**Centers for Independent Living Program Performance Report (CIL PPR)  
Presented by Kimball Gray  
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KIMBALL GRAY: All right. I would like to welcome everybody to a webinar we've developed regarding the re‑design of the Centers for Independent Living Program Performance Report. Many of you won't recognize that term, but think of it as the old 704 Part 2. CIL PPR is our new term. We feel it better reflects what the document will be. Next slide, please.

Some of the objectives we hope to achieve in this webinar are briefly reviewing information about ACL reporting, discuss the purpose of redesigning the CIL program performance report, introduce the re‑designed PPR, identify measures captured in the PPR, and instruct CILs on providing feedback. Next slide, please.

ACL reporting is the new permanent reporting system that will soon be available for independent living grantees. Many of you are already experiencing the new system now. ACL reporting is intended to be a user‑friendly system submission of plans and reports for a number of ACL programs. ACL will provide training and assistance to grantees on how to use the system. Next slide, please.

The purpose of the re‑design. The goal of redesigning the PPR is to reduce the reporting burden, improve the consistency of terminology used throughout the report, remove unnecessary data elements, and provide impactful, automated reporting, and storytelling capabilities. Next slide please.

The annual reporting instrument itself, Section 704 Annual Performance Report for Centers for Independent Living will now become the Centers for Independent Living Program Performance Report. Next slide please.

These are the section breakdowns of this webinar. The outline starts with section one, the fiscal component. Section two, board and staff, section three, network and service records. Section four, demographics. Section five, services, achievements, and coordination. Section six, annual program performance. And then a glossary.

Next slide, please.

Specific changes throughout the CIL PPR. Number one. Remove data captured more than once on the report. Number two, enhance distinctions between Part C funded consumers served. Number three, distinguish core services from other IL services. Number four, added character limits on narrative responses. Number five added clarity to categories throughout the CIL PPR. Number six, added new age categories. Number seven, added definitions for accurate reporting. Number eight, added questions measuring overall performance. And number nine, place similar items together. Next slide please.

The fiscal component. Highlighted changes are funds received and expended.

Separate line item for program income. The pass through funds line item and provides examples. Chapter two Older Blind funds no longer included. Next slide please.

Board and staff.

Highlighted changes. Number of board or staff members with and without disabilities. If the number of individuals with a significant disability is under the minimum percent required by the act, we ask for an explanation. Consumer served from minority populations. Next slide, please.

Network and service records. Highlighted change here is information collected on open CSRs, closed CSRs, and CIL counties receiving Part C funds. Next slide please.

Demographics. Highlighted changes. Number one, added two categories for youth‑based in the act terminology. Number two, added a sexual orientation category to monitor underserved populations. And number three, added living environment categories to assess transitional services. Next slide, please.

Additional demographic changes and highlights. Race and ethnicity has now been separated. Next slide, please.

Service. Highlighted changes. Three. Number one, transitional services separated into three categories. Number two, additional services are specific to significant life areas. And number three, remove services not generally provided or services that require professional licensing. Next slide, please.

Achievements. ACLs request. We would appreciate if CILs would complete the feedback template on additional subcategories or other options to show the accomplishments of the consumers on behalf of the CIL program. Next slide, please.

Continuing with achievements. Another highlighted change is consumer satisfaction questions have been added to capture consumer feedback with a standardized systematic approach. Next slide, please.

Coordination, two highlighted changes. Number one, community collaborations and number two, activities or events. Next slide, please.

Continuing with coordination. A highlighted change is information about how CILs make their facilities, services, and programs accessible to individuals with disabilities has now been added. Next slide, please.

Annual program performance.

It's an overarching graph chart with goals and objectives, target populations, work plans, state plan for independent living, achievements and Part C funds. Most of you will recognize this from the previous, the old 704. And this just does a better job of consolidating it and giving it better descriptions and explanations of the, what data we want entered in these groupings. Next slide, please.

The glossary. Highlighted change, a glossary of terms and sections in the Act have been added to improve data quality, validity, consistency, timeliness, and accuracy. Next slide, please.

Performance measures. ACL has identified five significant life areas around which all ACLs should provide services as appropriate. Number one, access to services and supports. Two number, advocacy and social awareness. Number three, independence and self‑sufficiency. Number four, employment preparation skills. And number five, high‑quality services through the are consumer satisfaction. Next slide, please.

If you have any questions or comments, please submit your feedback using the template provided or contact Corinna Stiles, ACL supervisory program specialist at <mailto:corinna.stiles@acl.hhs.gov>.

I would like to thank everyone for participating in this webinar and we look forward to getting your comments back.