# DD Council Tier 1 - PPR - Review Form

COUNCIL NAME: DATE:

YEAR OF STATE PLAN:

Instructions: This is a Word document that will capture the review of **one year** of the State Plan. There is a Summary section at the completion of the tool that the reviewer will populate the information for based on the answers from this tool. If completed in Excel these answers will automatically populate (see Excel document for instructions on using that tool).

| **Section II: COMPLIANCE REVIEW AND ANALYSIS** | | |
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| **COMPREHENSIVE REVIEW AND ANALYSIS UPDATE** - [Section 124(c)(3)] - The plan shall describe the results of a comprehensive review and analysis of the extent to which services, supports, and other assistance are available to individuals with developmental disabilities and their families, and the extent of unmet needs for services, supports, and other assistance for those individuals and their families, in the State. | | |
| **ITEM** | **REVIEW PROMPT** | **ANSWERS** |
| **1.** | Has the Council provided an **UPDATE** to the Comprehensive Review and Analysis (CRA)? | Yes  No |
| **2.** | Does the CRA updateinclude a description of which services, supports, and other assistance are **available** **to and still needed by** individuals with developmental disabilities and their families in the State? | Yes  No |
| **3.** | Does the CRA updateinclude a description of the quality of health care and other services, supports, and assistance that individuals with developmental disabilities in **Intermediate Care Facilities** receive? | Yes  No |
| **4.** | Does the CRA update include a description of the quality of health care and other services, supports, and assistance that individuals with developmental disabilities served through **home and community-based waivers** (authorized under section 1915(c) of the Social Security Act (42 U.S.C. 1396n(c)) receive? | Yes  No |
|  | Compliance Summary  *This score will auto-populate based on the responses to items 1-4* | Answer will auto-populate to “Meets Requirements” if the answer to items 1-4 is yes. If there are any “No” answer, the compliance will auto-populate to “Does Not Fully Meet Requirements” |
|  |  |  |
|  | Other (e.g., comments, follow-up, strengths, weaknesses) | Open text box |

| **Section III: STATE PLAN IMPLEMENTATION** | | |
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| **STATE PLAN IMPLEMENTATION** — [Section 124 (B)-(L)] IN GENERAL.—The Council shall implement the State plan by conducting and supporting advocacy, capacity building, and systemic change activities such as those described in subparagraphs (B) through (L). | | |
| **ITEM** | **REVIEW PROMPT** | **ANSWERS** |
| **1.** | Summarize the Council’s key takeaways, success stories, or promising practices. | *Open text box* |
| **2.** | Which **facilitators** helped the Council achieve their outcomes? Select all that apply. | Funding  Partnerships  State context (e.g., leadership changes, political climate)  Alignment with other initiatives  Other (please describe) |
| **3.** | Which **barriers**, if any, did the Council face in achieving their outcomes? Please identify any next steps for providing TA to the Council to help address barriers. Select all that apply. | Funding  Partnerships  State context (e.g., leadership changes, political climate)  Changing priorities  Other (please describe) |
| **4.** | Has the Council provided a description of how the Council will widely disseminate the annual report to affected constituencies and the general public and ensure that the report is available in accessible formats? | Yes  No |
| **5.** | Has the Council determined customer satisfaction with Council supported or conducted activities? | Yes  No |
| **6.** | Has the Council indicated they will use their lessons learned to impact their future work? | Yes  No |
|  | Compliance Summary  *This score will auto-populate if any items are flagged for follow-up.* | Auto-populated answers are:  Meets Requirements: if all responses are yes to items 4-6  Does Not Fully Meet Requirement: if any response to item 4-6 is no |
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|  | Other (e.g., comments, follow-up, strengths, weaknesses) | *Open text box* |

| **Section IV: PROGRESS REPORT/EXAMINATION OF GOALS** | | |
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| [Section 124 (4)]; [Section 125 (c)(5) and (c)(7)] - Beginning in fiscal year 2002, the Council shall annually prepare and transmit to the Secretary a report. Each report shall be in a form prescribed by the Secretary by regulation under section 104(b). Each report shall contain information about the progress made by the Council in achieving the goals of the Council (as specified in section 124(c)(4)). | | |
| **Instructions: Copy a new table for each goal and answering the following questions.** | | |
| **Use this line to enter a keyword/phrase for the goal:** | | |
| **ITEM** | **REVIEW PROMPT** | **ANSWERS** |
| **1.** | Which strategies (if any) is the Council using? Please enter one or more of the following: outreach, training, technical assistance, supporting and educating communities, interagency collaboration and coordination, coordination with related Councils, barrier elimination, systems design and redesign, coalition development and citizenship participation, and informing policymakers. | *Open text box* |
| **2.** | Does the Council support and conduct, on a time-limited basis, activities to demonstrate new approaches to serving individuals with developmental disabilities that are a part of an overall strategy for systemic change? | Yes  No |
| **3.** | Has the Council demonstrated that this goal or objective meets the self-advocacy requirement of establishing Statewide Networks? | Yes  No |
| **4.** | Has the Council demonstrated that this goal or objective meets the self-advocacy requirement of establishing Leadership Development activities? | Yes  No |
| **5.** | Has the Council demonstrated that this goal or objective meets the self-advocacy requirement of Creating Cross Disability Coalitions? | Yes  No |
| **6.** | To what extent is there a description of the activities implemented, including how the activity was implemented and barriers to their achievement? | Fully (all items are addressed)  Partially (Some, but not all items are addressed)  Not at all (No items are addressed) |
| **7.** | Has the Council provided a description of the resources they have made available to individuals with developmental disabilities to assist them in engaging in Council activities? | Yes  No |
| **8.** | Has the Council provided a description of the resources they have made available to individuals with developmental disabilities to assist them in engaging in activities undertaken by the Council in collaboration with other entities? | Yes  No |
| **9.** | To what extent were the expected outputs identified in the annual work plan achieved? | ☐ 1 = None of the outputs/outcomes were achieved  ☐ 2 = Some but less than half of the outputs/outcomes were achieved  ☐ 3 = Half of the outputs/outcomes were achieved  ☐ 4 = More than half but not all of the outputs/outcomes were achieved  ☐ 5 = All of the outputs/outcomes were achieved |
| **10.** | To what extent were the expected outcomes identified in the annual work plan achieved? | ☐ 1 = None of the outputs/outcomes were achieved  ☐ 2 = Some but less than half of the outputs/outcomes were achieved  ☐ 3 = Half of the outputs/outcomes were achieved  ☐ 4 = More than half but not all of the outputs/outcomes were achieved  ☐ 5 = All of the outputs/outcomes were achieved |
| **11.** | Has the Council identified an intended impact for this goal? | Yes  No |
| **12.** | If yes, does the council report progress toward or achieving the impact for this goal? | Yes  No |
| **13.** | If yes, how does the council demonstrate that they are making progress toward or achieving this impact? Please type in all that apply from the scale on the right side. | ☐ 1 = Does not demonstrate progress towards or achieving impact  ☐ 2 = Uses data to demonstrate progress towards or achieving impact  ☐ 3 = Uses success stories from individuals with I/DD and/or their families  ☐ 4 = Uses anecdotal narrative without data  ☐ 5 = Other (please describe) |
| **14.** | If Other, please describe. | Open text box |
| **15.** | Does the Council track potential barriers to achieving outcomes or outputs? | Yes  No |
| **16.** | Does the Council report potential barriers to achieving outcomes or outputs? | Yes  No |
| **17.** | If yes, and if the Council is achieving less than half of their outcomes or outputs, summarize any potential barriers to achieving outputs and outcomes (e.g., activities/strategies not aligned with intended output or outcome, factors outside the Council’s control, etc.) and follow up with the technical assistance provider to assist the Council. | Open text box |
| **18.** | Does the narrative support the Council’s assessment of if this goal has been fully, partially, or not at all met? | ☐ 1 = not at all: none of the items are addressed  ☐ 2 = partially: some, but not all items are addressed  ☐ 3 = fully: all items are addressed |
| **19.** | To what extent do the strategies and activities align with the outputs and outcomes? | ☐ 1 = not at all: none of the items are addressed  ☐ 2 = partially: some, but not all items are addressed  ☐ 3 = fully: all items are addressed |
| **20.** | To what extent is there a description of evaluation of activities (including a summary of data collection methods, data sources and data results), which offer an understanding of how outcomes were achieved? | ☐ 1 = not at all: none of the items are addressed  ☐ 2 = partially: some, but not all items are addressed  ☐ 3 = fully: all items are addressed |
| **21.** | Are the performance measures (numbers) supported by the narrative description? Are there any variances or outliers noted in the Council’s report of performance measures and other data? | ☐ 1 = not at all: none of the items are addressed  ☐ 2 = partially: some, but not all items are addressed  ☐ 3 = fully: all items are addressed |
| **22.** | From the PPR, does AoD have a picture of the Council’s activities and how well the Council is serving/reaching people? If no, reach out to the Council for more information as needed. | ☐ 1 = not at all: none of the items are addressed  ☐ 2 = partially: some, but not all items are addressed  ☐ 3 = fully: all items are addressed |
| **23.** | Does this goal require a flag for follow-up? | Yes  No |
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|  | Other (e.g., comments, follow-up, strengths, weaknesses) | *Open text box* |

| **Section IV: PROGRESS REPORT/EXAMINATION OF GOALS: 4- AND 5-YEAR OVERVIEW** | | |
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| **ITEM** | **REVIEW PROMPT** | **ANSWERS** |
| **1.** | **Answer if the Council is in its 4th year**: Has the Council provided a description of how they will use and build from knowledge gained and progress made to move forward into the next state plan cycle? | Yes  No |
| **2.** | **Answer if the Council is in its 5th year**: Has the Council provided a description of the outcomes achieved overall during the five-year state plan cycle? | Yes  No |
| **3.** | **Answer if the Council is in its 5th year**: Has the Council provided a description of the extent to which diverse stakeholders are satisfied with Council activities? | Funding  Partnerships  State context (e.g., leadership changes, political climate)  Changing priorities  Other (please describe) |
| **4.** | **Answer if the Council is in its 5th year**: Has the Council provided a description of the results of evaluations or feedback on their activities? | Yes  No |
|  | 4 Year Compliance Summary/Follow-Up  *This score will auto-populate if any items are flagged for follow-up.* | Auto-populated answers are:  Meets Requirements: if item 1 is answered yes  Does Not Fully Meet Requirements: if item 1 is answered no |
|  | 5 Year Compliance Summary/Follow-Up  *This score will auto-populate if any items are flagged for follow-up.* | Auto-populated answers are:  Meets Requirements: if items 2-4 are answered yes  Does Not Fully Meet Requirements: if items 2-4 are answered no |
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|  | Other (e.g., comments, follow-up, strengths, weaknesses) | *Open text box* |

| **Section V: COUNCIL FINANCIAL INFORMATION** | |  | |
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| **ITEM** | **REVIEW PROMPT** | | **ANSWERS** |
| **1.** | Has the Council completed the fiscal information section? | | Yes  No  No |
| **2.** | What percent of funds **have been returned** to the government? Follow up with fiscal staff as needed. (Refer to line 8). | | *Open text box* |
| **3.** | What percent of funds are **at risk of being returned** to the government? Follow up with fiscal staff as needed. (Refer to line 7). | | *Open text box* |
| **4.** | Has the Council spent more than 30% of their funds on general management? If yes, the Council is out of compliance. Follow up with fiscal staff as needed. (Refer to line 5). | | Yes  No |
|  | Compliance Summary/ Follow-Up Summary | | Compliance Summary:  Meets Requirements: if Item 1 is answered “yes” or Does Not Fully Meet Requirements: if item 1 is answered “no”  Follow-Up Summary: If any item is flagged for follow-up a warning will auto-populate that says “Requires Attention”, if nothing is flagged for follow-up “Does Not Require Attention” will auto-populate. |
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|  | Other (e.g., comments, follow-up, strengths, weaknesses) | | *Open text box* |

| **Section VI: MEASURES OF COLLABORATION** | |  | |
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| **ITEM** | **REVIEW PROMPT** | | **ANSWERS** |
| **1.** | Has the Council completed the measures of collaboration section? | | Yes  No  Flag for follow-up  No |
| **2.** | Has the Council identified issues or barriers that impact individuals with developmental disabilities and their families that the Council and other collaborators may have addressed during the reporting period? | | Yes  No  Flag for follow-up |
| **3.** | Select one issue or barrier and describe the following: (a) the issue/barrier, (b) collaborative strategies to address the barriers and expected outcomes, (c) the DDC's specific role and responsibilities in this collaborative effort, (d) identify any problems encountered as a result of the collaboration, and (e) any unexpected benefits of the collaboration | | *Open text box*  Flag for follow-up |
|  | Compliance Summary/ Follow-Up Summary  *This score will auto-populate based on the response to items 1 and 2.* | | Compliance Summary:  Meets Requirements” if Items 1 and 2 are answered yes  Does Not Fully Meet Requirements” if item either item is answered no  Follow-Up Summary: If any item is flagged for follow-up a warning will auto-populate that says, “Requires Attention”, if nothing is flagged for follow-up “Does Not Require Attention” will auto-populate. |
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|  | Other (e.g., comments, follow-up, strengths, weaknesses) | | *Open text box* |

| **Section VII: OTHER** | |  | |
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| **ITEM** | **REVIEW PROMPT** | | **ANSWERS** |
| **1.** | Does the PPR indicate the need to amend the State Plan? If yes, where? | | Yes – CRA  Yes – State Plan Implementation  Yes – Progress Report  No  Flag for follow-up |
| **2.** | Does the PPR indicate the need to update the State Plan? If yes, where? | | Yes – CRA  Yes – State Plan Implementation  Yes – Progress Report  No  Flag for follow-up |
| **3.** | Has the Council included information on whether the target dates in the State Plan timeline have been met? (*If target dates have not been met, flag for follow-up.)* | | Yes  No  Flag for follow-up |
| **4.** | Has the Council included information on any deliverables or products? | | Yes  No  Flag for follow-up |
|  | Compliance Summary/ Follow-Up Summary  *This score will auto-populate based on the response to items 1-4.* | | Compliance Summary:  Meets Requirements: if Item 1-4 is answered “yes” Does Not Fully Meet Requirements: if any item 1-4 is answered no  Follow-Up Summary: If any item is flagged for follow-up a warning will auto-populate that says “Requires Attention”, if nothing is flagged for follow-up “Does Not Require Attention” will auto-populate. |
|  |  | |  |
|  | Other (e.g., comments, follow-up, strengths, weaknesses) | | *Open text box* |

| **SUMMARY- YEAR 1** | | |
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| Instructions: For each review year, please copy and create a new table to answer these questions. This will provide a high-level overview. | | |
| **ITEM** | **REVIEW PROMPT** | **ANSWERS** |
| **1.** | Has the Council demonstrated that this goal or objective meets the self-advocacy requirement of establishing Statewide Networks? | Yes  No  *If any individual goal meets this requirement choose yes, otherwise choose no* |
| **2.** | Has the Council demonstrated that this goal or objective meets the self-advocacy requirement of establishing Statewide Networks? | Yes  No  *If any individual goal meets this requirement choose yes, otherwise choose no* |
| **3.** | Has the Council demonstrated that this goal or objective meets the self-advocacy requirement of Creating Cross Disability Coalitions? | Yes  No  *If any individual goal meets this requirement choose yes, otherwise choose no* |
| **4.** | Has the Council provided a description of the resources they have made available to individuals with developmental disabilities to assist them in engaging in Council activities? | Yes  No  *If any individual goal meets this requirement choose yes, otherwise choose no* |
| **5.** | Has the Council provided a description of the resources they have made available to individuals with developmental disabilities to assist them in engaging in activities undertaken by the Council in collaboration with other entities? | Yes  No  *If any individual goal meets this requirement choose yes, otherwise choose no* |
| **6.** | To what extent were the expected outputs identified in the annual work plan achieved? | ☐ 1 = None of the outputs/outcomes were achieved  ☐ 2 = Some but less than half of the outputs/outcomes were achieved  ☐ 3 = Half of the outputs/outcomes were achieved  ☐ 4 = More than half but not all of the outputs/outcomes were achieved  ☐ 5 = All of the outputs/outcomes were achieved  *This score is an average of the responses for Year 1, please round down.* |
| **7.** | To what extent were the expected outcomes identified in the annual work plan achieved? | ☐ 1 = None of the outputs/outcomes were achieved  ☐ 2 = Some but less than half of the outputs/outcomes were achieved  ☐ 3 = Half of the outputs/outcomes were achieved  ☐ 4 = More than half but not all of the outputs/outcomes were achieved  ☐ 5 = All of the outputs/outcomes were achieved  *This score is an average of the responses for Year 1, please round down.* |
| **8.** | To what extent does the council demonstrate that they are making progress toward or achieving impacts identified in the annual work plan? | *Please refer to Year 1 Section 4 items 13 and 14 to review responses.* |
| **9.** | Do the narratives support the Council’s assessment of if their goals have been fully met, partially met, or not met? | ☐ 1 = not at all: none of the items are addressed  ☐ 2 = partially: some, but not all items are addressed  ☐ 3 = fully: all items are addressed  *This score is an average of the responses for Year 1 item 18 for all goals.* |
| **10.** | To what extent do the strategies and activities align with the outputs and outcomes? | ☐ 1 = not at all: none of the items are addressed  ☐ 2 = partially: some, but not all items are addressed  ☐ 3 = fully: all items are addressed  *This score is an average of the responses for Year 1 item 19 for all goals.* |
| **11.** | To what extent are performance measures (numbers) supported by the narrative description? Are there any variances or outliers noted in the Council’s report of performance measures and other data? | ☐ 1 = not at all: none of the items are addressed  ☐ 2 = partially: some, but not all items are addressed  ☐ 3 = fully: all items are addressed  *This score is an average of the responses for Year 1 item 20 for all goals.* |
| **12.** | From the PPR, does AoD have a picture of the Council’s activities and how well the Council is serving/reaching people? If no, reach out to the Council for more information as needed. | ☐ 1 = not at all: none of the items are addressed  ☐ 2 = partially: some, but not all items are addressed  ☐ 3 = fully: all items are addressed  *This score is an average of the responses for Year 1 item 21 for all goals.* |
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|  | Other (e.g., comments, follow-up, strengths, weaknesses) |  |