



Notice of Funding Available (NoFA)

Health Status in Missouri:

A comprehensive review determining differences and similarities between individuals with I/DD and the general population regarding health status, behavioral health, health outcomes, and morbidity.

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NoFA (RFP) Introduction

NoFA (RFP) Identification

Number: 2021HEA.01

Title: Health Status in Missouri

Key Application Dates

Due By: 6/17/2021

Start Date: 8/1/2021

End Date: 7/31/2023

Financial Info

Amount: \$125,000

Match Required: YES

Match Amount: \$31,250

Staff Responsible: Emily Hartley, ehartley@moddcouncil.org, 314.340.4166

Committee: MODDC Project Development Committee

Summary of Project

The Missouri Developmental Disabilities Council (MODDC) has approved funding for a 3-part, multi-year, comprehensive review of health status for individuals with intellectual and developmental disabilities (I/DD) in the state of Missouri. MODDC is looking to award up to \$125,000 to determine differences and similarities between individuals with I/DD and the general population regarding health status, behavioral health, health outcomes and morbidity across the lifespan to include, but not limited to, data that captures the intersectionality of I/DD, race, ethnicity, socioeconomic status, rural vs. urban demographics, and gaps in healthcare for individuals with I/DD in Missouri.

If you have questions after reading this Notice of Funding Available, contact MODDC Deputy Director, Emily Hartley, at ehartley@moddcouncil.org, 314.340.4166.

About MODDC

MODDC is an independent entity that is funded by the federal Administration on Disabilities, Administration for Community Living, U.S. Department of Health and Human Services in accordance with the Developmental Disabilities Assistance and Bill of Rights Act 2000 (DD Act).

The Council's Mission is: "To assist individuals, families, and the community to include all people with developmental disabilities in every aspect of life." The Council believes that mission will be achieved when people with developmental disabilities: make informed choices about where they live, work, plan, and worship; receive individual and family supports which are flexible, based on need, and provided in a culturally sensitive manner; have the opportunity to engage in productive employment and meaningful retirement; experience continued growth toward their full potential; live in homes in the community with the availability of

individualized supports; are treated with dignity and respect; attend neighborhood schools with their peers in regular classrooms; and are members of powerful advocacy networks made up of individuals and parents and family members. The Council also believes that individuals, parents, and family members are the most powerful forces in forging a responsive and flexible support network for people with developmental disabilities.

MODDC develops a five-year state plan that includes goals and objectives. The goals and objectives are the steps MODDC plans to take to create change. MODDC awards grants to organizations sharing MODDC's vision and values for projects that are consistent with the goals and objectives in the five-year state plan.

Read more about MODDC, MODDC's mission and values, and the five-year state plan, at www.moddcouncil.org

Federal Definition of Developmental Disabilities

The term "developmental disability" means a severe, chronic disability of a person which:

- Is attributable to a mental or physical impairment or combination of mental and physical impairments;
- Is manifested before the person attains age 22;
- Is likely to continue indefinitely;
- Results in substantial functional limitations in three or more of the following areas of major life activity: (i) Self-care, (ii) Receptive and Expressive language, (iii) Learning, (iv) Mobility, (v) Self-Direction, (vi) Capacity for Independent Living, and (vii) Economic Self-Sufficiency; and
- Reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services which are of life long or extended duration and are individually planned and coordinated.

Relationship to MODDC State Plan Goal

MODDC expects this project to help MODDC better inform its 2017-2021 5-Year Plan's Health Related Goal and related Objectives, by providing Missouri specific and current data and analysis on the health status, behavioral health, health outcomes and morbidity prevalence of Missourians with I/DD. Such data and analysis will provide MODDC the foundation to better advocate for good policy to improve health outcomes and health equity for individuals with I/DD in Missouri.

Purpose

MODDC recognizes that there is a lack of published research examining health disparities among individuals with I/DD across the lifespan specific to Missouri. Improving health outcomes and health equity requires good policies. Good policies require good data. Unfortunately, when it comes to understanding the lives and health experiences of people with I/DD, there is still a lot we do not know. This is in part because individuals with I/DD are often left out of national health surveys. Missouri has a wealth of research and publications around health equity for people of color, race, ethnicity, youth and aging. However, on information and belief, there are no current publications that are specific to Missouri that determine "differences and similarities between individuals with I/DD and the general population regarding health status, behavioral health, health outcomes and morbidity." (5-Year State Plan, Obj. 4). There is no published research that is specific to Missouri and has explored the intersectionality of I/DD, race, ethnicity, socioeconomic status, rural vs. urban demographics, gaps

in healthcare – both as it regards data and available healthcare services. The plan for this NoFA must fulfill the need for a statewide, comprehensive study on current and accurate data that examines the aforementioned health disparities.

History and Background

Disability is an emerging field within public health; people with significant disabilities account for more than 12% of the US population. (*Am J Public Health*. 2015;105:S198–S206. doi:10. 2105/AJPH.2014.302182). No single U.S. health surveillance system adequately describes the health of people with I/DD across lifespan, particularly with consideration of race, ethnicity, socio-economic status, urban vs rural demographics, etc. Researchers and policy makers have sought to understand the potential of state and local administrative and survey data to produce a local as well as a national picture of the health of the population with I/DD. Analyses of these secondary data sources have significant appeal because of the potential to derive new information without the burden and expense of new data collection. <https://doi.org/10.1352/1934-9556-57.5.390>.

In the 2019 article, *Unlocking the Potential of State Level Data: Opportunities to Monitor Health and Related Outcomes in People With Intellectual and Developmental Disabilities (Ibid)*, the authors examined the potential for data collected by states and territories to inform health surveillance in the population with I/DD, including data from the administration of eligibility-based supports, health insurance claims, and surveys administered for monitoring and quality improvement. The article states that “although there are opportunities to align and harmonize datasets to enhance the available information, there is no simple path to use state and local data to assess and report on the health of the population with IDD. Recommendations for policy, practice, and research include the development and use of consistent operational definitions in data collection, and research to fill knowledge gaps.”

According to the article *Identifying People With Intellectual and Developmental Disabilities in National Population Surveys*, “Public health and policy planning for adults with intellectual and developmental disabilities (I/DD) is imperiled by the lack of ongoing national surveillance data on prevalence and health status. In 2018, the Administration on Intellectual and Developmental Disabilities appointed a workgroup of representatives from key federal agencies and national experts to recommend strategies to improve prevalence estimates and health surveillance for people with I/DD.” (*Intellect Dev Disabil* (2019) 57 (5): 376–389., <https://doi.org/10.1352/1934-9556-57.5.376>). The workgroup’s focus was on the availability of prevalence and health surveillance data, health status, outcomes, and unmet needs of adults with I/DD and suggested items that could identify respondents with I/DD on national surveys with special attention to modifications in the National Health Interview Survey. So, while there is an abundance of published articles on why the data collection is so important and what the items might be to identify respondents with I/DD, there is little (if any) known data that has actually been conducted and meets Objective 4 of MODDC’s Health Related Goal.

To address this nationwide data gap and ultimately achieve greater health equity, ACL and federal partners across the U.S. Department of Health and Human Services have worked with researchers, community partners, individuals with I/DD, and other stakeholders to develop two reports which were released earlier this month. Researchers and policy makers have sought to understand the potential of state and local administrative and survey data to produce a local as well as a national picture of the health of the population with I/DD. Analyses of these secondary data sources provides potential for data collected by states to inform health surveillance in the population with I/DD, including data from the administration of eligibility-based

supports, health insurance claims, and surveys administered for monitoring and quality improvement.

<https://doi.org/10.1352/1934-9556-57.5.390>

The first ACL report, *“Working Through the Data Conundrum: Identifying People with Intellectual and Developmental Disabilities in National Population Surveys,”* recommends new questions that could be used on national population based surveys, such as the National Health Interview Survey, to identify individuals with I/DD. This would allow us to collect information about the health status and number of Americans with I/DD. ACL is now working with the National Center for Health Statistics at the Center for Disease Control to test the recommended set of questions.

The second report, *“Enriching our Knowledge: State and Local Data to Inform Health Surveillance of the Population with Intellectual and Developmental Disabilities,”* explores how state-level data can be used to know more about the health status of the I/DD population. The report highlights the following best practices from four states:

- California has been collecting data on race, ethnicity, and language within the I/DD population to work towards culturally competent services.
- Washington has been collecting data on people with I/DD who are not receiving state services, a population missing from administrative data sets.
- South Carolina’s “data cube” brings together administrative data from a variety of sources to identify trends by age, gender, race, disability type, and more.
- Ohio hired a “super user” to create data linkages that allow the state’s I/DD department to use Medicaid data to better understand the populations they serve.

ACL has recognized that by implementing the standardized disability identifiers across surveys, public health will be able to use existing data sets to compare health outcomes and health differences across multiple data systems, and to disaggregate disability into different functional categories (e.g., vision, hearing, mobility, problem solving or concentration, etc.). The next important step would be for public health researchers to routinely analyze their data by disability status to determine when disability is important as a demographic characteristic variable for the focus of their study. These data could provide health systems and professionals the much-needed information about where to focus to improve the health of people with disabilities across the life span. Again, however, while there is an abundance of published articles on why the data collection is so important and what the items might be to identify respondents with I/DD, there is little (if any) known data that has actually been conducted and meets Objective 4 of MODDC’s Health Related Goal.

In addition, it is commonly believed that innovations in technology and telemedicine have helped to close the perceived gap in access to medical care. During the 2016 legislative session the Missouri General Assembly passed SB 579, and in June of 2016, Governor Nixon signed legislation into law (SB 579) that includes language expanding the use of telemedicine within the state of Missouri. To date, there is no data examining the impact of telemedicine that would help to determine differences and similarities between individuals with I/DD and the general population regarding its impact on health status, behavioral health, health outcomes and morbidity.

Proposed NoFA Considerations

MODDC seeks applications which includes a 3-part module research project to determine differences and similarities between individuals with I/DD and the general population regarding health status, behavioral health, health outcomes and morbidity across the lifespan to include, but not limited to, data that captures the

intersectionality of I/DD, race, ethnicity, socioeconomic status, rural vs. urban demographics, and gaps in healthcare for individuals with I/DD in Missouri. To this end, MODDC proposes - but does not require - a suggested format, as follows:

- **Module I:** A comprehensive review of available, current data on health status, health risk behaviors, chronic health conditions, utilization of medical care, and gaps in available data across three categories (six groups) of individuals, inclusive of – but not limited to – resources collecting data on I/DD, race, ethnicity, socioeconomic status, rural vs. urban demographics, and gaps in healthcare for individuals with I/DD in Missouri. This study would consider research methodology, indicator protocol, and resources used in the data collection to ensure consistent data collection and reporting methods. Categories include:
 - Children under age 18: 1) No Disability and 2) I/DD
 - Adults age 18-60: 1) No Disability and 2) I/DD
 - Aging population (over age 60): 1) No Disability and 2) I/DD
- **Module II:** Develop a study and conduct research to fill (or at least supplement) any gaps in data on healthcare in Missouri for individuals with I/DD as it relates to data on healthcare collected for the general population.
- **Module III:** Report on findings that determine differences and similarities between individuals with I/DD and the general population regarding health status, behavioral health, health outcomes and morbidity. (Obj. 4)

Maximum Funding and Duration

The MODDC may award a maximum of \$125,000 total for a 2-year project, to one organization. MODDC reserves the right to negotiate the budget as needed and may choose not to award funding this project.

Grantees are expected to match per MODDC guidelines. The match for non-poverty counties is \$31,250.00. Match may be in-kind or cash. The match must come from non-federal funds (e.g., state, local, agency, or private funds). In-kind match from a variety of sources can be considered.

MODDC funds may not be used for capital expenditures or acquisitions, contraction, remodeling, rental or purchase of buildings. These grant funds cannot be used for ongoing organizational activities, to supplant existing private, state or federal funding sources, to purchase equipment or furnishings, or to duplicate or replace existing service provided to people with developmental disabilities.

All funding for this NoFA is contingent on receipt of MODDC federal grant funding. MODDC may choose to reduce the amount of grant funding at the time of the grant award.

Match Requirement

MODDC requires that grantees provide a matching contribution each year of a project. Matching contributions may include funding, volunteer hours, or other “in-kind” donations, such as office space and utilities. Other

federal funds may not be used as match. Items or funds that are used for match for another project funded with federal funds also may not be used as a match.

MODDC funds may not pay for more than 75% of the total project cost for projects located in counties not designated as federal poverty areas. The remainder of the project cost must be provided as a match.

Continuing Funding

At this time, MODDC does not plan to provide funding for this project beyond the number of months offered in this NoFA. However, MODDC reserves the right to provide continuation of funding based on a review of the project's accomplishments, progress towards stated goals and objectives, financial management of funds, compliance with reporting requirements, review of the most recent program audit, review of findings of MODDC's onsite reviews, development of alternative funding, and the availability of MODDC funds.

Timeline

The application consists of a project abstract, narrative, work plan with targeted performance measures and a budget. Application should be emailed to:

moddc@moddcouncil.org

Subject Line: "ATTN: Emily Hartley, Deputy Director – NoFA Application: MODDC Health Status in Missouri"

PLEASE NOTE: No paper copies will be accepted.

Important Dates

- Deadline to submit questions to be considered for the Q&A Webinar: [5/19/2021 by 3pm \(CST\)](#).
- Grant Project Q&A Webinar via Zoom: [5/27/2021 at 1pm \(CST\)](#)
- Deadline to submit applications: [6/17/2021 5:00 PM \(CST\)](#)
- Applicants notified of decisions: [7/19/2021](#)
- Project begins: [8/1/2021](#)
- Project ends: [7/31/2023](#)

Q&A Webinar

MODDC values a supportive and transparent NoFA process. An informational webinar will be held on May 27, 2021 @ 1pm to address any questions potential grantees may have regarding the project or the NoFA process.

This webinar is to ensure that all potential grantees are well informed and all have the same information. The webinar will be facilitated by MODDC Deputy Director, Emily Hartley.

All questions regarding this grant solicitation must be submitted by May 19, 2021, in writing email to:

moddc@moddcouncil.org

Subject Line: "ATTN: Emily Hartley, Deputy Director – Questions RE: NoFA Application: MODDC Health Status in Missouri"

If MODDC has any clarifying questions they will post them as an additional attachment along with the curriculum and original questions already posted.

Application Evaluation

Applications submitted by the deadline will undergo a technical review. Minimum criteria include meeting applicant eligibility requirements, adherence to all instructions for completing the application, and funding parameters.

Applications meeting the minimum criteria will be evaluated for quality, applicability and appropriateness of responses, innovation, projected performance measures, cost effectiveness, and organization capacity to successfully achieve the project's goal and objectives.

Assurances

The following terms and conditions apply to organizations awarded MODDC grant funds:

- The Council reserves a royalty-free, non-exclusive, and irrevocable license to reproduce, publish or otherwise use, and to authorize others to use, any work developed under any grant awarded by MODDC.
- Final drafts of any training materials, publications, videos, websites, or other products shall be reviewed and approved by the MODDC prior to dissemination to the general public. Products must prominently display the MODDC logo and must acknowledge Council funding (e.g. "Funding for MODDC Health Status in Missouri provided by the Missouri Developmental Disabilities Council, grant #2101MOSCDD-00, as authorized by Public Law 106-402 - Developmental Disabilities Assistance and Bill of Rights Act 2000.")
- Grantees shall administer and report survey results using the MODDC Satisfaction Survey and through DD Suite reporting of performance measures for MODDC's annual reporting.
- All materials developed by grantees under this award shall be available and/or reproducible in accessible formats.
- Reasonable steps must be taken in order for programs and materials to be provided in a linguistically competent manner, complying with the Civil Rights Act of 1964, Title VI. Grantees must take reasonable steps to provide meaningful access to their programs by persons with limited English proficiency (LEP). Grantees will provide language assistance services in order to comply with Title VI, should implement policies and procedures to provide information in appropriate languages and ensure that LEP persons are effectively informed of and have meaningful access to covered programs.

- The applicant will need to complete the assurances page (Attachment #2) and submit along with the proposal. The page must contain the signature of a general or registered agent of the organization.
- The selected applicant will be required to complete and submit state and federal contract and assurance forms as a condition of grant award.

Project Evaluation

The proposal must address how the MODDC performance measures that will be met through this grant, culminating in a report on findings that determine differences and similarities between individuals with I/DD and the general population regarding health status, behavioral health, health outcomes and morbidity. (State Plan, Obj. 4).

The outcomes should be measurable and demonstrate a positive shift in the general public's perception and expectations of people with developmental disabilities.

Proposals must also include a plan to measure and document the expected outputs and outcome(s) are reached. Proposals should also describe a plan to evaluate:

- How successful you were in reaching your goal, including how the success will be measured;
- How satisfied the people that collaborated on the project were with the project;
- How you will gather data to report the Performance Measures described in this NoFA;
- How the scope of work in "Section #5" will be evaluated.

MODDC staff may contact organizations that received grants each year for three to five years after their grant has ended. MODDC will want to know if activities continued and what kind of long-term impact the grant project may have had.

Grantees may wish to contract with external evaluator to ensure a thorough evaluation, but they are not required to do so.

Qualification and Organizational Experience

Any organization that receives a MODDC grant must be able to disburse funds for project activities and expenses, complete MODDC's forms correctly and on time, and be legally able to receive grant funds to reimburse the organization for expenses.

Proposals must show that the organization submitting the proposal has the infrastructure, experience, and capability to implement project activities successfully. Proposals also must demonstrate that the organization can manage funds effectively.

Proposals should also summarize the organization's successful research projects as well as work/research completed with unserved/underserved populations and marginalized communities.

Reporting Requirements

Grantees are required to submit a monthly progress report and invoice, as well as engage in at least one meaningful contact in person, by phone, and/or Zoom with the assigned Project Coordinator. If MODDC determines they would like to continue funding this project, a continuation proposal to request additional funding would be required with a final report at the end of the grant. These must be submitted on time. MODDC Program Coordinators will provide more information about these processes to the successful applicant.

Grantees also must report on federally-defined Performance Measures. MODDC staff will provide assistance to grantees to understand the Performance Measures.

Terms

Applicants must agree to the following terms:

- Applicants must disclose any conflicts of interest between themselves and MODDC members, employees or their immediate families.
- Applicants must use respectful language, people first language (see attachment).
- All printed materials must be available in Spanish and in an appropriate accessible format - including electronic, tagged PDF, or large print. Funding for this should be included in the budget.
- Videos, DVDs and teleconferencing and distant learning activities produced by this project must be fully accessible. Any videos or DVDs must be captioned.
- MODDC will retain rights to all products created using funding awarded through this NoFA.
- MODDC reserves the right not to fund any proposal under this announcement.

Review Process

The Project Development Committee of the MODDC will evaluate each proposal based on how well the proposal responds to the NoFA and instructions in the outline questions, and the extent which the proposal project may move MODDC closer to meeting the State Plan Goals and Objectives. The Committee will consider only the information included in the application form and documents that are specifically allowed and are attached to the application. Applicants will not have the opportunity to clarify or add to the information provided in the proposal after the deadline unless they are awarded the grant. MODDC will only review materials specifically requested or allowed by the NoFA, the application, or the application instructions.

Contact(s)

MODDC Deputy Director, Emily Hartley, at ehartley@moddcouncil.org, 314.340.4166.

Outline Questions

Executive Summary (1,700 max):

Write a short summary that clearly states the goals of your project, the major activities of the project, and what impact the project will have on people with developmental disabilities and their families. List the county or counties you plan to serve and note if any of them are poverty counties.

Detailed Narrative (64,000 max):

Describe the project, keeping in mind the NoFA. Address all NoFA sections including any requirements listed in the "Purpose" section. The detailed narrative should include the following items: a sustainability plan, a plan to outreach communities that are unserved/underserved, and steps taken to create a culturally and linguistically competent project.

Project Evaluation (20,000 max):

Explain how you will evaluate your success in reaching your project's stated goals and participant satisfaction. Please explain how you will address the MODDC performance measures noted in the "Project Evaluation" section of the NoFA.

Sustainability (20,000 max):

Describe how MODDC will achieve lasting or permanent change through this project and how you will make sure project activities will continue after MODDC funding ends.

Qualification (25,000 max):

Please address the requirements noted in the "Qualifications and Organizational Experience" section of the NoFA. Describe your organizations' purpose and experience, and that of your partners as it relates to this project.

List the qualifications of each person who will occupy a key position, such as the Project Director, and additional staff (if there are any), and others who will be significantly involved in implementing your project.

Include your organization's mission statement and explain how you support and promote full inclusion of people with disabilities and those of diverse backgrounds.

Budget Categories

Please note, that if awarded a grant by MODDC, registration in the Missouri Buys Procurement System is required. It is advised to register prior to submission of the application. This will also enable entities to become aware of other opportunities provided by the State of Missouri.

Add, edit, remove, down/up details of required budget categories pertinent to your application.

Example:

Personnel Service
Fringe Benefits
Staff Travel
Professional Services
Contracted Services
Equipment
Supplies
Other
Total
Remarks

Appendix A: Assurances reference Section 124 (c) (5) (B-N)

The state of Missouri provides the following assurances to support the Missouri Developmental Disabilities Five Year Plan 2017-2021.

(B) USE OF FUNDS

- (i) not less than 70 percent of such funds will be expended for activities related to the goals of the Council Five Year State Plan;
- (ii) such funds will contribute to the achievement of the purpose of Subtitle B of Public Law 106-402, The Developmental Disabilities Assistance and Bill of Rights Act of 2000 and in various political sub-divisions of the State;
- (iii) such funds will be used to supplement, and not supplant, the non-Federal funds that would otherwise be made available for the purposes for which the funds paid under section 122 are provided;
- (iv) such funds will be used to complement and augment rather than duplicate or replace services for individuals with developmental disabilities and their families who are eligible for Federal assistance under other State programs;
- (v) part of such funds will be made available by the State to public or private entities;
- (vi) at the request of any State, a portion of such funds provided to such State under this subtitle for any fiscal year shall be available to pay up to 1 /2 (or the entire amount if the Council is the designated State agency) of the expenditures found to be necessary by the Secretary for the proper and efficient exercise of the functions of the designated State agency, except that not more than 5 percent of such funds provided to such State for any fiscal year, or \$50,000, whichever is less, shall be made available for total expenditures for such purpose by the designated State agency; and (vii) not more than 20 percent of such funds will be allocated to the designated State agency for service demonstrations by such agency that-
 - (I) contribute to the achievement of the purpose of this subtitle; and
 - (II) are explicitly authorized by the Council.

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

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

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

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

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

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

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

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

(K) STAFF ASSIGNMENTS. -The staff and other personnel of the Council, while working for the Council, will be responsible solely for assisting the Council in carrying out the duties of the Council under this subtitle and will not be assigned duties by the designated State agency, or any other agency, office, or entity of the State.

(L) NONINTERFERENCE. -The designated State agency, and any other agency, office, or entity of the State, will not interfere with the advocacy, capacity building, and systemic change activities, budget, personnel, State plan development, or plan implementation of the Council, except that the designated State agency shall have the authority necessary to carry out the responsibilities described in section 125(d)(3).

(M) STATE QUALITY ASSURANCE. - The Council will participate in the planning, design or redesign, and monitoring of State quality assurance systems that affect individuals with developmental disabilities.

(N) OTHER ASSURANCES. -The plan shall contain such additional information and assurances as the Secretary may find necessary to carry out the provisions (including the purpose) of this subtitle.

Signature

Title

Date

APPENDIX B: MODDC STATE PLAN GOALS AND OBJECTIVES (2017-2021)

EMPLOYMENT & TRANSPORTATION GOAL: People with I/DD have the opportunity to work in the community, and if not working, the opportunity to choose how they spend their day (e.g. go to school, volunteer, leisure, exercise) with the supports they need.

Objective 1: By September 30, 2021, develop business led organizations to support the hiring and retention practices of employers to support individuals with I/DD in at least three (3) Missouri communities.

Objective 2: By September 30, 2021, develop at least three (3) resources for families to support the development of employment skills for children and youth with I/DD, before graduation.

Objective 3: By September 30, 2021, develop high quality coordinated transportation projects in partnership with regional planning councils and the Missouri Department of Transportation that will lead to a statewide mobility management system that serves individuals with I/DD.

EARLY INTERVENTION/EDUCATION GOAL: Individuals with I/DD and their families have the necessary information to obtain inclusive education services throughout the lifespan of the individual with I/DD.

Objective 1: By September 30, 2021, increase the number of children with I/DD who have access to inclusive early childhood care, school, and out of school activities.

Objective 2: By September 30, 2021, increase the academic achievement and social integration of Missouri students with I/DD in collaboration with parents, schools and agencies.

HEALTH RELATED GOAL: Individuals with I/DD will be able to make informed choices to live a healthy lifestyle and receive best practice, quality health care just as other non-disabled individuals in the community.

Objective 1: By September 30, 2021, increase access to dental care for individuals with I/DD by educating families and dental professionals regarding resources and best practices when working with persons with I/DD.

Objective 2: By September 30, 2021, increase access to dental care for adults with I/DD by increasing the Missouri Medicaid reimbursement fees to be commensurate with competitive insurance rates.

Objective 3: By September 30, 2021, increase the percentage of individuals with I/DD receiving annual recommended health screenings by partnering with state agencies, health care professionals, families, self-advocates, and other stakeholders.

Objective 4: By September 30, 2021, determine differences and similarities between individuals with I/DD and the general population regarding health status, behavioral health, health outcomes and morbidity.

TARGETED DISPARITY GOAL: Individuals with I/DD and their families receive the supports they need in their community in ways that are culturally competent and without biases due to their race, sex, gender identity, sexual orientation, age, religion, or ethnicity.

Objective 1: By September 30, 2021, a minimum of 30 Latino/Hispanic families with children with I/DD associated with at least three (3) Latino/Hispanic family organizations in Missouri will receive needed services and supports.

Objective 2: By September 30, 2021, work with at least two (2) school districts in Missouri's urban communities to increase the graduation rates of African American youth with I/DD.

ADVOCACY GOAL: People with I/DD effectively advocate for themselves and others, and influence policy and issues that are important to them.

Objective 1: By September 30, 2021, support at least 150 self-advocates with I/DD and their families in receiving leadership training that will enable them to take action to improve their lives and/or their communities.

Objective 2: By September 30, 2021, support a statewide self-advocacy organization for individuals with I/DD to assist in strengthening and meeting its defined organizational goals.

Objective 3: By September 30, 2021, support self-advocates with I/DD to engage at least 100 high school youth with and without disabilities to volunteer in the community.

COMMUNITY LIVING GOAL: People with I/DD have the freedom to live the life they choose in their community in the most integrated and safe setting possible with the supports they need.

Objective 1: By September 30, 2021, improve the health, security, and safety of individuals with I/DD by implementing at least three (3) recommendations of the Missouri Developmental Disabilities Council's Victimization Task Force.

Objective 2: By September 30, 2021, provide training to at least 1000 Missouri first-responders to improve their capacity to work with and respond to individuals with I/DD.

Objective 3: By September 30, 2021, the DD Network (DD Council, UCEDD and Mo P&A) will provide training and information to at least 500 professionals and community members regarding changes to the Missouri guardianship statute and alternatives to guardianship (e.g. such as supported decision making, powers of attorney, etc.) that impact individuals with I/DD.

Objective 4: By September 30, 2021, transition at least 50 individuals with I/DD from nursing homes and other institutions, to inclusive community homes by collaborating with developmental disabilities network partners, individuals with I/DD, families, and other stakeholders.

Objective 5: By September 30, 2021, increase the awareness of persons with I/DD and their families of resources and supports available to them throughout the lifespan.

Objective 6: By September 30, 2021, provide information and education to 500 individuals with I/DD, families, stakeholders, communities, Missouri state emergency management directors to improve their emergency preparedness, planning and policies.

HOUSING GOAL: Increase opportunities for individuals with I/DD in MO to live in homes in the community.

Objective 1: Work with the MO Housing Development Corporation and other partners to include MO Protection and Advocacy, Equal Housing Opportunity Commission and others to identify and address Fair Housing Act Violations and Housing Density issues.

Objective 2: Work with MO Housing Development Corporation and other partners to review and recommend draft model language to modernize MO Revised Statute, Chapter 89 to reflect best practice.

VOTER IDENTIFICATION GOAL: Ensure MO voters with I/DD and their families are informed of the new Photo Voter ID Law, HB 1631, and its provisions to provide free ID's for the purposes of voting for anyone who can't pay, and free documents necessary to get those ID's.

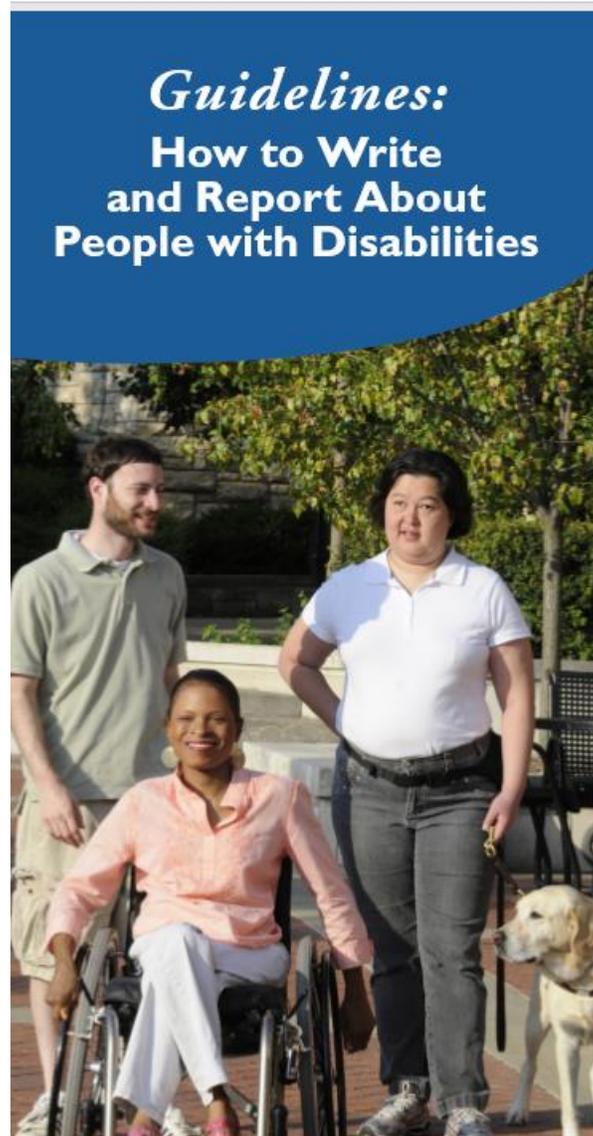
Objective 1: Work with MO Secretary of State's Office to develop strategies to reach out to individuals with I/DD to ensure they are informed of the new law and its provisions.

Objective 2: Partner with community groups and organizations working on providing education on the new Photo ID Law to ensure outreach to underserved populations.

Objective 3: Partner with community groups and organizations working on providing information and resources to address the issue of transportation required to get photo identification

Appendix C: People First Language

<http://rtcil.drupal.ku.edu/sites/rtcil.drupal.ku.edu/files/images/galleries/Guidelines%20th%20edition.pdf>



Appendix D: NoFA Budget Sheet

CFI Name: _____ Date: _____

Agency: _____

ANNUAL BUDGET: Please fill in dollar amounts in the budget categories that are pertinent to the activities of your project. TOTAL PROGRAM COST must equal the sum of the matching share (cash or in-kind) plus the developmental disabilities (DD) funds requested.

Anticipated Project Start Date: _____ **Designated Poverty County:** Yes No

Multi-Year Funding: Does the applicant anticipate the need for multi-year funding: Yes No

Budget Category	Total Program Costs	Matching Share		DD Funds Requested
		Cash	In-Kind	
PERSONNEL SERVICES: (Position/Salary) 1. 2. 3. FRINGE BENEFITS: Includes: FICA, Worker's Comp, UEI (Itemize on attached sheet if necessary) 1. 2. 3.				
STAFF TRAVEL Rate: _____				
PROFESSIONAL SVCS: (Specify):				
CONTRACTED SVCS: (Specify):				
EQUIPMENT: (List on attached sheet):				
SUPPLIES: (List on attached sheet):				

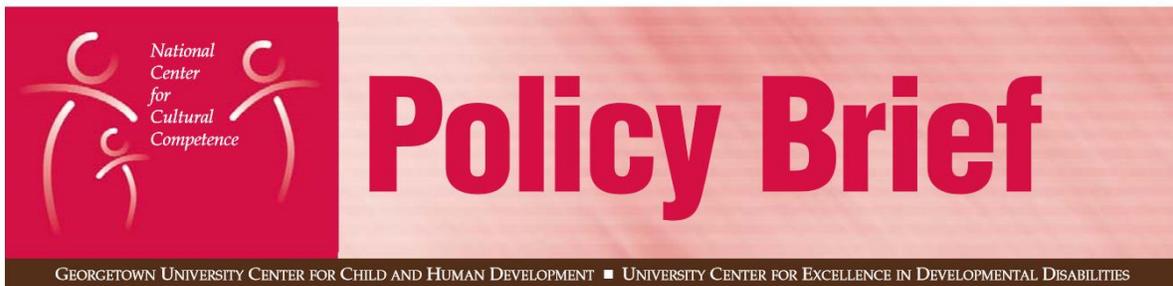
OTHER (Specify):				
TOTAL:				

Please attach sheet for additional budget lines and requested details, if necessary. Any item with a cost of more than \$100 must be listed separately. Any item with a cost more than \$5,000 is considered equipment, unless personnel, contracted or professional services.

REMARKS:

Appendix E: Cultural and Linguistic Competence in Family Supports

<https://nccc.georgetown.edu/documents/FamilySupports.pdf>



Cultural and Linguistic Competence in Family Supports

The Compelling Need for Family Supports

The federal Maternal and Child Health Bureau (MCHB) of the Health Resources and Services Administration (HRSA) defines children and youth with special health care needs as those who have or are at increased risk for chronic physical, developmental, behavioral, or emotional conditions and who require health and related services of a type or amount beyond that required by children generally. The families of children and youth with special health care needs know, however, that these children also require more intensive and specialized day-to-day care than other children. Although all families encounter a series of triumphs and challenges in raising their children, families raising children and youth with special health care needs experience an additional set of challenges that may involve: