUNCIL IDENTIFICATION

State Plan Period:	
Start Period	2021-10-01
End Period	2026-09-30

Contact Information	
Contact Person	Kristen Larsen
Phone Number	402-471-0143
E-mail	kristen.larsen@nebraska.gov

Date of Establishment:	Date (1971-03-11)

Authorization:	Executive Order (1)

Authorization Citation:	Governor Exon Order of 3/11/1971.

Council Membership Rotation Plan:	
In March 2018, the Council hosted an onsite technical assistance visit with iTACC. A major outcome of the visit was that the Council was provided clear, concise information to address identified issues that were found to be inconsistent with DD Council program guidelines. One compliance area identified was that there were no term limits noted in the Council by-laws. iTACC provided clear recommendations to define terms & the specific number of terms members can serve consecutively within the by-laws, & to include within the membership that at all times a non-governmental representative, & nonprofit representative from organizations concerned with services for people with developmental disabilities shall serve on the Council.The Council formed a Compliance Committee that presented the first draft of Council by-laws revisions at the Nov. 2018 meeting. The Council officially ratified the updated by-laws at the Feb. 2019 meeting. The by-laws now define one term for public members (non-agency members) as three years, noting that public members are allowed to serve two consecutive terms before terming out. Representatives of state agencies, required by federal mandate, are recommended to the Governor by the head of their agency, & then shall be appointed by the Governor to serve for an indeterminate period of time, at the pleasure of the Governor. Throughout 2019 Council staff continued to	

communicate with the Governor's appointments office about changes made to the by-laws. Since then, the Governor's appointments office has been cooperative regarding the need to follow the new term limits, as well as appointing members to fill the nonprofit & non-governmental representative positions. When vacancies occur, the Council Chair & Executive Director work closely with the Governor's appointments office to recruit & appoint members that represent the geographical representation of Nebraska. The Nebraska Council has made significant progress with member term rotation, providing opportunities for self-advocates, family members, & community leaders across the state to serve with fresh perspectives & insight. The Council embraces membership rotation as a means to strengthen the Council's implementation of the new State Plan.

Council Members:

Name	Gender	Race/Ethnicity	Geographical	Agency/Org/Citizen Rep Code	Agency/Org Name	Appt. Date	Appt. Expired Date	Alt/Proxy for State Agency Rep Name
Quinton R. Corwin	M	D1	E2	B1		2020-12-21	2023-10-01	
Brenda M. DeLancey	F	D1	E2	B2		2017-02-09	2022-10-01	
Jason Gieschen	M	D1	E2	B1		2018-11-21	2024-10-01	
Tony Green	M	D1	E1	A9	Department of Health and Human Services, Division of Developmental Disabilities	2020-04-10		
Matthew R. Kaslon	M	D1	E1	B1		2019-11-05	2022-10-01	
Seamus Kelly	M	D1	E1	A5	Disability Rights Nebraska	2018-09-13	2023-10-01	
Jennifer Meints	F	D1	E1	B2		2019-10-	2022-10-01	

						02		
Cheryl L. Montgomery	F	D1	E2	A7	NorthStar Services - NGO	2019-11-05	2022-10-01	
Ryan Moore	M	D1	E1	B1		2019-10-02	2022-10-01	
Sara Morgan	F	D1	E1	A8	Department of Health & Human Services, Public Health MCH	2019-05-05		
Stephen Morton	M	D1	E2	A7	The Arc of Norfolk, non-profit representative	2019-06-25	2024-10-01	
Sharon Orduna	F	D2	E1	B3		2017-02-09	2022-10-01	
Amy Rhone	F	D1	E1	A2	Department of Education, Special Education Office	2020-04-10		
Paige Rose	F	D1	E1	A1	Nebraska Vocational Rehabilitation	2016-07-06		
Mark Shriver	M	D1	E1	A6	Munroe-Meyer Institute	2020-07-06	2022-10-01	
Rachel Siffring	F	D1	E2	B2		2019-11-05	2022-10-01	
Judy Trent	F	D1	E2	B3		2020-12-21	2023-10-01	

Dee Valenti	F	D1	E1	C2		2017-10-02	2023-10-01	
Nate Watson	M	D1	E1	A4	Department of Health & Human Services, Medicaid & Long Term Care	2020-04-20		Nate also serves as representative for Older Americans, A3
Kirsten Wilcox	F	D1	E1	B1		2020-12-21	2023-10-01	
Jane Ziebarth-Bovill	F	D1	E2	B3		2017-02-09	2022-10-01	
Sheri Dawson	F	D1	E1	A9	Department of Health & Human Services, Division of Behavioral Health	2022-01-19		
Caitlin A. Donaldson	F	D1	E2	B1		2022-01-14	2024-10-01	
Shauna Graham	F	D1	E2	B2		2022-01-14	2024-10-01	
Shaistha Kiran Karipi	F	D9	E1	B2		2022-07-21	2024-07-21	

Council Staff:

Name	Position/Working Title	FT Status	% PT	Gender	Race/Ethnicity	Disability
Kristen L Larsen	Executive Director	1	100	F	D1	N
Rachel	Program Specialist	1	100	F	D1	N

Ward						
Nikki Krause	Administrative Assistant	2	.75	F	D1	Y
vacant v vacant	Vacant Position - temporary (SOS) Program Specialist	1	100	O	D8	DWA

SECTION II: DESIGNATED STATE AGENCY

The DSA is:	Other Agency (2)

Agency Details:	
Agency Name	Nebraska Department of Health and Human Services, Division of Public Health
State DSA Official's Name	Nebraska Department of Health and Human Services
Address	PO Box 95026, Lincoln, NE 68509
Phone	402-471-8566
FAX	402-471-9449
E-mail	Charity.Menefee@nebraska.gov

If DSA is other than the Council, does it provide or pay for direct services to persons with developmental disabilities?	Yes (1)

If yes, describe the general category of services it provider (e.g. health, education, vocational, residential, etc.) (250 character limit)	
The DSA provides direct services for persons with DD.Long term care facilities for people w/ mental illness & DD, public assistance programs, foster care. HHS contracts for services such as community based DD, mental health, Medicaid services & NCI.	

Does your Council have a memorandum of Understanding/Agreement with your DSA?	No (0)

If DSA is other than the Council, describe (250 character limit).	
The DSA provides the following support services: accounting/fiscal services, legal consultation, administrative & IT support, HR & payroll, procurement and public info support. Charity Menefee serves as the Director of Operations for Public Health.	

PART E - Calendar Year DSA was designated [Section 125(d)(2)(B)]	1971

SECTION III: COMPREHENSIVE REVIEW AND ANALYSIS

Introduction:	

The Council's CRA process began with a review of state agency plans, including the recent release of the Nebraska Olmstead Plan. The Council also contracted Munroe-Meyer Institute to conduct a needs assessment using an electronic survey, interviews, &and focus groups from between 7/1/2020 - 9/21/2020. Three key informant groups were identified: individuals w/DD (self-advocates), their family members or guardians, &and community providers. To ensure that self-advocates &and minority populations were represented, separate focus groups were held using the same survey but in a written version with, including one translated into Spanish, were held. A plain language version of the needs assessment survey was made available for the individuals with developmental disabilities, &and included a visual thumbs up (agree) or thumbs down (disagree) for each question. Data collected from the needs assessment survey, & various focus groups &and interviews guided the Council's Planning Committee &and Council with through the State Plan Goals &and Objectives development process. Details about this process are explained provided in the CRA's Rationale for Goal and the Public Comment &and Review Sections. Nebraska's is comprised of 77,220 76,824 square miles , which makes it the 16th largest state in terms of sheer geographic area. In 2018, NebraskaE's population was estimated at 1,929,268, with 55 percent of the state's population concentrated in Douglas, Lancaster, and Sarpy Counties (Omaha and Lincoln areas). The geographical component narrows down the labor pool to those who are located near or able to travel to a specific location to work. Nebraska offers the very best in both rural &and urban living with a range of industries &and occupations providing employment opportunities; a 93.3 cost of living index that ranked 17th in the nation on average for 2018; and appealing tax incentives for new and existing businesses. Nebraska has a workforce with a strong work ethic, &and several unique regions &and areas that contribute to the state's economic climate. However, NebraskaE struggles like many states to provide all of its residents with meaningful &and gainful employment opportunities. Nebraska's economic growth tends to follow growth in the national economy. Given the national economic downturn due to the COVID-19 pandemic, it appears that state economic growth will be slow over the next few years. This may impact services for people with developmental disabilities, including supported employment services, until the state and country recovers from the pandemic's impact. For some Nebraskans, specifically racial &and ethnic minorities, the good life is elusive when it comes to overall health &and quality of life. There continues to be significant gaps in disparities for health &and wellness. It has become increasingly apparent that health care professionals, community advocates, &and consumers must develop effective ways of meeting the challenges presented by our culturally diverse &and rapidly changing communities.It is essential to recognize the changing demographics in Nebraska and the affects they have across all dimensions of our society. Nebraska has seen shifting immigration patterns and continuous growth among minority populations in recent decades. The Hispanic and Asian populations are currently the fastest growing in Nebraska. Both of these populations were more likely than Whites to be living in poverty, and both were well over twice as likely as Whites to have not completed high school. As Nebraska becomes increasingly diverse, it is imperative to work towards eliminating health disparities among all populations.Social determinants of health, such as socioeconomic status and educational attainment, also have a substantial impact on an individual's health. Disability is another major determinant of health and that affects every community. Though the disabled population is exceedingly diverse, substantial disparities can be seen between those with and without disabilities. The disabled population is more likely to be unable to see a physician due to cost and over twice as likely as the non-disabled population to perceive their health as fair or poor. Additionally, over one-third of the disabled population reported having a depressive disorder.Data from the 2020 NE Health Disparities Report identified the following information regarding disparities related to race, ethnicity, gender, language, immigration status, &and disability status.

Health/Health Care Related Indicator	Whites	African American	American Indian	Asian	Hispanics
No Health Care Coverage	12.6	29.7	23.7	12.4	46.4
Personal Physician	17.1	24.7	30.3	23.5	39.8
Unable to See a Doctor Due to Costfrom Hospital Discharge Data	11.0	24.3	23.4	10.7	25
Relied upon Medicaid/Medicare	11.4	23.3	44.1	19.8	14.8
Were Self-Pay	1.6	6.5	3.7	3.2	3.7
Perceived Health as Fair or Poor	11.4	23.6	26.2	10.3	29.5
Infant Mortality	5.8	13.4	8.1	2.2	5.9
Reported Smoking	19.0	24.2	37.9	11.8	15.0
Drug Induced Deaths	7.7	9.8	16.5	.3	2.8
Reported Feeling Physically Unwell	8.5	12.9	15.5	7.3	12.5
Reported a Flu Shot in the Last Year	43.7	37.4	4 9.1	44.3	37.8
Felt They Were Treated Worse than Other Races when Receiving Health Care	1.6	7.3	13.6	2.2	4.2

Notable differences in risk factors, reported wellness, and health care:-74.6% of African Americans were overweight or obese compared to 65.1% of Whites.-33.8% Hispanics had no physical activity outside of work in past 30 days compared to 21.7% of Whites.-12.2% of American Indians reported that poor physical or mental health limited their usual activities in 14 or more days of last 30 days compared to 5.4% of Whites.-American Indians reported 4.7 days of being mentally unwell in the past 30 days compared to 3 days for Whites; 25.6% were diagnosed with a depressive disorder compared to 18.1% of Whites.Foreign-born Nebraskans were 3.7x more likely to have no health care coverage and 1.6x more likely to perceive their health as fair or poor. Nebraskans with limited English language were 2.4x more likely to perceive their health status as fair or poor and 2.2x as likely not to have health care. Refugees are likely to experience multiple conditions leading to health disparities, including Limited English Proficiency and having no health care coverage. Almost   of refugees reported language as a barrier in navigating the health care system, 1/3 reported health care as their most urgent need, 30.2% reported their health status as fair or poor, and 24.6% reported being unable to see a doctor due to cost.Disabled Nebraskans are 1.9x more likely not to see a physician due to cost, 2.7x more likely to have a depression diagnosed, and 5.5x more likely to perceive their health as fair or poor. Disabled Nebraskans reported a higher use of cigarettes (23.6%) than non-disabled peers (17.1%) and, per the Annual Disabilities Compendium, are more likely to be obese.Gender related differences: Although more men than women did not have health coverage or a personal physician, more females (14%) than males (10.5%) reported not seeing a physician due to cost. No comparative data was provided regarding Nebraskans identifying as lesbian, gay, transgender, or queer. When people with DD also fall into racial and other minority groups that experience health disparities, the disparities they experience are compounded.As a whole, individuals in rural NE experience health disparities related to the lack of access to care, especially services from medical specialists, and tend to experience poorer health outcomes. Where it may be difficult for individuals with IDD to find specialist services in metropolitan areas, that difficulty is multiplied in rural areas. Individuals who depend on Medicaid coverage, such as those with IDD, are impacted by a decrease in the number of Medicaid providers seen in the majority of counties (from

2011 to 2016, providers decreased in 65 counties while increasing in only 26.)A literature review completed by the Disability Rights Education and Defense Fund indicates that transgender individuals with disabilities are less likely to receive mental health services than non-disabled transgender individuals and may be dependent on families or other care providers who are not supportive of their mental health needs. Transgender individuals with disabilities are more likely than those without disabilities to have negative experiences with health care providers.National Core Indicators (NCI) is a collaborative effort between the National Association of State Directors of Developmental Disabilities Services (NASDDDS) and the Human Services Research Institute. The 2017 NCI data reflect quality of services and quality of life for individuals with IDD. Nebraskans with IDD reported a lower quality of health than the national average (12% reported poor health compared to 3% nationally). Approximately 51% reported excellent or very good health (69% nationally). Many routine screening rates were lower, especially for mammograms (29% NE, 58% nationally) and annual vision exams (35% NE, 61% nationally). Only 29% reported receiving a flu shot within the last year.Aging Initiatives and Coalitions: As the developmental disability population ages, there needs to be a greater emphasis on supporting their needs. One of Nebraska's recent initiatives focused on training providers across the state to increase their understanding of Alzheimer's disease and how it affects care. Attendees reported difficulty in getting diagnostic services related to dementia and finding community providers prepared to deal with individuals with IDD demonstrating signs of dementia. This initiative has spurred the formation of at least one aging coalition across the state. The Division of Developmental Disabilities (DDD) continues to develop quality management system structures to review and improve in the areas of health, wellness, and self-direction support for Nebraskans with I/DD; compliance with DHHS, state, and federal regulations; and provider performance. There was a 15% improvement in 13 categories of the 2017-2018 NCI Adult in-Person survey data. DDD's goal is to have a 31% improvement in the 13 categories of the 2018-2019 NCI survey data. Based on a Quality Management Strategy report, a DDD 2019 priority was to increase the resource capacity of a new Quality Control Specialist team who provided reviews to augment the DDD oversight of provider and participant health and safety. Improvements included completion of participant experience surveys, assessing provider compliance with the HCBS Shared Living service model, offering technical assistance to independent providers, and tracking the remediation of concerns identified during quarterly monitoring. In addition, DDD developed a mechanism to verify that billing claims and payments comply with federal and state regulations. The next phase of DDD's quality management system strategy will be to contract with a Quality Improvement Organization (QIO). The contract scope of work will include a strong incident report management system, death mortality reviews, and training and technical assistance to build community-based provider capacity. In 2019, DDD received appropriation funding to move forward on this project and released a Request for Proposal to contract with a QIO. Liberty Healthcare was awarded the contract and is responsible for developing a Quality Improvement Data System (QIDS); reviewing, redesigning, and managing the state's system for mortality review and reporting and system for critical incidents; and building capacity for statewide training and technical assistance. Related to the topic of quality management system, CMS' Health and Welfare State Review Team announced that they would be visiting NE in December 2019 for a compliance review of health and safety oversight of HCBS DD Waiver participants. In January 2018, the Health and Human Services Office of the Inspector General, ACL, and the Office for Civil Rights issued a joint report entitled Ensuring Beneficiary Health and Safety in Group Homes through State Implementation of Comprehensive Compliance Oversight. This joint report described themes of unreported and unanalyzed critical incidents found across three individual state audits and identified model practices to enhance states' oversight mechanisms to ensure the health and welfare of individuals receiving HCBS in 1915(c) waiver programs. Among its recommendations, the report suggested that CMS form a team to address systemic problems in state implementation and compliance with health and safety oversight. The Health and Welfare Special Reviews Team (HWSRT) is tasked with assessment, analysis, and technical assistance in support of this recommendation. During their visit, HWSRT spoke to state agencies, advocates, providers, and participants about what is working well and what needs improvement related to supporting participant health and welfare. This project offers assistance to states to improve how the health and welfare of HCBS DD Waiver participants is assured on both a state and national level. While onsite, HWSRT conducted a number of interviews and discussions with people responsible for various parts of the system that record, investigate, track, resolve, and monitor critical incidents and other issues related to health and welfare for participants receiving HCBS DD Waiver services. The Council plans to review the HWSRT NE report and findings as soon as it is available.The following sections in this introduction are taken from the Nebraska Olmstead Plan, published in December 2019: Though Nebraska is just now formalizing an Olmstead Plan, the state has made noteworthy efforts toward supporting community integration. Nebraska offers an array of community-based services and supports, and more Nebraskans will be eligible to receive those services as a result of Medicaid expansion. Hundreds of individuals with mental illness are living successfully in their own apartments as a result of the commitment of state resources to rental assistance and housing coordinators. More individuals with disabilities are living in the community today as DHHS has reduced overall the number of institutional beds and repurposed funding to expand community-based services. Individuals with disabilities of all ages are able to remain in their homes and communities as a result of state agencies' efforts to secure funding from federal sources, including grants and Medicaid waivers. Children and youth with disabilities have greater opportunities to receive their education in the most integrated setting that meets their needs as a result of the Department of Education's work with local school districts. Adults with disabilities have access to supports that facilitate socialization, employment, and participation in meaningful activities. Finally, many individuals with disabilities and their families have greater access to services and supports with proven efficacy, provided by committed, well-trained staff.In spite of Nebraska's efforts to facilitate community integration, the state faces numerous challenges in supporting individuals with disabilities to live successfully in their community of choice. The Lack of Adequate Community-based Services and Supports Individuals with disabilities are able to live full and satisfying lives in the community if there is a full array of readily accessible community-based services and supports, and if those providers have the capacity to communicate effectively with people who have vision, hearing, or speech disabilities. Conversely, the absence of the appropriate service to meet an individual's needs and preferences can result in reliance on more intrusive, restrictive, and costly types of care. Nebraska agencies do fund an array of community-based services and supports for individuals with disabilities across the age span. However, stakeholders interviewed (when developing the Olmstead Plan) perceive that many Nebraskans with disabilities do not have ready access to the community-based services and supports they and their families want and need. In addition, some individuals and families don't know about the services that do exist, or don't know how to access them. Stakeholders also reported difficulty with navigating what they experience as complex human service systems.When individuals with disabilities lack safe, affordable, and accessible housing, they are more likely to remain in institutional settings longer than necessary, live in substandard environments, have high rates of recidivism to jails and prisons, and enter or return to homelessness. Yet individuals with disabilities experience significant challenges in obtaining affordable and accessible housing in Nebraska: -Nebraska's housing market is unaffordable to individuals and families who are extremely low-income, including those earning minimum wage and those living on Supplemental Security Income (SSI).-Nebraska's housing market is tight, with rents increasing statewide and an average vacancy rate of only 4.3 percent.-The state's SSI Supplement is only $5 per month for people living independently, while it is $438 per month for those in assisted living facilities (ALFs). This disparity contributes to ALFs becoming one of the primary residential options for individuals with serious mental illness (SMI).-While some public housing agencies (PHAs) have short waitlists (or none at all), others have long waitlists. On 9/27/19, 364 individuals (350 with SMI and 14 with substance use disorders), were on the waitlist for the Division of Behavioral Health Fund rental assistance program, with an average wait time of 502 days. Individuals with disabilities want to choose where they live, but there is not enough affordable housing in many communities in Nebraska. Safe and affordable housing is often located in areas that are distant from services and transportation.More Alternatives are Needed to Institutional and Segregated Settings Many individuals with disabilities want to remain in their homes, but they or their families lack the resources or assistance they need to do so safely. More individuals could be supported in community-based settings of their choice if resources could be distributed across the continuum of long-term care, and if individuals and families could easily access information about services to support greater independence using Medicaid Home and Community Based Services (HCBS) waivers. Children and youth are negatively impacted by out-of-home placements, through reduced contact with their families, homes, communities, pets, friends, possessions, routines, and school settings. These changes can be traumatic, having a detrimental effect on children's brain development and neurological function. Nebraska's children and youth and their families do not have adequate information about or access to the services and supports that would allow children to remain with their families or caretakers. Nationally, individuals with SMI are over-represented in jails and prisons. Many people with mental illnesses in jails are arrested for relatively minor crimes such as loitering or causing a public disturbance, which tend to stem from their illness rather than from intent to do harm. Research shows that incarcerating people with mental illnesses often exacerbates their symptoms and can increase the likelihood of recidivism. Once incarcerated, people with mental illnesses tend to stay longer in jail and are at a higher risk of re-incarceration than people without these illnesses. Jails spend an estimated two to three times more money on people with mental illnesses than they do on other inmates. Like many states across the country, communities in Nebraska are focusing efforts on diverting individuals with SMI from incarceration for low-level crimes, however there are too few justice diversion initiatives statewide. Individuals experiencing chronic homelessness often have complex and long-term health conditions, such as mental illness, substance use disorders, physical disabilities, or other medical conditions. They are more likely to use costly services including emergency departments, crisis intervention, and shelters, and are more likely to interface with law enforcement. Youth who become homeless spend their time seeking food and shelter rather than engaging in normal activities such as going to school, socializing with friends, building relationships with role models or other adults, and getting appropriate health care. They are also often victims of physical and sexual assault, are more likely to use drugs and alcohol, and are less likely to graduate from high school. Though Nebraska has made strides toward reducing homelessness overall, recent statistics indicate that the number of individuals experiencing chronic homelessness is on the increase.The Growing Demand for Successful School-Based Interventions The Individuals with Disabilities Education Act (IDEA) requires schools to identify and evaluate students suspected of having disabilities and to provide those who are identified as having disabilities with special education and related services (like speech therapy and counseling) to meet their unique needs. In a survey of school districts across Nebraska, the most prevalent issue identified was the lack of resources to address students with co-occurring mental health and behavioral needs and those with co-occurring mental health conditions and I/DD. Supporting Nebraska's youth to graduate is important; individuals who complete secondary education are more likely to be employed and to earn higher wages than individuals who do not graduate from high school.Waiting Lists for Vocational Rehabilitation Services Nebraska's rate of employment of individuals with disabilities is 48 percent according to a report issued by the Nebraska Association of People Supporting Employment. While this rate of employment is well above the national average of 34 percent, it is significantly lower than the rate of employment for the general population. Nebraska Vocational Rehabilitation (VR) implemented Order of Selection in December 2017. Since that time, VR has offered services to more than 1,500 individuals meeting Priority 1 eligibility; however, there is a VR waitlist. The Nebraska Commission for the Blind and Visually Impaired implemented Order of Selection in March 2019. The

Commission was able eliminate the waitlist for services in October 2019 and expects to exit Order of Selection by March 2020. Inadequate Transportation for Individuals with Disabilities Nebraska is a predominantly rural and frontier state, spanning just over 77,220 square miles. The state is split between two time zones. Eighty-nine percent of the cities in Nebraska are home to fewer than 3,000 people. Hundreds of towns where people choose to live have a population of fewer than 1,000. Communities of this size have no public transportation. Individuals with disabilities who lack personal transportation are unable to access the broad array of services and supports concentrated in the Lincoln and Omaha areas. Even individuals with disabilities who live in the cities have challenges accessing public transportation. The hours of operation and routes are limited and not all transit vehicles currently operating in Omaha are accessible. There is limited benefit from a robust array of services and supports if individuals aren't able to access them due to the lack of transportation.Nebraska's Olmstead Plan includes a goal that Nebraskans with disabilities will have access to affordable and accessible transportation statewide. Strategies identified to address the goal include:-The statewide Mobility Manager will assess interest/need for a Mobility Manager in each of the six regions. -NDOT will conduct a feasibility study to implement intercity bus service between Lincoln and Omaha, as well as between Grand Island, Hastings, and Kearney.-DHHS will establish regular meetings with NDOT to open lines of communication and collaboration.-NDOT will procure technology solutions to enhance access to transportation for individuals with disabilities.-DHHS and transportation partners will explore expanding coverage of additional methods of transportation for individuals with disabilities to access services.Data Collection and Evaluation Limitations An Olmstead Plan is intended to ...reflect an analysis of the extent to which the public entity is providing services in the most integrated setting. Nebraska agencies lack access to the comprehensive and longitudinal data needed to support decisions about how resources allocated to serve individuals with disabilities are used, and about the impact of those services on peoples' lives. This limitation was highlighted as agencies set out to establish benchmarks and measurable outcomes for this Plan's implementation. Agencies are aware of the limitation and view this Plan as an opportunity to advance efforts to collect and use data in a more meaningful way.Shortage of Well-Trained Staff According to the Health Resources and Services Administration, in 2018, 81 of 93 counties in Nebraska were designated as shortage areas for psychiatrists and mental health practitioners. Health care providers, especially specialists such as psychiatrists, practice mainly in urban settings, leaving rural Nebraska with little to no specialty capacity. The quality of services that support individuals with disabilities is highly dependent on the quality and stability of the direct services workforce. Respite offers a crucial support that can assist families and caregivers in providing for their loved ones at home. A program evaluation conducted by the University of Nebraska Medical Center's Munroe-Meyer Institute found that families who were caring for individuals with high medical and behavioral health needs experienced difficulty finding respite providers even when they had funding to pay for the service. Nationally, workforce turnover within the child welfare profession is on average more than six times that of other professions. In 2017, State of Nebraska Children and Family Services Specialists experienced a 32 percent rate of turnover. Turnover of child welfare case workers negatively impacts the permanency outcomes of children in the system.The Office of Public Guardian (OPG) is designed to serve as the guardian or conservator for an individual when no other alternative is available. The 2018 OPG Report indicated that OPG replaced five Associate Public Guardians (APGs) in 2016. In 2017 the OPG responded to six personnel changes. This year, the OPG has had eight personnel changes. However, due to the increased number of cases the OPG serves, those personnel changes, both in timing and in numbers, had a particularly detrimental impact on services. The loss of each APG resulted in 20 cases that had to be covered by other APGs who already had full caseloads. From the last day of employment through posting the position, interviews, and training new employees, it takes three months to replace an employee. The ability to deliver protective services is compromised by insufficient staffing. These are many of the challenges and barriers to care that Nebraska faces in serving individuals with disabilities and their families. In response, Nebraska has structured the Olmstead Plan around the following over-arching Olmstead goals:1. Increasing access to community-based long-term services and supports. 2. Expanding access to affordable, accessible housing with supports. 3. Diverting avoidable admissions to, reducing lengths of stay in, and facilitating transitions from segregated settings. 4. Promoting community-integrated education and employment of people with disabilities. 5. Investing in accessible transportation for individuals with disabilities. 6. Using data to inform decisions and to promote quality improvement. 7. Investing in human resources. NE's Olmstead Plan includes a goal to increase choice in competitive integrated employment opportunities for individuals with disabilities. Strategies include coordinating pre-employment transition services; coordinating funding to sustain supported employment milestones with the implementation of Order of Selection and waitlists; develop and implement tracking and monitoring of training, certification, and employer peer specialists; and continue to monitor median earnings of individuals with disabilities who work full-time after exiting VR programs.The goals, strategies, and outcome measures within the Olmstead Plan are intended to address these challenges incrementally, considering Nebraska's finite resources, with a sincere hope for better services and programs moving forward. (End of Olmstead Plan report narrative.)Please note that due to character limits within the ACL CRA template, the following information did not fit within the Education/Early Intervention section.Education/Early InterventionNE Department of Education (NDE) established 5 regional transition teams to support collaboration between school districts, ESUs, communities, and agencies in each transition region. Teams provide statewide transition activities for youth w/disabilities. NDE Office of Special Education awards funds annually to support the development and maintenance of regional transition teams across Nebraska.NDE entered into a memorandum of understanding with the NE Commission for the Blind and Visually Impaired to define roles and outline the services that may be provided by the Commission in working with blind and visually impaired students in the school setting during the transition years.In Fall 2020, the Omaha area gained a new option for students w/disabilities in a non-public setting. Madonna School was offering a non-inclusive K-8 program for students; however, these services are no longer offered. Children can now attend inclusive education classes at one of two K-8 private schools through a partnership with Madonna School and Community-Based Services.Also note that due to character limitations, the Nebraska Council State Plan does not include the all of the sources or citations for the data documented throughout the CRA. Council staff have the full CRA provided by contractors from Munroe-Meyer Institute, and these are available upon request.

Describe how the DSA supports the Council:	
Nebraska's DSA is the Department of Health and Human Services (DHHS), Division of Public Health. The DSA provides the following support services to the Council: accounting/fiscal services, legal consultation, administrative & IT support, Human Resources & payroll, procurement and public info support.	

Poverty Rate:	11.0

(i) Racial and Ethnic Diversity of the State Population	
Percentage of Population (White, alone)	89.8
Percentage of Population (Black or African American alone)	5.9
Percentage of Population (American Indian and	1.7

Alaska Native alone)	
Percentage of Population (Asian alone)	2.9
Percentage of Population (Native Hawaiian and Other Pacific Islander alone)	.2
Percentage of Population (Some other race alone)	1.9
Percentage of Population (Two or more races:)	2.6
Percentage of Population (Two races including Some other race)	2.2
Percentage of Population (Two races excluding Some other race, and three or more races)	0.0
Percentage of Population (Hispanic or Latino (of any race))	10.7

(a) Prevalence of developmental disabilities in the state:	1.58

Explanation (of % of prevalence):	
a)Prevalence of Developmental Disabilities in the State: Using Larson, S.A., Lain, K.C. Anderson, L., Kwak, N., Lee, J., & Anderson, D (2001). Prevalence of mental retardation and developmental disabilities: Estimates from the 1994/1995 National Health Interview Survey Disability Supplements. American Journal on Mental Retardation, 106(3), 231-252, it is estimated that 1.58% of the population has mental retardation or a closely related developmental disability or 30,095.b) Residential Settings:Information reported from data provided by the Institute on Community Integration (https://risp.umn.edu/viz) based on 2012-2017 data reporting number of individuals served by service settings as follows: Family Home, Own Home, Host or Foster Home, 1-3 Group, 4-6 Group, 7-15 Group, and 16+ Group. In the chart below <6 includes Host or Foster Home placements and all Group Homes under 7. Nebraska Population Data US Census data used to calculate the number served per 100,000.	

(b) Residential Settings:	
Total Served (2017)	5766
A. Number Served in Setting of under 6 (per 100,000) (2017)	103.03
B. Number Served in Setting of over 7 (per 100,000) (2017)	23.16
C. Number Served in Family Setting (per 100,000) (2017)	111.04
D. Number Served in Home of Their Own (per 100,000) (2017)	60.85
Total Served (2016)	5683
A. Number Served in Setting of under 6 (per 100,000) (2016)	105.42
B. Number Served in Setting of over 7 (per	25.96

100,000) (2016)	
C. Number Served in Family Setting (per 100,000) (2016)	99.93
D. Number Served in Home of Their Own (per 100,000) (2016)	63.23
Total Served (2015)	4228
A. Number Served in Setting of under 6 (per 100,000) (2015)	110.31
B. Number Served in Setting of over 7 (per 100,000) (2015)	27.56
C. Number Served in Family Setting (per 100,000) (2015)	75.30
D. Number Served in Home of Their Own (per 100,000) (2015)	72.50

(c) Demographic Information about People with Disabilities:	
Percentage (Population 5 - 17 years)	5.1
Percentage (Population 18 - 64 years)	17.9
Percentage (Population 65 years and over)	71.9

Race and Hispanic or Latino Origin of people with a disability	
Percentage (White alone)	12.2
Percentage (Black or African American alone)	11.3
Percentage (American Indian and Alaska Native alone)	11.8
Percentage (Asian alone)	8.3
Percentage (Native Hawaiian and Other Pacific Islander alone alone)	0
Percentage (Some other race alone)	5.5
Percentage (Two or more races)	10.1
Percentage (Hispanic or Latino (of any race))	7.7

Employment Status Population Age 16 and Over	
Percentage with a disability (Employed)	32.8
Percentage without a disability (Employed)	73.4
Percentage with a disability (Not in labor force)	65.1
Percentage without a disability (Not in labor force)	24.1

Educational Attainment Population Age 25 and Over	
Percentage with a disability (Less than high school graduate)	14.3
Percentage without a disability (Less than high school graduate)	7.3
Percentage with a disability (High school graduate, GED, or alternative)	35.2
Percentage without a disability (High school graduate, GED, or alternative)	23.7
Percentage with a disability (Some college or associate's degree)	33.2
Percentage without a disability (Some college or associate's degree)	33.4
Percentage with a disability (Bachelor's degree or higher)	17.2
Percentage without a disability (Bachelor's degree or higher)	35.6

Earnings in Past 12 months Population Age 16 and Over with Earnings	
Percentage with a disability ($1 to $4,999 or less)	16.2
Percentage without a disability ($1 to $4,999 or less)	9.8
Percentage with a disability ($5,000 to $14,999)	18.6
Percentage without a disability ($5,000 to $14,999)	13.4
Percentage with a disability ($15,000 to $24,999)	15.5
Percentage without a disability ($15,000 to $24,999)	12.7
Percentage with a disability ($25,000 to $34,999)	14.6
Percentage without a disability ($25,000 to $34,999)	13.9

Poverty Status Population Age 16 and Over	
Percentage with a disability (Below 100 percent of the poverty level)	17.3
Percentage without a disability (Below 100 percent of the poverty level)	9.3
Percentage with a disability (100 to 149 percent	13.2

of the poverty level)	
Percentage without a disability (100 to 149 percent of the poverty level)	6.7
Percentage with a disability (At or above 150 percent of the poverty level)	69.5
Percentage without a disability (At or above 150 percent of the poverty level)	83.9

(i) Health/Healthcare:

Health & healthcare were priority ranked by respondents as the 2nd highest priority by the 2020 needs assessment. Survey respondents, focus group participants, & interviewees provided information about available medical assistance, health & mental health services, & access to public & private insurance. Over half of parents & providers indicated that it is very important to monitor Medicaid denials & support appeals. Similarly, nearly half of self-advocate respondents indicated that they need help or training to work with their insurance company or Medicaid. Many barriers to access were noted. There are limited specialty healthcare providers (e.g., dentists, behavioral & mental health providers) who will accept Medicaid. It is often more difficult to find health providers who are trained appropriately or willing to serve individuals with significant disabilities or behavioral challenges. In rural areas, there is an overall lack of medical specialists, which results in extensive travel, posing a financial burden. Families in western NE noted that specialized health providers (e.g. ophthalmology, audiology, & cardiology) in CO do not accept NE Medicaid, requiring them to travel a longer distance to Omaha. Access to equipment & ongoing therapies was reported as an issue. Often equipment is denied & individuals need to appeal, & there is no one they can turn to for assistance with the appeal process. Even when equipment is approved, there are delays in getting it replaced if it does not work or is broken. Limitations on the amount of therapy services was noted to interrupt continuous access to services seen as necessary for sustainable progress. The NE DHHS administratively oversees the divisions of Behavioral Health (DBH), Children & Family Services (CFS), Developmental Disabilities (DDD), Medicaid & Long-Term Care (MLTC), & Public Health (DPH). State Medicaid programs include Medicaid for low-income seniors, eligible people with disabilities (PWD), & low-income pregnant women & some parents. The Medically Handicapped Children's Program (MHCP) provides diagnosis & referral services & purchases treatment for low-income children. The Aged & Disabled (AD) Medicaid Waiver provides needs identification, service planning & HCBS for eligible individuals, & services not typically seen as medical, such as adult day care, assisted living, chore services, childcare, home-delivered meals, independence skills management, nutrition services, personal emergency response system, respite care, & transportation. The State Unit on Aging & its eight area agencies work with public & private service providers to assist individuals to live in their preferred settings & remain active in their communities. Medicaid is a significant payer of health services, with approximately 55,000 enrolled medical providers. In 2018, NE Medicaid paid over $2.1 billion for services.Approximately 25% of Nebraskans are described as low-income (<200% FPL). Medicaid/CHIP (Children's Health Insurance Program) covers approximately 13% of Nebraskans & 10% were uninsured. Medicaid covers 38% of children with special health needs. Seniors & PWD are eligible for Medicaid at 100% of FPL ($21,330 for a family of 3 or $12,490 for an individual). Of Medicaid & CHIP in 2018, 43.2% was spent on services for the blind or disabled, 14% on DD Waiver Services, 3% on ICF-DD services & 5% on AD Waiver services. Federal-state Medicaid funding for ICF-ID HCBS Waivers, & related Medicaid spending covered 81.6% of total IDD spending per the 2017 State of the State (SOS)'s report.MLTC oversees the NE Medicaid program, HCBS for the elderly & PWD, & the

State Unit on Aging. MLTC acts as the payer for health care services to 12% of state residents, including low-income children & their parents, the aged, & individuals w/disabilities. Heritage Health is the newest & most comprehensive Medicaid managed care program. In 2017, all Medicaid clients were enrolled in managed care, including previously excluded populations. Managed care delivered most Medicaid-covered services, with the exception of long-term services & supports.Voters approved Medicaid expansion via Initiative 427 in 2018. MLTC submitted state plan amendments to the federal government in 2019. MLTC held hearings & received public comments in 2019 & reviewed comments on the proposed application for the Section 1115 Demonstration Waiver for Medicaid expansion. The expansion was launched successfully on 10/1/2020. CMS has approved a demonstration waiver from April 2021 through March 2026 that will allow NE to offer expanded benefits (vision, dental, & over-the-counter medications)to individuals meeting work & wellness requirements.MLTC plans include: Initiating the Health Management Program infrastructure for quantifying the value of managed care coordination; Carving non-emergency medical transportation benefit into the Heritage Health benefits package; Replacing its data warehouse & decision support system w/an updated data warehouse & business-intelligence technology platform; Implementing a new Medicaid Eligibility & Enrollment system to meet ACA requirements; partnering DDD to consider case management options for all LTC programs; Initiating federally mandated EVV & the Fiscal Agent projects; Replacing multiple case management software applications for long-term care (NFOCUS, CONNECT & Therap) w/a single new software application to support participant care from initial inquiry to case closure; & Evaluating methodologies & planning reimbursement changes for nursing facility level of care (Phase 1) & ICF-DD level of care (Phase 2). DDD provides funding & oversight for HCBS. DDD determines eligibility, provides service coordination, monitors services, & pays DD providers. DDD also operates the Beatrice State Developmental Center (BSDC). BSDC provides institutional care to individuals with IDD while providing time-limited admissions for respite, crisis intervention support, crisis consultative assessment, & acute crisis stabilization. DDD & MLTC, along with the Optumas Healthcare, are designing an institutional level of care assessment criteria & tools to achieve their mission. Public comment questioned the processes used to revise the Level of Care Determination (including the selection of the comparison states, & why many of the recommendations put forth in the report done by Optimus were not accepted). Those commenting criticized the proposed eligibility requirements as becoming more restrictive. Plans are underway & public comments were sought regarding the transfer of the administration & oversight of AD Waiver services from NE Medicaid services to the DDD, as well as revise level of care criteria & standardized assessments. These changes were effective Jan.1, 2021.Goals for BSDC include addressing service needs within the DD system while building community capacity. Between 2004 & 2019, the LTC census of BSDC lowered from 375 to 92. Most residents at BSDC have a profound IDD w/additional LTC needs.The Division of Behavioral Health (DBH) is the chief behavioral health authority for the state, responsible for administration & coordination of the public behavioral health system. DBH provides planning, funding, oversight, & technical assistance to a network of services delivered through 6 Behavioral Health Regions, 4 federally recognized tribes, other nonprofit agencies & organizations providing community based services, & DHHS Regional Centers. In 2018, DBH reported serving 991 individuals. Of their 2018 budget of $164,885,092, 50.0% went to the 6 regions, 9.2% to the Norfolk Regional Center, & 30.3% to the Lincoln Regional & Hastings Regional Centers. In 2018, the NE Family Helpline provided a single contact point 24 hrs a day to assess safety needs & make recommendations or referrals to appropriate resources. The NE Behavioral Health System of Care (NeSOC) provides funding to community-based services & support for youth at risk. The State Targeted Response grant provides funding for prevention, treatment, & recovery activities related to the opioid crisis.NE's Heritage Health managed care program has received a great deal of criticism due to unpaid claims & a balky authorization processes. Recipients have noted that the system frustrates health care providers & delays care for patients. Although improvements have been made, it has been reported that many providers have struggled to survive.Thirteen of NE's 93 counties lack a primary care physician. All counties, other than Douglas & Lancaster, lack at least one type of primary care specialty physician. Rural areas especially lack specialists who are familiar with behavioral health & issues related to IDD.National studies & publications identify a need to provide appropriate child-to-adult health care for individuals w/IDD. The Munroe-Meyer Institute (MMI) w/support from the MHCP established the Health Care Transition Clinic to provide families with recommendations for & referrals to adult health care providers. The MMI team works w/caregivers & teens to prepare a medical summary & plan of care/medical passport & to consider what information would be important to emergency care teams & transfer to new providers. National estimates indicate the number of adults w/IDD will rise from 641,860 in 2000 to 1.2 million by 2030. Adults w/IDD develop chronic health conditions at younger ages due of biological factors related to syndromes & associated DDs, limited access to adequate health care, & lifestyle & environmental issues. The Aging & Disability Resource Center (ADRC) provides information & supports all populations w/disabilities to access publicly & privately funded LTS. ADRCs utilize a No Wrong Door model to address the growing # of individuals requiring long-term care as they age. ADRCs expect their role to increase as a large % of individuals live w/aging caregivers.In 2018, w/Council funding, the National Task Group on Dementia & IDD (NTG) provided training related to IDD & dementia & certified over a dozen affiliated trainers across NE. NTG affiliated trainers provided a series of public informational sessions in 2018 & 2019. Attendees reported difficulty in getting diagnostic services related to dementia & finding community providers prepared to deal w/individuals w/IDD demonstrating signs of dementia. This initiative has spurred the formation of several aging coalitions across the state. NTG affiliated trainers, the Down Syndrome Alliance of NE, the Alzheimer's Assoc., care providers, families, & other stakeholders across the state have formed a collaborative to assess & address issues related to meeting the needs of individuals, families, & service providers. In 2019, a new project was funded to establish a statewide dialogue to address the supports needed by aging persons w/DD, their families, & the agencies that serve them. Services in NE will be facing increasing #s of aging persons w/DD who may pose unique challenges. Staff training is limited to address aging needs, especially in the area of identifying potential dementia diagnosis. (NTG) consultants will offer two webinars on the development of aging committees in NE, solicit involvement from agency staff to identify support needs in their regions, & strengthen the Aging Coalition developed at UNMC. These efforts will have a positive impact on the quality of life for the aging DD population, their families, & offer an array of options to meet the ever-changing needs. Janet Miller at the Munroe-Meyer Institute is leading an effort of the Aging Collaborative to obtain a Robert Wood Johnson Foundation grant to increase awareness of the needs of those w/DD who are aging, especially those who may be starting an Alzheimer's journey. One planned outcome of this grant will be the establishment of a multi-disciplinary comprehensive complex care clinic. Additional information about health disparities is available in the intro section.

(ii) Employment:

Employment (employ) for individuals w/DD (IWD) was ranked the 3rd highest priority of the 2020 needs assessment. Info was gathered from survey, interview, & focus group participants to learn about issues such as job placement, vocational rehabilitation, integrated employ efforts, & employ policies. The majority of the respondents believe it is very important to address all required components for NE to be an Employment 1st state. A high # of families & care providers indicated it is very important to recruit, train, & retain DSPs. Many families, care providers, & self-advocates indicated the need to increase employ opportunities & that it is very important to increase choice in competitive & integrated employ opportunities. Families noted a need to increase early employ planning in schools. For individuals w/complex or high support needs, a continuum of day service options needs to be expanded so families can select the option that best fits the needs of the individual. It is important that options are inclusive

& include engaging activities within the community. Families need more support to find & work w/employers or vocational & day programs. Self-advocates reported that long waiting lists delayed their seeking employ & limited transportation options impact employ possibilities. Others reported Workforce Development is overwhelmed w/requests for help. Families reported the need to expand the Nebraska Vocational Rehabilitation (VR) system to provide on-site supports for individuals working in the community, & funding provided for DD services & VR rehabilitation must be adequate to provide effective & consistent staffing.The state continues to identify barriers to increasing the # of individuals in Community Integrated Employ (CIE). Adults w/disabilities continue to lag behind their working peers w/out disabilities in hrs worked, wages earned, & unemploy & underemploy rates. The Annual Disability Statistics Compendium reported that in 2018, the NE state employ rate for IWD between ages 18-64 was 50.2% compared to 83.6% of those w/o disabilities. Although NE's rate of employ for those w/disabilities is higher than the national average (37.6%), NE's employ rate for those with no disability is also above the national average; therefore, there is an employ gap between the two groups of 33.4%.Greater disparities exist for individuals w/a cognitive disability, with 43% employed. The mean wage earned by individuals w/no disability (in thousands of $) was $42.50 compared to $39.90 earned by individuals w/any disability & $17.50 earned by individuals w/a cognitive disability. These wages influenced the proportion of individuals living below the poverty line, w/proportion of individuals w/any disability below the poverty line at 24.2% compared to 9.8% of individuals w/no disability. Additional differences are reflected in the # of hours worked. Individuals w/no disability worked an average of 39 hrs per week, while individuals w/any disability worked 36 hrs per week & individuals w/a cognitive impairment worked an average of 30 hrs per week.The lack of employ opportunities for IWD impacts not only individuals but also the State. Nearly half (48%) of IWD not employed indicate they would like to be employed, & many IWD (73%) have identified employ as a goal. The majority of IWD who are employed were publicly supported. Only 23% of IWD work w/o public funding compared to the national average of 36%. Many IWD want competitive jobs & a career path. Unfortunately, systems issues prevent access to the supports they need. While NE has one of the lowest unemploy rates across the U.S., the VR waiting list is growing. One of the best opportunities to address this workforce crisis is by ensuring IWD can work. According to the Association of People Supporting Employment First (APSE), over 35 states have efforts focused on Employment 1st; at least 21 of these have an official Employment 1st State policy. However, systems are needed to support increasing integrated employ opportunities for IWD & we still need to make gains toward an Employment 1st approach.Although not an Employment 1st state, NE is making progress. APSE recognized NE DHHS for efforts to move toward CIE. In 2016, NE had 18 service providers, allowed by federal law, paying sub-minimum wages to more than 2,100 IWD. Most recent #s, from 2018, indicate 9 such service provider employers in NE with 550 IWD working for sub-minimum wage.IWD in the workforce receive initial coordinated employ services through VR. Historically, VR has been an active partner with the DD Council, DDD, high school special ed programs, DD providers, & employers w/the goal of providing & promoting CIE opportunities to IWD. VR, in the Dept of Education (NDE), & DDD have partnered to coordinate employ services for IWD, to ensure VR & DDD comply w/requirements of the Workforce Innovation & Opportunity Act (WIOA) & the Medicaid HCBS Settings Final Rule, & as outlined in the statewide transition plan. The focus is on CIE for IWD. Collaboration provides coordinated services between DDD & VR to avoid duplication & focus services on employ & integration & inclusion for IWD. CIE includes pay at or above minimum wage that is not less than what others w/out a disability are receiving for the same type of job at a location where the employee interacts w/other employees w/o disabilities in comparable positions & has opportunities for advancement, when appropriate. In 2016, 2,974 individuals were served, with 68.1% of all participants & 68.9% w/significant disabilities being employed at closure.Per federal guidance through WIOA & the HCBS final rule, sheltered workshops do not meet the definition of CIE; therefore, VR & DDD funding must not be used for sheltered workshop employ. Funding for sheltered workshops is expected to end in March 2022. NE is committed to transition everyone to integrated services prior to that time. VR implemented supported employ services through a new milestone payment structure in 2017. The 1st year priority was to work w/students who graduated from high school & individuals who are in sheltered workshops funded by DDD. This allowed for identification of individuals who wished to seek CIE so that VR could begin working w/them immediately. VR provides career counseling, information, & referral to everyone in sheltered workshop services (or subminimum wage jobs) seeking competitive employ. VR can provide information about the impact any employ decision might have on benefits for someone seeking CIE. Benefits Orientation can only be provided to someone in an open category (they have applied for VR, been found eligible, & have come off the wait list). As of March 2020, 475 people (all populations of IWD, behavioral health diagnosis, autism, & traumatic brain injury) were receiving supported employ services.As a result of limited funding, VR implemented an Order of Selection in 2017, creating 3 priority wait lists. Order of Selection priority is determined during the eligibility process based on how significantly an individual's disability impacts their ability to work. Individuals are served by priority group in the order of application date. Individuals w/the most significant disabilities are selected to receive VR services first (Priority Group 1). In March 2020, there were 1,524 on the Priority Group 1 list. In FY 2018, the number of clients served dropped to 4,936 & to 2,444 in FY2019. Ongoing efforts to continue to lessen the wait list numbers. In 2019, VR conducted a comprehensive statewide needs assessment involving individuals' employers, VR staff, & other key stakeholders. Results of the needs assessment were used to draft a state plan for the next 4 years. As efforts are made to decrease the wait list, the DSP workforce crisis must be considered. The Case for Inclusion 2020 indicates that NE has the highest DSP turnover rate (68.8%) in the country.NE's Olmstead Plan includes a goal to increase choice in CIE opportunities for IWD. As noted in the Plan, there continues to be a need to work through employ challenges. Previously, DDD did not allow prevocational or supported employ services under Medicaid HCBS DD waivers when these services were otherwise available through the Rehabilitation Act of 1973. IWD who wanted to work & who were eligible for VR & HCBS DD waiver services were placed on VR's lengthy wait list for employ services, resulting in a lack of access for prevocational or employ services on the HCBS DD Waiver. On 11/5/19, DDD announced a formal policy change for supported employ. After further collaboration with CMS, DDD determined that HCBS DD Supported Employment-Individual or Supported Employment-Follow Along may be authorized to provide a job coach or support in a CIE setting to help the IWD maintain employ under these 3 circumstances: when a participant is currently receiving Medicaid HCBS DD waiver services, is on the VR wait list, & has secured employ through alternative activities outside the billable waiver services.VR works cooperatively w/a network of services & supports across the state. This helps maximize limited resources & assist IWD access additional programs to help them prepare for, obtain, & maintain employ while helping businesses recruit, train, & retain employees w/disabilities. Partners include Goodwill Industries of Greater NE & Career Solutions, Inc., Assistive Technology Partnership, Easterseals, Region V Services, corrections-based programs, benefits services, DHHS Division of Behavioral Health, Project SEARCH, public schools, Educational Service Units, & Workforce Development. VR also partners with DDD to ensure exiting students are referred & connected to both agencies. They support 18 to 21 year-olds through the transition program to learn about & prepare for CIE.Project SEARCH is a partnership transition program between VR, businesses, area school systems, the Com. for the Blind & Visually Impaired, ATP, & DDD. This one-year school-to-work program is business-led & takes place entirely in the workplace. It includes a combination of classroom instruction, career exploration, & hands-on training through worksite rotations to provide real-life work experience to help IWD make successful transitions from school to adult life. VR supports 15 Project SEARCH sites in the state.NDE has implemented the NE Career Development model for all individuals, including those with disabilities, beginning at age 16. The program belief is that all individuals should be empowered to choose a meaningful career & education pathway to position themselves for lifelong success.NE Career Development model components include self-awareness, career exploration, & planning, & can directly fit into a transition program focused on college & career readiness. VR & NDE Special Ed offer enhanced transition services for SWD (SWD). WIOA requires VR to coordinate with schools to offer Pre-Employment Transitions (Pre-ETS) Services. VR transition personnel are located in every high school where they pro vide transition-related services, including Pre-ETS for SWD, across the state. In partnership with schools, VR staff are available to provide & supplement Pre-ETS job exploration counseling; workplace readiness training to develop social skills & independent living; work-based learning experiences which may include in-school or after-school opportunities, or outside the traditional school setting (including internships) in an integrated environment to the max extent possible; counseling on opportunities for enrollment in postsecondary ed programs at institutions of higher ed; & instruction in self-advocacy, which may include peer mentoring.High school students typically begin working with VR in the 2nd semester of their sophomore year & receive Pre-ETS under a potentially eligible category with a signed Pre-Employment Consent & Release form. More individualized services require an application for VR services.

(iii) Informal and formal services and supports:	

Informal & formal services & supports was priority ranked by respondents as the highest priority by the 2020 needs assessment. Info was gathered from survey, interview, & focus group participants to learn more about social, child welfare, aging, independent living, & other services that are available to people w/DD & their families. Info was collected about family support efforts & policies, peer support initiatives, & HCBS. The majority of respondents indicated that it is very important to address needs related to supporting families. They expressed the high level of importance to address behavioral health needs in NE. Nearly 1/5 of self-advocates reported not having someone to support them. Themes from the focus groups & interviews supported the survey findings. Many reported confusion & frustration over their ability to find community resources & supports. The need for these supports varies, whether that support is applying for Medicaid, finding childcare or respite, housing, transition, seeking mental health or behavioral support. Several parents commented on the lack of resources for supporting aging caregivers, & this was a recurrent theme in many areas w/the issue being prevalent in rural communities. Respondents indicated a need for more training & resources to be available in Spanish & other languages. Many families strongly recommended providing better supports to families by both providing a centralized on-line resource specifically for families of individuals w/ DD & providing a consistent contact that families could go to for support. They recommended having one place or person to help w/all the different services, rather than a contact for each type of support service. Those families whose children received DD residential &/or day services & had a service coordinator reported a higher degree of satisfaction in this area. Families reported it is confusing & frustrating moving from the AD waiver to the DD waiver. They reported increased levels of frustration & stress in addressing financial, medical, & behavioral challenges.As of Mar. 2020, the Division of Developmental Disabilities (DDD) administers publicly-funded DD services to approximately 4,800 individuals w/in the Adult Day or Comprehensive DD HCBS waivers. Approximately 2,300 individuals are waiting on the registry of unmet need for a service. Survey records from Dec. 2019 indicated that 345 individuals lived in 13 Intermediate Care Facilities (ICF). The Council supported LB1215, introduced in 2020, which would appropriate $17 million to reduce the DD waiver wait list; the bill did not pass.Individuals w/disabilities (IWD) of all ages are able to remain in their homes & communities as a result of state agencies' efforts to secure funding from federal sources, including grants & Medicaid waivers. DDD administers the following waivers:The Comprehensive Developmental Disabilities (DD) waiver offers a variety of services & supports for children & adults w/DD & their families to promote independence & integration into the community. It allows the child's family to support them in the family home, & allows the adults to maximize their independence as they live, work, socialize, & participate to the fullest extent possible in their communities. DDD has drafted a waiver amendment, adding behavioral in-home & medical in-home supports to the Comprehensive DD waiver.The Developmental Disabilities Adult Day waiver offers a variety of services & supports to maximize independence as individuals live, work, socialize, & participate to the fullest extent possible in their communities.The Aged & Disabled (AD) waiver provides a variety of services & supports for aged individuals & individuals of all ages w/disabilities. There is available waiver capacity to support additional qualifying IWD in the community.The Traumatic Brain Injury (TBI) waiver provides specialized assisted living for individuals aged 18-64 w/a TBI.The Statewide Transition Plan is a state's assessment of compliance with & response to meeting the Centers for Medicare & Medicaid Services (CMS) final rule for Medicaid Home & Community Based Services (HCBS). The final rule requires states to ensure individuals receiving HCBS have the benefits of community living. Each state must review its policies, practices, & settings where HCBS are provided & have a plan for making any changes needed to comply w/the final rule. NE resubmitted their statewide transition plan to CMS in Sept. 2020. MLTC & DDD aim to achieve all milestones identified in NE's Medicaid HCBS Statewide Transition Plan, assuring full compliance w/ the HCBS Settings Final Rule by Mar. 2022.NE has taken actions to prevent children, youth, adults & older adults w/ disabilities from being admitted to & placed in segregated settings. These include:DHHS Children & Family Services (CFS) established the Lifespan Respite Subsidy Program, providing families a monthly stipend to purchase respite care to prevent the need for out-of-home placements of children w/disabilities.Medicaid added Multi-Systemic Therapy (MST) & Functional Family Therapy (FFT) as covered benefits (both are Evidence Based Practices to reduce admissions to behavioral health residential treatment facilities & juvenile justice out-of-home placements).The Division of Behavioral Health has implemented a Provider Boot Camp to improve provider competencies & the community's capacity to serve youth w/mental health/IDD.DDD re-purposed 8 beds at BSDC to provide Acute Crisis Stabilization, thereby reducing the need for long-term institutional placements for individuals w/DD.Through a partnership between DHHS & NE Dept. of Ed. Office of Assistive Technology Partnership, IWD are able to remain in their homes due to the provision of home modifications.DDD & MLTC are working to design the most appropriate & effective institutional level of care (LOC) assessments, & CFS provides supports & accommodations to parents who have disabilities to ensure that children are not removed from their homes solely based on the parent's disability.The Council provides financial support to People First of Nebraska (PFN), the state's cross-disability self-advocacy organization. PFN is the only statewide disability rights organization in NE run by & for people w/all types of disabilities. PFN's mission is to teach people w/disabilities to speak for themselves, promote awareness of their rights & responsibilities, & support self-advocacy & development as leaders in the disability community. Elected officers & reps from their affiliated chapters make up the statewide board. Administrative staff support & volunteer state advisors support PFN. In recent years, PFN members have joined disability-related boards & attended national & regional disability conferences. During the legislative sessions, PFN has hired self-advocates to serve as Disability Policy Specialists to increase the visibility & policy advocacy activities of PFN.The Disabled Persons & Family Support (DPFS) Program provides state-funded assistance to persons of all ages who meet certain tests, including income & disability tests. DPFS helps people w/disabilities remain employed, stay independent & live at home. Eligible individuals may receive funding for specific services, up to $300 a month or $3,600 annually. In assessing client needs for program services, personal care need & personal care services receive priority. The program does not operate as an entitlement. Services are intended to supplement but not replace or reduce the responsibility for the services & supports available through other programs for which the family or person w/a disability is eligible or may be eligible, such as Medicaid, Social Services Block Grant, or other programs w/federal funding. Between 7/1/2017 & 6/30/2018, 133 persons (up from 49 the previous year) were reviewed for eligibility, w/59 of those persons being eligible. The most frequent reasons DPFS cases were denied or closed was the person was not medically eligible or other application requirements were not met, the person was over income or resources, & the person was eligible for other programs that could meet their needs. Of the cases worked, 5% were children (birth-18), 34% were adults (19-59), & 61% were over the age of 60. In 2018, due to underutilization, the legislature reduced appropriations to DPFS & the current allocation reflects actual program spending.Many community programs struggle w/full inclusion of people w/disabilities. There are more segregated recreational programs & social activities for children & adults w/disabilities than integrated ones. Adults w/DD are often limited in their access to community activities or to pursue their leisure interests since staffing issues may require that everything is done in groups. However, traveling in a group makes interaction w/ individuals in the community difficult.The Social Services Block Grant (SSBG), administered by the CFS, provides services that are intended to help individuals be as self-sufficient as possible & remain in their own home. Any person aged 60 & over or disabled persons between the ages 19 & 59 who need assistance w/independent activities of daily living (IADL) & who meet the eligibility criteria can apply. A total of 5,151 individuals were served from 7/1/2018 to 6/30/2019.The Council supported a task force (TF) to explore the juvenile justice system, Classroom to Courtroom Pathway (CCP), in 3 communities across the state. Findings from this TF force were reported in Feb. 2020, & the findings reveal needs & barriers across communities. The most predominant theme in all 3 communities was the need for increased parent & family engagement. A common sentiment among all 3 TFs was the desire to engage parents more effectively. In each of the 3 TFs, some version of the following statement was made, We have many resources available to parents, but we can't seem to get the parents who would benefit from these resources to learn about them & use them. In all communities, families & youth were the top priority; however, there is a gap between the resources & supports available, & the families & youth that need to access them. One community noted culture, language, transportation, immigration status, stigma of mental health, & trust as potential barriers to families accessing needed services.There are a # of additional supports available for families of IWD. This list is a sample of support, not a comprehensive listing.PTI Nebraska (Parent Training & Information) is a statewide resource for families of children w/disabilities & special health care needs.Along the Way is a Council-funded series of resource guides for persons w/ I/DD across the lifespan & their families.Intellectual Disability & Dementia: A Caregiver's Resource Guide for Nebraskans is a Council-funded guide designed to provide caregivers of individuals w/ I/DD an overview of dementia. It provides info about NE caregiving & support options.Answers4Families connects Nebraskans w/special needs to resources & supports, & empowers, educates, & strengthens relationships between human service agencies by developing online solutions.The Arc of NE & local affiliated chapters across the state provide advocacy to people w/ IDD & their families.Autism Society NE is an affiliate of the Autism Society of America whose mission is to support & advocate for individuals w/ autism spectrum disorders & their families.Ollie Webb Center in Omaha.Disability Rights NE is the Protection & Advocacy system for people w/disabilities in our state.Down Syndrome Association for Families of NE.United Cerebral Palsy (UCP) of NE.Munroe-Meyer Institute.

(iv) Interagency Initiatives:

Nebraska agencies operate a number of federally assisted state programs that pursue interagency initiatives to improve & enhance community services, individualized supports & other assistance for individuals with DD. These initiatives touch many of the life areas discussed in NE's CRA including education, health, employment, aging, & others. Key to the success of these interagency initiatives is the engagement of individuals w/DD & their families as stakeholders, whose leadership & input are essential. Council staff serve on numerous advisory councils & committees to stay engaged in federal & state changes & policies impacting individuals with DD. This involvement also reflects the Council's strong commitment to bring the voice of individuals with DD & their families to these entities. Council staff serve on the following:Brain Injury Advisory Council: A voluntary advisory council whose members are appointed by the NDE Commissioner of Education & is sponsored by the NE Dept. of Education (NDE), Office of Vocational Rehabilitation (VR). The mission of the NE Brain Injury Advisory Council is to engage, integrate, & inspire brain injury stakeholders to help achieve the Statewide Vision for Brain Injury Policies & Services. Special Education Advisory Council (SEAC): An advisory panel for the purpose of providing policy guidance with respect to Special Education & related services for children w/ disabilities. SEAC responsibilities include becoming knowledgeable about research-based educational practices & reviewing NDE-Office of Special Education activities designed to improve outcomes for children w/disabilities. The Council consists of a balance of parents, educators, administrators, & reps from various state agencies who serve differently-abled children birth through age 21. Nebraska ATP (Assistive Technology Partnership) Advisory Council: ATP's Council role is to provide guidance regarding the planning, implementation, & evaluation of ATP services. NE ATP has four primary activities: awareness, state financing, loan library, & a website that provides access to used equipment. ATP has strong partnerships with DHHS, NDE-Office of Special Education, & VR Services. One of the strengths of the state's ATP system is layers of supports that are available to people with DD through these existing partnerships. These multiple programs work together to support families & persons with DD. Nebraska Association of Service Providers (NASP): A statewide membership association of community organizations that provides supports to thousands of people with disabilities through habilitative services, residential care, employment services, & more. NASP's mission is to enhance quality of services & supports to Nebraskans with DD by promoting & strengthening the Association membership through collaboration & commitment to common goals. As an affiliate member, the Council provides leadership & supports implementation of NASP's vision to remove physical, economic, & social barriers; support relevant public policy; & promote best practices so that people with disabilities can achieve full & productive lives. NASP has focused recently on understanding the new criteria for VR services. There is not a clear understanding among DD HCBS service coordinators about this change in eligibility, & the employment system is confusing to navigate. VR & DDD have quarterly meetings for supportive employment with the goal to continue to clarify the process. A priority will be to disseminate this information to service coordinators & individuals & their families. Disability Stakeholder Olmstead Advisory Committee: A statewide advisory committee created in state statute (LB1033) responsible to develop, review, & monitor the implementation of NE's Olmstead Plan. DHHS developed a comprehensive, effective work plan for placing qualified persons with disabilities in the most integrated community-based service settings. The Committee reviewed the plan & provided feedback prior to DHHS submitting it to the Legislature in December 2019. The plan will continue to evolve as a living document to support the State's communities, families, & individuals with input from stakeholders. The Council is a member of this Committee per state statute. Governor's Advisory Committee on Developmental Disabilities: Advises DHHS on funding & delivery of services including: providing oversight to make sure people placed in the custody of the department under the Developmental Disabilities Court-Ordered Custody Act receive the least restrictive treatment & services necessary, & overseeing the design & implementation of the quality management & improvement plan. A majority of the members are required to be persons with a DD or a family member. Nebraska Preventive Health Advisory Committee (PHAC) (DHHS - Division of Public Health): The Preventive Health & Health Services Block Grant supports the health of Nebraskans & helps to reach Healthy People 2020 Objectives. This committee helps guide the use of funds. DHHS Oral Health Advisory Panel: The DHHS Office of Oral Health & Dentistry (OOHD) has worked to improve the well-being of all Nebraskans by promoting oral health through educational campaigns, increasing access to preventive services, & reducing barriers to dental care. DHHS Living Well Internal Advisory Committee: The Living Well grants are considered a priority area for the Administration on Disabilities, & the Council has been involved in NE's program. The Living Well grant enables NE to build additional capacity & increase programming for the Chronic Disease Self-Management Program (CDSMP). Nebraska State Advisory Committee on Mental Health

Services: Advises the Division of Behavioral Health on mental health service system strengths & opportunities. Title V Maternal Child Health (MCH) Block Grant Steering Committee: Provides advice to MCH to improve programs that promote the health of children & adolescents, including those with special health care needs. The Council ED also participated on the 2020 Title V MCH Children & Youth with Special Health Care Needs (CYSHCN) Needs Assessment Committee. This committee assists the State to design & implement the needs assessment process that helps to inform the Title V MCH 5 year plan. Nebraska Consortium for Citizens with Disabilities (NCCD): A nonpartisan, cross-disability coalition of organizations committed to working with the disability community to advance equal rights & disability related public policies. Additional Interagency efforts in NE that Council staff do not belong to, but fit within this category:State Independent Living Council (SILC): The mission of the SILC is to partner with the Independent Living Network to promote independent living & facilitate systemic change that promotes independence, inclusion, non-discrimination, & dignity for all people with disabilities in NE. -Centers for Independent Living: Independence Rising is committed to empowering people with disabilities to exercise self-determination as they strive to conquer the physical & attitudinal barrier to achieving a life of dignity, equality, independence, & full inclusion. -League of Human Dignity: Promotes the full integration of people with disabilities into society. Advocates for their needs & rights while providing quality services to help them become & remain independent citizen. State Rehabilitation Council: Established to give advice to & work in partnership with Nebraska VR. This is a consumer controlled council that is committed to ensure quality rehabilitation services. Members review, analyze & advise Nebraska VR agency's goals & priorities. Early Childhood Interagency Coordinating Council: Formed to meet the statute requirements of both Head Start & Part C. Advisory council members are appointed by the governor to provide advice & guidance on early childhood efforts (e.g., Early Head Start, Head Start, child care & early childhood special ed) in NE. Members include parents of children who require early intervention services, early childhood special ed, & other early childhood care & education services; & reps of school districts, social services, health & medical services, family child care & center-based early childhood care & education programs, agencies providing staff training, resource & referral agencies, mental health & DD services, educational service units, Head Start, higher education, physicians, the Legislature, business persons, & the collaborating agencies. Early Development Network: NE's Part C early intervention program, the Early Development Network is unique in that it is administered by co-lead agencies - NDE & DHHS. In the 1970s, NE mandated services from the date of birth/diagnosis of the child, so the addition of Part C services was not difficult. Consequently, the eligibility criteria for services for infants, toddlers & preschoolers are the same, so the transition is usually seamless for families. The major concern is the loss of the service coordinator when the child enters preschool.DHHS - Division of Behavioral Health Systems of Care (SOC): Creates a comprehensive & sustainable system of care that is youth-guided, family-driven, trauma-informed, & culturally responsive to improve outcomes for children & youth with serious emotional disturbances & their families. Committed partnerships among public & private agencies, families & youth have emerged under one umbrella called the NeSOC Collaborative to drive the work of the system. The Board provides advice & guidance. DHHS - Division of Children & Family Services - Nebraska Respite Network: The Lifespan Respite Program pays for respite services to give the family caregiver a break. The program serves eligible people of all ages & disability or healthcare conditions who meet certain tests, including income & disability tests. Lifespan respite will only provide services that are not covered through Medicaid services or other programs. Cultural Competency - DHHS Health Disparities & Health Equity: Promotes the advancement of health equity in NE using data, partnerships, funding, training & technical assistance. Collaborative efforts help to bring multiple resources together to address the needs of racial ethnic minorities, American Indians, refugees & immigrants. Raising awareness of disparities & health equity is accomplished through data, reports, & training, which also influences health outcomes. Statewide Minority Health Council: Advises the DHHS Office of Health Disparities & Health Equity on issues affecting the health status of NE's racial ethnic minorities, federally recognized tribes, refugees, & immigrants. Council members represent different geographical areas across the state, racial ethnic groups, professions, & health care interests.NE Workforce Development Board: Responsible for maintaining a dynamic, demand-driven workforce system focusing on demand industries & occupations within a regional development context, including the integration of services to employers & jobseekers through a network of public & private partners. The Board also works to meet the changing long- & short-term needs of employers & jobseekers through a coordinated & efficient workforce system that provides NE residents with the knowledge, skills, & resources for learning, earning, & living in the state. Specific functions performed by the Board are pursuant to WIOA Sec. 101(d). The purpose is to convene state, regional, & local workforce system partners to enhance the capacity & performance of the workforce development system, & align & improve outcomes & effectiveness of federally-funded & other workforce programs & investments.Aging initiatives & coalitions have developed in recent years to address the aging needs of people w/DD. One initiative focuses on training providers & caregivers to understand the impact Alzheimer's disease has on adults w/DD.

(v) Quality Assurance:

Info was gathered from survey, interview, & focus group participants to learn more about monitoring of services, supports, & assistance to prevent abuse & exploitation; interagency coordination & systems integration to improve & enhance services; access to person-centered planning; & training in leadership, self-advocacy, & training. The majority of parents & care providers who were surveyed indicated it is very important that support staff receive training to increase their knowledge & improve communication. Many also rated the need to support person-centered planning as very important. While a small number of self-advocates reported feeling unsafe, many self-advocates reported that their staff needs more training to understand them & their needs. Both family members & self-advocates reported that DSPs need better training. One self-advocate reported that their gender identity was not respected & that DSPs should receive additional training on how to respond to differences in gender identification & sexual orientation. There was concern that pay rates are low, which impacts attracting quality DSPs & results in a high turnover rate for providers. It was expressed that programs need to support individuals across varying levels of need, & that assistance is needed to support decision-making & accomplish person-centered planning.People First of Nebraska (PFN), the state's cross-disability self-advocacy organization, has long-existing ties with several disability-related organizations in NE, including The Arc of NE, the Nebraska Statewide Independent Living Council (NeSILC), & Munroe-Meyer Institute (MMI), NE's UCEDD. These community partners have committed their continued support to building & promoting PFN, its activities, & its local chapters. The DD Council provides funding to PFN. PFN's mission is to empower, train, & advance advocacy so people with disabilities are able to speak for themselves. PFN sponsors an annual convention with topics presented by family members or self-advocates. In 2019, PFN sent members to the National Conference on Independent Living. Annually, PFN collaborates with partners to host a Disability Advocacy Day & a Disability Pride Rally at the state capitol. Two PFN members served as Disability Policy Specialists (DPS) for the 2019 legislative session. They received over 100 hours of mentoring & advocacy, leadership, & professional development training. DPS' were invited speakers at several events, including the Women's March in Lincoln. They participated in the NE Consortium for Citizens with Disabilities & the Common Grounds event to inform legislators & staff about disability issues, analyzed proposed legislation & presented their recommendations to the PFN Board; & provided testimony on that legislation, including Olmstead Plan legislation, for which they also participated in a stakeholders meeting. The NE Leadership Education in Neurodevelopmental & Related Disabilities (LEND) training program at MMI provided funding to support two additional DPS who are housed at Disability Rights NE. Both are self-advocates & UNL students, & both participated in training with the PFN DPS's. They developed a fact sheet to support a successful hearing aid bill for children, & educated lawmakers on the impact of a proposed restraint & seclusion bill for schools. In early 2019, Council staff demonstrated initiative by collaborating with top leadership within DDD to brainstorm possible strategies to educate families in person-centered plans. This discussion lead to the Council's decision to release an RFA for a national entity to bring person-centered planning (PCP) training to NE. The Council collaborated with the DHHS Medicaid & Long-Term Care Division (MLTC) to provide an additional $78,000 in Money Follows the Person program funds for this project. This collaboration between MLTC, DDD, & the Council will help ensure that the amount of funding available would bring in quality applicants for the project, that DHHS staff would have a role in the curriculum development, & that their service coordinators would be included in the training.The Center for Outcome Analysis, who was awarded the grant in Jan. of 2020, provided training to a wide cross-section of key stakeholders across the state in PCP. Stakeholders included individuals w/IDD, families/guardians, & self/advocates, IDD & Aged & Disabled (AD) service providers, & service coordinators. Training activities were implemented with the support of multiple collaborators, including Disability Rights NE, The Arc of NE, NeSILC, NASP, PFN, & Brain Injury Alliance. The training enhanced the ability of stakeholders to effectively participate &/or lead PCP efforts, creating a demand for person-centered plans in NE. The training provided a critical mass of stakeholders with the tools & knowledge to implement PCP in NE with the ultimate goal of achieving greater individual choice, community inclusion, independence & freedom. The Council is providing a 2nd year of funding to continue strengthening PCP efforts in NE.DDD strives to deliver safe, high quality, integrated services & supports to adults & children with I/DD that are driven by individual choice in order for them to have access to safe, personalized services delivered by qualified providers. DDD has embarked on a multi-year, phased approach to enhance the quality throughout the delivery system, as the previous system was outdated & needed to be more comprehensive. On 9/30/17, DDD submitted their first quality management strategy plan to the Governor & the legislature; beginning in Sept.2018, quarterly updates have been provided with the annual progress reports. The DDD management system ensures accountability for service providers & incorporates certification requirements & review metrics reflective of national best practices for both independent & agency providers. It holds DDD accountable by monitoring services & supports based on a customized quality improvement data system that allows for transparency by utilizing accurate data to analyze quality.The quality management system ensures local trends are reported & monitors whether NE is meeting CMS requirements. DDD completed the 2016-2017 NCI Adult In-Person survey to establish a baseline to measure the outlined goals. NCI baseline data found NE to be below the national average in participants' right, choices related to their living environment, treatment by support staff, health, & access to the community. The top two needed services were assistance with employment skills & activities of daily living. Participants expressed the need for support staff to have more knowledge or skills to address their needs, & learn how to better communicate with them. 30% of participants said they were not able to go out into the community when they wanted.NE Public Radio reported that people with intellectual disabilities are victims of some of the highest rates of sexual assault. The Department of Justice reported that people with intellectual disabilities are sexually assaulted at seven times the rate of those without a disability. It is suggested that this is an underestimate as the Justice Department numbers only count people ages 12 & older & do not include people in institutions or the 373,000 people living in group homes. In addition, many victims cannot talk or have difficulty speaking. As a result, sexual abuse of people with I/DD is a crime that often goes unrecognized & unpunished (Shaperio, 2017, NPR Special Investigation, Abused & Betrayed.)Now states, communities, & advocates, citing NPR's reporting, are making reforms aimed at improving those statistics. Pennsylvania's Action Plan (2019) which identified recommendations to providers to prevent sexual abuse is just one example of a call to action. To date, NE has not formalized a plan to address this important issue. See intro for info on LB147, a student discipline bill related to seclusion & restraint.

(vi) Education/Early Intervention:

Education & early intervention was priority ranked 4th by needs assessment survey respondents. Family members & care providers indicated issues related to education & early intervention (general & special ed services, early intervention services, early childhood services, education supports, & teacher training) are important to address. Nearly 3/4 indicated it is very important to improve the pre-service education preparation for secondary teachers to equip them w/the skills necessary to support transition; 2/3 believe it is very important to increase recruitment & retention of special ed workers, support inclusion at all grade levels, & provide training to prevent, reduce, & eliminate suspension/expulsion in early childhood programs. Families' experiences w/the education system varied greatly depending on the age of the child & the school district, suggesting that efforts to increase consistency & quality between districts be considered. Most reported the best experiences in early intervention & in elementary classes, with a decrease in service satisfaction as their children aged. Multiple parents noted a need for better training & pay (to increase retention) for school personnel, including paras; others noted a lack of professionals in certain specialties (e.g., deaf education) & the need for more training on transition at the pre-service level for secondary educators. Families were pleased w/service coordination in early ed programs & expressed a need for the same support in later years to improve communication & consistency.The NE Department of Education (NDE) provides early childhood care & education services from birth-age 5 through its Early Childhood Education (ECE) grant program, early intervention services (IDEA Part C), & preschool special ed services (IDEA Part B 619). Currently, 18,483 preschool children are served in 242 school districts: 11,783 typically-developing children birth-age 5; 2,396 children w/disabilities birth-3; & 4,304 children w/disabilities ages 3-5. Head Start grantees serve 2,694 children birth-5. Local Head Start agencies are funded by the federal Administration on Children & Families; no state dollars support them. Head Start identifies around 10% of their children as having a disability. Services for children in other preschool programs are funded through a combination of federal, state & local funds.The Early Childhood Interagency Coordinating Council was established by NE statute to advise & assist collaborating agencies to carry out provisions of state & federal statutes on early childhood care & education initiatives under state supervision. NDE & DHHS developed a State Systematic Improvement Plan to improve State Identified Measurable Results related to increasing the numbers & percentage of infants & toddlers enrolled in Part C services who demonstrate progress in the acquisition & use of knowledge & skills. NE has identified three improvement strategies: implementation of Routines-Based Interview (RBI) as the recommended child/family assessment process; development of meaningful, measurable child/family outcomes using RBI information; & implementation of quality routines-based home visits.During the 2018-19 school year, 54,341 children received special ed services. The majority (27,401) were identified as either speech/language impaired or having a specific learning disability; 36% were minorities; there were more males than females in all disability categories. From 2015-19 there was a decrease in the # of children in separate classes (174 down from 1,179) & children who attended separate schools (878 down from 1,025); 80 children received services in a residential facility. Results of the reading assessment done in grades 3-8 reveal only 6.6% of children w/IEPs took an alternate assessment with alternate standards.Private school special ed numbers were obtained in the largest metropolitan area. In Spring 2020, the Archdiocese of Omaha Catholic Schools had a total population of 19,599 students w/1,450 students with disabilities reported. This # may be low due to some schools reporting zero as they have students identified w/a disability but are not taking services.NE's Special Education Advisory Council (SEAC) provides policy guidance for special education & related services for children w/disabilities. SEAC responsibilities include being knowledgeable on research-based education practices & reviewing NDE Office of Special Ed (OSE) activities designed to improve outcomes for children w/disabilities. Members are parents, educators, administrators, & reps from state agencies serving differently-abled children from birth-21. SEAC approved priorities for 2020-25 include participating in the development, review, & revision of the State Systemic Improvement Plan Process; reviewing effectiveness of the current State Performance Plan; monitoring state & federal legislation; & informing OSE on initiations relevant to federal & state priorities within special education.NDE is implementing Multi-Tiered System of Supports, a framework that promotes an integrated system connecting general education & special ed & all components of teaching & learning, into a high quality, standards-based instruction & intervention system matched to a student's academic, social-emotional & behavioral needs.NE identified strategies to support integrated education. In 2017, NDE issued guidance on the shortened school day to clarify district responsibility in meeting students' IEP educational needs. In 2016, OSE received a 5-yr State Personnel Development Grant to support Positive Behavior Intervention Supports through MTSS to improve social, emotional, & academic outcomes for students with & without disabilities.-NDE OSE & ECE to provide info & technical assistance to early childhood education & care programs statewide to increase provider understanding of the definition & implications of outcomes of suspension/expulsion in programs for children birth to kindergarten.-NDE OSE & ECE to expand availability of training & coaching on the Pyramid Model for Social & Emotional Competence, highlighting early childhood workforce competencies & evidence-based interventions/approaches that prevent expulsion/suspension, & other exclusionary discipline practices.-NDE OSE & ECE to provide recommendations to early childhood programs on establishing policies to prevent, severely reduce, & ultimately eliminate suspension & expulsion.-NDE to continue issuing guidance on using special ed funding for inclusive, least-restrictive settings for educational placements & employment.-NDE to strengthen the role of Parent Training & Information to better educate & support families on their legal rights to appropriate education for their children w/disabilities.-NDE to continue work w/school districts statewide to promote adoption of strategies for supporting students w/disabilities.-NE Dept. of Labor to seek additional school districts interested in implementing Jobs for America's Graduates (JAG).Additional goals include:-Explore adding a strategy on how IEPs will be tied to federal IDEA standards.-Add a strategy & outcomes that track/reduce practices that seclude children in order to strengthen the current plan strategy on training on evidence-based interventions/approaches that prevent expulsion/suspension & other exclusionary discipline practices.LB147, a student discipline bill related to seclusion & restraint, was introduced in 2019, was a carry-over bill in 2020, & reintroduced in 2021. It would change the Student Discipline Act that provides guidance for teachers or administrators on use of physical contact or physical restraint & provide procedures & grounds for removal from a class in response to student behavior. The legislation would authorize teachers to use physical force to discipline/restrain students. If passed, this bill could unintentionally put NE students with & without disabilities at tremendous risk.

(vii) Housing:

State Housing CharacteristicsThe number of available housing units has risen slowly over the last decade with the greatest growth in the Omaha and Lincoln metro areas. Despite an increase in housing units, the vacancy rates have remained relatively steady at 4.3%. The lowest vacancy rates were in the Omaha and Lincoln metro areas at 3.8%. Average home values increased steadily, with an average rental price for a single home of $874.50 and for an apartment of $698.80. Relatively low vacancy rates and the continued increases in housing prices indicate a growing need for affordable housing options, especially in urban centers.Homelessness is an issue for many, especially minorities and individuals with a mental illness or substance abuse issues. Individuals of color and those identified as Hispanic/Latino experienced a higher rate of homelessness, as did those with severe mental illness or substance abuse.Nebraska's Olmstead ReportThe report indicates a lack of safe, affordable and accessible housing for individuals with disabilities. The Olmstead Plan indicates that individuals with disabilities are more likely to remain in institutional settings longer than necessary, live in substandard environments, have high rates of recidivism to jails and prisons, and enter into or return to homelessness. Challenges identified included:-A lack of affordable housing for individuals with extremely low incomes -A tight housing market with increasing rents and low vacancy rates-Monthly state SSI Supplements are only $5 for those living independently, but $438 for those in assisted living facilities-Long waiting lists with many public housing agenciesNational Core IndicatorsNCI surveys reported that 4% of respondents owned their own home. NCI surveys reported that 61% of individuals with IDD not living in their family home had input into where they lived and 64% had input in choosing housemates. National results were 57% and 43% respectively.Available Permanent Supportive Housing ProgramsThe Division of Behavioral Health (DBH) recognizes that individuals with disabilities (especially with behavioral health needs) have difficulty finding affordable housing and developed a 2016 Strategic Supportive Housing Plan aligned with federal policies. HUD recommends that states partner with Medicaid authorities and other funding sources to cover services and supports to obtain and maintain housing. The CMS 2014 HCBS Final Rule clarified that those receiving Medicaid-funded HCBS are to have the same access to their communities as those without disabilities. In 2015, the DBH contracted with the Technical Assistance Collaborative (TAC) to review DHHS policy and conduct focus groups, research housing related issues, and develop a strategic supportive housing plan. TAC found that Nebraska demonstrated a commitment to community integration by investing considerable time and resources into assessing its behavioral health system and seeking recommendations for enhancing community integration. Challenges identified included competing interests for funding, a lack of affordable and appropriate housing, limited integrated employment options, stigma, and concerns regarding the ability of individuals with disabilities to live independently. Housing programs include:State Resources - Housing Trust FundsThe State has two housing trust funds: the Nebraska Affordable Housing Trust Fund administered by the Department of Economic Development and the Homeless Shelter Assistance Trust Fund administered by DHHS - Children and Family Services. Both act in conjunction with the federal HOME and Emergency Solutions Grant programs.The Collaborative Resource Allocation for Nebraska (CRANE)This program is a strategic allocation process shared by the Nebraska Investment Finance Authority, Department of Economic Development, and other resource providers, with a primary purpose to support and encourage the development of affordable housing.State Housing Assistance ProgramDBH administers this program designed to address the housing burden for adults with a serious mental Illness diagnosis, substance use disorder, or co-occurring disorders who have extremely low incomes.Nebraska Money Follows the Person (NMFP)Medicaid and HCBS Medicaid waiver funding (such as AD and DD waivers) must follow individuals from facility-based care settings to community-based living arrangements of their choice and support those arrangements. Objectives include:-Assist elders and individuals with disabilities to transition from nursing facilities or ICF/DDs to HCBS settings-Increase the use of HCBS settings and decrease the use of facility-based care-Promote choice and support HCBS settingsState Hosted Housing WebsiteThe state hosts a website to provide assistance to find and list rental housing and services at www.housing.ne.gov/. This site provides links to Assistive Technology Partnership (ATP), Nebraska RentWise, SafePlace (People's City Mission for youth in crisis), and public housing authorities throughout the state.Low Income Subsidized Private Rental Housing ProgramsLow income/subsidized private rental housing programs for individuals with disabilities are provided through Mosaic in Holdrege, Lincoln, Minden, Papillion, North Platte, York, Bellevue, Fremont, Grand Island, and Omaha; and through Goodwill Industries in Grand Island.Home ModificationsATP provides home modifications for individuals with disabilities. Services are available to individuals who receive AD Waiver, Disabled Children's Program, Disabled Persons and Family Support Program, the DD Community Supports Program, and Aid to the Aged, Blind, and Disabled. Services seek to maintain the individual in their home or return them there. Living arrangements must be deemed appropriate and stable; modifications must reduce or prevent additional Medicaid costs. ATP provides home modifications to rental property in certain circumstances. Repairs to assistive devices or building modifications may also be covered. Modification costs are capped at $5000 for each qualified individual in the home. Individuals may seek alternative financing through three low-interest loans programs administered by Easterseals Nebraska.Needs Assessment DataInformation gathered for the 2020 needs assessment assessed the availability of affordable, accessible, integrated housing, housing supports and services, and services related to renting, owning, or modifying a residence. Self-advocates and many parents and caregivers expressed a need to reduce housing waiting lists. A primary theme emerged during need assessment interviews: the limited availability of safe, affordable, and accessible housing. There is concern about the amount of time individuals are on the waiting list before becoming eligible for housing assistance. Several parents and providers indicated that there is limited public housing available in both rural and urban settings and the conditions of some options are unfavorable. These concerns are intensified as parents grow older. For these families, it becomes critical to find alternative housing for their adult children. It was also noted that there is a lack of residential programs in rural communities.

(viii) Transportation:

Within the Council's Needs Assessment, survey respondents, focus group participants, & interviewees provided information on accessible public transportation services, paratransit services, & programs that promote community accessibility. Many family & caregivers indicated that is very important to address transportation issues related to a lack of transportation providers in rural & small urban areas & several family members reported a lack of affordable transportation as a barrier, especially in rural areas. Some self-advocates indicad that they do not have transportation to get where they need to go.Transportation that is available, affordable, accessible, & reliable needs to be in place to support independent living for individuals with DD. However, there is inadequate transportation for individuals with disabilities in NE. Nebraska's results from the 2018 NCI Adult In-Person Survey identified transportation as the most significant support need by nearly 1/3 of respondents; 85% of respondents report they have a way to get where they need to go; 59% reported they were able to get places when wanting to do something outside of the home, both significantly lower than the national rating. The state is predominantly a rural & frontier state, spanning just over 77,220 square miles, & is split between two time zones. 89% of the cities in NE are home to fewer than 3,000 people. Hundreds of towns where people choose to live have a population of fewer than 1,000. Communities of this size have no public transportation. Individuals with disabilities who lack individual transportation are unable to access the broad array of services & supports concentrated in the Lincoln & Omaha metro areas. Even individuals with disabilities who live in the cities have challenges accessing public transportation. The hours of operation & routes are limited, & not all transit vehicles currently operating in Omaha & Lincoln are accessible. There is limited benefit from a robust array of services & supports if individuals are not able to access them.In recent years, the DDD addressed the need for transportation services for individuals who are low income or Medicaid eligible. Non-medical transportation has been added as a waiver service to both of the Medicaid HCBS developmental disabilities waivers. Transportation enables participants to gain access to waiver services, community activities, & resources, as specified by the participant's service plan. Transportation services are not intended to replace formal or informal transportation options, like the use of natural supports. This service does not include transportation to medical appointments that is available under the Medicaid State plan or other federal & state transportation programs. Transportation is reimbursed per mile or cost of a bus pass, & can be provided by an agency or independent provider. Metro Transit in Omaha, the largest city in the state, is implementing a Bus Rapid Transit (OBRT). The first line has been postponed to begin service in 2021. The OBRT will have 25-27 stations along a major road dividing north & south Omaha, run every 10 minutes during peak hours, every 15 minutes during off-peak, & every 20 minutes during the evenings. OBRT will provide affordability & flexibility to individuals with DD from culturally diverse backgrounds. Individuals with a disability receive half-price fares. Individuals will have easier access to primary destinations including community sites for major medical, higher education, recreation, shopping, & arts. To provide insight regarding accessibility, the outreach coordinator at Metro Transit reached out to those who work in the disabilities field to participate in an accessible open house, surveys, & a focus group held in July 2016. After receiving feedback, Metro was able to accommodate the majority of accessibility needs. With OBRT, Metro will provide an enhanced experience for riders in mobility devices. While the wheelchair securement remains consistent with Metro's current procedure, they will continue to monitor the technology & experience that other agencies have with automatic wheelchair securement systems to determine the potential for future deployment. In the Omaha area, Moby/ADA Paratransit vans provide curb to curb transportation to individuals with a health issue that prevents them from using the bus. Individuals must live within   mile of a fixed bus route. The service operates 7 days a week.The Lincoln-area public transit system is operated by StarTran Bus Service. In addition to a city bus service, StarTran offers the Handi-Van Program. This program is a door-to-door transportation service created to help meet the transportation needs of individuals who experience disability & who are unable to ride the regular fixed-routed city bus. There are no age or income guidelines or restrictions. Nebraska Public Transportation operates a state-wide public transportation service throughout NE to accommodate the elderly & individuals with disabilities in accessing their communities. In 2018, Nebraska Department of Roads (NDOR) Transit Section published The Nebraska Statewide Coordinated Public Transit & Human Services Transportation Plan. The goal of the Plan is to provide a framework for state & local leader organizations & agencies involved in human service transportation & public transit service providers to better coordinate programs & actions in the delivery of services. The objective is to identify & implement strategies to address identified gaps in services to meet the diverse needs of transportation disadvantaged individuals. In late 2019, the Nebraska DOT (formerly NDOR) announced funds were available to private nonprofit organizations & governmental entities for transportation needs of elderly individuals & individuals with disabilities for whom mass transportation services are unavailable, insufficient or inappropriate. Eligible applicants included private nonprofit organizations incorporated within NE & governmental entities. The program is funded through the Federal Transit Administration's Section 5310 program, which requires a local match, & is managed by NDOT.People First of NE, the state's self-advocacy organization, reported on specific challenges that individuals with disabilities have with transportation in the Omaha-metro area. Challenges reported include: Cabs are expensive; It takes a lot of time to get from one place to another; We might not feel safe - maybe we're afraid of falling off the ramp or lift; Living where there is no public transportation; Buses aren't always running when you need them or go where you need them to go; MOBY only runs when the regular buses run; MOBY only runs close to the regular bus routes; We can only use MOBY if we have health problems or can't walk to a bus stop alone; If you use a wheelchair you might not be able to get down the sidewalk; Public transportation doesn't always come on time; Unsafe bus drivers; Buses not always well taken care of; Bus stops can be covered with snow & ice.PFN offered some solutions to the challenges, including: Set up a transportation account with discounts for cabs, Uber, Lyft, &/or other ways to get around; Vehicles should be checked daily to make sure they are safe - especially lifts & ramps; Longer hours of operation; Clear the bus stops of snow & ice; If additional transportation options are explored (e.g. Uber), future awareness efforts on how an individual might utilize their ABLE account to fund such transportation option should be considered. Challenges & issues facing transportation providers in rural & small urban areas in delivering cost-effective, accessible services to the general public, including PWD, continue to be a barrier. Easterseals identified challenges in the Transportation Services for People with Disabilities in Rural & Small Communities summary report including limited funding; limited days & hours of service, and high costs.

(ix) Child Care:

Info was gathered for the 2020 needs assessment to learn more about the before-school, after-school, & early care services, & respite services in NE communities. The report indicated childcare & respite services were not meeting the needs of many families. A predominant theme was the need for care for older children & teens. Many families indicated childcare is unaffordable for those who are not eligible for subsidized childcare funds. Families in rural areas indicated childcare & respite options are very limited. A similar theme emerged for respite services. The lack of respite providers trained on autism, behavioral support, & specialized medical care was noted, & it was suggested the low wages paid to providers limits the # available. Add'l barriers were encountered by Spanish speaking families who suggested the app process was difficult & time consuming & it was difficult to find providers who were bilingual.The quality of services that support individuals w/disabilities is highly dependent on the quality & stability of the direct services workforce beginning in the early childhood years. In 2017, the NE Early Childhood Workforce Commission collaborated w/over 40 public & private-sector leaders to address how to strengthen & expand NE's early childhood workforce. The group identified the strengths & challenges & examined the potential of early care & education (ed) in the state. Only 15% of Nebraskan's reported being very satisfied w/the quality of early care & ed in their community. Providers voiced frustration in applying for & accessing funding from the 15 different federal & state financing mechanisms. The key findings have implications for all young children birth to age 8 & their families, & can be amplified for individuals w/disabilities & their families. Key findings from the Workforce Commission include: varied early care & ed settings w/varied expectations & requirements based on setting & funding source(s); inconsistent regs affecting qualification indicators; low wages for early childhood professionals teaching in a community-based child care center; high turnover due to low wages & lack of supportive professional environments; varied accessibility to early care & ed based on where a family lives in the state; & shortage of affordable options. Childcare that enrolls & meets the needs of children w/disabilities is sparse throughout the state, & communities continue to struggle to fill the need. Slow progress is being made to meet these needs. Recently, the family of a young child w/a disability identified the need for childcare for children w/disabilities in their community (Sarpy County) & have launched fundraising efforts to establish High Hopes Child Care Center whose mission is to serve families by delivering exceptional, comprehensive & inclusive childcare services in the communities in which we operate.DHHS recognizes the need for high-quality early childhood programs. The Step Up to Quality (SUTQ) program is in place to help early childcare providers & educators recognize & improve quality. Programs enrolled in SUTQ have access to coaching & resources that help them to improve quality to the next level. SUTQ is available to licensed family childcare homes, licensed childcare centers, Head Start & Early Head Start programs, public school operated early childhood programs, & licensed preschools; however, the program does not include a component focused on individuals w/disabilities.The basic requirements of Title III include that childcare providers not discriminate against persons w/disabilities on the basis of disability, that is, that they provide children & parents w/disabilities w/an equal opportunity to participate in the childcare center's programs & services.Privately run childcare centers must comply w/Title III of the Americans w/Disabilities Act (ADA). Childcare services provided by government agencies, such as Head Start, summer programs, & extended school day programs, must comply w/Title II of the ADA. Both titles apply to a childcare center's interactions w/the children, parents, guardians, & potential customers that it serves. Almost all childcare providers, regardless of size or # of employees, must comply w/Title III of the ADA. Title III covers even small, home-based centers that may not have to follow some State laws. The exception is childcare centers that are ran by religious entities.After-school opportunities for children w/developmental delays & disabilities continue to be an area of need. The 21st Century Community Learning Centers (21st CCLC) is a federally-funded, competitive grant program designed to support the establishment of community learning centers serving students attending schools w/high needs. The NE

Dept. of Education (NDE) administers these grants to offer students a broad array of services, programs, & activities aligned to the school day that occur during non-school hours or periods when school is not in session (e.g. after-school). In 2018-2019, 21st CCLC sites provided after school programs for 20,000 students. Of these, 17% were verified for special ed services compared to 15% of all NE students. 21st CCLC also provides summer programs. In 2018-2019, 5,466 children attended summer programing & of those attending, 19% were verified for special ed services.Respite offers a crucial support that can assist families & caregivers in providing care for individuals w/disabilities in their home. Multiple programs provide support & funding for respite services in NE including Lifespan Respite Subsidy; SSI/DCP (Disabled Children's Program); Subsidized Adoption; DD Medicaid waivers; Aged & Disabled Medicaid waiver; Title III of the Older Americans Act (National Family Caregiver Support Program); Foster Care/Child Care Protective Services; Medicaid through Personal Assistance Services & Skilled Nursing Care Services; Adult Protective Services (Title XX); Alternative Response; & U.S. Air Force (USAF) Exceptional Family Member Program (EFMP). However, respite services in NE are not meeting the needs of families. A 3-year program evaluation conducted in 2015-2017 by UNMC's Munroe-Meyer Institute (MMI) found that respite care services provided by the DHHS Lifespan Respite Subsidy Program were viewed as a positive & necessary resource; however, families who were caring for individuals w/high medical & behavioral health needs experienced difficulty finding respite providers even when they had funding to pay for the service. Respite providers (volunteers, paid, & agency employees) were surveyed as to what they considered the greatest challenges in providing adequate respite care in NE. The top three challenges mentioned were low wages, gap in services for rural versus urban regions & training & strategies needed for serving recipients w/mental health & behavioral concerns.In 2018, the Council funded MMI's Eastern Respite Network Service Area to form a Respite Task Force to develop a framework to strengthen, support, & expand the NE Lifespan Respite Network (LRN) system. The final report provided an overview of respite programs in the state, addressed the identified gaps & barriers to the utilization of respite care services, & included recommendations to address the issues. One key recommendation was proposed to increase the $125/mo subsidy rate in state regs since the rate had not been increased since the program began in 1999; however, the Governor denied the $300/mo subsidy increase proposed in the regulation updates. Administrative suggestions were emphasized to improve efficiencies & streamline the requirements of the current billing system for providers to receive more timely payment. The final report was successful at influencing the administrator of DHHS LRN to pursue potential policy regs in 2019 to increase the utilization of respite care services. The recommendation to simplify the app & financial eligibility process was implemented. The billing process continues to improve.

(x) Recreation:	
Needs Assessment info was gathered on recreational (rec.), leisure, & social activities in communities that are available to individuals w/DD. Families reported a lack of opportunities for community inclusive rec. activities, & concerns were exacerbated in rural areas. Especially lacking in all areas are non-inclusive as well as inclusive activities geared for older teens & individuals w/high needs due to severe IDD, autism, or behavioral challenges. Community facilities were sometimes cited as not being very welcoming to older children w/these disabilities. Some venues for community activities are not accessible. NCI 2017-2018 survey data indicated that meeting the needs of individuals w/IDD in NE remains a concern. This is especially true for those w/high support needs & those living in rural areas. When surveyed on Community Inclusion, Participation, & Leisure opportunities in the past month 91% reported they had gone shopping, 91% ate out, & 93% went out for entertainment. Half of those surveyed went on vacation in the last yr. Although those reports look favorable for NE, there remains an issue regarding how opportunities meet individual preferences. NE reported 79% were able to do the	

things they wanted to do in the community (85% nationally) & 65% were able to do those things as often as they wished (79% nationally).In response to some of the results in the 2016-2017 NCI Adult Consumer Report, the DDD developed a participant experience survey to focus on areas where NE fell below the NCI national average. Surveys asked individuals & their family members receiving DD services about their satisfaction w/their access to the community & the relationship support they received. 30% report they are not able to go out into the community when they want to. Reasons noted included support staff or family not helping to take the respondent out in the community; not having transportation; not having time to be independent; or having safety or behavior-related limitations to going out in the community. Respondents said that when they go out into the community they like to do things such as shopping for fun, go out to eat, go to the library, the zoo, swimming, & go to the club. Changes to the HCBS waiver funding regulations that stress the need for programs to be more integrated into the community are expected to increase rec. activities in the community. Program providers are required to provide social inclusion in recreational & other community activities as part of the expectations for Habilitative Community Inclusion (HCI) HCBS DD waiver service. CMS is moving away from defining home & community-based settings by what they are not, & toward defining them by the nature & quality of participants' experiences. Changes will effectuate the law's intention for Medicaid HCBS to maximize the opportunities for waiver participants to access the benefits of community living. NE's 2019 application for a 1915(c) HCBS Waiver specifies that HCI should primarily take place in the community & that habilitation occur in community integrated activities; w/a focus on making connections w/community members. HCI includes habilitation in the use of the community's transportation system as well as building & maintaining interpersonal relationships. HCI may include facilitation of inclusion w/in community groups or volunteer orgs; opportunities to join formal/informal groups; & inclusion in a broad range of community settings. Although the state has made progress in expanding the # of community activities, concerns exist over quality of the community activities being provided (including social inclusion & personal preferences).The NE Network of Care Org. maintains a website describing the services (including rec. & community activities) provided by organizations serving individuals w/IDD. Providers specifically describing rec. include Jewish Federation of Omaha, the Arc of Adams-Clay Co., The Arc of Buffalo Co., & the Ollie Webb Center.Ollie Webb Center Inc. in Omaha provides many rec. & social activities & events. The Art of Imagination is a performing & visual arts program offering arts courses & special projects for Ollie Webb Center students. Visual arts programs include drawing, painting, & sculpture courses & more. Other activities include the Ultimate Life Program, adult leisure activities, book club, & basketball programs.The Munroe-Meyer Institute has broadened its rec. programs w/increased emphasis on serving adults w/ IDD & community inclusion. Programs include the Adult Aquatic Program, Adult Cooking Club, After School Program, Adult Leisure Coaching Services, Arnold Stern Nights (a friendship club for teens), Autism Social Clubs, Camp Monroe, Community Gardening Club, Community Outing Club, Girls Group, Saturday Rec. Program, Urban Adventure Club, Wheel Club, & the Theater Arts & Music Workshops.Down Syndrome Alliance of the Midlands (DSA) sponsors many social events & programs such as running clubs & social skills training groups. DSA & MMI sponsored a public session on exploring community options for adults w/IDD, providing info & opportunities to meet w/various rec. activity providers throughout the area.Omaha Parks & Rec. offers a variety of therapeutic rec. programs as well as inclusive rec. activities for individuals with & w/out disabilities. Recent program additions include the Safe Walk program & the Fist & Foot Martial Arts program offering taekwondo for kids w/ASD.Special Olympics NE aims to provide year-round sports training & athletic competition in a variety of Olympic-type sports for children & adults w/IDD, giving them continuing opportunities to develop physical fitness, demonstrate courage, experience joy & participate in a sharing of gifts, skills, & friendship w/their families, other Special Olympics athletes, & the community.The Arc of Buffalo Co. offers excellent examples of community collaborative & IDD specific rec. programs. Collaborations w/ inclusive community organizations include the Aktion Kiwanis Club, Buddy Bowling that brings together UNK volunteers & people w/DD within an unofficial bowling league & Arc at the Y, a cooperative program w/the Kearney YMCA. Other rec. activities include the AIR (Arc Individualized Recreation) program that is a fee-based HCBS funded or private pay service, Summer Day Trips, & People First of Kearney.An increasing # of communities are offering facilities & activities suitable for all members, including PWD. Examples include the Fremont YMCA Flip 4 All gymnastics for all children & the AllPlay Program in Omaha. Assisted animal therapy programs have continued to bring growing availability & increased evidence of effectiveness across the state. The Rejoicing Spirits organization recruits members w/DD to take an active part in religious & spiritual events at Lutheran churches in Kearney & Omaha. No specific activities or organizations provide rec. opportunities specifically targeted to reach minority populations or non-English speaking participants.Easterseals NE provides week-long summer camps, weekend respite camps, & day camps for campers w/any disability & ages 5-100+. His Kids Camp at Camp Luther offers Christian-based events annually for campers w/special needs, such as the Spring & Fall Retreats & summer camp. Carol Joy Holling Camp provides a summer camp for participants w/disabilities to make new friends, enjoy the outdoor setting & grow in faith. Their Jay Novicki programs for adults & adolescents provide events year round, such as hayrack rides, boating, fishing, cooking out, & creative arts along w/prayer & worship. A # of private national providers offer vacation opportunities for individuals w/IDD.Understanding the recreational preferences of PWD & providing appropriate opportunities as often as desired remains a concern. Contributing factors include a lack of money for rec., limited access in rural areas, & programs that often overlook adult needs.

(i) Criteria for eligibility for services:	

Definition of Developmental Disabilities & Criteria for ServicesThe state defines developmental disability (DD) as any severe, chronic disability, including an intellectual disability (ID), other than mental illness, which is attributable to a mental or physical impairment (not solely attributable to a severe emotional disturbance or persistent mental illness); that is manifested before age 22; is likely to continue indefinitely; results in substantial functional limitations in one or more areas of adaptive functioning, with substantial limitations in three or more areas of major life activities. Although eligibility requirements for children through age nine do not require limitations in three or more areas of major life activities, they must be determined to have a high probability of meeting those criteria in later life.The Nebraska DHHS Division of Developmental Disabilities (DDD) requires an applicant to be a US citizen or a lawfully present qualified alien under the federal Immigration & Nationality Act, to be a state resident, & to have a developmental disability.Immigration status may pose a significant barrier to services for individuals who have not obtained legal residency status. As difficulty in obtaining legal residency continues to increase, families with other members who are not legal citizens may be hesitant to apply for benefits for those who are legal residents.Individuals wishing to receive services through DDD must first apply for & be accepted for Medicaid & apply for benefits from any other possible funding source, including the Nebraska Department of Education & Vocational Rehabilitation (VR). If a person's resources exceed what Medicaid accepts as the monthly level of need, Medicaid services may be lost (along with any associated DD services). ENable account (a tax-favored savings program for eligible people with disabilities) amounts do not count toward Medicaid resources.Developmental Disabilities & Co-Occurring ConditionsAlthough the prevalence of mental health (MH) disorders varies with the type of intellectual/developmental disability (IDD), it is generally accepted that persons with IDD are at a higher risk for psychiatric disorders due to genetic, family, & social factors, & that they have a disproportionately increased risk for a co-occurring substance abuse disorder. Nebraska does not offer specific services for individuals with co-occurring IDD & mental illness or substance use disorders. As a result, many individuals have needs that are not met by either DDD or the Division of Behavioral Health

(DBH).In a survey of school districts across Nebraska, the most prevalent issue identified was the lack of resources to address students with co-occurring MH & behavioral needs & those with co-occurring MH conditions & IDD. Although children with IDD are eligible for MH services through Medicaid, a barrier exists. There is a lack of training in the MH community on adapting evidence-based MH practices for use with children with IDD. Because of this lack of training, there is a lack of providers willing to treat children with co-occurring IDD/MH. It is also likely that those with training, who are willing to treat the children with co-occurring IDD/MH, have a waitlist because the demand is so high.Challenges Determining Eligibility for Youth with Disabilities in Nebraska's Juvenile Justice SystemThe Nebraska Council of Developmental Disabilities Juvenile Justice Cross-Disabilities Task Force examined how to reduce the number of students with brain injury, cognitive disability, or behavioral & mental health disabilities from entering the Classroom-to-Courtroom Pathway (CCP), how to identify & remove them from the CCP, & how to address their needs when in the CCP. Ferrone Associates supported the task force in completing their work & publishing their final report in February of 2020. To that end, parental focus groups were conducted in the communities of Schuyler, North Platte, & Scottsbluff. A collection of insights shared by stakeholders across multiple communities was compiled. Findings indicated that parents felt ostracized, judged, & dismissed by the system of supports and resources & people in positions of authority. Based on these feelings, parents avoid the system of supports and resources & may not know about available resources & supports. Tragically, parents indicated that insurance policies & school policies prevented necessary diagnostic assessments from being conducted to determine if their child was eligible for additional resources & supports. The only way to get the complete suite of diagnostic assessments administered was for a parent to call the police on their child & have the child arrested. There is an obvious need to review & refine (if not overhaul) the process of administering diagnostic assessments for students early in their student careers. The task force issued five specific initiative recommendations:-Overcome barriers to screening youth currently at an YRTC (Youth Rehabilitation & Treatment Center) & screen to determine whether a youth needs additional services or should not be at the YRTC.-Bridge the gap between resource providers & follow the effort with funding to grow family engagement services through PTI & other family-run organizations.-Finalize & pilot the County Attorney Screening Tool.-Provide training to empower more stakeholders to communicate effectively about the CCP.-Develop an accessible, updated, & interactive database of resources to benefit stakeholders (primarily students, faculty, & parents).Transition ServicesIndividuals between the ages of 16 & 21 are in transition from school-based resources to adult services. Individuals should apply for DD waiver services early in the transition process so eligibility can be determined. While a student is in high school, they are not eligible for day services. DD Day waiver services cannot replace what is available through the school system. After a student has been determined eligible & turns 21, they may receive funding for DD day waiver services. The stipulation that a student must wait until they are 21 limits the flexibility of services, proves to be a challenge, & fails to meet the needs of many young adults with DD.Individuals desiring vocational services to support employment goals are required to receive an assessment through Nebraska VR. Currently there are long waitlists for VR services due to the Order of Selection that was implemented in 2017. The VR waitlist for all three priority groups is now larger than the DD waitlist. This systemic issue creates a gap between supported education programs & employment for many young adults when they reach the age of 21.Nebraska's employment challenges developed in recent years when individuals were not allowed to receive any DD employment-related day waiver services (Prevocational, Supported Employment - Follow-Along, Supported Employment - Individual, or Supported Employment - Enclave) while receiving VR services. According to the state's interpretation of federal regulations, individuals could not be determined to be eligible for job coaching or employment supports until assessed through VR. To utilize the prevocational service through the HCBS waivers, an individual had to be deemed ineligible for services through VR. Since getting a VR assessment involved a long waitlist, individuals who would be eligible for one service or the other were not receiving an eligibility determination or the employment services they needed.DDD announced in November 2019 that after receiving technical assistance from CMS, a DD waiver participant can request authorization of prevocational service to develop employable skills prior to his/her assessment by VR. When a person is on the VR waitlist, prevocational service with a DD provider may be authorized to maintain learned employable skills. A person must have a goal of attaining competitive integrated employment in their individual support plan (ISP) with identified needs for employable skills to receive prevocational service. The ISP team will need to meet in-person to discuss the service, long-term goals, & habilitation before authorizing prevocational service.Other Employment Challenges Affecting Transition & Adult DD ServicesLB323, introduced during the 2019 legislative session, was proposed to help individuals with disabilities who used Medicaid to keep their job, accept a raise from their employer, or go to work without losing their Medicaid benefits; & made a change in the Medicaid Insurance for Workers with Disabilities program by ignoring an applicant's unearned income, assets, & resources when determining eligibility for the program. It also capped the buy-in premium at 7.5% of a family's income.To assist aging individuals, people with disabilities of all ages, families, caregivers, & advocates in locating & obtaining needed services, the Aging & Disability Resource Center (ADRC) started as a pilot project in July 2016 & was made permanent in April 2018. Although ADRC services are intended to serve all individuals with disabilities with age-related services, it appears that the ADRCs are not widely recognized by individuals with DD & their families as a source of support.Home & Community-Based Services WaiversThe Final Rule for HCBS, issued by Center for Medicare & Medicaid Services (CMS) in 2014, is designed to improve the quality of services for participants receiving HCBS waiver services by reinforcing person-centered planning requirements, access to the benefits of community living, & receipt of services in the most integrated settings possible. It primarily affects those services delivered in settings that the provider owns, operates, or controls (namely Group Homes, Centers for the Developmentally Disabled [CDD], Extended Family Homes/Shared Living Homes, Habilitative Workshops, & other day sites). Service providers are required to be compliant with the Final Rule; therefore, Medicaid will not pay for services from the same provider an individual has used in the past if that provider does not meet the requirements of the Final Rule.Due to the variety & number of changes in eligibility, enrollment, & service structures, there is confusion regarding service eligibility. Individuals not deemed eligible for services are provided few resources for assistance in applying for those services. Currently, the state (DDD & Division of Medicaid & Long-Term Care) along with the Optumas Healthcare consulting team is evaluating & researching the Institutional Level of Care (LOC) assessment criteria & tools for both the nursing facility LOC (AD waiver) & the immediate care facility for the developmentally disabled LOC (DD waiver). Anticipated changes in assessment will further affect what services an individual may receive.A number of issues related to the HCBS waivers outlined in The Arc of Nebraska's 2019 Waiver Study are described below.-In January 2019, changes to the state's AD waiver regulations resulted in children/families being found ineligible based upon increased scrutiny over the LOC assessments. For these families, the loss of eligibility for the AD waiver exposed many of Nebraska's gaps in systems delivery. For example, before the AD waiver regulations changed, some children with autism received Medicaid coverage through the AD waiver & had access to Applied Behavioral Analysis & other early intervention services. Children with high medical needs who did not meet a nursing home level of care were able to access Medicaid coverage to help pay for prescription benefits, co-pays, & durable medical equipment. Families losing Medicaid coverage indicated that they may have to leave their jobs or cut work hours in order to meet financial eligibility requirements needed to access Medicaid, or take on medical debt. The Arc of Nebraska reported that without significant changes to these standards & the availability of new assessment tools, many children will go without needed therapies & their families will be unable to pay for life-saving care. Due to these concerns, conversations & legislative efforts for Nebraska to implement a Family Support waiver are underway.-Eligibility determination appeals with DHHS pose a challenge to families due to the complex & stateweighted status of departmental hearings & adverse notices. This frequently plays a role in the state removing people from waivers or preventing them from access. The problems with the appeals process is that it is a system that lacks the appearance of objectivity & the extensive resources required by plaintiffs to pursue an appeal of the state's decision.More information on these issues can be found in The Arc of Nebraska's 2019 Waiver Study.

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

Gaps and barriers in the full participation of unserved and underserved populations in Nebraska are primarily associated with geographic distinctions, difference in ethnicity/race, and limited English proficiency.Ethnic and Racial DiversityMinorities represented 21.4% of the total Nebraska population (1,929,268) according to 2018 estimates. Between 2014 and 2018, Nebraska's racial and ethnic minority population grew from 367,117 to 414,007, an increase of 12.8%, while non-Hispanic White population only increased by 0.01%. Of the state population, Hispanic was the largest minority group (11.1%) and Black or African American (5%) was the second largest minority group. Of the total minority population, Hispanic accounted for the largest proportion at 52%, Black or African American accounted for 22%, Asian/Pacific Islander for 11%, and American Indian and Alaska Native accounted for 3%.People from linguistically and culturally diverse backgrounds, which includes immigrants and refugees, are often underserved. Individuals with IDD who are members of racial and ethnic minority communities experience barriers related to both their disability status and their racial/ethnic identity, including prejudice, discrimination, language barriers between individuals and providers with subsequent difficulty accessing care and services, and lack of understanding about services. Barriers accessing health care, housing, employment, and transportation have led to significant disparities in all life areas. The provider system must be aware of cultural diversity issues and provide interpreter services to assist with language issues. Additionally, minority, immigrant, and refugee populations often are not aware of supports and services that are available. As in other states, Nebraska state law requires an attestation of citizenship or qualified alien status in order to receive any public service. It can be assumed that this has had an impact on people's willingness to come forward to apply for disability services, educational services, and health care services. In addition, language barriers can create problems when trying to find care providers, communicate with educational and medical service providers, and complete required paperwork/applications for services. These culture barriers can influence the ease with which individuals access services, especially health care, employment, education, and safe and adequate housing.The trend in racial and ethnic minority population growth will likely continue for the foreseeable future. The U.S. Census Bureau has estimated that Nebraska's White population will increase 7% during the 2005-2025 period, while the Asian/Pacific Islander population will increase by 45%, the American Indian population by 39%, and the Black or African American population by 33.5%. Nationally, the number of individuals over 65 from the White, Hispanic, Black or African American, Native American and Asian American communities are also projected to increase significantly by 2030. According to contemporary research, the number of adults with IDD age 60 years and older is projected to nearly double by the year 2030 (from 641,860 in 2000 to 1.2 million.) Additionally, data indicates that the number of homes with at least one person with a disability in the household will almost double between 2000 and 2050, rising from 17.1 million to 33.2 million. With this expected growth in minority populations, it is imperative that efforts be made now to eliminate health disparities; however, race and minority status are not the only factor to consider when addressing disparities in accessing services. Social determinants of health must be considered including: socioeconomic status, education, neighborhood and physical environment, employment, and social support networks as additional factors to adequate access to health care.Refugee PopulationsThe refugee population in Nebraska has been increasing for several years and is anticipated to continue increasing. It is estimated that more than 10,000 refugees were relocated to Nebraska from 2002 to 2016. In 2017, Nebraska DHHS conducted a statewide Refugee Needs Assessment survey. Results indicated that Karen refugees from the nation of Burma accounted for nearly half (43%) of refugee growth in Nebraska from 2002 to 2016. Survey responses from the Karen refugees revealed high rates of social determinants of health, with 78.8% reporting not having completed high school, 18% being unemployed or unable to work, 65.2% with a household income below $35,000, and only one-quarter reported owning their own home. Additionally, language barriers were reported as the biggest challenge for the majority of refugees (72%). These social determinants of health can affect the health and well-being of individuals with disabilities. While efforts have been made to support the Karen population, DHHS plans to continue these efforts with specific focus on language needs. Rural GeographyNebraska is predominantly a rural state with 50 of the 93 counties being 100% rural. The rural landscape is a barrier to accessing health care, education, and social services for many rural residents and can be more difficult for individuals with disabilities and their families. Over the past several decades, the population in rural communities has declined. As the population declines, a decrease in readily accessible medical and social services is seen, resulting in an increased distance to and more time required to access services, especially specialized services and supports needed by individuals with disabilities. There are limited opportunities for learning about best practices and networking. Lack of adequate transportation in rural areas adds to the difficulty in accessing needed services and further contributes to the concern of underserved rural areas of the state. In addition to the needs in rural areas, Nebraska has areas that are designated as urban, medically underserved areas. It must be considered that much like the rural areas, the lack of or limited access to health care services in these urban underserved areas is compounded for people with developmental disabilities who require specialty care.Racial DisparitiesThe Nebraska Council on Developmental Disabilities convened a Task Force to explore needed services for youth with diagnoses such as a brain injury, cognitive disability, behavioral health challenge, or learning disability. The Task Force project addressed the Council's targeted disparity issue of African-American male students with developmental disabilities who are incarcerated or enter the criminal justice system at higher statistical rates. The needed services for these youth are often unidentified and/or unavailable, which places them at risk for entering the juvenile justice system. The Task Force made initial recommendations towards fostering statewide consensus to pursue enhancements, in addition to assisting community and regional stakeholders to identify recommendations unique to their communities to address this issue.LGBTQ PopulationAccording to the National LGBTQ Task Force summary, an estimated 3-5 million LGBT people have disabilities. The unique challenges for this population include access to LGBT-inclusive and fully accessible services, added barriers to employment, and bullying and exclusion for LGBTQ youth with disabilities.

(iii) The availability of assistive technology:

Assistive technology (AT) and supports, home modifications, and vehicle modifications are available with the Nebraska Department of Health and Human Services (DHHS), Developmental Disabilities Division (DDD) HCBS waivers ($10,000 over 5 years). DDD has a service agreement with Nebraska Assistive Technology Partnership (ATP) to provide consultation for these services. Referrals can also be made to other agencies that are signed up as providers.ATP has six primary activities: 1) awareness, 2) state financing activities, 3) device demonstrations, 4) device loans, 5) device reutilization, 6) training and technical assistance. ATP has strong partnerships with DHHS, Nebraska Department of Education (Special Education) and Nebraska Vocational Rehabilitation Services. One of the strengths of the state's

ATP system is layers of supports that are available to people with DD through these existing partnerships. These multiple partnerships work together to support families and persons with developmental disabilities. For example, ATP collaborates with other agencies, including but not limited to multiple DHHS programs, NE VR, and League of Human Dignity, to address housing barriers so individuals can remain independent in their community.DDD is responsible for completing individual service plans (ISPs) for persons receiving DD waiver services. In the ISP, strengths and needs are identified, including service needs that will assist in maintaining safety yet remain within their individual budget. These can include home and vehicle modifications or access to needed devices. These supports are available to enable individuals with disabilities to function more independently in order to continue living in their homes. ATP staff help DD Service Coordinators keep updated on current ATP processes. ATP may provide resource coordination to support eligible families and persons with DD when sufficient funds are not available to pay for recommended services. Many items & services are expensive, (e.g., vehicle adaptation) and supplemental funds are sometimes necessary.ATP offers a free on-line service (AT4ALL.COM) to list and find assistive equipment in Nebraska. This website is accessible to the public and equipment is available either free, for sale, or for loan. This provides opportunities for individuals with disabilities to find more affordable equipment without having to meet eligibility criteria and limitations for public and private programs. A brochure developed by ATP, in English and Spanish, assists with marketing to help reach a potentially underserved population. Additionally, the ATP Education Program lists items that may be borrowed by Education Service Providers to help determine potential AT needs of children/students receiving Special Education services.There is a continuing need to increase awareness about the services ATP offers. ATP and partner staff complete or conduct outreach through the schools. Often families and persons with DD hear about ATP services through word of mouth. NE VR staff refer clients to ATP to assess the need for assistive technology in the workplace. If services that ATP offers are needed, the individual is referred to that particular service within ATP. As part of the Nebraska Olmstead Plan, ATP will be offering more training to DD Service Coordinators as a strategy to increase referrals. ATP also disseminates information at conferences and events. For individuals that are non-English speaking, ATP uses translators and the Language Line to communicate in the person's native tongue.The Assistive Technology Partnership Education (ATP/Ed) Program provides statewide services to IFSP/IEP team members working with children and students with disabilities birth to 21 who are receiving services within school systems. All decisions related to AT services and devices are made by the IFSP/IEP team. Core services and activities include training and technical assistance, device demonstrations, device loans and awareness of assistive technology. The ATP/Ed Program coordinates with NE VR to provide transition solutions for students who are planning for and working towards higher education or work goals.The ATP/Ed Program has changed during the last two years with a shift to a stronger focus on building the capacity of schools to address the AT service needs of the students in their district. The ATP/Ed Program is shifting from directly providing the consultation and assessment to more of a capacity-building model. It has moved from an expert model to a collaborative model. The ATP/Ed Program team provides ongoing training and technical assistance to school personnel working with children who have an IEP/IFSP. This year some of ATP's outreach efforts were through Early Development Network and their related Planning Region Teams to identify the types of resources and services they needed. Other partners in their work include ESUs and District Special Education Administrators. ATP is collaborating with vendors to provide webinars to help raise awareness of different AT tools/systems that are available. The ATP/Ed Program is adopting a universal, targeted, and intensive technical assistance approach that involves email/phone/video support, online webinars, technical assistance documents, regional trainings, and coaching teams at the local level to provide ongoing support to school district staff. Overall, ATP staff noted that the knowledge and skills at the local school district level was highly variable which impacts the quality of the services provided by the schools. Thus the need for continuing education and technical assistance to enhance quality and student access to appropriate resources and services.Currently, the ATP/Ed Program's efforts have been more targeted at the provider level. They have plans to work more with families as the school system support is more solidified and universal across Nebraska. The ATP/Ed Program provides a lending library for schools to try out different equipment as they are narrowing down the most appropriate AT to use with each student. The program's focus is to help education programs (EI, ECE, Schools, Districts) make decisions about AT that will meet the child's/student's needs and then help the education programs meet their obligations of acquiring, implementing, and evaluating the effectiveness of the AT. The responsibility to provide AT, within the special education context, falls on the education program and not the family. Families may choose - but cannot be required to - use personal resources (e.g., personal medical insurance, Medicaid, personal funds) to fund the AT, but ultimately the onus of responsibility falls on the education program to provide the AT, at no cost, to the family in order to achieve a free appropriate public education (FAPE). This context only applies to children/students with disabilities who have been found eligible for Special Education services.The ATP/Ed Program has put more resources into acquiring smart home technologies and making them available into their equipment pool. The program is working to ensure they include up to date tech options for helping people remain independent in their homes.While there has been interest in future use of monitoring technologies by some DD providers in the state, the ATP/Ed Program has not focused on these technologies. If these technologies are considered for use in the future, concerns about the safety for individuals with DD who live in group homes should be factored into equipment decisions. Shifting towards smart-home based and monitoring technology create the need to consider how care in a group setting may be impacted (e.g. overnight supervision).

(iv) Waiting Lists: required per Section 124(c)(3)(C)(v)	
State Pop (100,000) (2017)	19.34
Total Served (2017)	4889
Number Served per 100,000 state pop. (2017)	252.74
National Average served per 100,000 (2017)	248.98
Total persons waiting for residential services needed in the next year as reported by the State, per 100,000 (2017)	119.83
Total persons waiting for other services as reported by the State, per 100,000 (2017)	90.05
State Pop (100,000) (2016)	19.29
Total Served (2016)	5110
Number Served per 100,000 state pop. (2016)	264.87
National Average served per 100,000 (2016)	248.98
Total persons waiting for residential services needed in the next year as reported by the State, per 100,000 (2016)	84.33
Total persons waiting for other services as reported by the State, per 100,000 (2016)	61.21
State Pop (100,000) (2015)	N/A
Total Served (2015)	N/A
Number Served per 100,000 state pop. (2015)	N/A
National Average served per 100,000 (2015)	N/A

Total persons waiting for residential services needed in the next year as reported by the State, per 100,000 (2015)	N/A
Total persons waiting for other services as reported by the State, per 100,000 (2015)	N/A

a. Entity who maintains waitlist data in the state for the chart above:	
State Agencies	4
Other (please specify)	5
	Please note that in the chart above, the first row is data collected for 2019, and the second row is for data collected for 2018. The ACL template did not include these years, and these are the years that the Nebraska Council is reporting. DDD authorizes funding for Medicaid HCBS DD Waiver services for eligible people according to funding availability and funding priority status. Nebraska state statute lists the priority categories for funding for Nebraska Medicaid HCBS DD Waiver services.

b. There is a statewide standardized data collection system in place for the chart above:	Yes (1)

c. Individuals on the wait-list are receiving (select all that apply) for the chart above:	
No services	1
Only case management services	2
Inadequate services	3

d. To the extent possible, provide information about how the state places or prioritizes individuals to be on the waitlist:	
Other (please specify)	2
	In 2018, the DDD worked with the Governor and his team on proposed budget adjustments, and the funding for developmental disability services remained as proposed. The Division expended the $1.6 million appropriated by the legislature in 2017 to decrease the waitlist. In 2017, 900

	unduplicated funding offers were made, and as of 2018, 563 of offers have been accepted. This includes 120 offers to Priority 4 graduates upon their 21st birthday. The DDD will make 32 offers to the remaining graduates upon their 21st birthday within this fiscal year (2020). The oldest date of need on the waitlist is now September 11, 2011. To clarify the difference between the Developmental Disabilities registry and the wait list, in 2018 DDD succeeded in verifying the accuracy of the Registry of Unmet Needs as a whole, adding additional data points and working to distinguish the list into a true registry and a waitlist. The registry comprises DD-eligible persons not Medicaid eligible or not currently requesting or in need of services today. Persons on the waitlist for Medicaid HCBS Waivers are DD-eligible and Medicaid eligible, and are requesting and would accept services if offered today. Nebraska statute prioritizes funding for the Medicaid HCBS waivers for individuals using the following tiered criteria:(a) The first funding priority of the state shall be responding to the needs of persons with developmental disabilities in immediate crisis due to caregiver death, homelessness, or a threat to the life and safety of the person;(b) The second funding priority of the state in responding to the needs of persons with developmental disabilities shall be for persons that have resided in an institutional setting for a period of at least twelve consecutive months and who are requesting community-based services;(c) The third funding priority of the state in responding to the needs of persons with developmental disabilities shall be for serving wards of the department or persons placed under the supervision of the Office of Probation Administration by the Nebraska court system who are transitioning upon age nineteen with no other alternatives as determined by the department to support residential services necessary to pursue economic self-sufficiency;(d) The fourth funding priority of the state in responding to the needs of persons with developmental disabilities shall be for serving persons transitioning from the education system upon attaining twenty-one years of age to maintain skills and receive the day services necessary to pursue economic self-sufficiency;(e)

	The fifth funding priority of the state in responding to the needs of persons with developmental disabilities shall be, upon approval by the Centers for Medicare and Medicaid Services of the United States Department of Health and Human Services, for serving a dependent of a member of the armed forces of the United States who is a legal resident of this state due to the service member's military assignment in Nebraska; and(f) The sixth funding priority of the state in responding to the needs of persons with developmental disabilities shall be for serving all other persons by date of application.

Use the space below to provide any information or data available to the related response above:	
The federal Centers for Medicare and Medicaid Services (CMS) allows wait lists for Medicaid HCBS waivers. DDD funding comes from appropriations by the Nebraska Legislature and CMS. Because there is not enough funding to provide Medicaid HCBS DD Waiver services to all eligible people in Nebraska, there is a wait list of eligible people who want services. A determination of eligibility does not guarantee funding for services will be immediately available.A. DDD uses the wait list to make funding offers. The wait list is organized by date of application to create a first come, first served basis for all eligible people who are waiting for funding.B. To be on the wait list, an eligible person must: 1. Be enrolled in Medicaid or is under age 19 and would otherwise be eligible for Medicaid if not for their parental income; 2. Meet statutory DD eligibility requirements when reviewed at ages 9 and 18; and 3. Meet ICF/DD institutional level of care requirements when assessed annually.C. When DDD offers the person on the wait list a Medicaid HCBS DD Waiver, the person must decide whether to accept.D. A person may be on the Medicaid HCBS DD Adult Day (DDAD) Waiver while on the wait list for the Medicaid HCBS Comprehensive DD (CDD) Waiver.E. Service Coordination is an available service for persons on the wait list. DDD assigns a Service Coordinator when requested.Funding Offers for Medicaid HCBS DD Services:DDD authorizes funding for Medicaid HCBS DD Waiver services for eligible people according to funding availability and funding priority status. Nebraska state statute lists the priority categories for funding for Nebraska Medicaid HCBS DD Waiver services. A person must be on the wait list to request priority status.Priorities are:1. People in immediate crisis with no other possible options to meet the person's needs. Reasons for immediate crisis include, but are not limited to: a. Caregiver death; b. Homelessness; or c. A threat to the life and safety of the person.2. People who have lived in an institutional setting in Nebraska for at least the past 12 months and want to live in the community. Institutional settings are: a. ICF/DD; b. Nursing facility; or c. Inpatient hospital.3. People under the supervision of the Office of Probation Administration leaving the juvenile justice system, people leaving foster care at age 19, or people who are state wards of DHHS.4. People transitioning upon age 21 from eligibility for Nebraska educational services to eligibility for Medicaid HCBS DD Adult Day Waiver. a. The local school district is responsible for providing services through the end of the school year in which the person turns 21 years; and b. People may transition from school services to Medicaid HCBS DD Adult Day Waiver services up to their 22nd birthday.5. People who are dependents of a member of the United States military. a. The person must be a legal resident of Nebraska due to the military member's assignment in Nebraska; and b. The dependent must be under age 19.6. All other people on the wait list, as funding is available, based on their date of application.The person or their guardian may	

requests priority status. The following steps are taken to determine priority status:1. A person contacts DDD central office or their Service Coordinator to request priority status.2. DDD central office or the Service Coordinator: a. Checks if the person has applied for and accepted all available resources. Available resources may include other Medicaid services, other DHHS program resources, community resources, and Vocational Rehabilitation. b. May ask for records, such as physician or clinician reports, to indicate the person's needs. c. May complete assessments to identify the person's priority need and how to support it.3. DDD central office makes the decision to approve or deny a person's priority status based on information presented. DDD sends a notice of decision, with appeal information, to the person. a. When DDD approves priority status, a funding offer is made. b. When DDD denies priority status, the person remains on the wait list.Funding Offer ProcessWhen the funding offer is accepted:1. DDD assigns a Service Coordinator when the person does not already have one.2. DDD completes the objective assessment process to determine the person's annual individual budget amount (IBA), which is the amount of funding available to purchase Medicaid HCBS DD Waiver services.3. The Service Coordinator discusses service options with the person and shares provider resources.C. When the funding offer is declined:1. A person who declines the offer for the DDAD Waiver and is on the wait list for the CDD Waiver may remain on the wait list for the CDD Waiver.2. A person who declines the offer for the CDD Waiver will be taken off the wait list and will need to reapply if they want DD services in the future.3. A participant on the DDAD Waiver who declines the offer for the CDD Waiver, will be taken off the wait list for the CDD waiver and continue receiving DDAD Waiver Services. The participant is encouraged to accept the offer.

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

f. Individuals on the wait list have gone through an eligibility and needs assessment:	Yes (0)

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

An aged person or person with a disability has several Medicaid Home and Community-Based Services (HCBS) Waiver options. The Division of Medicaid and Long-Term Care (MLTC) is the State Medicaid agency and partners with the Division of Developmental Disabilities (DDD) to administer Medicaid HCBS waiver programs.A person can only be on one waiver at a time. A person may be on one waiver while waiting for availability of a different waiver.To be eligible for any waiver, an applicant must:1) Be a citizen of the United States of America or a qualified alien under the federal Immigration and Nationality Act and be lawfully present in the United States;2) Be a resident of the State of Nebraska; andProcess of Eligibility Determination: A. DDD makes eligibility determination when information is received. An applicant may correct information or submit additional information any time prior to the date of decision.B. When DDD receives an application for DD eligibility, it is assigned to a Disability Services Specialist to determine whether the applicant meets statutory eligibility requirements.C. The Disability Services Specialist makes an initial contact with the applicant by phone or e-mail. 1. The Disability Services Specialist will: a. Verify the applicant meant to apply for DD services; i. When the applicant did not intend to apply for DD services, they can withdraw their application by email, letter, or verbally. ii. DDD does not send a notice of decision when an application is withdrawn. iii. The applicant does not have to wait to reapply after an application is withdrawn. b. The Disability Services Specialist will explain: i. The DD eligibility process; and ii. The DD services wait list. c. DDD may use Social Security Income (SSI) records as part of the eligibility determination. The Disability Services Specialist determines if the applicant has applied for SSI, is currently receiving SSI, or has been denied SSI; d. Review the information on the application to ensure it is correct and complete, including who to contact for supporting documents; and e. Verify the person with the disability or their guardian signed the application. 2. The Disability Services Specialist considers immediacy of an applicant's need for Medicaid HCBS DD Waiver funding. 3. When the applicant does not respond to at least three attempts by the Disability Services Specialist to make contact, they will be determined to be ineligible due to failure to respond to the request for additional information. DDD sends a notice of decision to the applicant.D. The Disability Services Specialist collects the following necessary documentation: 1. The release of information from the school, medical and behavioral practitioners, and others listed by the applicant. 2. The information about the applicant's disability diagnosis from the Social Security Administration, when necessary.E. The Disability Services Specialist determines whether the applicant meets eligibility criteria as defined in state law, based on review of documentation received. In order for eligibility to be determined: 1. Citizenship requirements must be met; 2. Documentation received supports the presence of a developmental disability diagnosis as well as the required skill limitations; and 3. The DDD clinical team, which is a part of the DDD central office administrative team, may assist in determining eligibility by consulting about diagnoses, adaptive skills, or testing results.F. Once DD eligibility is determined, DDD sends a written notice of decision to the applicant. The notice of decision includes the decision, effective date, explanation of decision, and information about the appeal process. 1. When the applicant meets statutory eligibility requirements, a Disability Services Specialist contacts the applicant to complete an assessment to determine whether the applicant also meets ICF/DD institutional level of care requirements. a. When the applicant meets ICF/DD institutional level of care requirements, they receive a notice of decision informing them of the approval and DDD central office calls them. DDD central office informs the applicant they have been placed on the wait list and discusses: i. Which Medicaid HCBS DD waiver is appropriate; and ii. If the person wants a Service Coordinator assigned while on the wait list. b. When the applicant does not meet ICF/DD institutional level of care requirements, they receive a notice of decision informing them of the denial for DD eligibility. 2. When the applicant does not meet statutory eligibility requirements, the applicant receives a notice of decision informing them of the denial for DD eligibility.Comprehensive Developmental Disabilities (CDD) WaiverAllows persons of all ages with developmental disabilities to maximize their independence as they live, work, socialize, and participate to the fullest extent possible in their communities. A person must have a developmental disability and needs that require services like those provided by an intermediate care facility for persons with developmental disabilities (ICF/DD).Developmental Disabilities Adult Day (DDAD) WaiverAllows persons ages 21 and over with developmental disabilities to maximize their independence as they live, work, socialize, and participate to the fullest extent possible in their communities. A person must have a developmental disability and needs that require services like those provided by an intermediate care facility for persons with developmental disabilities (ICF/DD).Aged and Disabled (AD) Waiver: (At this time, there is not a wait list for the AD Waiver.) Provides aged persons and persons of all ages with physical disabilities options for services and community supports, other than a nursing facility. This waiver provides an array of services to help a person live at home. A person must have physical and health needs that require nursing facility level of care.Traumatic Brain Injury (TBI) Waiver: (At this time, there is not a wait list for the TBI Waiver.) Provides persons between ages 18 and 64 with acquired brain injuries specialized assisted living services. A person must have a diagnosis after an acquired traumatic brain injury with a nursing facility level of care. Services include assistance with personal care activities and activities of daily living, such as escort services to medical appointments, essential shopping, health maintenance activities, housekeeping, laundry, dining, provision of medications, personal care, and transportation.Once a person has been assessed and begins receiving Medicaid HCBS Waiver services, they receive service coordination. A Service Coordinator is assigned to help the person choose, receive, and monitor the services needed.The Service Coordinator helps plan services and coordinates the person's support team. The person decides who is on their team. The person can invite family, friends, and organizations who support them. When the person has a guardian, they must be on the team.A person's Service Coordinator has at least monthly contact to make sure services are going well. The coordinator may call or visit. The Service Coordinator will organize planning meetings at scheduled times. Additional meetings are held when the person needs to change something about their Medicaid HCBS Waiver services.

g. 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):	No (1)

h. Specify any other data or information related to wait lists	

A person's needs are assessed using a level of care assessment to determine the person meets the level of care criteria required by the chosen waiver. This level of care assessment plus a second objective assessment help a person's team plan how much formal support is needed.In addition to being Medicaid eligible, an applicant must have a developmental disability as defined in state law (Nebraska Revised State Statute 83-1205) to be on the wait list for DD waiver services. (Note that the Nebraska State Statute definition of a developmental disability differs from the federal definition.) A. A developmental disability is diagnosed by a licensed psychologist or a medical physician operating within the scope of their practice.B. In addition to a diagnosis, applicant must demonstrate substantial limitations in each of the following three areas of adaptive skills: 1. Conceptual skills, which include language, literacy, money, time, number concepts, and self-direction; 2. Social skills, which include interpersonal skills, social responsibility, self-esteem, gullibility, wariness, social problem solving, the ability to follow laws and rules, and avoiding victimization; and 3. Practical skills, which include activities of daily living, personal care, occupational skills, healthcare, mobility, and the capacity for independent living.C. A developmental disability must begin in the developmental period, which ends at age 22.D. A person's need for DD services and supports must be expected to be lifelong.E. At set times, DDD reevaluates whether the person meets DD requirements. An applicant's eligibility is verified when: 1. The eligible person reaches age nine; and 2. The eligible person reaches age 18

i. Summary of Waiting List issues and challenges	

The Arc of Nebraska Waiver Study Report: The Arc completed a Waiver Study in the Fall of 2019. The conclusion from that report was that Nebraska is facing three intertwined crises related to the Medicaid Waiver System. These include the need to: 1) provide support to children with disabilities being found ineligible for Nebraska's Aged & Disabled (AD) Medicaid Waiver due to changes in state regulations which increased scrutiny over the level of care assessments; 2) provide a pathway for individuals with disabilities to gain access to job coaching and employment supports; and 3) eliminate the 6-8 year

Waiting List for DD waiver services. The full report can be viewed on-line at the following web address: https://d3n8a8pro7vhmx.cloudfront.net/arcofnebraska/pages/151/attachments/original/1567708165/The_Arc_of_Nebraska_Waiver_Study.pdf?1567708165See section (vii).

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

Fiscal Effort for IDD ServicesAccording to The State of the States in Intellectual & Developmental Disabilities, Eleventh Edition 2017, Fiscal Effort for I/DD Services for FY1977-2015 in NE has risen with the exception of Institutional Services, which decreased. Data indicate the following: Spending per $1,000 Personal Income began in 1977 at $2.55 for All Services & Settings; $1.23 for Community/Family Services; & $1.33 for Institutional Services. In 2015, data indicated $4.51 for All Services & Settings; $3.75 for Community/Family Services; & $.76 for Institutional Services. Until 1987, spending remained fairly consistent between dollars spent on Community/Family Services & Institutional Services. Institutional Services spending remained relatively consistent with a slow decline after 1987. Community/Family Services began rising in 1987 & began to sharply increase in 1997 to the current level.Census and expenditure data for Nebraska's state operated ICF, Beatrice State Developmental Center (BSDC), show that FY19 ended with a census of 104 and expenditures of $31,094,000.General Fund budget appropriations made by the legislature in the 2019 session (LB294) for FY2019-20 and FY2020-21 include the following program specific allocations: BSDC - General Fund appropriations of $14,936,566 for FY19-20 and $14,363,473 for FY20-21; Developmental Disability Aid - General Fund appropriations of $150,880,903 for FY19-20 and $144,893,404 for FY20-21; Special Education Aid - General Funds of $228,791,851 were allocated for FY19-20 and $231,079,770 for FY 20-21.Medicaid HCBS DD waivers and WaitlistsNebraska's Olmstead Plan includes an outcome to increase the percentage of state appropriations each fiscal year to fund Medicaid HCBS DD waivers and reduce the waitlist. Baseline: In FY20, the appropriation for Medicaid HCBS DD waivers was $150,880,903. The following benchmarks have been set (Year 1: July 1, 2020 - June 30, 2021; Year 2 July 1 2021 - June 30, 2022; Year 3: July 1 2022 - June 20, 2023):-In Year 1, DHHS will seek increased funding appropriated by the state to fund Medicaid HCBS DD waivers.-In Year 2, funds appropriated by the state to fund Medicaid HCBS DD waivers will increase by one percent from baseline.-In Year 3, funds appropriated by the state to fund Medicaid HCBS DD waivers will increase by an additional one percent from the Year 2 appropriation.It is anticipated that funds will become available to fund Priority 1-5 through attrition from Medicaid HCBS DD waivers; however, additional appropriations are needed to provide services. The proposed budget, recommended by Governor Ricketts and the preliminary recommendations of the Appropriations Committee for the mid-biennium adjustments for FY 20-21, includes additional appropriations for Program 424 - Developmental Disability State Aid. An approximate $8.6 million additional funding adjustment to the baseline appropriation has been proposed to address two budget issues. 1) To support an increase acuity of current program participants revealed by a recently completed Inventory for Client and Agency Planning (ICAP) assessment. 2) Increase the number of funding offers for people in immediate crisis, the first priority in Nebraska Revised Statue 83-1216 (Priority One waiver offers).The proposed increases in allocations to fund HCBS DD waivers is expected to be inadequate. The following graph, provided by The Arc of Nebraska, represents how many people would receive services per year off the baseline of 7,100 people needing services in 2019 and a per-person cost of $35K for services. The model assumes a slow growth in cost of services (1%) and a slow growth in number of people needing services (1%).GRAPH 1 Pasted HereFurther, if all factors remain equal but the cost of services rises at a more likely 5% per year, fewer people would be served. The following graph from The Arc of Nebraska depicts this model, and suggests the state would serve fewer and fewer people as its spending fell behind the growth in cost of services.GRAPH 2 Pasted HereFunds were requested to increase offers to individuals who are waitlisted as Priority One. DDD makes offers to individuals for Medicaid Home and Community-Based Waiver Services for the Developmentally Disabled (DD Waivers) based on the priorities in Nebraska Revised Statute 83-1216. In SFY19, DDD began serving 56 additional individuals on the 4154 (comprehensive) waiver through the first priority. This number was much higher than prior years. In SFY17 and SFY18, the numbers entering services through this funding priority were 16 and 32, respectively. The trend is expected to continue in the current biennium. The cost to serve these individuals on the comprehensive waiver exceeds the funds that have become available through attrition from the waiver. From 7/1/2019 through 8/31/2019, DDD made 15 offers for services for the first priority in 83-1216. Extrapolating this to the end of SFY20 provides a forecast of 90 offers. Considering the shortfall last year ($1,588,251) and the anticipated increase in first priority in the current state fiscal year (34 x $133,477 x 0.5 $2,269,109), the estimated shortfall due to increases in first priority is estimated at $3,857,360 in SFY20. Assuming the trend continues into SFY21, an additional $8,395,578 would be required. The additional appropriations would allow for the provision of services on the comprehensive waiver through the first priority. The increase in appropriations is needed to provide services to the additional Priority One entrants to the comprehensive waiver. DDD is taking steps to diminish the impact of the deficit in this program with available resources from Program 421 (BSDC).Inventory for Client and Agency Planning (ICAP)Funds were requested for the ICAP assessment realignment based on recent assessment data. DDD completed 2,677 ICAP assessments from 10/1/2018 through 9/30/2019. Many of the assessments had not been completed in several years (average time between assessments was 7.6 years) and there were increases in the average acuity of participants, funding tier, and service rates for participants. The annual fiscal impact of the realignment is estimated at $11,267,159 ($5,101,770 in state funds) and DDD is already realizing these increased costs. The increase in appropriations is needed to continue to serve individuals who are currently on Medicaid HCBS DD waivers at the funding levels indicated by their ICAP assessments. DDD is taking steps to diminish the impact of the deficit in this program with available resources from Program 421 (BSDC). The additional appropriations would allow for the continuation of Medicaid HCBS DD waiver services at the funding levels indicated by current ICAP assessments. DDD currently serves approximately 4,800 individuals with IDD through Medicaid HCBS DD waivers.

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

ICF-IID Roster 2/2020There are 12 ICFs in Nebraska, including three state facilities and nine private facilities. The Beatrice State Developmental Center (BSDC) is a 24-hour state and federally funded residential treatment facility dedicated to the provision of specialized psychological, medical and developmental supports to people with intellectual and developmental disabilities. The nine private ICFs are operated by Mosaic - two are larger facilities while the other seven are smaller with six to nine residents each. The smaller ICF-IIDs primarily serve individuals with complex medical needs.The Nebraska Department of Health and Human Services, Division of Public Health (DPH), is identified as the survey agency in Nebraska. Representatives of Regulation and Licensure (R&L) within DPH have surveyed all facilities within the past year. R&L is responsible for surveys and complaint investigations for all ICFs in the state and is also responsible for surveys and complaint investigations for all licensed Centers for the Developmentally Disabled (CDD) facilities in the state. A total of 343 individuals lived in the 12 ICFs at the time of the surveys. The 2/14/20 Department of Health roster reported 101 licensed CDD facilities with a total of 579 licensed beds (CDD may support up to 12 individuals). An updated

report as of 3/11/20 reported 98 licenses CDDs. Survey reports are shared with the Council.The following chart shows the number of licensed beds, the date surveyed, and census on the date of the
survey for each ICF-IID.BSCD Facilities Licensed capacity Census
Last Date Surveyed400 State Building 58 18
2/11/20Lake Street 24 15
5/24/19Solar Cottages 79 67
12/16/19TOTAL BSCD 161 Licensed Beds 100 MOSAIC
FacilitiesWest Park Ave (Norfolk) 6 5
7/26/19Manchester (Omaha) 6 5
6/10/19Millard (Omaha) 6 6
7/12/19Papillion (Papillion) 6 6
1/14/20 Hope Street (Grand Island) 6 6
8/8/19 Meadowlark (York) 6 5
5/9/19Axtell 112 101
2/10/19Beatrice Campus 115 100
3/9/20Mosaic Tri Region (Grand Island) 9 9
9/20/19TOTAL MOSAIC: 272 243Facilities
surveyed were found to comply with all eight ICF-IID Conditions of Participation. ICF-IID survey reports over the past year reflect trends in licensure deficiencies. Staff training was often cited, particularly the lack of emergency preparedness training. Program implementation was another area frequently referenced, indicating the need for staff to receive adequate training on how to administer programs. One report indicated that a Behavior Support Plan was not developed or used, compromising the safety of the client and those around them. Program monitoring was another area noted with deficiencies. There were deficiencies related to Human and Legal Rights Committee requirements such as not having a required member on the committee or meeting quorum. One report indicated that an individual received sedation for an eye exam that was conducted without being reviewed by the Human and Legal Rights Committee. Other deficiencies cited were isolated incidents across the facilities.Although the facilities reviewed indicated that they were operating largely within licensing requirements, the 2019 Nebraska Olmstead Plan addressed the need to continually decrease long-term care (LTC) within the BSDC programs while increasing its use for acute and transitional care. DDD has a goal of repurposing LTC beds to acute crisis care for up to 12 individuals and crisis transition services for up to 10 individuals. Although expanded crisis services at BSDC increases capacity for supporting individuals in need of such services, it does not provide the type of local and immediate support that may be required to prevent individuals from cycling in and out of restrictive facilities such as jails, hospitals, and nursing facilities or becoming homeless.Individuals Receiving Medicaid LTC FundingDDD reported that currently there are two individuals receiving DD funding who, due to unique circumstances, are living in nursing facilities (not receiving any federal funding). Additionally, there are 179 individuals with DD residing in nursing facilities receiving Medicaid LTC funding (without receiving DD funding). The adequacy of services for these individuals is not reflected in ICF-IID surveys. A recent snapshot of health care outcomes regarding all individuals in LTC facilities in Nebraska indicates that Nebraska's nursing facilities are close to or slightly better than the benchmarks set by the Agency for Healthcare Research and Quality. However, Nebraska was rated far from the benchmark in the areas of experiencing falls, experiencing moderate to severe pain, and demonstrating depressive symptoms.

(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 At (42 U.S.C. 1396n(s))):	
OverviewIn 1981, Section 1915(c) of the Social Security Act allowed states to use Medicaid funds to pay for a wide-ranging set of non-medical services. The services were required to help individuals, who would otherwise need care in institutional settings, to remain in their homes & communities. The Centers for Medicare & Medicaid Services (CMS) waived certain requirements to allow states to target certain populations & areas with these funds. The DHHS Division of Medicaid & Long-Term Care (MLTC) oversees four HCBS waivers that are germane to the State Transition Plan: HCBS for Aged & Adults & Children with Disabilities (AD) waiver; Traumatic Brain Injury (TBI) waiver; Comprehensive Developmental Disabilities (CDD) Services waiver; & DD Adult Day Services (DDAD) waiver. MLTC administers the AD waiver & the TBI waiver, whereas the DHHS Division of Developmental Disabilities (DDD) administers the two DD waivers. Effective 3/17/2014, CMS issued regulations (also referred to as the Final Rule) that had a broad effect on the design & delivery of HCBS in residential & day service settings. The final version of the State Transition Plan was submitted to CMS on 9/4/20.Adequacy of State DataOne factor, which must be examined while evaluating the adequacy of Medicaid waiver services, is the limited extent of data available on the health care needs of individuals w/ IDD & the services utilized by those individuals. A report completed by the Administration on Intellectual & Developmental Disabilities Administration for Community Living in Sept. of 2019 indicated that there was a lack of state & local data available to inform health surveillance of individuals w/ IDD. State IDD agencies & Medicaid program data tend to focus on collecting data needed for administration of programs rather than on health surveillance & do not capture data on those on waitlists or not receiving formal supports. State level survey, such as the National Core Indicators & the Consumer Assessment of Healthcare Providers & Systems HCBS Survey, data is limited in the scope of the data collected & the respondents. Other health data-collection systems, such as the Behavioral Risk Factor Surveillance System & disease registries, do not identify the IDD population. The report indicated that there is national recognition of the need for better data collection related to health care outcomes for people w/ IDD, especially data related to those not receiving any long-term services & supports (LTSS). Better data is needed to:-Determine the health status & health disparities of people w/ IDD-Understand the factors affecting the health of people w/ IDD-Interpret the experience of people w/ IDD in intersecting populations who experience health disparities (e.g. due to race or ethnicity)-Identify disparities that people w/ IDD & co-occurring conditions experience such as physical & psychiatric disorders when compared to peers w/out IDD-Understand how people w/ IDD access & utilize publicly funded services, including effects of social determinants & geographical variability of those services.Currently the state lacks data that provides a comprehensive picture of the needs related to the aging IDD population. In mid-2021, the Aging Coalition of Nebraska worked w/ the National Task Group on Intellectual Disabilities & Dementia to complete a Needs Assessment related to the aging IDD population in the state.Managed Long-Term Services & Supports (MLTSS)Nationally, HCBS programs continue to grow & represent more than 55% of all Medicaid spending. Demands for HCBS, the trends in Medicaid expenditures, & growth in the aging population are prompting states to shift to MLTSS. With managed care, states contract w/ an organization to manage the care for Medicaid-eligible clients. In 2016, DHHS embarked upon an initiative to redesign the service delivery system. On Jan. 22, 2016, DHHS released a concept paper, Nebraska Long-Term Services and Supports Program Redesign, in which leadership noted the increasing pressures on the current long-term care (LTC) system & the system's challenges to respond efficiently to address these issues.As of 6/3/19, nearly all Nebraska Medicaid-eligible persons have been included in Heritage Health, where enrollees receive integrated physical health, behavioral health, & pharmacy services coordinated by their plan. There are three plans that operate statewide: Nebraska Total Care, UnitedHealthcare Community Plan of Nebraska, & Healthy Blue Nebraska. Dental services for Medicaid are delivered through MCNA Dental. Since the implementation of Heritage Health, a variety of concerns	

have been raised by individuals w/ disabilities regarding the quality of health care services they receive. LTSS (institutional care or HCBS) has continued to be administered by MLTC & DDD.To support the redesign initiative, DHHS engaged Mercer Government Human Services Consulting (Mercer), part of Mercer Health & Benefits LLC, in partnership with its subcontractor, the National Association for States United for Aging & Disabilities (NASUAD), to study the current LTC system & make recommendations for redesign. Mercer/NASUAD engaged stakeholders in a preliminary feedback process to understand the current system & its challenges. After the statewide stakeholder engagement process, feedback from DHHS staff, & independent research and analysis, Mercer/NASUAD compiled & analyzed the feedback & developed draft recommendations for system redesign. Using these recommendations as building blocks for redesign efforts, Mercer/NASUAD developed the LTC Redesign Plan, which detailed Mercer/NASUAD's proposed approach for addressing these recommendations. The Mercer LTC Redesign Final Report recommended that Nebraska transition to a MLTSS delivery system, using the Heritage Health system as the foundation.With MLTSS, the Managed Care Organization (MCO) can contract w/ community-based organizations such as UCEDDs, disability providers, home health agencies, & Centers for Independent Living to provide services or keep them in-house & build internal capacities. States have many options when considering MLTSS. As described in the whitepaper, Innovations & Best Practices in Medicaid Managed Long-Term Services & Supports. Disabilities advocates have many concerns as well as hopes regarding MLTSS.Concerns about MLTSSThe primary goal of MCOs is to make money.MCOs will limit or deny services.MCOs will only approve services that are 'medically necessary' & won't consider quality of life or inclusion.MCOs won't have the doctors or specialists needed w/in their network.MCOs won't involve community-based organizations in their contracting.MCOs won't recognize the importance of the peer-to-peer model.MCOs don't have experience managing LTSS programs.Hopes with MLTSSMCOs will provide services that support the whole person & improve the individual's quality of life.MCOs can provide services that Medicaid cannot.MCOs can help transition individuals in nursing or institutional settings to home & community-based settings.MLTSS can provide states budget predictability.MLTSS will improve care coordination & make things simpler for the recipient.MLTSS will reduce Medicaid expenditures.With movement to MLTSS, stakeholders need to understand how these changes can impact service delivery & understand that they can help states design quality MLTSS programs as one way to innovate & improve LTSS programs.Disability advocates will continue to voice concerns about LTSS going into the Heritage Health system. The Council agrees w/ the recommendation from the Mercer LTC Redesign Final Report, released on 8/9/17, that moving LTSS into managed care should not occur unless the timeline to implement MLTSS is extended to allow for a stabilization of the Heritage Health program and to ensure a deliberate roll out of MLTSS. The roll out should allow additional time for planning, communicating with stakeholders, addressing financing options, reviewing the Heritage Health implementation, addressing systemic issues, and evaluating the quality of current LTC programs. The report recommends that DHHS undertake a careful planning & design process w/ ongoing stakeholder engagement to ensure the MLTSS program strengthens the delivery of LTC in Nebraska.State Challenges in Funding Services & WaitlistsDDD currently serves approximately 4,800 individuals w/ IDD through DD waivers. Nebraska's Olmstead Plan outlines plans to increase the percentage of state appropriations each year to fund Medicaid HCBS DD waivers. DHHS currently plans on increasing state funding by 2% over the next two years. Current proposals to increase funding are expected to be inadequate, resulting in a widening gap between those receiving services & those waiting for services. Projections from The Arc of Nebraska, utilizing conservative numbers regarding growth & service costs & demand for services, estimates that the waitlist will increase from 2,922 in 2020 to over 5,000 in 2030.Considering shortfalls in the budget & an increase in demands for services, additional funding is required to address the waitlist to make Medicaid HCBS Comprehensive DD waiver & Priority One funding offers, to allow for the provision of services on the Medicaid HCBS Comprehensive DD waiver, & to provide services to the additional priority entrants. DDD is taking steps to diminish the impact of the deficit by utilizing available resources from Program 421 (BSDC funding). Data from recently updated Inventory for Client & Agency Planning (ICAP) assessments shows increases in the average acuity of participants' funding tier & service rates, requiring additional resources beyond the budgeted amounts.Prioritization for Waitlist ServicesIn addition to reducing the waitlist, a need has been identified by The Arc of Nebraska & others to alter Priority One category requirements to include imminent dangers rather than requiring individuals to be in an emergency prior to receiving services.Need for Expanded Family SupportMany advocates, including The Arc of Nebraska, have recommended the creation of a Family Support waiver to enhance support for unpaid family caregivers who are the primary providers of LTSS. By increasing this support, the state can be better prepared for the aging population of both caregivers & individuals with IDD. Such funding would help individuals remain in their homes with their family caregivers, thus reducing the expense to Medicaid.The needs of families raising children w/ special health care needs was identified in the 2015 and 2020 Title V Maternal Child Health CYSHCN (Children & Youth w/ Special Health Care Needs) whitebriefs. Without proper supports, families become overwhelmed & consider extreme measures, such as giving their children up as wards of the state in order to obtain special health care needs. Children & youth with special health care needs, whose families have unmet needs regarding family support services, are at more risk of abuse, neglect, & out-of-home placement.DHHS Divisions of Children and Family Services, Medicaid, DD, & Behavioral Health administer programs that support CYSHCN. Each administers different programs or HCBS waivers w/ varying eligibility guidelines. In the last two decades, to our knowledge, no comprehensive workgroup in collaboration w/ families has looked to see if current programming (across all divisions) is meeting the need for CYSHCN & their families. A gap analysis to identify if current programming fits the needs of children w/ disabilities & their families in Nebraska is needed to assess current program impacts & to identify barriers & new program innovations & strategies that best support CYSHCN & to identify key partners that should have involvement in the implementation.The difficulty of navigating Nebraska's system for families who have children w/ DD has been identified in many reports, including The Arc of Nebraska's Family Support Survey (2013), the Medicaid Long-Term Care Redesign Stakeholder Report (Mercer Health Benefits Inc., 2017), & the state's No Wrong Door Gap Analysis Report (National Association of States United for Aging & Disabilities, 2018). A long-term solution is for Nebraska to create a system that brings together all call centers and programs that support families who have children w/ disabilities through the creation of a Memorandum of Understanding/Agreement. Doing so would allow families to call one number & get routed to the appropriate program & obtain assistance as needed (e.g. Nebraska's ADRC or Help Me Grow Centralized Access Point).Expand Tax Equity & Fiscal Responsibility Act (TEFRA) Coverage to Support FamiliesUnder the Tax Equity & Fiscal Responsibility Act (TEFRA) optional Medicaid category of coverage, states can cover children under age 19 who are disabled who live at home & would be eligible for Medicaid if they were in an institution (1902(e)(3) of the Social Security Act). States have the flexibility to decide which institutional levels of care (hospital, nursing facility, &/or ICF/DD) are covered in their Medicaid State Plan. TEFRA allows children with disabilities, whose family's income is too high to qualify for Medicaid, to gain Medicaid eligibility based on the family's income & resources of the child. Nebraska has elected to cover the TEFRA optional category for children who meet hospital level care needs. Nebraska should expand TEFRA coverage to children who also meet nursing facility or ICF/DD levels of care.Nebraska Vocational Rehabilitation (VR) Waitlist & Service ProvisionIn 2017, Nebraska VR went into an Order of Selection (continuing in 2018 & 2019) resulting in adults seeking employment support being assessed based on need & placed into one of three priority groups. Individuals with IDD who applied for VR services were placed in Priority Group One, which included individuals who are most significantly impaired. A number of issues revolve around the waitlist & services provided by Nebraska VR that include the need to:-Continually monitor the waitlist & plan to meet waitlist needs-Clearly & definitively state what services are & are not provided through the milestones-Expand service hours &

service areas beyond the limited Mon. through Fri., 9AM to 5PM hours many providers offer, & expand weekend availability, available hours, & service areas to increase opportunities for employment, social inclusion, & regular tasks.Direct Support Professional (DSP) WorkforceNCI data from 2017 related to the DSP workforce indicated that in Nebraska, there was a 5.5% vacancy rate for full-time positions & a 12.0% vacancy rate for part-time positions. The annual turnover rate was estimated at 69%, w/ only 61% of the workforce having been on the job for over a year. A quarter of those working had been on the job for 6 months or less.With continued low rates of unemployment & a shrinking employment pool, especially in rural Nebraska, the difficulty in filling positions & maintaining staff is expected to increase. Additionally, the need for improved training continues to be a concern. Training needs exist particularly in areas related to aging.The executive summary from the 2019 report Moving from Crisis to Stability - the Case for Professionalizing the Direct Support Workforce through Credentialing, developed in cooperation between the Community Bridges Consulting Group, NADSP, & the National Leadership Consortium, pointed out the importance of competency-based training in providing care & in attracting & maintaining the workforce.Emergency Preparedness & ResponseIn Nov. 2019, representatives from the Administration for Community Living (ACL) hosted two listening sessions on how Nebraska was able to support & respond to the needs of people with disabilities during the flooding & bomb cyclone events in Mar. 2019. At the Emergency Preparedness, Response, & Recovery Listening Sessions, participants provided feedback on their experiences related to Nebraska's crisis & how emergency response efforts affected individuals with disabilities. Individuals spoke very highly of the services of the Red Cross, but indicated that volunteers were not trained to assist individuals w/ disabilities. Some individuals in shelters were not able to access medications & medical equipment from their homes. Many reported that support staff were often unable to reach them & that there was a shortage of available support staff. They indicated that they experienced adequate mental health supports while in shelters, but noted a lack of post-emergency trauma-informed medical & mental health care. The group suggested that DD service providers & state agencies should cross train w/ the Red Cross & improve their coordination w/ the Red Cross in the event of any emergency. They also suggested addressing emergency preparedness in trainings & in Individual Support Plans (ISPs). Nebraska's Administration on Disability partners, including the Council, Disability Rights Nebraska, Munroe-Meyer Institute/UCEDD, & the NESILC, could explore collaboration in the coming years to address emergency preparedness.COVID-19 Pandemic & HCBS Appendix KIn response to the COVID-19 pandemic Medicaid HCBS Waiver Appendix K amendments were approved through CMS to allow temporary changes to Medicaid DD waiver services, TBI & AD waiver services. Changes allowed for temporary rate increases, alternative service sites & modifications to service expectations. Appendix K was initially set to expire in July of 2020, but was extended to run through the end of 2020, w/ a gradual rate reduction planned for day services.

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

The Council's selection of goals was based on the results from the 2020 Needs Assessment & the CRA. The Council contracted w/Munroe-Meyer Institute (MMI), NE's UCEDD, to implement the Needs Assessment (NA) process. Three key informant groups were identified: individuals w/DD (self-advocates), their family members or guardians, & community providers. Data were collected through surveys, interviews, & focus groups from 7/1/2020 - 9/21/2020. The NA report was published in Oct. 2020 & was made available on the Council's website. Council members & Council Planning Committee members were provided hard copies of the report & the CRA for their review before developing the 2022-2026 State Plan Goals & Objectives.The NA survey was created based on areas of emphasis noted in the DD Act. Survey respondents were asked to rate items on a 4-point scale (very important to not important). Respondents were asked to select two top priorities from the areas of emphasis. Self-advocates were asked to answer a series of questions using a thumbs up (agree) or thumbs down (disagree). The surveys were available in both English & Spanish & were offered in electronic & print formats. It was broadly distributed through targeted email lists & requests to agencies to assist in multi-modal dissemination, including text & social media posts. A concerted effort was made to reach minority populations. MMI staff partnered with key parent groups & a self-advocate group, which helped to recruit participants to complete the survey or participate in focus groups.The 2nd phase of the NA process included the completion of interviews & focus groups. Participants either volunteered to be interviewed when they completed the survey or agreed to be participate in a focus group after being identified through a partnering group. The interviewees represented a cross section of family members & individuals w/disabilities. Due to the low #s of responses to the Spanish survey, a focus group w/Spanish speaking parents/guardians was prioritized. A low survey response rate from minority groups was noted. An effort was made to identify a group or individual(s) from a minority population to participate in a focus group.The goal of the survey distribution was to have a broad representation including geographic distribution & ethnic diversity. A total of 508 individuals completed one of the two versions of the DD Needs Assessment survey. A small # of the respondents (4%) completed the Spanish language survey. Most respondents were family members or care providers. The breakdown was 171 family members, 165 service providers, 114 self-advocates, & 58 participants who identified as other. Of the 448 respondents who provided their race, the majority were Caucasian (83%), African-American (3.6%), & 2 or more races (4.2%). Several respondents indicated their race as unknown/preferred not to answer (9.6%). Respondents lived in a mix of rural (43%) & urban (57%) settings. A small # of respondents (5%) were of Hispanic origin. Of the 360 respondents who responded to the sexual orientation demographic question, the majority (93%) self-identified as heterosexual.Three focus groups were held w/a total of 21 participants. One group was comprised of self-advocates w/9 participants, one of Spanish speaking parents/family members in a metropolitan area with 8 participants, & one included parents/family members in a rural setting with 4 participants. 18 interviews were conducted with a variety of participants including parents & self-advocates. The children of the participating parents ranged in age from 5-40 years of age & 39% resided in rural areas.Data collected for this NA identified both overall priority areas & specific needs identified by survey respondents as important for the Council to address. Specific needs identified as important include issues related to direct service providers, waiting lists & the availability of services, the need to bolster family supports, unmet behavioral health needs, & intentional outreach to support unserved & underserved populations, as well as individuals who do not have family support. While priority areas were ranked to provide a broad view, the Council reviewed the importance-level ratings for specific needs within each area to identify themes, such as the availability of & accessing services & a centralized resource access site, which are of high importance across areas, in order to identify specific goals & objectives.The NA gathered information related to employment such as job placement, vocational rehabilitation, integrated employment efforts, & employment policies. Family members & care providers identified employment as an area of importance across topics. 74.72% of the respondents believe it is very important to address all required components for NE to be an Employment First state. 70.22% of family members & care providers indicated that it is very important to recruit, train, & retain DSPs. 68.56% of family members & care providers & 64.91% of self-advocates indicated that there is the need to increase employment opportunities, w/65.13% of family members & care providers identifying that it is very important to increase choice in competitive & integrated employment opportunities. Since employment for people w/DD was one of the highest ranked priorities identified in the NA, it was selected as Goal One w/three objectives highlighting specific activities.The NA process also collected info to learn more about social, child welfare, aging, independent living, & other services that are available to people w/DD & their families. Additionally, info was collected about family support efforts & policies, peer support initiatives, & HCBS. 76.03% of family members & care providers indicated that it is very important to address needs related to supporting families. 76.18% of them expressed that there is a high level of importance to address behavioral health needs in the state.Themes from the focus groups & interviews supported the survey findings. Many reported confusion & frustration over their ability to find community resources & supports. The need for these supports was varied, whether that support was for applying for Medicaid; finding childcare, respite, housing, or transition; & seeking mental health or behavioral support. Several parents commented on the lack of resources for supporting aging caregivers. This was a recurrent theme in many areas with the issue being more prevalent in rural communities. Two families who moved to Nebraska from other states commented on how difficult it can be to find information on available resources. Respondents indicated a need for more training & to have resources available in Spanish & other languages.Many families strongly recommended providing better supports to families by both providing a centralized on-line resource specifically for families of individuals w/DD & providing a consistent contact that families could go to for support. It was recommended having one place or person to help w/all the different services, rather than a support contact for each type of service. Those families whose children received DD residential &/or day services & had a service coordinator reported a higher degree of satisfaction in this area, although there was concern about turnover. Family members reported that it is confusing & frustrating moving from the AD waiver system to the DD waiver system. Families also reported levels of frustration & stress in addressing financial, medical, or behavioral challenges.Information was gathered from NA participants to learn about barriers that influence the ability of individuals w/DD from underserved & unserved groups to access & use community services; participate in community opportunities, activities, & events; & to contribute to community life. Survey results indicated that 44.94% of family members & care providers believe it is very important to address the need for more cultural competency training & individualized services. 45.26% believe that more intentional outreach to immigrant populations is needed.Several themes related to underserved & unserved groups emerged from the NA process & report. Multiple participants echoed the survey results to bolster directed outreach efforts to underserved populations, & the importance that we ensure all members of our communities are aware of service options. It was expressed that there is a lack of understanding of available services & that services are not equitable across groups. There is a need for translated materials, such as those needed to access services, & a need for bilingual providers (including providers who are fluent in sign language). Concern for the comfort level of immigrant populations in reaching out for services & supports due to immigration issues was expressed.The Council's second goal will increase & strengthen the knowledge of individuals w/IDD & their families to promote & encourage informed decision making about their choices leading to improved quality of life, increased independence, productivity, & full inclusion in their communities. Obj. A was selected as a means to improve communication & information across DHHS Divisions to address challenges that families face navigating multiple silos of services & supports. Obj. B will address the Council's targeted disparity and the issues noted above. The Council will partner with NE communities &/or community-based organizations for the development of three community-based events, activities, or virtual gatherings to be held in rotating locations across the State each federal fiscal year. Events, activities/virtual gatherings will educate & inform English & non-English speaking individuals with IDD & their families, immigrants & refugees, & professionals about important & emerging disability related issues, services, & supports available in their communities & statewide, & how to use assistive technology (AT) in employment, education, recreation, behavior, etc.. Obj. C will continue to focus on targeted disparity by addressing the technology needs & lack of capacity to train parents on how to navigate technology & use of AT by collaborating with a community services agency in non-English speaking communities to provide training & technical assistance.Survey respondents expressed concerns tied directly to challenges faced in experiencing inclusion in all facets of community life. This included access to respite care & childcare services, inclusive education, social environments, community inclusive recreation activities, & other programs & services offered throughout the state. These concerns were exacerbated in rural areas. Regarding respite & childcare, a predominant theme was the need for childcare options for older children & teens. Families in rural areas indicated that childcare & respite options in their area are very limited. In response to recent natural disasters in NE & issues related to emergency preparedness, NA respondents indicated the need to address emergency prep & planning. The Council's third goal focuses on continued efforts to increase community integration & inclusion for individuals w/IDD. Objectives w/in this goal address training needs for professionals in a variety of service systems, emerging issues (i.e. emer. prep.), investing in respite and caregiver trainings for the aging population w/IDD.The Council considered the results of the NA & the CRA to determine the Council's goals & objectives. In addition, they took into consideration those areas in which they believed that they could have the greatest impact & the current efforts of other agencies in addressing gaps & barriers so as not to duplicate these efforts.

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

The DD Network Partners (DD Network) collaboratively engage in a variety of advocacy efforts & communicate regularly on trends, concerns, & challenges in order to collaborate to bring systems change & improvements for Nebraskans with IDD. Both formal & informal interactions between staff of the three programs insure that collaboration will occur when appropriate. NE takes pride in the strong collaborative relationships within the DD Network, & we are committed to continuing this legacy. All three programs have an interest in improving the quality of services that are available to children & adults w/DD. The UCEDD (Munroe-Meyer Institute [MMI]) targets professional training. The P&A (Disability Rights Nebraska [DRN]) focuses on rights & abuse & neglect issues, & the Council works on making long-term systems change that will result in quality services across the lifespan.Collaborative activities between the DD Network include monthly planning meetings w/the directors of each organization. These meetings help foster partnerships within the DD Network & allow for significant info sharing & joint collaboration activities. During the COVID-19 pandemic, the directors pivoted to meeting virtually where they continued to communicate regularly on COVID & other trends, concerns, & challenges within the DD community.The UCEDD Director serves on the Council & the Council's Planning Committee. The Council Director sits on the UCEDD Advisory Committee & serves on their Public Policy Committee. The P&A is represented on the Council by a Board member, who also serves on the Legislative & Advocacy (L&A) Committee. Additionally, the P&A Director attends Council meetings, & the P&A Public Policy Director serves on the Council's L&A Committee. The Council Director serves on the P&A for Individuals w/DD Stakeholder & Legislative Review Committee. The DD Network directors provide input/feedback on the other organizations' annual goals & objectives.The DD Network collaborates as members of the Governor's DD Advisory Committee to strengthen external oversight of waiver services provided by the Division of Developmental Disabilities (DDD). Representatives from the P&A & the Council serve on the Olmstead Advisory Committee, & the UCEDD Director serves on the Olmstead Steering Group. The DD Network will continue leveraging joint advocacy efforts to strengthen and improve the newly developed NE Olmstead Plan.Annually the DD Network Directors identify at least one concern that impacts people w/DD that the DD Network board members & staff will address at the annual Tri-Board training workshop. The DD Network Directors are responsible to arrange the meeting logistics, reserving the location, arranging speakers & panelists, setting the agenda, & forming discussion questions for the small group work session. The workshop concludes w/a small group reflection process to help generate ideas for additional DD Network collaboration. During the pandemic, the Tri-Board training workshops were held using a virtual platform.In 2018, the Tri-Board topic was on Using NCI Data to Drive & Support Policy Change. NE has participated in the NCI Project since the 2016-2017 survey cycle. DDD contracts with MMI to conduct the NCI surveys. Time has been set aside at the beginning of the 2019, 2020, & 2021 Tri-Board training workshops to share NE NCI survey results & compare NE's responses to national responses. Following the NCI data discussion, the annual topic is addressed. Topics in recent years included using social capital to create inclusive community for people w/disabilities; how NE state agencies & FEMA are responding to the needs of people w/disabilities during the COVID-19 crisis; & Supported Decision Making (SDM) as an alternative to guardianship & conservatorship in NE.Over the past couple of years, DRB has been preparing to undertake an initiative to establish SDM as an alternative to guardianship & conservatorship in NE. Their efforts to date have been focused on people w/disabilities. A couple of years ago, DRN did some preliminary research on SDM & held several awareness presentations to a variety of audiences. DRN followed up on this initial effort at the 2021 Tri-Board training workshop by coordinating the SDM topic. As a result of that training workshop, during FFY 2022 the DD Network will begin planning & implementation activities with the goal of establishing SDM as an alternative to guardianship & conservatorship in NE. DRN is planning to commit significant resources for the SDM project including 40 hours consultation time with national subject matter expert, Jonathan Martinis, who presented at the Tri Board training workshop. DRN is establishing two groups to direct the initiative. 1) A Steering Committee of around 10 organizations. 2) A larger SDM Task Force of 20-25 organizations (which includes those serving on the steering committee). DRN is also setting up a part-time contract with a parent, of a person with I/DD, who has been doing a lot of work to promote SDM in NE. The Council has tentatively committed to providing additional funding for $15,000 for outreach & educational efforts around SDM when DRN has a plan in place for those activities.Several years ago NE passed legislation to implement term limits in the Legislature. Although this has both good & bad results, one of the issues that has concerned disability advocates is that it is difficult to identify DD champions to learn about the complexities of the service system & the interactions between state & federal programs. Therefore, it is especially important that the DD Network works together throughout the legislative session to communicate clear, consistent messages to State senators & their staff.During NE's Legislative Sessions, the DD Network collaborates to identify legislation that could impact individuals with I/DD, while taking opportunities to use a nonpartisan approach to educate & inform state Senators & other policymakers. This includes working together & sharing information on introduced bills to strengthen our voice. A major challenge is that the NE Legislature only allows bills to be introduced in the first 10 days of the session. This means 700 to 800 bills are introduced in a short period of time & must be reviewed, by the respective staff of the DD Network & a determination made as to the bills' relevance & impact to the I/DD community. By working together, the DD Network lessens the chance to miss bills that may impact the I/DD community & are able to share info on the potential impact prior to their respective Council/Boards taking positions on the bills.The three DD Network Partners are members of the NE Consortium for Citizens with Disabilities (NCCD). This is a cross-disability coalition of organizations committed to advancing the rights of people w/disabilities & statewide policies that affect them. The DD Network, through membership in NCCD, leverages collaborative activities to identify & research public policy issues, educate policymakers & the general public, & advocate for effective solutions regarding Nebraskans with disabilities. NCCD & its 15 member organizations monitor & respond to legislation & policies pertinent to Nebraskans w/disabilities, & provide a resource for the Legislature to call upon when developing legislation. NCCD hosts an annual Common Grounds event for state Senators & their staff where legislative session policy brief summaries are distributed to educate policymakers. NCCD members also provide presentations on emerging topics such as the NE Olmstead Plan, Medicaid Insurance for Workers, & the use of restraints in school settings.The representatives of the various state agencies on the DD Council ensure collaboration with the Council & the other DD Network members on a number of issues. DD Network staff serve on a number of committees for various state agencies & will continue these roles to ensure continued coordination of activities. The DD Network Directors update each other on their activities with other state agencies at their monthly meetings.Several organizations came together in July 2020 & formed Nebraska Disability Advocates to present a virtual educational series on the first Thursday of each month. The virtual educational series was an idea of the NE Statewide Independent Living Council (NESILC). Topics are cross disability themes & accessible to all. Many of the sessions inform viewers about the different supports & services available for people w/disabilities in NE. Weeklong sessions are featured in July to celebrate the anniversary of ADA & in October for Disability Employment Month.The Nebraska Disability Advocates who are involved in planning the series include the DD Council, NESILC, the League of Human Dignity, Independence Rising, Easterseals NE, Madonna School & Community Based Services, APSE, Nebraska VR, ADAPT NE, Integrative Transitions, NE Family Support Network, DRN, MMI, People First NE, The Arc of NE, Harper Self-Directed Services, Brain Injury Alliance of NE, Assistive Technology Partnership, Outlook Enrichment, PTI-NE, Outlook NE, & Ollie Webb Center, Inc.NE Disability Advocates members moderate the series. The group meets occasionally to decide the topics for each month. Currently NESILC provides captioning & sign language interpreters. Topics that have been covered include Olmstead & the ADA; Aging & Disability Resource Centers 101; Assistive Technology; Centers for Independent Living; Emergency Preparedness; What parents need to know about the IEP; Transportation; & employment themed presentations.The Council's Planning Committee is tasked with developing the Council's State Plan & began meeting in Mar. 2020. The Planning Committee is comprised of Council & non-Council members (a group of dynamic individuals representing families, educators, professionals, service providers, & community leaders). The non-Council members are selected by the Council Chair & staff & are citizens who can speak to the current needs & challenges that individuals w/DD & their families currently face. The Planning Committee reviewed the completed CRA research & the needs assessment results to identify the gaps & barriers in a variety of disability service areas, which provided guidance in setting the State Plan goals. The non-Council members who served on the 2020-21 Planning Committee included representatives from MMI, NESILC, parents of children w/DD, Assistive Technology Partnership, the Lincoln YWCA, Ollie Webb Center, Inc., the Dept. of Ed. Special Ed. Office, & PTI NE.The NESILC Chair served on the Planning Committee throughout 2020 & 2021 & was familiar w/the Council's developed Employment Goal & Objectives. In Jan. 2021, the NESILC Chair organized the NESILC Employment Subcommittee, & Council staff were invited to join this committee to collaborate on improving employment outcomes for people w/disabilities (PWD). Committee members included reps from other agencies & organizations. The NESILC Employment Subcommittee meets monthly & is identifying current efforts to improve employment for PWD, identifying barriers to employment, & identifying options available that the NESILC can initiate or collaborate in to address barriers & challenges. They are exploring creative solutions to fix the system by integrating services, & they are interested in supporting efforts for NE to become an Employment First state. Recently the NESILC distributed a survey to determine gaps in the employment system for PWD. Council staff will share the survey results w/national subject matter expert, Dr. Lisa Mills, who will be conducting the statewide Comprehensive Employment Study for the Council in the coming FFY.

Identify the 5 year state plan goals, objectives, and outcomes.

Goal 1. Employment

Description

By 2026, the Nebraska Council on Developmental Disabilities (DD) will collaborate with Nebraska DD Network Partners, state agencies, community programs, and other stakeholders to provide resources and improve competitive, integrated, and meaningful opportunities for employment, including self-employment with competitive wages, for individuals with intellectual and developmental disabilities (I/DD) from diverse locations and identities.

Expected Goal Outcome

- Employment services providers will gain knowledge of supported employment and customized employment strategies. - Policymakers will have the data to identify how to increase opportunities for competitive integrated employment for PWIDD. - Competitive, integrated, and meaningful employment opportunities will be improved through braiding of services and robust partnerships between the Division of Developmental Disabilities and Nebraska VR. - Employers will learn how to find applicants with disabilities, how to provide accommodations and adaptations, and how to avoid situations that lead to a person with a disability quitting or being fired from a job. - A handout on resources to recruit, train, and support employees with disabilities will be shared with employers.

Objectives

Objective 1.	By 2026, increase awareness, knowledge, and identify necessary system changes to remove barriers to competitive, integrated employment at a living wage for individuals with I/DD.
Objective 2.	By 2026, increase resources, access, options, and opportunities for competitive employment to support the Nebraska Employment First Initiative and work with policymakers to have Nebraska declared an Employment First State.

Goal 2. Informal and Formal Supports

Description

By 2026, increase and strengthen the knowledge of individuals with intellectual and developmental disabilities (I/DD) and their families to promote and encourage informed decision making about their choices leading to improved quality of life, increased independence, productivity, and full inclusion in their communities.

Expected Goal Outcome

- Parents, families, and professionals are educated on various services available through waiver supports. - Parents, families, and professionals will increase their knowledge about how to make informed decisions to improve the quality of the life for people with DD and increase their independence, productivity, and their experience of inclusion. - Transition materials will be ADA compliant for webpage and social media access, and available in English, Spanish, and other languages as needed.

Objectives

Objective 1.	By 2026, individuals with I/DD, their families, and professionals will have increased information and knowledge about waiver, non-waiver, natural supports, and person-centered planning principles as well as the Assistive Technology (AT) needed to strengthen supports in employment, education, recreation, behavior, etc.
Objective 2.	Annually partner with Nebraska communities and/or community-based organizations to educate English and non-English speaking individuals with I/DD and their families, in the Hispanic/Latino community who live in the Omaha metro and/or Lexington area(s), about important and emerging disability related issues, services, and supports available.

Goal 3. Community Integration and Inclusion

Description

By 2026, the capacity of communities and systems to fully include individuals with intellectual and developmental disabilities (I/DD) will be increased so individuals will have opportunities for greater independence and integration.

Expected Goal Outcome

- Elevatus-certified staff will have the knowledge and experience to facilitate training to agency staff, DSPs, and supported persons. - Staff and caregivers will have a better understanding of how to create positive life changes and healthy relationships, as well as greater independence in making decisions regarding participation in all types of relationships that will lead to greater integration in the communities in which the supported person lives. - Supported persons will take a more active role in initiating and maintaining healthy relationships and increase their independence. - Increased knowledge, insight and skills will lead to improved retention of staff, lower caregiver strain, and an increase of adaptive functioning for supported persons. - Emergency management staff, disability organizations, and disability advocates will receive training and resource materials on how to be prepared to assist people with disabilities and access and functional needs during an emergency. - Families and caregivers will be provided with strategies, tools, resources, and the necessary familiarity to play an active role in their children's treatment and interventions. - Community-based, informed education materials and training curriculum tailored to consumers will be generated and available to future users. - Community knowledge, expertise, and skills related to autism and DD to improve quality of care and services for families and individuals with DD will be increased. - Service recipients and families have the knowledge, skills, and tools to effectively participate in pre-meetings, set the agenda, and be active agents to enhance their range of choices and obtain greater independence and autonomy. - Service providers have the tools and information they need to empower and support service recipients and their families to participate effectively in Person Centered Planning (PCP) to enhance their range of choices and obtain greater independence and autonomy. - Service recipients, families, service coordinators, providers, and other stakeholders will have a deepened understanding of PCP and be more able to participate effectively in PCP efforts. - The Division of Developmental Disabilities will be better positioned to fully implement and sustain PCP in Nebraska.

Objectives

Objective 1.	By 2026, increase capacity of caregiver and direct support systems through enhanced training and improved access to information. As a result, individuals with I/DD are provided services and supports by professionals and caregivers who are knowledgeable, trained, and supported.
Objective 2.	By 2026, increase the capacity of advocates and policy makers to address at least three emerging issues that impact individuals with I/DD and their families. Annually review and identify emerging issues/needs.
Objective 3.	By 2026, individuals with I/DD (especially those with co-occurring I/DD and mental health challenges and/or Alzheimer's and other dementia symptoms) and their families will have access to services, supports, and resources to receive services in both community and school settings that are the least restrictive and respect their rights.

Goal 4. Advocacy and Self-Advocacy

Description

Annually, the Council will collaborate with self-advocacy organizations, Nebraska Developmental Disabilities (DD) Network Partners, State Agencies, and other stakeholders to implement and expand the tenets of self-determination, increase the ability and opportunity for individuals to advocate for themselves and others, and increase the number of individuals who meaningfully participate in policymaking and leadership roles.

Expected Goal Outcome

- Stakeholders and policymakers are educated on key legislation impacting individuals with developmental disabilities through letters of support/opposition and/or testimony. - Coalition/network/partnership meetings provide opportunities for stakeholder collaboration and coordination to promote systems change. - Council staff's active participation on state workgroups and statewide advisory committees brings the perspective of individuals with developmental disabilities to discussions and promotes system collaboration and advocacy efforts. - Tri-Board Training leads to additional DD Network collaboration on potential project, legislative action, or outreach. It also strengthens DD Network relationships. - Improved systems within the State of Nebraska in relation to people with I/DD and their families. - A minimum of 65 attendees at the PFN convention will hear a keynote presentation and attend breakout sessions on how to practice and improve their self-advocacy and self-determination skills. - Self-advocates will play major role in conference planning and breakout session presentations. The DD Network, (Disability Rights, NCDD, and the UCEDD at Munroe Meyer/UNMC) have committed to collaborate throughout federal fiscal year FFY 2022 and FFY 2023 on education and outreach activities on Supported Decision-Making. Disability Rights Nebraska (DRN) will lead efforts to plan and implement activities with the goal of establishing SDM as an alternative to guardianship and conservatorship in Nebraska. Disability Rights Nebraska has hired national consultant Jonathan Martinis to provide education, consultation and technical assistance during the planning and implementation of the SDM initiative. DRN has established two groups to direct the initiative 1) a Steering Committee of around 10 organizations and 2) a larger SDM Task Force of 20-25 organizations (which includes those serving on the steering committee). The Nebraska DD Council's Executive Director and the UCEDD Director are serving on both the steering committee and Task Force. Families and organizations will become more familiar with Supported Decision Making as an alternative to full Guardianship. The collaboration on SDM will develop a targeted set of policy areas, agencies, organizations, or individuals that are significant drivers of guardianship or who have direct contact with families likely to experience a need for guardianship and educate them first about SDM as an alternative, resulting in fewer Guardianships for people with I/DD.

Objectives

Objective 1.	Annually, the DD Network and Nebraska DD Network Partners will support individuals with intellectual and developmental disabilities (I/DD) to increase their leadership and participation in policymaking through active participation in statewide advisory committees, cross-disability workgroups, public policy advocacy, and cross-system dialogue.
Objective 2.	Annually collaborate amongst the Nebraska DD Network Partners (Disability Rights Nebraska, the University of Nebraska Medical Center Munroe-Meyer Institute - University Center for Excellence in Developmental Disabilities Education, Research and Services [UCEDD], and the Nebraska Council on Developmental Disabilities) to advocate for positive systems change impacting the lives and health of individuals with I/DD by: 1. Conducting monthly planning meetings to discuss trends, concerns,

	and challenges with a goal of system changes and improvements for Nebraskans with I/DD. 2. Hosting training on a mutually selected emerging issue at the annual Nebraska DD Network Partners' Tri-Board Meeting. 3. Continue leveraging joint advocacy efforts to strengthen and improve the newly developed Nebraska Olmstead Plan. 4. Leveraging joint advocacy efforts to strengthen the Supported Decision Making Initiative.
Objective 3.	Annually strengthen the statewide advocacy cross-disability organization, People First of Nebraska, to increase self-advocate leadership development and participation through training by self-advocates so they can participate in cross-disability, culturally diverse organizations. 1. Strengthen support for an increased number of self-advocates through leadership development and coalition participation by expanding efforts statewide to reach, educate, and engage younger self-advocates and their families in the self-determination movement. 2.Increase opportunities for self-advocates who are leaders to train other self-advocates to become leaders and increase opportunities for participation in cross-disability, culturally diverse organizations.

Self-Advocacy Goal(s)/Objectives	
Goal 4: Advocacy and Self-Advocacy; Objective C. Annually strengthen the statewide advocacy cross-disability organization, People First of Nebraska, to increase self-advocate leadership development and participation through training by self-advocates so they can participate in cross-disability, culturally diverse organizations. 1. Strengthen support for an increased number of self-advocates through leadership development and coalition participation by expanding efforts statewide to reach, educate, and engage younger self-advocates and their families in the self-determination movement. 2. Increase opportunities for self-advocates who are leaders to train other self-advocates to become leaders and increase opportunities for participation in cross-disability, culturally diverse organizations.	

Targeted Disparity	
Goal 2: Informal and Formal Supports; Objective B: Annually partner with Nebraska communities and/or community-based organizations to educate English and non-English speaking individuals with I/DD and their families, in the Hispanic/Latino community who live in the Omaha metro and/or Lexington area(s), about important and emerging disability related issues, services, and supports available.	

DD Network Collaboration	
Goal 4: Advocacy and Self-Advocacy; Objective B: Annually collaborate amongst the Nebraska DD Network Partners (Disability Rights Nebraska, the University of Nebraska Medical Center Munroe-Meyer Institute - University Center for Excellence in Developmental Disabilities Education, Research and Services [UCEDD], and the Nebraska Council on Developmental Disabilities) to advocate for positive systems change impacting the lives and health of individuals with I/DD by: 1. Conducting monthly planning meetings to discuss trends, concerns, and challenges with a goal of system changes and improvements for Nebraskans with I/DD.2. Hosting training on a mutually selected emerging issue at	

the annual Nebraska DD Network Partners' Tri-Board Meeting.3. Continue leveraging joint advocacy efforts to strengthen and improve the newly developed Nebraska Olmstead Plan.4. Leveraging joint advocacy efforts to strengthen the Supported Decision Making Initiative.

Evaluation Plan [Section 125(c)(3) and (7)]:	

Council staff will implement formative & summative evaluations through multi-method approaches to evaluate the goals/objectives in the State Plan. The purpose of formative evaluation is to determine the extent to which goals/objectives are achieved; provide a description of the strategies that contributed to achieving the objectives; & provide a description of factors that may have impeded progress. The purpose of the summative evaluation is the collection of data that measures intended project outcomes. Both formative & summative evaluations will be carefully designed to match planned activities so progress can be evaluated throughout the life of each Council funded project & the degree to which intended outcomes are achieved. Each RFA released provides info on the reporting requirements; the NCDD Subaward User Manual (manual) provides specific details on the evaluation/reporting requirements. The Council funds many projects under the Advocacy & Self-Advocacy goal (Goal 4). The goal/objectives are designed to improve advocacy, self-advocacy, & self-determination. Activities utilized to address general advocacy & self-advocacy will be wide-ranging, including training, coalition development, DD Network collaboration, citizen participation, & informing policymakers. Subrecipients (grantees) addressing Goal 4 submit detailed quarterly & final reports & Key Performance Indicators (KPI) data to evaluate progress & participants satisfaction with the project. Because this goal receives the most funding requests & a great deal of Council staff work, careful evaluation of the reports & data to reflect the work done is essential. Official records of each project are maintained in the Council office. Grantees are required to submit Quarterly Progress Reports (QPR), KPI data, & final reports using DD Suite. The QPR is the primary source of info on progress made in completing the Work Plan activities & serves as a formative evaluation tool. Grantees report accomplishments & activities related to each goal & objective listed in the Work Plan, identify any problems in reaching goals, & note whether technical assistance (TA) is needed. QPR & KPI are submitted together & reviewed by Council staff. KPI data is used in conjunction with the QPR to evaluate progress on goals/objectives & as a summary of statistical accomplishments once the project has been completed. It serves as a formative evaluation tool when reported each quarter & a summative tool at the end of the project. The Project Director (PD) for each subaward is informed via the NCDD Subaward User Manual (manual) to become familiar with the KPI to track the numbers of persons/programs/policies, etc., impacted by the project on an ongoing basis. The manual recommends that the subaward PD initiate data collection methods before the project begins rather than collecting the data after the fact. A complete list of KPI & definitions is provided with the RFA & in the manual. The Final Report serves as a summative evaluation tool. It requires grantees to summarize project accomplishments & results, including designated measurements, the impact of project activities on target population, barriers or problems encountered & actions to overcome, & satisfaction survey data; address project sustainability; & share personal success stories related to the project. Additional monitoring of subaward projects is accomplished through the review of expenditure reports, review of source documentation as required by the OMB Supercircular, phone calls, email, and site visits as requested. Council staff may request additional information to clarify project progress, expenditures, or challenges. Council staff provide grantees TA as needed to capture information to strengthen quarterly reports, or explore avenues to address project challenges to improve outcomes. In addition to the narrative reporting, grantees collect and report information from project participants to report on the diversity of participants & to gauge satisfaction of the project activity by people w/DD & their families. The manual suggests collecting the demographic information during registration if the subaward project requires attendees to register for a project activity, or as part of the Satisfaction

Survey. Pre/post tests may be used to measure participants' assessments of the gains they make from participating in project education & training programs. Pre/post tests will be designed to demonstrate participants' increased knowledge & skills, changed attitudes, &/or increased motivation in alignment with project-specific outcomes. A list of KPI definitions & examples is included in the RFA and manual. Not all KPI will be relevant to every project. Grantees are required to review the KPI list to determine which are appropriate & add those to their Work Plan in DD Suite. Only KPI not reported in the QPRs need to be reported in the Final Program report. Grantees are directed to create a satisfaction survey that will be most appropriate for their audience & project activity. The draft survey will be submitted for review & approval by Council staff. There are many survey delivery options: it can be printed & handed out, it can be read out loud for non-readers, sent electronically, or it can be incorporated into online trainings or activities by popping up on the screen & asking participants to respond. The manual offers alternatives to written responses to questions based on the audience, such as allowing participants to circle a Yes/No or an image of a thump up or thumb down instead of providing written responses/comments. The manual provides guidance on what information must be collected through surveys. Guidance is also provided on not counting participants more than once if they attend multiple sessions of the same training or activity. Required information includes: Demographics. This will include Race, Ethnicity, Gender Identity, & Geographic Area of project participants, whether the participant is an individual with a DD, a family member/guardian, or a professional/other. This info is necessary for reporting KPI by the number of individuals with DD & family members/guardians. SC1.4 asks for the total number of people trained or educated, to include the number of professional/other project participants. Questions that must be included in the survey include these taken from the KPI:IFA 1.1/1.2/1.3 - This will show the number of people w/DD (1.1), parents/family members (1.2), & others/professionals or other stakeholders (1.3) who participated in the activity. IFA 3.1A/3.1B - This question asks whether the person with DD (3.1A) & their parents/family members (3.1B) are satisfied with the activity in which they participated. Grantees are encouraged to ask follow-up questions for trainings to professionals that explore why are they satisfied or dissatisfied with the project; what they liked or disliked about the training or activity; and how they will use what they learned. This information is reported in the QPR to add weight to the outcomes of the project. IFA 2.3IND/2.3FAM - This question helps to know whether people with DD (2.3IND) & parents/family members (2.3FAM) are better able to say what they want, what services & supports they need, or what is important to them after participating in the training or activity. Systems Change (SC) may occur as a result of their project. The manual clarifies that SC data is tracked and reported by the grantee, not questions they would ask on the satisfaction survey. However, if their project is to provide training to professionals in the DD field, they could follow up with them after the training to ask questions such as what policies or procedures they will or have created or implemented as a result of the training. Systems Change KPI are reported in the Work Plan. Surveys may ask other questions to obtain feedback in order to improve their project or the delivery of their project & other questions they feel are important or helpful to know & report. They may create their own KPI for reporting this data in DD Suite if they feel the collected info helps to tell the story of project success.Product review will be used if the primary outcome of an objective is a product. Outcome attainment will be assessed by an in-depth review of the completed product, & quality & relevance attained through product review instruments. Council members play a critical role in reviewing progress towards reaching State Plan goals. The Council meets quarterly & time is designated to review overall progress in meeting State Plan goals & achieving intended results. Council staff provide updates on active projects, & copies of final reports are provided to members. The Council takes action or makes recommendations to address project barriers as necessary. The Council's Planning Committee & the Council meet annually to determine the status of each State Plan goal & discuss strategies for addressing those objectives & goals that have not been met or activities that have not been successful. Recommendations are made regarding the focus for new RFAs to guide Council fiscal investments in the

upcoming FFY. Guidance is provided on modifications to the State Plan in response to emerging trends & needs, with amendments made as necessary. The Council's 5-year logic model is broad & reflects the nature of the activities utilized to achieve the outcomes stated in the SP. The initial evaluation outcomes provide an overview of increased awareness, knowledge, & skills gained by our stakeholders through Council activities. Intermediate outcomes reflect the translation into application of new & enriched skills, enhanced organizational capacity, improved practices, & greater availability of & access to higher quality services & opportunities for people with DD & their families. The intermediate outcomes are logically linked to the desired impact of long-term outcomes within each SP goal. Focus groups & satisfaction survey provide the Council with feedback on emerging trends & needs. Council State agency representatives & DD Network representatives provide the Council with updates on emerging issues related to their areas of interest & expertise. Additionally, participation of Council staff & Council members in state & national level groups provides a perspective on trends & issues affecting individuals with DD & their families. This information is taken into consideration throughout the 5-year State Plan cycle.

Logic Model	Logic Plan 2022-2026 UPDATED FINAL July 2022.docx

SECTION IV: PROJECTED COUNCIL BUDGET

Goal	Subtitle B $	Other(s) $	Total
Employment	$101689.00	$	$101689
Informal and Formal Supports	$175899.00	$	$175899
Community Integration and Inclusion	$215356.00	$	$215356
Advocacy and Self-Advocacy	$161709.00	$	$161709
General management (Personnel, Budget, Finance, Reporting)	$157452	$0	$157452
Functions of the DSA	$26379	$0	$26379
Total	$838484	$0	$838484

SECTION V: ASSURANCES

Written and Signed Assurances	Written and signed assurances are on file at the Council and will be made available to the Office on Intellectual and Developmental Disabilities, Administration for Community Living, United States Department of Health and Human Services upon request, regarding compliance with all requirements specified in Section 124 (C)(5)(A) (N) in the Developmental Disabilities Assurance and Bill of Rights Act. (true)

Approving Officials for Assurances	For the State or Territory (DSA is to assist the DD Council in obtaining assurances) (2)

Designated State Agency	A copy of the State Plan has been provided to the DSA (true)

SECTION VI: PUBLIC INPUT AND REVIEW

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.	

As described in the Introduction to the Comprehensive Review & Analysis (Section III; Part D; Rationale for Goal Selection), special effort was made to collect input from self-advocates & minority populations early in the State Plan development process. Data collected from the needs assessment survey, focus groups, & interviews truly guided the Council's Planning Committee & the Council with the State Plan Goals & Objectives development process. The needs assessment surveys were available in English & Spanish & were offered in electronic & print formats. A plain language version of the needs assessment survey was made available for individuals with developmental disabilities & included a visual thumbs up (agree) or thumbs down (disagree) for each question. The Council received feedback from 114 self-advocates through the surveys. In July 2020, the Council contracted with PTI (Parent Training & Information) Nebraska to identify Spanish speaking & other minority families & individuals with developmental disabilities in the PTI Nebraska network. PTI used EZ Text to send text messages to the identified individuals & families to encourage Spanish speaking & other minority individuals with developmental disabilities & their families to complete the online needs assessment survey in Spanish or English. The EZ Text blast was sent to over 425 individuals/families.The goal of the survey distribution was to have a broad geographical representation of Nebraskans to include language & ethnic diversity. 508 individuals completed one of the two versions of the needs assessment survey. 4% of the respondents completed the Spanish language survey. Most respondents were family members or care providers. Of the 448 respondents who provided their race, 83% were Caucasian, 3.6% were African-American, & 4.2% were two or more races. 9.6% of the respondents indicated their race as unknown/preferred not to answer. 43% of the respondents lived in a rural setting & 57% lived in urban settings. 5% of respondents were of Hispanic origin. Of the 360 respondents who responded to the sexual orientation demographic question, 93% self-identified as heterosexual.The second phase of the assessment process included the completion of interviews & focus groups. Participants either volunteered to be interviewed when they completed the survey or agreed to be participate in a focus group after being identified through a partnering group. The interviewees represented a cross section of family members & individuals with disabilities. Due to the low numbers of responses to the Spanish survey, a focus group with parents & guardians who spoke Spanish was prioritized and held. The Council's Planning Committee was tasked with developing the Council's State Plan & began meeting in Mar. 2020. The Planning Committee was comprised of Council & non-Council members (individuals representing families, educators, professionals, service providers, & community leaders). The non-Council members were selected by the Council Chair & staff & are citizens who can speak to the current needs & challenges that individuals w/DD & their families currently face. The 2020-21 Planning Committee included five self-advocates with developmental disabilities, five parents/guardians of children & adult children, two DD HCBS providers, & representatives from Munroe-Meyer Institute/UCEDD, NESILC, Assistive Technology Partnership, the Lincoln YWCA, the Dept. of Ed. Special

Education Office, & PTI Nebraska. The Executive Director from the Lincoln YWCA was a Black/African American woman who represented Lincoln's minority community. The representative from PTI Nebraska was a Hispanic woman who served as the PTI Nebraska Spanish Outreach Coordinator. The Council's Planning Committee & Council members were provided hard copies of the needs assessment report & the completed CRA research for their review to identify the gaps & barriers in a variety of disability service areas, which provided guidance in setting State Plan goals. They took into consideration those areas that they believed they could have the greatest impact & the current efforts of other agencies to address gaps & barriers so as not to duplicate efforts. The Council's Planning Committee participated in a robust process in October and November 2020 to draft the State Plan Goals & Objectives, which were shared and approved by Council members at the Council's November 22, 2020 quarterly meeting. The Council posted the Draft 2022-2026 State Plan Goals & Objectives (both in English & Spanish) on the Council's website for a 45-day comment period from December 1, 2020 through January 15, 2021. This allowed time to review all public comments, & if needed, make substantive changes to the State Plan Goals while allowing time for a second public comment period in mid-February to early April 2021. The Draft 2022-2026 State Plan Goals & Objectives were distributed through the Council's email distribution lists, reaching an approximate of 335 individuals. Notice of the State Plan public comment period was broadly distributed though targeted email lists & requests to agencies & organizations in multi-model dissemination, including text & social media posts (see below). The Council also partnered with key parent groups & Nebraska's self-advocacy organization, People First of Nebraska, for direct input & feedback. Both the Council website & email distribution directed the public to contact the Council office for a written copy or alternate format of the Draft 2022-2026 State Plan Goals & Objectives. The Council's email account was used to receive written comments. Six individuals/entites provided written comments during this 45-day comment period. The public comments are noted in the next section (Describe the revisions made to the Plan to take into account & respond to significant comments) of the SCDD Five Year State Plan. The following organizations and agencies assisted the Council by sharing a blast email in December 2020 or January 2021 encouraging feedback on the 2022-2026 DRAFT Goals and Objectives:The Arc of Nebraska (The Arc of Nebraska also shared the opportunity on social media & had 4 shares) People First of Nebraska PTI (Parent Training & Information) NebraskaNASP - Nebraska Association of Service ProvidersNCCD - Nebraska Consortium for Citizens with Disabilities (15 member organizations belong to NCCD)Nebraska's Developmental Disability Advisory CommitteeSEAC - Special Education Advisory Council membersNebraska Brain Injury Advisory Council MembersDHHS Division of Public Health - Health Disparities & Health Equity ACP (Association of Community Professionals) NebraskaMunroe-Meyer Institute UCEDD. (MMI shared blast with MMI Community Advisory Board and over 500 MMI employees) Disability Rights Nebraska The Council Executive Director also mentioned the State Plan public comment period at the following virtual meetings/events:Nebraska's Developmental Disability Advisory Committee, December 3, 2020MMI's virtual Statewide Disability Leadership Training Series, December 11, 12, 18 & 19, 2020NCCD meeting, December 14, 2020Nebraska's Olmstead Advisory Committee meeting, December 14, 2020DHHS HCBS Waiver update call for stakeholders, December 28, 2020NASP - Nebraska Association of Service Providers, December 29, 2020Disability Education Series, December 3, 2020 and January 8, 2021 The Council's Planning Committee met on January 27, 2021 to review the public comments that were received & to make recommendations to the Council on any potential suggestions or changes to the draft goals & objectives. The Planning Committee Chair, Ryan Moore, reviewed the six public comments that were submitted to the Council at their quarterly meeting on February 5, 2021. Ryan noted that the biggest concern focused on the aging population. To address this, the Committee recommended taking Goal 3, Objective C & breaking it into two objectives - C & D. Objective C addresses children & youth with intellectual & developmental disabilities (I/DD). Objective D addresses the aging population with I/DD. Additionally, wording was added to Goal 4, Objective D to include Alzheimer's & other dementia symptoms. Ryan presented the

Committee's recommended edited Draft 2022-2026 Five-Year State Plan Goals & Objectives to the Council and the Committee recommended submitting it to the Administration for Community Living (ACL) & the Office on Intellectual & Developmental Disabilities (OIDD). The Council accepted the recommendation & officially voted to accept the 2022-2026 State Plan Goals & Objectives. (Since there were no substantial changes to the Draft 2022-2026 Five-Year State Plan Goals & Objectives, the edited Draft 2022-2026 Five-Year State Plan Goals & Objectives did not need to go out for a second round of public comment.)

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

The Council reviewed & discussed the public comments shared, & decided that the comments did not warrant any revisions to the State Plan Goals. A few minor revisions to objectives were discussed & agreed upon. Council members formally approved the State Plan Goals & Objectives at their Apr. 16, 2021 meeting. 6 individuals provided written comments during the 45-day comment period, as noted below. 1.Diane B. Campbell, CEO, Mid NE Individual Services, Inc.(DD provider): Thank you for the opportunity to read the recently developed goals & objectives for the five year plan. It is obvious that the process was done in a very thoughtful way, the planning process resulted in meaningful areas that need to be targeted for improvement.2.Randall S. Jones, Chair, NE Ass. of Area Agencies on Aging: The NE Ass. of Area Agencies on Aging applauds your inclusion of caregiver training for the aging population w/DD population (Goal 3, Obj.C). The increasing aging population requires greater focus on investments in education & resources to help all seniors live independently. The additional challenge faced by the aging DD population are the limited # who have offspring to continue supports as they age. We encourage the Council to continue to specifically measure the needs of the aging DD population (age 60 & over) & invest in resources to influence policy & supports for this fragile population.The Association of Aging w/DD web site shares:Historically, people w/DD died at younger ages. However, more recently, individuals w/DD have experienced a more dramatic increase in lifespan than the general population. The average life expectancy for people with a DD was 22 years in 1931, compared to 62 years for the general population. Now, average life expectancy is 70 years for most people w/DD, quickly approaching that of the general population. Better healthcare & de-institutionalization have contributed to the rise in life expectancy; people w/DD who are living into older ages either grew up in the family home or were institutionalized. As older adults, they are living with aging family members, living independently or in supported living/group home settings. Most people w/DD did not produce offspring, so they have little if any family support as they age, thus the increased need for the support provided by AADD. Through our direct services, AADD's overarching goal is to prevent entry into unnecessary long-term care placement & premature death in individuals who are aging w/DD. In response, all AADD programs have a common goal to provide necessary training to assist individuals in achieving a greater independence in the home & community while aging in place. 3.Brenda Coenen (Parent): I would like to first state that I think community inclusion is great. I think it opens up a lot of opportunities & it gives some people w/disabilities a better quality of life. With that being said I think the push for more community inclusion, has left other people & those with sensory issues like my son who is Autistic out of the planning. My son has a lot of sensory issues, sounds, lights, smells etc. He gets easily overstimulated & it will increase his behaviors & SIBS (Self-Injurious Behaviors). He takes several medications to try to help, but when forced to go out they increase & he will hit his head, & bite his arms leaving bruising & bite marks. They talk about Person Centered Program & what the person wants, but for the provider to get paid the client has to be out for so many hours a day. My son lives in a group home & cannot be left alone, so if he chooses to stay home he needs staff w/him & the provider needs to be reimbursed. If providers are not reimbursed it will be difficult if not impossible to find a provider to care for him. My son refuses to get on the van to go out & would prefer to stay home & do activities around the house. As his parent I want what every other parent wants, for my son to be happy & have the best quality of life & if that means allowing him to stay home when he chooses to not go on community outings, than I think he should be allowed to make that choice. Several times a day staff encourages him to get on the van to go places, but he refuses. Though my son is non-verbal, his voice needs to be heard through his actions & choices. I think sometimes when regulations are being made the people making them think of what they think a quality of life is & not necessarily what the client feels it is.Please take in consideration what the individual's desires are & not make a blanket plan that covers maybe some of them & the others have to conform. That is not a quality of life for them, especially when the behaviors & SIBs increase. I am writing this not only for my son, but for other people I have talked to whose loved ones don't want to go out every day for several hrs. & they should be allowed to make that choice. Not all of them have sensory issues like my son, some are older & just like you or I when we retire we won't want to go out every day, some of their loved ones are introverted & do not like to be around a lot of people or on vans w/several people every day, some of their loved ones are vulnerable to illnesses such colds or pneumonia & with NE weather being out every day is not in their best interest. I don't think there should be regulations as to where the individuals choose to spend their day as long as they are engaged w/activities, doing their programs & documentation is being done if it is theirs /their guardians decision. If we are truly going to have a PCP than we need to look at the choices of each individual & not what someone else may choose.4.Darla Wilkerson, Owner (& former NCDD grant recipient), The CSI Network, LLC:Thank you for allowing folks to comment & give feedback on your state plan. While I do not live in NE, I have contracted with the Council under a 3 year grant & then two 1 year extensions, so for 5 years total on employment related efforts, back in 2011. For what it's worth, my recommendation is to stop doing research type goals or grants & start doing action type goals. So movement, not more studies. I would bet that if you looked back over the years there has been many studies completed around systemic barriers & nothing has really changed. For true change to occur I believe four things need to happen.1. Require competencies based training for all employment provider personnel & include outcome based funding in all contracts.2. Stop funding day programs or non-employment programs3. Fund business led employment groups4. Stop funding studies & actually attack the systemic barriers!!! Get people with disabilities to lead initiatives.Thank you for taking my comments into consideration. If you would like to visit with me more I'm happy to discuss ideas. 5.Sharon Ohmberger, Community Engagement Director, Disability Rights NE: Thanks for the opportunity to review the Proposed 2022-2026 State Plan Goals. The proposed goals & objectives, while ambitious, are comprehensive. They are clearly focused toward expanding access for Nebraskans w/IDD to all of the things a typical citizen enjoys - employment at competitive wages, opportunities to participate in the community in meaningful ways, & having a voice in matters that affect us.I would especially like to see the Council place emphasis on Goal 2. Objective A. Item 4 - exploring natural supports & non-waiver services. I believe strategies such as this have exponential benefits in terms of connecting people into the community. Those additional community connections can mean greater safety, greater involvement, greater fulfillment, a richer life. One example of this is the work being done to expand natural supports by Mattingly Edge in Kentucky. https://www.mattinglyedge.org/I appreciate the work the Council has put into promoting the Person Centered Planning process & the webinar speakers they have provided to expand our vision of what is possible. Good stuff. As a part of the P&A & the Network, I look forward to collaborating on these activities. Thank you for your work.6.Eric Evans, CEO, Disability Rights NEI've had an opportunity to review the draft Proposed 2022-2026 State Plan Goals. First, I want to commend the Council for the level of public input that was received in developing the draft plan. In terms of the goal statements, overall I think that they accurately represent key issues that continue to challenge people w/IDD & their families.The 1st goal, which focuses on employment, is consistent with DRN's systemic focus on moving away from sheltered workshops & towards increased opportunities for competitive, integrated employment. We strongly support the 3 objectives under this goal & are pleased to see a renewed commitment for an advocacy initiative aimed at establishing NE as an Employment First state. We are also pleased to see an obj. to conduct a system-wide analysis of employment & supported employment outcomes for people w/IDD that will provide useful data in advocating for systemic changes. Certainly, systemic change is good & necessary, but with the 3rd objective under the 1st goal you clearly recognize the value of building positive relationships w/individual employers that will be needed to increase competitive employment opportunities.The 2nd goal, which focused on encouraging & promoting informed decision-making, leading to improved quality of life, increased independence, productivity, & full inclusion in their communities is highly consistent w/our organization's focus on advocating for alternatives to full guardianship, including supported decision-making. With regard to the 1st obj. under this goal, we are pleased to see that the Council recognizes the need for an ongoing commitment to Person Centered Planning during the next planning cycle. We strongly support & are willing to be one of the collaborative partners to help achieve the 2nd objective. In terms of the 3rd obj. under this goal, while we clearly understand how technology can be challenging for parents to utilize, it seems that it is a larger issue than just assistive tech. & the role of the Nebraska ATP. Are there additional tech. organizations beyond the partnership that might be important to include as possible collaborative partners?The 3rd goal address the need to increase the # of people that will have opportunities for greater independence & integration. As you noted earlier, independence & integration are two of the main purposes of the DD Act. The 1st obj. under this goal addresses a long-standing issue that has challenged, & continues to challenge, service providers. Certainly, having an adequate supply of qualified staff to provide services & compensating them adequately for their work is essential. That said, the focus of any Council funded training under this obj. should be clearly related to improving staff knowledge & skills so as to provide greater opportunities for productivity, independence & inclusion of people w/IDD. In terms of the 2nd obj., we stand ready to be a collaborative partner in working with the Council to identify, understand & develop strategies to address these emerging issues. Although respite services are not one of our priority areas, we strongly support the Council's work to increase the availability of respite services. The 4th & final goal is focused on collaborative efforts that the Council can engage in w/other organizations. We strongly support the Council's efforts to implement & expand the tenets of self-determination, increase the ability & opportunity for people to advocate for themselves & others, & increase the # of individuals who meaningfully participate in policymaking & leadership roles. We support all of the obj. identified under this goal & look forward to working with the Council as a collaborative partner on all these obj., but especially obj. A, B & D. We will also work w/People First NE to achieve obj. C.

ANNUAL WORK PLANNING

Fiscal Year 2022 Planning

Goal 1: Employment

Quality Assurance	true
Education and Early Intervention	false
Child Care	false
Health	false

Employment	true
Housing	false
Transportation	false
Recreation	false
Community Supports	true
Outreach	true
Training	true
Technical Assistance	true
Supporting and Educating Communities	true
Interagency Collaboration	false
Coordination	false
Barrier Elimination	true
System Design	true
Coalition Development	false
Informing Policymakers	true
Demonstration	false
Other Activities	false
Advocacy	true
System Change	true
Self Advocacy	false
Targeted Disparity	false
Collaboration	true
Rights	false
Capacity Building	false
State Protection	false
University Centers	true
State DD Agency	true
justification	
Other 1	true
Other 1 Specify	Nebraska VR
Other 2	true
Other 2 Specify	Nebraska Department of Education Special Education
Other 3	true
Other 3 Specify	People First of Nebraska and Nebraska Consortium for Citizens with Disabilities

Objectives

Objective 1.1:	By 2026, increase awareness, knowledge, and identify necessary system changes to remove barriers to competitive, integrated employment at a living wage for individuals with I/DD.

Performance Measures

IA 1.1	27
IA 1.2	5

IA 2.1	50%
IA 2.2	50%
IA 2.3	25%
IA 2.4	0%
IA 2.5	1%
IA 3.1	85%
IA 3.2	85%
SC 1.1	0
SC 1.2	0
SC 1.3	
SC 1.3.1	2
SC 1.3.2	2
SC 1.3.3	0
SC 1.3.4	1
SC 1.4	150
SC 1.5	2
SC 2.1	1
SC 2.2	1
SC 2.1.1	0
SC 2.1.2	0
SC 2.1.3	0
SC 2.1.4	2

Key Activities

Key Activity 1.1.1:	A. Contract with a national subject matter expert to conduct a statewide Comprehensive Employment and Supported Employment Outcomes study.
Key Activity 1.1.2:	Funding for People First of Nebraska will educate employers about how to hire and support employees with disabilities in long-term careers.

Expected Outputs

Expected Output 1.1.1:	Advocacy agencies, employment services providers, and employers across the state will participate in the survey.
Expected Output 1.1.2:	Research historical data and trends, and review key public systems policy and programs and the impact of federal legislation and regulations on key public systems in Nebraska.
Expected Output 1.1.3:	Final report of data and data analysis to include a comprehensive set of strategies to revitalize Nebraska's employment support system for PWIDD.
Expected Output 1.1.4:	Collaborate with disability employment specialists in the state to develop two videos focused on improving employment opportunities and outcomes for people with disabilities.
Expected Output 1.1.5:	Contract with a disability employment professional in Nebraska to assist with identifying employers and workers with disabilities and workers to feature in the video, write a video script, and provide

	production and editing input.
Expected Output 1.1.6:	Market the videos on social media and promote them among regional and national self-advocate networks. In-person and/or virtual showings of the videos will be scheduled with employers, community organizations, state agencies, and others.
Expected Output 1.1.7:	Create a resource handout for video presentations.

Expected Sub-Outputs

Expected Sub-Outcome 1.1.1:	Employment services providers will gain knowledge of supported employment and customized employment strategies.
Expected Sub-Outcome 1.1.2:	Policymakers will have the data to identify how to increase opportunities for competitive integrated employment for PWIDD.
Expected Sub-Outcome 1.1.3:	Competitive, integrated, and meaningful employment opportunities will be improved through braiding of services and robust partnerships between the Division of Developmental Disabilities and Nebraska VR.
Expected Sub-Outcome 1.1.4:	Employers will learn how to find applicants with disabilities, how to provide accommodations and adaptations, and how to avoid situations that lead to a person with a disability quitting or being fired from a job.
Expected Sub-Outcome 1.1.5:	A handout on resources to recruit, train, and support employees with disabilities will be shared with employers.
Expected Sub-Outcome 1.1.6:	PFN and collaborating partners will document a network of Nebraska businesses that employ people with disabilities.

Data Evaluations

Data Evaluation 1.1.1:	Bi-monthly updates, draft and final reports submitted
Data Evaluation 1.1.2:	PFN: Quarterly reports, satisfaction surveys, stakeholder/participant feedback, performance measures.

Goal 2: Informal and Formal Supports

Quality Assurance	true
Education and Early Intervention	true
Child Care	false
Health	true
Employment	true
Housing	false
Transportation	false
Recreation	false
Community Supports	true
Outreach	true
Training	true
Technical Assistance	true
Supporting and Educating Communities	true

Interagency Collaboration	true
Coordination	true
Barrier Elimination	false
System Design	false
Coalition Development	false
Informing Policymakers	false
Demonstration	false
Other Activities	false
Advocacy	true
System Change	false
Self Advocacy	false
Targeted Disparity	false
Collaboration	true
Rights	false
Capacity Building	false
State Protection	false
University Centers	false
State DD Agency	true
justification	
Other 1	true
Other 1 Specify	Assistive Technology Partnership
Other 2	true
Other 2 Specify	Nebraska Department of Education Special Education, Nebraska VR
Other 3	true
Other 3 Specify	PTI Nebraska

Objectives

Objective 2.1:	By 2026, individuals with I/DD, their families, and professionals will have increased information and knowledge about waiver, non-waiver, natural supports, and person-centered planning principles as well as the Assistive Technology (AT) needed to strengthen supports in employment, education, recreation, behavior, etc.

Performance Measures

IA 1.1	5
IA 1.2	5
IA 2.1	80%
IA 2.2	80%
IA 2.3	75%
IA 2.4	0%
IA 2.5	0%
IA 3.1	85%
IA 3.2	75%
SC 1.1	0

SC 1.2	0
SC 1.3	
SC 1.3.1	1
SC 1.3.2	1
SC 1.3.3	0
SC 1.3.4	0
SC 1.4	10
SC 1.5	0
SC 2.1	1
SC 2.2	1
SC 2.1.1	0
SC 2.1.2	0
SC 2.1.3	0
SC 2.1.4	0

Key Activities

Key Activity 2.1.1:	Fund a subaward to create an Adult Sibling Network of people with IDD and siblings of people with IDD to educate, exchange ideas, support, and develop relationships.

Expected Outputs

Expected Output 2.1.1:	Recruit Network members through social media, advocacy and community organizations for inclusion, blogs, email blasts, and flyers distributed at community events.
Expected Output 2.1.2:	Host meetings, social gatherings, and educational events in the community.
Expected Output 2.1.3:	Investigate services that may be available through waiver services and other resources including natural supports.
Expected Output 2.1.4:	Create a manual on developing an Adult Sibling Network for use in creating additional networks across the state.

Expected Sub-Outputs

Expected Sub-Outcome 2.1.1:	Network participants will learn about available services and resources.
Expected Sub-Outcome 2.1.2:	Parents, families, and professionals are educated on various services available through waiver supports.
Expected Sub-Outcome 2.1.3:	Parents, families, and professionals will increase their knowledge about how to make informed decisions to improve the quality of the life for people with DD and increase their independence, productivity, and their experience of inclusion.

Data Evaluations

Data Evaluation 2.1.1:	Quarterly reports, satisfaction surveys, stakeholder/participant feedback, performance measures.

Objective 2.2:	Annually partner with Nebraska communities and/or community-based organizations to educate English and non-English speaking

	individuals with I/DD and their families, in the Hispanic/Latino community who live in the Omaha metro and/or Lexington area(s), about important and emerging disability related issues, services, and supports available.

Performance Measures

IA 1.1	75
IA 1.2	100
IA 2.1	10%
IA 2.2	10%
IA 2.3	50%
IA 2.4	5%
IA 2.5	1%
IA 3.1	80%
IA 3.2	80%
SC 1.1	1
SC 1.2	0
SC 1.3	
SC 1.3.1	1
SC 1.3.2	1
SC 1.3.3	0
SC 1.3.4	0
SC 1.4	225
SC 1.5	1
SC 2.1	1
SC 2.2	1
SC 2.1.1	0
SC 2.1.2	0
SC 2.1.3	0
SC 2.1.4	0

Key Activities

Key Activity 2.2.1:	Fund a subaward to present transition-based trainings to transition-aged youth, parents, and professionals on preparing for the transition of students with IDD from high school to adulthood.

Expected Outputs

Expected Output 2.2.1:	Develop information and training materials for English and non-English speaking individuals on the array of transition services available across the Nebraska system to transition-aged self-advocates and parents.
Expected Output 2.2.2:	Present three new or updated transition-based webinars to self-advocates and parents in three different locations across the state annually.
Expected Output 2.2.3:	Coordinate monthly campaigns focused on transition for posting on website and social media.
Expected Output 2.2.4:	Partner with state agencies to create and disseminate new

	informational Tip Sheets and other resources on health care, employment, post-secondary education, and independent living topics.

Expected Sub-Outputs

Expected Sub-Outcome 2.2.1:	Self-advocates and parents will be educated on preparing for the transition of students with IDD from high school to adulthood.
Expected Sub-Outcome 2.2.2:	Transition materials will be ADA compliant for webpage and social media access, and available in English, Spanish, and other languages as needed.
Expected Sub-Outcome 2.2.3:	One new transition document will be updated with a focus on person-centered planning.

Data Evaluations

Data Evaluation 2.2.1:	Quarterly reports, satisfaction surveys, stakeholder/participant feedback, performance measures.

Goal 3: Community Integration and Inclusion

Quality Assurance	true
Education and Early Intervention	true
Child Care	false
Health	true
Employment	false
Housing	false
Transportation	false
Recreation	false
Community Supports	true
Outreach	true
Training	true
Technical Assistance	true
Supporting and Educating Communities	true
Interagency Collaboration	true
Coordination	true
Barrier Elimination	true
System Design	true
Coalition Development	true
Informing Policymakers	true
Demonstration	false
Other Activities	false
Advocacy	true
System Change	true
Self Advocacy	false

Targeted Disparity	false
Collaboration	true
Rights	true
Capacity Building	true
State Protection	true
University Centers	false
State DD Agency	true
justification	
Other 1	true
Other 1 Specify	Nebraska Emergency Management Association
Other 2	true
Other 2 Specify	Nebraska Association of Emergency Managers
Other 3	false

Objectives

Objective 3.1:	By 2026, increase capacity of caregiver and direct support systems through enhanced training and improved access to information. As a result, individuals with I/DD are provided services and supports by professionals and caregivers who are knowledgeable, trained, and supported.

Performance Measures

IA 1.1	250
IA 1.2	50
IA 2.1	10%
IA 2.2	10%
IA 2.3	50%
IA 2.4	0%
IA 2.5	0%
IA 3.1	75%
IA 3.2	25%
SC 1.1	2
SC 1.2	0
SC 1.3	
SC 1.3.1	2
SC 1.3.2	2
SC 1.3.3	0
SC 1.3.4	0
SC 1.4	500
SC 1.5	0
SC 2.1	2
SC 2.2	2
SC 2.1.1	0
SC 2.1.2	0
SC 2.1.3	0

SC 2.1.4	0

Key Activities

Key Activity 3.1.1:	Fund a professional development project to train provider staff on sexual health and wellness, behavior modification, and positive personal changes.
Key Activity 3.1.2:	Fund a project to empower families of children with autism through community awareness and training.

Expected Outputs

Expected Output 3.1.1:	Project staff will be trained and certified in the Elevatus curriculum and Motivational Interviewing Network of Trainers (MINT).
Expected Output 3.1.2:	Project staff will facilitate classes using Elevatus curriculum for agency employees, supported persons, and caregivers.
Expected Output 3.1.3:	DSPs will attend Elevatus web-based training.
Expected Output 3.1.4:	Behavior Support Team staff who are unlicensed will become Registered Behavior Technician certified.
Expected Output 3.1.5:	Staff and caregivers will attend Motivational Interviewing training.
Expected Output 3.1.6:	ASD Project: Establish collaborative partnerships with families, community members, and other organizations.
Expected Output 3.1.7:	ASD Project: Conduct surveys to gather baseline information on families' and communities' education and training needs.
Expected Output 3.1.8:	ASD Project: Present a minimum of three annual in-person and/or virtual education sessions, training, and culturally inclusive resources about DD and behavior management to the community and families.

Expected Sub-Outputs

Expected Sub-Outcome 3.1.1:	Elevatus-certified staff will have the knowledge and experience to facilitate training to agency staff, DSPs, and supported persons.
Expected Sub-Outcome 3.1.2:	Staff and caregivers will have a better understanding of how to create positive life changes and healthy relationships, as well as greater independence in making decisions regarding participation in all types of relationships that will lead to greater integration in the communities in which the supported person lives.
Expected Sub-Outcome 3.1.3:	Staff and caregivers receiving motivational interviewing training will improve skills/abilities related to building health relationships and assisting a supported person through the process of creating change.
Expected Sub-Outcome 3.1.4:	Supported persons will take a more active role in initiating and maintaining healthy relationships and increase their independence.
Expected Sub-Outcome 3.1.5:	Increased knowledge, insight and skills will lead to improved retention of staff, lower caregiver strain, and an increase of adaptive functioning for supported persons.
Expected Sub-Outcome 3.1.6:	ASD Project: Families and caregivers will be provided with strategies, tools, resources, and the necessary familiarity to play an active role in their children's treatment and interventions.
Expected Sub-Outcome 3.1.7:	ASD Project: Families and caregivers will be empowered to implement effective interventions to improve interactions with their children and

	build independence.
Expected Sub-Outcome 3.1.8:	ASD Project: Community-based, informed education materials and training curriculum tailored to consumers will be generated and available to future users.
Expected Sub-Outcome 3.1.9:	ASD Project: Community knowledge, expertise, and skills related to autism and DD to improve quality of care and services for families and individuals with DD will be increased.

Data Evaluations

Data Evaluation 3.1.1:	Quarterly reports, satisfaction surveys, stakeholder/participant feedback, performance measures.

Objective 3.2:	By 2026, increase the capacity of advocates and policy makers to address at least three emerging issues that impact individuals with I/DD and their families. Annually review and identify emerging issues/needs.

Performance Measures

IA 1.1	30
IA 1.2	10
IA 2.1	5%
IA 2.2	5%
IA 2.3	50%
IA 2.4	1%
IA 2.5	1%
IA 3.1	80%
IA 3.2	80%
SC 1.1	3
SC 1.2	0
SC 1.3	
SC 1.3.1	1
SC 1.3.2	1
SC 1.3.3	0
SC 1.3.4	1
SC 1.4	50
SC 1.5	1
SC 2.1	1
SC 2.2	1
SC 2.1.1	3
SC 2.1.2	3
SC 2.1.3	0
SC 2.1.4	1

Key Activities

Key Activity 3.2.1:	Fund a second year of Emergency Management Disability Awareness

	Training.

Expected Outputs

Expected Output 3.2.1:	Conduct five, two-day trainings across regions that have not received the training program in year 1; upon request, conduct second round of trainings in locations that have already received the training.
Expected Output 3.2.2:	Emergency management offices, disability organizations, and disability advocates will report on the planning process and identify promising practices for their regions, and the development and implementation of the Core Advisory Groups.
Expected Output 3.2.3:	Consult with emergency management offices and disability organizations on the progress of intended outcomes.

Expected Sub-Outputs

Expected Sub-Outcome 3.2.1:	Emergency management staff, disability organizations, and disability advocates will receive training and resource materials on how to be prepared to assist people with disabilities and access and functional needs during an emergency.
Expected Sub-Outcome 3.2.2:	Emergency shelter staff will be educated on the rights of people with disabilities and access and functional needs.

Data Evaluations

Data Evaluation 3.2.1:	Quarterly reports, satisfaction surveys, stakeholder/participant feedback, performance measures.

Objective 3.3:	By 2026, individuals with I/DD (especially those with co-occurring I/DD and mental health challenges and/or Alzheimer's and other dementia symptoms) and their families will have access to services, supports, and resources to receive services in both community and school settings that are the least restrictive and respect their rights.

Performance Measures

IA 1.1	100
IA 1.2	100
IA 2.1	5%
IA 2.2	50%
IA 2.3	1%
IA 2.4	1%
IA 2.5	1%
IA 3.1	80%
IA 3.2	80%
SC 1.1	1
SC 1.2	0
SC 1.3	
SC 1.3.1	1
SC 1.3.2	1

SC 1.3.3	1
SC 1.3.4	1
SC 1.4	500
SC 1.5	1
SC 2.1	1
SC 2.2	1
SC 2.1.1	1
SC 2.1.2	1
SC 2.1.3	1
SC 2.1.4	1

Key Activities

Key Activity 3.3.1:	Fund a second year of the Person-Centered Planning training initiative.

Expected Outputs

Expected Output 3.3.1:	Provide PCP Introductory and Advanced virtual training sessions to families, service recipients, and DD and A&D provider staff.
Expected Output 3.3.2:	Train self-advocates to lead their own person-centered planning meetings.
Expected Output 3.3.3:	Collaborate with the Division of Developmental Disabilities and other disability advocacy agencies to promote the trainings statewide, to include website, social media, newsletters, and through email blasts.
Expected Output 3.3.4:	Hire three people with DD to serve as co-chairs and presenters.
Expected Output 3.3.5:	Create a library of training materials, recordings of webinars, handouts, and PowerPoint presentations.

Expected Sub-Outputs

Expected Sub-Outcome 3.3.1:	Service recipients and families have the knowledge, skills, and tools to effectively participate in pre-meetings, set the agenda, and be active agents to enhance their range of choices and obtain greater independence and autonomy.
Expected Sub-Outcome 3.3.2:	Service providers have the tools and information they need to empower and support service recipients and their families to participate effectively in PCP to enhance their range of choices and obtain greater independence and autonomy.
Expected Sub-Outcome 3.3.3:	Service recipients, families, service coordinators, providers, and other stakeholders will have a deepened understanding of PCP and be more able to participate effectively in PCP efforts.
Expected Sub-Outcome 3.3.4:	Co-trainers and presenters with DD share their real-world lived experience and make training sessions more realistic.
Expected Sub-Outcome 3.3.5:	Tools created for the training will be available on the DHHS webpage.
Expected Sub-Outcome 3.3.6:	The Division of Developmental Disabilities will be better positioned to fully implement and sustain PCP in Nebraska.
Expected Sub-Outcome 3.3.7:	Nebraska will come into Compliance with the CMS Final Rule of 2014 requiring Person-Centered Planning for all waiver recipients and the Affordable Care Act of 2010 requiring PCP for every waiver service

	recipient.

Data Evaluations

Data Evaluation 3.3.1:	Quarterly reports, satisfaction surveys, stakeholder/participant feedback, performance measures.
Data Evaluation 3.3.2:	Event registration and meeting sign-in sheets.

Goal 4: Advocacy and Self-Advocacy

Quality Assurance	true
Education and Early Intervention	false
Child Care	false
Health	false
Employment	false
Housing	false
Transportation	false
Recreation	false
Community Supports	true
Outreach	true
Training	true
Technical Assistance	true
Supporting and Educating Communities	true
Interagency Collaboration	true
Coordination	true
Barrier Elimination	true
System Design	true
Coalition Development	true
Informing Policymakers	true
Demonstration	false
Other Activities	false
Advocacy	true
System Change	true
Self Advocacy	true
Targeted Disparity	false
Collaboration	true
Rights	true
Capacity Building	true
State Protection	true
University Centers	true
State DD Agency	true
justification	
Other 1	true
Other 1 Specify	Nebraska Statewide Independent Living Center

Other 2	true
Other 2 Specify	The Arc of Nebraska
Other 3	true
Other 3 Specify	Nebraska Department of Education Special Education

Objectives

Objective 4.1:	Annually, the DD Network and Nebraska DD Network Partners will support individuals with intellectual and developmental disabilities (I/DD) to increase their leadership and participation in policymaking through active participation in statewide advisory committees, cross-disability workgroups, public policy advocacy, and cross-system dialogue.

Performance Measures

IA 1.1	65
IA 1.2	16
IA 2.1	0%
IA 2.2	0%
IA 2.3	0%
IA 2.4	0%
IA 2.5	0%
IA 3.1	0%
IA 3.2	0%
SC 1.1	0
SC 1.2	3
SC 1.3	
SC 1.3.1	0
SC 1.3.2	1
SC 1.3.3	0
SC 1.3.4	1
SC 1.4	50
SC 1.5	1
SC 2.1	1
SC 2.2	1
SC 2.1.1	3
SC 2.1.2	3
SC 2.1.3	0
SC 2.1.4	1

Key Activities

Key Activity 4.1.1:	Council will take positions on introduced state legislation as recommended by the Legislative & Advocacy Committee and approved by Council members.
Key Activity 4.1.2:	Council staff will participate in coalitions/networks/partnerships.
Key Activity 4.1.3:	Council staff serve on multiple workgroups and statewide advisory committees.

Expected Outputs

Expected Output 4.1.1:	Council Chair to submit 18 letters to State Senators serving on various legislative committees to educate and inform them on the Council's positions on 18 legislative bills.
Expected Output 4.1.2:	One Council member will provide oral testimony during a public hearing to educate and inform senators on the Council's position.
Expected Output 4.1.3:	Mail Newsline publication summarizing Council-selected legislative bills and status of bills during legislative session to 583 individuals & senators.
Expected Output 4.1.4:	Council staff quarterly attendance at a minimum of three DD coalition/network/partnership meetings with Long Term Redesign Advisory Committee; Disability Stakeholder Olmstead Planning Advisory Council; Brain Injury Advisory Council; Brain Injury Oversight Committee; Behavioral Health Joint Advisory Committee; Title V Maternal Child Health Block Grant Steering Committee; Oral Health Advisory Committee; MMI's Community Advisory Board; and the Governor's Developmental Disability Advisory Committee (pertaining to state's DD waiver services).
Expected Output 4.1.5:	Council staff quarterly attendance at a minimum of 10 gatherings of workgroups and statewide advisory committees.

Expected Sub-Outputs

Expected Sub-Outcome 4.1.1:	Stakeholders and policymakers are educated on key legislation impacting individuals with developmental disabilities through letters of support/opposition and/or testimony.
Expected Sub-Outcome 4.1.2:	Coalition/network/partnership meetings provide opportunities for stakeholder collaboration and coordination to promote systems change.
Expected Sub-Outcome 4.1.3:	Council staff's active participation on state workgroups and statewide advisory committees brings the perspective of individuals with developmental disabilities to discussions and promotes system collaboration and advocacy efforts.

Data Evaluations

Data Evaluation 4.1.1:	Council staff track legislative outcomes.
Data Evaluation 4.1.2:	Report on coalition/network/partnership meetings to Council members at quarterly Council meetings; share trends, emerging issues, and best practices.
Data Evaluation 4.1.3:	Council staff provide updates at quarterly Council meetings regarding workgroups and advisory committees and shares informative emails and updates between Council meetings as appropriate.

Objective 4.2:	Annually collaborate amongst the Nebraska DD Network Partners (Disability Rights Nebraska, the University of Nebraska Medical Center Munroe-Meyer Institute - University Center for Excellence in Developmental Disabilities Education, Research and Services [UCEDD],

	and the Nebraska Council on Developmental Disabilities) to advocate for positive systems change impacting the lives and health of individuals with I/DD by: 1. Conducting monthly planning meetings to discuss trends, concerns, and challenges with a goal of system changes and improvements for Nebraskans with I/DD. 2. Hosting training on a mutually selected emerging issue at the annual Nebraska DD Network Partners' Tri-Board Meeting. 3. Continue leveraging joint advocacy efforts to strengthen and improve the newly developed Nebraska Olmstead Plan. 4. Leveraging joint advocacy efforts to strengthen the Supported Decision Making Initiative.

Performance Measures

IA 1.1	0
IA 1.2	0
IA 2.1	0%
IA 2.2	0%
IA 2.3	0%
IA 2.4	0%
IA 2.5	0%
IA 3.1	0%
IA 3.2	0%
SC 1.1	1
SC 1.2	0
SC 1.3	
SC 1.3.1	1
SC 1.3.2	1
SC 1.3.3	0
SC 1.3.4	0
SC 1.4	60
SC 1.5	3
SC 2.1	3
SC 2.2	2
SC 2.1.1	1
SC 2.1.2	1
SC 2.1.3	1
SC 2.1.4	1

Key Activities

Key Activity 4.2.1:	Conduct monthly planning meetings with DD Network Partner CEOs.
Key Activity 4.2.2:	Conduct annual training to DD Network Partner membership on current issue, trend, or challenge implementing individuals with developmental disabilities. DD Network CEOs select focus of training.
Key Activity 4.2.3:	Educate policymakers.
Key Activity 4.2.4:	Serve on advisory boards or stakeholder groups facilitated by DD Network partners.

Key Activity 4.2.5:	Member of Nebraska Association of Service Providers (NASP) and NCCD (Nebraska Consortium for Citizens with Disabilities).

Expected Outputs

Expected Output 4.2.1:	Minimum of 10 monthly DD Network Partner CEO meetings.
Expected Output 4.2.2:	1 DD Network Tri-Board Training event (annually), with at least 25 people attending.
Expected Output 4.2.3:	Minimum of 10 NASP and NCCD meetings attended annually.
Expected Output 4.2.4:	DD Network Partners participate in at least three advisory boards or stakeholder group meetings throughout the year.

Expected Sub-Outputs

Expected Sub-Outcome 4.2.1:	Tri-Board Training leads to additional DD Network collaboration on potential project, legislative action, or outreach. It also strengthens DD Network relationships.
Expected Sub-Outcome 4.2.2:	Serve as cross-agency representatives on advisory boards or stakeholder groups facilitated by DD Network Partners throughout the year. Cross agency representation within DD Network role models and facilitates collaboration between three entities.
Expected Sub-Outcome 4.2.3:	Collaborate on system changes, trends, concerns, and challenges.
Expected Sub-Outcome 4.2.4:	Improved systems within the State of Nebraska in relation to people with I/DD and their families.
Expected Sub-Outcome 4.2.5:	Provide input/feedback on DD Network Partner annual goals and objectives.

Data Evaluations

Data Evaluation 4.2.1:	Collect sign-in sheets from Tri-Board training event.
Data Evaluation 4.2.2:	Participant surveys to measure satisfaction with Tri-Board training event. Summary report written by one of the DD Network CEOs.

Objective 4.3:	Annually strengthen the statewide advocacy cross-disability organization, People First of Nebraska, to increase self-advocate leadership development and participation through training by self-advocates so they can participate in cross-disability, culturally diverse organizations. 1. Strengthen support for an increased number of self-advocates through leadership development and coalition participation by expanding efforts statewide to reach, educate, and engage younger self-advocates and their families in the self-determination movement. 2. Increase opportunities for self-advocates who are leaders to train other self-advocates to become leaders and increase opportunities for participation in cross-disability, culturally diverse organizations.

Performance Measures

IA 1.1	100
IA 1.2	20

IA 2.1	2%
IA 2.2	2%
IA 2.3	85%
IA 2.4	2%
IA 2.5	2%
IA 3.1	85%
IA 3.2	85%
SC 1.1	1
SC 1.2	3
SC 1.3	
SC 1.3.1	1
SC 1.3.2	1
SC 1.3.3	0
SC 1.3.4	0
SC 1.4	150
SC 1.5	1
SC 2.1	1
SC 2.2	1
SC 2.1.1	3
SC 2.1.2	2
SC 2.1.3	1
SC 2.1.4	1

Key Activities

Key Activity 4.3.1:	Fund People First of Nebraska (PFN) self-advocacy initiatives.

Expected Outputs

Expected Output 4.3.1:	PFN will coordinate and host one leadership convention.
Expected Output 4.3.2:	PFN Disability Policy Specialists will research proposed legislation and prepare testimony, letters of support/opposition, and other materials to educate and inform senators on the impact of the proposed legislation on people with disabilities.
Expected Output 4.3.3:	PFN leadership will participate in regional and national conferences.

Expected Sub-Outputs

Expected Sub-Outcome 4.3.1:	A minimum of 65 attendees at the PFN convention will hear a keynote presentation and attend breakout sessions on how to practice and improve their self-advocacy and self-determination skills.
Expected Sub-Outcome 4.3.2:	Self-advocates will play major role in conference planning and breakout session presentations.
Expected Sub-Outcome 4.3.3:	A minimum of two self-advocates will be hired and trained to be Disability Policy Specialists.
Expected Sub-Outcome 4.3.4:	Leaders who attend regional and national conferences will increase their knowledge and advocacy skills.

Data Evaluations

Data Evaluation 4.3.1:	Quarterly reports, satisfaction surveys, stakeholder/participant feedback, performance measures.
Data Evaluation 4.3.2:	Event registration and meeting sign-in sheets.

Fiscal Year 2023 Planning

Goal 1: Employment

Quality Assurance	true
Education and Early Intervention	false
Child Care	false
Health	false
Employment	true
Housing	false
Transportation	false
Recreation	false
Community Supports	true
Outreach	true
Training	true
Technical Assistance	true
Supporting and Educating Communities	true
Interagency Collaboration	false
Coordination	false
Barrier Elimination	true
System Design	true
Coalition Development	false
Informing Policymakers	false
Demonstration	false
Other Activities	false
Advocacy	true
System Change	true
Self Advocacy	false
Targeted Disparity	false
Collaboration	true
Rights	false
Capacity Building	false
State Protection	false
University Centers	true
State DD Agency	true
justification	

Other 1	true
Other 1 Specify	Nebraska Statewide Independent Living Center
Other 2	true
Other 2 Specify	Nebraska Association of Service Providers
Other 3	true
Other 3 Specify	People First of Nebraska and Nebraska Consortium for Citizens with Disabilities

Objectives

Objective 1.1:	By 2026, increase awareness, knowledge, and identify necessary system changes to remove barriers to competitive, integrated employment at a living wage for individuals with I/DD.

Performance Measures

IA 1.1	27
IA 1.2	5
IA 2.1	50%
IA 2.2	50%
IA 2.3	25%
IA 2.4	0%
IA 2.5	1%
IA 3.1	85%
IA 3.2	85%
SC 1.1	0
SC 1.2	0
SC 1.3	
SC 1.3.1	2
SC 1.3.2	2
SC 1.3.3	0
SC 1.3.4	1
SC 1.4	150
SC 1.5	2
SC 2.1	1
SC 2.2	1
SC 2.1.1	0
SC 2.1.2	0
SC 2.1.3	0
SC 2.1.4	2

Key Activities

Key Activity 1.1.1:	Contract with a national subject matter expert to conduct a statewide Comprehensive Employment and Supported Employment Outcomes study. NCDD has authorized a de a No-Cost extension to the contractor to complete the employment study by March 31, 2023.
Key Activity 1.1.2:	Funding for People First of Nebraska will educate employers about how to hire and support employees with disabilities in long-term

	careers.

Expected Outputs

Expected Output 1.1.1:	Advocacy agencies, employment services providers, and employers across the state will participate in the survey.
Expected Output 1.1.2:	Research historical data and trends, and review key public systems policy and programs and the impact of federal legislation and regulations on key public systems in Nebraska.
Expected Output 1.1.3:	Final report of data and data analysis to include a comprehensive set of strategies to revitalize Nebraska's employment support system for PWIDD.
Expected Output 1.1.4:	Collaborate with disability employment specialists in the state to develop two videos focused on improving employment opportunities and outcomes for people with disabilities.
Expected Output 1.1.5:	Contract with a disability employment professional in Nebraska to assist with identifying employers and workers with disabilities and workers to feature in the video, write a video script, and provide production and editing input.
Expected Output 1.1.6:	Market the videos on social media and promote them among regional and national self-advocate networks. In-person and/or virtual showings of the videos will be scheduled with employers, community organizations, state agencies, and others.
Expected Output 1.1.7:	Create a resource handout for video presentations.

Expected Sub-Outputs

Expected Sub-Outcome 1.1.1:	The strategies and recommendations from the Employment and Supported Employment Outcomes Study provide the foundation for training people with I/DD and their families.
Expected Sub-Outcome 1.1.2:	Policymakers will have the data to identify how to increase opportunities for competitive integrated employment for PWIDD.
Expected Sub-Outcome 1.1.3:	Competitive, integrated, and meaningful employment opportunities will be improved through braiding of services and robust partnerships between the Division of Developmental Disabilities and Nebraska VR.
Expected Sub-Outcome 1.1.4:	Employment services providers will gain knowledge of supported employment and customized employment strategies.
Expected Sub-Outcome 1.1.5:	Employers will learn how to find applicants with disabilities, how to provide accommodations and adaptations, and how to avoid situations that lead to a person with a disability quitting or being fired from a job.
Expected Sub-Outcome 1.1.6:	A handout on resources to recruit, train, and support employees with disabilities will be shared with employers.
Expected Sub-Outcome 1.1.7:	PFN and collaborating partners will document a network of Nebraska businesses that employ people with disabilities.

Data Evaluations

Data Evaluation 1.1.1:	Bi-monthly updates, draft and final reports submitted.
Data Evaluation 1.1.2:	PFN: Quarterly reports, satisfaction surveys, stakeholder/participant feedback, performance measures.

Goal 2: Informal and Formal Supports

Quality Assurance	true
Education and Early Intervention	true
Child Care	false
Health	true
Employment	true
Housing	false
Transportation	false
Recreation	false
Community Supports	true
Outreach	true
Training	true
Technical Assistance	true
Supporting and Educating Communities	true
Interagency Collaboration	true
Coordination	true
Barrier Elimination	false
System Design	false
Coalition Development	false
Informing Policymakers	false
Demonstration	false
Other Activities	false
Advocacy	true
System Change	false
Self Advocacy	false
Targeted Disparity	false
Collaboration	true
Rights	false
Capacity Building	false
State Protection	false
University Centers	false
State DD Agency	true
justification	
Other 1	true
Other 1 Specify	PTI Nebraska
Other 2	true
Other 2 Specify	Nebraska Department of Education Special Education and Nebraska VR
Other 3	true
Other 3 Specify	Assistive Technology Partnership

Objectives

Objective 2.1:	By 2026, individuals with I/DD, their families, and professionals will have increased information and knowledge about waiver, non-waiver, natural supports, and person-centered planning principles as well as the Assistive Technology (AT) needed to strengthen supports in employment, education, recreation, behavior, etc.

Performance Measures

IA 1.1	25
IA 1.2	125
IA 2.1	80%
IA 2.2	80%
IA 2.3	75%
IA 2.4	80%
IA 2.5	0%
IA 3.1	80%
IA 3.2	80%
SC 1.1	1
SC 1.2	0
SC 1.3	
SC 1.3.1	1
SC 1.3.2	2
SC 1.3.3	0
SC 1.3.4	0
SC 1.4	475
SC 1.5	2
SC 2.1	1
SC 2.2	2
SC 2.1.1	1
SC 2.1.2	1
SC 2.1.3	1
SC 2.1.4	2

Key Activities

Key Activity 2.1.1:	The UNO Family Engaged Educational Training (Project FEET) will (1) increase family knowledge about special education and skills in partnering with school professionals (i.e., teachers, and other related service providers) and (2) Increase school professionals' knowledge and skills in engaging diverse families in the special education process.
Key Activity 2.1.2:	Easterseals Nebraska (ESN) will launch the implementation of the ESN created Opportunity App to enhance and strengthen informal and formal supports for individuals with I/DD, their families, and professionals through a user-friendly app, providing a rich hub for information and resources.

Expected Outputs

Expected Output 2.1.1:	Establish an advisory board for Project FEET consisting of family members of individuals with I/DD, individuals with I/DD, and professionals. Target of 10 individuals (at least 6 being family members of or individuals with I/DD).
Expected Output 2.1.2:	Develop Family Engaged Educational Training (FEET) Curriculum and training videos based on evidence-based practices and advisory board input. Establish collaborative partnerships with families to enrich training.
Expected Output 2.1.3:	Invite diverse family members to participate in FEET Project. UNO will coordinate with the interpreters and translators to create resources and opportunities for families who speak diverse languages to participate.
Expected Output 2.1.4:	Implement FEET curriculum in 3 courses in collaboration with family partners during the Spring 2023 semester at UNO
Expected Output 2.1.5:	Project FEET - Approximately 50 undergraduate and graduate students and 25 family members of children with I/DD will participate in the curriculum.
Expected Output 2.1.6:	The Opportunity App can be personalized to help individuals, families, and professionals locate, store, and share information to support individuals' inclusion and success in employment, education, recreation, and life in general.
Expected Output 2.1.7:	ESN will develop an outreach and awareness strategy, and create resources for the new information app.
Expected Output 2.1.8:	ESN will host an App name/branding content about app provided via website, social media and print materials, slide decks, and video.
Expected Output 2.1.9:	ESN will develop a new chat function within the Opportunity App. ESN will pilot and implement the chat function of the app, providing an additional layer of user support. .
Expected Output 2.1.10:	ESN will implement statewide strategy for awareness of and engagement with the app, including presentations, email listservs, e-newsletters, video and social media, designed to reach and inform 2.000 Nebraskans about the app. users to promote the app and/or support others' use.
Expected Output 2.1.11:	ESN will train 20 App Ambassadors who will be equipped to to promote the app and/or support others' use.

Expected Sub-Outputs

Expected Sub-Outcome 2.1.1:	Project FEET - Increased access to training for future school professionals and families who complete the program.
Expected Sub-Outcome 2.1.2:	Project FEET - Increased knowledge of school professionals in special education, appreciation for families, and increased confidence engaging diverse families.
Expected Sub-Outcome 2.1.3:	Project FEET - Increased family member confidence with sharing their story and values, knowledge of special education, awareness of community resources, and effective communication and advocacy skills.

Expected Sub-Outcome 2.1.4:	Project FEET - Improved partnerships between families and school professionals in educational settings.
Expected Sub-Outcome 2.1.5:	Project FEET - Improved outcomes for individuals with I/DD, their families, and school professionals.
Expected Sub-Outcome 2.1.6:	Project FEET - Increased advocacy for individuals with I/DD.
Expected Sub-Outcome 2.1.7:	Project FEET - school professionals will increase their knowledge and confidence in working with diverse families and the unique challenges that they face, increase their awareness of community resources and supports for supporting the needs of families of children with I/DD, learn strategies to engage families and become a resource for them, learn effective communication skills (e.g., active listening), and gain an appreciation for family perspective, voice, and culture.
Expected Sub-Outcome 2.1.8:	Project FEET - families will increase their knowledge of the special education process, their due process rights, and responsibilities as collaborative partners; increase their confidence with sharing their story, culture, and values; increase their knowledge of rights and responsibilities within special education; increase their awareness of community resources and supports relevant to the needs of their family and child/children with I/DD; and learn effective communication and advocacy skills.
Expected Sub-Outcome 2.1.9:	Project FEET- continued use of the curriculum in UNO undergraduate and graduate programs with family partners will lead to improved partnerships between families and school professionals in educational settings.
Expected Sub-Outcome 2.1.10:	2,000 Nebraskans will be introduced to the ESN app via outreach efforts.
Expected Sub-Outcome 2.1.11:	A minimum of 400 individuals w/disabilities, family members, and professionals will be actively engaged with the ESN app, the vast majority of whom will report that the app gives them increased access to information and supports full participation in community life.
Expected Sub-Outcome 2.1.12:	Twenty people will be trained and intentionally focused on promoting and supporting use of the app, as an accomplishment that will help scale and sustain app implementation.
Expected Sub-Outcome 2.1.13:	Long-term outcomes of the app include increasing the independence of individuals with disabilities and empowering them for self-advocacy.
Expected Sub-Outcome 2.1.14:	Family members and providers will also be more effective in supporting others' success and the ESN Opportunity App will become a go to, 24/7 hub for information/resources, sustained through collaborative funding due to its broad value and impact.
Expected Sub-Outcome 2.1.15:	The longer-term impact of the Opportunity App initiative is to expand and enhance individuals' successful participation in community living, including education, employment and other aspects of daily life.

Data Evaluations

Data Evaluation 2.1.1:	UNO's FEET Project will conduct pre-test and post-test surveys to assess parents' and school professionals' confidence, knowledge, skills, and satisfaction with the training program.

Data Evaluation 2.1.2:	The UNO Project FEET team will conduct data analysis and evaluation of results from the survey data collected, make curriculum refinements based on data and advisory board feedback, and prepare reports and materials for submission to the NCDD.
Data Evaluation 2.1.3:	ESN will develop a rating system for Opportunity App users to rate the usage of the app. The goals is that app users will give the app high ratings (4.6/5.0, with 1 low and 5 high) indicating that it supported full participation in community life.
Data Evaluation 2.1.4:	Quarterly reports, satisfaction surveys, stakeholder/participant feedback, performance measures.

Objective 2.2:	Annually partner with Nebraska communities and/or community-based organizations to educate English and non-English speaking individuals with I/DD and their families, in the Hispanic/Latino community who live in the Omaha metro and/or Lexington area(s), about important and emerging disability related issues, services, and supports available.

Performance Measures

IA 1.1	75
IA 1.2	100
IA 2.1	10%
IA 2.2	10%
IA 2.3	50%
IA 2.4	5%
IA 2.5	1%
IA 3.1	80%
IA 3.2	80%
SC 1.1	1
SC 1.2	0
SC 1.3	
SC 1.3.1	1
SC 1.3.2	1
SC 1.3.3	0
SC 1.3.4	0
SC 1.4	225
SC 1.5	1
SC 2.1	1
SC 2.2	1
SC 2.1.1	1
SC 2.1.2	1
SC 2.1.3	1
SC 2.1.4	1

Key Activities

Key Activity 2.2.1:	Fund a second year of the subaward to present transition-based trainings to transition-aged youth, parents, and professionals on preparing for the transition of students with IDD from high school to adulthood.

Expected Outputs

Expected Output 2.2.1:	Develop information and training materials for English and non-English speaking individuals on the array of transition services available across the Nebraska system to transition-aged self-advocates and parents.
Expected Output 2.2.2:	Present three new or updated transition-based webinars to self-advocates and parents in three different locations across the state annually.
Expected Output 2.2.3:	Coordinate monthly campaigns focused on transition for posting on website and social media.
Expected Output 2.2.4:	Partner with state agencies to create and disseminate new informational Tip Sheets and other resources on health care, employment, post-secondary education, and independent living topics.

Expected Sub-Outputs

Expected Sub-Outcome 2.2.1:	Self-advocates and parents will be educated on preparing for the transition of students with IDD from high school to adulthood.
Expected Sub-Outcome 2.2.2:	Transition materials will be ADA compliant for webpage and social media access, and available in English, Spanish, and other languages as needed.
Expected Sub-Outcome 2.2.3:	One new transition document will be updated with a focus on person-centered planning.

Data Evaluations

Data Evaluation 2.2.1:	Quarterly reports, satisfaction surveys, stakeholder/participant feedback, performance measures.

Goal 3: Community Integration and Inclusion

Quality Assurance	true
Education and Early Intervention	true
Child Care	false
Health	true
Employment	false
Housing	false
Transportation	false
Recreation	false
Community Supports	true

Outreach	true
Training	true
Technical Assistance	true
Supporting and Educating Communities	true
Interagency Collaboration	true
Coordination	true
Barrier Elimination	true
System Design	true
Coalition Development	true
Informing Policymakers	true
Demonstration	false
Other Activities	false
Advocacy	true
System Change	true
Self Advocacy	false
Targeted Disparity	false
Collaboration	true
Rights	true
Capacity Building	true
State Protection	true
University Centers	true
State DD Agency	false
justification	
Other 1	true
Other 1 Specify	Nebraska Emergency Management Association
Other 2	true
Other 2 Specify	Nebraska Association of Emergency Managers
Other 3	true
Other 3 Specify	The Arc of Nebraska

Objectives

Objective 3.1:	By 2026, increase capacity of caregiver and direct support systems through enhanced training and improved access to information. As a result, individuals with I/DD are provided services and supports by professionals and caregivers who are knowledgeable, trained, and supported.

Performance Measures

IA 1.1	0
IA 1.2	0
IA 2.1	0%
IA 2.2	0%
IA 2.3	0%
IA 2.4	0%
IA 2.5	0%

IA 3.1	0%
IA 3.2	0%
SC 1.1	0
SC 1.2	0
SC 1.3	
SC 1.3.1	0
SC 1.3.2	0
SC 1.3.3	0
SC 1.3.4	0
SC 1.4	25
SC 1.5	1
SC 2.1	1
SC 2.2	1
SC 2.1.1	0
SC 2.1.2	0
SC 2.1.3	1
SC 2.1.4	0

Key Activities

Key Activity 3.1.1:	Fund UNMC Munroe-Meyer Institute's (MMI) Project - Promoting the autonomy of autistic individuals with severe behavior: A survey of opinions on law enforcement interactions when in behavioral crises.

Expected Outputs

Expected Output 3.1.1:	The MMI ASD severe behavior & law enforcement study project will conduct a focus group of individuals with ASD and ASD advocates to identify responses and recommendations to common law enforcement intervention strategies in behavior crisis situations.
Expected Output 3.1.2:	The MMI project will develop and distribute a national survey to 100 respondents focused on how individuals with ASD and their advocates would like law enforcement to interact with them during behavioral crises.
Expected Output 3.1.3:	MMI project investigators will recruit respondents (100), collect data, and evaluate outcomes of the survey.
Expected Output 3.1.4:	Investigators will develop a report, receive feedback from subject matter experts, and distribute a finalized version of the report to a minimum of 5 local law enforcement agencies.

Expected Sub-Outputs

Expected Sub-Outcome 3.1.1:	The MMI ASD severe behavior & law enforcement study project aims to accomplish a more integrated and inclusive community in the state of Nebraska that promotes the independence of individuals with ASD who display severe behavior.
Expected Sub-Outcome 3.1.2:	The MMI ASD severe behavior & law enforcement project investigators will follow up with local clinical agencies that received the published report. Follow up will consist of additional conversations

	on how to improve services for individual with ASD who display severe problem behavior. Investigators will consult with agencies to improve current practices and increase the independence of the ASD population.
Expected Sub-Outcome 3.1.3:	The MMI ASD severe behavior & law enforcement project investigators will provide training recommendations for law enforcement departments in the greater Omaha area. The published report will provide recommendations on interacting with the ASD population when they are in behavioral crises. These recommendations will be integrated into training procedures to prepare the law enforcement workforce.
Expected Sub-Outcome 3.1.4:	The MMI project will expand outreach to other law enforcement agencies in the state of Nebraska. Following the integration of the report recommendations into training programs within the greater Omaha area, training efforts will extend to law enforcement agencies across Nebraska toward further increasing the integration and independence of the ASD population.

Data Evaluations

Data Evaluation 3.1.1:	Quarterly reports, satisfaction surveys, stakeholder/participant feedback, performance measures.

Objective 3.2:	By 2026, increase the capacity of advocates and policy makers to address at least three emerging issues that impact individuals with I/DD and their families. Annually review and identify emerging issues/needs.

Performance Measures

IA 1.1	0
IA 1.2	20
IA 2.1	0%
IA 2.2	25%
IA 2.3	75%
IA 2.4	0%
IA 2.5	0%
IA 3.1	0%
IA 3.2	50%
SC 1.1	1
SC 1.2	1
SC 1.3	
SC 1.3.1	1
SC 1.3.2	1
SC 1.3.3	0
SC 1.3.4	0
SC 1.4	30

SC 1.5	1
SC 2.1	1
SC 2.2	1
SC 2.1.1	1
SC 2.1.2	1
SC 2.1.3	1
SC 2.1.4	1

Key Activities

Key Activity 3.2.1:	Provide Niagara University (NU) with a third year of funding to support the Emergency Management (EM) Disability Awareness Training (DAT) focused on capacity building.

Expected Outputs

Expected Output 3.2.1:	NU EM DAT will monitor activity, provide guidance, and track expected activities of Inclusive Planning/Active Participation Specialists on all aspects of implementation and application of the program.
Expected Output 3.2.2:	NU will continue the second phase of building program capacity by following up with the Nebraska Emergency Management Agency and the Nebraska Association of Emergency Managers on development and implementation of the Core Advisory Groups (CAGs). Continued review, to include consultation with both EM Offices and Disability organizations on progress of intended outcomes. This will include identification of CAGs across EMOs to include the State EMO. Provide guidance and consultation to each group. Address issues where progress is lacking. .
Expected Output 3.2.3:	NU will provide additional mentoring to prior and new training recipients to strengthen and further inclusive disability emergency planning and response efforts. Mentoring will focus on expectations with emphasis on developing and maintaining the CAGs.
Expected Output 3.2.4:	NU will provide mentoring outreach to the Independent Living Centers community. Assist Nebraska stakeholders with setting strategic steps to sustain inclusive EM model.
Expected Output 3.2.5:	NU will host a webinar(s) with past and new trainees to learn how things are going and what to address next. Explore needs and problems to address.
Expected Output 3.2.6:	NU will develop and deliver an EM DAT virtual one day webinar (s) to continue training Inclusive Planning and Active Participation (IPAP) Specialists.
Expected Output 3.2.7:	NU will provide up to two additional EM Disability Awareness Training(s) in areas of the state not yet reached.
Expected Output 3.2.8:	NU will host a virtual follow up consortium.
Expected Output 3.2.9:	NU will continue to work with NE Disability Rights to move the EM DAT program focus into legislation.

Expected Sub-Outputs

Expected Sub-Outcome 3.2.1:	Emergency management staff, disability organizations, and disability

	advocates will receive training and resource materials on how to be prepared to assist people with disabilities and access and functional needs during an emergency.
Expected Sub-Outcome 3.2.2:	Emergency shelter staff will be educated on the rights of people with disabilities and access and functional needs.
Expected Sub-Outcome 3.2.3:	NU and DRN will work to pass legislation to change the provisions of the Emergency Management Act, which will define and add language to include individuals w/functional needs in the Nebraska Emergency Management Act. Change will note that NEMA shall include organizations providing advocacy or other services to persons w/disabilities or who have functional needs when seeking the advice and assistance of other agencies of government and the private sector.

Data Evaluations

Data Evaluation 3.2.1:	Quarterly reports, satisfaction surveys, stakeholder/participant feedback, performance measures.

Objective 3.3:	By 2026, individuals with I/DD (especially those with co-occurring I/DD and mental health challenges and/or Alzheimer's and other dementia symptoms) and their families will have access to services, supports, and resources to receive services in both community and school settings that are the least restrictive and respect their rights.

Performance Measures

IA 1.1	10
IA 1.2	30
IA 2.1	80%
IA 2.2	80%
IA 2.3	80%
IA 2.4	50%
IA 2.5	0%
IA 3.1	75%
IA 3.2	75%
SC 1.1	0
SC 1.2	0
SC 1.3	
SC 1.3.1	1
SC 1.3.2	1
SC 1.3.3	0
SC 1.3.4	0
SC 1.4	100
SC 1.5	1
SC 2.1	1
SC 2.2	1
SC 2.1.1	0

SC 2.1.2	0
SC 2.1.3	0
SC 2.1.4	0

Key Activities

Key Activity 3.3.1:	The Arc of Nebraska's Stopping School Pushout for Students with IDD program will create a toolkit for students with IDD and their advocates to identify disability related challenges for which positive behavioral supports are needed in school; to advocate for those supports proactively; and to respond once exclusionary school disciplinary measures have taken place.

Expected Outputs

Expected Output 3.3.1:	The Arc of Nebraska will complete outreach and inform community of the Stopping School Pushout for Students with IDD project and trainings. Exclusionary school discipline, or school pushout, includes restraint/seclusion, expulsions, out-of-school suspensions, in-school suspensions, shortened school days, or office referrals.
Expected Output 3.3.2:	The Arc of NE will develop and present five hybrid (in-person and online) shareable PowerPoint Presentations/trainings focused on: 1) How to find resources and learn about your or your family member's disability in order to advocate for proactive positive behavioral supports at school; 2) What makes for an effective FBA and BIP?; 3) The truth about shortened school days; 4) The Manifestation Determination Review: Why it's important and how to advocate effectively in one; and 5) Applying our advocacy skills. Trainings will be recorded and available online.
Expected Output 3.3.3:	The Arc of NE will develop a reader-friendly guidance document between 5 to 10 pages long on the rights of students with disabilities in the area of school discipline.
Expected Output 3.3.4:	The Arc of NE will develop, through their website, and easy to navigate set of FAQs and answers that will address the pressing needs of families whose children are at-risk of being pushed out of school.
Expected Output 3.3.5:	The Arc of NE project will equip students with IDD and their families to prevent exclusionary school discipline before it starts, and to respond effectively if it does begin.

Expected Sub-Outputs

Expected Sub-Outcome 3.3.1:	The Arc of NE's projected impact will be to reduce the time spent outside of the classroom for students with IDD in Nebraska, whether in the form of restraint/seclusion, expulsions, out-of-school suspensions, in-school suspensions, shortened school days, or office referrals.
Expected Sub-Outcome 3.3.2:	Self-advocates and their families will understand the importance of- and IDEA provisions for-behavioral goals and supports, even before challenging behaviors start.
Expected Sub-Outcome 3.3.3:	Self-advocates and their families will know how to ask for targeted, specific supports, and what to do if those requests are refused.

Expected Sub-Outcome 3.3.4:	Self-advocates and their families will know the basics of the functions of behavior, as well as what a good FBA and BIP look like and when they are entitled to them.
Expected Sub-Outcome 3.3.5:	Self-advocates and their families will understand their right to a full school day in the context of the guarantee of a free appropriate public education (FAPE).
Expected Sub-Outcome 3.3.6:	Self-advocates and their families will understand, step-by-step, how to be part of a successful MDR process so they can successfully return to and stay in the classroom with their peers.
Expected Sub-Outcome 3.3.7:	Self-advocates and their families will have interactive resources to turn to when they have questions.
Expected Sub-Outcome 3.3.8:	The Arc of NE's project will be centered around a skills-training approach. The project will present processes as series of steps, create interactive resources, and provide feedback-driven practice opportunities.
Expected Sub-Outcome 3.3.9:	Attendance (online or in-person) of at least one of The Arc of NE trainings by between 100 and 150 individuals.
Expected Sub-Outcome 3.3.10:	Dissemination of our guidance document electronically to approximately 12,000 individuals (via the Arc of Nebraska email mailing list); with approximately 50 hard copies produced.
Expected Sub-Outcome 3.3.11:	50 individuals will access The Arc of NE's interactive FAQ information on the Arc of Nebraska website.
Expected Sub-Outcome 3.3.12:	A reduction in the use of restraint, seclusion, shortened school days, and overall exclusionary school discipline for students with IDD in Nebraska.
Expected Sub-Outcome 3.3.13:	An increase in the inclusion of positive behavioral supports in the IEPs for students with IDD in Nebraska.
Expected Sub-Outcome 3.3.14:	Greater and more meaningful participation in the FBA/BIP development process of students with disabilities and their families.

Data Evaluations

Data Evaluation 3.3.1:	Arc of NE project - Evaluations indicating a 90% or greater rate of satisfaction with training and resources.
Data Evaluation 3.3.2:	Quarterly reports, satisfaction surveys, stakeholder/participant feedback, performance measures.
Data Evaluation 3.3.3:	To address sustainability efforts, the Arc of NE will disseminate to participants a survey about gaps and barriers to effective advocacy in school pushout during the grant year. Following the grant year, the Arc of NE will disseminate a survey to send as a follow-up to trainings to determine what gaps and barriers participants are still experiencing one-year later--as well as what successes they have experienced.

Goal 4: Advocacy and Self-Advocacy

Quality Assurance	true
Education and Early Intervention	false
Child Care	false
Health	false
Employment	false
Housing	false
Transportation	false
Recreation	false
Community Supports	true
Outreach	true
Training	true
Technical Assistance	true
Supporting and Educating Communities	true
Interagency Collaboration	true
Coordination	true
Barrier Elimination	true
System Design	true
Coalition Development	true
Informing Policymakers	true
Demonstration	false
Other Activities	false
Advocacy	true
System Change	true
Self Advocacy	true
Targeted Disparity	false
Collaboration	true
Rights	true
Capacity Building	true
State Protection	true
University Centers	true
State DD Agency	true
justification	
Other 1	true
Other 1 Specify	Nebraska Consortium for Citizens with Disabilities
Other 2	true
Other 2 Specify	Nebraska Department of Education Special Education
Other 3	true
Other 3 Specify	People First of Nebraska

Objectives

Objective 4.1:	Annually collaborate amongst the Nebraska DD Network Partners (Disability Rights Nebraska, the University of Nebraska Medical Center Munroe-Meyer Institute - University Center for Excellence in Developmental Disabilities Education, Research and Services [UCEDD], and the Nebraska Council on Developmental Disabilities) to advocate

	for positive systems change impacting the lives and health of individuals with I/DD by: 1. Conducting monthly planning meetings to discuss trends, concerns, and challenges with a goal of system changes and improvements for Nebraskans with I/DD. 2. Hosting training on a mutually selected emerging issue at the annual Nebraska DD Network Partners' Tri-Board Meeting. 3. Continue leveraging joint advocacy efforts to strengthen and improve the newly developed Nebraska Olmstead Plan. 4. Leveraging joint advocacy efforts to strengthen the Supported Decision Making Initiative.

Performance Measures

IA 1.1	15
IA 1.2	25
IA 2.1	25%
IA 2.2	50%
IA 2.3	25%
IA 2.4	0%
IA 2.5	0%
IA 3.1	75%
IA 3.2	75%
SC 1.1	2
SC 1.2	0
SC 1.3	
SC 1.3.1	2
SC 1.3.2	2
SC 1.3.3	0
SC 1.3.4	1
SC 1.4	140
SC 1.5	4
SC 2.1	4
SC 2.2	3
SC 2.1.1	2
SC 2.1.2	2
SC 2.1.3	2
SC 2.1.4	2

Key Activities

Key Activity 4.1.1:	Conduct monthly planning meetings with DD Network Partner CEOs.
Key Activity 4.1.2:	Conduct annual training to DD Network Partner membership on current issue, trend, or challenge implementing individuals with developmental disabilities. DD Network CEOs select focus of training.
Key Activity 4.1.3:	Educate policymakers.
Key Activity 4.1.4:	Serve on advisory boards or stakeholder groups facilitated by DD Network partners.
Key Activity 4.1.5:	NCDD will fund a Supported Decision Making (SDM) Educational and

	Outreach Project with Disability Rights Nebraska (DRN) to further SDM as an alternative to full guardianship.

Expected Outputs

Expected Output 4.1.1:	Minimum of 10 monthly DD Network Partner CEO meetings.
Expected Output 4.1.2:	1 DD Network Tri-Board Training event (annually), with at least 25 people attending.
Expected Output 4.1.3:	Minimum of 10 NASP and NCCD meetings attended annually.
Expected Output 4.1.4:	One annual event for senators and their staff.
Expected Output 4.1.5:	DD Network Partners participate in at least three advisory boards or stakeholder group meetings throughout the year.
Expected Output 4.1.6:	300 people will be educated about Supported Decision Making.
Expected Output 4.1.7:	DRN will continue 6 SDM Steering Committee and 6 SDM Taskforce meetings throughout the year. 26 organizations will be educated and participate in this structure.
Expected Output 4.1.8:	DRN will hold a Statewide Summit to educate 60 people about Supported Decision Making.
Expected Output 4.1.9:	DRN will create a video series so that 60 people can be educated about Supported Decision Making.
Expected Output 4.1.10:	DRN will establish SDM Ambassadors to educate 20 people about Supported Decision Making.
Expected Output 4.1.11:	DRN will work with two schools or Center for Independent Living to act as pilot educational projects to educate 15 people or help 3 families develop SDM arrangements.
Expected Output 4.1.12:	DRN will obtain and maintain a SDM website as resource clearinghouse to educate 60 people and/or help 5 families establish Supported Decision Making arrangements.

Expected Sub-Outputs

Expected Sub-Outcome 4.1.1:	Tri-Board Training leads to additional DD Network collaboration on potential project, legislative action, or outreach. It also strengthens DD Network relationships.
Expected Sub-Outcome 4.1.2:	Serve as cross-agency representatives on advisory boards or stakeholder groups facilitated by DD Network Partners throughout the year. Cross agency representation within DD Network role models and facilitates collaboration between three entities.
Expected Sub-Outcome 4.1.3:	Collaborate on system changes, trends, concerns, and challenges.
Expected Sub-Outcome 4.1.4:	Improved systems within the State of Nebraska in relation to people with I/DD and their families.
Expected Sub-Outcome 4.1.5:	Provide input/feedback on DD Network Partner annual goals and objectives.
Expected Sub-Outcome 4.1.6:	Annual NCCD Common Grounds awareness event provides DD awareness to legislators and their staff.
Expected Sub-Outcome 4.1.7:	Families and organizations will become more familiar with Supported Decision Making as an alternative to full Guardianship.
Expected Sub-Outcome 4.1.8:	Organizations will develop a better understanding of Supported

	Decision Making's applicability, especially from other parents.
Expected Sub-Outcome 4.1.9:	Families have documents and materials to help support them in the process of developing their own Supported Decision Making arrangements.
Expected Sub-Outcome 4.1.10:	The DRN SDM Project will develop a targeted set of policy areas, agencies, organizations, or individuals that are significant drivers of guardianship or who have direct contact with families likely to experience a need for guardianship and educate them first about SDM as an alternative, resulting in fewer Guardianships for people with I/DD.
Expected Sub-Outcome 4.1.11:	Successful completion of the DRN SDM project will advance the Supported Decision Making objective of the State Plan.

Data Evaluations

Data Evaluation 4.1.1:	Collect sign-in sheets from Tri-Board training event.
Data Evaluation 4.1.2:	Participant surveys to measure satisfaction with Tri-Board training event. Summary report written by one of the DD Network CEOs.
Data Evaluation 4.1.3:	Number of policy brief handouts distributed at Common Grounds event.
Data Evaluation 4.1.4:	DRN SDM Project: Quarterly reports, satisfaction surveys, stakeholder/participant feedback, performance measures.

Objective 4.2:	Annually strengthen the statewide advocacy cross-disability organization, People First of Nebraska, to increase self-advocate leadership development and participation through training by self-advocates so they can participate in cross-disability, culturally diverse organizations. 1. Strengthen support for an increased number of self-advocates through leadership development and coalition participation by expanding efforts statewide to reach, educate, and engage younger self-advocates and their families in the self-determination movement. 2. Increase opportunities for self-advocates who are leaders to train other self-advocates to become leaders and increase opportunities for participation in cross-disability, culturally diverse organizations.

Performance Measures

IA 1.1	100
IA 1.2	20
IA 2.1	2%
IA 2.2	2%
IA 2.3	85%
IA 2.4	2%
IA 2.5	2%
IA 3.1	85%
IA 3.2	85%
SC 1.1	1

SC 1.2	2
SC 1.3	
SC 1.3.1	0
SC 1.3.2	1
SC 1.3.3	0
SC 1.3.4	0
SC 1.4	150
SC 1.5	2
SC 2.1	2
SC 2.2	1
SC 2.1.1	2
SC 2.1.2	2
SC 2.1.3	1
SC 2.1.4	1

Key Activities

Key Activity 4.2.1:	Fund People First of Nebraska (PFN) self-advocacy initiatives.

Expected Outputs

Expected Output 4.2.1:	PFN will coordinate and host one leadership convention.
Expected Output 4.2.2:	PFN Disability Policy Specialists will research proposed legislation and prepare testimony, letters of support/opposition, and other materials to educate and inform senators on the impact of the proposed legislation on people with disabilities.
Expected Output 4.2.3:	PFN leadership will participate in regional and national conferences.

Expected Sub-Outputs

Expected Sub-Outcome 4.2.1:	A minimum of 80 attendees at the PFN convention will hear a keynote presentation and attend breakout sessions on how to practice and improve their self-advocacy and self-determination skills.
Expected Sub-Outcome 4.2.2:	Self-advocates will play major role in conference planning and breakout session presentations.
Expected Sub-Outcome 4.2.3:	A minimum of two self-advocates will be hired and trained to be Disability Policy Specialists.
Expected Sub-Outcome 4.2.4:	Leaders who attend regional and national conferences will increase their knowledge and advocacy skills.

Data Evaluations

Data Evaluation 4.2.1:	Quarterly reports, satisfaction surveys, stakeholder/participant feedback, performance measures.
Data Evaluation 4.2.2:	Event registration and meeting sign-in sheets.