OILP Grantee Quarterly Connection

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Presented by Erica McFadden, Jill Jacobs, and Jennifer Johnson

>> ERICA MCFADDEN: Thank you. That was a great introduction. Hello, everyone. My name is Erica McFadden. I'm a blond woman with glasses. I have a black shirt on and I'm sitting in a really warm study with the TV behind my back. Pronouns are she, her, hers. And we welcome you all to today's quarterly connection call. And I have the privilege of introducing our new commissioner with the administration on disabilities, Jill jay Cox. She comes to us with 25 years of experience and policy analysis, program development and front line delivery of human services. She is a social worker at heart. She got her BSSW from Texas A and M central Texas and received an award called the Dr. Mary walker medal of honor received from her work with military families with disabilities.

Jill identifies as a disabled person. She has 3 grown children, two have developmental disabilities, and she's done work with her most recent gig with the independent center of northern Virginia as their executive director. She's done so much to advance the lives of people with disabilities and we are so happy to have her and reminding us to do what's real. So I'm going to pass it over to Jill to be able to talk to you all today.

>> JILL JACOBS: Hi, everybody. I'm happy to be here. I see I've been given 150 minutes to talk. And, you know, I can usually talk endlessly about myself. So luckily Erica already did most of that for me. I'll just give you a little bit of my background. I'm a person with a disability. I am the parent of people with developmental disabilities. I was raised by a person with a din. My dad had quadriplegia, so I've spent a lot of years in this world.

I have a lot of history in the independent living movement, done a ton of grassroots advocacy and organizing and that's really where my heart is, in the grassroots. As Erica said, I do love being real. I love the policy work.

I like developing programs and systems and things like that. And the main reason I like doing that is because I like to figure out ways to make those all function, translate them into processes that can work for people with disabilities and their families and their support circles in ways that I find frustrating kind of in typical policy circles. So that's something I've been saying a lot since I've been in this role, hmm, it's all awesome but there's so many people here who know policies so well and know how the systems work and now how to get things through the federal government but if the things that you are talking about are in no way related to how things are happening on the ground for people with disabilities in their real lives, then you're doing it wrong.

So I'm the voice of real here, as often as I can be.

I try to be the voice of real kindly. Sometimes not.

So I have a lot of experience with home and community-based services, that is kind of the core of my being. I've experienced home and community services, everything from my dad being able to access HCBS early on in the late 80s and my children using HCBS. I ran an organization that did case management and service facilitation for HCBS in particular, what was then called the developmental disability waiver in commonwealth Virginia and I hope some of my accomplices are here today.

So a lot of experience in HCBS, that's where my heart is in particular because I see HCBS and MFP as real keys to independence and freedom and living the way one wants according to their plans and their ideas and their heart. That's something that's really important to me. I've done disaster relief following hurricanes in Texas, Louisiana, and Puerto Rico, and that was very meaningful work. It taught me a whole lot about life and people with disabilities. And as Erica said, I was recently the executive director of the independent center in Virginia which is a center for independent living in northern Virginia. It was wonderful working there. I loved having that opportunity to work at a CIL, to do the kind of work during COVID that was so really needed and solve such an amazing team to do that work alongside me. Not only at ECNV which is a fantastic team but across the commonwealth of Virginia. I will say I'm a big fan of state associations because if I hadn't had the support of Virginia association of centers for independent living leadership and camaraderie and opportunities to brainstorm and figure things out I would have been probably pretty bad at my job. If you are associated with a CIL, ED of a CIL, I highly suggest that you get involved with an association. If there isn't one in your state maybe you ought to start one, that was so helpful to me.

I've been all sorts of boards and et cetera, and whatnot. There's a little bit about me.

So my vision for the administration on disabilities is -- I'm pretty bad at this because when people talk about their vision, it feels so pie in the sky to me and feels like it has to be super fancy. So I think, you know, that's something I'm not very good at. My whole time here I may not have a "vision statement" but my vision reflects what I believe and what I've already said, real. So I don't want to do things here that don't reflect what people really need. I want to hopefully move us in the direction of working with the real stakeholders. I think sometimes we mistake our key stakeholders as our grandees, and love y'all grantees, you're awesome and we couldn't do our work without you. So I'm not saying that's not true. However, we have to understand our real key stakeholders are people with disabilities. That's what the foundation of our work is about. That's what we have to keep in our hearts and minds. And if we forget that and are more concerned about keeping our agencies alive and things like that, it becomes a problem.

Funding keeps our agencies alive and therefore we get to serve the people and do the real stuff. It all goes together. So in order to do that it's important to communicate well with everyone. With people working out there in the communities out on the ground. I've been there, I've done that. I no he what it is, so I want you to know that you can reach to us. I hope you all don't feel like, oh, what would ACL say? Oh, ACL, they don't know. Who should you call? ACL? No, you do it. No, no, no. I want you to reach out to us. Communicate with us. I want to -- we want to understand what things are really about for you. You can email me yourself if you want, anytime. You can call me. I'm happy to talk to you. Erica is the same. Jennifer Johnson, my deputy here, is the same. We want to know what's happening for all of you out there. We want to talk to you. We want to hear what you have to say. We want to work with you.

A key thing for me in this next probably 10 months or so will be the HCBS settings rule. And so primarily that's about the states -- heightened scrutiny of states, the settings of which people receive their home and communities-based services, people who use HCBS have access to whatever they need in those environments according to what it is they want. For example access to food, access to lock their door, access to visitors when they want. Just the basics that we all want and that how the states create their plans around those things. How they'll be monitored. And what that's going to look like. So we will be -- I think we'll be doing a lot of work around that. For me, again, HCBS is super important to me. So what I would love to see happen is for the developmental disability community and IL community to work together more closely than has happened in the past in some situations and I think HCBS is a good vehicle for that. I want to build a bridge and I think this is a good vehicle to ride across the bridge together. You'll be hearing about that coming up. It's on the agenda here.

I don't have a loot more to say. I just wanted to introduce myself, tell you all I'm very glad to be here. I wants to hear what's going on with y'all. Reach out anytime and answer any questions. I'll hang around for the rest of the meeting.

>> ERICA MCFADDEN: Thank you, commissioner. That was a great introduction of who you are and we really appreciate that you're with us.

It's my cue now to talk about what we're doing in ILP and so I want to talk to you about our communication. Putting out the great work you're doing as well as communicating updates to all of you.

So we do the CARES Act news letters and it's probably the most effective strategy we have to communicate with you all on a regular basis right now in a monthly way putting up updates and if there's new information you should know. So we started making just a monthly standing OILP communication tool for our DSEs, our Silks and our CILs. We thought it might be great for you all to be able to share your successes.

So if you have a press release or something, a paper of something innovative your CIL has done. I know -- not to put you out there, Kimberly, but in South Carolina, getting subminimum wage eliminated, highlight the successes in our monthly newsletter we would love to hear from you. Just let your program officer know what you're up to. Especially when you get things out there in the paper because we often get called from leadership to share stories, current stories, not from the PPR a year ago, but what's happening now. So we do pull stories from the PPR, but anything recent is what we're missing when we don't ask you all regularly for those.

So if you have something to brag about, feel free to send it to us. We won't look at you as being frightful. We love to hear those stories because it helps us with messaging and amping up the great work you're doing. I also want you to know that we're working with a communication firm and they started doing interviews with some of the CILs, silks and other stakeholders to figure out how to firm up independent living program messaging so that it doesn't get lost in all the noise. And we can do a better job having one voice and solidifying the great work of the CILs.

So there will be updates on that messaging campaign. We'll be working with you on that. And sharing updates and getting feedback from all of you. But just know that was one of our key goals, to increase your visibility upwards to Congress as well as publicly. So we'll be working with you in the months to come as that unfolds. I'll continue to provide updates on that. But so far the initial -- that's a teaser but you'll be hearing more about this later.

The next thing I want to mention is the monitoring process. This is something we've always, always been on the radar to do. We've been focused on getting it more tight and more comprehensive. So what we've done is we've completed all the PPR reviews and there was over 400 something. So kudos to our little small four-person program officer team because we had to review the IL programs as well as the center -- CIL programs for two years. So it was a lot. And you all did fabulous work over that time. There were some issues that came up, no surprise. Some of the top two compliance issues had to do with nursing home or institutional transitions and youth transition as the new core service and this is no surprise to any of you. And so moving forward we're looking at what we can do to improve TA around those programs, not just around just TA, but looking at other strategies, best practices, you know, potential funding mechanisms. Not that we're saying -- but different funding mechanisms for funding pilot programs. So we just want you to know that we are taking what you put in those PPRs to heart when we see where failures are and how we can strengthen supports for you.

But do note the step is for some of you there were some that had more issues than others, so there will be a tier 2 for a few CILs, and I know we haven't done that in a while. So if you are in CIL you'll be getting a follow-up, from a program officer to work on -- to get initial information and create an action plan. We're trying to improve or monitoring with the federal money we have and ensure that we're not only putting out the great work you're doing but help strengthen those with weaknesses that are compliance indicators around the rehab act.

So know that if you do get that reach out, don't be too afraid. We're just trying to work with you, but we want to make sure that our federal funding is being spent appropriately and in the right areas and that you get the support you need to maximize your work, okay?

So we'll keep you updated as that process goes on. And in addition, we are going to be looking at the PPR again. I know some of you were involved in those work groups for years trying to figure out how to better tell the story of what the CILs do through the data you provide. And so we are reconstituting that group and I know you actually had a draft that was ready to go, so we're going to start from where you left off a few years ago and see what needs to be done to better serve the CIL program with the PPR data that you were putting out there.

We did something similar with the ILS program this past year and so look for updates around that as well. We hope to start meeting around that after the nickel conference this summer.

Next thing to note is that we are going to be bringing in the spill instrument, in your states they're due 2023 is the next three-year spill is due so we're looking at having the Q90 portal being able to accept those so everything will be in one place. So there will be upcoming TA and training opportunities, and then do know that we recognize this year we submitted your PPRs, some it was seamless and easy, and others it was really difficult, especially if you were using a different data platform.

So we're working with Q890 to try to improve that system and work out some of those kinks. So notify your PO with problems and we'll continue to figure out how to better improve the platform.

Our hope is to put everything in one place so we can better analyze the trends that come out of your data and we can report the number of people you're serving, how they're being served, and who's being served. So that's the update about that.

Do know, too, that we recognize that the aged is what usually holds your data for CIL and CIL performance.

So we're going to look at uploading the data for 19 and 20 into the ACL website on the CIL page. And we're updating the website as well, but the data has been closed for the PPRs for 19 and 20 so look to be updated information over the summer and we'll keep you updated when that happens. But I really appreciate you responding to all the emails and contacts if your PDR wasn't in. We really wanted to get those books closed so we can report on the phenomenal work you're doing.

All the data has to go into our biannual report that's submitted to Congress and it gives us more lead time to be able to work on it so that we can get it to them by the end of this year.

Okay. I don't know normally if we ask questions throughout. Do you all have any questions over anything I've said? I don't know how these normally run. Is it -- do you ever interactive or do you wait until the end? ILRU.

>> SHARON FINNEY: Normally, Erica, the questions are at the end as are agenda reflects, but if you want to address the questions that are come not guilty the chat, the Q&A right now, that is fine, too.

>> ERICA MCFADDEN: Great! So one of the questions was will there be FAQs on data collection for the PPRs? So, yes, we were just talking about an ILRP today about the FAQs we need to work on for the next year. If you have ideas, Beth, on what particular areas you want information on, and that's for all of you. If you have areas where you feel like you need more direction, if you can let your PO know then we'll coordinate those and figure out how to get it into an FAQ. I know that was a priority in the past so we want to make sure that we come in and report this next go around that there's some of those questions will be cleared up before you submit anything.

Okay. I think that's all I see. So I'm going to go ahead and --

>> SHARON FINNEY: There are some questions in the Q&A, if you just click the Q&A icon that's on your Zoom tool bar.

>> ERICA MCFADDEN: Oh, yeah, I see now. Sorry, you all.

>> They're in the chat. That's kind of confusing. There's a chat and then Q&A.

>> ERICA MCFADDEN: You can tell I'm new to this platform. Thanks for your patience everyone. How can we receive support now? So I would say that all of us have an open-door policy, virtual door. If you have any questions around anything, you know, you let us know. I mean, you can let your PS known, you can let me know. I don't know, Annette, if you're talking about -- what you're talking about for support in. Around the PBR? Is it around the transitions? If you can put that in the chat, that would be helpful.

Vicki asked about Q90 being chosen without public RFP, and she doesn't trust Q90. I'm concerned it was selected and (inaudible) RFP so I'm not 100 percent sure about the process on selection of Q90.

>> JENNIFER JOHNSON: I can respond to that question if you want.

>> ERICA MCFADDEN: Go ahead.

>> JENNIFER JOHNSON: Hi everyone, this is Jennifer Johnson, the for the disabilities as well as office of disability service innovations. Just to give you a visually I'm a middle aged white woman. I have salt and pepper gray hair. And my hair is pulled back. I have on glasses as well as a cream sort of colored crew neck shirt. I'm standing right now at my desk and behind me is a picture and to the side of me is a photograph of my daughter as a baby.

So in terms of the question about Q90, you're correct that we didn't go through a competitive process to bring them on as the vendor for the CIL reporting platform and the reason was that you may recall we were using ACL reporting as the platform for cells to submit their performance report and having one problem after the other with ACL reporting so we had to move immediately to a solution that would be one we could get up quickly so we could start receiving the CIL reports.

So we had limited time to look at vendors. We did look at a few vendors when we were considering what vendor to go with, and Q90 was the one that was able to give us what we needed in a time frame that we needed and at a cost we could manage. So that's the process that we went through. We know, though, that that's not ideal and, you know, if we were under different circumstances we would have gone through a more thorough process to review various vendors, even though we did do some of that when we selected Q90.

We appreciate the feedback. We'll be continuing to use Q90 for this interim period which may be for another year or possibly two as we just get -- the important thing is that we -- talked about this already -- that we're getting the data from you all, the stories, and so we have a way of doing that right now, but we are reviewing that and will be looking at a more long-term solution and through that process you'll probably see something more in line with how we would normally compete for these kinds of vendors.

And we'll continue to review Q90s performance and work with them so, again, we appreciate the feedback that you're providing on that.

>> ERICA MCFADDEN: Thank you, Jennifer. And I think the only other -- I see a question from Tyler, we're not looking rooting now at developing a separate PBR for the SILCs. As well as the spill. And I know Vicki is asking why PPR is no longer available publicly and I don't know the answer to that but that is something we can look at.

>> JENNIFER JOHNSON: That's another system issue, something we had hoped to have through ACL reporting. We weren't able to get that through ACL reporting and, again, we had to move quickly to get just the basic system put together. But we are looking at ways in which we can once again not only make the data publicly available but also the reports available.

>> ERICA MCFADDEN: Yeah, I think the goal is to make it as transparent as possible. That's for sure.

I think actually Mary's question is a good segue, Jennifer, into what is next on the agenda. She's asking about budgets. Future CIL budgets. So take it away.

>> JENNIFER JOHNSON: Yeah, I can share a little bit of information about the fiscal year 2022 appropriations and what's proposed for the 2023 budget. For those who don't speak federalese, fiscal year is October 1 to September 30th so that's the fiscal year that we operate on.

In terms of 2022 appropriations, we did receive appropriations earlier this year. And for the IL program altogether, so that's part B and C, it was $118 million just a little over $118 million which was an increase of $2 million from the previous year so that's really great that there was an increase for the IL program from the previous year we did the part B awards so those should have been received. And the part C will go to the CILs on the same timeline as prior years.

In terms of the fiscal year 2023 budget, this is the budget proposal that will the president submits to Congress and basically what the president has put forward as his priorities and what he wants to see programs funded at in support of the work being done in terms of the IL program, the president requested just over $160 million for the IL program. It was $160.2 million for the IL program which would be obviously a huge increase if we were to actually get that. It would be an increase of about $42 million for the IL program, which would, again, be really exciting.

If we were to get that and when I say if we were to get that dependent upon Congress granting that can request and authorizing that increase for the IL program. So we can make the request and justify the increase, which we did, and so then it's up to Congress to decide if they'll honor that request and increase the program by that amount.

So those are some budget updates for you all.

>> ERICA MCFADDEN: Thank you! And I don't know if anybody had any questions around that, what Jennifer presented. Okay. If not, moving on. So there have been some changes. You all know we lost Regina B. and she moved on to the leave paralysis foundation. We're sad she left, she left in January, but since then all the program officers have taken over -- she used to be with the ILS section B and all the POs have taken over her areas. So basically they're still working within their states but incorporating the IL program there. The state IL program.

In addition, I wanted you all to know that we are actively searching for additional staffing. Sometimes like the shoot in a mist and we are not giving the candidate in the door, we are actively trying. I want you all to know that. And we're hoping, fingers crossed, I'm hoping that we'll have a new staff to report to you at the next quarterly call.

So I'll say a small prayer and hope everything works out and that you'll find an additional program to support the work you're doing. So stay tuned on that.

And if you ever want to know, you know, who your program officer is, for new people that come on board, I can put -- somebody can put a link in the chat on our ACL page we have a listing of program officers by region and by state. So if one of my staff could put that in the chat, I would appreciate that.

The next question or next -- somebody asked are you teleworking or is it all NBC. We're returning back to the office starting June 7th I believe is the date we're going to be reporting on Tuesdays once a week. It's a hybrid model reporting from home as well as going to the office one day a week until we understand what's happening with COVID.

So thank you for that question. And I think the next thing that we want to talk to you all about was the CIL and ISPD reviews and reporting deadlines. We closed those out. Thank you for submitting your PPRs. The next deadline we have are basically the same ones we already have. The CIL PPR for 2021 will be duty December 31st. The ILS program I believe is January 31st of 2023, and then your spills, your state plans are due by June 30th of 2023.

So we'll be working with you and reminding you of those deadlines. I know some of you are asking if you can get in right now to start submitting information. We can work with Q90 to get those opened up for you and when we do we will let you know when that happens so you can start -- if you want you can start submitting information.

But our program officers don't look at them until they're all after the December 31st deadline.

Does anybody have any questions on that? Okay. I'm still trying to figure out the Q&A feature of the chat.

Okay. So I'm going to turn back over to Jennifer to talk about the ACL and health resources and services administration resources.

>> JENNIFER JOHNSON: Yes, I'm going to give an update on the partnership with HRSA and ACL. You may have recall that we shared information with you all about health resources and services administration, that's what HRSA stands for. And the program we have to distribute masks and COVID testing kits to their health centers. And in that communication we encouraged you all to reach out to health centers to assist in giving masks and testing kits for individuals with disabilities.

We also shared information with the health centers about centers for independent living and our other grant programs. So they would be aware of you all as resources for getting masks and testing kits to individuals with disabilities. And we've begun getting reports from HRSA on the distribution of the masks and testing kits and it looks like it's working because 30 percent of the health centers have distributed the masks to older adults and/or individuals with disabilities and 32 percent of them have distributed at-home self tests to older adults or individuals with disabilities.

So that's good numbers in terms of making sure that people who need them are getting both masks and the testing kits.

The mask distribution program is starting to wind down, and we did send an email to you all to let you know that health centers will have additional opportunities to order masks through this program before the program sunsets on June 20th. In our communication with you we encouraged you to reach out to the local health center in advance of the ordering dates so they have two more ordering dates, one on June 6th and another on June 20th. So, again, we encouraged you to reach out to them in advance of those dates to request masks to meet community needs.

And that could include a request to store any masks for use in the upcoming months where it's feasible.

So we -- even though the mask program is starting to wind down, we do encourage you to continue any relationships that you have with health centers. Maybe you had them before the mask program and maybe you developed some as a result. But given that there might be a need for this kind of connection in the future we wanted to make sure that any relationships continued into the future.

>> ERICA MCFADDEN: Great. Thanks, Jennifer! Anybody have -- oh, okay. So does that question FQHCs?

>> JENNIFER JOHNSON: It does, yes.

>> ERICA MCFADDEN: Okay. And there are other questions I'm trying to get to. In regard to the budget, when would you know if Congress approved the additional funding?

>> JENNIFER JOHNSON: So I can answer that one. That's really dependent upon Congress. They are supposed to approve the budget, our appropriations by October 1 each year. That rarely happens and we're typically on what are called continuing resolutions which basically keeps the government open and funds programs that rely on congressional appropriations.

We usually in the past several years typically have been getting what we call final appropriations or our final budget somewhere late winter early spring. Sometimes -- one year it was in May that we got our final appropriations, so it's really dependent upon Congress and when they can get to agreement on a budget and appropriations.

>> ERICA MCFADDEN: Okay. Thanks, Jennifer. And there are some questions around the contract dates. Our contract is September 1st through -- changed to September 29th what's the reason for the change and do you anticipate changing a batch of (inaudible) fiscal year?

>> JENNIFER JOHNSON: I know a little bit about this in terms of the change in dates for the awards. And we -- continuing our discussions with office of branch management about the award date but my understanding was that because we have to obligate funds before the end of the fiscal year, so before September 30th, that's why the date was changed to September 30th so that we could obligate the funds before the end of the fiscal year.

>> ERICA MCFADDEN: Okay. And then question is states will now have a month longer than CILs to report PPRs. Actually I was going by the timeline that was already established prior to my -- Paula wanted to answer the question.

>> Let me unmute. That was a hand spasm when I was going through the questions.

>> ERICA MCFADDEN: Oh, you didn't want to answer the question?

>> I didn't but I didn't know how to undo it once I said I did.

>> ERICA MCFADDEN: That's okay. It's honestly a lot of signing off that had to have with the states. And they're a little slower to get signatures when it comes to getting different people to sign off like the SILC chair and the DSE director. And it's only because they have additional signatures to get, that's my assumption. I don't know if anybody else from (inaudible) knows why it's on January 31st? Okay. And I guess not. So that's my assumption, it might take a little longer to get all the signatures that the CIL PPRs don't require.

I hope I answered that.

And then somebody was asking about contract dates and the part C contracts, and I think if that was the September 30th question then, yeah, that's what we were talking about as well as part C.

I think that's the same question.

So we'll be sending out the link to the meeting and the PowerPoint. We were hoping to be able to post it back on our site that we -- like we used to do.

I'm just going to go ahead and carry on with the agenda now, but this is great. I like to keep it interactive so we're not just talking heads up here.

So I'm going to move on and we'll talk about MFP updates. So you all know that there's been a new award for additional MFP states, and it looks like the current NOFO with states not participating is due -- responses are due by May 31st, so it's quickly coming upon us. We understand that some of you do get MFP money and some of you do not, for various reasons. It might be that your state has found another way to get people transitioned out of institutions and some of you feel like you're stuck and development have a path to get people out of institutions because you're lacking funding support to do it. So what I would encourage you to do, we're trying to collect information from states and centers and states to find out -- and SILCs to find out what the barriers are on the ground for being able to not just MFP funding but for any kind of transition funding from institutions, what those particular issues are. Because at ACL we're working on how we can provide better TA to our states. We're also looking for those success stories that also work where states, you know, managed care organizations, centers for independent living, they're aging together, within a state can go vary from area to area. We want to know what the bare remembers are -- the MFP funding or any other type of funding to transition people out of institutions.

So if you could do me a solid and email me if you are one of those, from one of those states with that issue. We want to know specifically what the issue is and what the state is. I know we know that there are in South Carolina, Oklahoma, and Kansas and I think I remember talking to some CILs in Washington state. So let me know if there are others so I can come back to the team and we can figure out how we can strengthen our work to include CILs, intentionally include CILs so that you have basically you have more support to do this work. You do such important work, and we want for make sure you're fully supported to do it.

So whatever information you can send me would be helpful and I'll keep you all posted with any updates about that. But that kind of falls into the next bullet that we're talking about and that's the ACL technical assistance centers. There are a couple that directly benefit centers for independent living, there are housing services and resource center. It was just developed in the past year and it's a partnership with HUD, with ACL, and I believe CMS is included as well. And we are trying to -- you know, CILs are a big part of that work, and we're trying to figure out how to strengthen partnerships so that more people with disabilities and (inaudible) can live in the community and where they want to live.

So we're doing a lot around that as well. So moving forward, at the next call we're hoping to get some of our technical assistance centers here to share with you some of the specific resources that can be helpful in your work. I know that the housing sources and resource center have started to have office hours even. So we'll keep you up to date with helpful things, especially if you run into problems or have trouble shooting issues, that would be a good place to go.

So be on the lookout for updates around that.

And I haven't checked the questions. About ILP, any questions that we missed?

>> I don't think so.

>> ERICA MCFADDEN: Great. I certainly cannot multitask. So -- okay. Moving forward we have the HCBS settings rule that Jill our commissioner alluded to earlier. What that rule is by March 17th, 2023 the states have to have final approval of their state transition plans meaning that they have to ensure that they have a plan in place that evaluate to determine if their home and community-based services funding is truly going into home an community-based settings and not "institutions" that are isolating, for example. And so there are specific rules that are set out by what defines an institution under the HCBS settings rule, but the states have until March 17th to fully implement their transition plans and right now we have 21 states that actually have final approval of their plans.

Where we need assistance is that some of the settings, I mean, there could be some that are questionable employment type of settings that are isolating. There could be some settings that are excluded from the transition plans that maybe would fail this "heightened scrutiny" where they don't meet the criteria to be a community-based setting.

So basically our CMS needs help identifying what those settings or your states need help identifying what settings would not qualify under that HCBS settings rule. And there's a link that I want to include in the chat box that gives an update as to the HCBS settings rule and where the states are that we've been sharing in ACL. I'm going to put that there right now.

We're hoping to provide some TA down the road for our centers and our SILCs and our DRC. Because it's important that more people know about this and some of the states have their plans out for public comment and this is when we would need people to weigh in if there is a questionable setting that should not be getting HCBS funding. And you'd have to look at the criteria for how institution is defined but they do want to hear from you. And the states do require public comment and CMS is looking at how (inaudible) is involved and that feedback that's given on the transition plans and what things are heightened scrutiny or not.

Jennifer or any of you have any additional comments about the HCBS settings rule?

>> JILL JACOBS: I'm going to put a link in the chat, an announcement from CMS about this so you can take a look there and there was a meeting yesterday, I believe there will be a link to that meeting available in the next couple days that you can look for, too, if you go to this link, you'll probably find subsequent links for meetings.

I do hope to see centers for independent living engage on this. It's extremely important. I hope you will go and look up your state, have they submitted their plan yet? Has it been approved? Where is it in the process so you can be involved in speaking to what your state is doing and letting CMS know what your state is doing.

I think understanding, again, of what's real versus what is envisioned, maybe, at the federal level, those things need to be really heard, so.

>> JENNIFER JOHNSON: I think so the only thing I would add, Erica, is that just building off of what Jill was saying, it's really important for them to hear from people with lived experience. They're going to hear from other groups, as you well know. But those groups may not have the lived experiences that are really valuable and a valuable perspective that CMS needs to be aware of and hear from. And so that's why we want to make sure that you're aware of this activity that's going on and want to support you all in being engaged in this process because like you said, it's just very important for CMS to hear from people with lived experiences and how this rule and what's going on in the state impacts their life.

>> ERICA MCFADDEN: Thank you, Jennifer. Thank you, Jill.

Yeah, I have to say, you all are our boots on the ground, so you're actually in some of the institutions, you know, getting people out. And so if there is such a setting that you feel does not meet that definition of home and community services or what they qualify as an institution, even if your state has a past state transition plan that's approved and is final, you can let your state know that you have concerns about one of the settings being an institution. This is when we advocate to make sure that the funding is going where it needs to go and that people have a choice and that it's not isolating.

So take a look if you're not aware of that rule. Take a look at the link we sent out. I think the more we can educate ourselves about this, it is so complicated and confusing about what it means and doesn't mean. This has been discussed since 2014, so if you feel like you've heard about it before, you have. It's like the last almost 10 years now. But it's finally, guys, it's finally being pushed out and implemented March 2023. So please get up to speed on what that is. Let us know and we can connect you with additional resources. If you as a state want to do something around this to look at it, let us know that, too. And any way we can support you -- I know this is a priority for our administration as well to ensure that this rule if it's implemented does what it's supposed to.

So that's where we need your help.

>> JILL JACOBS: I think a key element we might not have mentioned is around opportunity to identify for individuals who use HCBS to identify where settings are not appropriate, where there are problems, to be able to, you know, appeal to somebody in a way that maybe doesn't exist now. So lots of times in many states people use HCBS services, and it feels like reaching out with concerns kind of goes nowhere.

So part of heightened scrutiny is that all states have to have clear opportunities, clear paths for people to make complaints, to identify when the settings are not appropriate, when things are not going right, when they don't have access to what they should have for basic rights. So that is an element to look for in your state plans as well.

>> ERICA MCFADDEN: Thank you, Jill. And, yes, the question is, are 1115 demonstration wafers also subject to the settings rule, yes, they are.

Does anybody have any other questions around that? And we will also, again, provide additional information as we have it. Around that subject. Okay. Moving on, we are going through this agenda.

So public health work force funding update. I know this is a long time ago that you did this, but we haven't met in a while and I wanted to give you the update of where everything landed. So for the part B states programs, 37 out of 56 grantees received -- opt to receive the funds and they received approximately $121,000, approximately. The CILs, 294 out of the 351 centers responded and accepted which is a huge -- like, a 90 percent acceptance rate. So each CIL received so we're so excited about the work you'll be able to do with that funding. And we're hoping that you'll be able to do some innovative stuff with it.

We don't have any updates for you along reporting. You have some time this year to even plan for it. I think it's not due until September 30th of 2024. But just don't wait, guys. Don't wait and procrastinate until, oh, we should probably do something.

But we'll look forward to hearing about what you're doing. If you have some innovative ideas, you know, let us know. Your POs know what you're doing and we'll be happy to share with the group because I think you guys all support each other and provide such great information.

I think the next one is Jennifer.

>> JENNIFER JOHNSON: All right. So along the same kind of lines, the CDC funding, this is the money that was awarded about a year ago to CILs that applied for the funding to do additional work around vaccines -- COVID vaccines for individuals with disabilities. So we were really excited to have this opportunity to partner with CDC and get funds out to our programs to help with vaccine access for people with disabilities, particularly because of at that time a lot of the challenges that people with disabilities were facing in accessing vaccines and the challenges that they continue to face in accessing vaccines.

We do meet monthly with the CDC team that's working on this project to share updates about the grantees activities related to getting people vaccines regarding CDC funding. And they share stories about things grantees are doing so we're pulling information from reports you've sent us about the work you're doing related to vaccine access. Obviously we won't know if it's with the CDC funding but it gives a flavor of the kinds of things you all are able to do to help people with disabilities. And they are certainly impressed by that because they don't have the same way to reach people that you all do. So they're very impressed by and enjoy hearing the stories about the individual impact that you all are having and also the innovation that you all are using to get people the support they need.

So he with just encourage you to keep sending the stories in to us so we can share with the CDC because we meet with them monthly and like to have new information to share with them when we have it.

One of the things we recently did was look at the ways you all are drawing down the CDC funds and using those to support your work. And we also recently asked you about your plans to spend down money if you have not spent it down already. So thank you for getting back to us on that. It helps us with our planning process. One of the things we're going to do is have a webinar at the end of June to share information on how funds can be used.

If you have, again, not used all your funds and also to share ideas on how other centers have spent their money, if, again, you're in a position where you haven't been able to use all of the CDC funding that was awarded to you. So, Jill, is there anything you want to add to that?

>> JILL JACOBS: So in our conversations with the CDC -- I see someone here is asking to give gift cards to people to get vaccinated. We brought that up to the CDC. We don't have an answer yet around that. There are opportunities I think that maybe thinking outside of your own CIL might be a way to go. We have discussed with the CDC things like partnering with another center for independent living even if it's not in your state. So, for example, let's say a center for independent living in Georgia made a video in multiple languages about vaccines and health and COVID, that sort of thing and, you know, someone -- a CIL in Indiana thought, wow, that's a great video, could we have access to it? You could work with the CIL in Georgia to purchase access to that. For example, that would be something you could do. You could partner with any other CIL to use your funds. You don't have to use it yourself. So that is an option.

We continue to work with the CDC and hope to have some pretty solid answers around the kind of questions that have come up. And I really do ask that you participate in the training that we'll have at the end of June, the informational session we'll have at the end of June. Look for an email from ILRU on that because by then we should have more information to help you all understand. We hope that you all can use all the money that's available to you and, you know, not leave a penny on the table. Find some creative solutions to get the work done.

>> ERICA MCFADDEN: Thank you, Jill. I just wanted to follow up, the webinar is on June 29th, 2:00-3:00 EST. It's going to be with all of our AoD grantees. So if you all have innovative ideas for how you spent your CDC funds that had can be used for other centers now because we have until September 30th, please email me and let me know because we're looking for additional panelists that represent CILs.

So be on the lookout for the invitation coming into your box soon.

And Jennifer, I don't know how you want to handle this, there are a bunch of questions about the public health work force funding but I know you'll be talking about dial.

>> JENNIFER JOHNSON: Yeah, I can do either/or. Maybe I'll do the dial update since we're on CDC funding and vaccine information to then go back to the questions about the public health work force funding.

So in terms of dial, if case you're not familiar with dial, it stands for the disability information and access line, and it launched about a year ago. We used some of the money we got from CDC for vaccine funding to establish this resource center. And it's really the first of its kind. It was established because they realized there was a real need to provide specific support to individuals with disabilities in getting the vaccine because as I said, there were a lot of challenges around that so CDC wanted to make sure that there was support provided to individuals with disabilities so they could get the vaccine.

Since launching last year, we're just about to celebrate the one-year anniversary of DIAL. They have just had over 44,000 contacts so it's a lot of contacts in a year's time after initial launch. So that's really positive that it's been filling a need.

They do track the kind of questions that they're getting and what kind of assistance people are asking for, and consistently over the time of DIAL being established, the most frequently asked for assistance is for in-home or on-site vaccines which would be no surprise to this group. And boosters is then the second most commonly asked about item for assistance. And that's -- you know, information has been asked about more recently so that there is a lot of interest in booster shots amongst the disability population.

And then the third most commonly asked about question or area of assistance is for ordering the free government testing kit. So it's really showing that -- and they're able to answer questions in a variety of areas and meeting other types of needs for individuals with disabilities but, again, those are just highlighting three of the most commonly asked about areas.

They are also tracking where they're referring callers, if they do refer callers anywhere, and it may be no surprise to you that CILs do receive the most referrals out of the AoD programs for people who are contacting DIAL. So we are planning to continue supporting DIAL and are really glad we have this resource that's available and filled a gap in information needs for people with disabilities.

>> ERICA MCFADDEN: Thanks, Jennifer. Okay. I'm going to turn it back to the questions that the group had. I think the first one was around part B, public health work force funding. Some of the states they left out, SILC and the network they planned or refused the money instead of consulting. And ACL, we're sorry to hear that. We gave guidance to ask states to -- we strongly recommended they consult with a SILC and the network, but some states did it and some didn't because of the way that it was -- the funding was put out, we couldn't require them to work with you all to do that.

So we do understand that that's frustrating and, you know, I don't know what else to say about that, but I hear you about the frustration.

The other question that came up was around the draw-down of the public health work force dollars and I guess Gail thinks that they're required to do a draw-down of it but how would they have time to plan if they have to draw it down? So I don't know the answer to that question. I don't know, Jennifer, if you do about the draw-down. Are they required to drawdown those funds for the state?

>> JENNIFER JOHNSON: I'm not sure I understand the question. I've been reading it -- (reads to herself) and I'm not sure if this is in reference to the CDC fund or the --

>> ERICA MCFADDEN: Public health work force funds.

>> JENNIFER JOHNSON: Yeah, I know, but I meant the draw-down of the CDC funds so that's why I didn't know if it was related to the CDC fund. But, Gail, if there's additional information you can enter into the question box here to help us understand the question, that would be helpful.

>> ERICA MCFADDEN: So the notice of 30 days, the draw-down should happen within 30 days of the award which is backdated to March.

>> JENNIFER JOHNSON: Well, you can drawdown as long as -- yeah, you can draw it down at any point in time when the money is available in your account.

>> ERICA MCFADDEN: So --

>> JENNIFER JOHNSON: Go ahead.

>> ERICA MCFADDEN: Go ahead, Jennifer.

>> JENNIFER JOHNSON: This is referring to in order for us to know that you're accepting the award you have to drawn down the money but not all of it. You can drawdown a portion of it. So I think I'm understanding the question now that you need time to plan so in the first 30 days you may be doing that planning and may not have a need to drawdown the money, but I would then say that if you are planning for this activity, you can use the public health work force money to pay for that staff time that you're using to plan for the activity. That is an allowable expense for that funding.

So.

>> JILL JACOBS: Gail, if you have questions about it, reach out to us. If you didn't draw anything down in the first 30 days, then, you know, reach out to us and we can talk about it and just -- you know, if it was because you were planning or whatever the reasons, then we just need to be aware of that.

>> ERICA MCFADDEN: We can also get some additional guidance and language for all of you because it looks like -- Nicole, you also have a similar question. So we can follow up with more information about how to handle that for you all if that would help.

>> JILL JACOBS: Believe me, our intent is for you all to get you all to get these funds and be working with them and do what you need to in your communities. Reach out to us, we're happy to talk with you about it and make sure everyone is on the same page and you can access the funds and plan as you need to do it.

>> JENNIFER JOHNSON: I see another question here going back to the DSE and why we weren't able to require the DSEs. It's because we had to follow the language in the rehab act and the rehab act references that the award goes to the state which is the designated state entity. So we had to then notify the DSE billion the availability of the funding and ultimately leave the decision up to them as to whether they were going to apply for the funding. But when we modified the DSE, we did strongly encourage them, and that's the most we could do. We couldn't do more than that because of what, again, is in the rehab act but we did strongly encourage them to work with the IL network in making a decision about the funds and whether to apply for the funds.

>> JENNIFER JOHNSON: It's unfortunate and we would have liked to have been more directive but because of the rehab act we weren't able to be as directive as we would have liked to have been.

>> ERICA MCFADDEN: And a question about the PPR reporting for CDC funds or that had a's reported so we actually have it being the same as the PPR and so it would be just the PPR to report the CDC funds so we'll be giving you more information about that. I believe it's due December 31st the same time as your regular PPR, it's just a very, very shortened version of the same PPR instrument for your CDC act committees. So be on the lookout for that, too, in the coming months.

And I do know in the chat there was a saying about the guidance (inaudible) CDC funding. I think Denise brought that up. We did do a webinar on this a year ago. When I was pulling the information, we have done a few webinars around spending the money but it was just that we still have about 20 percent of our CILs still have no plan to spend it, so we were just thinking that maybe when they planned -- plan, B, C, D, and F and still at E and F it didn't work out, it might not hurt to have one last-ditch effort to try something different. So that's why we were having a last-ditch webinar to help the CILs trying to spend that money that are lacking for additional ideas. I hope that makes sense.

Okay. And there are additional questions about what happens if a DSE decides to no longer be a DSE. What happens to CILs? In that case we ask you to contact your program officer. We need to set up a meeting because there's a process entailed for do that. They can't just stop being the DSE. You have to amend the state plan to do that, and there's a whole process. And if your state needs us to meet with them to balk through that process, we can. They can't just stop being the DSE, though.

>> JENNIFER JOHNSON: And Erica, I don't think there would be an impact on CILs if the DSE decides that it no longer wants to be the DSE is that correct? It would have an impact on the SILC.

>> ERICA MCFADDEN: It funds the state plan, though, as well. So there has to be a functioning spill and SILC in the state. So it goes hand in hand. But the point is they can't just pull the rug out from under you. They have to go through a whole thing. And if you need our guidance on that, let us know and we'll sit and have -- you know, show them what needs to be done. Okay? I mean, we have had people change their DSEs that can -- but it's not going to be an overnight thing. It will take a little bit. Okay. Nicole Davis, so to be clear, we have the PPR, cares PPR and CDC funding all due at the same time? When is the cares PPR due?

>> JENNIFER JOHNSON: All at the same time.

>> ERICA MCFADDEN: Okay. We'll take this offline, Nicole, because -- yeah. So there's the cares PPR, CDC funding, and the PPR. But, you know, for the work that you've already done you can already start with some of the entry where I started collecting data, those reporting for those are much more abbreviated. That's a good thought. So let's talk about that and get back to you.

Who determines who a DSE is? Is it up to CILs to find one? Yeah, so we've actually tried to -- it's going to be up to the CILs and the state and there has to be a public comment period. We have actually tried to help by -- because we know at AoD there are other organizations of more grantees also work with DSEs aren't the same you all work with. So we've been able to share names of organizations. So we can't tell you who to use, but if you need ideas we can help brainstorm but, yeah, it is going to be up to you all to kind of find another DSE.

And then Kim, just being clear on the public work force funding, I received notification but didn't show up until just yesterday. It's been 30 days. She wants to know if she has to draw something down immediately. Is she going to be penalized -- so the group wants to know if they'll be penalized if they haven't drawn down their public work force funding yet?

>> JENNIFER JOHNSON: No. It's going to still be in the account. But, again, it's just when you do start drawing down the funds, it indicates to us that you've accepted the award and the terms of the award.

>> JILL JACOBS: And, again, if you have questions or concerns, reach out.

>> JENNIFER JOHNSON: Yeah, it's interesting that you didn't know until yesterday.

>> ERICA MCFADDEN: Yeah, that's interesting.

>> JENNIFER JOHNSON: There was a question in the chat box about the DSE receiving its own award, and you do draw them down at a reimbursement basis some the question is about drawing down funds and you don't draw it down all at once, you do it on a reimbursement basis. But I think that's with the other question about, you know --

>> ERICA MCFADDEN: Okay.

>> JENNIFER JOHNSON: -- the planning time.

>> ERICA MCFADDEN: Yes, we're trying not to loads your questions, guys, but we have this Q&A box and a separate chat box. The only other thing -- I think there was a question around when the federal reporting is due for the federal financial reporting. Is that March 31st?

>> JENNIFER JOHNSON: Do you all do or CILs do semiannual financial status reporting or annual? Probably I would think it's semiannual would be my guess. And so that would be I believe March.

>> ERICA MCFADDEN: Okay. All right. We're going to after this call, there is going to be additional -- we have put out some information about the draw-down question and about the confirming the deadline with the reporting with all the reports that are due so it's clear. I really appreciate you all providing your questions and feedback because it really helps us to know what needs to be better clarified and, you know, what works better when it comes to what you all are reporting and when.

>> JENNIFER JOHNSON: And just so you all know, we do have financial operations office within ACL so that's basically our grants office and we work very closely with them. So if it seems like we don't know the answers to all these questions it's because generally these questions are answered by the staff and the office of finance, so we'll definitely be connecting with them and getting better answers to these questions so you have it really directly from the source and they will be able to provide more information that we're not able to cover here.

>> ERICA MCFADDEN: Exactly. And we just had a comment, we can't (inaudible) beyond for more than 3 days. Okay.

>> JENNIFER JOHNSON: Right, in the payment management system. But the (inaudible) office is going to be -- yeah. (inaudible) within that system.

>> ERICA MCFADDEN: Okay. Well, you all have been great with all of your questions. He kept this interactive. If you have any other questions that come up, you don't have to wait until the next quarterly meeting. You can email, you know, myself, you can email your PO, you can email Jill, she said she's open to emails and Jennifer is too. We're here to support you all. And we'll be looking forward to talking to you at the next quarterly call. And if there's anything in the future you would like us to address, you can let us know that as well.

We can make sure that we have -- and I'll send (inaudible) as well, for us getting information to you. All right.

>> JILL JACOBS: Thanks, everyone.

>> JENNIFER JOHNSON: Thank you.

>> ERICA MCFADDEN: Bye!