

REPORTING INSTRUMENT

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UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES
ADMINISTRATION FOR COMMUNITY LIVING
INDEPENDENT LIVING ADMINISTRATION

SECTION 704
ANNUAL PERFORMANCE REPORT
For
CENTERS FOR INDEPENDENT LIVING PROGRAM
(Title VII, Chapter 1, subchapter C of the Rehabilitation Act of 1973, as amended)

Program Performance Report

INSTRUMENT

(To be completed by Centers for Independent Living)

Fiscal Year: Federal 2022

Grant #: H132C0600005

Name of Center: MetroWest Center for Independent Living

Acronym for Center (if applicable): MWCIL

State: Massachusetts

Counties Served: Middlesex, Norfolk, Worcester

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. Public reporting burden for this collection of information is estimated to average 35 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The obligation to respond to this collection is required to obtain or retain benefit (P.L. 105-220 Section 410 Workforce Investment Act). Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Rehabilitation Services Administration, LBJ Basement, Attention: Timothy Beatty, PCP Room 5057, U.S. Department of Education, 400 Maryland Ave, SW, Washington, DC 20202-2800 or email timothy.beatty@ed.gov and reference the OMB Control Number 1820-0606.Chapter 1, Title VII of the Rehabilitation Act.

SUBPART I – ADMINISTRATIVE DATA

Section A– Sources and Amounts of Funds and Resources

Section 725(c)(8)(D) of the Act; 34 CFR 366.50(i)(4)

Indicate the amount received by the CIL as per each funding source. Enter “0” for none.

Item 1 - All Federal Funds Received

(A) Title VII, Ch. 1, Part B	\$ 12,819.00
(B) Title VII, Ch. 1, Part C	\$ 123,320.00
(C) Title VII, Ch. 2	\$
(D) Other Federal Funds	\$ 274,041.00

Item 2 - Other Government Funds

(E) State Government Funds	\$ 882,233.00
(F) Local Government Funds	\$

Item 3 - Private Resources

(G) Foundations, Corporations, or Trust Grants	\$
(H) Donations from Individuals	\$ 11,537.00
(I) Membership Fees	\$
(J) Investment Income/Endowment	\$
(K) Fees for Service (program income, etc.)	\$ 36,532.00
(L) Other resources (in-kind, fundraising, etc.)	\$ 12,782.00

Item 4 - Total Income

Total income = (A)+(B)+(C)+(D)+(E)+(F)+(G)+(H)+(I)+(J)+(K)+(L)	\$ 1,353,264.00
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Item 5 - Pass Through Funds

Amount of other government funds received as pass through funds to consumers (include funds, received on behalf of consumers, that are subsequently passed on to consumers, e.g., personal assistance services, representative payee funds, or Medicaid funds)	\$ 222,096.00
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Item 6 - Net Operating Resources

[Total Income (Section 4)<minus> amount paid out to Consumers (Section 5) = Net Operating Resources	\$ 1,131,168.00
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SUBPART II – NUMBER AND TYPES OF INDIVIDUALS WITH SIGNIFICANT DISABILITIES RECEIVING SERVICES

Section 725(c)(8)(B) of the Act; 34 CFR 366.50(i)(2)

Section A – Number of Consumers Served During the Reporting Year

Include Consumer Service Records (CSRs) for all consumers served during the year.

	# of CSRs
(1) Enter the number of <u>active</u> CSRs carried over from September 30 of the preceding reporting year	207
(2) Enter the number of CSRs started since October 1 of the reporting year	175
(3) Add lines (1) and (2) to get the <i>total number of consumers served</i>	382

Section B –Number of CSRs Closed by September 30 of the Reporting Year

Include the number of consumer records closed out of the active CSR files during the reporting year because the individual has:

	# of CSRs
(1) Moved	17
(2) Withdrawn	91
(3) Died	8
(4) Completed all goals set	74
(5) Other	0
(6) Add lines (1)+(2)+(3)+(4)+(5) to get <i>total CSRs closed</i>	190

Section C –Number of CSRs Active on September 30 of the Reporting Year

Indicate the number of CSRs active on September 30th of the reporting year.

	# of CSRs
Section A(3) <minus> Section (B)(6) = Section C	192

Section D – IL Plans and Waivers

Indicate the number of consumers in each category below.

	# of Consumers
(1) Number of consumers who signed a waiver	10
(2) Number of consumers with whom an ILP was developed	372
(3) <i>Total number of consumers</i> served during the reporting year	382

Section E – Age

Indicate the number of consumers in each category below.

	# of Consumers
(1) Under 5 years old	2
(2) Ages 5 – 19	60
(3) Ages 20 – 24	39
(4) Ages 25 – 59	207
(5) Age 60 and Older	72
(6) Age unavailable	0

Section F – Sex

Indicate the number of consumers in each category below.

	# of Consumers
(1) Number of Females served	186
(2) Number of Males served	194

Section G – Race and Ethnicity

Indicate the number of consumers served in each category below. *Each consumer may be counted under ONLY ONE of the following categories in the 704 Report, even if the consumer reported more than one race and/or Hispanic/Latino ethnicity).*

Please refer to the Instructions before completing.

	# of Consumers
(1) American Indian or Alaska Native	1
(2) Asian	11
(3) Black or African American	25
(4) Native Hawaiian or Other Pacific Islander	0
(5) White	286
(6) Hispanic/Latino of any race or Hispanic/ Latino only	23
(7) Two or more races	16
(8) Race and ethnicity unknown	18

Section H – Disability

Indicate the number of consumers in each category below.

	# of Consumers
(1) Cognitive	68
(2) Mental/Emotional	36
(3) Physical	71
(4) Hearing	0
(5) Vision	4
(6) Multiple Disabilities	201
(7) Other	0

Section I – Individuals Served by County during the Reporting Year

Section 704(m) (4)(D) of the Act

List each county within the CIL’s service area, as indicated in the CIL’s application for Part C funds and the approved SPIL. Add additional rows as necessary. For each county, indicate how many individuals residing in that county were served by the CIL during the reporting year.

County Name	Number of County Residents Served
Middlesex	276
Norfolk	85
Worcester	10
Suffolk	3
Bristol	2
Hampden	1
Unknown – This primarily represents consumers who have moved out of state.	3

SUBPART III – INDIVIDUAL SERVICES AND ACHIEVEMENTS

Sections 13 and 725(c)(8)(C) of the Act; 34 CFR 366.50(i)(3); Government Performance Results Act (GPRA) Performance Measures

Please refer to the Instructions before completing.

Section A – Individual Services

For the reporting year, indicate in the table below how many consumers requested and received each of the following IL services.

Services	Consumers Requesting Services	Consumers Receiving Services
(A) Advocacy/Legal Services	229	229
(B) Assistive Technology		
(C) Children’s Services		
(D) Communication Services		
(E) Counseling and Related Services		
(F) Family Services		
(G) Housing, Home Modifications, and Shelter Services		
(H) IL Skills Training and Life Skills Training	99	98
(I) Information and Referral Services	427	416
(J) Mental Restoration Services		
(K) Mobility Training		
(L) Peer Counseling Services	47	47
(M) Personal Assistance Services		
(N) Physical Restoration Services		
(O) Preventive Services		
(P) Prostheses, Orthotics, and Other Appliances		
(Q) Recreational Services		
(R) Rehabilitation Technology Services		

Services	Consumers Requesting Services	Consumers Receiving Services
(S) Therapeutic Treatment		
(T) Transportation Services		
(U) Youth/Transition Services	71	71
(V) Vocational Services		
(W) Other Services	314	311

Section B – Increased Independence and Community Integration

Item 1 – Goals Related to Increased Independence in a Significant Life Area

Indicate the number of consumers who set goals related to the following significant life areas, the number whose goals are still in progress, and the number who achieved their goals as a result of the provision of IL services.

Significant Life Area	Goals Set	Goals Achieved	In Progress
(A) Self-Advocacy/Self-Empowerment	47	14	27
(B) Communication	15	0	9
(C) Mobility/Transportation	53	23	23
(D) Community-Based Living	173	36	100
(E) Educational	41	8	20
(F) Vocational	63	17	32
(G) Self-care	90	20	43
(H) Information Access/Technology	21	4	10
(I) Personal Resource Management	249	197	60
(J) Relocation from a Nursing Home or Institution to Community-Based Living	31	8	14
(K) Community/Social Participation	58	10	29
(L) Other	0	0	0

Item 2 – Improved Access to Transportation, Health Care Services, and Assistive Technology

(A) Table

In column one, indicate the number of consumers who required access to previously unavailable transportation, health care services, or assistive technology during the reporting year. Of the consumers listed in column one, indicate in column two, the number of consumers who, as a result of the provision of IL services (including the four core services), achieved access to previously unavailable transportation, health care services, or assistive technology during the reporting year. In column three, list the number of consumers whose access to transportation, health care services or assistive technology is still in progress at the end of the reporting year.

Areas	# of Consumers Requiring Access	# of Consumers Achieving Access	# of Consumers Whose Access is in Progress
(A) Transportation	53	23	23
(B) Health Care Services	293	74	151
(C) Assistive Technology	295	211	97
(D) Other	18	2	8

Note: For most IL services, a consumer’s access to previously unavailable transportation, health care and assistive technology is documented through his or her CSR. In some instances, consumers may achieve an outcome solely through information and referral (I&R) services. To document these instances as successful outcomes, providers are not required to create CSRs for these consumers but must be able to report that follow-up contacts with these consumers showed access to previously unavailable transportation, health care and assistive technology.

(B) I&R Information

To inform RSA how many service providers engage in I&R follow-up contacts regarding access to transportation, health care services or assistive technology, please indicate the following:

The service provider did ___ / did not X engage in follow-up contacts with I & R recipients to document access gained to previously unavailable transportation, health care or assistive technology.

Section C – Additional Information Concerning Individual Services or Achievements

Please provide any additional description or explanation concerning individual services or achievements reported in subpart III, including outstanding success stories and/or major obstacles encountered.

Beyond the successes of our consumers during the reporting year, the challenge of the ongoing pandemic continued to impact the provision of services. Although the office remained closed to the public for most of the reporting period, staff returned to the office on a consistent schedule and began seeing consumers in-person. Meetings were conducted using phone and video services such as Facetime and Zoom when the consumer was uncomfortable meeting in-person.

Success Stories:

Consumer's Name: Tina, age: 58

Disability(s): Stroke

Date began working with consumer: 1/28/2021

Tina was referred by a previous consumer that MWCIL had helped years ago. At that time she was working at a sober house on the night shift. In August, after living 3.5 years in at Sage house, Tina received an apartment through Framingham Housing Authority. Tina had been in her apartment for about 1 year and during that time had been sleeping on a recliner chair. Tina has severe back problems and had also suffered a stroke. MWCIL got in contact with Tina and she was very happy that we would be able to help her. She said that the recliner was comfortable up to a certain point but after a while it was affecting her back, not allowing for her to achieve a good night's rest, making her unable to enjoy her new apartment,

We assisted Tina in applying for Part B funds to purchase a proper bed and other necessary household items. Upon receiving the items Tina was so grateful, even asking about volunteer opportunities at MWCIL so she could give back to the community. I let her know we were just happy that she will now be sleeping in a bed, able to rest comfortably and continue working without problem.

Consumer's Name: Alice, age: 78

Disability(s): Vertigo & Chronic Pain

Date began working with consumer: 9/23/2021

Alice was referred to MWCIL by one of our ADRC partners in September 2021. She was facing eviction from her assisted living facility as she could no longer afford the rent. She was assigned to work with an IL Coordinator and quickly jumped into the process of looking for alternative and affordable housing. She had already completed the CHAMP application with her elder agency prior to her referral to us. This was a very frustrating and stressful period for Alice, as her deadline was approaching quickly, yet housing was not readily available. Nonetheless, Alice

persevered and in late January was happy to let me know that she had been offered a studio apartment which she had visited, and loved. She completed her leasing paperwork and was approved. She moved in mid-February.

MWCIL was able to assist Alice to purchase some household items that she needed, using Part B funds. She has quickly developed some acquaintances with her close neighbors. We are continuing to working on community supports such as transportation, homemaking, etc.

Consumer's Name: April, age 5

Disability(s): CP

Date began working with consumer: 4/26/2022

In late March we were contacted by the mother of a 4.5y/o child with spastic CP who is also legally blind. She was looking for assistance with a wheelchair ramp for their back deck so that her daughter April could exit their home safely using mobility equipment and participate in family activities. While discussing this with several coworkers, we became aware that there was a family willing to donate a ramp that they no longer needed, as long as the recipient was willing to absorb the cost of removal. Our Advocacy Director went into action and coordinated a team of volunteers that included himself, a good friend and the MWCIL IL Coordinator working with the family, the Framingham Access Compliance Inspector, members of the Ashland DPW; Framingham's Fire Department Chief, Assistant Chief and four firefighters. One team assembled at the donor's home and loaded the ramp on a trailer. Waiting at the consumer's home was another team ready to unload the ramp. The family was able to take it from there and have the ramp installed on their home. The last update we received was that the donor wanted to meet the family. She was incredibly happy to learn that a child was benefiting from the ramp once used by her now deceased husband.

Consumer's Name: Madeline, age: 20

Disability(s): Autism

Date began working with consumer: 6/2/2020

Madeline was referred to TAP during the early part of the COVID-19 pandemic in May 2020. At first, she was very self-conscious, struggling with low self-esteem, and anxious thinking about graduating from high school, overcoming her challenges or ever being able to find a college or employment which could accommodate her disability. Through consistent encouragement, positive reinforcement and support during meetings with the TAP Coordinator, Madeline has learned to look beyond her challenges, open her mind to the possibility of improvement and most importantly to embrace her unique gifts and talents as potential sources for self-employment in the future. Madeline has a very impressive skill in baking and decorating cookies and cakes, which although self-taught can compete with the most highly trained culinary artists in the market. While at first she demeaned this skill, rejecting the idea that she could make a stable living through it, with positive reinforcement, research and development guided by the TAP

Coordinator she has come to believe in herself and the prospect of being her own boss in the future. Together with the TAP Coordinator through consistent peer counseling and skills training, Madeline has learned how to employ positive-self-talk to rebut negative/self-demeaning thoughts, coping strategies when anxious/feeling down, and how to value/price her time (which she has been continually reluctant to do due to low self-esteem) and most importantly value herself beyond her disabilities. She is well on the road to entrepreneurship and will hopefully use MRC/disability resources to get established as a professional home-based baker with help from her TAP Coordinator.

SUBPART IV – Extent of CIL Compliance with the Six Evaluation Standards

Section 725(b) and section 725(c)(8)(A) of the Act; 34 CFR 366.63

Section A – Compliance Indicator 1: Philosophy

Item 1 - Consumer Control

34 CFR 366.63(a)(1); 34 CFR 366.50(i)(5) and (6)

(A) Board Member Composition

Enter requested governing board information in the table below:

Total Number of Board Members	Number of Board Members with Significant Disabilities
6	5

(B) Staff Composition

Enter requested staff information in the table below:

	Total Number of FTEs	FTEs Filled by Individuals with Disabilities	FTEs Filled by Individuals From Minority Populations

Decision-Making Staff	4	2	1
Other Staff	8.69	5.57	2.89

Item 2 - Self-Help and Self-Advocacy

34 CFR 366.63(a)(2)

Briefly describe how the CIL has promoted self-help and self-advocacy among individuals with significant disabilities during the reporting year.

MWCIL promotes self-help and self-advocacy by providing the core independent living services. By assisting consumers with the necessary skills and tools, and helping them to become empowered through the IL model of peer support, consumers are able to achieve their self-advocacy goals.

During the reporting year, MWCIL worked with consumers to develop self-advocacy skills by helping them address issues related to their specific situation, and how advocacy can help them find a solution to their issue.

Item 3 - Peer Relationships and Peer Role Models

34 CFR 366.63(a)(3)

Briefly describe how, during the reporting year, the CIL has promoted the development of peer relationships and peer role models among individuals with significant disabilities.

As a center for independent living, MWCIL promotes the development of peer relationships and peer role models among individuals with disabilities by hiring qualified individuals with disabilities to provide peer-counseling services. Direct service staff members receive ongoing training and support to understand different disabilities and the promotion of peer relationships.

During this reporting period we held a monthly young adult social group, via Zoom, which was regularly attended by 8 consumers.

Item 4 - Equal Access

34 CFR 366.63(a)(4)

(A) Briefly describe how, during the reporting year, the CIL has ensured equal access of individuals with significant disabilities, including communication and physical access, to the center's services, programs, activities, resources, and facilities, whether publicly or privately

funded. Equal access, for the purposes of this indicator, means that the same access is provided to any individual with a significant disability, regardless of the individual's type of significant disability.

MWCIL's office space is fully accessible to all individuals with significant disabilities, including physical and communication access. In addition, the entire office space of MWCIL has had a scent-free policy for over fourteen years in order to promote access for those individuals with multiple chemical sensitivities. All activities held by MWCIL in any other locations are provided in fully accessible locations.

(B) Briefly describe how, during the reporting year, the CIL has advocated for and conducted activities that promote the equal access to all services, programs, activities, resources, and facilities in society, whether public or private, and regardless of funding source, for individuals with significant disabilities. Equal access, for the purposes of this indicator, means that the same access provided to individuals without disabilities is provided in the center's service area to individuals with significant disabilities.

MWCIL continues to promote equal access for individuals with disabilities in all its activities within the community. During the reporting period our Advocacy Director worked with town officials in Ashland, Framingham, Franklin, Needham and Weston on issues such as accessible town park, walking trails, and access into a senior center.

We worked with the City of Framingham on complaints filed in previous years, several of which have been successfully resolved. We continue to work closely with the City of Framingham's Access Compliance Inspector to provide technical assistance in the review of issues within the city, including curb cuts, crosswalks, sidewalks, charging stations, parking signage, visual aid equipment, a church, several restaurants, a grocery store, a playground, and change of use buildings.

We conducted access surveys of COVID-19 vaccine locations across all 26 towns of our service area. We compiled data on the accessibility of the parking lot, entrance and interior of each location. This information can now be found on MWCIL's website under resources, in an easy to use database. MWCIL is also a member of the Massachusetts Access Committee, and we chair the Public Information and Education Committee of the SILC.

Item 5 – Alternative Formats

34 CFR 366.63(a)(4)

Briefly describe how, during the reporting year, the CIL has ensured the availability in alternative formats of all of its written policies and materials and IL services, as appropriate.

All materials produced and/or provided by MWCIL are available in alternative formats. All materials can be provided upon request in print, large-print, tape, disk, electronic, and Braille. Additionally, MWCIL provides, as a service to the community, production of materials in alternative formats. Our braille services have been used by the center, the Statewide Independent Living Council, Framingham State University, the City of Framingham, other state agencies and numerous other organizations and communities in the MetroWest region of the state.

Section B – Compliance Indicator 2: Provision of Services on a Cross-Disability Basis

Section 725(b)(2) of the Act; 34 CFR 366.63(b)

Briefly describe how, during the reporting year, the CIL has ensured that IL services are provided to eligible individuals with a diversity of significant disabilities and individuals who are members of populations that are unserved or underserved, without restrictions based on the particular type or types of significant disability and in a manner that is neither targeted nor limited to a particular type of significant disability.

MWCIL provides all the IL services to any individual with a disability who requests those services. MWCIL consumers cover the full range of disabilities and represent members of many different communities from unserved and underserved populations.

Section C – Compliance Indicator 3: Independent Living Goals

Section 725(b)(3) of the Act; 34 CFR 366.63 (c)

Item 1 – Consumer Information

Briefly describe how, during the reporting year, the CIL has ensured that consumers have the opportunity to develop and achieve their goals (either with or without an ILP) and that the consumer has the opportunity to express satisfaction with the center and such consumer satisfaction results are evaluated by the center.

MWCIL ensures all consumers are provided the opportunity to develop and achieve their goals through the goal development process of the Independent Living Service Plan (ILSP). In some cases, consumers request a waiver of the plan, which is their right. Throughout this process, MWCIL staff members help consumers develop a process of picking goals, formulating action steps to achieve each individual goal, and put into action those steps in order to achieve that goal. This is the Independent Living process of goal achievement.

In addition, MWCIL sends the annual Consumer Satisfaction Survey to all consumers who received services during the previous federal fiscal year. The survey results are shared with all board and staff members. Discussions of the results take place at both the management level and with the direct service staff. Input on the overall performance of the center is encouraged for all board and staff.

Item 2 – Consumer Service Record Requirements

Briefly describe how, during the reporting year, the CIL ensured that each consumer’s CSR contains all of the required information.

MWCIL has policies and procedures that are followed by all direct service staff regarding CSR requirements. The center, using the statewide web-based data collection/management tool (WILD), ensures that all information regarding the individual is recorded, including CSR, ILSPs, and other necessary elements. The Director of Services reviews and maintains procedures for the timely entering of data, and that all required information is entered into WILD. In addition, paper files are maintained on all consumers receiving services, which include all the necessary elements of the provision of services.

During this reporting period MWCIL staff have been completing more intakes and updating ILPs in-person. However, we still have a number of consumers who do not want in person meetings yet, therefore we continue to track these records.

Section D – Compliance Indicator 4: Community Options and Community Capacity

Section 725(b)(4) and (6) of the Act; 34 CFR 366.63(d)

Please refer to the Instructions before completing.

Item 1 – Community Activities Table

In the table below, summarize the community activities involving the CIL’s staff and board members during the reporting year. For each activity, identify the primary disability issue(s) addressed as well as the type of activity conducted. Describe the primary objective(s) and outcome(s) for each activity. Add more rows as necessary.

Issue Area	Activity Type	Hours Spent	Objective(s)	Outcomes(s)
Housing	Community/Systems Advocacy	44.5	To close the disparity between Federal & State Adaptable Housing Regulations.	A bill has been filed in both the Senate & the House to give the AAB jurisdiction on renovations to buildings constructed before 1991.
Transportation	Community/Systems Advocacy	15.5	To ensure the consumer voice on policies and practices of providers of	MWCIL serves on the Community Advisory Board of the MWRTA. Participated on the new

			paratransit and elderly transportation.	director search committee.
Health Care-PCA services	Community/Systems Advocacy	35.5	To improve the quality of home-based services specifically for PCA consumers and PCAs.	MWCIL's Executive Director participated in advocacy initiatives pertaining to Electronic Visit Verification (EVV), the PCA coalition, and the issues connected with the implementation of the single FI.
Health Care-Community-Based services	Community/Systems Advocacy	26.5	To improve the quality of services provided through MassHealth benefits programs for the disabled.	MWCIL participated in advocacy initiatives pertaining to Asset Recovery, DME services- resulting in a bill being filed to improve wait times for wheelchair repairs, and the approval of extended CommonHealth for retirees.
Community Access	Community/Systems Advocacy	507.25	Provide technical assistance to property owners and municipal employees in our service area.	We provided technical assistance in Ashland, Framingham, Franklin, Millis, Needham, and Weston. We filed 35 access complaints, and we followed-up on prior year access complaints as the AAB is still experiencing an extensive backlog.
Assistive Technology	Community Education & Public Information	598.5	To increase awareness of MWCIL services & inform disability community of relevant issues and information.	Provide MWCIL's electronic newsletter, news alerts, and website & Facebook pages. Website for Virtual CIL & several additional websites pertaining to disability issues.
Youth Services	Community Education/ Training	14.5	To support and promote today's youth with	MWCIL staff participated on the YLF collaborator's

			disabilities to be the leaders of the future.	committee, as a Peer Mentor at the conference.
Assistive Technology	Technical Assistance	40.75	To increase awareness of AT services & funding options for persons with disabilities to access needed AT equipment.	Manage electronic list-serve for AT items for MRC (MassMatch).
Health Care - Access	Community Education & Public Information	82.25	Access survey of community sites offering COVID vaccines.	Surveyed 62 sites for accessibility. Resulting in a searchable area on MWCIL's website for COVID vaccines in our service area.
Health Care - LTSS	Community Advocacy	50	Improve quality of LTSS for people with disabilities and caregivers.	Provided guidance & support via Dignity Alliance on topics relating to the Soldiers Home, Access to Public Records and securing an age extension for disability benefits.
Disability Policy	Community/Systems Advocacy	15	Commission on the Status of Persons with Disabilities - Advance the cause of all persons with disabilities in the Commonwealth.	Defined values statements to be used as a foundation of Commission work, with a focus on "full participation in society". Developed job description for FT Commission Program Manager.
Community Involvement	Community Integration	66.25	To be actively involved in the body that develops and submits the State Plan as required in Section 704 of the Rehab. Act.	MWCIL is a voting representative to the Statewide IL Council. Also, we are an active member of the PIE Comm. which provides public awareness of current disability issues.
Transition from Institutions	Outreach	79.75	To inform Nursing Homes, Rehab Facilities	Made contact with and provided a continued presence, as allowed

			and hospitals of our services, specifically transition to the community.	during COVID, in 23 Nursing Homes, Rehab. Facilities and Hospitals in our service area, via Options Counseling.
Community-Based Services	Outreach	32.5	To inform community service providers, housing authorities & CoAs of services provided through IL & OC.	Made contact with area human services providers and housing authorities, provided information about services available at MWCIL, and other ILCs across the State.
Youth Services	Outreach	39.5	To inform area School Systems of our services and the benefits to students and parents.	Made contacts with and provide a continued presence in schools, as allowed during COVID, providing TAP services to 48 students and parents when requested..
Youth Services	Outreach	34.75	Increase community awareness of youth services and	Twelve community partners learned of MWCIL youth services program, and MWCIL learned the value of our partners services.
Community Involvement	Collaboration/ Networking	122	To improve the services and supports available to the disabled residents of MA.	Collaborated with other ILCs to increase funding for ILCs, preventing a decrease in services, and improving employee retention.
Data Collection & Reporting	Collaboration	131	To update the WILD data collection system to improve data integrity.	WILD 2.0 is scheduled for release in FFY 2023.
Community Involvement	Collaboration/ Networking	32	To provide no wrong door to people with disabilities and elders in the Metrowest region.	Ongoing collaboration/partnership as a member of the MWADRC with two elder service agencies. In addition to an initiative to provide Meals on Wheels to the disabled under 60 yo.

Community Involvement	Technical Assistance	18	Work with SILC & consultant to identify unserved and underserved populations/areas of the State.	A report should be issued early 2023 by the Institute for Community Health providing information to assist with the next State Plan and future CIL strategic planning.
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Item 2 – Description of Community Activities

For the community activities mentioned above, provide additional details such as the role of the CIL staff, board members and/or consumers, names of any partner organizations and further descriptions of the specific activities, services and benefits.

The PCA program, a cornerstone of Independent Living, continues to see changes during this reporting year. MassHealth continued moving toward implementing Electronic Visit Verification (EVV) for all PCAs. Independent Living stakeholders and consumers continue to be concerned about consumer & PCA privacy, how the collected data will be used now and in the future, and who will have access to it under EVV. MassHealth also implemented a 1 fiscal intermediary model for the processing and payment of PCA timesheets for the entire State. The rollout of this was quite flawed, with many PCAs not being paid for long periods of time. MWCIL’s Executive Director continues to take on a lead position in the advocacy efforts to find a reasonable compromise to these new regulations.

MWCIL’s executive director and executive assistant participated on SILC needs assessment group. The executive assistant analyzed and provided instruction on how pertinent data could be pulled from WILD by all of the centers. The executive director, director of services and the executive assistant were all interviewed by members of the Institute for Community Health.

MWCIL staff filed 35 access complaints and continues to follow 68 previously filed complaints. We worked with community entities on requests for variance and attended AAB hearings.

Section E – Compliance Indicator 5: IL Core Services and Other IL Services

Section 725(b)(5) of the Act; 34 CFR 366.63(e)

In addition to the data provided in Subpart III, describe how information and referral services and the other IL core and other IL services are provided to those who request such services in formats accessible to the individual requesting the services. Describe any innovative practices (not mentioned elsewhere in this report) to enhance the availability and effectiveness of IL services.

MWCIL is able to produce all materials in any accessible format that is necessary, and all center materials are regularly provided in alternative formats, including Braille. Information and referral services can be accessed by phone, direct face-to-face, and through the center’s web site,

www.mwcil.org. In addition to local information and referral services, MWCIL provides an extensive on-line database on information and referral through www.virtualcil.net/cils. This database is updated and maintained by MWCIL on a regular basis.

As for the fifth core service, Transition, MWCIL provides much of this service through our Options Counseling Program (OC). OC serves individuals with a disability as they face the risk of being placed in a long term care facility, individuals who reside in their home and hope to remain there with appropriate support, and those who reside in facilities but wish to return home.

Our Options Counselor works with these individuals for 30 days in order to increase awareness, identify and access appropriate resources, and think through transitional decisions. This program operates as a partner of the MetroWest Aging and Disability Resource Consortia (MWADRC), one of eleven regional ADRCs in Massachusetts that make up the statewide “No Wrong Door” collaborative known as the Massachusetts ADRC. OC supports individuals as they learn how to simplify and streamline access to services.

In the reporting year, our Options Counselor provided 198.5 hours with over 88 high-risk individuals, helping them learn how to gather required documentation, understand the full range of resources, programs, eligibility criteria, and application processes. We continue to struggle regaining entrance to nursing homes. Many continue to enforce restrictions similar to the height of the COVID-19 pandemic.

Our Transition to Adulthood Program (TAP) continues to grow. In the reporting year, our TAP staff provided 39.5 hours of community outreach to 24 different schools, special education programs, parent advisory councils and other youth service providers. TAP staff spent 732.25 hours working with 50 different consumers. We assisted them to develop IL skills, plan for further education and/or employment and understand their IEP rights as high school students. Although we experienced a decrease in community outreach, due to COVID-19, we were able to keep pretty consistent contact with consumers and their families.

MWCIL continues to provide information to the community. We have a 3- pronged approach (website, newsletters/alerts and facebook) to providing information, alerting people to advocacy opportunities, and documenting what we accomplished.

Our website continues to be an important resource for people with disabilities. In FFY 2022, we had 44,015 visitors. Our website includes the descriptions of our services, events and staff. We maintain an accessible repository of our newsletters and alerts, and we continue to evolve our resource links into a valuable directory for both local and national visitors. Our photo pages are an important way to celebrate an inclusive community, and to document our events.

MWCIL maintains several other sites, including the Massachusetts Statewide Independent Living Council (www.masilc.org), PCA Forever (www.pcaforever.org), MetroWest Aging and Disability Consortium (www.mwadrc.org), REVUp! (www.revupma.org), MA Tales of Independence (www.matalesofindependence.net), WILD for IL (www.wildforil.org), Dignity Alliance (www.dignityalliancema.org) and Transition to Adulthood (www.ma-tap.net) which was developed by MRC to provide resources for TAP Coordinators across the State.

MWCIL also sends out newsletters and news alerts to over 800 consumers, advocates and legislators. We cover a range of topics, from upcoming events, past events, advocacy opportunities and information on specific topics. We provided extensive coverage of COVID-19 on topics such as How to Stay Safe, State Policy Changes, and Vaccines. All new consumers are informed of our email newsletters and news flashes, and are encouraged to sign-up for them.

Our Facebook page continues to attract viewers with 570 following. We post national and local news items on disability issues, as well as information about our center events.

MWCIL continues to provide information to our consumers and the larger disability community, using Constant Contact, an online service which MWCIL provides to run the MASSMATCH email list service, the MILAN email list, and our center's newsletters and news flashes.

We have developed a comprehensive information packet that is provided to new consumers at their intake appointment. This folder includes information such as MWCIL Five Core Services info sheet and flyers about our Facebook page, Newsletter and Scent-Free Workplace notice. Consumer will also find a MassMATCH flyer, MILAN flyer and information about independent living and its history, and Voter Registration and absentee ballots.

We remain flexible in where we provide services to those consumers seeking them. Our office is fully accessible, and if the individual with a disability is unable to come to the office, as in the case of living in a nursing home or institution, lack of transportation, or other barriers, staff will meet them where they reside or at a convenient public place, like a nearby library. Ultimately, we see the consumer at a location where they are most comfortable. We have begun seeing consumers in our office by appointment only.

Section F – Compliance Indicator 6: IL Resource Development Activities

Section 725(b)(7); 34 CFR 366.63(f)

Briefly describe the CIL's resource development activities conducted during the reporting year to expand funding from sources other than chapter 1 of title VII of the Act.

In accordance with the strategic plan developed by MWCIL's Board of Directors, to further enhance the services offered by the center and the resources to provide those services, the following initiatives took place:

During this reporting period, MWCIL has maintained all contracts with the Massachusetts Rehabilitation Commission (MRC) in good standing. These contracts include State Independent Living, Title VII-Part C, Title VII-Part B, Vocational Rehabilitation-Independent Living, and Transition to Adulthood.

MWCIL continues to maintain a provider relationship with Commonwealth Care Alliance, contracting under OneCare (Duals Demonstration Project) to provide Long Term Supports and

Services to their members who live in MWCIL's service area and have Medicare and Medicaid (MassHealth) insurances.

MWCIL and the other CILs continued to receive state funds to support a program of providing Options Counseling to individuals with disabilities and elders who may be facing a nursing home placement. This program works under the national ADRC model of centers for independent living and elder agencies working together to provide "no wrong door" access to services. MWCIL continues to receive Options Counseling funding from the local ASAP, BayPath Elder Services. They are the lead agency for the MetroWest ADRC.

SUBPART V – ANNUAL PROGRAM AND FINANCIAL PLANNING OBJECTIVES

Section 725(c)(4) of the Act

Section A –Work Plan for the Reporting Year

Item 1 – Achievements

Discuss the work plan's proposed goals and objectives and the progress made in achieving them during the reporting year.

MWCIL continues to provide the five core services to assist individuals with disabilities to develop the skills and acquire the supports necessary to remain in the community, move out of nursing homes or institutions and back into the community.

MWCIL had a goal of transitioning twelve individuals from nursing facilities to the community, some with benefits of MFP Residential services and the associated waivers. We were able to transition a total of 7 consumers during the reporting period. This more than doubles the number of consumers transitioning over last year. The primary obstacle to deinstitutionalization continues to be the lack of accessible, affordable, available housing.

MWCIL has a goal to identify consumers who could benefit from Part B services and assist them to meet those needs. During this reporting period MWCIL identified 10 consumers who might benefit from Part B services. Of these consumers 5 completed the application process and received the service and/or items requested during this reporting period.

PCA - MWCIL's Executive Director has continued attending activities including Stakeholder meetings with state officials participating in the development of important changes, such as Electronic Visit Verification and the Single Fiscal Intermediary RFP, meetings with legislators to reinforce the importance and necessity for the PCA program, hearings and rallies.

TAP - MWCIL continued to actively outreach to the school systems in our 26 towns. We have not yet been successful getting invited into 100% of them to talk about this program. We

continued promoting our group Driver's Permit Training program and had several consumers participate individually. We were unable to hold a student group social/recreational activity.

MWCIL continues to receive and resolve complaints regarding access to newly constructed buildings and major renovations of existing buildings. MWCIL takes action steps to investigate, submit, and follow through on complaints with the State Architectural Access Board as needed, and if necessary, with the Department of Justice.

ADRC/Options Counseling - MWCIL continued active participation in the MetroWest ADRC, working closely with our two ASAP partners, to provide a single point of entry for services for people with disabilities and elders in the MetroWest service area. The primary focus of our Options Counselor remains preventing institutionalization. It has been slow going with outreach to our community boards of health, especially during COVID-19, however we have been able to remain active with the area food pantries, housing authorities, and councils on aging.

SILC - MWCIL continues to provide administrative support for the Mass. SILC. During the reporting year we met our goal of providing office space. Meeting space was not needed for SILC committee meetings and the SILC conference was virtual, eliminating a need for our assistance. MWCIL continues to provide web site support for the SILC list serve known as Mass. Independent Living Alert Network (MILAN) as needed.

MAILC - During FFY22, MWCIL continued its work with the other CILs in the state, providing administrative support and leadership to the Mass. Association of ILCs. We have held and participated in monthly meetings, provided invoicing services, an email list serve, and maintained the web site www.mailc.org used for information dissemination.

MWCIL has continued to work with the MetroWest Regional Transit Authority (MWRTA) to implement increases in services and ensure full compliance with the ADA in the provision of transportation services. During this reporting period the MWRTA saw a slight increase in ridership in both mainline and paratransit for people with disabilities. MWCIL continues to be involved in the community advisory board of MWRTA and encourages consumer involvement in the provision of services, including all aspects of paratransit transportation.

Item 2 – Challenges

Describe any substantial challenges or problems encountered by the CIL, and the resolutions/attempted resolutions.

During this reporting year, the biggest challenge continued to be impact of the COVID-19 pandemic. In August 2022, we lost 2 staff people and another in September. We faced the labor shortage experienced by many human service agencies when trying to replace them. In addition we have had staff either contracting COVID-19 or coming into contact with someone were positive, resulting in weeks of quarantine. We also had a new hire go out on PFML on their 89th day of employment.

However, the biggest challenge is helping consumers to engage in services. Some remain reluctant to meet face-to-face for anxiety of catching something. To help that process, all staff continued to use Zoom or other video conferencing services to interact with consumers. Many consumers are struggling with the loss of jobs and financial insecurity.

Another very important challenge faced by CILs and individuals with disabilities lies in the current medical model of service delivery. Without a change of models, limited state and federal resources will continue to be wasted, and a greater number of individuals with disabilities will fall through the cracks. Additionally, there are times when consumers must agree to services they do not want in order to get services that they need, such as the services required under the Frail Elder Waiver in order to qualify for MassHealth so that you can continue to have PCA services.

We continue to face multiple layers of challenges in the area of transition. The lack of accessible, affordable, available housing is the largest roadblock faced by people wanting to move out of long-term care facilities. We have MFP enrollees who remain institutionalized due to the lack of DDS funded residential housing. We have had a number of consumers withdraw from our service because they are just tired of waiting. Next are the limited community-based support services. We continue to have trouble finding vendors contracted under OneCare who have the staffing levels necessary to meet the needs of the community.

Item 3 – Comparison with Prior Reporting Year

34 CFR 366.50(i)(7)

As appropriate, compare the CIL's activities in the reporting year with its activities in prior years, e.g., recent trends.

When comparing MWCIL's activities in this reporting year with past activities, MWCIL continues to promote the provision of the 5 core services, promotes the civil rights of individuals with disabilities, and supports the rights of individuals with disabilities to live in the community of their choosing. MWCIL continues to participate with community partners promoting disability rights and IL philosophy, such as MWRTA Council, South Middlesex Opportunity Council, Councils on Aging, and other activities that further the choices individuals with disabilities have to live in the community.

Section B – Work Plan for the Year Following the Reporting Year

Item 1 – Annual Work Plan

List the CIL's annual work plan goals, objectives and action steps planned for the year following the reporting year.

IL - MWCIL will continue to provide the five core services and assist individuals with disabilities to move out of nursing homes and institutions, and back into the community.

PART B – MWCIL will continue to make it a priority to identify consumers who could benefit from Part B services and assist them to meet those needs.

PCA - MWCIL's Executive Director will continue to be leader in the area of PCA services in the state. He will continue to participate in PCA Coalition Meetings. MWCIL will attend all activities including Provider meetings, rallies and meetings with state officials and legislators to reinforce the importance and necessity for the PCA program.

TAP - MWCIL has a goal to continue to conduct outreach within all 26 communities of our service area. We will continue to provide group Driver's Permit Training, available to any student activity working with a TAP Coordinator. We will be hold a student group social/recreational activity.

MWCIL will continue to receive and resolve complaints regarding access to newly constructed buildings and major renovations of existing buildings. MWCIL will take action steps to investigate, submit, and follow through on complaints with the state Architectural Access Board as needed, and if necessary, with the Department of Justice.

ADRC/Options Counseling - MWCIL will continue to maintain working relationships and policies within the MWADRC bringing together a single point of entry for services for people with disabilities and elders. MWCIL's Executive Director will continue to participate in executive meetings to prioritize the needs of the ADRC community, such as enhanced VR and LGBTQ services, and provide trainings to our partners and staff. MWCIL's Options Counselor will continue outreach efforts focused on preventing institutionalization. We will be continuing our outreach efforts to the Boards of Health throughout our service area.

SILC - MWCIL will continue to provide administrative support for the Mass. SILC. During the reporting year our goal is to provide office space, meeting space for SILC committee meetings, and additional support from our administrative assistant as needed for the SILC to operate. MWCIL will continue to provide web site support for the SILC list serve known as Mass. Independent Living Alert Network (MILAN) as needed.

MAILC - Working with the other CILs in the state, MWCIL will provide administrative support and leadership to the Association of Massachusetts ILCs. We will hold quarterly meetings, provide invoicing services, an email list serve, and the maintenance of the web site www.mailc.org and information dissemination.

MWRTA - MWCIL will continue to work with the MetroWest Regional Transit Authority (MWRTA) to implement increases in services and ensure full compliance with the ADA in the provision of transportation services. MWCIL will be involved in the community advisory committee of MWRTA and encourage consumer involvement in the provision of services, including all aspects of paratransit transportation.

Item 2 – SPIL Consistency

Explain how these work plan goals, objectives and action steps are consistent with the approved SPIL.

MWCIL 's goals and activities are consistent with promoting the IL philosophy, the five core services, and the rights of all individuals with disabilities to live in the community of their choosing. The SPIL continues to promote increasing independent living support programs in the state, additional access to housing, and additional access to support services for individuals transitioning from nursing homes and institutions, which MWCIL is committed to supporting in the coming reporting year.

In accordance with the SPIL, MWCIL will provide the core independent living services of information & referral, skills training, peer support, individual & systems advocacy, and transition. Consumer Service Records (CSR) will be maintained for all active consumers, except information & referral. In addition, MWCIL will actively work to assist individuals with disabilities who want to move out of nursing homes and institutions and move into the community of their choosing.

SUBPART VI - TRAINING AND TECHNICAL ASSISTANCE NEEDS

Section 721(b)(3) of the Act.

Training and Technical Assistance Needs	Choose up to 10 Priority Needs --- Rate items 1-10 with 1 being most important
Advocacy/Leadership Development	
General Overview	
Community/Grassroots Organizing	6
Individual Empowerment	
Systems Advocacy	
Legislative Process	
Applicable Laws	
General overview and promulgation of various disability laws	
Americans with Disabilities Act	
Air-Carrier's Access Act	
Fair Housing Act	
Individuals with Disabilities Education Improvement Act	7
Medicaid/Medicare/PAS/waivers/long-term care	
Rehabilitation Act of 1973, as amended	
Social Security Act	
Workforce Investment Act of 1998	
Ticket to Work and Work Incentives Improvement Act of 1999	
Government Performance Results Act of 1993	
Assistive Technologies	
General Overview	
Data Collecting and Reporting	
General Overview	
704 Reports	
Performance Measures contained in 704 Report	
Dual Reporting Requirements	
Case Service Record Documentation	5
Disability Awareness and Information	
Specific Issues	
Evaluation	
General Overview	
CIL Standards and Indicators	
Community Needs Assessment	
Consumer Satisfaction Surveys	
Focus Groups	
Outcome Measures	

Financial: Grant Management	
General Overview	
Federal Regulations	
Budgeting	9
Fund Accounting	
Financial: Resource Development	
General Overview	
Diversification of Funding Base	2
Fee-for-Service Approaches	3
For Profit Subsidiaries	
Fund-Raising Events of Statewide Campaigns	
Grant Writing	
Independent Living Philosophy	
General Overview	
Innovative Programs	
Best Practices	
Specific Examples	
Management Information Systems	
Computer Skills	
Software	
Marketing and Public Relations	
General Overview	
Presentation/Workshop Skills	
Community Awareness	
Networking Strategies	
General Overview	
Electronic	
Among CILs & SILCs	
Community Partners	
Program Planning	
General Overview of Program Management and Staff Development	1
CIL Executive Directorship Skills Building	
Conflict Management and Alternative Dispute Resolution	
First-Line CIL Supervisor Skills Building	4
IL Skills Modules	
Peer Mentoring	
Program Design	8
Time Management	
Team Building	
Outreach to Unserved/Underserved Populations	
General Overview	
Disability	
Minority	
Institutionalized Potential Consumers	
Rural	

Urban	
SILC Roles/Relationship to CILs	
General Overview	
Development of State Plan for Independent Living	
Implementation (monitor & review) of SPIL	
Public Meetings	
Role and Responsibilities of Executive Board	
Role and Responsibilities of General Members	
Collaborations with In-State Stakeholders	
CIL Board of Directors	
General Overview	
Roles and Responsibilities	
Policy Development	
Recruiting/Increasing Involvement	10
Volunteer Programs	
General Overview	
Optional Areas and/or Comments (write-in)	

SUBPART VII – ADDITIONAL INFORMATION

Section 704(m)(4)(D) of the Act

Section A – Other Accomplishments, Activities and Challenges

MWCIL has experienced a noticeable increase in VR-IL referrals. We will continue to work with our two MRC Area Offices to maximize this contract. Although this contract has been effected by staff turnover, it has impediments that are unique unto itself.

In the Transition to Adulthood Program (TAP) due to the loss of staff we were unable to bill out this contract in full. MWCIL has found that the TAP contract is not funded at a unit rate sufficient to adequately staff this contract. TAP services are equal in every sense to VR-IL services, yet they are funded at a much lower unit rate. This, in addition to the more limited hours that students are available to receive these services, make it extremely difficult to realize the full amount of this contract.

Section B – Additional Information

Provide additional information, comments, explanations or suggestions not included elsewhere in the report.

The 704 report continues to provide a very limited view of the effectiveness of independent living services and the activities CILs are involved in. Over the prior thirteen years, Rehabilitation Services Administration (RSA) demonstrated limited support or understanding of the independent living model of service. We remain hopeful that as the Administration for Community Living (ACL) has had time to get their bearings, we will see a change in the status quo.

CILs continue to count the number of goals individuals achieve, when all evidence points to barriers in society which prevent many successes for those individuals. CILs were started as change agents, to create systems change, not to become additional service delivery organizations that individuals with disabilities must work within order to achieve their goals in life. ACL should promote and support greater numbers of advocacy activities and community change activities, which will have greater impact on the lives of individuals with disabilities, rather than counting units of individual services.

The 704 Report needs to be modified to report outcomes instead of units of service. In the recent past Massachusetts allocated ARRA funds to develop outcome measures for the purpose of better evaluating the services delivered by the CIL's. However, the state has not implemented any of the recommendations under that initiative.

SUBPART VIII - SIGNATURES

Please sign and print the names, titles and telephone numbers of the CIL director and board chair.

Rose M. Quinn

1/10/2023

SIGNATURE OF CENTER DIRECTOR

DATE

Rose M. Quinn, Interim Director, MWCIL

508-875-7853

NAME AND TITLE OF CENTER DIRECTOR

PHONE NUMBER

Joe Bellil

1/10/2023

SIGNATURE OF CENTER BOARD CHAIRPERSON

DATE

Joe Bellil, President, MWCIL Board of Directors

508-868-4572

NAME AND TITLE OF CENTER BOARD CHAIRPERSON

PHONE NUMBER