**ROUGHLY EDITED TRANSCRIPT**

**WEBINAR ON WIOA AND INDEPENDENT LIVING FOR CILs**

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>> OPERATOR: Audio recording for this meeting has begun.

>>PAULA MCELWEE: Hello, everyone. Welcome to our webinar on the WOIA and the Independent Living for centers for independent for Independent Living. We're going to have a number of different speakers who are going to present different portions today and as we go through this information I know that you'll learn a great deal and have a better understanding as we all are seeking on this transition.

Do notice that due to the volume of questions that have already been received, the questions that you sent in in advance of this call, we will not have time to do live questions on this call. However, you will be given instructions for additional questions and a place to send those if you would like to. Following this call there will be a short evaluation. We do ask that you stay connected until you get that link, and then we'll have that evaluation at the end.

I think those are the only logistics we need right now. So without any further ado, I'd like to introduce Sharon Lewis, who is going to take off the introductions for this call and, Sharon, I'll turn it over to you.

>> SHARON LEWIS: Great. Thank you so much. Welcome, everyone. We're so glad to be joining you this afternoon here from the snowy East Coast. We're a little south of all of it, but for those of you a little north of us, please stay warm and safe tonight as it looks like it's going to be an interesting 24 hours here on the East Coast.

For those of you who don't know me, I am my name is Sharon Lewis and I am the principal deputy administrator here at the Administration for Community Living, and I also serve in a dual role as the senior disability policy advisor to the HHS secretary, secretary Sylvia Burwell, here at the department. We are very, very excited to have this conversation today about the transition of moving the Centers for Independent Living and the Independent Living programs more generally from the Department of Education over here to HHS, and I wanted to sale thank you to all the staff who have worked hard to put this webinar together, and we look forward to this opportunity to talk a little bit about how this is going and answer some of your questions. Please know that if there are questions we're not able to answer today, we look forward to being able to follow up through email and through the staff.

So a reorganization like this only can work well when we all work together, and I have to say that over the course of the last six months the department of Ed staff and the department of Health and Human Services staff and the ACL staff have worked very, very hard to try and both ensure a smooth transition and make sure that nothing is disrupted for any of you. I hope that it's indeed been the case. If it's not, please let us know. But paramount to us has been ensuring continuity of program throughout this process.

HHS is a very different structure than the Department of Education. So I want to talk a little bit about that and the autonomy we have here at the Administration for Community Living, but then also the opportunity we have to reach more broadly across the department and assist with new partnerships for Independent Living, new partnerships for many of you on the phone, and really furthering the Independent Living movement here at ACL.

First and foremost the department here at HHS is huge. We swamp department of Ed in size in terms of both budget and personnel. We have someplace ‑‑ it's interesting, because the number is constantly shifting because we are such a big department, it's always changing, but in the ballpark of 75 to 80,000 departmental employees across many independent agencies. You probably know a lot of these agencies. They are the alphabet soup that are familiar to many Americans, everything from the CDC, which is the Centers for Disease Control, to the NIH, the National Institutes of Health, the Food and Drug Administration, and, of course, our colleagues at the centers for Medicaid and Medicare services, CMS that we work with very, very closely on many issues that will be of interest to the Independent Living movement.

Here at HHS all of these operating divisions coordinate and we work very closely together on many issues, but we also serve very, very autonomously as small agencies or large agencies within the department, each with a specific mission.

So here at the Administration for Community Living, we are one of those divisions, albeit not part of the alphabet soup that you hear about in the news as much as you do maybe the FDA or CDC. The ACL was established in April of 2012. We are the newest division at the department. Kathy Greenlee, myself and many of you may know Henry Claypool work together with Secretary Sebelius and the White House to establish this organization here at the department after spending a year working on the president's initiative, the year of community living, to acknowledge the importance of the role of community living for older adults, people with disabilities, and ensure that we have a focused effort and a place to focus on these issues at HHS.

In bringing these entities together, we brought together the office on disability, the administration on aging, and the administration on intellectual and developmental disabilities. Now with bringing the Independent Living programs, the national institute on disability Independent Living and rehabilitation research as well as the assistive technology programs, ACL has a basket of programs that serve multiple parts of the population and will further that mission that we established to ensure that older Americans, people with disabilities have the broad range of services supports that they need in order to fulfill the goals of the Americans with Disabilities Act. We see community living as all aspects of community life, including Independent Living, housing, employment, education, care giving and family support needs, et cetera. So we see a lot of opportunity for the CILs and the SILCs to work with us both with our other networks in states and in communities.

The structure here at ACL is really established to further that mission. I carry those two titles that I mentioned at the beginning in order to both acknowledge the role of disability here within the administration and broadly across the department of Health and Human Services. Kathy Greenlee, our administrator, carries two titles as well. As the administrator for ACL as well as the Assistant Secretary for Aging, which is established in statute in the older Americans act. We work together as colleagues and partners to make sure that both aging and disability leadership are felt across the department and both of us sit at the senior leadership table here with secretary Burwell.

Aging and disability have a lot of synergy. That being said, at the end of the day, we acknowledge that there are both similar needs in terms of some of the long‑term services and supports and desire for community integration, and there are unique differences, and here at ACL, we are working hard to make sure that we're both honoring those synergies and maintaining our discreet lines of business in terms of the various pieces of statute and program that we're responsible for that are set up to serve unique populations.

We spend a lot of our work time ‑‑ time on work and opportunity to ensure community integration at large for populations that are at risk of segregation from birth to death.

As we work to find this balance within ACL, these basic human civil rights, to be a participating member of our broader community, and have your support needs met regardless of the differences and distinctions are at the heart of everything that we're doing.

So we're very excited to have all of you coming and joining our family here at ACL and bringing these programs in to join with our other efforts, because we think that the Independent Living movement and the Independent Living philosophy is core to much of the work that we're doing. We know that all of you do unique work out in the field. You've seen one Independent Living center, you've seen one Independent Living center, and we know that, and we look forward to partnering with you and honoring the hard work that you do in furthering your mission and bringing it together with the synergies of the broader ACL mission.

So that being said I would like to turn the call over now to my colleague Aaron Bishop, who currently serves as the Commissioner for the administration on intellectual and developmental disabilities here at the department. Aaron?

>> AARON BISHOP: Thank you so much, Sharon. I asked if I could also provide a welcome because just as Sharon stated we are all here at ACL excited to have the IL and IL movement joining all of us. As you heard, my name is Aaron Bishop. I'm the commissioner for the administration on intellectual and developmental disabilities, and while some of you may be familiar with us, I'm going to give you a little background who we are and what we do.

AIDD or the administration on intellectual and developmental disabilities, oversees the developmental disabilities act. Which include protection and advocacy agencies, university centers on excellence in developmental disabilities and the projects of national significance. We also implement the protection and advocacy voting assistance funds under the help America vote act. While each entity within the DD network is slightly different, we all have overlapping goals. It's because of our structure that each entity within the DD act is able to work cross‑functionally to fulfill the mandates of the AIDD act in its core values, self‑determination, independence, productivity, integration and inclusion in all aspects of community life.

Our programs at AIDD all serve the goals and embodied in the act which recognizes disability is a natural part of the human existence that does not diminish the rights of individuals to live independently, exert control over their own lives, participate fully in and contribute to their communities through full integration and economic inclusion, political, social, cultural and educational mainstream of the United States.

To use Sharon's words and I am glad she used this particular word, synergy, the DD network efforts clearly synergize with the work of the Independent Living programs, and with your network coming to ACL, we will be able to more closely and collaboratively in the states and communities serving individuals with disabilities and promoting the best outcomes on the ground. The fact that CILs are community‑based, cross‑disability, nonprofit organizations that are designed and operated by people with disabilities are unique in that they operate according to a strict philosophy of consumer control where people with all types of disabilities directly govern the staff, the organization reflects, shared values ‑‑ and share the values of programs with the DD act which also embody empowerment people with disabilities. This is synergy. Because of this we are extremely, again, excited and lucky to have all of the programs, but specifically the CILs and SILCs, moving over to ACL. So I want to thank you for your time and with that I will now turn the call over to Jamie Kendall, acting IL director.

>> JAMIE KENDALL: Thank you, Aaron. I'm so pleased to be serving as acting director of the Independent Living program. As Sharon and Aaron have shared, the programs are at the heart of the mission of the work we do at the Administration for Community Living. I want to take a few moments to tell you a little bit about myself. I'm currently in the ACL office of program evaluation, and I also serve as director of the office of policy analysis and development. This office has responsibility for supporting ACL, HHS, our federal partners and all our stakeholders in achieving full participation and self‑determination for community living for older Americans and people with disabilities.

Previous to serving in this capacity, I was the deputy commissioner of the administration on intellectual and developmental disability implementing the programs under the DD act that Aaron spoke of. I have also worked at the Social Security Administration in the research and demonstration office working on youth transition issues and [indiscernible] for people with disabilities. I began my federal career working at the administration for children and families working on policies to promote opportunities for low‑income children and families. I also want to note that personally I am a person with a physical disability and someone living with osteogenesis imperfecta. I know how important the IL programs are to our community. I have benefited along with countless other Americans from the work that you all do every day. So thank you.

I know personally how the social model of disability provides such a fundamental lens to understand our experience and that we need to acknowledge the notion that disability is caused by the way society is organized rather than by a person's impairment or difference. It is so critical as a society we remove barriers that restrict life choices for people with disabilities. We know when these barriers are removed we can be independent and equal in society with choice and control over our lives. So I'm so thankful for Ed Roberts and other leaders of our Independent Living in the disability rights movement that have helped our society to begin to understand these important issues. Theologically, political and civil rights that have led our effort for Independent Living. This is the legacy of the work we do at ACL and demonstrates and aligns so well with the work of the IL philosophy, which is why we are so pleased to have you join us.

For example, work we do to proceed might high expectations for people with disabilities, improving outcomes for competitive integrated employment, moving forward with person‑centered thinking and consumer control.

So I'd like to talk to you about how the webinar will move forward today. Our webinar will achieve a few different goals. We will update all the stakeholders on the transition to ACL. My colleague Deb Cotter will also review some of the key changes in the workforce innovation and opportunity act. And my colleague Molly Burgdorf will explain the rulemaking process. And at the end we will provide some answers to questions that you have previously provided to us and look forward to you also submitting further questions or comments at our mailbox, which is WIOA@ACL.HHS.gov.

So as we are working to implement WOIA, we know this moves responsibility for some of the Independent Living programs from the Department of Education to ACL. A reorganization plan to formally incorporate the IL program is under way. In the meantime, I am serving as the acting director of the IL programs during this transition. As Sharon and Aaron articulated we are committed to ensuring continuity of operations first and foremost. We do ask for your patience and support as we all navigate this transition together.

While our transition is occurring, we will be moving forward with developing the policy changes made in the law. Please know things won't change immediately, and we do want to hear from you. That is the first step of this webinar, and we hope and encourage you to share any questions and comments you have in the email box I just provided.

So we won't necessarily respond individually to your comments, please be assure each and every one of them will be read as a very important part of our process.

Also know that during this transition we are working on a larger reorganization plan that formally incorporates all the programs into our organization's structure. That plan must first go to the Secretary of the department of Health and Human Services for approval, then to Congress for notification, and then will become final when it's published in the Federal Register. This process will likely take several months to complete. So it will be a little while before this new organization chart that fully represents our expanded mission and final place of all the programs will be available.

Thank you again for your patience and for being on the webinar today. I look forward to continuing to work with all of you. I'm now going to turn this over to my colleague Deborah Cotter who will explain some key provisions in WOIA as they relate to the IL program.

>> DEBORAH COTTER: Thank you very much. Next slide, please.

So now we're going to review the salient amendments to the Rehabilitation Act of 1973 as they pertain to the Independent Living programs. Each Section discussed here includes the U.S. Code citations and corresponding Rehabilitation Act citations. During presentation we will point out major changes which are also highlighted in bold.

We want to remind programs of the technical assistance issue that addresses some of the current requirements. If you have grant specific questions for concerns, please continue to contact the IL staff person who is assigned to your grant.

So the SPIL is now developed by the state Independent Living Council and the Centers for Independent Living. 51% of the Centers for Independent Living must now sign the SPIL, as well as the SILC and the designated state entity representative. The designated state representative signs the plan but no longer has a statutory role in the development of the SPIL. With that said, though ‑‑ next slide, please ‑‑ there needs to be collaboration outlined in the State Plan for Independent Living in order to assure that there's appropriate planning, funding and comprehensive coordination between and among the programs that are carrying out Independent Living services, including those for older adults as well as community‑based organizations that provide or coordinate the provision of housing, transportation, employment, information and referral, among other programs ‑‑ among other services.

So the designated state entity, which used to be called the designated state unit, continues to be required to administer the Part B funds and to provide administrative support services to the Independent Living program. The 5% administrative cap on funding is not yet being enforced at this time. Please contact the IL specialist with individual questions about your state. Also note that the 5% cap may result in more funds becoming available for IL services and/or other SPIL‑related activities.

Let's see. The WOIA removes the designated state entity representative as a required SILC voting member ‑‑ I'm sorry. I misspoke. They never had a vote. So it removes the requirement to include at least one representative of the directors of projects under Section 121, which is Vocational Rehabilitation services grants for independent ‑‑ for Native Americans he. In that states with such projects. Instead, they would include a voting member of the Center for Independent Living run by or in conjunction with the governing bodies of American Indian tribes located on federal or state reservations.

Now, the act amends a SILC's duties to include coordination with other entities in the state. So as I said earlier, the State Plan for Independent Living should really describe how everyone is going to coordinate and plan and ensure services are provided comprehensively throughout the state.

In terms of the addition to the mandatory SILC duties, the WOIA amends ‑‑ adds three new SILC authorities. Authorities are areas of activities that the SILCs may but are not required to conduct. The SILC's engagement or not in these authorities is subject to the approved State Plan for Independent Living.

Very important to note that there is one limitation to the SILC in that they cannot provide Independent Living services. That's only for Centers for Independent Living and other service providers.

In terms of the SILC Resource Plan, WOIA provides that no more than 30% of Part B funds may be used for the SILC Resource Plan. The actual percentage may be lower than 30% or higher than 30% if the State Plan for Independent Living specifies that that higher percentage is necessary.

In the past, the Rehabilitation Act ‑‑ sorry ‑‑ in the past, the Rehabilitation Act required that between 1.8 and 2% of the Part C funds be reserved for both Centers for Independent Living and Statewide Independent Living Council training and technical assistance, also known as T and TA. The centers will continue to receive their T and TA with Part C funds but the SILCs will now receive dedicated T and TA through the Part B funds from between 1.8% and 2% of the total appropriated by Congress.

In terms of changes ‑‑ major changes for Centers for Independent Living, there is a new fifth core service. This has three facets which include transition out of nursing homes and institutions, diversion, or prevention, and youth transition. Policy guidance will be provided for measuring, documenting and reporting on each component of the fifth core service. For example, the 704 reporting ‑‑ annual perform reporting purposes. The new language in the law ‑‑ let's see. With the new language in the law the state plan must describe how the state will provide such Independent Living services that will ensure full access to community life for individuals with significant disabilities.

In terms of monitoring and reporting, on‑might monitoring will continue ‑‑ or monitoring will continue and basically as the previous guidance ACL issue said, the law has not changed regarding compliance reviews, monitoring of CILs, Section 706 of the Rehabilitation Act continues to require reviews of centers funded under 722 and reviews of state units funded under 723 of the Rehabilitation Act. The IL unit staff will continue to conduct on‑site compliance reviews without ‑‑ throughout the transition process.

ACL will make any final decisions on any proposed corrective actions and/or technical assistance related to the compliance review.

Now I'll turn it over to my colleague Molly Burgdorf.

>> MOLLY BURGDORF: Hi, everyone. This is Molly Burgdorf. I am currently senior advise on every with the center for policy and evaluation at ACL and wanted to talk through some of the basics of the rulemaking process. I know some of you may be very familiar with these steps but just for the sake of having the same information with everyone, we just wanted to break it down into a very basic level for those that may not be as familiar.

So this particular rulemaking is initiated by the changes in WOIA. There can initially be sometimes a question of what is the triggering action but in this case it's very clear. And we'll be walking through some of the basics governed by the administrative procedures act here. That's most relevant because that really covers the notice and comments, basics ‑‑ although there are a lot of other rules and executive orders that apply to the rulemaking process, but this particular law, the administrative procedures act should be of particular interest to this group. Again, we'll just be looking at a high level. There's a lot of layers of drafting, including internal considerations within the agency itself, within the broader agency of HHS and with the other parts of HHS that are impacted and reviewed by the office of management and budge the or OMB, which has its own separate process and timetable within this.

Again, very high level. These are the steps. Rulemaking initiated by the federal agency, which in this case is the WOIA changes, stakeholder engagement, which hopefully today is a part of that process, and we will be following up at the end again and it should also be in your slides with the email address where we are accepting input on all of the many different issues that Deb has touched on today and you're also welcome to send us questions and review the actual text of the slides to get into sort of the nuts and bolts of the changes that are being made and the policies that we need to develop as a response.

Then the next bullet point is prepare the proposed rule. You hear the term NPRM, which means Notice of Proposed Rulemaking, and that's when we really put on paper the proposed rules that will be developed as the first official step in ‑‑ towards developing a final rule. Following ‑‑ as soon as the NPRM is developed, it's published in the Federal Register and that's the formal comment process. So the public has access to the NPRM as published and through the Web site there is an opportunity for the public to provide comment in a specific amount of time.

Often 60 days but can be shorter and longer. We have not included specifics on that point now but just to get into your minds that's about ‑‑ it should be at least a few months from the time that the NPRM is published. Then, of course, comments are received and response and it's up to ACL to take a look at what we receive, consider it, and then prepare a final rule with changes that we make in response to the comments received and reflecting how we've made determinations on the issues we have covered. Let me be clear that doesn't mean there will be direct responses to each of the comments received. They may be, for instance ‑‑ they may arrive in a batch of form letters organized by a specific entity so the comments we receive while voluminous and we will receive them over and over. So that may receive just a general overall response. Just to give you some of the mechanics of how it works. Then finally after that process, we've weighed, we've determined what will be the final rule, and then it will be published again in the Federal Register. So everyone should have notice of what the interpretation of the law and policy is moving forward. And then ‑‑

This is a more specific breakdown of what the actual NPRM process is and why it's important. So as I mentioned, it gives public notice, changes that will result from the statutory changes, and provide the public comment period I mentioned. It's a formal process to make sure that we're engaging in dialogue with the public as we develop what the policies will be following the changes in the law and then again those are incorporated, digested, and then officially responded to, and then the final rule is published. As I had also mentioned there are a number of additional steps and negotiations that go on within the administration itself as this process moves forward.

I'm just looking to see if there is anything to add at this moment. I just to close would encourage folks to be aware the NPRM, Notice of Proposed Rulemaking, will be published in the Federal Register. We welcome your comments and need your input to make sure this rule can be end up as strong and responsive as it can be. And that is separate from the email address we're sharing today. That's to provide initial input as we develop what the NPRM will be. It will be followed by this formal rulemaking process, which will offer this additional opportunity for comment as well. With that I will turn it back over to Jamie Kendall.

>> JAMIE KENDALL: Thank you, Molly. Thank you, Deb.

In closing, I wanted to do a couple of things. First, I wanted to respond, since many of you gave us questions in advance of things that were on your mind that you wanted us to address. So I have a few questions that I'm now going to respond to and want to thank all of you for submitting those questions in advance.

The first question is: Will all CILs be required to provide all three aspects of transition as the fifth core service, including youth services, services to those at risk of institutionalization, and services to transition from institution to community. This is the Slide 15 that Deb spoke of earlier.

So I would like to say the Rehab Act requires every CIL to provide each of the IL core services, and we know that WOIA has add new fifth core service that does include three subparts, the transition out of institutions, diversion from institutions, and post‑secondary youth transition. We will be looking for your input on what this means to you and how these services may be implemented and evaluated. You can expect guidance from ACL in the future on these issues, including guidance for tracking, documenting and reporting on each of these core services in the 704 report. Again, we welcome your input as the IL community on the issue and encourage you to please send your comments to WOIA@ACL.HHS.GOV. This will be an important part of our reg writing process that just articulated to us.

Okay. We received another question, this one being: What will the impact on the 704 reports be, and when do we need to make changes in our data collection systems for the fifth core service? Also a very good question.

So the 704 part 1 and part 2 instructions were in revision process prior to the passage of WOIA, which included working closely with an external stakeholder group to develop a more user‑friendly, streamlined report for you all. Because the need for changes had been previously identified before WOIA and WOIA resulted in the need for additional changes, the 704 revision effort will continue with the transition into ACL. Several new stakeholders have been added to the work group and meetings will continue in February. The current 704 instrument does expire in July 2017. This does that mean the current template ‑‑ or new revised template will need to go through the clearance process to capture data. This has not yet been determined what the timing will be for the clearance to actually occur. However, know that we will be working on this and that the fifth core services will be reflected. We will provide guidance again with the webinar materials and make things available on the ILRU Web site as we move forward. We can say that when a new 704 template is cleared we also want to make it clear that training and guidance will be provided prior to any data collection process. We want to work with you closely on that.

Third question submitted is: Which centers are eligible to vote for or sign up on the SPIL? Is it Part C only? Part B only? Parts B and C? Organizations that meet the definitions of a CIL but do not receive federal funding? Can Part B centers be considered part of the 51% of CILs that will be voting on the SPIL?

So currently CILs that receive Part C funding and those that receive a combination of both Part C and Part B funding are recognized as centers under the IL program for federal purposes. However, resulting from WOIA, there is an area where ACL will continue to look at new definitions and provide clarification to grantees. For now, organizations that provide IL services may participate in SPIL development activities as stakeholders, but only those CILs that receive Part C or a combination of Part C and B funding are considered CILs for SPIL signature purposes. [indiscernible] have already been notified about the new requirement about but for now the existing process remains in effect as ACL issues regulations and guidance. Again, we would like to hear from you on all three of these issues that I just brought up. So please provide us with any additional feedback and send your responses to the mailbox in the last slide provided, WOIA@ACL.HHS.GOV. We really look forward to continuing to work with you. If there are other questions that you believe would inform the regulations, please submit them, and please do not hesitate to reach out to us as we continue to move on with our transition. We look forward to continuing this transition process and making it as smooth as possible for all of you. Thanks very much.

>> Thank you so much, all of you, for presenting this information to us today. I think all of us have been anxious to know some of the things that are unfolding, and this is a good look at some of those things. So thank you for all of the people from ACL who participated today in this call.

We have a couple of things you need to know as participants. The first thing that you need to know is don't leave the call yet. We do ask that you do an evaluation. There is a link at the end of your ‑‑ at the end of the ‑‑ the last slide there. But don't follow it quite yet. We want to tell you one more thing. There is going to be an announcement which will go out when this slide presentation, the audio and the captioning, are available on the ILRU.org Web site. We will send an announcement to all of you who registered with us so you will know when that page is up and it will then be available on demand, and we have discussed a little bit with the folks at ACL that if they have other materials or other information, of course, this is a site where they can post that for you as well as sending out in other ways. So we hope that there will continue to be documents and processes that will be discussed and available to you on that site. So take a look at that.

Once again, on behalf of the community of Independent Living, I thank everybody for being available today and participating in this call. Thank you for all of you who sent in the questions in advance. Thank you so much to the people at ACL for providing us with the beginning of the answers. And we hope all of you will participate in the process by sending your questions, comments to the Web site that was provided to you in this presentation. Now if you would, please, go to the survey and provide an evaluation so that we all have your feedback on the presentation style, and thank you again. Bye‑bye.