

# ACF

**Administration  
for Children  
and Families**

**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Administration on Children, Youth and Families**

**1. Log No.** ADD-IM-97-5

**2. Issuance Date:** 6/30/97

**3. Originating Office:** Administration on  
Developmental Disabilities

**4. Key Word:** Electronic Data Submission System

**5. Key Word:** Developmental Disabilities Planning  
Council Three-Year State Plan

**INFORMATION MEMORANDUM**

**TO :** Directors, Designated State Agencies  
Chairpersons, State Developmental Disabilities  
Councils  
Executive Directors, State Developmental  
Disabilities Councils

**SUBJECT :** Transmission of program format for the  
Developmental Disabilities Three-Year State Plan

**LEGAL AND  
RELATED**

**REFERENCES :** The Developmental Disabilities Assistance and Bill  
of Rights Act, (42 U.S.C. 6000, et seq.), as  
amended by P.L. 104-183, 1996

**DISCUSSION :** The purpose of this Information Memorandum is to  
provide you with a copy of the revised program  
format for the Three-Year State Plan

It was our intention to have developed an  
electronic reporting system (EDS) to allow for  
the electronic submission of all program plans.  
Due to technical and programmatic delays, our  
time frame for the electronic submission of State  
plans will be delayed. Planning Councils should  
plan on submitting their new Three-Year State Plan  
by hard copy no later than August 15, 1997 to your  
appropriate Regional Office.

To accommodate the successful electronic transmission of program plans and reports in the future, a training session on the EDS data entry procedures will be scheduled in November, 1997. This training will be conducted in Washington, D.C. Information on the training session will be provided under separate cover.

Upon successful training, each Planning Council will then resubmit their Three-Year State Plan using the EDS system. All of the State Plans would then be stored in a central data bank.

INQUIRIES TO: Lonnie Stewart, Program Specialist, Division of Program Operations, Hubert H. Humphrey Building, Room 337D, Washington, D. C. 20201  
Telephone (202)690-5557



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Bob Williams  
Commissioner, Administration on  
Developmental Disabilities

Attachment: DDC Three-Year State Plan

cc: Regional Administrators, Region I - X  
Director, Regional Operations Staff, ACF  
Executive Director, National Association of Developmental  
Disabilities Councils  
Consortium Coordinator, Consortium of Developmental  
Disabilities Councils

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**THREE YEAR STATE PLAN  
DEVELOPMENTAL DISABILITIES COUNCIL**

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**Section I. Identification**

**Version #**

State Plan Period: Beginning: October 1,

Through: September 30,

State:

Council Name:

Council Address:

Toll free phone (voice):

Toll free phone (TTD) :

Regular phone (voice) :

Regular phone (TTD) :

FAX

Name, Email, and Phone Number of Contact Person (regarding reporting questions):

Current Council Chair :

Date of End of Tenure :

Council Executive Director:

Phone of Executive Dir.

Email of Executive Dir. :

**Section II. Assurances**

Written and signed assurances have been submitted to the Regional Office, Administration for Children and Families, United States Department of Health and Human Services, regarding compliance with all the requirements specified in Section 122(c)(5)(A)-(N) in the Developmental Disabilities Assistance and Bill of Rights Act.

Date when Assurances were mailed:

Approving Official

Name:

Title:

**Section III. Developmental Disabilities Council**

**Statement of Developmental Disabilities Council Philosophy and Role in the State:**

**Calendar year in which Council was established:**

**Authorization:    Legislative**

**Executive**

**Authorization citation:**

## Section III. Developmental Disabilities Council (continued)

Composition of Council MembershipRepresentation of Agencies/Organizations or Individuals with Developmental Disabilities

## List members of Council

For members representing agencies or organizations in the State, check appropriate "A" boxes and provide the name of the State Agency or organization. For members representing individuals with developmental disabilities, check one of the "B" boxes and if appropriate check one of the "C" boxes.

State Agency Representation

A1 = Rehab. Act  
 A2 = IDEA  
 A3 = Older Amers. Act  
 A4 = SSA, Title XIX  
 A5 = P&A  
 A6 = UAP  
 A7 = Higher Educ.  
 A8 = NGO/Local

Consumer Representation

B1 = Individual with DD  
 B2 = Parent/Guardian of Child  
 B3 = Imm. Rel/Guardian of Adult  
       with mentally impair  
  
 C1 = Individual now/ever in  
       institution  
 C2 = Imm. Rel./Guardian of

ID#	Member Name						Appointment Date			Appoint. Expir. Date			
A1	A2	A3	A4	A5	A6	A7	A8	B1	B2	B3	C1	C2	
Name of State Agency or Organization							Name of Back-up Representative						
1.													
2.													
3.													
4.													
5.													

## Section III. Developmental Disabilities Council (continued)

ID#	Member Name						Appointment Date			Appoint. Expir. Date		
A1	A2	A3	A4	A5	A6	A7	A8	B1	B2	B3	C1	C2
Name of State Agency or Organization							Name of Back-up Representative					
6.												
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**Section III. Developmental Disabilities Council (continued)**

Composition of Council Membership  
Representation Requirements Check

(provided by system, not input)

Summary of Reported Council Composition

Representation of agency in State implementing the Rehabilitation Act.

Representation of agency in State implementing the Individuals with Disabilities Education Act (IDEA).

Representation of agency in State implementing the Older Americans Act.

Representation of agency in State implementing Title XIX of the Social Security Act.

Representation of Protection and Advocacy System.

Representation of an institution of higher education.

Representation of private non-profits, non-governmental organizations, and local agencies.

Number of University Affiliated Programs represented.

Number/Percent

Members representing individuals with developmental disabilities, out of all Council members. (Should be at least 50%)

Members who represent ehtmselves as individuals with developmental disabilities, out of all members representing individuals with developmental disabilities. (Should be at least 34%)

Members who are parents or guardians of children with developmental disabilities, or who are immediate relatives or guardians of adults with a mentally impairing developmental disability, out of all members representing individuals with developmental disabilities. (Should be at least 34%).

Number of persons representing individuals with developmental disabilities who have resided in institutions (should be at least one).



## Section III. Developmental Disabilities Council (continued)

## Council Staff

List Council staff positions, and for each provide this information:

ID#	Position Title/Role	Name of Person filling position
FTE	Phone Number (if filled)	Email Address (if filled)
1	EXECUTIVE DIRECTOR	
2		
3		
4		
5		
6		
7		
8		
9		
10		

## Section III. Developmental Disabilities Council (continued)

## Council Staff

List Council staff positions, and for each provide this information:

ID#	Position Title/Role	Name of Person filling position
FTE	Phone Number (if filled)	Email Address (if filled)
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		

**Section IV. Designated State Agency**

Calendar year in which the Designated State Agency was designated by the Governor of the State:

Describe the hierarchical structure from the Governor to the Designated State Agency, and within the agency down to the Council location:

Is the Council its own Designated State Agency?:    Yes                      No

If No, then complete the following section:

Name of State Agency or office designated by the Governor to support the Council in accordance with Section 124(d)

State Official of the Designated State Agency:

Name:

Phone, Email:

Address:

Does the Designated State Agency provide direct services to persons with developmental disabilities?                      Yes                      No

If Yes, describe:

**Section IV. Designated State Agency (continued)**

**Describe Designated State Agency roles and responsibilities:**

## Section IV. Designated State Agency (continued)

## Designated State Agency Staff

List Designated State Agency (DSA) staff positions, and for each provide this information:  
(check if role is related to functions of DSA or related to programmatic functions of Council)

ID#	Position Title/Role	Name of Person filling position
FTE	Phone Number (if filled)	Email Address (if filled)
DSA	Prog.	If Program is Checked, Describe Programmatic Role
1.		
2.		
3.		
4.		
5.		

**Section V. Prevalence of Developmental Disabilities**

Estimated prevalence of developmental disabilities:

How was estimate created:

National prevalence rate (Gollay, 1.8%)

Other

If Other, describe the estimation method:

Are there areas in the State with higher rates:      Yes      No

If Yes,  
describe the areas, estimate the rates if able, and describe the causes for the higher rates:

Are there groups in the State with higher rates:      Yes      No

If Yes,  
describe the groups, estimate the rates if able, and describe the causes for the higher rates:

**Section VI. Environmental Factors Effecting Services**

Describe how economic, social, political, and litigative factors effect persons with developmental disabilities and their families in the State:

**Section VII. Barriers: Unserved and Underserved Groups**

Unserved/Underserved racial/ethnic groups:

List and describe racial/ethnic groups that may be unserved/underserved:

Describe the barriers that impede full participation of these racial/ethnic groups:

Other Unserved/Underserved groups:

For each other unserved/underserved group, provide this information:

Describe the unserved/underserved group:

Describe the barriers that impede full participation of this group:



**Section VIII. Review and Analysis of State Service Systems for People with  
Developmental Disabilities**

Describe the process of review and analysis of the State service systems for people with developmental disabilities, as required in Section 122(b)(3) of the Developmental Disabilities Assistance and Bill of Rights Act

**Section IX. Selection of Priority Areas**

**Priority Area Selected**

Yes            No            :    Employment (Required)

Yes            No            :    System Coordination/Community Education

If Yes, then provide a rationale for selection based on the review and analysis required in Section 122(b)(3) of the Developmental Disabilities Assistance and Bill of Rights Act:

Yes            No            :    Community Living

If Yes, then provide a rationale for selection based on the review and analysis required in Section 122(b)(3) of the Developmental Disabilities Assistance and Bill of Rights Act:

Yes            No            :    Child Development

If Yes, then provide a rationale for selection based on the review and analysis required in Section 122(b)(3) of the Developmental Disabilities Assistance and Bill of Rights Act:

Yes            No            :    State Priority Area (optional: select at most one)

If Yes, then provide a rationale for selection based on the review and analysis required in Section 122(b)(3) of the Developmental Disabilities Assistance and Bill of Rights Act:

Name:

Description:

Rationale:

## Section X. Council Budget

## Projected Council Funding Plan

Federal Fiscal Year: FY

Activities Funded	(A) Federal Share	(B) Recipient's Share	(C) Total (Calculated)
Priority Area Activities:			
DDC In-house Activities			
In Poverty Areas			
In Non-Poverty Areas			
Tot. Priority Area Activities			
Other Activities			
Plan'g, Coord. & Advoc.			
Desig. State Ag. Func.			
Total Funding (Calc'd)			
Total Fed. Funding for Desig. State Agency			

## Minimum Aggregate Match (Calculated)

Matching Requirement in DD Act, Sec. 125A	Federal Share from above	Match Factor	Match Amount
25% match		1/3	
10% match		1/9	
Calc'd Minimum Match	XXXXXX	XXXXXX	

Costs for the functions of the designated State agency if different from the DDC.

Section X. Council Budget (continued)Priority Area Activities Projected Budget

Federal Fiscal Year: FY

Priority Area Activities	(A) Federal Share	(B) Recipient's Share	(C) Total (Calculated)
Employment *			
System Coordination /Community Educ. **			
Community Living			
Child Development			
State Priority Area			
Total Priority Area Activities ** (calc'd)			

\* Refer to the requirements section for funding requirements that must be met for approval of the State Plan or Amendments.

\*\* Total Priority Area Activities in this table will equal Priority Area Activities in Table IV.

**Section X. Council Budget**Projected Council Funding Plan

Federal Fiscal Year: FY

Activities Funded	(A) Federal Share	(B) Recipient's Share	(C) Total (Calculated)
Priority Area Activities:			
DDC In-house Activities			
In Poverty Areas			
In Non-Poverty Areas			
Tot. Priority Area Activities			
Other Activities			
Plan'g, Coord. & Advoc.			
Desig. State Ag. Func.			
Total Funding (Calc'd)			
Total Fed. Funding for Desig. State Agency			

*Minimum Aggregate Match (Calculated)*

Matching Requirement in DD Act, Sec. 125A	Federal Share from above	Match Factor	Match Amount
25% match		1/3	
10% match		1/9	
Calc'd Minimum Match	XXXXXX	XXXXXX	

Costs for the functions of the designated State agency if different from the DDC.

## Section X. Council Budget (continued)

## Priority Area Activities Projected Budget

Federal Fiscal Year: FY

Priority Area Activities	(A) Federal Share	(B) Recipient's Share	(C) Total (Calculated)
Employment *			
System Coordination /Community Educ. **			
Community Living			
Child Development			
State Priority Area			
Total Priority Area Activities ** (calc'd)			

\* Refer to the requirements section for funding requirements that must be met for approval of the State Plan or Amendments.

\*\* Total Priority Area Activities in this table will equal Priority Area Activities in Table IV.

## Section X. Council Budget

## Projected Council Funding Plan

Federal Fiscal Year: FY

Activities Funded	(A) Federal Share	(B) Recipient's Share	(C) Total (Calculated)
Priority Area Activities:			
DDC In-house Activities			
In Poverty Areas			
In Non-Poverty Areas			
Tot. Priority Area Activities			
Other Activities			
Plan'g, Coord. & Advoc.			
Desig. State Ag. Func.			
Total Funding (Calc'd)			
Total Fed. Funding for Desig. State Agency			

## Minimum Aggregate Match (Calculated)

Matching Requirement in DD Act, Sec. 125A	Federal Share from above	Match Factor	Match Amount
25 % match		1/3	
10 % match		1/9	
Calc'd Minimum Match	XXXXXX	XXXXXX	

Costs for the functions of the designated State agency if different from the DDC.

## Section X. Council Budget (continued)

## Priority Area Activities Projected Budget

Federal Fiscal Year: FY

Priority Area Activities	(A) Federal Share	(B) Recipient's Share	(C) Total (Calculated)
Employment *			
System Coordination /Community Educ. **			
Community Living			
Child Development			
State Priority Area			
Total Priority Area Activities ** (calc'd)			

\* Refer to the requirements section for funding requirements that must be met for approval of the State Plan or Amendments.

\*\* Total Priority Area Activities in this table will equal Priority Area Activities in Table IV.



**Section XI. Evaluation Plan**

Describe the Council's plan for monitoring, reviewing, and evaluating its State Plan at least annually.

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**THREE YEAR STATE PLAN  
GOALS AND OBJECTIVES  
DEVELOPMENTAL DISABILITIES COUNCIL**

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**Section I. Identification**

**Version #**

State Plan Period: Beginning: October 1,  
Through: September 30,

State:

**Council Goals and Objectives**

Council Goals

For each Council Goal, provide the following information:

Goal ID Number: G

Goal Title:

Goal Description:

Rationale for selection of this goal based on the review and analysis required in Section 122(b)(3) of the Developmental Disabilities Assistance and Bill of Rights Act:

**Section XII. Council Goals and Objectives**

Council Objectives

For each Council Objective, provide the following information (this and next two pages):

Goal ID Number: G

Objective ID Number: O

Objective Title:

Objective Description:

List Expected Outcomes  
Expected Outcome ID: E

List Expected Outcomes  
Expected Outcome ID: E

List Expected Outcomes  
Expected Outcome ID: E

List Expected Outcomes  
Expected Outcome ID: E

**Section XII. Council Goals and Objectives**

List Expected Outcomes  
Expected Outcome ID: E

List Expected Outcomes  
Expected Outcome ID: E

List Expected Outcomes  
Expected Outcome ID: E

List Expected Outcomes  
Expected Outcome ID: E

List Expected Outcomes  
Expected Outcome ID: E

List Expected Outcomes  
Expected Outcome ID: E

**Section XII. Council Goals and Objectives**

**Council Objectives** (continued)

Council Objective information:

Goal ID Number: G (continued)

Objective ID Number: O (continued)

Fiscal Year in which Objective is planned to be started:

Fiscal Year in which Objective is planned to be completed:

List activities and resources planned:

**Check applicable Priority Areas:**

- ☐ Employment
- ☐ System Coordination
- ☐ Community Education

- ☐ Community Living
- ☐ Child Development
- ☐ State Priority Area

Yes No: Is this a DD Network Collaborative Objective to be pursued jointly with the P&A and UAP?

List participating agencies and programs:

**Section XII. Council Goals and Objectives****Council Objectives (continued)**

Council Objective information:

Goal ID Number: G (continued)

Objective ID Number: O (continued)

Check all issues that play a major role:

- ☐ ADA and Other Rights
- ☐ Appropriate Housing
- ☐ Assistive Technology
- ☐ Benefit Also to Other Disability Groups
- ☐ Capacity Building
- ☐ Community Supports
- ☐ Deinstitutionalization
- ☐ Disability Information
- ☐ Early Intervention
- ☐ Education
- ☐ Empowerment/Leadership
- ☐ Family Support
- ☐ Federal Policies
- ☐ Health Care
- ☐ Inclusion
- ☐ Interagency Collaboration
- ☐ Living Conditions
- ☐ Personal Rights/Choice
- ☐ Prevention
- ☐ Quality of Life
- ☐ Systems Change
- ☐ Transition from School to Work
- ☐ Unserved/Underserved
- ☐ Other: