
**THE FIVE YEAR STATE PLAN TEMPLATE
DEVELOPMENTAL DISABILITIES COUNCIL**

SECTION I: COUNCIL IDENTIFICATION

PART A. State Plan Period:

**PART B. Contact Person:
Phone Number:
E-mail:**

PART C. Council Establishment:
(i) Date of Establishment:
(ii) Authorization: State Statute Executive Order N/A
(iii) Authorization Citation:

PART D: Council Membership. [Section 125(b)(1)-(6)].
(i) Council membership rotation plan (1,000 character limit):
(ii) Council Members:

Council Membership Category Codes

Agency/Organizational
Representatives

A1 = Rehab Act
A2 = IDEA
A3 = Older Americans Act
A4 = SSA, Title XIX
A5 = P&A
A6 = University Center(s)
A7 = NGO/Local
A8 = SSA/Title V
A9 = Other

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

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#	Last Name	First Name	MI	Agency Org. Code	Agency/ Org. name	Appt. date	Appt. Expired Date	Alt/ Proxy for State Agency Rep Name
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								

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Part E. Council Staff. [Section 125(c)(8)(B)].

#	Position or Working Title	FT	PT	% PT	Last name of person in position	First name of person in position	MI
1		<input type="checkbox"/>	<input type="checkbox"/>				
2		<input type="checkbox"/>	<input type="checkbox"/>				
3		<input type="checkbox"/>	<input type="checkbox"/>				
4		<input type="checkbox"/>	<input type="checkbox"/>				
5		<input type="checkbox"/>	<input type="checkbox"/>				
6		<input type="checkbox"/>	<input type="checkbox"/>				
7		<input type="checkbox"/>	<input type="checkbox"/>				
8		<input type="checkbox"/>	<input type="checkbox"/>				
9		<input type="checkbox"/>	<input type="checkbox"/>				
10		<input type="checkbox"/>	<input type="checkbox"/>				

SECTION II: DESIGNATED STATE AGENCY [Section 125(d)].

PART A. The Designated State Agency (DSA).

The DSA is:

The Council

Other agency:

1. Agency Name:
2. State DSA Official's Name:
3. Address:
4. Phone:
5. FAX:
6. E-mail:

PART B. Direct Services. [Section 125(d)(2)(A)-(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).

PART C. Memorandum of Understanding/Agreement. [Section 125(d)(3)(G)]

Does Your Council have a Memorandum of Understanding/Agreement with your DSA?

No

Yes

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PART D. DSA Roles and Responsibilities related to Council. [Section 125(d)(3)(A)-(G)]

If DSA is other than the Council, describe.

PART E. Calendar Year DSA was Designated: [Section 125(d)(2)(B)]

SECTION III: COMPREHENSIVE REVIEW AND ANALYSIS

[Section 124(c)(3)]

INTRODUCTION:

PART A. State Information

(i) Racial and Ethnic Diversity of the State Population:

Race/Ethnicity	Percentage of Population
White, alone	
Black or African American alone	
American Indian and Alaska Native alone	
Asian alone	
Native Hawaiian and Other Pacific Islander alone	
Some other race alone	
Two or more races	
Hispanic or Latino (of any race)	

(ii) Poverty Rate:

(iii) State Disability Characteristics

a) Prevalence of Developmental Disabilities in the State:

b) Residential Settings:

Year	Total Served	A. Number Served in Setting of <6 (per 100,000)	B. Number Served in Setting of >7 (per 100,000)	C. Number Served in Family Setting (per 100,000)	D. Number Served in Home of Their Own (per 100,000)
2009					
2007					
2005					

c) Demographic Information about People with Disabilities

a) Demographic Information about People with Disabilities

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People in the State with a disability	Percentage
Population 5 to 17 years	
Population 18 – 64 years	
Population 65 years and over	

Race and Hispanic or Latino Origin of people with a disability	Percentage
White alone	
Black or African American alone	
American Indian and Alaska Native alone	
Asian alone	
Native Hawaiian and Other Pacific Islander Alone	
Some other race alone	
Two or more races	
White alone, not Hispanic or Latino	
Hispanic or Latino (of any race)	

Employment Status Population Age 16 and Over	Percentage with a disability	Percentage without a disability
Employed		
Not in labor force		

Educational Attainment Population Age 25 and Over	Percentage with a disability	Percentage without a disability
Less than high school graduate		
High school graduate, GED, or alternative		
Some college or associate's degree		
Bachelor's degree or higher		

Earnings in Past 12 months Population Age 16 and Over with Earnings	Percentage with a disability	Percentage without a disability
\$1 to \$4,999 or loss		
\$5,000 to \$14,999		
\$15,000 to \$24,999		
\$25,000 to \$34,999		

Poverty Status Population Age 16 and Over	Percentage with a disability	Percentage without a disability
Below 100 percent of the poverty		

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level		
100 to 149 percent of the poverty level		
At or above 150 percent of the poverty level		

PART B. Portrait of the State Services [Section 124(c)(3)(A and B)]:

- (i) Health/Healthcare*:
- (ii) Employment*:
- (iii) Informal and formal services and supports*:
- (iv) Interagency Initiatives*:
- (v) Quality Assurance:
- (vi) Education/Early Intervention:
- (vii) Housing:
- (viii) Transportation:
- (ix) Child care:
- (x) Recreation:

PART C. Analysis of State Issues and Challenges [Section 124(c)(3)(C)]:

- (i) Criteria for eligibility for services*:
- (ii) Analysis of the barriers to full participation of unserved and underserved groups of individuals with developmental disabilities and their families*:
- (iii) The availability of assistive technology*:
- (iv) Waiting Lists*:
 - a. Numbers on Waiting Lists in the State:

Year	State Pop (100,000)	Total Served	Number Served per 100,000 state pop.	National Average served per 100,000	Total persons waiting for residential services needed in the next year as reported by the State, per 100,000	Total persons waiting for other services as reported by the State, per 100,000
2009						
2007						
2005						

* Required field

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b. Description of the state's wait-list definition, including the definitions for other wait lists in the chart above:

c. To the extent possible, provide information about how the state selects individuals to be on the wait-list:

d. Entity who collects and maintains wait-list data in the state:

- Case management authorities
- Providers
- Counties
- State Agencies
- Other _____

d. There a statewide standardized data collection system in place:

- yes
- no

e. Individuals on the wait-list are receiving (select all that apply):

- No services
- Only case management services
- Inadequate services
- Comprehensive services but are waiting for preferred options (e.g., persons in nursing facilities, institutions, or large group homes waiting for HCBS)
- Other _____

Use space below to provide any information or data available related to the response above:

f. Individuals on the wait-list gone have through an eligibility and needs assessment:

- yes
- no

Use space below to provide any information or data related to the response above:

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- g. There are structured activities for individuals or families waiting for services to help them understand their options or assistance in planning their use of supports when they become available (e.g., person-centered planning services):
- yes
 no
- h. Specify any other data or information related to wait-lists:
- i. Summary of Waiting List Issues and Challenges:
- (v) Analysis of the adequacy of current resources and projected availability of future resources to fund services*:
- (vi) Analysis of the adequacy of health care and other services, supports, and assistance that individuals with developmental disabilities who are in facilities receive *:
- (vii) To the extent that information is available, the adequacy of home and community-based waivers services (authorized under section 1915(c) of the Social Security Act (42 U.S.C. 1396n(c)))*:

PART D. Rationale for Goal Selection [Section 124(c)(3)(E)]:

PART E. Collaboration [Section 124(c)(3)(D)]:

SECTION IV: 5-YEAR GOALS [Section 124(4); Section 125(c)(5) and (c)(7)]

Goal #:

Area(s) of Emphasis:

- Quality
 Education and Early Intervention
 Child Care
 Health
 Employment
 Housing
 Transportation
 Recreation
 Formal and Informal Community Supports

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Strategies to be used in achieving each goal:

- Outreach
- Training
- Technical Assistance
- Supporting and Educating Communities
- Interagency Collaboration and Coordination
- Coordination with Related Councils, Committees and Programs
- Barrier Elimination
- Systems Design and Redesign
- Coalition Development and Citizen Participation
- Informing Policymakers
- Demonstration of New Approaches to Services and Supports
- Other Activities

Objectives/Implementation Activities/Timeline:

Objectives	Implementation Activities	Timeline

Intermediaries/Collaborators Planned for this goal (if known):

- State Protection and Advocacy System
- University Center(s)
- State DD agency
- Other:
- Other:
- Other:

SECTION V: EVALUATION PLAN [Section 125(c)(3) and (7)]

SECTION VI: PROJECTED COUNCIL BUDGET [Section 124(c)(5)(B) and 125(c)(8)]

Goal	Subtitle B \$	Other(s) \$	TOTAL
1. Goal			
2. Goal			
3. Goal			
4. Goal			
5. Goal			
6. General management			

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(Personnel, Budget, Finance, Reporting)			
7. Functions of the DSA			
8. TOTAL	\$	\$	\$

SECTION VII: ASSURANCES [Section [124(c)(5)(A)-(N)]

Written and signed assurances have been submitted to the Administration on Developmental Disabilities, Administration for Children and Families, United States Department of Health and Human Services, regarding compliance with all requirements specified in Section 124 (C)(5)(A) – (N) in the Developmental Disabilities Assurance and Bill of Rights Act.

Approving Officials for Assurances

- For the Council (Chairperson)
- For DSA, when not Council

SECTION VIII: PUBLIC INPUT AND REVIEW [Section 124(d)(1)]

- (i) Describe how the Council made the plan available for public review and comment. Include how the Council provided appropriate and sufficient notice in accessible formats of the opportunity for review and comment.
- (ii) Describe the revisions made to the Plan to take into account and respond to significant comments.