

ACF

Administration for Children and Families

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration on Children, Youth and Families

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INFORMATION MEMORANDUM

TO: Chairs, State Developmental Disabilities Councils
Directors, State Developmental Disabilities Councils

SUBJECT: Developmental Disabilities Council Three-Year State Plan
Format (OMB No. 0980-0162) Has Been Revised Using The
Consensus Building Model

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

Final Rule, 45 CFR Part 1386

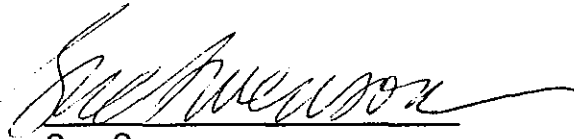
DISCUSSION: The Three-Year State Plan format has been revised (see attached
format) using the consensus building model.

This revised format will now be the format required for submission by
Developmental Disabilities Councils (DDCs). This revised State Plan format is
currently in the Office of Management and Budget (OMB) clearance process, and
is expected to be approved.

Each DD Council should be prepared to use this revised format in conjunction
with electronic data submission (EDS). Please be aware that while the data
collected under EDS will be the same as in this Three-Year State Plan format,

the appearance of the EDS format may not be precisely the same. Additional information on electronic submission of the Three-Year State Plan will be sent out under separate cover.

INQUIRIES TO: Raymond Sanchez
Director, Division of Program Operations
Administration on Developmental Disabilities
Room 300F
370 L'Enfant Promenade, S.W.
Aerospace Building
Washington, D.C. 20447
Telephone: 202-690-5962



Sue Swenson
Commissioner
Administration on Developmental Disabilities

ATTACHMENT: DD Council Three Year State Plan Form (OMB No. 0980-0162)

**Developmental Disabilities Council
(DDC)**

Three Year State Plan

Instructions for Completing the Plan

THE PAPERWORK REDUCTION ACT OF 1995

Public reporting burden for this collection of information is estimated to average 2 hours per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

The following Instructions Supplement Instructions Found in the Format

Section I

Parts A -- G

Identification information.

Complete this section one time only.

Part H

Council Membership

Complete two lines of the form for each Council member.

Part I

Council Staff

Complete one line of the form for each staff member

Section II

Designated State Agency

Complete this section one time only.

Section III

State Service System and Trends

Complete this section one time only.

Instructions for Completing the Plan

Section IV

Selection of Priorities

A. Priority Areas

Check the priority areas that the Council has selected to pursue.

The priority of "Employment" is required, and its selection does not require a rationale. Any other priority area that is selected must have a rationale provided. If the optional State Priority is selected, the "Name" and "Description" must also be provided.

B. Domains

Check the Domains that the Council has selected to focus its attentions on. For each, provide the rationale for selection. If one "Other Domain" is selected, then also provide the "Name" and "Description (Definition)" for it.

Section V

Domains, Goals, Objectives, Activities, and Performance Targets

Detailed instructions are included in the format.

This section is organized by Domain.

For each Domain selected in Section IV, provide this information:

1. Goal: repeat this for EACH goal in the Domain. There must be one or more goals in each selected Domain, but one optional goal may be the Domain Statement itself (eg., for Self-Determination: People have control, choice, and flexibility in the services and supports they receive.)
2. Objective: repeat this for EACH objective in the Goal. There must be one or more objectives in each selected Goal.
3. Resources: provide this for each objective.
4. Intermediaries: provide this for each objective.
5. Performance Targets: Do this ONCE for each Domain; do NOT break these out by goal or objective.

For Domain G "State Option (SO)": Only provide data here if "Other Domain" was selected and defined in Section IV.

Instructions for Completing the Plan

Section VI

Assurances

Complete this section one time only.

Additionally, the following memorandum should be signed by the approving officials and submitted separately in hard-copy to the appropriate regional office of the Administration for Children and Families:

Memorandum of Assurances

To: Regional Administrator
Administration for Children and Families
Attn.: Developmental Disabilities Program Specialist

Re: Assurances under Part B of the Developmental Disabilities Assistance and Bill of Rights Act

We hereby make assurance that the State/Commonwealth/Territory of _____ will, for the period October 1, 2000 to September 30, 2003 be and remain in compliance with all required assurances specified in Part B of the Developmental Disabilities Assistance and Bill of Rights Act (42 U.S.C. 6000 et seq.).

Signature of Council Chairperson: _____

Typed Name of Council Chairperson: _____

Date of Signature: _____

(If the Council is not its own Designated State Agency, please also provide the following)

Signature of Head of Designated State Agency: _____

Typed Name and Title of
Head of Designated State Agency: _____

Date of Signature: _____

Typed Name of Designated State Agency: _____

Instructions for Completing the Plan

Section VII

Projected Council Budget

Complete this section three times: one time for each fiscal year planned.

Optionally, you may provide this projected budget data for just the up-coming fiscal year, and then provide the out-year projected budget data in subsequent Plan Amendments prior to each subsequent fiscal year..

Section VIII

Public Review of the Plan

Complete this section one time only.

Do not submit the Plan until there has been opportunity for the public to review and comment on the Plan.

Section IX

Evaluation Plan

Complete this section one time only.

**Developmental Disabilities Council
(DDC)
Three Year State Plan
The Plan Format**

**THREE YEAR STATE PLAN FORMAT
DEVELOPMENTAL DISABILITIES COUNCIL**

OMB Control No: 0980-0162

Expiration Date: xx/xx/xxxx

CONTENTS

	<u>Page Number</u>
SECTION I:	
Council Identification	3
A. State Plan Period	
B. State/Territory Name	
C. Council Name and Address	
D. Council Phone Numbers	
E. Executive Director	
F. Chairperson	
G. Council Establishment	
H. Council Membership	4
I. Council Staff	8
SECTION II:	
Designated State Agency	9
A. Council	
B. Other Agency	
C. Direct Services	
D. DSA Roles and Responsibilities	
E. Year Designated	
SECTION III:	
State Service System and Trends	10
A. Prevalence of Developmental Disabilities	
B. Environmental Factors Affecting Services	
C. The State Service System(s)	14
D. Unserved and Underserved Groups	19
SECTION IV:	
Selection of Priorities	21
SECTION V:	
Domains, Goals, Objectives, Activities and Performance	
Targets	26
A. Self-Determination	28
B. Employment	31
C. Housing	34
D. Health	37
E. Education	40
F. Community Inclusion	43
G. State Option	46

**THREE YEAR STATE PLAN FORMAT
DEVELOPMENTAL DISABILITIES COUNCILS**

SECTION VI:	Assurances	48
	A. Assurances Signed	
	B. Assurances Mailed	
	C. Approving Officials for Assurances	
SECTION VII:	Projected Council Budget	49
SECTION VIII:	Public Review of the State Plan	50
SECTION IX:	State Plan Evaluation	50

**THREE YEAR STATE PLAN FORMAT
DEVELOPMENTAL DISABILITIES COUNCILS**

OMB Control No: 0980-0162

Expiration Date: xx/xx/xxxx

SECTION I: COUNCIL IDENTIFICATION

A. State Plan Period: Beginning: October 1, 20__ through September 30, 20__

B. State/Territory Name: _____

C. Council Name and Address:

Name: _____

Council Address: _____

D. Phone Numbers:

(1) Regular phone (voice): _____

(2) Regular phone (TTD): _____

(3) Toll Free phone (voice): _____

(4) Toll free phone (TTD): _____

(5) FAX: _____

(6) Council Office E-mail: _____

(7) Council Web Page: _____

E. Executive Director:

(1) Name: _____

(2) Email: _____

F. Chairperson:

(1) Name: _____

(2) Email: _____

(3) Appointment Dates: _____

G. Council Establishment:

(1) Date of Establishment: _____

(2) Authorization: ☐ State Statute ☐ Executive Order ☐ N/A

(3) Authorization Citation: _____

**THREE YEAR STATE PLAN FORMAT
DEVELOPMENTAL DISABILITIES COUNCILS**

H. Council Membership: [Section 124(b)(1)-(6)]. Complete the following chart providing the name of each Council member (and proxy/alternate, if any), name of the agency/organization s/he is representing, beginning and ending dates of appointments, and category of membership using the codes provided. Begin with agency/organizational representatives, A, then citizen members B and C. If a State Agency, P&A, UAP member is also an individual with DD or parent/guardian of a child with DD, indicate their agency affiliation first in the Code box (e.g. A2/B2). If more than one member represents a particular State Agency (e.g. IDEA Part B and Part C) put that code (A2) with each individual's name and identify the appropriate program in the space provided.

Council Membership Category Codes

Agency/Organizational
Representatives

A1 = Rehab Act
A2 = IDEA
A3 = Older Americans Act
A4 = SSA, Title XIX
A5 = P&A
A6 = UAP
A7 = Higher Education
A8 = NGO/Local
A9 = _____
A10 = _____
A11 = _____
A12 = _____

A13= _____
A14= _____
A15= _____
A16= _____

Citizen Member Representatives

B1 = Individual with DD
B2 = Parent/Guardian of child
B3 = Immediate Relative/Guardian
of adult with mental impairment
C1 = Individual now/ever in
institution
C2 = Immediate relative/guardian
of individual in institution

#	Member Name	Initial Appointment Date	Appt.Expir.Date
Code	Agency/Organization Name	Alternate/Proxy Name	

Sample

#	Jane Doe	10/1/96	9/30/00
A2	IDEA - Early Intervention Program	Betty Smith	

**THREE YEAR STATE PLAN FORMAT
DEVELOPMENTAL DISABILITIES COUNCILS**

#	Member Name	Initial Appointment Date	Appt.Expir.Date
Code	Agency/Organization Name	Alternate/Proxy Name	
1			
2			
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THREE YEAR STATE PLAN FORMAT DEVELOPMENTAL DISABILITIES COUNCILS

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**THREE YEAR STATE PLAN FORMAT
DEVELOPMENTAL DISABILITIES COUNCILS**

39			
40			

**THREE YEAR STATE PLAN FORMAT
DEVELOPMENTAL DISABILITIES COUNCILS**

H. Council Staff. [Section 122(5)(L)]. List Council permanent full-time (FT) or part-time (PT) staff positions and the name of the incumbent. Check if full-time; indicate percentage, if part-time. Do not include consultants. If the official merit classification of the staff member does not adequately describe the role played by or working title of that position, include a working title. (eg. Council Executive Director, NOT Health Administrator IX.)

#	Position or Working Title	FT	PT	Name of Person in Position
1		<input type="checkbox"/>		
2		<input type="checkbox"/>		
3		<input type="checkbox"/>		
4		<input type="checkbox"/>		
5		<input type="checkbox"/>		
6		<input type="checkbox"/>		
7		<input type="checkbox"/>		
8		<input type="checkbox"/>		
9		<input type="checkbox"/>		
10		<input type="checkbox"/>		
11		<input type="checkbox"/>		
12		<input type="checkbox"/>		
13		<input type="checkbox"/>		
14		<input type="checkbox"/>		
15		<input type="checkbox"/>		
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24		<input type="checkbox"/>		
25		<input type="checkbox"/>		

**THREE YEAR STATE PLAN FORMAT
DEVELOPMENTAL DISABILITIES COUNCILS**

SECTION II: DESIGNATED STATE AGENCY. [Section 124(d)] Our Designated State Agency (DSA) is:

A. ☐ the Council

B. ☐ Other agency.

1. Agency Name: _____

2. State DSA Official's Name: _____

3. Address: _____

4. Phone: _____

5. FAX: _____

6. E-mail: _____

C. Direct Services. [Section 124(d)(2)(B)] If DSA is other than the Council, does it provide or pay for direct services to persons with developmental disabilities?

☐ No ☐ Yes

If yes, describe the general category of services it provides (eg. Health, education, vocational, residential, etc.): (limit 250 characters)

D. Does Your Council have a Memorandum of Understanding/Agreement with your DSA? ☐ No ☐ Yes [Section 124(d)(3)(F)]

E. DSA Roles and Responsibilities related to the Council (e.g., administrative support): [Section 124(d)(3)(A)-(F)] If DSA is other than the Council, describe (limit 250 characters).

F. Calendar Year Council or Agency Was Designated as DSA: (Section 124(d)(2)(B)) _____

SECTION III - STATE SERVICE SYSTEM AND TRENDS [Section 122(c)(3)]

1. Estimated number of people with developmental disabilities estimated to live in the State: _____

a. ☐ National prevalence rate (Gollay, 1.8%)

B. Environmental Factors Affecting Services. Describe how economic, social, political, and litigative factors effect persons with developmental disabilities and their families in the State. (limit to 8,000 characters, 2000 per field.) Attempt to limit each field to one topic and provide a topic heading appropriate to your State. For each topic you need not fill the entire field of 2000 characters nor do you need to use all 4 fields.

10

THREE YEAR STATE PLAN FORMAT
DEVELOPMENTAL DISABILITIES COUNCILS

(
(Topic 2)
)

(Topic 3)

(Topic 4)

13

C. The State Service System(s): [Section 122(b)(3)]. Provide a summary of the results of the Councils review and analysis of the State service system for people with developmental disabilities. Include reference to relevant interagency initiatives and any specific eligibility barriers to services. Attempt to limit each field to one topic and provide a topic heading appropriate to your State. You need not fill the entire field of 2000 characters nor use all 6 fields. (limit to 12,000 characters, 2000 in each section)

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

THREE YEAR STATE PLAN FORMAT
DEVELOPMENTAL DISABILITIES COUNCILS

)

)

(Topic 3)

)

THREE YEAR STATE PLAN FORMAT
DEVELOPMENTAL DISABILITIES COUNCILS

)

(Topic 4)

)

)

(Topic 5)

(Topic 6)

)

[illegible]

D. Unserved and Underserved Groups:

1. List and describe **racial/ethnic groups that may be unserved/underserved** and describe the barriers to their receipt of supports and services. You may identify barriers specific to a particular racial/ethnic group you have selected, (150 characters), identify general, overall barriers applicable to all racial/ethnic groups selected, or both. (limit to 500 characters in description of General Barriers)

Group (from US Census):

Barriers Specific to Group

☐ Asian

☐ Black or
African American

☐ Hispanic/Latino

☐ American Indian
or Alaska Native

☐ Native Hawaiian or other
Pacific Islander

☐ White

☐ Multi-cultural
(Identifying with more than
one of the above)

General racial/ethnic barriers: _____

**THREE YEAR STATE PLAN FORMAT
DEVELOPMENTAL DISABILITIES COUNCILS**

D. Unserved and Underserved Groups:

2. List and describe any **other unserved/underserved** group(s) and describe the barriers that impede full participation of this group(s). Examples of such groups are religious groups, rural populations, those excluded from eligibility for particular services, particular types of disabilities) (limit general barriers discussion to 500 characters)

Group:

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

Barriers:

General barriers: _____

)

)

Rationale for selection:

)

Description: _____

Rationale for selection:

)

)

[illegible]

)

[illegible]

)

7. ☐ **Other Domain.** Name: _____
Description (Definition): _____
Rationale for selection: _____

Description (Definition): _____

Rationale for selection:

SECTION V: DOMAINS, GOALS, OBJECTIVES, ACTIVITIES AND PERFORMANCE TARGETS

Domains are the life areas in the ADD RoadMap to the Future. In the PPR these statements are called Life Area "Goals". This does not mean to imply that these statements are necessarily also the Council's Goals. The Life Areas simply define the domain.

Special Note on Repetition of the following items:

Complete items #1. to #4 below as many times as necessary for the number of goals and objectives for your State.

Complete item #5 (targets) only once for each of the six Domains.

1. Goals are the Council's goal statements that address each domain. You may include as many Goals as necessary. You may use the domain statement as a goal, if you wish: doing so, however should not cause you to make your statements of objective as general as goal statements. Use a new page for each goal statement. Please number your goals as follows: In the Domain of Self-Determination, for example: Goal SD1, SD2, SD3, etc.

2.a. Objectives are the ideally measurable statements, ideally with time frames, that Councils select to achieve each goal. You may have as many objectives as necessary. You may state your objective any way you desire; however, some of your objectives will be the statements of Performance Targets derived from the Measures of Success in the PPR, which are part of the ADD Road Map found on the pages following each life area domain. You may have one, two or three year objectives. Please number your objectives by indicating under what goal number it appears; for example, objectives under the first Goal in Self-Determination: SD1.1, SD1.2, SD1.3, SD1.4, etc..

2.b. Expected Year of Accomplishment: Provide an estimate of which year the objective will be completed in.

2.c. Associated Performance Measure Number(s): Show for each objective the number(s) of the performance targets to which they contribute. One objective may contribute to several performance targets. Use the numbered performance targets

**THREE YEAR STATE PLAN FORMAT
DEVELOPMENTAL DISABILITIES COUNCILS**

in the charts following each Domain page. For example, If your objective B.1 in Employment is: 10 employers will employ 40 adults with developmental disabilities by the year 2000, item 3.c would be Performance Target s)#: B.8 and B.1. Indicate as many performance targets as may apply.

2.d. Federal Priority Area (FPA) Addressed by this Objective. Because the FPA's are still required in the DD Act, they are included here. Some FPA's fit more naturally within Life Domains than others. Check which Federal (and State, if appropriate) Priority Areas are addressed by each Objective.

3. Resources to be Allocated for this Objective, if known. Check the box if the amount of resources is not known, but if it is known, enter the amount of those resources. If you expect to contract out, estimate the amount of dollars you expect to commit to contract(s), if possible, and if it is an in-house activity, estimate the dollar value of staff time and other resources.

4. Intermediaries/Collaborators Planned for this Objective, if known. Enter organizations THAT YOU DO NOT INTEND TO FUND, but that will be working with the Council to accomplish each objective.

5. Establishment of Performance Targets By Year.

These are the same performance targets as will be reported on in the annual program performance report (PPR). In the PPR you will report on actual performance on the targets. Here you will set targets you expect to reach during each of the next three years.

**THREE YEAR STATE PLAN FORMAT
DEVELOPMENTAL DISABILITIES COUNCILS**

A. Domain: Self-Determination (SD). People have control, choice and flexibility in the services and supports they receive.

1. Goal SD_: _____

2. (a) Objective SD_._: _____

(b) Expected Year of Accomplishment:

Year One: _____ Year Two: _____ Year Three: _____

(c) Associated Performance Target Number(s): _____

(d) Federal (State) Priority Area (check all that apply): ☐ Employment
☐ Child Development ☐ Community Living ☐ Systems Coordination and
Community Education ☐ State Optional Priority

3. Resources to be Allocated for this Objective (if known):

Check if not known: _____

Resources: \$ _____

4. Intermediaries/Collaborators Planned for this Objective (if known):

(a) ☐ State Protection and Advocacy System

(b) ☐ University Affiliated Program(s)

(c) _____

(d) _____

(e) _____

(f) _____

(g) _____

(h) _____

(i) _____

(complete this page for each Goal and Objective under Self-Determination.)

**THREE YEAR STATE PLAN FORMAT
DEVELOPMENTAL DISABILITIES COUNCILS**

5. Performance Targets By Year for SELF DETERMINATION.

	PA	PERFORMANCE TARGETS	Yr1	Yr2	Yr3	Total
A.1a		individuals will have control, choice and flexibility in the services/supports they receive				
A.1b		family members will have control, choice and flexibility in the services/supports they receive				
A.2a		individuals will have control, choice and flexibility in the services/supports they receive through a Council demonstration				
A.2b		family members will have control, choice and flexibility in the services/supports they receive through a Council demonstration				
A.3a		individuals on waiting list(s) will receive services/supports				
A.3b		family members individuals on waiting list(s) will receive services/supports				
A.4		public dollars will be leveraged for person-directed individual services/supports				
A.5		public dollars will be leveraged for family-directed family services/supports				
A.6		private dollars will be leveraged for individual- and family-directed services/supports				
A.7		dollars will be leveraged to expand/replicate short-term Council individual services/supports demonstrations (add amount to A.4, A.5 and/or A.6 above if appropriate.)				
A.8		dollars will be leveraged to expand/replicate short-term Council family services/supports demonstrations (add amount to A.4, A.5, A.6 and/or A.7 above if appropriate.)				
A.9		new public individual services/supports programs/policies will be created				
A.10		current public individual supports programs/policies will be improved				
A.11		new public family services/support will be created				
A.12		current public family support programs/policies will be improved				
A.13		new private individual support programs/policies will be created				
A.14		current private individual support programs/policies will be improved				
A.15		new private family support programs/policies will be created				
A.16		current private family support programs/policies will be improved				
A.17		people in generic occupations/professions will facilitate person- and family-directed services/supports				

THREE YEAR STATE PLAN FORMAT

DEVELOPMENTAL DISABILITIES COUNCILS

A.18	people in disability related occupations/professions will facilitate person- and family-directed services/supports				
A.19	people will attain membership on public and private bodies and boards				
A.20	people in generic occupations/professions will receive Council training in person- and family-directed services/supports				
A.21	people in disability related occupations/professions will receive Council training in person- and family-directed services/supports				
A.22	public policymakers will be educated by Council about person- and family-directed services/supports				
A.23a	total copies of products will be distributed to policymakers about person- and family-directed services/supports				
A.23b	different products				
A.24a	self-advocates will be active in systems advocacy about person- and family-directed svcs/spts				
A.24b	family members will be active in systems advocacy about person- and family-directed svcs/spts				
A.24c	Other people will be will be active in systems advocacy about person- and family-directed svcs/spts				
A.25a	self-advocates will be trained in systems advocacy about person- and family-directed svcs/spts				
A.25b	family members will be trained in systems advocacy about person- and family-directed svcs/spts				
A.25c	Other people will be trained in systems advocacy about person- and family-directed svcs/spts				
A.26a	self-advocates will be involved in services/supports evaluation (QA) activities				
A.26b	family members will be involved in services/supports evaluation (QA) activities				
A.27	members of the general public will be reached by Council public education, awareness and media initiatives about person- and family-directed services/supports				
A.28					
A.29					
A.30					
A.31					
A.32					
A.33					

**THREE YEAR STATE PLAN FORMAT
DEVELOPMENTAL DISABILITIES COUNCILS**

B. Domain: Employment (E). People get and keep employment consistent with their interests, abilities and needs.

1. Goal E_: _____

2. (a) Objective E_. _: _____

(b) Expected Year of Accomplishment:

Year One: _____ Year Two: _____ Year Three: _____

(c) Associated Performance Target Number(s) : _____

(d) Federal (State) Priority Area (check all that apply): ☐ Employment
☐ Child Development ☐ Community Living ☐ Systems Coordination and
Community Education ☐ State Optional Priority

3. Resources to be Allocated for this Objective (if known):

Check if not known: _____

Resources: \$ _____

4. Intermediaries/Collaborators Planned for this Objective (if known):

(a) ☐ State Protection and Advocacy System

(b) ☐ University Affiliated Program(s)

(c) _____

(d) _____

(e) _____

(f) _____

(g) _____

(h) _____

(i) _____

(complete this page for each Goal and Objective under Employment.)

THREE YEAR STATE PLAN FORMAT DEVELOPMENTAL DISABILITIES COUNCILS

5. EMPLOYMENT PERFORMANCE TARGETS BY YEAR:

	FPA	PERFORMANCE TARGETS	Yr1	Yr2	Yr3	Total
B.1		adults will have jobs of their choice				
B.2		adults will have jobs of their choice because of a Council employment demonstration				
B.3		public dollars will be leveraged for employment programs				
B.4		people on waiting list(s) will receive services/supports				
B.5		private dollars will be leveraged for employment				
B.6		dollars will be leveraged to expand/replicate short-term Council employment demonstrations (add this amount to B.3 and/or B.4 above if appropriate.)				
B.7		employers will provide vocational supports to students on the job				
B.8		businesses/employers will employ adults				
B.9		new public employment programs/pols will be created				
B.10		current public employment programs/policies will be improved				
B.11		new private employment programs/policies were created				
B.12		current private employment programs/policies will be improved				
B.13		people in generic occupations/professions will facilitate employment				
B.14		people in disability-related occupations/professions will facilitate employment				
B.15		people in generic occupations/professions received training in employment				
B.16		people in disability related occupations/professions received training in employment				
B.17		public policymakers were educated about employment				
B.18a		total copies of products were distributed to policymakers about employment				
B.18b		different products				
B.19a		self-advocates will be active in systems advocacy about employment				
B.19b		family members will be active in systems advocacy about employment				
B.19c		Others will be active in systems advocacy about employment				

**THREE YEAR STATE PLAN FORMAT
DEVELOPMENTAL DISABILITIES COUNCILS**

B.20a		self-advocates will be trained in systems advocacy about employment				
B.20b		family members will be trained in systems advocacy about employment				
B.20c		Others will be trained in systems advocacy about employment				
B.21		members of the general public are estimated to have been reached by Council public education, awareness and media initiatives about employment				
B.22						
B.23						
B.24						
B.25						
B.26						
B.27						
B.28						
B.29						
B.30						
B.31						

**THREE YEAR STATE PLAN FORMAT
DEVELOPMENTAL DISABILITIES COUNCILS**

C. Domain: Homes (HO). Adults choose where and with whom they live.

1. Goal HO_: _____

2. (a) Objective HO_._: _____

(b) Expected Year of Accomplishment:

Year One: _____ Year Two: _____ Year Three: _____

(c) Associated Performance Target Number(s) : _____

(d) Federal (State) Priority Area (check all that apply): ☐ Employment
☐ Child Development ☐ Community Living ☐ Systems Coordination and
Community Education ☐ State Optional Priority

3. Resources to be Allocated for this Objective (if known):

Check if not known: _____

Resources: \$ _____

4. Intermediaries/Collaborators Planned for this Objective (if known):

(a) ☐ State Protection and Advocacy System

(b) ☐ University Affiliated Program(s)

(c) _____

(d) _____

(e) _____

(f) _____

(g) _____

(h) _____

(i) _____

(complete this page for each Goal and Objective under Housing.)

**THREE YEAR STATE PLAN FORMAT
DEVELOPMENTAL DISABILITIES COUNCILS**

5. HOMES PERFORMANCE TARGETS BY YEAR.

	FPA	PERFORMANCE TARGETS	Yr1	Yr2	Yr3	Total
C.1		individuals will have homes of their choice				
C.2		individuals will have homes of their choice through a Council demonstration (add to C.1 above)				
C.3		people on waiting list(s) will receive svcs/spts				
C.4		People will move from congregate settings to homes in the community (include this total under Measure C.1)				
C.5		public dollars will be leveraged for housing				
C.6		private dollars will be leveraged for housing				
C.7		dollars will be leveraged to expand/replicate short-term Council housing demonstration (add amount to C3 and/or C.4 above if appropriate.)				
C.8		banks will make mortgage funds available to enable people to own their own homes				
C.9		new public supported housing programs/policies will be created				
C.10		current public housing programs/policies will be improved				
C.11		new private housing programs/policies will be created				
C.12		current private housing programs/policies will be improved				
C.13		units of affordable, accessible housing will be made available				
C.14		people in generic occupations/professions will facilitate home ownership/rental				
C.15		people in disability-related occupation/professions will facilitate home ownership/rental				
C.16		People in generic occupations/professions will receive training in housing				
C.17		People in disability related occupations/professions will receive training in housing				
C.18		public policymakers will be educated about housing				
C.19		total copies of products will be distributed to policymakers about housing				
		different products				
C.20a		self-advocates will be active in systems advocacy about housing				
C.20b		family members will be active in systems advocacy about housing				
C.20c		Other(s) will be active in systems advocacy about housing				
C.21a		self-advocates will be trained in systems advocacy about housing				

**THREE YEAR STATE PLAN FORMAT
DEVELOPMENTAL DISABILITIES COUNCILS**

C.21b		family members will be trained in systems advocacy about housing				
C.21c		Other(s) will be trained in systems advocacy about housing				
C.22		members of the general public will be reached by Council public education, awareness and media initiatives about housing				
C.23		Other(s) (number consecutively)				
C.24						
C.25						
C.26						
C.27						
C.28						
C.29						
C.30						
C.31						
C.32						
C.33						

**THREE YEAR STATE PLAN FORMAT
DEVELOPMENTAL DISABILITIES COUNCILS**

D. Domain: Health (HE). People are healthy and benefit from the full range of needed health services.

1. Goal HE_: _____

2. (a) Objective HE_._: _____

(b) Expected Year of Accomplishment:

Year One: _____ Year Two: _____ Year Three: _____

(c) Associated Performance Target Number(s) : _____

(d) Federal (State) Priority Area (check all that apply): ☐ Employment
☐ Child Development ☐ Community Living ☐ Systems Coordination and
Community Education ☐ State Optional Priority

3. Resources to be Allocated for this Objective (if known):

Check if not known: _____

Resources: \$ _____

4. Intermediaries/Collaborators Planned for this Objective (if known):

(a) ☐ State Protection and Advocacy System

(b) ☐ University Affiliated Program(s)

(c) _____

(d) _____

(e) _____

(f) _____

(g) _____

(h) _____

(i) _____

(complete this page for each Goal and Objective under Health.)

THREE YEAR STATE PLAN FORMAT DEVELOPMENTAL DISABILITIES COUNCILS

5. HEALTH PERFORMANCE TARGETS BY YEAR.

	FPA	PERFORMANCE TARGETS	Yr1	Yr2	Yr3	Total
D.1a		children will have needed health services				
D.1b		adults will have needed health services				
D.1c		families will have needed health services				
D.2		people will have needed health services because of Council demonstration (add to D.1)				
D.3		people on waiting list(s) will receive svs/spts				
D.4		public dollars were leveraged for health services				
D.5		private dollars were leveraged for health services				
D.6		dollars will be leveraged to expand/replicate short-term Council demonstrations of health services (add amount to D.3 and/or D.4 if appropriate)				
D.7		public dollars will be leveraged for prevention				
D.8		new public health care programs /policies will be created				
D.9		current public health care programs/policies will be improved				
D.10		new private health care programs/policies will be created				
D.11		current private health care programs/policies will be improved				
D.12		prevention programs/policies will be created/improved				
D.13		people in generic occupations/professions will improve health services				
D.14		medical training courses will improve regarding disability-related content				
D.15		people in disability-related occupations/professions will improve health svs				
D.16		people will be monitored for health and safety in ICF/MRs				
D.17		people in generic occupations/professions received training in health care services				
D.18		people in disability related occupations/ professions will receive training in health care				
D.19		public policymakers will be educated about health care				
D.20a		total copies of products will be distributed to policymakers about health care				
D.20b		different products _____				
D.21a		self-advocates will be involved in systems advocacy on health care				
		family members i will be involved in systems				

THREE YEAR STATE PLAN FORMAT DEVELOPMENTAL DISABILITIES COUNCILS

D.21b		advocacy on health care				
D.21c		Others will be involved in systems advocacy on health care				
D.22a		# self-advocates will be trained in systems advocacy about health care				
D.22b		family members will be trained in systems advocacy about health care				
D.23		members of the general will be reached by Council public education, awareness and media initiatives on health care and prevention				
D.24		Other(s) (number consecutively)				
D.25						
D.26						
D.27						
D.28						
D.20						
D.30						
D.31						
D.32						
D.33						
D.34						

**THREE YEAR STATE PLAN FORMAT
DEVELOPMENTAL DISABILITIES COUNCILS**

E. Domain: Education (ED). Students reach their educational and developmental potential.

1. Goal ED_: _____

2. (a) Objective ED_._: _____

(b) Expected Year of Accomplishment:

Year One: _____ Year Two: _____ Year Three: _____

(c) Associated Performance Target Number(s) : _____

(d) Federal (State) Priority Area (check all that apply): ☐ Employment
☐ Child Development ☐ Community Living ☐ Systems Coordination and
Community Education ☐ State Optional Priority

3. Resources to be Allocated for this Objective (if known):

Check if not known: _____

Resources: \$ _____

4. Intermediaries/Collaborators Planned for this Objective (if known):

(a) ☐ State Protection and Advocacy System

(b) ☐ University Affiliated Program(s)

(c) _____

(d) _____

(e) _____

(f) _____

(g) _____

(h) _____

(i) _____

(complete this page for each Goal and Objective under Education.)

**THREE YEAR STATE PLAN FORMAT
DEVELOPMENTAL DISABILITIES COUNCILS**

5. EDUCATION AND CHILD DEVELOPMENT PERFORMANCE TARGETS BY YEAR.

	FPA	PERFORMANCE TARGETS	Yr1	Yr2	Yr3	Total
E.1		Students will have the education and support they need to reach their educational goals				
E.2		infants and young children will have the services/supports needed to reach developmental goals				
E.3		students will have the education and support they need to reach their educational goals through a Council demonstration				
E.4		students will have transitioned from school to community and jobs				
E.5		Children will have transitioned from early intervention and pre-school to inclusive classrooms/schools				
E.6		people on waiting list(s) will receive svs/supports				
E.7		public dollars will be leveraged for education				
E.8		private dollars will be leveraged for public education				
E.9		dollars will be leveraged to expand/replicate short-term Council demonstrations of inclusive education (add amount to E.6 and/or E.7 above if appropriate.)				
E.10		new public education programs/policies will be created				
E.11		current public education programs/policies will be improved				
E.12a		colleges and universities will improve inclusive education				
E.12b		other post-secondary institutions will improve inclusive education				
E.13a		schools will improve IEP practices				
E.13b		classrooms will improve IEP practices				
E.14		people in generic occupations/professions will facilitate inclusive education				
E.15		people in disability related occupations/professions will facilitate inclusive education				
E.16		people in non-disability related occupations/professions will receive training in inclusive education				
E.17		people in disability related occupations/professions will receive training in inclusive education				
E.18		public policymakers will be educated about inclusive education				
E.19a		total copies of products will be distributed to policymakers about inclusive education				

THREE YEAR STATE PLAN FORMAT DEVELOPMENTAL DISABILITIES COUNCILS

E.19b		different products _____				
E.20		people will be involved in systems advocacy about inclusive education				
E.21		parents will be trained regarding their child's educational rights				
E.22		# members of the general public will be reached by Council public education, awareness and media initiatives about inclusive education				
E.23						
E.24						
E.25						
E.26						
E.27						
E.28						
E.29						
E.30						
E.31						
E.32						

**THREE YEAR STATE PLAN FORMAT
DEVELOPMENTAL DISABILITIES COUNCILS**

F. Domain: Community Inclusion (CI): Every individual is a valued, participating member of their community.

1. Goal CI_: _____

2. (a) Objective CI_._: _____

(b) Expected Year of Accomplishment:

Year One: _____ Year Two: _____ Year Three: _____

(c) Associated Performance Target Number(s) : _____

(d) Federal (State) Priority Area (check all that apply): ☐ Employment
☐ Child Development ☐ Community Living ☐ Systems Coordination and
Community Education ☐ State Optional Priority

3. Resources to be Allocated for this Objective (if known):

Check if not known: _____

Resources: \$ _____

4. Intermediaries/Collaborators Planned for this Objective (if known):

(a) ☐ State Protection and Advocacy System

(b) ☐ University Affiliated Program(s)

(c) _____

(d) _____

(e) _____

(f) _____

(g) _____

(h) _____

(i) _____

(complete this page for each Goal and Objective under Community Inclusion.)

THREE YEAR STATE PLAN FORMAT DEVELOPMENTAL DISABILITIES COUNCILS

5. COMMUNITY INCLUSION PERFORMANCE TARGETS BY YEAR:

	FPA	PERFORMANCE TARGETS	Yr1	Yr2	Yr3	Total
F.1		will be valued, participating members of their communities				
F.2		individuals will be valued, participating members of their communities because of Council demonstration				
F.3		people on waiting list(s) will receive svcs/spts				
F.4		public dollars will be leveraged for transportation				
F.5		dollars will be leveraged to expand/replicate short-term Council community inclusion and participation demonstrations (add amount to F.3 above if appropriate.)				
F.6		new public community inclusion programs/policies will be created				
F.7		current public programs/policies will become more inclusive				
F.8		programs will be included appropriate managed long term services/supports				
F.9		private organizations and programs/policies will become more inclusive				
F.10		buildings/public accommodations will become accessible				
F.11		people in generic occupations/professions will facilitate community inclusion and participation				
F.12		people in disability-related occupations/professions will facilitate community inclusion and participation				
F.13		people in generic occupations/professions will receive training in community inclusion and participation				
F.14		people in disability related occupations/ professions will receive training in community inclusion and participation				
F.15		public policymakers will be educated about community inclusion/participation				
F.16a		total copies of products will be distributed to policy makers about community inclusion and participation				
F.16b		different products				
F.17a		self-advocates will be trained to plan/prepare for managed long term supports				
F.17b		family members will be trained to plan/prepare for managed long term supports				
F.18a		self-advocates will be active in systems advocacy about community inclusion and participation				
F.18b		family members will be active in systems advocacy about community inclusion and participation				
F.18c		Others will be active in systems advocacy about				

THREE YEAR STATE PLAN FORMAT DEVELOPMENTAL DISABILITIES COUNCILS

		community inclusion and participation				
F.19a		self-advocates will be trained in systems advocacy about community inclusion and participation				
F.19b		family members will be trained in systems advocacy about community inclusion and participation				
F.20a		self-advocates will be educated about managed long term supports				
F.20b		family members will be educated about managed long term supports				
F.20c		Others will be educated about managed long term supports				
F.21		members of the general will be reached by Council public education, awareness and media initiatives about community inclusion and participation				
F.22						
F.23						
F.24						
F.25						
F.26						
F.27						
F.28						
F.29						
F.30						
F.31						

**THREE YEAR STATE PLAN FORMAT
DEVELOPMENTAL DISABILITIES COUNCILS**

G. Domain: State Option (SO): (define)

1. Goal SOI_: _____

2. (a) Objective SO.I_._.: _____

(b) Expected Year of Accomplishment:

Year One: _____ Year Two: _____ Year Three: _____

(c) Associated Performance Target Number(s) : _____

(d) Federal (State) Priority Area (check all that apply): ☐ Employment
☐ Child Development ☐ Community Living ☐ Systems Coordination and
Community Education ☐ State Optional Priority

3. Resources to be Allocated for this Objective (if known):

Check if not known: _____

Resources: \$ _____

4. Intermediaries/Collaborators Planned for this Objective (if known):

(a) ☐ State Protection and Advocacy System

(b) ☐ University Affiliated Program(s)

(c) _____

(d) _____

(e) _____

(f) _____

(g) _____

(h) _____

(i) _____

(complete this page for each Goal and Objective under State Option.)

**THREE YEAR STATE PLAN FORMAT
DEVELOPMENTAL DISABILITIES COUNCILS**

5. STATE OPTION DOMAIN PERFORMANCE TARGETS BY YEAR:

	PERFORMANCE TARGETS	Yr1	Yr2	Yr3	Total
G.1					
G.2					
G.3					
G.4					
G.5					
G.6					
G.7					
G.8					
G.9					
G.10					

**THREE YEAR STATE PLAN FORMAT
DEVELOPMENTAL DISABILITIES COUNCILS**

SECTION VI: ASSURANCES. [Section 122(c)(5)]

- A. ☐ 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 requirements specified in Section 122 (C)(5)(A) – (N) in the Developmental Disabilities Assurance and Bill of Rights Act. A form for assurances is included with the instructions.

- B. Signed Assurances have been submitted to DHHS: Yes ☐ No ☐

If no, date when Assurances were/will be mailed: _____

C. Approving Officials for Assurances

1. ☐ For the Council (Chairperson)
2. ☐ For DSA, when not Council

**THREE YEAR STATE PLAN FORMAT
DEVELOPMENTAL DISABILITIES COUNCILS**

SECTION VII: PROJECTED COUNCIL BUDGET.[Section 124(c)(8)] If you are only submitting budget year 1, State Plan Amendments will be expected to include subsequent year budgets.

Budget Year: FY _____

A. Total Part B Budget Anticipated: \$ _____

B. Estimated Part B Budget Allocated to Priority Area Activities That Are Performed by DD Council Staff or Members: \$ _____

C. Balance of Part B Budget (A. - B.): \$ _____

D. Estimated Balance of Part B Budget (from C.) That Is Allocated to activities in Poverty Areas: \$ _____
(Note: if whole State is poverty areas, then line D. equals line C.)

E. Balance of Part B Budget (C. - D.): \$ _____

F. Estimated Matching Funds for the Fiscal Year: \$ _____

Minimum match = D/9 + E/3.

Line D. divided by 9 is for calculating the match requirement of 10% of expenditures for priority area activities in poverty projects. The budget for Priority area activities performed by staff or members is subtracted out (line B.) since it has zero match requirement. Line E. divided by 3 is for calculating the match requirement of 25% on the balance of all other budget expenditures.

The match may come from various sources, including State participation in the cost of the functions of the designated State agency and from all in-kind contributions and financial participation from grantees, contractors, and volunteers.

G. Estimated Part B Budget (from A.) That Is Allocated to All Priority Area Activities: \$ _____

H. Estimated Breakout of Part B Budget Allocated To Priority Areas (from G.):

- * Self Determination: \$ _____
- * Employment: \$ _____
- * Homes: \$ _____
- * Education: \$ _____
- * Health: \$ _____
- * Community Inclusion: \$ _____
- * State Optional Other: \$ _____

[illegible]

SECTION IX: EVALUATION PLAN. [Section 124(c)(5)] Summarize the Council's plan for monitoring, reviewing and evaluating this State Plan at least annually. (limit to 1,000 characters)

[illegible]