CAROL: I would like to turn the meeting over to Corinna Stiles the director of the office of independent living, in the administration for community living at the U.S. Department of Health and Human Services.

CORINNA: Thank you, Carol. We are so very happy to be here today for what will be a package on today's OI LP granted quarterly connection meeting. This is our first one for fiscal year 20/21, we are excited to see what the year brings. On the September call we reviewed all of our FY 20 activities. Today's call as we closed the first quarter of FY 21, we are going to keep looking ahead and preview program priorities. Ongoing areas of interest. Like I said, we have a pretty packed agenda for you today, I'm going to go ahead and get started. It is December, that means everyone likely has PPR undermined. ACL has sent out several emails that have provided updates and guidance for completing the FY 20 PPR. Please do look for those emails and if you need more detail than what I'm about to provide, just again, look back at those emails or reach out to your appropriate officer for more. I will start with a reminder that the CIL care act PPR is due in grand solutions by midnight on December 31. You can find the template attached to the previous emails, or on the ACL website on either the COVID-19 page or on the Center for Independent living page. As well as the independent living services page. The CIL and ILS program PPR you'll be excited to hear do not currently have a due date. Breaking news! We are finally saying it. That does not mean that there won't be a due date. Don't get super excited. The current situation, is that ACL has decided ACL reporting system. As we have said before, that decision was in response to ongoing challenges reported with accessibility, limited functionality and internally relay the cost of operation. Rest assured, ACL is actively examining other options to collect PPR data. I think we have some pretty exciting work in the background going on, on this issue. I am hoping to have an announcement to make right after the first of the year. In the meantime, we are strongly encouraging CIL and states to complete their perspective PPR anyway, keep them on hand. So that when a new data portal is activated, you will be ready to enter your data. Take this time, like you ordinarily would and work through your PPR instruments, like I said, be ready to just take that data when the time comes and entered into the new system. When will that be? Do we know? No, we don't have an exact date yet. However, I would say it is reasonable to expect that a new system will not be made available before the end of the year. This year, 2020. I know that has been a question on people's minds as they plan their vacations, and continue to pull their data together. I would however anticipate a new system be made available shortly after the new year. What does that mean, again, I am hoping that we will be able to make an announcement in the first part of January and we should have some dates for that shortly thereafter. I would also anticipate that ACL will allow for user tests, training and at least 30 days to enter your data once the system goes live. Again, because we are messaging that people should be managing their data now, and entering it into an instrument, you would need more than 30 days to just take that information and put it into a new system. Will the new system look very different from ACL reporting? Probably not, the PPR is a PPR, the data fields remain the same. That is why we are encouraging you to go ahead and complete the PPR now so again, it is just a matter of data entry when the time comes. Hopefully that gives people a little bit of assurance as we close out the year. Around with the expectations are with both the CIL CARES Act PPR as well as the CIL and ILS PPR. In a little bit you're going to hear more about the importance of the PPR data, you will hear from Sean Barrett, the team leader as well as Paula from ILRU. I want to put in a quick plug about telling the independent living story. I know when it comes time for PPR season, people aren't really all that into it. I know collecting your data and now entering into a form, wondering what happens to that data once it gets to ACL. I can tell you that we read every single PPR. It is more likely than not that even after the PPR has been reviewed and closed per se, we are still in those PPR. Mining for data and stories that we can tell in the different places that we find ourselves as federal staff whether it is making presentations, whether it is responding to executive leadership, who we are making the presentations. They would like to include stories from the field with remarks they are making. We prefer back to PPR for that information. We look at websites for that information, we follow along if there are centers or CIL that have newsletters or anything that might come out periodically throughout the year, it is a pretty good chance that your program officer is receiving those, that we have signed up for your delivery of those materials and we are seeing that and mining it for data so that we can continue to tell the sfinney@bcm.edu Stu Torrey. The other thing on people's minds is administration change, in case you didn't know we will have an administration change in January and people wonder if there will be changes. I would definitely say that you can count on it, that is just the nature of any administration change. Do we know what those changes will be, no. We don't pray and we won't. Until the administration change actually happens until people are seated, in their positions and we have an opportunity to meet with the new leadership and find out what they are all about. Bring them up to speed on what we are all about. One thing that will be different going forward with this administration, is for those of you who remember, last year ACL went through a reorganization, as part of the reorganization the independent living administration director position was moved in with the Commissioner position, the AOD Commissioner position, now that is a political position. That will be an area that will be impacted in January. What we can expect with that, is because whoever the person is that comes into that position, we should expect that they will come with their priorities which will likely reflect the incoming administration. We will continue to communicate with the network on what that looks like, we are hoping to provide opportunities for the network, not just the stakeholders, but the network at large to provide some input. To the new leadership and provide opportunities for you to share your stories directly with incoming leadership. I'm still kind of working out the details on that, I don't know what that will look like specifically. I feel like that would be something that would be really beneficial as the new administration is seated in their positions. What I will say, is that there will also be a lot that stays the same, and we are well-positioned to stay the course and continue to strengthen the programs and continue to share the great work. That is being conducted in the field and any new Commissioner should be proud to lead the programs. Quite frankly, we will make sure that they have everything they need to hit the ground running. As I mentioned, we should have a pretty packed agenda, I am going to bring this to a close. I will turn it over to Sean Barrett, the office of independent living team lead, thank you for your time. I will be monitoring the chat and responding to some of the questions in the Q&A. If you have questions, or concerns that you would like to share with us along the way throughout today's presentation, please feel free to do that and we will respond accordingly. With that, I will turn it over to Sean Barrett.

SEAN: Thank you, Corinna. Certainly an interesting time at CIL and we are excited about what is coming up. Thank you. One of the things that we are going to have, in each of our quarterly connection calls is a technical assistance portion section. I think last quarter section call we talked about strategies and information about the CARES Act funds. Today what we want to talk about is using your PPR through agency efficiency. Here's the short version before I turn it over to Paula to give specific strategies. PPR are a federal requirement. As with all federal requirements, it is required that they are timely and accurate when submitted. However, we really hope that you understand that this can be much more than just a federal requirement than filling boxes and sending it in. There really is a way to track and monitor, be aware of the progress that your agency is making, I'm sure Polly will mention this, I don't want to steal her thunder. It is an ongoing tool that we have to do every year so we can compare year to year to year. Yes, it is a requirement but we really hope you understand it is a valuable tool to increase your ongoing effectiveness and performance. In other words, increase your ability to serve people with disabilities. With that, I will turn it over to Paula from ILRU. I'm pretty sure you know her.

PAULA: Thank you, I appreciate it. We are going to talk about both internal and external program performance report. I did ask some executive directors about this specifically, what do they do, how do they use the information, it became pretty clear that if you are good at using information to influence or explain, or testify, or whatever it is that you might do with the information, this is a wonderful place to mind some of that information to get it out to your stakeholders. Some executive directors tell me that they submit the whole report to all the staff and all the board. Then they still go through and highlight it, but they give them the entire document because that seems to be the best most transparent way to offer that information. Sometimes it is the whole report. Sometimes the whole report goes to a smaller loop, a couple of dimension executive committees. Because that is who really wants to see everything globally and then some kind of summary is used for similar audiences. Certainly, that is quite appropriate as well. I love Sean's idea, I didn't have that in here son. The idea of comparing the years is an excellent one because this is the same information and has been over some period of time. If you want to show whether or not you are increasing the number of people you are reaching or the number of underserved books that you are able to provide with services, those are pretty exciting pieces right there. You want to make sure that you think about what does that look like with the graphic, put it into a pie chart and you can do a number of different things with that information depending on your audience and what seems the most important. The summary that is provided, the executive directors, sometimes they put it in their newsletter, sometimes in their annual reports if they do one of those. Sometimes they can put it into a summary form, a brochure that they provide to everybody, all the staff, the board and consumers about the things that they have done. Certainly, that information or summary is a picture, a snapshot at the end of this year what it looks like as a center, who are we serving and what kind of services we are providing and a little bit about some other including storytelling the IL stories, those are very important and their faces in the form where you do all those things pretty want to make sure that your PPR captions the important stuff, if you don't feel like the numbers do it, we have a number of narrative sections where you can also address that. Don't be afraid to add some things into the narrative and we will see how the next instrument works. You may have to edit some of that if there is a limitation on characters. Make sure important information gets reflected there. One of the things I also see is using this information to learn more, or say more about whoever you have identified as unserved or underserved. As you recall, you identify who that is in your own planning, workplan and outreach plan. One of the things you can measure is, are you improving that outreach to that group of the unserved or underserved because that becomes really important part of the outreach and your expansion if you are able to as how you are serving those people who are most in need of services because they haven't been unserved or underserved for a period of time. You might also use it to update your workplan or your strategic plan, or your plan of operation, if you can call it anything you want you have to have a workplan of some sort because you are reporting on the progress of that workplan in your PPR. The question would be are some of those things that you are advancing in the work plan are some of those reported on in your PPR, if they are, it shows the progress on that particular objective related to the things that you have plugged into your workplan. You might look at that and think about are there ways that you can capture and report on the outcomes for your workplan in a way that is the most useful in the most positive. You also might remember that the data can be used in play for employee performance evaluation. You can run your report, no matter which database you use, there are several but you can run a report that tells you what the activity was for each staff person. Only have it aggravated like PPR, you can also break it out as far as the activity for each staff person, this tells you a lot of things, one of the things that tells you is whether or not the work seems to be happening anyway that is effective. And efficient. How can you know that, you can know that in part on what is getting accomplished and each staff person can help analyze that as you do the performance appraisal. I was recommended to that side by side so they are together and review the import for that individual. Take a look at how it fits with your overall plan, it will tell you some things about that staff persons performance that may be important for you to know, don't hesitate to look at that. Then there is external resources, next slide please. There is a number of different ways to use the information in your conversations with others related to what you are accomplishing. Some of that can be in a brochure that you give to people, I have seen some that do an annual letter. As we start the new year, we just want you to know that this is how we are perceiving this goal and this is what we plan to do in the future. Whether that goes in your newsletter or on your Facebook page or on your website, you can think about what is a way that you can communicate some important information from that report back out to your external stakeholders some states are doing this on a statewide basis of their combining all the reports of all the centers and are using that in a statewide report to stakeholders. Take a look at whether or not that is something you want to do in your statement it happens in some states even through the CIL partnership with the CIL or in partnership with the state association centers. If you work together as a state, you will have a much more impactful report to present for those who are interested in the statewide efforts for independent living. Individual centers also sometimes summarize this information and take it with them or if they don't go, they email it related to the day of the capital that many people who take forward their agenda to their legislature or they may do that at the federal level II. If you are asking them for anything whether it's lobbing and you can pay for with federal dollars or whether you're asking for anything or just updating them on hearings or letting committees know how something is working related to the system, that they are making all that information certainly can fall and you need to think about it and the PPR does contain a lot of the information with decision-makers in our legislative situations might want to know about. We suggest all those things and that is a quick run through. I think that covers it at least for today.

SEAN: Great, thank you very much Paula. Helpful information, quickly, we did a similar type presentation from the last conference of the gold standard presentation where a lot of the material was covered and we talked about it in different forms. Also, I would encourage CIL to keep in mind accuracy matters, I think Paula mentioned a whole bunch of different things that were fantastic, ways that are important uses of the data, if you are not taking steps to ensure that it is accurate, then it actually represents what is going on in your CIL, then you are running risks, take those internal control steps necessary to ensure quality. One of the other things that we did at the last call, was to talk about some of the partnerships that OILP and CIL have, that the world can understand and learn about the different parts of the collective universes. To help you build relationships with those, as you remember last time we had Carolyn Ryan who was into talk about the care connections and VBC work and care work at ACL. I am excited today to talk, or to introduce you first we are going to, many of you know her but Elizabeth Leef, she will get the details and more importantly, the national paralysis resource Center. Runs through who the Dana Reeve foundation in working with independent living. With that, I will turn it over to Elizabeth.

ELIZABETH: Hi, Sean. Thank you. I'm going to talk about the national paralysis resource Center. It is great to have this opportunity to talk to the CIL about the CL programs that want to partner with them and Christopher and Dana Reeve foundation is one of these programs. Let's go to the next slide. Sorry, go ahead. The foundation was implemented, has implemented the national paralysis resource Center since 1999, first at the CDC, then in 2014 at the administration for community living through a cooperative agreement. The national paralysis resource Center provides much-needed information, programs and individualized support and assistance to over 5.3 million Americans living with paralysis. Next slide. This slide gives you a high level overview of the programs national PRC provides, each circle on the side represents a program and its activities and I will briefly describe them. It usually starts with a simple phone call, or an email. The cornerstone of the PRC is the information specialist. They provide one-on-one assistance to anyone looking for information. Since the inception of this program, the PRC has assisted over 100,000 families and has 170 languages available to help them convey this critical information. There is a military and veterans program which supports the unique needs of our servicemen and women appear in family support program with over 430 certified peer mentors who provide support to over 12,000 individuals across the country. There is a strong virtual community of over 3 million users who visit the Reese foundation PR website and are actively using Twitter, Facebook, Instagram and other social media outlets. There is a Reeve connect program which is a private forum where members can chat openly about relationships, health and wellness. Their new normal and resources or tips for the newly paralyzed. The quality of life is also funded through this cooperative agreement, to date they have funded over $30 million to approximately 3250 organizations since 1999. Mark will discuss this program in more detail shortly. Lastly, the national PRC provides free health related resources and materials. Next slide. These materials have really good information, all of these resources are provided for free including the flagship publication, paralysis resource guide. This guide is in its fourth or fifth edition and in over 195,000 copies have been downloaded or snail mail as an exponential resource with a lot of information and also a lot of thrombosis and other secondary commissions, to paralysis. There are also publications such as bladder and bowel management, pressure injuries and advocating for the rights of children with paralysis. The state fact sheets and many other resources are also available to download, or request by mail and again, these are all free. I encourage you all to check out their website as well as the ACL website, you can find the PRC information under program areas, support for people living with paralysis. At this point, I'm going to hand this presentation over to Mark, I will say his name incorrectly but I'll go for it Mark Bogosian was the quality of life program and he will describe what the program is and how you can all get involved and we here at ACL are definitely looking forward to growing and enhancing our partnership with you all, Mark, take it away.

MARK: Thank you Elizabeth. Hi everyone, I am Mark Bogosian and with the Christopher and Dana Reeve foundation and the National Paralysis Resource Center. I want to thank Sean also for having me on board. This is such a great opportunity for the Reeve foundation to reach out to you as well, just looking over our past, we have aborted over 210 grams to CIL and 92 association of CIL with a total of $2.7 million. In addition to that we have also made five awards to stay independent living councils totaling $32,500. I also just want to note that ACL has awarded to target state initiatives as well to the Texas State Independent living Council for our virtual and independent living services and other served areas program and the Ohio State independent living Council for disaster preparedness. We are really thrilled to be working with you, I have been part of Reeve for two years and my hope is to cement these relationships and make them a lot stronger as we go forward in the years to come. Next slide please. Yes, the quality of life grant program, it does, we impact and empower people with paralysis, their families and their caregivers, this is all through support to nonprofit organizations to foster inclusion and involvement in the community engagement while promoting health and wellness. To those affected by paralysis, as well as their caregivers and family members. Next slide please. We received applications from 501(c)(3) nonprofit organizations which the municipalities state governments etc. and of course, incredible organizations like yours. Next slide please. I just wanted to share with you guys, the type of grants that we do have available that you all would be available to apply for. We have a direct effect and I will go through these and a little more detail at the direct effect are really open focus, those are grants that are up to $25,000. We have another tier category called the high-impact priority and those focus on transportation, respiratory caregiving, disaster response, nursing home transition, and employment. The fit is a type of grant for expanded impact which are previously awarded organizations that really show demonstrably and successful impact. I will go into these in more detail in the upcoming slides. Next slide please. These are the types of projects that we do fund through direct effect. A lot of these areas are areas that you all are involved into. There is assistive technology, there is caregiving, consumer education, we fund loan closets for durable medical equipment. Different types of education or employment opportunities as well as transportation, transition from institution to home. Next slide please. Just kind of looking, here is a broad array of the types of these specific direct effect which are really open ended. As you can see, anything from sports wheelchairs or wheelchair basketball team or a workshop on education, a series on sex and sexuality living with a spinal cord. Next slide please. Right now I'm talking about, sorry, I wanted to let you all know to please contact me at any time after this webinar. I will provide my email and look forward to talking to all of you. Transportation, this part is the high-impact priority grants. It is really to provide accessible transportation and it also offers drivers driving education programs to enable people how to learn to drive, or learn to drive again. Which increases independence and all the various options. Respite caregiving, this grant is a special area that recognizes that family caregivers play such a vital role in caring for those living with paralysis, these grant funds really are exemplary and innovative respiratory care services that we like to see that are evidence-based and peer promising or trying new service models. The last part of the second tier is disaster preparedness, these really address the wide-ranging forms of natural disasters we are seeing with the hurricanes, fires etc. We have also seen a few groups that have gone outside the natural disaster environment looking at how they have had to do that in California with some of the fires. Next slide please. Nursing home transition, this is one where we have worked very closely with the CIL, this is where we really provide services to people that are moving out of nursing homes back into their homes or community-based settings. This area here, also we support diversion so that is keeping people out of nursing homes. This is an area that I said we had originally targeted to CIL. One thing we are hoping to open all the other programs and really start make those connections especially in assistive technology and in some of the other areas that were up earlier. Employment here is the foundation feels it is important that employment is such an important aspect in people's lives and the object of this is really to help people find gainful employment. These are programs that provide services, they help folks either enter, or remain advanced in the workplace. But again the real focus on this is providing gainful employment. Next slide please. That in a nutshell, quickly about the grant program. I know that was really quick, but I do would love for all of you to reach out to me, my email will be on the last slide, but you can also reach me through quality of life, at qol@christopherreeve.org. Wanted to touch on what we are seeing with COVID-19 and the winter. One of the main things that we are doing, as we are having a webinar with our famous nurse, Linda. If you haven't had a chance to sit in on those webinars, they are extremely informational, and enlightening. Nurse Linda is going to be talking about accurate and timely specific information about vaccines for individuals with paralysis, and disabilities. We have gotten a number of calls from folks who are really worried, this seems to be a really big concern going forward as the vaccines are rolling out. Also we will be providing FAQ on that as well as we just keep having these ongoing information specialists calls and that is what Elizabeth referred to early when she talked about the information specialists. Two of the things that folks are seeing, that our information specialists are seeing about the winter, or people who are really concerned about the outtakes in the virus, and they are just also, this is something that we have all seen happen at the onset. Again, now as winter is coming and the numbers are increasing, people are really afraid of caregivers coming into their home. Those are two areas we are seeing. Next slide. This next slide kind of tells you a little bit about what some of our grantees are doing, we have reached out to them to talk to them about what are they experiencing and what are the people they serve experiencing with COVID-19 and the winter. A majority of them are really looking to expand on wellness and telehealth experiences and obviously doing that virtually. Others are doing increased online services. A lot of accessible physical activities, a lot of mental health support and a whole lot of kind of social connections really to address social isolation because we have seen that social isolation is the biggest detriment with folks dealing with those things during this pandemic. A whole bunch of activities with counseling sessions, to movie night, to book clubs. All of those are planned for the winter and one last thing that we heard from a lot of our grantees that they are doing is they are working with community partners. One group is collaborating with the local library. They are going to be doing lending of videogame controllers and we have seen such an increase in video gaming and the folks that are doing gaming, how that is also really addressing social isolation. Another organization is planning a virtual museum visit. It is this really great to see what people on the ground are doing, how they are responding to COVID-19 and what they see as some of the challenges this winter brings and we hope things will change very quickly. I believe the last slide is just, if we can switch to the last slide. Okay, there it is. There is my email down there on the screen. I would love to hear from you if you have any questions, any questions about the grant program, we will open a new program in February and also offering a technical assistant webinar. That will be about the second or third week of February. That is kind of it for me. I want to thank you all again.

SEAN: Thank you Mark, very helpful. Good information. So everybody knows that his contact information and information about the PRC programs will be available, we are taking notes and are pulling information together so your project offices will have that. It is in the chat and different areas of the zoom call here also. Writing down interesting stuff you want to know right away. The next portion of this presentation, of the quarterly connection call is titled COVID-19 in the winter, how are CIL addressing the need? I do want to talk first, about the last quarterly call I gave some data numbers. I wanted to update you on that. Right now, I know one of my concerns on our last call was that there were, we don't know what the right number is but there were not too many who had drawn their funds. Any of the CARES Act funds. Not even to the point of talking about whether or not it is being used well or not, it just wasn't being used. As of November 12, the most recent data we got was over a month old. We were down to over 36 CIL where the awards had not been drawn at all. $20,220,000 Hadn't been drawn. I am judging by the pace that you have been out over the last six months, my would be that is about 22 – 23 million out of 85 drawn. I want to encourage you to be thinking as we are getting into the winter months, I think Mark had a lot of great comments about things like social isolation, making sure that necessary care is still available in different ways. Those are still ways you can be using those. Those funds. Definitely, as we start getting into the knock on wood, when the vaccines become available. How will that happen? How will we ensure that those things are accomplished? For our people, especially when the people we serve are going to have transportation issues. I would be thinking about that proactively. To be honest, in the email that we sent out, we did not get many, if any stories about CIL uses of COVID-19. There is one that I want to share that is actually preemptively jumping into the question and answer period. I haven't checked ahead of time - - partner with a local food bank to help, they asked about whether or not it was allowable for this CARES Act funds to provide a ram. Our answer was, quite possibly, yes. We want to be a little careful, because different agencies have different legal responsibilities to provide an accommodation, we don't want to let people out of their responsibilities. However, you can certainly force the situation where the food bank especially in these trying times which is – has scarce funds and doesn't know - -. The recommendation was to check and make sure the funds, they really did need the funds and they were describing cash. I'm sure as many of us know, there building different kind of rims in the world to make sure that the option that you choose is reasonable. That is not a gold plated solid scale ramp but it is a good functional brand. To have some sort of agreement in place that this will be utilized for people with disabilities and that you are notified if that happens. The degree that you can get information about that is up to you, we don't want to be burdensome but that is one of the great examples of something that is potentially a great partnership and use of CARES Act funds, but we still want to be good stewards of federal funds. While you are doing that. There you go. With that, I'm going to transition to the Q&A period. Corinna has been doing a great job of responding to questions in the Q&A chat. I would encourage you, if you haven't been doing this before you leave, if you click on the Q&A box where it says open and answer in the list, click on the answer and you will see once in the graph. With that, it will turn it over to Corinna to take it from here.

CORINNA: Thank you, Sean. I will go through a few of the questions that have been posted in the Q&A, just in case people aren't able to see these. If there are additional questions that you would like to post in the Q&A, or in the chat, we will answer them as we can. The first question that I answered in the Q&A is, is there a signature page for the CARES Act PPR? My response, is that there is not a signature page for the CARES Act PPR. Just get yourself the Excel sheet, drop in your data that you have it as it is related to the CIL CARES Act funding and activities, uploaded into grant solutions and you will be good to go. We have a question that is, do we have any guidance on whether or not there may be character limitations for the narrative sections of the PPR? This individual is referring to the upcoming data portal. I can say that there will be character limitations on your narratives, but they will be generous. I know that the character limitations is always an ongoing topic of conversation when it comes to PPR. But I can say that the character limitations are not intended to prevent you from entering all the great work that you're doing. But we also can't adequately manage 352 PPR's that have absolutely no limitations to them whatsoever. Again, we read every single one of these, when we need to look for different narrative examples or whatnot, we are literally opening those up and doing it manual search. We need to keep things at a place where it is manageable. I would say you can expect those character limitations to be a little bit more generous than they may have been in a sale reporting. But they will be there. One of the features that you can probably expect in the new portal which will be different from what you had in ACL reporting, is that your character limitations will be on the screen. You will be able to see your character accounts, accounting bound. So it is not a surprise if you go to cut and paste something, then all of a sudden things don't fit, you will actually be able to see the countdown as it is happening. There was a comment, a hair from my fellow staff that the PPR should focus not on narratives, but on how will we did and what we said we should do, can you say a bit more about how you use narratives for the record? I have tried to encourage our staff to tell stories and give testimonials, I'm glad to hear that this is good practice. It absolutely is good practice, if I can't say it enough, I just have to keep saying it that the story is important and while we don't necessarily collect all of the information that we could on the PPR, what we do collect is valuable. My response was PPR narratives are used in the CIL annual report, that is the report that we are required to make public every year. That was just released by Commissioner Hocker, I want to say in November, it is on our website and a copy of it went out to the field, if you have an opportunity to read through the CIL annual report, you will see is everything that is included in that, our stories that came out of the PPR, data that came out of the PPR. That is one really great example of how we use that information. We also and I will go on with my response, we use it in presentation remarks by federal staff and leadership, federal staff are often also requested to provide stories for a variety of ACL and HHS required reports. For example, we are required to provide quarterly updates on the CIL CARES Act activities. Here, because the reports haven't been submitted by the network but we still have to report, we use narratives than to us directly from the field as an FYI, were we find stories through CIL newsletters and periodically, if we have a tip that something might be happening in the field, and we would like to know more about it, we will reach out directly to that center and asked them to share their stories with us. Here is another question, to confirm, I can accurately relay this information to my director, the PPR portal will be available in early January, the PPR for FY 19/20 does not have a due date of December 31, 2020. However, we should ensure that the PPR is ready to go for potential submission within the first two weeks of January. Yes, this is accurate. We have another question, is there any thought to developing a standard dashboard from the ACL report? What indicators does ACL view as the most critical for reporting on a dashboard? Yes, we have in fact considered this and we've developed a prelude dashboard that we are currently working with and we hope that we will be able to share that with the network in the coming months. Another question, is it correct that we should not include the CARES Act amount in our regular part sees PPR since it is reported in a different report? This is not correct. All funding that a CIL receipt should be reflected on the CIL PPR. However, the CIL CARES Act activities should be reported exclusively in the CIL CARES Act report. We are not asking you to double report the activities, you can limit that and put it just in this CIL CARES Act report but you should be including on your CIL PPR how much funding you received through the CIL CARES Act funds. Okay, we had a question to the Christopher Reeves foundation. If either Elizabeth, or you might want to take this. I'm trying to find it. Here we are. We have someone who says, our center has been rejected a few times we've applied. One thing I think we struggled with, is making sure that we can accurately target the use of these funds and people with paralysis specifically. Can you speak to best practices for this?

MARK: Thank you so much. It is interesting because our foundation is paralysis focus. The majority of people served to the grant must be living with paralysis. We really do have a broad description of paralysis, it is not just regulated to the spinal cord injury. It is people with any type of neurological condition that brought on the paralysis as well. Traumatic brain injury, stroke, cerebral palsy, spina bifida. What we really do look for, and there is a whole process of external reviewers and internal reviewers. One of the things that they do look at is mainly part of the policy, is that you must serve a majority of people living with paralysis. A lot of organizations don't have a majority people but as long as the project itself is serving a number of people. Let's use the nursing home transition for an example. Those grants are up to $40,000, and some of the CIL and organizations that have come in, have said we are going to target for people living with paralysis. We are going to help them transition through from a nursing home to a home. That is for people which is all for those people that have been proposed, or living with paralysis. The minimum the other was that we would accept as three people living with paralysis. I think sometimes, if you have a program that is working with 100 people, but 70 are not living with paralysis, that is where some of those decisions are made.

CORINNA: Thank you Mark, I appreciate that. Going back to the Q&A, COVID-19 CARES Act funding report and the payment management system is unable to be submitted because it continues to populate. You also cannot change from final two annual report. I understand this is a technical issue that PMS is working on. Is there any idea when this problem will be solved? And will CIL be notified? We are aware that there are some issues in PMS right now and I don't have a specific date on those issues will be resolved. Those issues are not managed by the program office, they are managed in the office of fiscal operations. But again, they are aware of it. I also included that the PMS issue does not prevent CIL from timely submitting the CIL CARES Act PPR in grand solutions. Don't get distracted by one piece that is not working quite right and find yourself late on the other piece. Another question here, there is an ILS PPR public comment opportunity and the Federal Register, can you explain what this is about? Yes, there is currently an ILS PPR public comment opportunity with the Federal Register. What that is about is the ILS PPR expires January 2021 and we need to have active OMB approvals on all of our instruments in order to use them. We have filed an extension of the current ILS PPR to even file for an extension, the process is that it needs to go into the Federal Register for a period of time for public comment. It is exactly what that ILS PPR is now, the exact same instrument and we are only asking for additional time to use it. So that we can again, collect the data that we need. And have something in place until we start working on a revised ILS PPR. I am going to pop into the questions that have not yet been answered. I'm going to turn to Sean really quick, Sean we only have three minutes left here. I know that there were some questions that came in through the quarterly connection email box. Are there any questions that are that we haven't covered, that I need to answer or you need to answer?

SEAN: There is a couple and I will get through those quickly here. One or two I will flip back to you. His prior approval needed for spending over $5000 for the CARES Act funds such as equipment upgrades for working at home? The CARES Act did not remove any requirements for the grant with any additional flexibilities on that. However note that the limit for getting prior approval is per unit acquisition is the phrase. If you were buying three computers, each were less than $5000, the fact that the three of them added up to over $5000 would not mean you need prior approval. For each unit, any particular unit is over $5000. Will OILP be providing guidance on state steps that the aisle networks to take if they are considering redistribution of funds to enhance coverage of underserved - -. Do you want to take that?

CORINNA: Yes, that is a topic of conversation that we have had for sure, recently. With the CIL. We do anticipate helping states through that process, I know there are quite a few states that are interested in doing a redistribution of their CIL program funding. We do anticipate probably not until late spring, that we will be able to turn our attention to this, but we do hope to put something out to the network for those states who are interested in exploring that option.

SEAN: Great, somebody put in the Q&A what is the process for requesting prior approval? Contact your project officer. I know that Paula has also provided - - contact your project officer. Do you provide guidance regarding reports completed in the PMS, should they be uploaded with grant solutions? PMS and grant solutions are completely different systems. Nothing from PMS is placed into grant solutions or vice versa. That is probably where the confusion is. Could you please provide a schedule of required reports? Regarding unique circumstances like a meeting of federal financial report from PPR are due 90 days after the end of the year. We are not, that is – we are answering that question in relation to our reports. We are not answering those questions in relation to other federal agency reports. Those are the questions we have.

CORINNA: Thank you, Sean. We are at time, it is 3:00 p.m.. I will bring this to a close, and thank you to everyone on the call today. For joining us. I know it is a weird time out there, we could not be more proud and impressed with all of the work that is being done in the network. Despite everything that is going on around us. Thank you very much for everything that you do. Happy holidays, and we look forward to a new year. New adventures, and some interesting times I'm sure. Thank you, and have a great day.