



2010 ANNUAL REPORT

NASDDDS

NASDDDS ANNUAL REPORT
For Fiscal Year 2009-2010

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Mission and Guiding Principles

The mission of the National Association of State Directors of Developmental Disabilities Services (NASDDDS) is to assist member state agencies in building person-centered systems of support for people with intellectual/developmental disabilities (I/DD) and their families.

The guiding principles for the Association's activities reflect the position of the membership that individuals with developmental disabilities have the right to:

- Be treated with respect and dignity;
- Be independent and make individual choices;
- Participate in family and community life;
- Have opportunities to maximize their full potential; and
- Receive outcome-based services and supports.

Strategic Plan

The Association's Strategic Plan connects our mission and guiding principles to priorities for action, research, and policy development. The Strategic Plan is a dynamic document that adapts to changing expectations and new challenges.

Strategic Goals

1. Assist states in developing systems of services that effectively support people living with their families or in alternative family/community options;
2. Assist states in developing the capacity to monitor and improve quality;
3. Assist states in learning about and applying advances in health care and technology;
4. Assist states in responding to initiatives to restructure long-term care service systems;
5. Assist states in developing responsive financial management strategies;
6. Assist states in the developing and using information technology; and
7. Conduct state leadership development programs.



Message from Kenneth W. Ritchey

President of the NASDDDS Board of Directors

and

Assistant Commissioner

New Jersey

Department of Human Services, Division of Developmental Disabilities

While the danger of our country falling into a deep depression seems to have been abated, that does not mean states are not struggling with budget cuts.

Circumstances in the State of New Jersey, like other states, are serious and we continue to take efficiencies wherever possible. During this continued economic downturn, we work to preserve the system of services for people with intellectual/developmental disabilities and maintain our vision of quality lives for all individuals.

The Association has worked assiduously to help state I/DD directors keep up with changes in federal government leadership and programs impacting services for citizens with disabilities, to understand national health care reform and its ramifications, and to learn new strategies to leverage state funds and keep program integrity intact.

The future is fraught with challenges, but state directors and their staff are determined leaders and creative problem-solvers. NASDDDS also stands ready to assist us in navigating this unpredictable period.

Message from Nancy Thaler

Executive Director

NASDDDS

State agencies have been challenged in the past year as never before. The Great Recession has hit virtually every state. Revenue shortfalls have turned into budget cuts which have, in turn, resulted in service reductions affecting the lives of thousands of people and their families.

Despite these extraordinary challenges, states have continued to make progress. A number of states have continued to downsize and close institutions; many are putting into practice individual budget strategies to improve fairness and equity in their systems and to set the stage for consumer-directed services. Other states are building positive behavioral approaches into their programs, improving quality management systems, expanding employment options, and implementing person-centered practices.

Throughout the economic crisis, states have worked to preserve the values that their service systems were built upon and to advance the goals of full participation of people in the life of their community.

The Association will continue to look for ways to help state leaders achieve these goals through our publications, teleconferences, technical assistance, meetings, and our continued advocacy with our federal partners for I/DD service system needs.

I. Supporting State Strategies

PROJECTS

National Core Indicators (NCI)

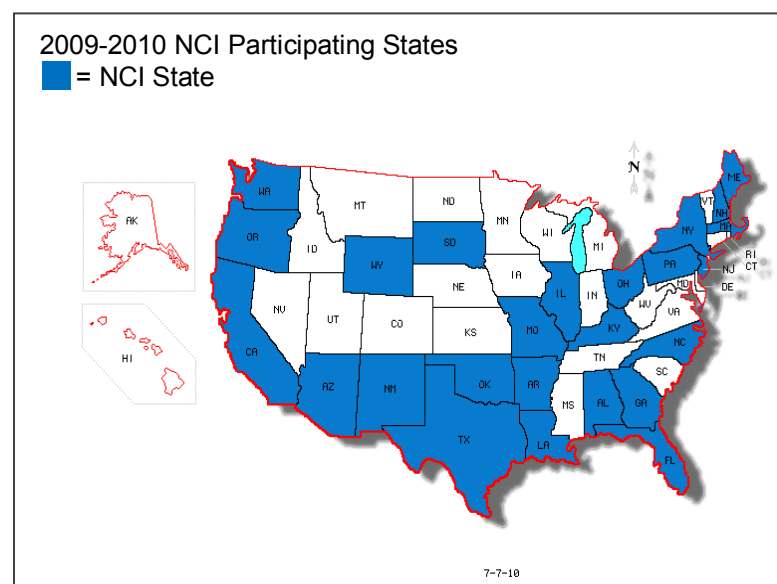
During 2009-2010, changes in the program's organizational structure were consolidated and operations were improved to better position the [NCI](#) program to meet states' needs for system outcome and performance data now and in the future. The Operations Committee, composed of representatives from each NCI participating state agency, provided advice and counsel on program policies, procedures, and strategic directions during its annual meeting. The Content Review and Field Testing Committee offered detailed input and analysis of NCI indicators, performance measures, and survey operations. The Association's Research Committee continued to provide overall guidance and direction to the program as well as final review of proposed changes in survey design or format and strategic planning for future activities (see below). The first issue of the *NCI Annual Summary Report* was published as were individual reports for each participating state documenting service and system outcomes and providing data for state-to-state comparisons.

Twenty-five states and four sub-state entities participated in the National Core Indicators program (NCI) in the 2009-2010 fiscal year. The addition of California, with all of its 21 Regional Centers in FY 2010-2011, will almost double the number of individual lives being reviewed to close to 20,000.

NCI was launched in 1997 as a collaborative effort between NASDDDS, the Human Services Research Institute (HSRI), and participating state developmental disabilities agencies. Designed to meet the need of I/DD agencies for valid and reliable tools to assess system performance, NCI has become the most comprehensive data set on intellectual/developmental disabilities services in existence today. Consisting of over 100 valid and reliable outcome measures, the

National Core Indicators is in alignment with the basic quality assurance requirements of the Medicaid waiver program and can be used to set performance benchmarks and make cross-state comparisons. NCI has become an integral component of over half of all states' quality management systems.

During the past 12 years, the NCI program has continued to improve its assessment instruments and strengthen its capacity to meet states' needs. Revisions to the Consumer Survey were completed in June 2008 and improvements



to the Adult Family Survey and the Family Guardian Survey were finalized in the fall of 2009. The streamlined Online Data Entry Survey Application tool (ODESA), continues to be revised to enhance operability, strengthen capacity for data entry, improve accuracy, and reduce the need for data “cleansing” and analysis.

Publications:

Consumer Outcomes, Phase XI Final Report, 2008-09 Data, 2010
(<http://www2.hsri.org/docs/CS%2008-09%20FINAL%20REPORT.pdf>).

Other National Core Indicators reports can be downloaded from
<http://www.nationalcoreindicators.org>.

State Employment Leadership Network (SELN)

The [State Employment Leadership Network](#) is in its fourth year of operation and continues to thrive with 17 states participating in SELN in FY 2009-2010. Three new states joined the network during the fiscal year: the District of Columbia, Iowa, and Virginia. The Association, in partnership with the Institute for Community Inclusion UMASS-Boston, supports and provides technical assistance to SELN member states to improve employment outcomes.

SELN activities include an initial state assessment, an action plan, technical assistance based on the state’s action plan, membership meetings, teleconferences, publications, webinars, and discussions with federal officials. Network meetings and activities provide a forum for member states to openly discuss common issues and concerns, analyze emerging challenges, and develop effective strategies for resolving key operational barriers.

The SELN Project Team hosted a variety of teleconferences. Topics included: Ticket to Work and Employment; Partnerships with Vocational Rehabilitation; Service Definitions Workgroup; Importance of Employment, Relationships and Networks to Support Employment, Person-Centered Career Planning, Transitioning to Community Employment, Finding and Creating Jobs, Knowing the Labor Market, and Data Management.

SELN released recommendations to the federal Centers for Medicare & Medicaid Services (CMS) for changes to core service definitions in the “Medicaid Application for 1915(c) Home and Community-Based Waiver [Version 3.5] Instructions, Technical Guide, and Review Criteria.” The recommendations were made to bring clarity to employment outcomes in delivery



of services and supports under Medicaid waiver programs. The recommendations clarify employment outcomes in delivery of services and supports under Medicaid Waiver Programs. CMS is considering the recommendations for Version 3.6 of the Technical Guide. The service definitions have been very well-received by other national state associations such as The National Association of State Mental Health Program Directors, the National Association of State Units on Aging and Disability, National Association of State Head Injury Administrators, and the National Association of State Medicaid Directors. In addition, the Collaboration to Promote Self Direction, a consortium of national advocacy groups, is expressing support for the definitions.

Publications:

See *Advancing Integrated Employment Outcomes through Home and Community-Based Waiver Services: Briefing Document on Section 1915(c) Medicaid Waiver Service Definitions* at [http://www.nasddds.org/pdf/AdvancingIntegratedEmployment\(1-20-2010\).pdf](http://www.nasddds.org/pdf/AdvancingIntegratedEmployment(1-20-2010).pdf).

See CMS' response: <http://www.nasddds.org/pdf/Response to NASDDDS0001.pdf>.

Real Choices Change Grant

Participating States:

Georgia, North Carolina, Oregon, South Dakota, Tennessee, and Virginia

Becoming a Person-Centered System – Six State Initiative

The Real Choices Change Grant continues to advance knowledge and understanding in the implementation of person-centered thinking. The three-year grant entered its third year October 1, 2009, and the initiative is designed to support widespread incorporation of person-centered practices in six states: Georgia, North Carolina, Oregon, South Dakota, Tennessee, and Virginia.

The Association continued its partnership with Support Development Associates (Michael Smull, Mary Lou Bourne, and their staff) and Virginia Commonwealth University (VCU) to implement and support this six-state initiative. Each entity in the partnership engages in the collaborative management of the grant, held by VCU. Project activities are based on the central tenets of Essential Lifestyle Planning (ELP): that all people want to lead their lives as they define them, where a continuous balance is struck between the presence of what is important to them (preferences), and what is important for them (health, safety, and access to values and social roles).

Grant activities are designed to build capacity for person-centeredness at all levels of service delivery from individuals to organizations to systems, extending the concept of Person-Centered Planning to person-centered organizations and system management. Implementation activities in all six states are structured to systematically integrate person-centered thinking skills with specific best practices in management and quality improvement. Capacity and sustainability are addressed using a model that engages in three levels of change.

Training is furnished simultaneously to all levels of system personnel from state agencies, county and regional program entities, provider organizations, and others. Leadership, middle management, and direct support staff are included, as well as ancillary personnel from organizations providing additional supports or services to the individual. Training and development takes place in an open environment where people learn from each other through candid communication and honest discussions of change that are anchored by a commitment to the development of systems that reflect person-centered practices.

A Community of Practice meets monthly to enable system managers, key direct support staff, service coordinators, coaches, and other project participants to discuss across state lines what is being learned and how to sustain practices within the six states and beyond to state I/DD agencies not directly participating in the grant.

A family assessment has been created and is being introduced in each of the six states, to meet the caregiver assessment requirement of the grant. This tool provides a view of the role of family dynamics for planning support needs of individuals living in their family homes.

Publication:

NASDDDS released the second volume in a series, [*Best Practice, Expected Practice, and the Challenge of Scale*](#), by Michael W. Smull, Mary Lou Bourne, and Helen Sanderson.

Levels of Change

Level One change occurs in the day-to-day practice that impacts persons' lives and their relationships with paid direct support professionals. Changes are facilitated through instruction and support provided by trained coaches.

Level Two changes occur in provider management and leadership affecting organizational policy, practice, and program outcomes implemented as organizational leadership adapts their organizations business practice to support person-centered service delivery.

Level Three changes in service delivery system infrastructure statewide brought about through changes in regulations, state policy, and system design to assure application of person-centered practices through the state I/DD system.

Pandemic Flu Preparedness

Association staff engaged in a major effort to keep NASDDDS member state agencies up to date on new and emerging information to assist them in preparing for and responding to the H1N1 Influenza pandemic. Staff initiated a collaboration with key Center for Disease Control (CDC) officials to inform them of the needs of individuals with I/DD and state developmental disabilities service delivery systems during periods of medical emergency and to help them understand the need to include vulnerable persons with I/DD, their families, and the staff who provide them with support among the groups identified for priority access to influenza vaccine and other medical supports.

Activities included:


- **Developing a Collaborative Relationship with the CDC National Centers on Birth Defects and Developmental Disabilities** in an effort to convince them of the need to provide explicit guidance to states regarding the inclusion of individuals with I/DD, direct

support staff, and families in the groups identified to receive priority access to the H1N1 Influenza vaccine when it became available, NASDDDS staff sent a letter to the CDC, inviting its representatives to attend the Pan Flu Advisory Committee Meetings, and engaged with them in numerous discussions.

- **Keeping Member Agencies Informed** about the spread of the disease and its potential impact on persons with intellectual/developmental disabilities (I/DD), direct support staff, and families. The following activities were initiated:
 - ✓ Launched an NASDDDS bulletin, [Pandemic Influenza Preparedness](#), providing the latest information on NASDDDS activities, CDC announcements, state resources, updates, and innovations.
 - ✓ Established [Flu Prep](#), a new webpage on the Association's website with information and resources on pandemic flu developments and preparedness.
 - ✓ Established the NASDDDS Ad-Hoc Committee on Pandemic Flu made up of key officials from seven states (CA, LA, NJ, NY, OR, PA, and UT) to assist Association staff in identifying key issues and approaches for assisting member state agencies' response to seasonal and H1N1 influenza pandemics.
 - ✓ Held a Pan Flu Teleconference to discuss current status, state responses, and preparedness featuring representatives from the U.S. Centers for Disease Control and Prevention, the Centers for Medicare & Medicaid Services (CMS), and representatives from Pennsylvania and New York.
- **Advocating with CMS** regarding the need for flexibility in the management and delivery of Medicaid services and supports to persons with intellectual and developmental disabilities during an influenza pandemic. Prepared and presented to CMS a document titled "[Assisting State Developmental Disabilities Agencies Respond to an Influenza Pandemic: Issues and Recommendations](#)" identifying areas of concern and providing recommendations that led to changes in administrative policy.
- **Assisting State I/DD Agency Officials** in their efforts to secure agreements with state health departments that people with I/DD, families, and direct support staff should be included within the state's H1N1 vaccine priority groups. Association staff provided materials and assistance to three states (VA, UT, and DC).

Technical Assistance

One of the Association's primary functions is to provide technical assistance to state agencies. Technical assistance, as a standard membership service, includes responding to telephone and e-mail inquiries, reviewing and commenting on draft proposals or plans upon request, providing resources, and linking members to other states and organizations that can be of assistance. NASDDDS staff respond to state agency representatives almost every day to provide this type of technical assistance.



The Association provides more intensive technical assistance services through specific contracts with members or with other organizations in support of member agencies (such as developmental disability councils, and/or University Centers for Excellence in Developmental Disabilities [UCEDDs]). This technical assistance either is provided on site or requires extensive activity off site as part of the contract (research, preparing reports). NASDDDS provided contracted technical assistance to 29 states in FY 2009-2010.

Acumen, LLC, under contract to CMS to provide technical assistance, sub-contracted with NASDDDS staff to provide technical assistance to states on participant-directed services including the 1915(i) option. During the FY 2010, NASDDDS provided assistance to California, Florida, Maryland, Montana, Missouri, Nebraska, and Wyoming.

The **Arizona Division of Developmental Disabilities** contracted with Association staff to facilitate a Sustainability and Innovation Work Group to review Arizona's systems of services and supports for people with developmental disabilities and their families, in order to develop and propose systems change recommendations for sustainable, consumer-driven, quality, and cost-effective developmental disabilities services.

The **Connecticut Department of Developmental Services** contracted with Association staff to provide a final update on the status of Connecticut's waiting list.

Kentucky's Division of Developmental and Intellectual Disabilities contracted for assistance with a review of their current services system structure, with a focus on a coordinated system for both consumers and providers that fully comports with CMS requirements for home and community-based services (HCBS) waivers. The review included analysis of Kentucky's two approved HCBS waiver programs in light of national best practices, opportunities for enhancements, options for cost controls, and improving consumer enrollment in participant-directed options offered under Kentucky's programs.

The **New Mexico Developmental Disabilities Services Division** (DDSD) contracted with NASDDDS to provide a review of their HCBS waiver's major operational issues (e.g., enrollment, case management, service array, and definitions) tied to DDSD policy goals.

Under contract to the **North Carolina Council on Developmental Disabilities**, NASDDDS staff provided consultation to the **North Carolina Division of Mental Health, Developmental Disabilities, and Substance Abuse Services** on the expansion of the state's current 1915(b)(c) combination waiver.

The **Ohio Department of Developmental Disabilities** contracted for assistance in developing consumer-directed options under their HCBS waivers.

MEMBERSHIP SERVICES

Information Dissemination

NASDDDS publishes:

Federal News Briefs on a weekly basis

State News Briefs on a biweekly basis

Federal Perspectives on a monthly basis

Community Services Reporter (news about states' developments) on a monthly basis

Litigation Updates (bi-annually)

NASDDDS Annual Report

SELN Annual Report

The Association hosts two ListSers: One for state intellectual/developmental disabilities (I/DD) services directors and their staff, and the other for state I/DD attorneys.

The Association held six teleconferences/webinars during the fiscal year:

Ticket to Work	July 30, 2009
Preparing for the Influenza Pandemic	September 2, 2009
Employment Service Definitions	October 7, 2009
Waiver 101	February 24, 2010
Leveraging State Funds	March 18, 2010
Dual Diagnosis Series	June 15, 2010

Special Projects and Studies

Money Follows the Person Analysis. Association staff began performing an analysis of the Operational Protocols developed by the 28 states involved in the Money Follows the Person Demonstration Grant Initiative under a subcontract with the Ascillon Corporation. The focus of the project is to determine the extent to which the original plans were actually followed by states during the deinstitutionalization community placement process.

Autism Spectrum Disorders Services State of the States in Autism. Association staff have been working in collaboration with L&M Policy Research and Thompson-Reuters on the development and implementation of a national survey documenting the services and supports furnished to children and adults with autism spectrum disorders across the U.S. Data detailing the nature of the supports available in each state will be published in a comprehensive "state of the states" in autism services report to be published at the conclusion of the three-year project.

NIDRR Grant - Comprehensive Study on Community Service Outcomes Based on NCI Data. NASDDDS continued to participate with the University of Minnesota Research and Training Center on Community Living, Institute on Community Integration on a four-year grant from the [National Institute on Disability and Rehabilitation Research](#) (NIDRR) to perform a comprehensive study on community service outcomes based on NCI data on over 10,000 individuals from 24 participating states. NASDDDS is responsible for providing ongoing

technical assistance and developing and operating a project Advisory Committee to review and evaluate interim and final outcomes and conclusions.

National Residential Information Systems Project. NASDDDS staff worked on an ongoing basis with the University of Minnesota Research and Training Center on Community Living, Institute on Community Integration in the [National Residential Information Systems Project](#) (RISP). This program annually gathers and disseminates national and state data on public and private residential services, Medicaid program utilization, expenditures, and other key I/DD system outputs.

Paying Families Providing Care (State Survey and Publication). [Caring Families... Families Giving Care: Using Medicaid to Pay Relatives Providing Support to Family Members with Disabilities](#), NASDDDS, June 2010. This publication, prepared by Robin Cooper, gives the results of a national survey on state practices in using family members to provide paid care. The report gives an overview of national practice and offers examples of state policies for compensating family members. Key issues and states' approaches to assuring competence and quality are reviewed in the report.

Meetings and Conferences

Annual Conference
"Changing the Rules of the Game"
November 9-11, 2009
Alexandria, Virginia

National Policy Forum
May 3, 2010
Baltimore, Maryland

Research Committee

The NASDDDS Research Committee met quarterly during 2009-2010. The committee developed for the Board's approval an Association policy on research and the release of research data. Committee members collaborated with key staff from the Coleman Institute at the University of Colorado on the development of an expanded family support survey tool for gathering data for publication in the *State of the States in Developmental Disabilities*. The Committee is also providing input to the University of Minnesota Research and Training Center on Community Living Institute on Community Integration on a NIDRR grant comparing NCI data across 24 states. (See page 17 for a listing of Research Committee members.)

A major focus of the Committee's activities will be on implementing an "evidence-based policy" collaborative with AUCD that will establish a repository of evidence in support of best and promising practices in the field of developmental disabilities. Through the collaborative, a series of policy papers summarizing the research evidence supporting key policy directions such as deinstitutionalization, community participation, individual living, person-centered services, etc. will be prepared and published on the Association's website.

COLLABORATIONS

Alliance for Full Participation (AFP). NASDDDS is a member of the [Alliance for Full Participation](#) (AFP), a formal partnership of leading organizations serving the developmental disabilities field that share a common vision to help create a better and more fulfilling quality of life for people with developmental disabilities

Other partners in AFP include the American Association on Intellectual and Developmental Disabilities (AAIDD), American Network of Community Options and Resources (ANCOR); Association for Persons in Supported Employment (APSE); Employment Network Association of University Centers on Disabilities (AUCD); Autism Society of America (ASA); Best Buddies International; National Association of Councils on Developmental Disabilities (NACDD); National Alliance for Direct Support Professionals (NADSP); The Arc of the United States; NISH; United Cerebral Palsy (UCP); The Council on Quality and Leadership (CQL); and Self-Advocates Becoming Empowered (SABE).

The AFP Mission is: To dream, plan, work, mobilize, and organize with people with developmental disabilities, their families, and supporting communities and organizations to make the promise of inclusion, integration, productivity, independence, and quality of life a reality in policy and practice.

National Leadership Consortium on Developmental Disabilities (NLCD). In the Association's commitment to helping states cultivate and train its workforce leaders of today and tomorrow, NASDDDS came together with other national s to create the [National Leadership Consortium on Developmental Disabilities](#) at the University of Delaware. The consortium convenes week-long Leadership Institutes twice a year. NASDDDS Executive Director Nancy Thaler has served as Leadership Institute faculty.

Association of University Centers on Disabilities (AUCD). Members of the NASDDDS Research Committee and Association staff participated in a meeting and related activities sponsored by the [Association of University Centers on Disabilities](#) (AUCD). Funded by the Administration on Developmental Disabilities, the two-day symposium brought state directors together with their counterparts from the University Centers of Excellence and Developmental Disabilities Education, Research, and Service (UCEDDs) programs from five states in an effort to identify areas and issues for productive dialogue and collaboration. Association staff are additionally participating in the NASDDDS-AUCD collaborative project on the evidence-based policy initiative (see previous page).

The Consortium for Citizens with Disabilities (CCD). The Association once again participated as a member of the [Consortium for Citizens with Disabilities](#), ensuring that state I/DD directors had a voice in the largest disability advocacy group. CCD played a key role in the effort to include long-term supports and services reform in the health care reform bill. NASDDDS represented the perspective of state I/DD agencies to the CCD during these efforts.

Collaboration to Promote Self-Determination. The Association continued to participate as a member of the Collaboration to Promote Self-Determination (CPSD). CPSD is a network of approximately 12 national organizations, including the National Fragile X Foundation, National Down Syndrome Society, and the Autism Society of America, that have come together to



promote employment opportunities and self-direction for those with I/DD.

Centers for Disease Control and Prevention (CDC). Association staff have participated in several collaborative meetings, conferences, and activities with staff from the U.S. Department of Health and Human Services' Centers for Disease Control and Prevention (CDC) focusing on assisting state I/DD agencies to prepare for the H1N1 influenza pandemic (see above) and addressing health disparities among persons with intellectual and developmental disabilities. Additional efforts to work with the CDC and the AUCD will continue into the future.

American Academy of Developmental Medicine and Dentistry (AADMD). NASDDDS staff collaborated with the AADMD to advocate the adoption of Medically Underserved Population (MUP) status for individuals with neuro-developmental and intellectual disabilities (ND/ID) by the Department of Health and Human Services' Health Resources and Services Administration (HRSA). As required by the Patient Protection and Affordable Care Act of 2010, HRSA must establish a comprehensive methodology and criteria for Designation of MUPs and Primary Care Health Professions Shortage Areas (HPSAs). Such designation would lead to increased attention on the recruitment and training of health care professionals across the spectrum of disciplines and services necessary to address the health care needs of individuals with ND/ID.

National Association for the Dually Diagnosed (NADD). NASDDDS staff participated on the [National Association for the Dually Diagnosed](#) National Policy Committee providing input on key public policy issues related to states' support of individuals with co-existing developmental disabilities and mental illnesses. NASDDDS staff also contributed to an NADD subcommittee that is working to develop certification criteria and standards for programs and professionals providing support and assistance to individuals with dual diagnosis.

Quality Mall. NASDDDS staff provided information, support, and assistance to the [Quality Mall](#), operated by the Research and Training Center on Community Living, Institute on Community Integration at the University of Minnesota. The Quality Mall is an online information clearinghouse providing resources and materials showcasing promising practices and innovations that promote quality of life for persons with developmental disabilities. To help maintain the site, three NASDDDS staff members serve as managers to review and approve products to be listed at the Quality Mall.

II. Influencing National Policy

LEGISLATIVE POLICY

PPACA. The Association devoted significant time in FY 2009-2010 to tracking the development of health care reform legislation and educating lawmakers and advocacy groups about potential reforms to the nation's system of long-term services and supports (LTSS). Many of these reforms eventually became law with the passage of the Patient Protection and Affordable Health Care Act (PPACA).

NASDDDS was particularly instrumental in the addition of provisions that allowed states to better utilize the 1915(i) State Plan home and community-based services (HCBS) option by adding the authority to target specific populations within the program. This change also allows states to add multiple 1915(i) programs to their State Plan. A provision to put 1915(b) renewals on the same schedule as 1915(c) renewals also originated with NASDDDS.

Association staff also made recommendations to strengthen the section of PPACA that provides incentives for states that allocate 50% or more of their LTSS funds to institutional care to rebalance their systems. Our recommendations were focused on ensuring that the requirements of the program allowed for the broadest participation possible. Upon passage of PPACA, NASDDDS published a detailed analysis of the massive bill's LTSS provisions, including the Community Living Assistance Services and Supports (CLASS) Act, the Community First Choice Option, and changes to Medicaid and the private insurance market.

ABLE Act. NASDDDS also focused on supporting the ABLE Act, which creates the first tax-advantaged financial savings vehicle specifically designed for individuals with disabilities, and allows control of the account by the individual beneficiaries and/or their families. The legislation eliminates barriers to working and saving by preventing assets saved through ABLE accounts from counting against an individual's eligibility for any federal benefits program, and includes a broad list of allowable expenditures incurred by individuals with disabilities to meet their long-term, ongoing support needs.

Employment First. Association staff were invited to present at U.S. Congressional briefings on employment for citizens with I/DD. Congressional staff were particularly interested in Employment First principles, practices, and policies as well as the impact of the Department of Labor's 14c program on citizens with I/DD. Association staff also introduced NASDDDS' State Employment Leadership Network (SELN) and provided updates on the general national picture of what works and what doesn't for programs helping individuals receiving community-based services to get jobs in the general labor market. Other topics discussed included degree of participation in state I/DD agency integrated employment services and the challenges of state systems coordinating with other public entities that provide resources for employment services for people with disabilities.

ADMINISTRATIVE POLICY

H1N1. NASDDDS staff engaged in an extended dialogue with CMS officials regarding the need for flexibility in the management and delivery of Medicaid waiver services and supports to persons with I/DD during an influenza pandemic. Staff prepared and presented to CMS a document titled *Assisting State Developmental Disabilities Agencies to Respond to an Influenza Pandemic: Issues and Recommendations* identifying areas of concern and providing recommendations. These efforts informed CMS officials of the potential impact of the H1N1 influenza on persons with I/DD serviced by state agencies in both institutional and community programs and contributed to subsequent changes made in the section 1915(c) waiver application describing HCBS policy and practice changes that enabled states to cover unplanned administrative and programmatic costs related to extended program absences and the need to provide services, including in-home supports, to beneficiaries in a variety of different settings during periods of emergency.

Ticket to Work. Association staff coordinated efforts with CMS and the Social Security Administration (SSA) to clarify Ticket to Work incentive payments and waiver service payment resulting in CMS' clarification that the Ticket to Work payments are incentive payments, not service delivery payments. The effort intends to create motivation for waiver providers to become employment networks under SSA and bring additional resources to the field to support employment outcomes. See <http://www.hcbs.org/files/174/8653/SMD10002.pdf>.

Medicaid Employment Policy. NASDDDS compiled recommendations to CMS for changes to core service definitions in the "Medicaid Application for a 1915(c) Home and Community-Based Waiver [Version 3.5] Instructions, Technical Guide and Review Criteria." The recommendations clarify employment outcomes in delivery of services and supports under Medicaid Waiver Programs. CMS is considering the recommendations for Version 3.6 of the Technical Guide.

See *Advancing Integrated Employment Outcomes through Home and Community-Based Waiver Services: Briefing Document on Section 1915(c) Medicaid Waiver Service Definitions* at [http://www.nasddds.org/pdf/AdvancingIntegratedEmployment\(1-20-2010\).pdf](http://www.nasddds.org/pdf/AdvancingIntegratedEmployment(1-20-2010).pdf).

See CMS' response: [http://www.nasddds.org/pdf/Response to NASDDDS0001.pdf](http://www.nasddds.org/pdf/Response%20to%20NASDDDS0001.pdf)

CMS Associations Employment Subcommittee. Additionally, NASDDDS staff served on the CMS Associations Employment Subcommittee, which is tasked to identify ways to improve CMS' policies and technical support to increase states' ability to use HCBS waivers to train more individuals and help them find meaningful jobs in the community.

III. Addendum

STATEMENT OF FINANCIAL POSITION

NATIONAL ASSOCIATION OF STATE DIRECTORS OF
DEVELOPMENTAL DISABILITIES SERVICES, INC.

STATEMENTS OF FINANCIAL POSITION
AS OF JUNE 30, 2010 AND 2009
AUDITED

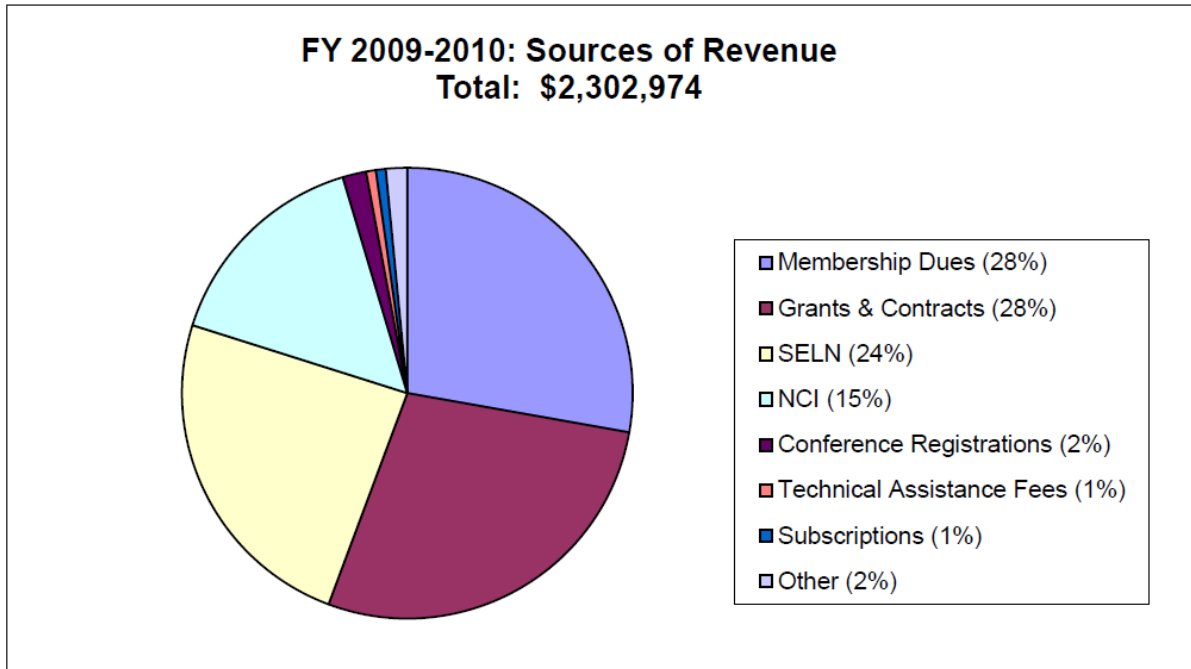
ASSETS

	<u>2010</u>	<u>2009</u>
CURRENT ASSETS		
Cash and cash equivalents	\$ 265,342	\$ 298,108
Investments (Notes 2 and 5)	870,353	781,867
Accounts receivable	248,459	114,347
Prepaid expenses	<u>13,719</u>	<u>1,462</u>
Total current assets	<u>1,397,873</u>	<u>1,195,784</u>
FIXED ASSETS		
Land and building	245,627	244,242
Furniture	<u>140,620</u>	<u>134,202</u>
	386,247	378,444
Less: Accumulated depreciation and amortization	<u>(186,441)</u>	<u>(176,691)</u>
Net fixed assets	<u>199,806</u>	<u>201,753</u>
TOTAL ASSETS	<u>\$ 1,597,679</u>	<u>\$ 1,397,537</u>

LIABILITIES AND NET ASSETS

CURRENT LIABILITIES		
Accounts payable and accrued liabilities	\$ 252,741	\$ 312,212
Deferred dues	348,771	342,502
Accrued salaries and related benefits	95,505	79,638
Refundable advance	<u>16,645</u>	<u>16,621</u>
Total current liabilities	<u>713,662</u>	<u>750,973</u>
NET ASSETS		
Unrestricted	<u>884,017</u>	<u>646,564</u>
TOTAL LIABILITIES AND NET ASSETS	<u>\$ 1,597,679</u>	<u>\$ 1,397,537</u>

SOURCES OF REVENUE



Membership Dues (28%)	\$639,980
Grants & Contracts (28%)	\$642,492
SELN (24%)	\$557,083
NCI (15%)	\$356,940
Conference Registrations (2%)	\$38,878
Technical Assistance Fees (1%)	\$16,171
Subscriptions (1%)	\$16,207
Other (2%)	\$35,223

\$2,302,974

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COMPASS AWARD

The National Association of State Directors of Developmental Disabilities Services' Board of Directors presented Valerie J. Bradley with the Robert M. Gettings Compass Award at the Association's annual conference November 10, 2009.

Ms. Bradley, President of the Human Services Research Institute since its inception in 1976, is the third recipient of the Compass Award which recognizes individuals who, while working in the private sector, have made significant contributions to the development of publicly funded state service systems for people with developmental disabilities through research, the design of new service models, training, technical assistance, and consultation.

"It is only fitting that Val Bradley be recognized for her contributions to individuals and state systems serving those with intellectual and other developmental disabilities," NASDDDS Board of Directors President Ken Ritchey said. "She has made a difference! In recognizing Val, I would also note that she, like her predecessors who had received this award, has had a lasting impact on our field and we thank her."

Ms. Bradley has befriended state agency directors and their staffs for over 35 years. Her research and direct assistance to individual states has been enhanced by her leadership roles as the Chair of the President's Committee on Mental Retardation and the President of the American Association on Mental Retardation, overseeing the organization's name change to the American Association on Intellectual and Developmental Disabilities.

The first person to receive the Compass Award was the late Gary Smith in 2001. Bob Gettings was the second person to receive the award upon his retirement from NASDDDS in 2007 at which time the award was renamed.