**UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Administration for Community Living (ACL)**

**Administration on Disabilities**

**annual Program performance report**

**For**

**Centers for Independent Living**

**(Title VII, Chapter 1, Part C of the Rehabilitation Act of 1973, as amended)**

**REPORTING INSTRUMENT**

**(To be completed by Centers for Independent Living)**

**Fiscal Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Grant #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Center: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Acronym for Center (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Executive Director**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Overview of Centers for Independent Living Annual Program Performance Report Requirements**

The purpose of this report is to:  (a) assess grantees’ compliance with title VII of the Act, with section 1329 of the Code of Federal Regulations and with applicable provisions of the HHS regulations at 45 CFR Part 75.  (b) serve as the primary basis for ACL’s monitoring activities in fulfillment of its responsibilities under sections 706 and 722 of the Act.  (c) enable ACL to collect qualitative and quantitative data to track performance outcomes and efficiency measures of the CILs programs with respect to the annual and long-term performance targets established in compliance with the Government Performance and Results Act (GPRA).  And (d) to be used to design CIL training and technical assistance programs authorized by section 721 of the Act.

**Outline of Centers for Independent Living Annual Program Performance Report (CIL PPR)**

**Section I. FISCAL COMPONENT**

 **Total Expenditures**

1. Federal Funds
2. Other Government Funds
3. Non-Government Funds
4. Amount of other government funds received on behalf of consumers, that are subsequently passed on to consumers

**Section II. BOARD AND STAFF**

1. Agency Executive / Management Staff
2. Functional Responsibilities

**Section III. NETWORK & SERVICE RECORDS**

CSRs Records

CIL Counties with Part C Funds

**Section IV. DEMOGRAPHICS**

**Section V. SERVICES, ACHIEVEMENTS, and COORDINATION**

1. Services
2. Achievements/Goals Achieved In Significant Life Areas
3. Consumer Satisfaction
4. Community Collaborations/ Activities and Events
5. Supports, Modifications, and Accommodations

**Section VI. ANNUAL PROGRAM PERFORMANCE**

1. Goals/Objectives
2. Target Population
3. Work Plan
4. State Plan For Independent Living
5. Achievements
6. Use of Part C Funds
7. Training and Technical Assistance

**Glossary of Terms & Sections**

The following pages show the Centers for Independent Living Annual Program Performance Report format through a series of data tables corresponding with the sections of the outline above. The tables are for presentation purposes only. ACL will continue to require electronic transmittal of the CIL PPR.

**Section I. FISCAL COMPONENT**

| **Total Funds Received and Expenditures for FY MM/YYYY-MM/YYYY** |
| --- |

| **Fund Sources** | **Funds Received** | **Funds Expended** |
| --- | --- | --- |
|  |  |  |
| 1. **Federal Funds**
 |  |  |
| Title VII, Ch. 1, Part C |  |  |
| Title VII, Ch. 1, Part B  |  |  |
| Other (Federal) |  |  |
| **Subtotal** |  |  |
|  |  |  |
| 1. **Other Government Funds**
 |  |  |
| State Government  |  |  |
| Local Government |  |  |
| **Subtotal** |  |  |
|  |  |  |
| 1. **Non-Government Funds**
 |  |  |
| Foundations, Corporations, or Trust Grants |  |  |
| Donations from Individuals |  |  |
| Membership Fees |  |  |
| Investment Income/Endowment  |  |  |
| Program Income *(fees for service, funds generated using Part C funds and other federal funds and fees received for administering pass-through funds etc.)* |  |  |
| Other Resources *(in-kind, fundraising, etc.)* |  |  |
| **Subtotal** |  |  |
|  |  |  |
| 1. **Pass through funds**

**(***Personal assistance services, representative payee funds, Medicaid etc.)* |  |  |
|  |  |  |
| **Total Expenditures** |  |  |
| **Total Income** (A+B+C) |  |  |
| **Net Operating Resources** (Total Income-D) |  |  |

**Section II. BOARD AND STAFF**

| **Board and Staff** | **No. of Individuals** | **No. of Individuals with *a “significant disability”*** | **No. of Individuals** **fromMinority Populations** | **Explanations for the number of individuals with a “significant disability” is equal to or less than 51% of the total No. of Individuals** |
| --- | --- | --- | --- | --- |
| **Board** |  |  |  |  |
| Board Members |  |  |  |  |
| **Staff** | **No. of Individuals** | **No. of Individuals with a *“disability”*** | **No. of Individuals** **fromMinority Populations** | **Explanations for the number of individuals with a “disability” is equal to or less than 50% of the total****No. of Individuals** |
| Decision Making Staff |  |  |  |  |
| Non-decision Making Staff |  |  |  |  |
| **Total** | *Auto Sum* | *Auto Sum* | *Auto Sum* |  |
| Volunteers |  |  |  |  |

**Section III. Network & Service Records**

| **Open CSRs**  | **No. of ILP waivers signed by consumers** | **No. of ILPs developed by consumers** | **No. of open CSRs carried over from**  **previous years** | **No. of new CSRs**  | **No. of CSRs with** ***a “significant disability”*** |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |

| **CSRs Closed**  | **No. of closed CSRs with all goals met** | **No. of closed CSRs with consumers withdrawn** | **No. of closed CSRs with consumers that Relocated** | **No. of closed CSRs of consumers who died** | **No. of CSRs CILs were unable to contact** | **No. of CSRs closed for other reasons** | **No. of closed CSRs for individuals with** ***a “significant disability”*** |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |

**3.1 CIL Counties with Part C Funds**

| **CIL Counties with** **Part C Funds** | **No. of Individuals****(Unduplicated)** | **No. of Individuals with *a “significant disability”*** | **No. of ILP waivers signed by consumers** | **No. of ILPs developed** | **No. of open CSRs carried over from**  **previous years** | **No. of new CSRs**  | **No. of closed CSRs**  |
| --- | --- | --- | --- | --- | --- | --- | --- |
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**Rural Populations**: The Office of Management and Budget (OMB) designates counties as Metropolitan, Micropolitan, or Neither. A Metro area contains a core urban area of 50,000 or more population, and a Micro area contains an urban core of at least 10,000 (but less than 50,000) population. All counties that are not part of a Metropolitan Statistical Area (MSA) are considered rural.  Micropolitan counties are considered non-Metropolitan or rural along with all counties that are not classified as either Metro or Micro. For more information on rural populations, see: <https://www.ers.usda.gov/topics/rural-economy-population.aspx>

**Section IV. Demographics**

| **Demographics during the 09/ 29/YYYY- 09/ 29/YYYY reporting period** |
| --- |

| **Age** | **No. of Individuals (Unduplicated)** |
| --- | --- |
|  5 and under |  |
|  6-13 |  |
| 14-17 (Youth) |  |
| 18-24 (Youth) |  |
| 25-30 |  |
| 31-45 |  |
| 46-64 |  |
| 65+ |  |
| Age unknown |  |
| **Gender** |  |
| Female |  |
| Male |  |
| Other |  |
| Gender unknown |  |
| **Living Environment**  |  |
| Living Alone |  |
| Living with friends/family/ spouse |  |
| Living with non-related individuals  |  |
| Senior Housing |  |
| Group Home or Similar Setting |  |
| Assisted Living |  |
| Nursing Home  |  |
| Homeless |  |
| Household Status Unknown |  |
| Other |  |

**Section IV. Demographics (*continued*)**

| **Race** | **No. of Individuals (Unduplicated)** |
| --- | --- |
| American Indian or Alaska Native |  |
| Asian |  |
| Black or African American |  |
| Native Hawaiian or Other Pacific Islander |  |
| White |  |
| Race unknown |  |
| **Ethnicity** |  |
| Hispanic or Latino |  |
| Not Hispanic or Latino |  |
| Ethnicity unknown |  |
| **Type of Disability** |  |
| Visual |  |
| Hearing |  |
| Physical |  |
| Cognitive |  |
| Mental and Emotional |  |
| Other |  |

**Section V. Services, Achievements, and Coordination**

**5.1 Services**

| **Core Services** | **No. of Individuals****RequestingServices** | **No. of Individuals****ReceivingServices** | **No. of Individuals Receiving Services with*****a “significant disability”*** |
| --- | --- | --- | --- |
| Information and Referral |  |  |  |
| Peer Counseling |  |  |  |
| Individual and Systems Advocacy |  |  |  |
| Independent Living Skills Training |  |  |  |
| Transition and diversion services to assist with the following:  |  |  |  |
| assistance for those at risk of entering institutions |  |  |  |
| transitioning from nursing homes or other institutions in to a community setting |  |  |  |
| transitioning of youth (14-24) to postsecondary life |  |  |  |
| **Additional Services**  | **No. of Individuals****RequestingServices** | **No. of Individuals****ReceivingServices** | **No. of Individuals Receiving Services with*****a “significant disability”*** |
| Assistive Technology Services |  |  |  |
| Children’s Services |  |  |  |
| Counseling and Related Services |  |  |  |
| Communication Services |  |  |  |
| Outreach  |  |  |  |
| Education  |  |  |  |
| Family Services |  |  |  |
| Housing, home modification, and shelter services |  |  |  |
| Mobility Training |  |  |  |
| Personal Assistance Services |  |  |  |
| Recreational Services |  |  |  |
| Rehabilitation Technology Services |  |  |  |
| Transition Services |  |  |  |
| Transportation Services |  |  |  |
| Employment/ Vocational Services  |  |  |  |
| Other IL Services |  |  |  |

**5.2 Achievements**

|  | **Open CSRs** | **Closed CSRs** |
| --- | --- | --- |

| **Significant Life Areas** | **No. of Goals Set** | **No. of Goals Achieved** | **No. of Goals In Progress** | **No. of Goals Set** | **No. of Goals Achieved** | **No. of Goals In Progress** |
| --- | --- | --- | --- | --- | --- | --- |
| Self-Advocacy/Self-Empowerment |  |  |  |  |  |  |
| Communication |  |  |  |  |  |  |
| Mobility/Transportation |  |  |  |  |  |  |
| Community-Based Living |  |  |  |  |  |  |
| Educational |  |  |  |  |  |  |
| Vocational |  |  |  |  |  |  |
| Self-care |  |  |  |  |  |  |
| Information Access/Technology |  |  |  |  |  |  |
| Personal Resource Management |  |  |  |  |  |  |
| Community/Social Participation |  |  |  |  |  |  |
| Other |  |  |  |  |  |  |

**INSERT CIL REQUESTED ACHIEVEMENTS**

**Please note on your feedback template topics of achievements you would like to add to this area.**

**5.3 Achievements:** **Consumer Satisfaction**

Please enter the total number of consumers who selected the categories below…

| Consumer Satisfaction | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree | N/A |
| --- | --- | --- | --- | --- | --- | --- |
| 1. The CIL services were “accessible”.
 |  |  |  |  |  |  |
| 1. The CIL provided “quality” services and support.
 |  |  |  |  |  |  |
| 1. The CIL services are “essential” in order to prevent unnecessary institutionalization.
 |  |  |  |  |  |  |
| 1. The CIL services and support increase my feelings of confidence and control
 |  |  |  |  |  |  |
| 1. I would recommend the CIL program to a family member, friend or an acquaintance.
 |  |  |  |  |  |  |
| 1. When receiving services at the CIL, I felt like I had control over the goals included in my independent living plan.
 |  |  |  |  |  |  |
| Total No. of individuals surveyed |  |
| **Consumer Satisfaction**Please provide a ***brief description*** of your centers method for collecting, evaluating, and improving consumer satisfaction (2000 characters with spaces). |  |

**5.4 Coordination**

| **Community Collaborations** | **No. of organizations in collaboration**  |
| --- | --- |
| Federal, State, Local Government |  |
| Non-Profit |  |
| For Profit |  |
| Other |  |
| **Activity or Events** | **No. of Activities** | **No. of Attendees** |
| Community Advocacy Events |  |  |
| Community Information and Education |  |  |
| Outreach Efforts to unserved/underserved populations |  |  |
| Technical assistance to the community |  |  |
| Other Activities/Events |  |  |

* 1. **Coordination**

Please check alternative supports, modifications, and accommodations your center provides to assist individuals with disabilities in accessing and services supports.

**Physical Access**

[ ]  Signage

*Accessible*

[ ]  Doors and Doorways

[ ]  Bathrooms

[ ]  Parking Lots

**Alternative Formats**

[ ]  Braille

[ ]  Large Print

[ ]  Electronic/Digital Formats

[ ]  Audiotape

**Other**

[ ]  Equipment and Devices

**Communications Access**

[ ]  Sign Language Interpreters

[ ]  Personal Attendants

[ ]  Readers

[ ]  Teletypewriters (TTYs)

[ ]  Telecommunications Devices for the Deaf (TDDs)

[ ]  Text Telephones (TTs)

[ ]  Videophones

[ ]  Picture Boards

**Program Access**

[ ]  No-fragrance policy

[ ]  “Green” cleaners

*(for individuals with environmental illness or chemical sensitivities)*

| Please provide a ***brief description*** ofhow your center helps to provide access to other services in the community (2000 characters with spaces). |  |
| --- | --- |

**Section VI. Annual Program Performance**

| **Annual Program Performance** |  |
| --- | --- |
| **Goals/Objectives**Please provide general descriptions of all the goals/objectives the center hopes to accomplish in the reporting year.  | **Target Population**Please identify the specific disability population to be served for each goal/objective. *(e.g. visual, hearing, physical, cognitive, etc.)* | **Work Plan**Please provide the activities to be completed within the reporting year to achieve a particular annual program goal/objective. If the activities included are for multiple year activities, they should be divided into multiple steps that are achievable within the reporting year. | **State Plan For Independent Living**Please describe how the goals/objectives and work plan are consistent with the three-year (SPIL).  | **Achievements**Please indicate whether the goal/objective was met, unmet, in progress, or discontinued.  | **Part C Funds**If applicable, briefly note outcome(s) accomplished using Part C funds. Include how the availability of Part C funds furthered the purpose of the independent living program and made a difference.  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
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|  |  |  |  |  |  |

| Please provide a ***brief description*** ofaccomplishments, achievements, or challengesnot reflected elsewhere in the report(2000 characters with spaces): |  |
| --- | --- |

**Glossary of Terms & Sections**

| **Term** | **Definition** |
| --- | --- |
| **at-risk** | The term is used to describe individuals or groups of individuals who are considered to have a probability of being placed in a nursing home or other institution based on circumstances (including the need for personal care and other supports) resulting from disabling conditions that could jeopardize their ability to live independently in their own homes or other community of choice. The consumer should determine whether he or she is at-risk through self-disclosure during intake and goal setting processes. CIL staff may conduct discussions around the person’s circumstances, possibilities and risks but the at-risk designation ultimately must be informed by consumer choice.  |
| **COM** | Community-based setting: accessible, useable, visitable and affordable residences determined satisfactory by the consumer to meet their residential and homestead needs. Examples include, but are not limited to townhouses, condominiums, single-family homes and motor homes rented, owned or purchased by, with or for the consumer for their use and convenience, including all privacy aspects, based on informed choice. To be considered a community-based setting, the consumer must have control, free access to, and usability for themselves and visibility for their invitees of choice of the residence without restraints or constraints of any kind at all times. Function of “community-based settings” should be consistent with the requirements of the Supreme Court’s Olmstead decision. Definitions of community-based settings should encourage community integration and involvement; expand accessibility of services and supports; promote personal preference, strengths, and dignity; and empower people to participate in the economic mainstream. [based on 42 CFR 441.301©(4); 42 CFR 441.710(A(1) and) 2); and 42 CFR 441.530(A)(1) and (2) of the Centers for Medicare and Medicaid services (CMS) providing details on the qualities of home and community-based settings, as compared with those that have the qualities of an institutional setting.]. |
| **CSR** | the consumer service record maintained by the service provider for each applicant for IL services (other than information and referral) and for each individual receiving IL services (other than information and referral), that includes-- (a) Documentation concerning eligibility or ineligibility for services;(b) The services requested by the consumer;(c) Either the IL plan developed with the consumer or a waiver signed by the consumer stating that an IL plan is unnecessary; (d) The services actually provided to the consumer; and (e) The IL goals or objectives--(1) Established with the consumer, whether or not in the consumer's IL plan; and(2) Achieved by the consumer.(f) A consumer service record may be maintained either electronically or in written form, except that the IL plan and waiver must be in writing. |
| **Diversion** | The process by which individuals at risk of entering an institution are enabled, through financial and other necessary supports, to enjoy safe, appropriate community-based care alternatives (including a variety of independent living services, long-term care services and Medicaid-covered medical services) in their own homes or community of choice at a cost less than care in a nursing home or other institution. |
| **Expenditure** | Actual payment of cash or cash-equivalent for goods or services, or a charge against all available funds in settlement of an obligation—as evidenced by an invoice, receipt, voucher, or other such document.  |
| **ILS** | The Independent Living Services program funded under part B, Chapter 1 of Title VII of the Act. |
| **Institution** | Any Community living arrangements (including group homes, board and care homes, individual residences and apartments), day programs, juvenile detention centers, hospitals, nursing homes, homeless shelters, jails and prisons) whether publicly-run or privately operated where individuals with disabilities and other special needs are housed in a setting that provides care, treatment, services and habilitation, even if only “as needed” or under a contractual arrangement and in which the individual’s self-control over the quality of their own lives is limited.  [based on 45 CFR 1386.19 definitions] |
|

|  |  |
| --- | --- |

**Minority** | Alaskan Natives, American Indians, Asian Americans, Black (African Groups) Americans, Hispanic Americans, Native Hawaiians, and Pacific Islanders. |
| **Reporting Year** | The most recent Federal fiscal project year completed – September 30 to September 29th. |
| **Significant Disability** | disabilities described in section 7(20)(B) |
| **Peer Counseling Services** | Information sharing and similar kinds of contact provided to a person with an open CSR by other people with disabilities, individually or in a group setting, to assist the individual to achieve community and social integration through the sharing of experiences, methods and approaches to overcoming obstacles and barriers as a person with a disability. **Examples:** Facilitation by CIL staff or CIL volunteer of peer support group meetings, including web-based sessions, to discuss disability issues. However, each participant must be a CIL consumer who has a CSR with a signed ILP or waiver. Please note that Information and referral, including information about IL services provided on a CIL’s website should not be confused with peer counselling in this regard. While peer counselling should result in consumers developing their own socialization outside of the Center, once the consumers are meeting without the Center’s facilitation, the activities are no longer counted as a service provided by the Center. Indeed, consumers should be encouraged to socialize and support one another without the CIL’s involvement so that consumers may attain their goals and become independent. They may serve as mentors to other consumers. **Peer Counselling is NOT:** CIL staff answers the phone and provides advice to individual that is not a consumer and/or does not have a CSR at the Center. This is I&R. Consumers agree to meet and socialize together either at the CIL or outside of the CIL without staff/volunteer facilitation. This is considered successful social and community integration. |