



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Administration on Developmental Disabilities

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6.	7.

PROGRAM INSTRUCTION

TO : Directors, State Planning Councils

SUBJECT : Developmental Disabilities Basic State Grant
Program Annual Program Performance Report (PPR)
Instructions and Reporting Format

LEGAL AND
RELATED
REFERENCES : Developmental Disabilities Assistance and Bill
of Rights Act Amendments of 1987, Public Law
100-146

CONTENT : Section 107 (a) of the Developmental Disabilities
Assistance and Bill of Rights Act, as amended by
Public Law 100-146, requires that, by January 1
of each year, each State Planning Council prepare
and transmit to the Secretary a report concerning
activities carried out during the preceding year
with funds paid to the State under part B for
such fiscal year. This report must contain:

- . a description of activities carried out during
the preceding fiscal year with funds paid to
the State under Part B for such fiscal year,
and the accomplishments resulting from such
activities;
- . a comparison of such accomplishments with
goals, objectives, and proposed activities
specified by the State in the State plan for
such fiscal year and submitted under Section
122 of the Act, as amended;
- . an accounting of the manner in which funds
paid to a State under Part B for a fiscal year
were expended;
- . a description of the State Planning Council's
response to significant actions taken by the
State with respect to each annual survey
report and plan of corrections for cited
deficiencies prepared pursuant to section
1902(a)(31)(B) of the Social Security Act with
respect to any intermediate care facility for
the mentally retarded in such State; and

- . a description of the progress made in the State in, and any identifiable trends concerning, the setting of priorities for, policy reform concerning, and advocacy for, persons with developmental disabilities which are attributable to physical impairment, mental impairment, or a combination of physical and mental impairments, including any other subpopulation of persons with developmental disabilities (including minorities) that the State Planning Council may identify under Sections 122(b)(3) and 122(f) of the Act, as amended.

This Program Instruction supercedes ADD-PI-86-2 and reflects both an effort to maintain minimal State reporting burdens and to meet the minimum reporting requirements of the Act, as amended.

INSTRUCTION : The Program Performance Report (PPR) covers all activities during the Federal Fiscal Year, October 1 through September 30 (the reporting period). It should be submitted to the appropriate Regional Office within ninety days after the end of the Fiscal Year.

ATTACHMENT : Developmental Disabilities Basic State Grant Program Annual Program Performance Report Instructions and Reporting Format - OMB #0980-0172 (Expiration Date 11/30/91).

EFFECTIVE DATE : The report should be submitted within ninety days following the close of the Federal Fiscal Year, beginning with the FY 1988 PPR submission.

INQUIRIES TO : Appropriate ADD Regional Program Director

Will Wolstein

Will Wolstein
Acting Commissioner

cc: Regional Administrators, Regions I-X
Regional Liaison Representatives, Regions I, II, IV, V, VII and X
Regional Directors, Office of Fiscal Operations, Regions III, VI, VII and IX

EASTERN REGION

States : Connecticut, Delaware, District of Columbia,
Maine, Maryland, Massachusetts, New Hampshire,
New Jersey, New York, Pennsylvania, Puerto
Rico, Rhode Island, Vermont, Virginia,
West Virginia

Contact : Alvin Pearis
Director, Office of State Programs
Office of Human Development Services, DHHS
Box 13716, 3535 Market Street
Philadelphia, PA 19101 (215) 596-0356

SOUTHERN REGION

States : Alabama, Arkansas, Florida, Georgia, Kentucky,
Louisiana, Mississippi, New Mexico, North
Carolina, Oklahoma, South Carolina, Tennessee,
Texas

Contact : Manual Soto
Regional Program Director
Administration on Developmental Disabilities
Office of Human Development Services, DHHS
1200 Main Tower Building
Dallas, TX 75202 (214) 767-2623

MIDWESTERN REGION

States : Colorado, Illinois, Indiana, Iowa, Kansas,
Michigan, Minnesota, Missouri, Montana,
Nebraska, North Dakota, Ohio, South Dakota,
Utah, Wisconsin, Wyoming

Contact : Robert Fain
Director, Office of State Programs
Office of Human Development Services, DHHS
601 E. 12th Street, Room 384
Kansas City, MO 64106 (816) 374-5211

WESTERN REGION

States : Alaska, American Samoa, Arizona, California,
Guam, Hawaii, Idaho, Nevada, Northern Mariana
Islands, Oregon, Washington

Contact : Acting Regional Program Director
Administration on Developmental Disabilities
Office of Human Development Services, DHHS
50 United Nations Plaza
San Francisco, CA 94102 (415) 556-5814

ADMINISTRATION ON DEVELOPMENTAL DISABILITIES

PROGRAM PERFORMANCE REPORT Part B, Basic State Grant Program

INTRODUCTION

Section 107 of The Developmental Disabilities Assistance and Bill of Rights Act, as amended by P.L. 100-146, requires the State Planning Council of each State to prepare and transmit to the Secretary, Department of Health and Human Services an annual report. The report is to describe the activities and accomplishments resulting from the activities carried out with Part B funds received for the fiscal year.

This Program Performance Report (PPR) is the reporting format required by the Department. The information provided by States will be utilized by the Administration on Developmental Disabilities (ADD) in the preparation of the Annual Report to the President, the Congress, and to the National Council on the Handicapped.

The Part B Program Performance Report will include the following information for a Federal fiscal year, October 1 through September 30 (the reporting period) and shall be due to the Secretary by January 1st of the succeeding year:

1. A description of program activities and accomplishments;
2. A comparison of the annual accomplishments with the approved goals, objectives and activities as specified in the State Plan;
3. A reporting of the use of Federal funds under Part B;
4. A description of the State Planning Council's response to State actions with respect to the annual survey report and corrective actions pursuant to section 1902(a)(31)(B) of the Social Security Act with respect to any intermediate care facility for the mentally retarded;
5. A description of State trends and progress in setting priorities concerning policy reform and advocacy for persons with developmental disabilities.

Please carefully read all of the instructions before using the reporting form.

INSTRUCTIONS

PROGRAM PERFORMANCE REPORT Part B, Basic State Grant Program

IDENTIFICATION DATA

1. Enter name of State/Territory.
2. Enter the last two digits for the beginning and ending of the Federal fiscal year being reported (reporting period).
3. If the address of the State Planning Council (SPC) has changed within the past 12 months, check the box provided and enter the correct mailing address. If the SPC is also the Designated State Agency, proceed to item 5.
4. Enter the correct name and mailing address of the Designated State Agency. If there has been a redesignation of the State Agency within the past 12 months, check the box provided.
5. If the Designated State Agency provided direct services check the box provided.
6. Provide the name and telephone number (including area code) of the individual most knowledgeable about the contents and preparation of the report.

SECTION I. Goals, Objectives, Activities and Accomplishments

Goal Statement: Provide the State Plan goal statements to improve the independence, productivity and integration into the community of persons with developmental disabilities. After each Goal Statement provide the following:

Annual Objective Statements: Provide the annual objective statements which reflect activities that support attainment of the goals and which were adopted by the Council and implemented during the reporting period. Selections should correspond to those in the Plan or added as amendments to the Plan. Begin each new objective on a separate page.

Annual Activities: Describe the activities selected by the State to attain the stated goal and objective. Specify, as appropriate, subgrant activities, including name of grantee and amount awarded. Be sure to reflect the activities of the Designated State Agency in implementing the approved State Plan.

Specify the types of priority area activities (e.g., capacity building, training, studies/analyses) undertaken through this objective (Sec. 102 (9) (A-F) and the Federal and/or State priority area (Employment, Case Management, Child Development, Community Living) addressed (Sec. 102 (10-16)).

Annual Accomplishments/Outcomes: Highlight progress made in accomplishing the objective, including accomplishments of the Designated State Agency. Include cooperative efforts with the Protection and Advocacy System and, if applicable, any University Affiliated Programs in the State. Accomplishments should describe, quantitatively wherever possible, the impact/outcomes achieved.

SECTION II. Part B Expenditures

A. Type of Recipient

By type of recipient, indicate the amount of Part B Federal funds (including funds awarded in previous Federal fiscal years) which were expended during this Federal fiscal year. Do not include unliquidated obligations or obligations liquidated in previous years. The total of items A.1. through A.7. should equal the total Part B Federal fiscal year expenditures.

B. Cost Categories

By cost category, indicate the amount of Part B Federal funds (including funds awarded in previous Federal fiscal years) which were expended during this Federal fiscal year. "Other" expenditures must include funds spent on Council operations, administration, planning, staff, advocacy, etc. Do not include unliquidated obligations or obligations liquidated in previous years. The total of categories B.1. through B.4. should equal the total Part B Federal fiscal year expenditures.

SECTION III. Annual ICF/MR Survey Response
(Sec.107(a)(4))

1. Provide the name of the State agency responsible for conducting the ICF/MR Survey and the certification of compliance. If two agencies are involved, so indicate. As appropriate, note the function (survey and/or certification) for each agency/operating unit identified.
2. Enter the number of ICF/MR Survey Reports received and reviewed by the State Planning Council according to size of institution, as measured by the number of certified beds and indicate the number of institutions which were public and the number which were private.
3. Describe the process the State Planning Council used to obtain the ICF/MR Survey Reports and plans of corrective action and include a description of the method of analyses used by the Council. Describe the State Planning Council's response to significant actions taken by the State with respect to deficiencies cited in the ICF/MR Reports.
4. Describe State trends in the development of community services and support as contrasted with correcting deficiencies in large (17 beds or more) congregate facilities (note court orders, State deinstitutionalization plans, and other socio-economic trend factors).

SECTION IV. State Trends in Setting Priorities Concerning Policy Reform and Advocacy (Sec.107(a)(5))

Provide a narrative description of any action taken by the Council to promote systemic change and demonstrate new ways to enhance the independence, productivity and integration into the community of persons with developmental disabilities. Highlight State trends and activities relative to systemic change, emerging service delivery issues (e.g., pediatric AIDS, aging population, early intervention), and advocacy issues (e.g., class action litigation, parental empowerment). Discuss State trends and progress in setting priorities for policy reform concerning, and advocacy for, persons with developmental disabilities which are attributable to physical impairment, mental impairment, or a combination of physical and mental impairments, including any other subpopulation of persons with developmental disabilities (including minorities). Include trends identified in accomplishing the reviews, analyses, and final report due on January 1, 1990, as well as trends resulting from the State Planning Council's review of and response to annual ICF/MR Survey Reports.

PROGRAM PERFORMANCE REPORT
Part B, Basic State Grant Program

Identification Data

1. State/Territory: _____
2. Reporting Period: October 1, 19____ Through September 30, 19____
3. State/Territory Planning Council Address ☒ Check, if changed.

4. Designated State Agency ☒ Check, if redesignated
since last Annual Report.
Agency: _____
Address: _____

5. Check if Designated State Agency Provided Direct Services ☒
6. Name of Preparer: _____
Telephone Number: _____

PROGRAM PERFORMANCE REPORT
Part B, Basic State Grant Program

SECTION I: Goals, Objectives, Activities and Accomplishments

GOAL STATEMENT:

ANNUAL OBJECTIVE STATEMENT:

ANNUAL ACTIVITIES:

ANNUAL ACCOMPLISHMENTS/OUTCOMES:

Use Reverse Side As Needed

PROGRAM PERFORMANCE REPORT

SECTION II. Part B Expenditures:

Federal FY 19 _____

A. Type of Recipient

Amount of Part B
Federal Funds
Expended *

1. State Planning Council
2. Designated State Agency
3. Other State Agencies
4. Protection and Advocacy Systems
5. University Affiliated Programs
6. Non-Profit Private Agencies
7. Others

\$ _____

Total Federal Part B Expenditures

\$ _____

B. Cost Categories

Amount of Part B
Federal Funds
Expended *

1. Federal Priority Area

- a. Employment
- b. Case Management
- c. Child Development
- d. Community Living Arrangements

\$ _____

2. State Priority Area

(Specify) _____

3. 1990 Report Activities and Preparation

4. Other

Total Federal Part B Expenditures = \$ _____

* Federal Fiscal Year Expenditures Only. Do not include unliquidated obligations, or obligations liquidated in previous years.

BSG PROGRAM PERFORMANCE REPORT

SECTION III. Annual ICF/MR Survey Report

1. Identify the State Survey and Certification Agency(ies)

Name: _____
Responsible Unit: _____
Address: _____

Name: _____
Responsible Unit: _____
Address: _____

Circle
Function: Survey / Certification

Circle
Function: Survey / Certification

2. Number of ICF/MR Survey Reports Received and Reviewed:

<u>Size of Institution</u>	<u># of Survey Reports</u>	<u># Public</u>	<u># Private</u>
16 beds or less	_____	_____	_____
17-299 beds	_____	_____	_____
300 or more beds	_____	_____	_____

3. Description of State Planning Council Review, Analysis and Response to ICF/MR Survey Reports

4. Description of State Trends in Developing Community Services and Support:

Use Reverse Side As Needed

BSG PROGRAM PERFORMANCE REPORT

SECTION IV. Description of State Trends in Setting Priorities
Concerning Policy Reform and Advocacy:

Use Reverse Side As Needed

U.S. DEPARTMENT OF
HEALTH AND HUMAN SERVICES
Washington, D.C. 20201

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