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:	Executive Director
Grant #:	Name:
Name of Center:	Email Address:
Acronym for Center (if applicable):	Phone Number:
State:	

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. Public reporting burden for this collection of information is estimated to average 36 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The obligation to respond to this collection is required to obtain or retain benefit (P.L. 113-128 Workforce Innovation and Opportunity Act (WIOA). Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Administration For Community Living (ACL), Administration on Disabilities, Attention: Corinna Stiles, Supervisory Program Specialist Room 1123, U.S. Department of Health and Human Services, 330 C Street SW, Washington, DC 20201 or email Corinna.Stiles@acl.hhs.gov and reference the OMB Control Number 0985-0043.

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

- A. Federal Funds
- B. Other Government Funds
- C. Non-Government Funds
- D. Amount of other government funds received on behalf of consumers, that are subsequently passed on to consumers

Section II. BOARD AND STAFF

- A. Agency Executive / Management Staff
- B. Functional Responsibilities

Section III. NETWORK & SERVICE RECORDS

CSRs Records

CIL Counties with Part C Funds

Section IV. DEMOGRAPHICS

Section V. SERVICES, ACHIEVEMENTS, and COORDINATION

- A. Services
- B. Achievements/Goals Achieved In Significant Life Areas
- C. Consumer Satisfaction
- D. Community Collaborations/ Activities and Events
- E. Supports, Modifications, and Accommodations

Section VI. ANNUAL PROGRAM PERFORMANCE

- A. Goals/Objectives
- B. Target Population
- C. Work Plan
- D. State Plan For Independent Living
- E. Achievements
- F. Use of Part C Funds
- G. 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	Total Funds Received and Expenditures for FY MM/YYYY-MM/YYYY					
Fund Sources	Funds Received	Funds Expended				
A. Federal Funds						
Title VII, Ch. 1, Part C						
Title VII, Ch. 1, Part B						
Other (Federal)						
Subtotal						
B. Other Government Funds						
State Government						
Local Government						
Subtotal						
C. 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						
D. 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 from Minority 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 from Minority 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

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					
Transgender					
Gender unknown					
Sexual Orientation					
Gay					
Lesbian					
Straight					
Bisexual					
Something else					
Sexual Orientation 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 Requesting Services	No. of Individuals Receiving Services	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 Requesting Services	No. of Individuals Receiving Services	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		Agree	Neutral	Disagree	Strongly Disagree	N/A
1. The CIL services were "accessible".						
2. The CIL provided "quality" services and support.						
3. The CIL services are "essential" in order to prevent unnecessary						
institutionalization.						
4. The CIL services and support increase my feelings of confidence and control						
5. I would recommend the CIL program to a family member, friend or an acquaintance.						
6. 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 <i>brief description</i> 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			

5.5 Coordination

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

Physical Access ☐ Signage	Communications Access ☐ Sign Language Interpreters
Accessible	☐ Personal Attendants
☐ Doors and Doorways	□ Readers
□ Bathrooms	☐ Teletypewriters (TTYs)
☐ Parking Lots	☐ Telecommunications Devices for the Deaf (TDDs)
	☐ Text Telephones (TTs)
Alternative Formats	☐ Videophones
☐ Braille	☐ Picture Boards
☐ Large Print	
☐ Electronic/Digital Formats	Program Access
☐ Audiotape	☐ No-fragrance policy
	☐ "Green" cleaners
Other	(for individuals with environmental illness or chemical sensitivities)
☐ Equipment and Devices	
Please provide a <i>brief description</i> of how 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	Target Population	Work Plan	State Plan For Independent Living	Achievements	Part C Funds
Please provide general descriptions of all the goals/objectives the center hopes to accomplish in the reporting year.	Please identify the specific disability population to be served for each goal/objective. (e.g. visual, hearing, physical, cognitive, etc.)	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.	Please describe how the goals/objectives and work plan are consistent with the three-year (SPIL).	Please indicate whether the goal/objective was met, unmet, in progress, or discontinued.	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.

Please provide a <i>brief description</i> of
accomplishments, achievements, or challenges
not reflected elsewhere in the report (2000
characters with spaces):

Glossary of Terms & Sections

	T
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.
СОМ	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 29 th .		
Significant Disability	disabilities described in section 7(20)(B)		
	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		
Peer Counseling Services	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.		