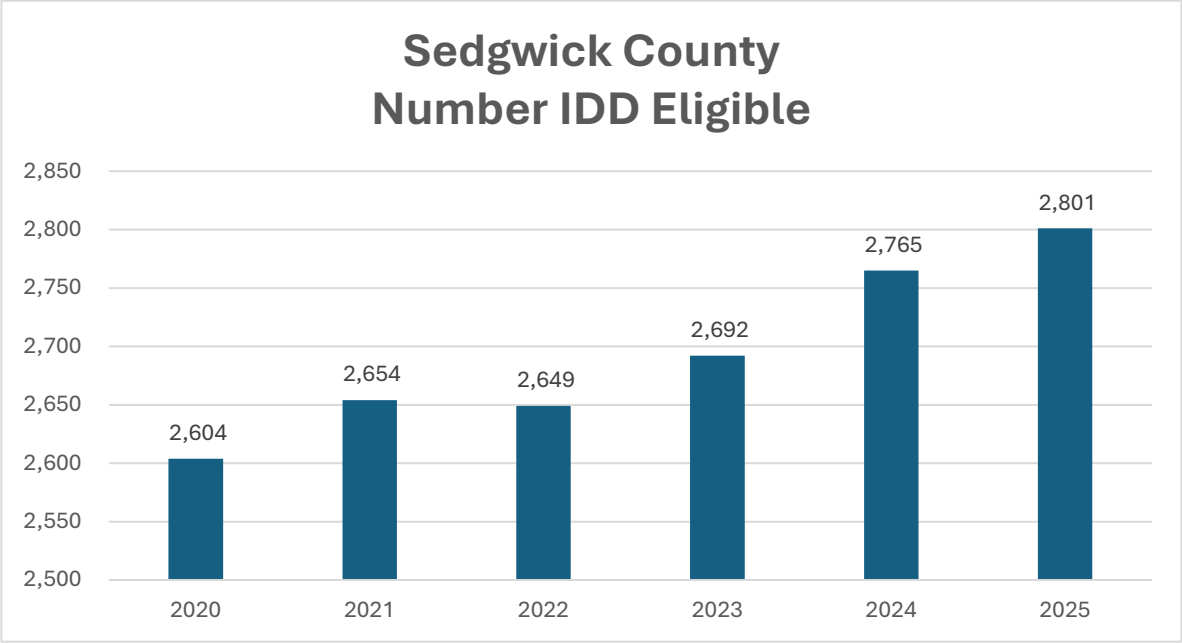
SEDGWICK COUNTY DEVELOPMENTAL DISABILITY ORG.
2025 CAPACITY REPORT

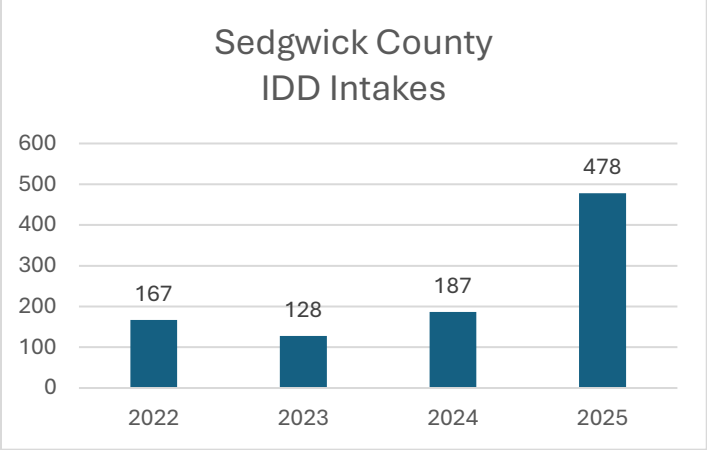
I. Service Area:

Sedgwick County covers 1,008 square miles in South Central Kansas. Wichita is the largest city, but there is a total of 20 separate cities within the County. The US Census Bureau lists Sedgwick County's population at 536,081, putting it as the second most populous county in Kansas. The University of Kansas Institute for Policy & Social Research Data Library (Institute for Policy & Social Research - Data Library) shows Sedgwick County's population growth from 2020 to 2024 at 2.34%. The number of individuals with intellectual/developmental disabilities (IDD) determined eligible for the IDD system in Sedgwick County has grown 7% since 2020 (see chart below).



As of Dec. 31, 2025, the U.S. Bureau of Labor Statistics shows an unemployment rate in Sedgwick County as 3.8, while Kansas' rate was slightly lower at 3.4. These rates are relatively low, which makes it a fairly competitive job market. According to U.S. Census, the median household income is $69,365 and median rent is $998. The Kansas median household income is $74,275 and median gross rent is $1,060 (see U.S. Census Bureau QuickFacts: Kansas).

The Sedgwick County IDD system saw a lot of activity in 2025. While the system only grew by 36 and the number of new people added was nearly the same as in 2024 (195 vs 194), SCDDO staff completed 478 intakes which is more than double the prior year (187). Intakes chart below. The reason for this growth in intakes is not immediately clear. There are individuals that are determined ineligible, but there are also some that are eligible who then do not follow through with a functional assessment. The uptick is worth noting and analyzing more thoroughly if the trend continues.



Terminations were also up at 175 in 2025, but 120 in 2024. Non-specified is the largest category of terminations, this category is mainly when contact has been lost. Case transfers were average in number (66), but for the first time in at least the last three years there were more transfers out than in. See below for a thorough summary of IDD system activity.

2025 SEDWICK COUNTY IDD ELIGIBLE SYSTEM SUMMARY

TOTAL ELIGIBLE BY RACE & ETHNICITY	
American Indian/Native Alaskan	22
Asian	70
Black/African American	271
Hispanic (number is duplicative of other races)	350
Native Hawaiian or other Pacific Islander	2
Race Missing	95
Reporting 2 or More Races	75
Reporting Some Other Race	53
White - Hispanic	333
White - Non-Hispanic	1,880

CDDO ACTIVITIES	
New Persons Added	195
Intakes Completed	478
Options Counseling Transactions	708
Comprehensive Options Counseling	2033
Functional Assessments Completed	2033

WAITING LIST	
*Unserved - waiting for HCBS only - Under 18	476
*Unserved - waiting for HCBS only - 18 & Above	428
Unserved - waiting for HCBS only	904
HCBS Waiting list offers	112
HCBS Waiting list acceptance	111
Waiting for Non-HCBS (Local Waiting List - Tier 0)	19

TERMINATIONS	
Deceased	36
Moved out of state	13
Self-termination	5
Moved out of county	39
Term by CDDO	2
Incarcerated	8
Non-Specified	62
State Hospital	1
Nursing Facility Placement	9
Total Terminated	**175**

TARGETED CASE MANAGEMENT SERVICES	
Total with TCM (unduplicated)	2130
No TCM Services	671

CASE TRANSFERS	
In	27
Out	39

GATEKEEPING	
Access request	4
Exits	0
Admits	1
Total # of persons in ICF	27

In addition to the HCBS services affiliates bill to Medicaid, SCDDO utilizes state aid for services three grants and programs administered through funding committee. A quarterly average of 2,039 individuals received services during 2025. Of this total, 3,484 individuals were served during the year by the grant programs using state aid dollars. Services funded through these grants include: infant & toddler services, quality specialized childcare, attendant care for school age children and adult & youth socialization programming. Most individuals served with state aid funds are on the waiting list.

II. Provider Network:

SEDGWICK COUNTY IDD PROVIDER NETWORK
2025 SUMMARY

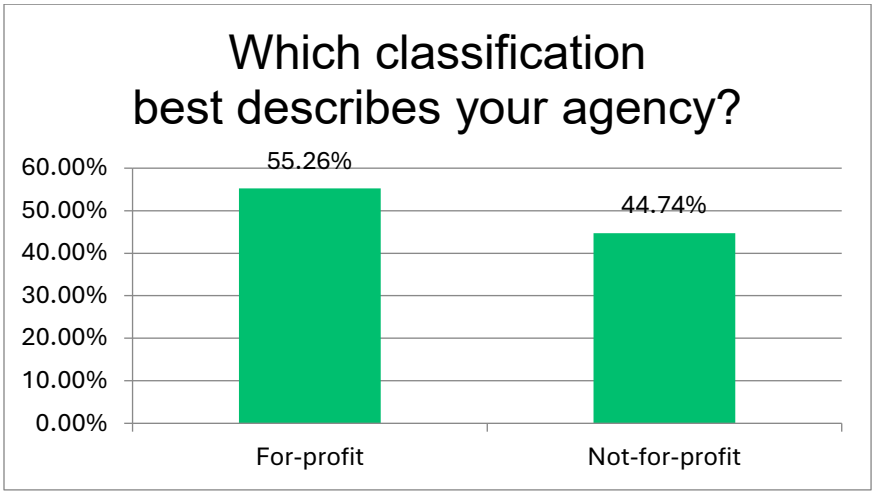
Service	# of Providers at Beginning of 2025	# of Providers Added	# of Providers Quit	# of Providers at End of 2025	Net Change in Providers in 2025
Assistive Services - HEMS	1	0	0	1	0
Assistive Services – VMS	0	0	0	0	0
Assistive Services - SMES	2	0	0	2	0
Children's Int. Community Suppts	2	0	0	2	0
Day Supports (Full)	18	2	0	20	+2
Day Supports (Limited)	3	0	0	3	0
Enhanced Care (AD*)	1	1	0	2	+1
Enhanced Care (SD**)	7	2	0	9	+2
Financial Management Services	7	2	0	9	+2
Medical Alert Rental	4	0	0	4	0
Overnight Respite (AD)	1	1	0	2	+1
Overnight Respite (SD)	7	2	0	9	+2
Personal Care Services (SD)	7	2	0	9	+2
Residential Supports (Full)	15	2	0	17	+2
Residential Supports (Limited)	3	0	0	3	0
Specialized Medical Care	4	1	0	5	+1
Supported Employment	3	0	0	3	0
Supportive Home Care (AD)***	3	1	0	4	+1
Targeted Case Management	10	2	-1	11	+1
Wellness Monitoring	7	0	0	7	0

*AD = Agency Directed **SD = Self Directed

***Note, one Supportive Home Care provider limits participation to their program clients and one agency only serves children. The new agency only serves adults but did not serve anyone in 2025.

Last year saw unprecedented growth in the number of providers in the Sedgwick County IDD service network. In 2025, seven new agencies providing eleven different services. Additions included: two Financial Management Services (FMS) agencies, one day and residential provider, a shared living provider, a TCM company, a specialized medical care provider and a home health agency providing agency directed services. The home health agency is of particular note, as Supportive Home Care (SHC) has been the one service that did not offer choice for adults. For several years, Sedgwick County has only had three agencies that provide SHC. Of these three agencies, one only provided SHC for their program participants and one limited service to children. This left a single agency that provided SHC to adults. With this new affiliate, choice for adults seeking SHC increased by 100%.

The addition of two TCM providers was another notable network addition in 2025. A national company chose to expand to Kansas and affiliated to provide services in Sedgwick County among other counties. The startup for this national agency in Kansas has been bumpy and was paused for most of 2025. As of the second quarter of 2026, the agency has not served a single person in Sedgwick County. An existing day service provider also added TCM to their affiliation.



The majority of IDD providers in Sedgwick County are for-profit organizations. The Private Equity Stakeholder Project indicates in *Private Equity in Intellectual and Developmental Disability Services*, that historically the IDD provider network nationally has been made up of non-profit and religious organizations; however, in Sedgwick County, the network has been majority for-profit organizations for as long as this metric has been measured. Many of the Sedgwick County for-profit IDD providers are akin to mom-and-pop type businesses in that they are small, independent companies not national or franchise organizations.

III. Key Indicators:

a. Access to Service

In the 2025 capacity survey, providers called out the below as services agencies particularly struggled to meet demand:

- Targeted case management
- Residential, with emphasis on residential supports for individuals with behavioral health needs

- Supportive home care, enhanced care services
- Specialized medical services for night shifts or home care for LPN/RN
- Shared living (specifically due to difficulty in finding contractors)

In general, affiliates are expected to initiate services within 60 days of the referral. There are many reasons it might take longer for services to begin. Common delays include lack of staff, complex needs which require a specialized setting or staff, individuals/guardians not returning intake paperwork timely and individuals choosing to wait for a specific location. The chart below summarizes the average time to start by service for Sedgwick County in 2025.

Service	Average # Days between Choice & Service Start Date
Assistive Services	N/A
Children's Integrated Community Supports	85.3
Day Supports (Full)	93.8
Enhanced Care	57.9
Financial Management Services (FMS)	90.2
Medical Alert Rental	8
Overnight Respite	98.7
Personal Care Services	85.8
Residential Supports (Full)	92.9
Specialized Medical Care	8
Supported Employment	12
Supportive Home Care	152.89
Targeted Case Management (TCM)	8.9
Wellness Monitoring	N/A

In 2025, Supportive Home Care (SHC) had the longest average time between referral and start of services. On average, it took individuals about five months to begin SHC services. There were four services that took over 90 days on average: day, FMS, overnight respite and residential supports.

b. Complex Needs

The change in assessment tool July 1, 2025, impacted the system used to identify individuals with interfering behaviors and high medical needs in the Sedgwick County IDD system. Data provided is as of June 30, 2025, which is the last date when the BASIS assessment tool was used. A new measurement system will be developed based on the MFEI for 2026.

Sedgwick County's IDD system has a high number of individuals with complex support needs both receiving HCBS services and on the waiting list for services (chart below).

Complex Need	System Status	Number	Percent
Interfering Behaviors	Receiving services	1,370	83%
	Waiting list	428	44%
High Medical Needs	Receiving services	1,085	65%
	Waiting list	267	28%
One or more co-occurring behavioral health diagnosis	Receiving services	881	53%
	Waiting list	374	39%

The most common behavioral health diagnoses are listed below. While ADHD and anxiety disorders are relatively common diagnoses, intermittent explosive and oppositional defiant disorders are much less prevalent in the general population.

Diagnosis	Number
Attention-Deficit/Hyperactivity Disorder-All Types	374
Generalized Anxiety Disorder/Anxiety Disorder NOS	135
Intermittent Explosive Disorder	75
Oppositional Defiant Disorder	73
Depressive Disorder NOS	48
Bipolar Disorder NOS	46
Obsessive-Compulsive Disorder	41

Despite the significant number of individuals with complex support needs receiving services, there are relatively few who receive extraordinary funding (EF). As outlined in KDADS' extraordinary funding policy, EF is designed to ensure funding is sufficient to cover costs of serving individuals with extraordinary service needs. Of the 22 agencies eligible to process an EF application (i.e. provide day and/or residential supports), only eight applied in 2025. These eight agencies applied for a total of 33 individuals, or about 2% of the individuals receiving day and/or residential supports. Of the 33 applications, 30 were approved for a 91% approval rate. Agencies reported two applications were denied and the other was in process at the time of the survey.

Below are the comments provided related to the EF process:

The process was relatively easy with United.
Usually, we need to follow up with the MCO to find out what their determination is.

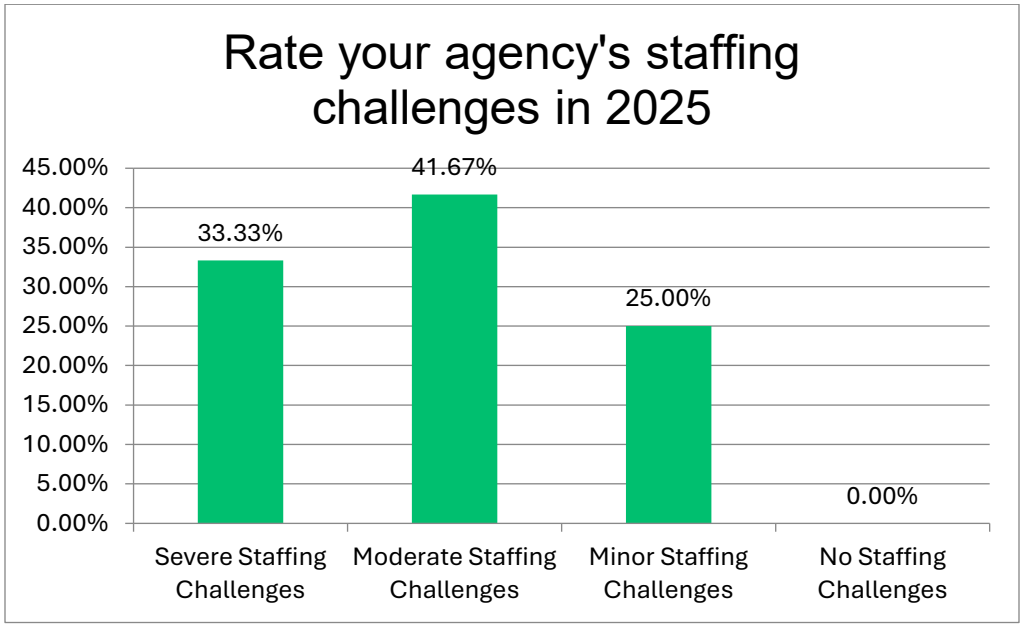
I feel our DM does a wonderful job on extraordinary funding requests. I feel the process is extremely time-consuming for her and her team.

Drafts of the new policy were of no benefit to providers. The requirements to apply for new requests for EF are too narrow so providers are serving individuals whose needs would easily qualify for EF, but providers are unable to make the request. It's clear that MCOs want to avoid approving EF whenever possible. They are not transparent about the formulas used to determine eligibility. Their role in the process is a conflict of interest because they have an inherent benefit to deny EF. MCOs should be required to provide their profit statements.

MCOs not acknowledging the EF spreadsheets provided that are locked formulas and not able to be manipulated by the IDD provider, denial of individualized rates for Shared Living Program.

c. Provider Workforce

Fully three-quarters of providers indicate they faced moderate to severe staffing issues in 2025. No agencies escaped without at least minor staffing challenges (chart below).



Staffing issues were the most cited reason for an agency to request a hold on new referrals. A total of 14 agencies requested a hold on new referrals 17 times during 2025. Reasons for holds included:

- Staffing issues (7)
- Out of space (6)
- Quality concerns (2)
- Too many referrals at once and need time to catch up (2)
- New affiliate and need time to build capacity to serve (2)
- New affiliate randomly decided to reconsider the decision to provide IDD waiver services in Sedgwick County (1)

It should be noted that a request for a hold on referrals can have more than one reason. The most common duplicate reasons were out of space and staffing issues.

Wages for HCBS waiver staff have continued to increase over time with self-directed direct support professionals (DSP) seeing the highest percentage increase (45%) since 2021 followed by agency-directed DSP's at 33%. For the first time since reporting began, the average starting pay for agency-directed DSP's is over $15 per hour. Of note, agency-directed DSP wages ranged from a low of $11 per hour to a high of $25 per hour. This year the survey did not include limited licensed providers, as their data tended to skew the overall averages while they do not impact system capacity because they are limited in the number they can serve (typically one per agency).

Turnover tells an interesting story in 2025. While average turnover for agency-directed DSP's was the same as 2024, there were two agencies that reported 100% turnover and one with 90% turnover. Nearly half (46%) of agencies reported agency-directed DSP turnover in excess of 50%. While pay doesn't perfectly track with turnover, the agency with the lowest starting agency-directed DSP wage was in the top three agencies with the highest turnover. Likewise, the agency with the highest starting agency-directed DSP wage was among the agencies with the lowest turnover.

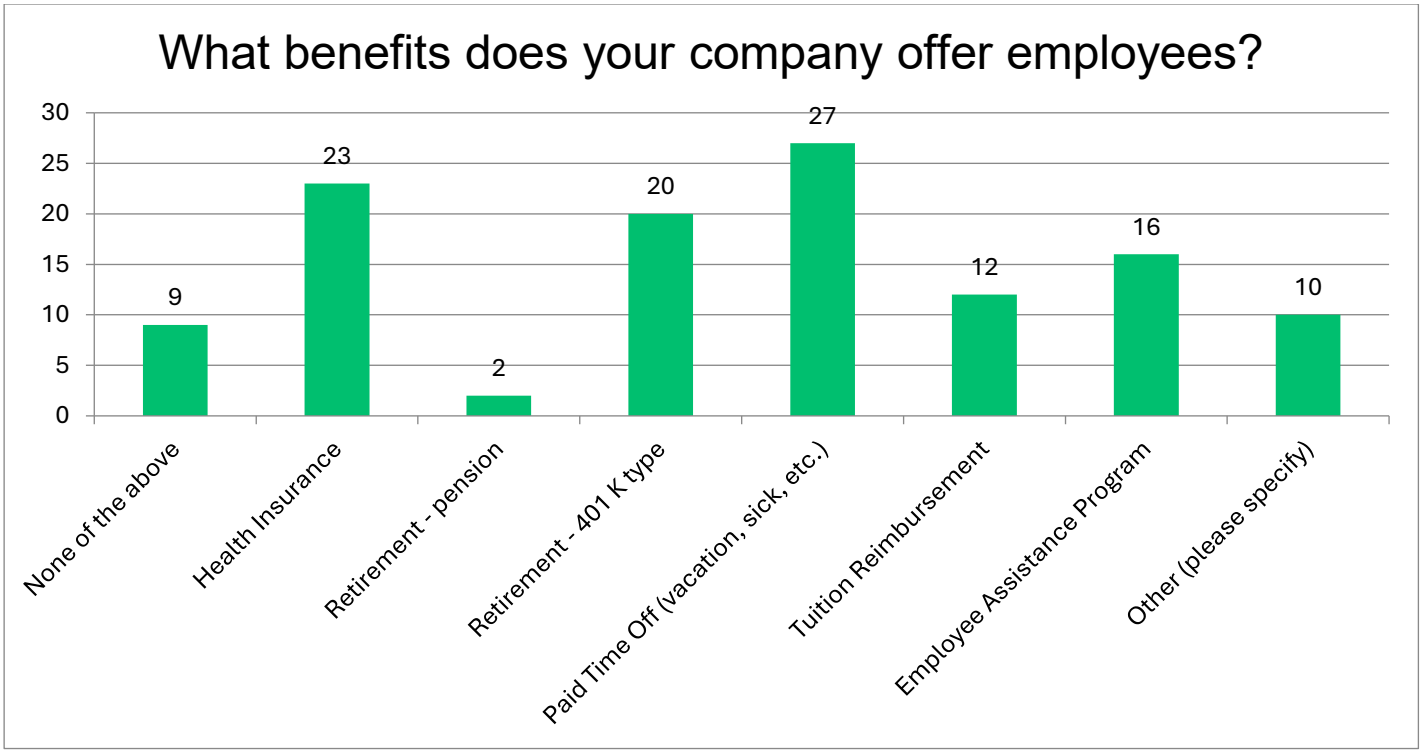
AVERAGE TURNOVER

Type of Worker	2020	2022	2023	2024	2025
DSP – Agency	34%	32%	39%	42%	42%
DSP – Self-Directed	33.5%	26%	32%	27%	26%
TCM	30%	31.5%	42%*	33%*	22%
Nurse (LPN & RN)	N/A	N/A	22.5%	21%	28%

*One TCM agency chose to skip this question.

Type of Worker	Turnover Range	% of Agencies Reporting Turnover 50% or Higher
DSP – Agency	0 to 100%	46%
DSP – Self-Directed	0 to 50%	25%
TCM	0 to 50%	11%
Nurse (LPN & RN)	0 to 50%	25%

In an effort to understand the full range of compensation for the IDD workforce, the 2025 capacity survey asked what benefits other than pay are provided to their employees. The most common benefit offered by IDD providers was paid time off (70% of respondents). Somewhat unexpectedly, health insurance was the next most offered benefit (61%).



Respondents indicated the other benefits provided included:

Paid holidays, flexible scheduling, dental insurance, personal development, etc.

Dental, Vision, Life, Health stipend,

Financial Management Services

Gym Membership subsidy

Portion of dental and vision

Wellness stipend

Profit Sharing

Discounted gym memberships; Dental and Vision insurance; Telemedicine; Flexible savings accounts (medical and dependent day care); Optional and supplemental life insurance; Short-term disability insurance; Long-term disability insurance; Employee Assistance Fund (EAF), Paid training and opportunities for professional growth and development

Dental, Short and Long term disability, life insurance

Dental and vision insurance, supplemental insurance, FSA, life insurance

Beginning with the 2024 capacity report, questions were added to the Sedgwick County report to provide comparison to the national data on the workforce crisis that ANCOR gathers annually (see chart below). While Sedgwick County compares positively against the national responses, the clear impact the workforce crisis is having on network capacity is still very concerning. A quarter of Sedgwick County respondents indicated they had discontinued or shrunk programs/services and individuals had to wait longer for services.

Sedgwick County		ANCOR	
None of the above	33%		
Put a hold on new referrals	21%	Turned away new referrals	62%
Discontinued or shrunk programs or services	25%	Discontinued programs/services	29%
Delayed launch of new programs or services	17%	Intended to delay the launch of new programs	59%
Considering further cuts to programs/services if recruitment & retention challenges fail to subside	17%	Considering further cuts to programs if recruitment & retention challenges failed to subside	52%

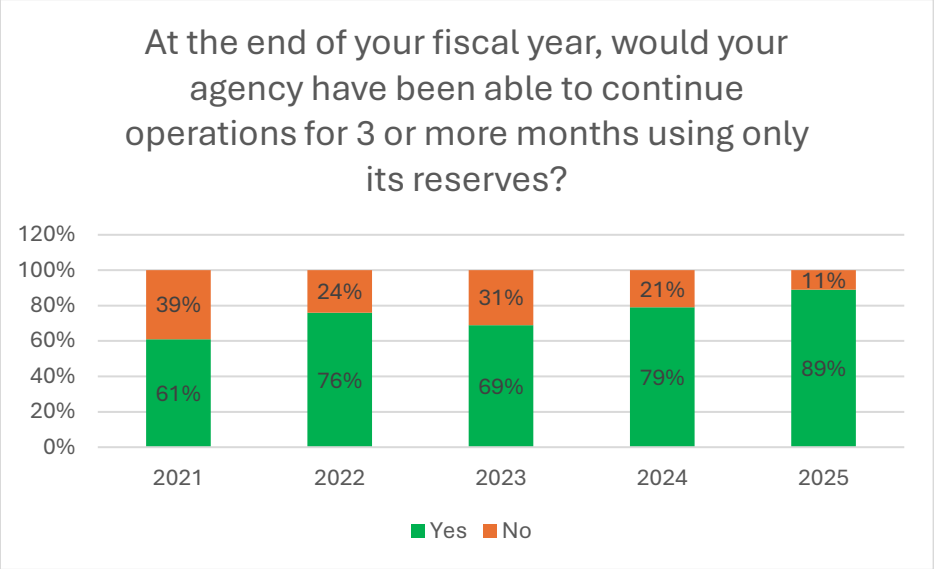
Individuals had to wait for services (longer than previously)	25%		
Other	8%		

From: *ANCOR 2025 The State of America's Direct Support Workforce Crisis*

Other strategies agencies employed due to staffing challenges included: combined support shifts and management covered vacancies, and excessive overtime and burnout.

d. Financial Stability of Service Providers

For the third straight year more IDD providers reported sufficient reserves to maintain operations for three or more months. By this measure, the financial stability of service providers in Sedgwick County has been improving over the years.



One reason IDD providers prioritize building reserves could be the erratic nature of Medicaid coverage. The 2024 capacity report was the first time Medicaid data was reviewed. The data is very limited as it relies on targeted case managers to report to the SCDDO when a person loses Medicaid coverage. The SCDDO then ensures all the person's IDD service providers are informed and asks the TCM to provide updates. Some TCM agencies will continue providing services as long as the person is working to get Medicaid coverage reinstated, but others close when Medicaid closes. In 2024, the SCDDO received reports of Medicaid closure for 105 individuals. There were only 30 people reported with Medicaid closure in 2025. It is not known if this means a significant drop in the number of individuals impacted by Medicaid closures in 2025, or if TCM agencies are closing cases when Medicaid closes. Nearly all the cases of Medicaid closures were reportedly related to paperwork issues. Reasons reported for Medicaid closures included: missed renewal deadline or didn't include all required paperwork, didn't apply for adult Medicaid when turned 19, aged out of foster care, and being over resources.

As of the first quarter of 2026, 10% of the individuals who lost Medicaid in 2025 still remain without coverage. About one-quarter (27%) experienced a gap in coverage, while most (63%) had Medicaid restored without a gap in coverage. The average gap in Medicaid coverage was three months.

IV. Analysis and Recommendations

Workforce Crisis

Once again, the workforce crisis is the driving force behind IDD system capacity issues. While reaching a soft target of an average of $15 per hour is notable, the national median hour DSP wage is $17.20 (ANCOR and UCP publication "*Case for Inclusion Data Snapshot The Looming Impact of Funding Cuts on Access to Community Services*"). Additionally, the living wage for a single person with no children in Wichita is calculated at $20.78 (*Living wage data sourced from the Living Wage Institute via https://livingwage.mit.edu)*. With one child, Wichita's living wage goes up to $35.74 per hour which is more than twice what the average DSP wage is currently.

Staff turnover shows the level of crisis in the workforce with nearly half of agencies employing agency-directed DSP's reporting turnover of 50% or more. There is no way having 50% or higher turnover doesn't impact services and individuals receiving the services. We set a gloomy record with two agencies reporting 100% turnover for the first time.

These staffing issues have a direct impact on system capacity. A quarter of respondents indicated they discontinued or shrunk programs or services because of staffing challenges. Likewise, a quarter of respondents indicated individuals had to wait longer for services.

Medicaid Rates

There is no way to separate the status of the workforce crisis from Medicaid rates. After the workforce crisis, rates were the next most cited barrier to adequate IDD service capacity. Several survey respondents noted that Medicaid rates have not kept up with inflation. Others commented that the current bridge rates being paid were insufficient. One respondent summarized several of the impacts related to the insufficient rate structure:

"Tier levels being set from previous BASIS assessments and moving into the MFEI assessments. Unable to change HCBS funding and rates due to tier levels being locked in regardless of an increase in needs and services, MCOs not understanding how this directly impacts services and funding for IDD providers. No assistance in the MCO EF policy, does not reflect how tiers are locked in and rates should change based upon needs per yearly assessments. Directly impacts how DSPs are paid, causing staffing shortages and burnout when needs/behaviors increase yet unable to provide adequate pay. Directly impacts number of DSPs that can assist with community engagement and ensuring individuals supported are receiving the services they need to access the community (1:1 support during a group outing in the community, adequate staffing for community outings - taking an individual in the community but also ensuring coverage in the residential programs)."

The area of the Sedgwick County IDD provider network most impacted by an insufficient Medicaid rate is Supportive Home Care (SHC). For years Sedgwick County has only had two agencies that provide SHC. The third agency affiliated for SHC only provides the service within the context of their programming, not in the family home. Of the two agencies affiliated to provide SHC, one only served children. On March 2nd the SCDDO was notified this agency was closing their programs that provided SHC and Children's Integrated Community Supports (ChICS). It was clear from the agency's communications to the impacted families that the rate received for these Medicaid services did not cover the costs of providing the services forcing the agency to close this needed program. While we're fortunate that there is a new affiliate that will provide SHC, they do not serve children which still leaves one section of the population without choice of providers for SHC.

It should be noted that TCM is consistently left out of rate increases provided by the state legislature. TCM received a significant rate increase a few years ago, but that was after going without a rate increase for 15 years. The progress made for TCM, and other services, is at risk if rates are not regularly increased to keep pace with cost of living/inflation.

IDD Modernization Efforts

While KDADS intention behind the IDD modernization efforts is commendable, the pace and approach to the changes created a significant amount of anxiety among individuals receiving services, parents/guardians and IDD provider agencies. This anxiety manifested last year when the legislature passed a law requiring any changes to Medicaid must first be approved by the legislature, which has slowed the changes significantly. However, in this year's survey IDD providers indicated significant concern related to the IDD modernization efforts and how the uncertainty is holding back program creation and/or expansion. Specific areas of concern referenced included how conflict of interest with Targeted Case Management (TCM) services will be addressed, as well as unbundling day service definitions. One respondent indicated "Unbundling day service definitions requires us to overhaul our entire service model."

In response to the groundswell of apprehension, KDADS has taken a step back and worked more collaboratively. This new approach has extended timelines and now many changes will not be implemented until 2029 which stretches out the uncertainty/stress on the network.

Private Equity Acquisitions

One thing that should be on the state's radar related to capacity is the increasing number of acquisitions of IDD provider agencies by private equity companies. Consistent with national trends, Sedgwick County has begun to see IDD provider agencies being purchased by private equity companies. Currently there are five IDD provider agencies owned by private equity firms in Sedgwick County. Generally, private equity firms are known to maintain high debt levels and have relatively short-term investment expectations; in *Private Equity in Intellectual and Developmental Disability Services,* Eileen O'Grady reports private equity firms "typically seek to double or triple the value of their investment in 4-7 years, which is challenging to do in IDD services without cutting costs in a way that compromises the quality of care." In the JAMA Health Forum Research Letter, *Private Equity Acquisitions of Home Health Agencies,* the Midwest is identified as the area of the country with the second largest number of private equity acquisitions.

Why should KDADS pay attention to private equity acquisitions of IDD providers in Kansas? Private equity has a longer track record with its hospital and nursing home acquisitions. Michael D. Goldhaber noted in *Private Equity and Healthcare: Balancing Profit with Wellness,* private equity ownership of hospitals "raises in-hospital complications by 25% and trims hospital staff by 11.6%. In nursing homes, PE ownership correlates with 11% higher patient mortality rates. One study found that PE ownership raises the risk of bankruptcy by ten times."

This information is not recounted to say the sky is falling, but to caution that attention to the issue is warranted. KDADS should, at a minimum, work to stay apprised of private equity acquisitions in the IDD system to understand the scale of the issue. Additionally, it will be important to ensure appropriate quality measures are monitored to avoid the negative impact on persons served as seen in hospitals and nursing homes owned by private equity firms. Michael D. Goldhaber presents several recommendations to state and federal governments in *Healthcare: Balancing Profit with Wellness.* It may make sense to review and act on these recommendations proactively to avoid negative impacts on persons served or IDD system capacity.

Information on private equity firms and their impact on IDD agencies was gleaned from three sources:

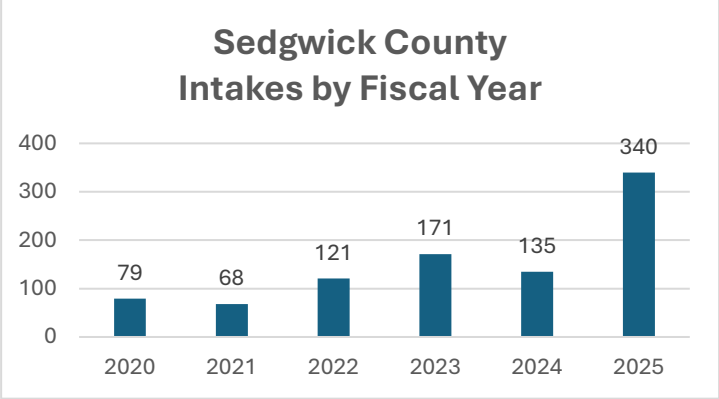
- Private Equity Stakeholder Project, March 2025, *Private Equity in Intellectual and Developmental Disability Services*. by Eileen O'Grady - PESP_Report_IDD_2025.pdf
- NYU Stern Center for Business Rights and Human Rights, March 2026, *Private Equity and Healthcare: Balancing Profit with Wellness* by Michael D. Goldhaber - NYU-CBHR-PE-and-Healthcare_Mar-10-FINAL-1.pdf
- JAMA Health Forum, *Private Equity Acquisitions of Home Health Agencies* by David T. Zhu, BSc; Aakash Reddy, BS; Geronimo Bejarano, MPH; Robert Tyler Braum, PhD - Private Equity Acquisitions of Home Health Agencies | Health Policy | JAMA Health Forum | JAMA Network

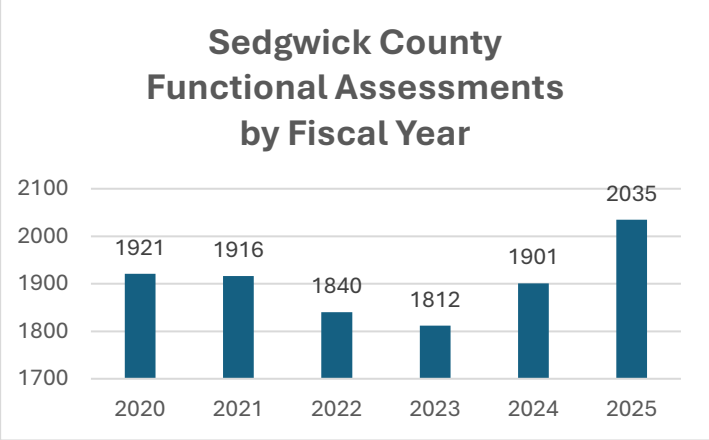
CDDO Capacity

Last but absolutely not least, it should be recognized that a critical piece of IDD system capacity has not been provided the attention it deserves - CDDO's. CDDO's are the backbone of the IDD system. CDDO core responsibilities, as listed below, are critical to a strong, responsive system.

- Serve as the single point of application and referral,
- Complete eligibility determinations,
- Provide information on and explain available services/service providers,
- Ensure informed choice,
- Maintain a provider network that enables choice of services,
- Conduct quality assurance to ensure individuals receive appropriate and person-centered services, and
- Maintain a council of community members to provide advocacy and input into system-level issues.

CDDO's are an essential partner with KDADS for implementation of the new Community Support Waiver (CSW) on top of all our other responsibilities. Even before the CSW, Sedgwick County saw considerable growth in the number of intakes and assessments particularly last year (see charts below).





Upon the precipice of starting a completely new waiver, the Sedgwick County CDDO has received substantial cuts in funding (see chart below). As we look for ways to cut costs to stay within the contract budget, non-contractually required areas like capacity building are being targeted. Potential impacts include Quality Assurance's important work to develop TCM quality through certifications and the Charting the Life Course Ambassador program, as well as efforts to improve the affiliation process for start-up agencies. If the state does not invest sufficient dollars to fund a rational methodology that adequately supports the CDDO system, further cuts are inevitable.

SEDGWICK COUNTY

PARTICIPATING CDDO CONTRACT FUNDING

FUNDNG CATEGORY	FY 25	FY 26	DIFFERENCE
Admin - State	$ 1,267,373.00	$ 1,196,851.00	($70,522.00)
Admin - Federal	$ 981,908.00	$ 927,267.00	($54,641.00)
State Aid	$ 1,222,306.00	$ 1,043,410.00	($178,896.00)
TOTAL	$ 3,471,587.00	$ 3,167,528.00	($304,059.00)

KDADS defines capacity as "*the ability of an I/DD service system to meet current needs and adapt and respond to the changing needs of it's I/DD population."* CDDO's are inarguably a critical piece of IDD system capacity. If KDADS truly cares about IDD system capacity and the success of the CSW, action is necessary to adequately support CDDO's.