THE ADMINISTRATION FOR CHILDREN AND FAMILIES
Administration on Developmental Disabilities
Department of Health and Human Services

ACF Grants Extranet
Protection and Advocacy
Statement of Objectives and Priorities
User's Guide

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Introduction

About This User's Guide

The Protection and Advocacy Program Performance Report User's Guide provides step-by-step instructions for filling out and submitting your Protection and Advocacy Program Performance Report (PA-PPR) on the Administration for Children and Families' Extranet. It does NOT provide information on other activities you might need to perform in order to properly use the Extranet, such as changing your P&A's profile, changing your password, or changing your organization information. Please see the accompanying ***Administrative Activities User's Guide*** for information on how to perform these functions.

How This User's Guide is Organized

The User's Guide is organized in four primary sections: this *Introduction*, *Beginning Your Work*, *Step-by-Step Instructions* for each section (with accompanying screen shots), and a *Glossary* of important terms. The *Step-by-Step Instructions* section follows the structure of the PA-PPR, but please note that you do not have to fill out the PA-PPR in any particular order. You may follow the structure provided or you may skip around between sections. You are also not required to complete each section you begin in one sitting. As long as you click the **Save Draft** button at the bottom of each page, you can revise each page as many times as needed before you submit the form. However, once you have submitted the PA-PPR, you cannot edit it unless it is rejected by the ACF Regional or Central Office and returned to you for revision.

The *Step-by-Step Instructions* use several conventions: Keyboard actions (clicking your mouse, scrolling, pressing Enter or Tab) are noted in **bold-face type**. Instructions are indented and preceded by bullets. Explanatory material is printed within a in a box.

PA-PPR Overview

Section I -- Identification

This section collects information on the person to contact with questions regarding the form.

Section II -- Individual Clients

This section collects demographic and case problem area information. Numbers of individual clients are categorized by various demographic factors, by disability, by living arrangements, and by other disabilities.

Section III -- Case Problem Areas

Section III collects information on the types of case problem areas addressed by the P&A for individual clients. Case problem areas are categorized by abuse, neglect, discrimination, rights violations, and access issues, and invention strategies.

Section IV -- Interventions on Behalf of Groups of Clients

P&A's also provide services to groups of clients. This section asks for summary and detailed information on interventions for groups, ranging from summary information on litigation to detailed information on group advocacy, full investigations, monitoring, court ordered monitoring, system and action litigation, and other system change activities.

Section V -- Non Case Directed Services

As well as providing services to individuals and groups of clients, P&A's deliver services that are not directly related to cases. These services range from providing information and referrals to public education and information dissemination. This section asks for detailed information on the types and numbers of these kinds of activities provided by your P&A. It also asks for demographic information about the people on your P&A's Governing Board, Advisory Council, and staff.

Section VI -- Outcome of Priorities and Objectives

This section is linked to the **Statement of Objectives and Priorities (SOP)** that your P&A submitted for the previous fiscal year. For each Priority number, you must account for each Indicator of Success listed in the previous fiscal year's SOP. You must create a separate page for each Indicator. For example, if you listed five priorities in your previous fiscal year's SOP, each with two indicators of success, you must create ten separate pages in order to fulfill the requirements for this section. For each indicator of success, you are asked whether the indicator was **Met**, **Not Met**, or **Partially Met/In Progress**. You are also asked to provide an explanation of the status of the indicator, using not more than 1,000 characters. Finally, you must also list other outcomes realized (if applicable), using not more than 1,000 characters.

Section VII -- Developmental Disabilities Network Collaboration (A: Critical State Issues/Barriers)

P&A's form part of a larger network of organizations that address developmental disabilities issues on the State level. These organizations include the Developmental Disability Council (DDC), the Protection and Advocacy System (P&A), and the UAP. This section asks for information on how your P&A interacts with other elements of the Developmental Disability community. The section asks you to list five to ten issues that your State Developmental Disabilities (DD) network has jointly identified as critical State Issues or Barriers. Furthermore, you must identify **at least one** of these issues that the DD Network has selected for joint collaboration. You are asked to describe this issue or barrier and to describe the P&A's specific roles and responsibilities in the collaborative effort. Furthermore, you are asked to identify any problems encountered as a result of the collaboration, as well as any unexpected benefits. Finally, you are asked whether your P&A can provide technical assistance in this area to other States or conversely whether your P&A has any technical assistance needs in this area.

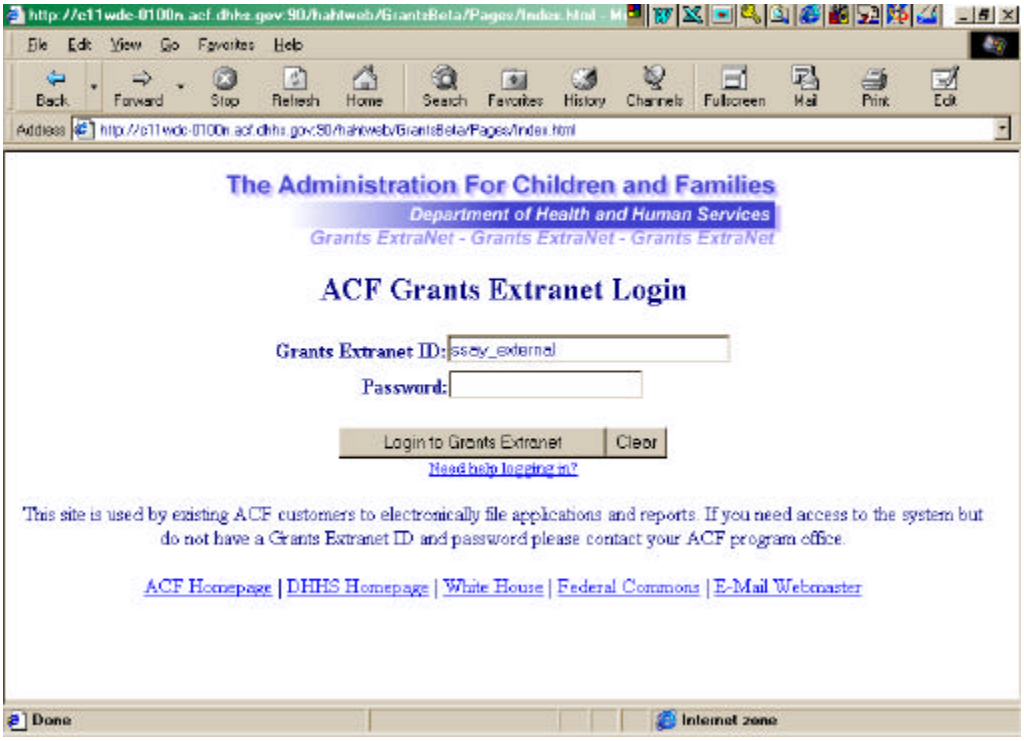
Note: if your State DD Network has chosen more than one issue or barrier for collaboration, you must create a new page for each joint collaboration issue.

Section VIII -- Coordination

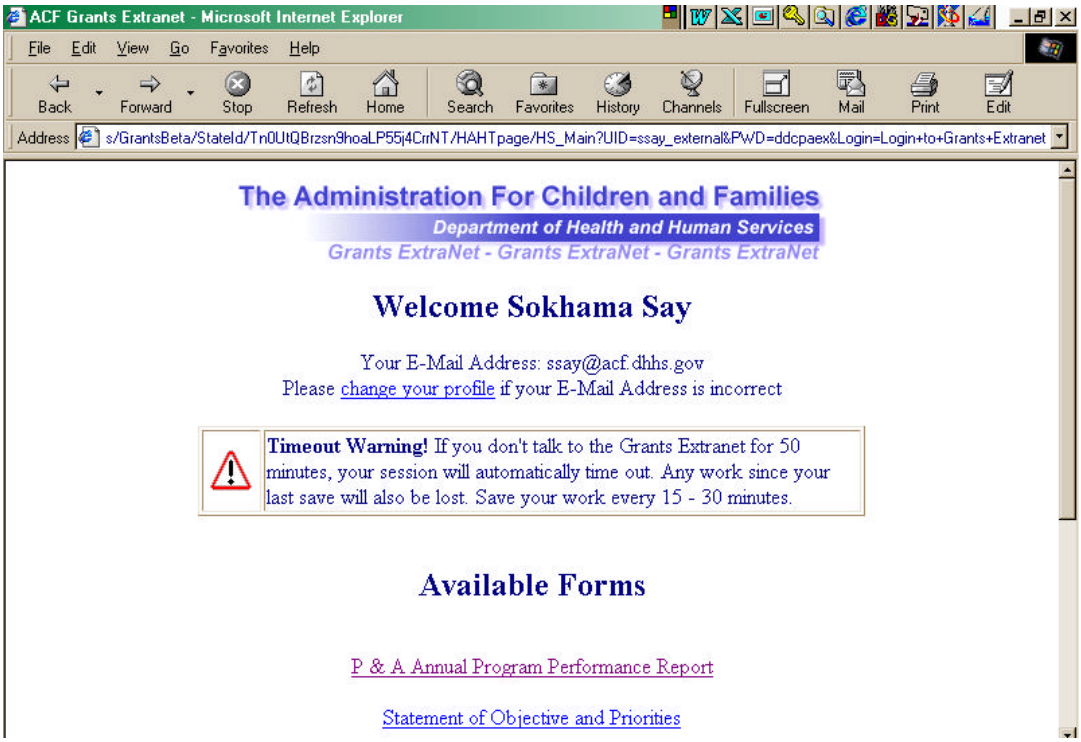
This section asks about other programs housed in the same organization as the P&A. These other programs might include the Client Assistance Program (CAP), the Long Term Care Ombudsman (Older Americans Act). If these programs are part of the P&A System, you are asked to describe how your system coordinates with them. The section also asks you to describe your system's relationships with other agencies and any inter-agency agreements or joint projects you may have. Finally, you are asked whether your P&A provides any services or activities that benefit persons with developmental disabilities and their families are supported by funding other than that provided by Part C or the Developmental Disability Act or its program income.

Beginning Your Work

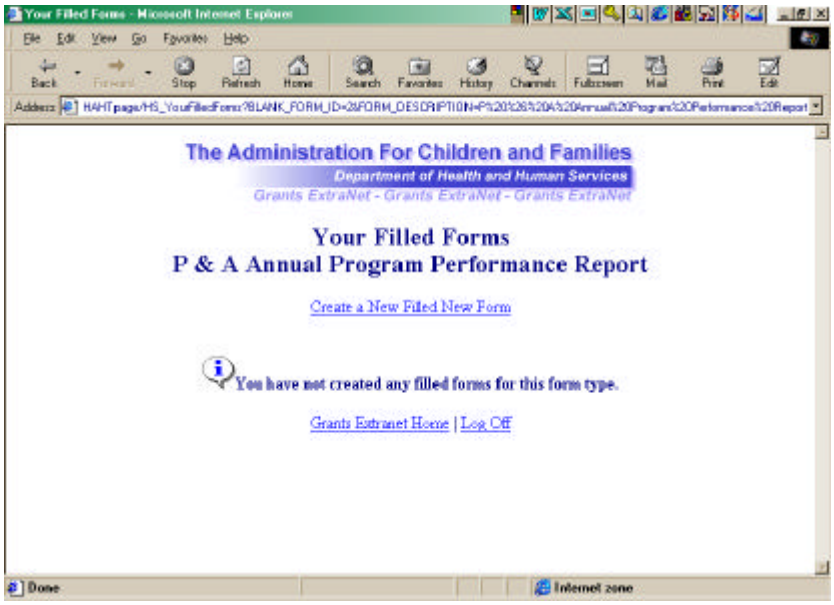
Log in to ACF Grants Extranet at the following URL: https://extranet.acf.dhhs.gov



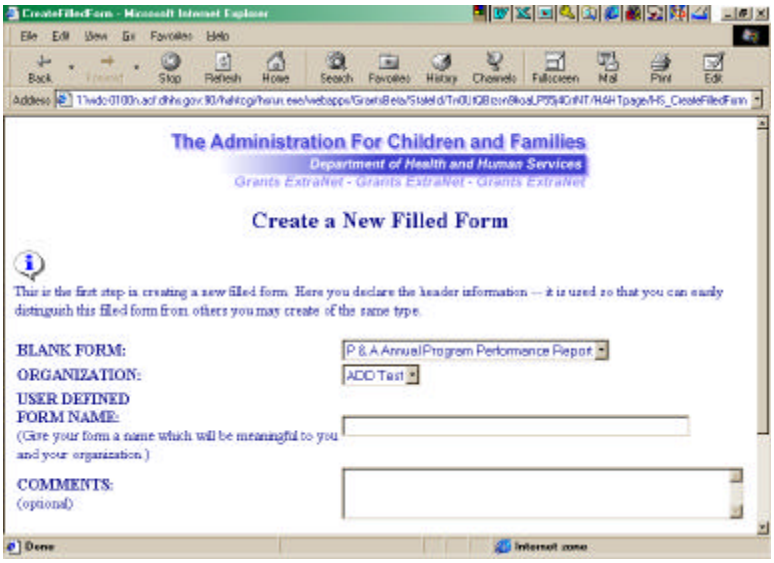
At the next screen, **click on** P&A Annual Program Performance Report



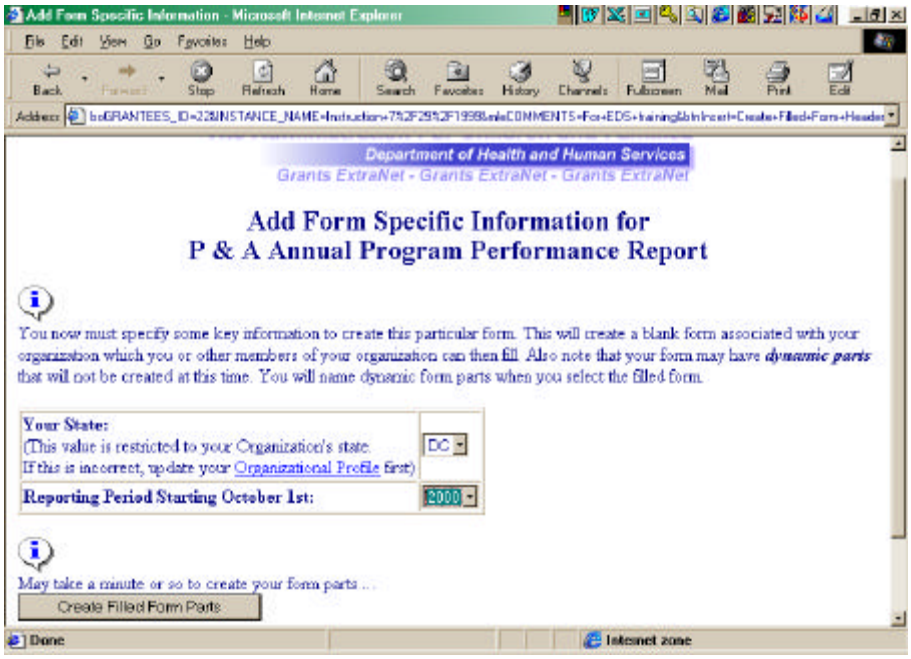
Click on Create a New Filled Form.



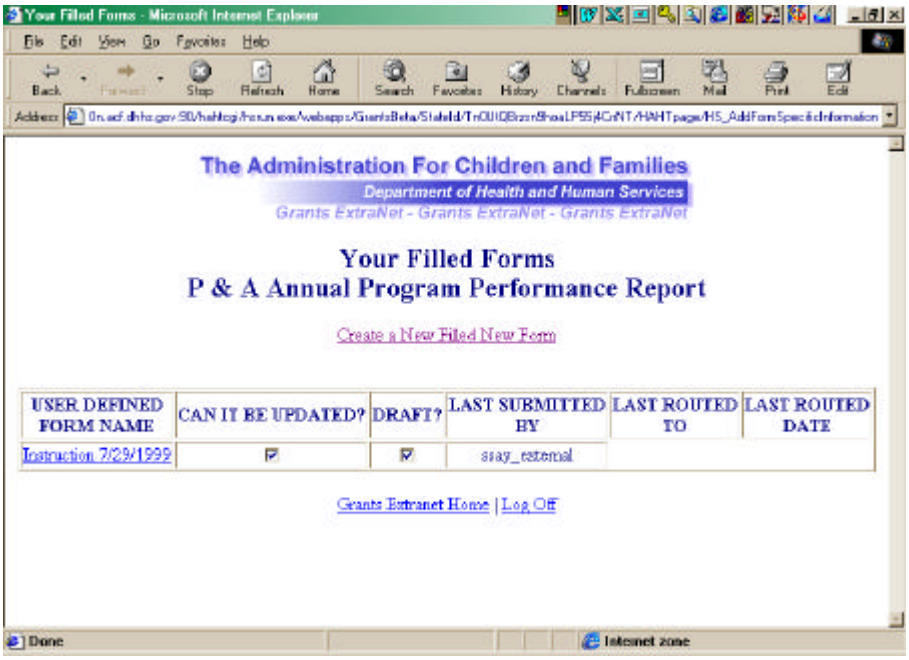
At the **Create a New Filled Form Screen**:
Make sure that the **Blank Form** and **Organization** fields are correct
Type a name for your PAPPR Form in the field labeled **User Defined Form Name**
Enter any comments in the **Comments Field**.
Click on Create Filled Form Header



At the **Filled Form Header Screen:**
Make sure that the state listed in **Your State** is correct. If not, **click on** the link for **Organizational Profile** to update your organization's information (see **Administrative Activities User's Guide**).
From the drop-down list, **choose** the reporting period year. The year starts on October 1st.
Click on Create Filled Form Parts.



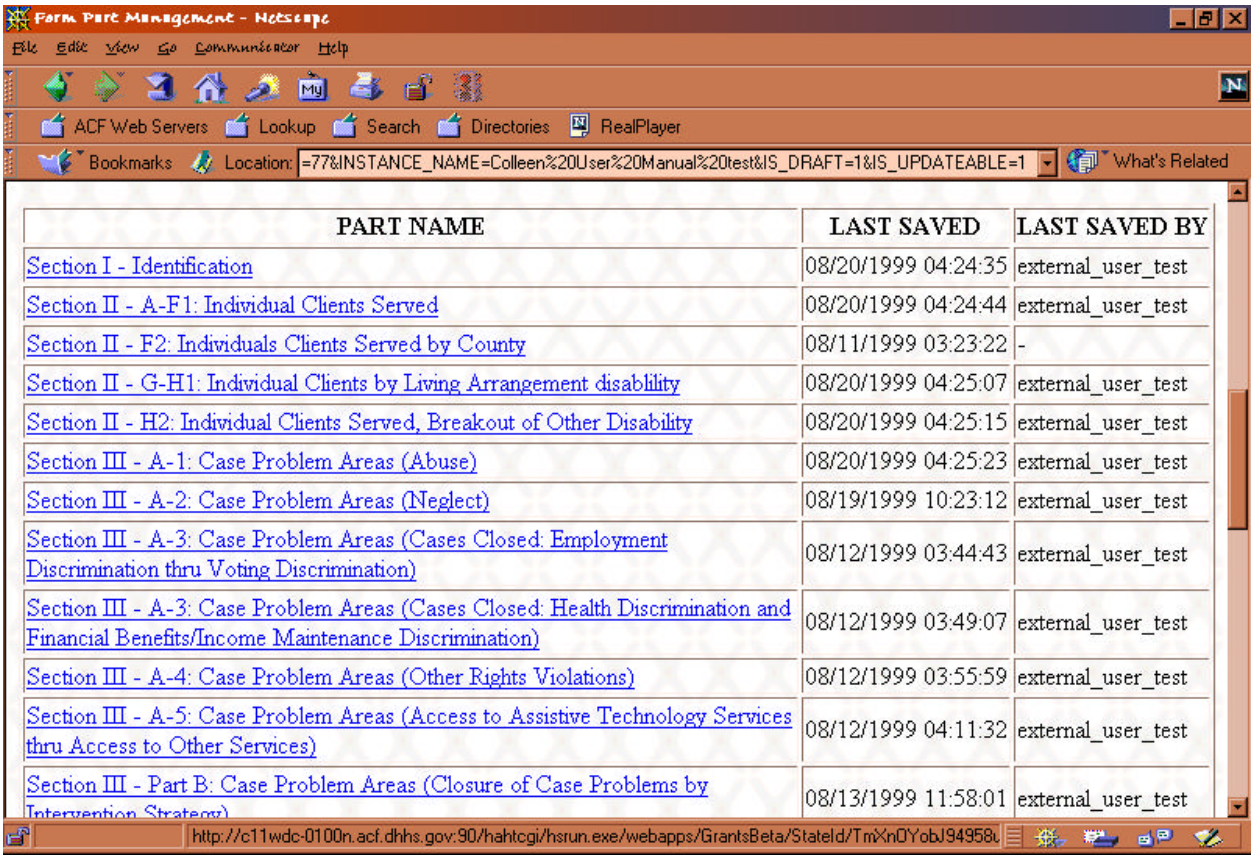
The next screen is labeled **Your Filled Forms P & A Annual Program Performance Report**
It lists all the PAPPR Forms that you have created.
Click on the name of the PAPPR you want to work on.



The next screen is the **Form Part Management Screen**

- You can edit the comments you made about the form from this screen. Add text to the text box, then **click Update Comments**. Your new comments are saved.
- You can also check the status of the form, including the last time changes were made to it, and to whom it has been routed, by **clicking on View Form History**.
- You can also delete the form and all its parts by **clicking on Delete This Form**

All the parts belonging to the PAPPR form are listed as links. **Click on** the link to a form part to fill it out. This **User's Guide** will go through the parts in numeric order, but you can fill out the parts in any order you choose.



PART NAME	LAST SAVED	LAST SAVED BY
Section I - Identification	08/20/1999 04:24:35	external_user_test
Section II - A-F1: Individual Clients Served	08/20/1999 04:24:44	external_user_test
Section II - F2: Individuals Clients Served by County	08/11/1999 03:23:22	-
Section II - G-H1: Individual Clients by Living Arrangement disablility	08/20/1999 04:25:07	external_user_test
Section II - H2: Individual Clients Served, Breakout of Other Disability	08/20/1999 04:25:15	external_user_test
Section III - A-1: Case Problem Areas (Abuse)	08/20/1999 04:25:23	external_user_test
Section III - A-2: Case Problem Areas (Neglect)	08/19/1999 10:23:12	external_user_test
Section III - A-3: Case Problem Areas (Cases Closed: Employment Discrimination thru Voting Discrimination)	08/12/1999 03:44:43	external_user_test
Section III - A-3: Case Problem Areas (Cases Closed: Health Discrimination and Financial Benefits/Income Maintenance Discrimination)	08/12/1999 03:49:07	external_user_test
Section III - A-4: Case Problem Areas (Other Rights Violations)	08/12/1999 03:55:59	external_user_test
Section III - A-5: Case Problem Areas (Access to Assistive Technology Services thru Access to Other Services)	08/12/1999 04:11:32	external_user_test
Section III - Part B: Case Problem Areas (Closure of Case Problems by Intervention Strategy)	08/13/1999 11:58:01	external_user_test

Step-by-Step Instructions

Section I -- Identification

- **Click on** the link for **Section I -- Identification**
- **Type** the **Last Name**, **First Name**, **Middle Initial (if any)**, and **telephone number (including area code and extension)** of the person to whom questions regarding the form should be directed.
- **Click on Save Draft** to return to the **Form Part Management Screen**.

Section II -- A-F1: Individual Clients Served

- Click on the link for **Section II -- A-F1: Individual Clients Served**

This part of the form asks for **demographic data** on clients served, including: **Number of Individual Clients, Number of Case Problems of Individual Clients, Number of Individual Clients by Age, Number of Individual Clients by Sex, Number of Individual Clients by Racial/Ethnic Background (Single response and Multiple response), Number of Individual Clients by Geographic Location**

- **Type the required information into each field.**
- **Click** on **Save Draft** to return to the **Form Part Management Screen**.

Section II -- F2: Individual Clients Served by County

- Click on the link for **Section II -- F2: Individual Clients Served by County**.

This part of the form asks for information on individual county population and the number of individual clients served in each county of your State. The screen shown below represents the end of the county list for the Commonwealth of Virginia as an example. Your list will comprise counties in your State.

- Click on the link for the **County** for which you want to enter information. For example, to enter demographic information for York County, Virginia, shown above, click on the link for that county.
- When the individual county screen appears, enter the **Total Population** for the County in the appropriate field. Press **Tab** to move to the next field.
- Enter the **Total Number of Individual Clients**. Press **Tab** to move to the next field.
- Click on the **check box** next to **County Information Correct?** to indicate that the information you entered is correct.
- Click on **Save This County Record**.
- Click on **Do Next County** if you want to continue entering County Information.

- When you are finished entering information for all counties, the button **Do Next County** no longer works when you click on it because there are no more counties in the list.
- To **exit** entering information on individual counties, **click on** the link for **Pick County List**
- **Click on** the link for **Form Part Management** to go back to the **Form Part Management** screen to work on another form part.

- NOTE: You may also temporarily stop entering county information and come back to it at a later time. If you **do not** wish to continue entering County Information, click on the link for **Pick County List**
- Click on the link for **Form Part Management** to go back to the **Form Part Management** screen to work on another form part.

Section II -- G-H1: Individual Clients by Living Arrangements

- Click on the link for **Section II -- G-H1: Individual Clients by Living Arrangements**

This part of the form asks for numbers of clients in various living arrangements, including:

Independent
Parental or Other Family Home
Community Residential Home
Foster Care
Nursing Home
Public (State Operated) Institutional Living Arrangement
Private Institutional Living Arrangement
Legal Detention/Jail/Prison/Detention Center
Homeless
Federal Facility (List)
Other
Information not provided
Total Client Cases by Living Arrangement

- **Type** the appropriate numbers in each field, pressing **Tab** after each entry to move between fields.

The next part of the form (**Section II -- H**) asks for numbers of individual clients by disability, including:

Autism
Cerebral Palsy
AIDS/HIV
Epilepsy
Mental Illness
Mental Retardation
Muscular Dystrophy
Spina Bifida
Learning Disabilities
Traumatic Brain Injuries (TBI) and other head injuries
Tourette Syndrome
Visual Impairment/Blind
Hard of Hearing/Deaf
Other Physical/Orthopedic
Other Emotional/Behavioral
Other Intellectual
Disability Unknown
Total Disabilities

- **Type** the appropriate numbers in each field, pressing **Tab** after each entry to move between fields.
- At the bottom of the page, click on the **Save Draft** button to save your work and return to the **Form Part Management** screen.

Section II -- H2: Individual Clients Served, Breakout of Other Disability

- Click on the link for **Section II -- H2: Individual Clients Served, Breakout of Other Disability**
- This part of the form allows you to enter up to sixteen disabilities not listed in **Section II -- H1**
- **Type** the name of the other disability in the appropriate field, followed by the number of clients who have that disability.
- When you are finished entering data, click on the **Save Draft** button to save your work and return to the **Form Part Management** screen.

Section III -- A-1: Case Problem Areas (Abuse)

- **Click on** the link for **Section III -- A-1: Case Problem Areas (Abuse)**

This part of the form allows you to enter information on the numbers of cases **closed** by type of abuse, including:

Inappropriate/excessive physical restraint/isolation/seclusion
Inappropriate/excessive medication
Involuntary aversive behavioral therapy
Involuntary sterilization
Failure to provide appropriate medical treatment
Physical assault
Sexual harassment
Sexual assault
Threats of retaliation or verbal abuse by facility staff
Coercion
Financial Exploitation
Suspicious death
Other abuse

This part of the form also requires that you information on outcomes of Protection and Advocacy activities related to addressing abuse.

- **Type** the number of cases closed for each type of abuse, pressing **Tab** after each entry to move between fields.
- **Type** the appropriate numbers in the fields beside each outcome statement question, pressing **Tab** after each entry to move between fields.
- At the bottom of the page **click on** the **Save Draft** button to save your work and return to the **Form Part Management** screen.

Section III -- A-2: Case Problem Areas (Neglect)

- **Click on** the link for **Section III -- A-2: Case Problem Areas (Neglect)**

This part of the form allows you to enter information on the number of cases **closed** by type of neglect, including:

Diagnostic/other medial evaluations (not treatment)
Personal care
Personal safety
Written habilitation plan
Rehabilitation/vocational programming
Lack of adequate discharge planning
Inappropriate release from institution
Suspicious death
Other neglect

This part of the form also requires that you information on outcomes of Protection and Advocacy activities related to addressing neglect.

- **Type** the number of cases closed for each type of neglect, pressing **Tab** after each entry to move between fields.
- **Type** the appropriate numbers in the fields beside each outcome statement question, pressing **Tab** after each entry to move between fields.
- **Click on** the **Save Draft** button to save your work and return to the **Form Part Management** screen.

Section III -- A-3: Case Problem Areas (Cases Closed: Employment Discrimination thru Voting Discrimination

- **Click on** the link for **Section III -- A-3: Case Problem Areas (Cases Closed: Employment Discrimination thru Voting Discrimination)**

This part of the form allows you to enter information on cases closed for various kinds of discrimination, including: **Employment discrimination** **Public Accommodation discrimination** **Government Services discrimination** **Housing discrimination** **Transportation Issues discrimination** **Voting discrimination**

- **Type** the number of cases closed for each type of discrimination, pressing **Tab** after each entry to move between fields.

- This part of the form also requires that you information on outcomes of Protection and Advocacy activities related to addressing the kinds of discrimination listed.
- **Type** the appropriate numbers in the fields beside each question, pressing **Tab** after each entry to move between fields.
- At the bottom of the page **click on** the **Save Draft** button to save your work and return to the **Form Part Management** screen.

Section III -- A-3: Case Problem Areas (Cases Closed: Health Discrimination and Financial Benefits/Income Maintenance Discrimination)

- **Click on** the link for **Section III -- A-3: Case Problem Areas (Cases Closed: Health Discrimination and Financial Benefits/Income Maintenance Discrimination)**

This part of the form allows you to enter information on cases closed for various kinds of discrimination, including:

Health discrimination
- **Medicaid/Medicare Issues**
- **Insurance**
- **Access to Medical Treatment/Services/Managed Care**
- **Other Health Care Issues**

Financial benefits/Income Maintenance discrimination
- **SSI Eligibility**
- **Welfare Reform**
- **Other Financial Issues**

- **Type** the number of cases closed for each type of discrimination, pressing **Tab** after each entry to move between fields.

- This part of the form also requires that you information on outcomes of Protection and Advocacy activities related to addressing the kinds of discrimination listed.
- **Type** the appropriate numbers in the fields beside each question, pressing **Tab** after each entry to move between fields.
- At the bottom of the page **click on** the **Save Draft** button to save your work and return to the **Form Part Management** screen.

Section III -- A-4: Case Problem Areas (Other Rights Violations)

- **Click on** the link for **Section II -- A-4: Case Problem Areas (Other Rights Violations)**

This part of the form allows you to enter information on cases closed by other rights violations, including:

Failure to obtain informed consent
Capacity/Incapacity of Patient/Client
Substitute Judgement
Participation in treatment planning
DNR orders
Advance Directives
Problems with Guardianship/Conservatorship
Other personal decision making issues

- **Type** the number of cases closed for each type of rights violation, pressing **Tab** after each entry to move between fields.

This part of the form also requires that you provide information on the number of people who were able to participate in decisions regarding their treatment or services as a result of Protection and Advocacy activities.

- **Type** the appropriate numbers in the fields beside each question, pressing **Tab** after each entry to move between fields.
- At the bottom of the page **click on Save Draft** to save your wok and return to the **Form Part Management** screen.

Section III -- A-5: Case Problem Areas (Access to Assistive Technology Services thru Access to Other Services)

- **Click on** the link for **Section II -- A-5: Case Problem Areas (Access to Assistive Technology Services thru Access to Other Services)**

This part of the form allows you to enter information on the number of cases closed by a variety of access issues, including:

Access to Assistive Technology Services
Access to Free and Appropriate Public Education
Access to Other Services

- **Type** the number of cases closed for each type of access issue, pressing **Tab** after each entry to move between fields.

After you enter numbers for each of these access issues, the form also requires that you provide information on:

The number of persons with disabilities who secured or maintained assistive technology devices or services
The number of persons with disabilities who secured or maintained a more appropriate education
The number of persons with disabilities who secured or maintained other services

as a result of Protection and Advocacy intervention.

- **Type** the appropriate numbers in the fields beside each question, pressing **Tab** after each entry to move between fields.

- This form also requires that you provide information on the **Total Case Problem Areas of Individual Clients Addressed Upon Closure** (i.e., the sum of all case problems listed in Section III -- A-1 through Section III -- A-5).
- Finally, the form requires that you provide information on the number of persons with disabilities served by the Protection and Advocacy agency whose issue or problem was validated and/or successfully resolved by the agency.

- At the bottom of the page **click on** the **Save Draft** button to save your work and return to the **Form Part Management** screen.

Section III -- Part B: Case Problem Areas (Closure of Case Problems by Intervention Strategy)

- **Click on** the link for **Section III -- Part B: Case Problem Areas (Closure of Case Problems by Intervention Strategy)**

This part of the form asks for the highest level of intervention strategy that was used to resolve each closed case. The intervention strategies are listed from lowest to highest level, and include:

Short-term Assistance
Technical assistance in Self-advocacy
Negotiation/Mediation/Informal Resolutions
Administrative Hearings
Litigation

The form also requires you to provide the total number of cases closed by intervention.

- **Type** the number of cases closed **In Client's Favor**, **Against Client**, and **Complaint Withdrawn Prior to Resolution** for each level of intervention strategy, pressing **Tab** after each entry to move between fields.

At the bottom of this part of the form, you are required to provide an **Outcome Statement**, which addresses various issues, including:

- **The number of persons with disabilities served by the P&A whose complaint of abuse, neglect, discrimination of their rights was remedied by the P&A**
- **The number of persons with disabilities who secured access to administrative and judicial processes as a result of P&A intervention**
- **The number of persons with disabilities who secured information about their rights and strategies to enforce their results as a result of P&A intervention**
- **The number of persons with disabilities who to action to advocate on their own behalf as a result of P&A activities**
- **The number of allegations of abuse or neglect that were substantiated by the P&A**
- **The number of allegations of abuse or neglect that were not substantiated by the P&A**

- **Type** the appropriate figures in each field, pressing **Tab** after each entry to move between fields.
- At the bottom of the page **click on** the **Save Draft** button to save your work and return to the **Form Part Management** screen.

Section IV -- A1 - A4: Interventions on Behalf of Groups of Clients (Summary Data on Group Advocacy thru Court Ordered Monitoring Activities

- Click on **the link for** Section IV -- A1 - A4: Interventions on Behalf of Groups of Clients (Summary Data on Group Advocacy thru Court Ordered Monitoring Activities

This part of the form requires you to provide **summary** information on interventions your P&A has made on behalf of **groups** of clients. The kinds of interventions include:

Group Advocacy Intervention
Investigations Interventions
Monitoring Activities Intervention
Court-Ordered Monitoring Intervention

- **Type** the appropriate figures in each field, pressing **Tab** after each entry to move between fields.
- At the bottom of the page **click on** the **Save Draft** button to save your work and return to the **Form Part Management** screen.

Section IV -- A5 - A6: Interventions on Behalf of Groups of Clients (Summary Data on Systemic or Class-action Litigation Intervention and All Group Interventions)

- **Click on** the link for **Section IV -- A5 - A6: Interventions on Behalf of Groups of Clients (Summary Data on Systemic or Class-action Litigation Intervention and All Group Interventions)**

This part of the form asks for **summary** information on **Systemic or Class-action Litigation Intervention** your P&A has made on behalf of **groups** of clients. It also asks for **Summary Data on all group interventions (the total of all types of group interventions)**.

- Type **the appropriate figures in each field, pressing** Tab **after each entry to move between fields.**
- At the bottom of the page **click on** the **Save Draft** button to save your work and return to the **Form Part Management** screen.

Section IV -- B: Interventions on Behalf of Groups of Clients (Group Advocacy) through Section IV -- G: Interventions on Behalf of Groups of Clients (Other System Change Activities)

- **Click on** the links for each part of Section **IV: Interventions on Behalf of Groups of Clients**.

These form parts ask for **detailed** information on advocacy activities undertaken by your P&A on behalf of groups of clients. Types of group advocacy activities include:

Group Advocacy
Full Investigations
Monitoring
Court-Ordered Monitoring
System or Class Action Litigation
Other System Change Activities

Each field allows a response of **no more than 1,000 characters**. Specifically, the form asks:

What are the major issues addressed?
Which groups are likely to be affected?
What have been the major outcomes during the fiscal year?
How do these outcomes contribute to the long-term objectives as stated in the Statement of Objectives and Priorities?

- **Type** the appropriate responses in each field, pressing **Tab** after each entry to move between fields. **Remember that each response is limited to a maximum of 1,000 characters**.
- At the bottom of each form part, **click on** the **Save Draft** button to save your work and return to the **Form Part Management** screen and continue entering detailed information on advocacy activities undertaken by your P&A on behalf of groups of clients. When you have completed the last form part on this subject, you may continue to **Section V** form parts.

Section V -- Non-Case Directed Services (A-C: Information and Referral Services through Number of Information Dissemination Activities by Type) and (D-E: Consumers and People)

- **Click on** the link for **Section V -- Non-Case Directed Services (A-C: Information and Referral Services through Number of Information Dissemination Activities by Type) or the link for Section V -- Non-Case Directed Services (D-E: Consumers and People). Both of these form parts require similar data entry activities and are thus grouped together here.**

This section of the form asks for information on non-case directed services provided by your P&A, including:

Information and referral services
Public Education and Training Activities
Information Dissemination Activities (e.g., radio/television appearances, etc.)

It also asks for information on the number of **consumers** of DD (what is this?) services on the Governing Board and Advisory Council by racial/ethnic type. It also asks for information on the number of people on the P&A staff, Governing Board, and Advisory Council by racial/ethnic type.

- **Type** the appropriate figures in each field, pressing **Tab** after each entry to move between fields.
- The last question on this section of the form asks whether the PADD program utilizes volunteers. The answer to this question must be **either YES or NO** (it cannot be **both**). **Click on** the check box next to the appropriate answer.
  - If the answer to this question is **YES**, **click on** the text box and enter your response in a **maximum** of 1,000 characters.
- At the bottom of the page **click on** the **Save Draft** button to save your work and return to the **Form Part Management** screen.

Section VI -- Outcome of Priorities and Objectives (CREATE)

- **Click on** the link for **Section VI -- Outcome of Priorities and Objectives (CREATE)**

This section is linked to the **Statement of Objectives and Priorities** submitted for the previous fiscal year. You **must create** as many individual pages as there were priorities listed in the previous fiscal year's SOP. Detailed information for each priority must be entered on each page.

- **Type** the first **Priority Number** from the previous year's SOP
- For each indicator of success from the previous year's SOP, **type** the **Indicator Number**.
- **Click on** the arrow to the right of **drop-down list** to choose whether this indicator was **Met**, **Partially Met/Continuing**, or **Not Met**.
- If the indicator was **not met**, **type** an explanation of why the indicator was not met. You may enter a maximum of 1,000 characters.
- If the indicator was **met** or **partially met/continuing**, **type** a summary of the details, including one or two cases that exemplify the success. For fully met objectives, the example case(s) should be successfully closed. You may enter a **maximum** of 1,000 characters.
- After you have entered your explanation of the unmet indicator or summary of details of met or partially met indicators, you may list other outcomes realized (if applicable). You may enter a **maximum** of 1,000 characters.
- At the bottom of the screen, **click on**
  - **Save Draft and Do Next Draft** if you want to continue entering information on other priorities. Follow the instructions above to enter information on other priorities.

OR

  - **Save draft and back to parts list** if you are finished entering information on priorities and want to return to the **Form Part Management List**.

- **NOTE: to enter additional priorities during a later session, you must click on the link for Section VI -- Outcomes of Priorities and Objectives (CREATE) and enter the new priority number.**

Section VII -- Developmental Disabilities Network Collaboration (A: Critical State Issues/Barriers)

- **Click on** the link for **Section VII -- Developmental Disabilities Network Collaboration (A: Critical State Issues/Barriers)**

This section asks you to enter between five and ten issues that the DDC, P&A, and UAP(s) have **jointly** identified as critical state issues or barriers. Use short titles to describe these issues. Include one issue that has been selected by your State DD Network for **joint collaboration**.

- **Type** a short title in the text area for each issue.
- Press **Tab** after each entry to move between fields.
- At the bottom of the page **click on** the **Save Draft** button to save your work and return to the **Form Part Management** screen.

Section VII -- Developmental Disabilities Network Collaboration (Critical State Issues/Barriers Elaboration) (CREATE)

- **Click on** the link for **Section VII -- Developmental Disabilities Network Collaboration (Critical State Issues/Barriers Elaboration) (Create)**.

This section requires that you provide more detailed information for each Critical State Issue/Barrier listed in **Section VII -- A: Developmental Disabilities Network Collaboration (Critical State Issues/Barriers)**. You **must create** as many individual pages as there were issues listed in **Section VII -- A**.

- **Type** the issue number you are describing from Section VII -- A. Press **Tab** to move to the next field.
- **Type** a brief description of the Critical State Issue/Barrier and expected outcome(s). You may enter a **maximum of 1,000 characters**. Press **Tab** to move to the next field.
- **Type** the priority number(s) of SOP objectives that are applicable to this issue/barrier. You may enter a **maximum of six SOP priority numbers**. Press **Tab** after each priority number to move between fields.
- **Type** a description of the P&A's specific roles and responsibilities in this collaborative effort. You may enter a **maximum of 1,000 characters**. Press **Tab** to move to the next field.
- **Type** a brief description of any problems encountered as a result of this collaborative effort. You may enter a **maximum of 1,000 characters**. Press **Tab** to move to the next field.
- **Type** a brief description of any unexpected benefits of the collaborative effort. You may enter a **maximum of 1,000 characters**. Press **Tab** to move to the next field.
- **Type** a brief description of technical assistance your P&A can provide in this area to other States (if any). You may enter a **maximum of 1,000 characters**. Press **Tab** to move to the next field.
- **Type** a brief description of any technical assistance needs the P&A/DD Network has in this area. You may enter a **maximum of 1,000 characters**.
- At the bottom of the screen, **click on**
  - **Save Draft and Do Next Draft** if you want to continue entering information on other critical issues/barriers. Follow the instructions above to enter information on other critical issues/barriers.

OR

  - **Save draft and back to parts list** if you are finished entering information on critical issues/barriers and want to return to the **Form Part Management List**.

- **NOTE: to enter additional critical issues/barriers during a later session, you must click on the link for Section VII -- Developmental Disabilities Network Collaboration (Critical State Issues/Barriers Elaboration) (CREATE) and enter the new critical issues/barrier number.**

Section VIII -- Coordination

- **Click on** the link for **Section VIII -- Coordination**.

This section requires that you enter information on other programs housed in the same organization as the P&A (such as the Client Assistance Program (CAP) and Long Term Care Ombudsman (Older Americans Act). If the CAP and the Long Term Care Ombudsman (Older Americans Act) are not part of the P&A System (PADD, PAIMI, PAIR and PAAT programs) describe how the PADD program coordinates with these entities. The section also requires that you describe your system's relations with any other agencies and any other inter-agency agreements or joint projects you may have. Finally, the section requires that you provide information on whether any services and activities that benefit persons with developmental disabilities and their families are supported by funding other than that provided by Part C of the DD Act or its program income.

- **Click on** the **check-box** next to the program that is housed in the same organization as the P&A, or **click on** the **check-box** next to **Other** and press **Tab** to move to the text area. Type the name of the other program(s) that are housed in the same organization as the P&A. Press **Tab** to move to the next field.
- **Type** a brief description of the coordination between the PADD program and the CAP and/or Long Term Care Ombudsman (Older Americans Act), if these programs are **not** part of the PADD program. You may enter a **maximum of 1,000 characters**. Press **Tab** to move to the next field.
- **Type** a description of your system's relations with agencies other than the CAP and Long Term Care Ombudsman (Older Americans Act). Also provide a description of any inter-agency agreements or joint projects. You may enter a **maximum of 1,000 characters**. Press **Tab** to move to the next field.
- **Click on** the appropriate **check-box** (yes or no) to indicate whether services and activities that benefit persons with developmental disabilities and their families are supported by funding other than that provided by Part C of the DD Act or its program income.
  - **If you click on the "yes" check-box**, **type** a brief description of the projects funded with non-Part C funding or its program income. You may enter a **maximum of 1,000 characters**. Press **Tab** when you have finished typing your description.
- **Click on** the **Save Draft** button to save your work and return to the **Form Part Management** screen.

Glossary

Case Problems

The total number of problems addressed by the PADD program, NOT the number of individual client cases. An individual client case may have addressed several problems. For example, an individual client case may include complaints of physical assault and neglect in diagnostic or other medical evaluations. This case would have two case problems in two different categories: abuse and neglect.

Community Residential Home

Supervised apartment, semi-independent, halfway house, board and care, small group home with three or fewer residents

DDC

Developmental Disability Council

Disability

A client's "contributing disability" -- conditions that directly impact or allow the individual client to be considered as having a developmental disability and that result in the need for advocacy.

Nursing Home

Includes ICF, SNF, ICF/MR

"Other" Racial/Ethnic Category

Category chosen by those individuals who do not want to be categorized as only one of the following racial/ethnic categories: African American, Hispanic American, Asian American, or Native American. Do not include European-Americans (Caucasians) in the Other category.

Outcome Measures

Case problems that were addressed should reflect the priorities identified for the fiscal year, linking those identified issues with results (outcome measures). There should be at least one outcome statement for each category where the program completed a significant amount of work.

P&A

Protection and Advocacy System

PAAT

Protection and Advocacy for Obtaining Assistive Technology

PADD

Protection and Advocacy Developmental Disabilities Program

PAIMI
Protection and Advocacy for Individuals with Mental Illness

PAIR
Protection and Advocacy for Individual Rights

Primary consumer
An individual with a developmental disability.

Public Education/Training
Training programs sponsored by the P&A or where the P&A was a trainer at an event sponsored by another organization. The training must have provided specific information to participants regarding their rights.

Public Institutional Living Arrangement
State-operated facility such as hospital or treatment center, school, or large group home with more than three residents.

Secondary consumer
Someone who is related to an individual with a developmental disability.