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SILC‑NET

INDEPENDENT LIVING ADMINISTRATION WEBINAR FOR SILCS ON WIOA

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

>> PAULA McELWEE: Good day, everyone and welcome to our webinar on WIOA and independent living for SILCs. I'm Paula McElwee and I'm hosting today. We have a wonderful opportunity to meet the ACL, the Administration for Community Living team and to hear the key changes brought about by WIOA as well as to answer some of the questions that you submitted in advance. Now, because we have so many people on the call, and so much to cover, we will not be taking questions live, but you will be given several times a link for where you can ask your additional questions.

At the end of this presentation, we will give you some additional instructions on that, and also on a completing of short satisfaction evaluation, if you would. So stay tuned for that at the end of the presentation.

I think we are ready to begin. First, let me introduce Sharon Lewis who will lead off our group today. Sharon?

>> SHARON LEWIS: Thank you very much. Well, good afternoon, everyone. And thank you for joining us here today on our call with the state Independent Living Councils. Yesterday we did a similar call with the Centers for Independent Living and perhaps some of you heard some of that. I think there's going to be a lot of similarities in the information that we discuss today, but we are looking forward to the opportunity and to introduce ourselves a little bit, and to answer some of those questions that were provided to us previously.

So we're very, very excited here at the Administration for Community Living, as the independent living programs, the national institute on disability independent living rehabilitation research and the assistive technology program are coming over to us from the Department of Education, and we have been working hard since the passage of the law last July to bring the programs over with some very strong principles around ensuring continuity, trying to minimize disruption in any way to the program, and allow you all to continue to focus on the core mission of independent living and the independent living movement without this change at the federal level, changing what you do on a day‑to‑day basis.

So we're very grateful to all of you for your patience, and please let us know if we are not doing a good job and ensuring continuity and minimizing disruption, but so far, we feel like we are getting there, and we are just thrilled to welcome you all here to the Administration for Community Living as your new home.

The department of Ed staff have been working very hard with the ACL staff to work on the transition, which involves a lot of different systems, technical issues, and at some point in the near future, we will also involve the Notice of Proposed Rulemaking and some changes in terms of guidance and regulations. But, again, we are trying to do this in a thoughtful way to ensure a smooth transition.

I think it's important to understand a little bit about the Department of Health and Human Services relative to the Department of Education. The Department of Health and Human Services is a very, very big domestic federal agency. It is estimated that we have some place between 75 and 80,000 employees at any given point in time. HHS has several ‑‑ what we call operating divisions, many of which you probably heard of, the CDC, the center for disease control, the Food and Drug Administration, the FDA, the National Institutes of Health, NIH; and of course, our colleagues over at Medicare and Medicaid services, CMS are all operating divisions within the Department of Health and Human Services, as is the Administration for Community Living. The Administration for Community Living is a fairly new component of the Department of Health and Human Services. We established ACL in 2012 under this administration after President Obama had announced initially the year of community living on the Olmstead anniversary back in 2009. We spent a year working on an interagency basis. And after doing that work, Secretary Sebelius at the time, Henry Claypool, Administrator, Kathy Greenlee and myself all wanted to acknowledge that community living was something that was important and a priority for this administration and that we really needed a home within the Department of Health and Human Services where we could further these concepts of ensuring full participation, economic self‑sufficiency, independent living, for older adults and people with disabilities and, of course, a quality of opportunity.

So we established the ACL in April of 2012. And in doing so, we were a little bit limited in how we had to structure the organization, because we had to work with what we have. So Administrator Greenlee, Kathy Greenlee carries two titles, one is the assistant secretary for aging which is a title that's established in the Older Americans Act statutorily, as well as the administrator for community living and I in my role also carry two titles as the principle deputy administrator here at ACL, as well as the senior policy dis ‑‑ disability policy advisor to Secretary Burwell, the cabinet level official here at the Department of Health and Human Services.

That important to understand in that we strive to really work as colleagues and maintain balance across the aging and disability programs here at ACL. We know that while we have this shared space around the needs of both older adults and people with disabilities across the life span, we also know that there are unique attributes and unique programs and unique statutes and authorities that are intended to be more targeted and support specific populations in different ways. And we strive here at ACL to be able to do both.

Aging and disability do have a lot of synergy. There are very few Americans ‑‑ I have yet to meet many, who are interested in living in a facility and choosing that as a way of life. I have yet to meet the person who says, I would like to live in a nursing facility as the number one item on my bucket list. And so we here at ACL work hard to ensure that that notion of independent living, which I think is central to a lot of the work that we do, is infused across all of our programs. And those goals reach from birth through death.

So we try and find that balance, and Kathy and I work very closely together. I'm sure many of you will have an opportunity over the course of the next few years to meet each of us. We try to show up for conferences and if you are in Washington, D.C., please make sure that you let us know. We are happy to touch base and to work with all of you to further both the human and the civil rights of people with disabilities regardless of their age.

We are absolutely thrilled to have the IL programs coming over and informing and infusing and supporting the general ‑‑ the other work that we do here over at ACL. We know that we have received an incredible gem in having you come here and join us at the Administration for Community Living. And we know that the work that you do every day out in the field with tens of thousands of Americans with disabilities is something that makes a difference in so, so many lives and in our communities as well.

So with that, I would like to turn the call over to my colleague Aaron Bishop, who would also like to welcome you to the webinar. Aaron serves currently as the commissioner of the administration on intellectual and development disabilities.

>> AARON BISHOP: Thank you, Sharon.

I also asked to provide a welcome to you all, since I am so excited to have the CIL join our network here. I oversee the Developmental Disabilities Act programs, which include the state councils on development disabilities, the protection and advocacy agencies, the university centers for 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 serves specific but sometimes desperate purposes, they were established with overlapping goals that facilitate collaboration and interconnectivity among the different units.

Because of its structure, each entity within a state's DD network is able to work cross functionally to fulfill the mandates of DD Act, and its core values. Self‑determination, independence, productivity, integration and inclusion in all facets of community.

Our programs at AIDD all serve the goals embodied in the DD Act which recognizes that disability is a natural part of the human existence, but does not diminish the rights of people who live with DD to excerpt control over their own lives and to participate fully in and contribute to their communities through full integration and inclusion in the economic, political, social, cultural, and educational main stream of the United States society.

To use Sharon's words, synergy is an important one. The D. D network efforts clearly synergize with the independent living programs and with your network coming over to ACL, we will be able to more closely collaborate in the states and the communities serving individuals with disabilities and promoting the best outcomes open the ground.

So with that being said, we welcome you and as you continue your very important work, know that we are here to support you and are very excited to continue to build our shared efforts empowering people with disabilities.

I now turn the call over to Jamie Kendall, acting IL director. Jamie?

>> JAMIE KENDALL: Thank you, Aaron.

I'm so pleased to be serving as the acting director of the independent living program. As Sharon and Aaron have shared, these are at the heart and the mission of the work that we do at ACL.

I wanted to take a few moments to tell you a little bit about myself. I'm currently in the ACL office of program and evaluation, and serve as the director of the office of policy analysis and development. This office has responsibilities for supporting ACL, HHS, our federal partners and external stakeholders in achieving full participation and self‑determination to promote community living for older Americans and people with disabilities.

Previous to serving in this capacity, I was the deputy commissioner at the administration on intellectual and development disabilities. Implementing the presence 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 labor force participation 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. Personally, I also want to note that as a person with a physical disability, I'm an individual living with a disability. I have benefited from countless 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 by acknowledging the notion that disability is caused by the way society is organized, rather than by a person's impairment or difference, we can move forward.

It is absolutely critical to society that we remove barriers that restrict choices for people with disabilities. When barriers are removed we can be independent with choice and control over our own lives. I'm so thankful for Ed Roberts and other leaders of the independent living and disability rights movement for assisting and acknowledging that we need to understand that independence is not a medical or functional issue, but a sociological, political and civil rights issue and we need to move forward with that effort with independent living. Their legacy lives on at the work that we do at ACL and it demonstrates how the IL philosophy aligns with the work that we do.

For example, ACL works to promote high expectations for people with disabilities, improving outcomes towards competitive and innovative employment, helping persons enter thinking and consumer control for persons with disabilities.

So with that, that synergy as Sharon and Aaron spoke of comes to life with you joining our agency.

Next slide, please.

So I would like to take a moment to talk to you about the goals and the formats of today's webinar. As you know, the Workforce Innovation and Opportunity Act, enacted on July 22nd, 2014, made changes to the independent living program. This session will provide information about the changes made to the Rehab Act as amended under WIOA, and to learn more about the process as ACL develops regulations and guidance to implement these changes.

After nearly 15 years, this reauthorization presents an opportunity to the independent living program, consumers and communities across the country. Our aim is to implement the act to enhance services for individuals with significant disabilities.

So as we move forward with this webinar, we plan to update you on the transition, review some of the key changes in WIOA, who will also explain the rulemaking process and we'll provide information on how you may provide ongoing comments and questions throughout this process.

Finally, I will answer some questions previously submitted. Please note that this webinar is just one step in the process. Once the Notice of Proposed Rulemaking is in the federal register, ACL and the department of HHS will file federal guidelines on public comments.

As we are working to implement WIOA, we are moving responsibility for some of the IL programs from the department of Ed to ACL. We are working on a reorganization plan to formally incorporate the IL programs. In the meantime, I have the honor of serving as the acting director for the IL programs during the transition.

We are really committed to ensuring continuity of operations as Sharon articulated. This is first and foremost and while we move forward with this, we ask for your continued patience and support as we navigate the transition.

I would also like to note that while our transition is occurring, we will be making policy changes that are dictated in the law. Please note that it will not change immediately and we do want to hear from you. That is the first step with this webinar, and we would like you to share any questions or comments after the webinar to an emailbox, which is WIOA@acl.hhs.gov. That webinar email address will be on the last slide of this slide deck as well.

Please note that while we won't individually respond to a comment necessarily, we will read each and every one of them, and they are an important part of our process.

I would also like to note that while we are working on a reorganization man, that formally incorporates these programs into our organizational structure, this will take some time. That plan must first go to the secretary of the Department of Health and Human Services for approval and then for Congress for notify, and then will become final when it's published in the federal register. This will likely take several months to complete. So it will be a little while before we can share the new organizational chart that fully represents our expanded mission and final placement of all the programs we inherited under WIOA.

I will now turn over the webinar to my colleague Deb Cotter and you will explain some of the key provisions in WIOA as they relate to our IL programs. Deb?

>> DEBORAH COTTER: Thank you so much, Jamie. I just want to review with you some of the salient WIOA amendments to the Rehabilitation Act of 1973, as they pertain to the independent living programs. Each section discussed here includes the US code citation and the corresponding Rehabilitation Act citation.

Additionally, some of the changes ‑‑ the major changes are highlighted in bold.

Could we turn to slide 5, please?

So I just want to remind folks of what has been sent out in previous ACL technical assistance regarding the current guidance. And if you have any questions, please contact ‑‑ continue to contact your IL specialist, as well as providing information directly to the email address that ‑‑ to which Jamie just referred. And there is a link on this slide where you can copy and paste it into your browser to review that initial ACL guidance.

Page 6 ‑‑ slide 6, please.

So one of the major changes of WIOA is that the State Plan for Independent Living will now ‑‑ the centers for independent living will play a much larger role in the development of the state plan. For example, 51% of the center directors must now sign the SPIL, in addition to the SILC and DSE representatives. It's important to note that the designated state entity, which used to be called the designated state unit, so the DSE signs the plan, but there's no statutory role for the DSE in the development of the state plan.

Slide 7, please.

For the coordination and the collaboration in the SPIL, obviously every three years states will write a State Plan for Independent Living, and it will need to ensure the existence of appropriate planning, financial support and coordination and other assistance to appropriately address a statewide and comprehensive basis, needs in the state for working relationships and collaboration between and among Centers for Independent Living and other entities carries out programs that provide independent living services as well as community‑based organizations that provide or coordinate provision of housing, transportation, employment, information referral services, and services and supports for individuals with disabilities as well as carrying out other programs providing services for individuals with disabilities.

Can we move to slide 8, please.

The role of the designated state entity, again, the DSE is unchanged in that the DSE continues to be required to administer the part B independent living services funds. And provide administrative support services for the independent living program. However, there is not yet enforced but there will be or may be 5% cap on the administrative costs the DSE can use to administer this program. And as I said earlier, ACL guidance, it's been determined that currently that 5% cap is not get in place because I think the regulations and guidance and input from the community are needed before ACL can determine how to carry that out.

So as a result of this 5% cap, there may be more part B funds for independent living services and/or SPIL‑related activities.

Slide 9, please.

In terms of the Statewide Independent Living Council or SILC composition, a major change has occurred in that WIOA removes the requirement for SILCs to include at least one representative of the directors of the 121 vocational services grants for American‑Indians and instead, it would include a voting member of a Center for Independent Living that is run by or in conjunction with the governing bodies of American‑Indian tribes on federal or state reservations.

Can we move to slide 10, please.

The WIOA includes several new authorities, in addition to the required SILC duties. And so there's going to be much more coordination and collaboration with other entities. To continue on to slide 11, the SILC ‑‑ these new SILC authorities include and I'm just going to read some of them ‑‑ number one, in order to improve services provided to individuals with disabilities, SILCs will work with Centers for Independent Living to coordinate services with public and private entities and conduct resource activities to support the activities described in this subsection, essentially the state plan and perform other functions as necessary, consistent with the purpose of this part and comparable functions described in this subsection.

Obviously, all of this needs to be thought out by each state and agreed to in the State Plan for Independent Living. So SILC's roles may vary from state to state. Essentially what I'm trying to say is that these three authorities or areas of activities that the SILCs may but or not required to conduct, the SILC's engagement or not is subject to the approved SPIL.

There is, however, on slide 12, one limitation for the SILC. The SILC may not provide independent living services directly to individuals with significant disables or manage such services.

If we look at slide 13, we can also see a little bit more about the resource development plan ‑‑ or resource plan within the SPIL. Again, this is the SILC resource plan is negotiated still with the designated state entity, and there is a provision in this statute now that provides that no more than 30% of part B funds may be used for the SILC resource plan. However, that actual percentage may be either lower than or higher than the 30%, if the State Plan for Independent Living specifies that the higher percentage is necessary. So, again, each state may do this differently.

On slide 14, we look at how the training and the technical assistance is funded. Essentially the change here, as you know in the past, the Rehabilitation Act required 1.8 to 2% of part C funds be reserved for both center and SILC TNTA. The WIOA essentially funds CIL TA through part C funds and that's again between 1.8 and 2% of part C funds will go to training and technical assistance and now the SILCs will have a dead natured funding stream through part B for training and technical assistance, based on the total appropriated by Congress.

In slide 15, we have what most people consider the biggest change in the WIOA, which is the addition of a fifth core independent living service. This is called transition, which is comprised of three components. Let me just read the actual statute for you. This includes the first one is to facilitate the transition of individuals with significant disabilities from nursing homes and other institutions to home and community‑based residences, with the requisite supports and services.

The second would be to provide assistance to individuals with significant disabilities who are at risk of entering nursing institutions that the ‑‑ so that the individual may remain in the community. And the their prong of this transition core service is facilitate the transition of youth who are individuals with significant disabilities who were eligible under ‑‑ for individualized education plans under the Individual with Disabilities Act who have completed their secondary education or otherwise have left school to postsecondary life.

So just to recap the three prongs of the fifth core service include what I like to say, helping people escape nursing homes or other institutions, and diversion, preventing people who are at risk of entering institutions from going into those institutions, and the third prong of this is youth transition.

And, again, this will need to be discussed and negotiated as part of the State Plan for Independent Living. Because, of course, the SPIL requires that the state describe how independent living services will promote full access to community life for individuals with significant disabilities.

And lastly, on page ‑‑ slide 16, I just want to reiterate what ACL guidance has already said, that the center for independent living compliance reviews will continue. There were no changes under Section 722 and 723 of the Rehabilitation Act, however, the ACL will evaluate how monitor and reporting activities will be conducted.

And we definitely could use your input on this and other changes to the Rehabilitation Act, via the email address to which Jamie and Paula referred.

And I will now pass it over to Molly Burgdorf.

>> MOLLY BURGDORF: Hi, everyone. This is Molly Burgdorf. I'm the senior advisor for policy and evaluation at ACL and wanted to talk through some of the basics of rulemaking. I know many of you may be already familiar with this process, or a similar ‑‑ basically a parallel process on the state level. But just to make sure that we are sharing the same information, we wanted to start with the basic question of, what is rulemaking and this is the federal rulemaking process that we'll be discussing. So ACL will be drafting rules as required under WIOA, implementing the Rehab Act as amended by the changes that were made on July 22nd, 2014.

So there are many layers to drafting regulations. We are going to talk through some of the basic steps. There are a number of additional complicated steps that are not captured here, including once the rule is drafted, it must be reviewed within the agency itself, ACL, within other agencies in HHS, particularly ones that are impacted and the external agencies and review by the office of management and budget. Those are the essential additional steps. There are actually some others.

But we are going to be talking about more of the notice and comment process, and that's particularly important to those on this call because we want to make sure that we ‑‑ that everybody is aware of the steps and that we definitely invite input, both at the information gathering stage, which we are now at and once the actual Notice of Proposed Rulemaking is published in the Federal Register and we will talk about that a little more in‑depth.

I just also wanted to flag that this process, in addition to the Administrative Procedures Act, is governed by a number of other statutes and executive orders, but we are going to focus on the Administrative Procedures Act steps, in particular, because that generally defines the notice and comment process that will be relevant to receiving comments from this group as well as other members of the public.

Slide 18, please.

So these are the basic steps that we wanted to make sure that everyone had an understanding here of today. This sequence, again, is initiated by the statute in this case, sometimes there is a ‑‑ an analysis, a research stage, when an agency decides whether to initiate rulemaking, but in this case, it's required by the changes in WIOA. So we are going to move forward.

We are in the stakeholder engagement process which hopefully includes today, and we have talked about the emailbox that is set up to receive comments and just for the sake of overkill, I'm going to repeat it again. It's WIOA@acl.hhs.gov. This is to receive your comments and your questions about things that we need to be thinking about as we actually start writing and continue developing the rules themselves.

The next step, next bullet point is the prepare propose rule, you will hear the term NPRM which stands for the Notice of Proposed Rulemaking.

That's the stage at which, as the next bullet point indicates, that we publish what is written down and what will become ultimately the final rule in the Federal Register. And that is to allow the public to review, to understand the agency's thinking and provide comment on what's actually written.

And, of course, it's written in response to the authority designated us under the law. So it's not every issue under the sun. It's what we have the authority to address under existing statutes.

Public comment, there's an established length of time, generally 60 days but that can be shorter or longer. So we're just laying out the steps of sequence of this stage. After public comment on the NPRM, then the agency in this case, ACL will review what we received and begin preparation of final rule, which will include responsive to the comments and revisions to the NPRM, which was developed in the earlier stage, and then ultimately, it's published as a final rule again in the federal register.

Slide 19, please. So just getting into a bit more detail about what happens in this first big step of the NPRM. This is intended to give notice to the public that the agency will ‑‑ will consider the changes as a result of the statute and allow for this opportunity for public comment. And we're obviously at this NPRM addressing amendments to the Rehabilitation Act made under WIOA, and once the NPRM is published in the federal register, there's this opportunity for public comment. Those comments are also public through the website, and it's intended as a dialogue so that the public can ‑‑ and particularly our grantee programs we would love to hear from can respond to what the agency is proposing.

And then we can think through whether we want to move forward as initially proposed in the NPRM or if we need to make changes and the final rule is the instrument that captures why, the justifications for changes that are made from the initial steps before the final rule is published, which will include those responses to comments. And it's important to note that when I say there will be responses to the comments, that doesn't mean that every comment submitted individually will receive direct response.

So for instance, there may be, in some cases, an organization will organize a letter writing campaign where the text of what we receive is substantially similar to many other letters, and so there may be an overarching comment that responds to the content but it won't address each individual slightly different comments.

So just for that additional context.

And to close, I just want to definitely encourage everyone to participate both in the initial stage, which just to be sure it's clear, the address that was shared, WIOA@ach.hhs.gov is for the information sharing stage. This is not the formal comment period that will come through the federal register and that will have its own means and ways of submitting comments. So this is ‑‑ at the information drafting stage when we are trying to understand and get feedback on the changes that need to be made, the formal comment process will be at the second stage.

So thank you for the opportunity and with that, I will turn it back over to Jamie Kendall.

>> JAMIE KENDALL: Thank you, Molly, for explaining the rulemaking process.

I would now like to speak with you and provide some response to some previously submitted questions, to ILRU. Thank you for those who submitted. The first question is, is the requirement that funds for the DSE be limited to the 5% of the part B funds already in effect? If not, when will it be in effect? This will be in reference to slide 8, which Deb Cotter presented.

So we know that the Workforce Innovation Opportunity Act transferred the Independent Living Centers and independent living services and centers for independent programs funded under the Rehab Act from the Rehabilitation Services Administration at the Department of Ed to the Administration for Community Living. With this technical assistance to the IL program was issued on September 30th, and is posted on our ACL website, www.acl.gov. And this technical assistance explains that ACL is providing policy, legal and programmatic direction throughout the transition.

As indicated in the technical assistance, a State Plan for Independent Living or SPIL has already been approved in each state through fiscal year 2016. To ensure the orderly transition of the IL programs to ACL, HHS will not require designated state units, state Independent Living Councils or Centers for Independent Living to implement the new IL provisions of WIOA until such provisions have been incorporated into a SPIL.

A state may submit an amended SPIL to reflect new WIOA requirements at any time but no later than July 1st, 2016, to ensure that the state has an approved SPIL for the period beginning in fiscal year 2017.

We strongly encourage stakeholders to take advantage of this time to proactively engage in a collaborative strategic planning process with all interested parties around the development of a SPIL that incorporates the new WIOA provisions and addresses the unique needs in each state.

The technical assistance described that the stay must follow, if it chooses to amend its SPIL.

If you have questions, concerns or suggestions regarding this facet of WIOA implementation, please submit them to our mailbox. If you have a grant‑specific question, you may direct it to your IL program staff assigned to your particular grant.

The next question submitted is regarding WIOA provision DSE be designated in the SPIL and be one of the signers of the SPIL. The question is: Will there be any other clarification on expectations for this entity?

In general terms, the role and the responsibilities of DSE includes responsibility to receive, account for, and disperse federal funds. This is one rationale for the DSE director signature on this bill, after it is developed. There will be policy guidance to clarify this development, since the DSE will have responsibility for the funds that are used to implement SPIL goals and objectives.

Keeping this responsibility in mind, if entities are approached to consider being a DSE, the DSE roles and responsibilities should be shared to ensure those entities are informed of what is required and what to expect.

And as a reminder, in addition to fund administration, DSEs still have the responsibility to develop the SILC resource plan, in conjunction with the SILC, provide administrative support to the IL program and provide written assurances for a number of things that they are responsible, including administering contracts and various record keeping and reporting requirements.

The last question submitted is: What is the process if a SPIL needs to be amended to change the DSE? How long does the approval take?

WIOA has not materially changed the process to amend SPILs. States are encouraged to begin identifying the changes that may occur in the state plan, resulting in WIOA and be prepared to move forward on those changes in the next SPIL cycle.

For example, if a state chooses to change its DSE, this is considered a substitute change to the plan and will require a SPIL amendment. Not all changes to the SPIL should wait until the next full cycle. You should work directly with your IL staff member to identify appropriate timing and assure the requirements of the SPIL amendments are met.

Not all changes to a SPIL, because of WIOA or otherwise necessarily require an amendment. If the change is not substantial, an administrative change may be appropriate. Let me take the time to remind you of what requires an amendment versus an administrative change.

SPIL amendments are changes to the SPIL that result in a significant and relative ‑‑ relevant change in the information in or operation of the SPIL and requires public hearings. For example, changes in SPIL objectives, changes in the designation of under served or underserved areas and priorities for serving those areas or changes in the distribution method of or formula nor distributing excess funds to centers.

A SPIL administrative change includes changes to the SPIL that do not constitute a significant or relative change in information in or operation of the SPIL. These do not require public hearings, but are necessary in order to reflect directly changes that have occurred in practice.

For example, including a funding formula that had been included in previous SPILs but was left out inadvertently in an approved SPIL or for example, the entity performing a SPIL objective changes but the objective itself remains the same.

I would like to notice how long the approval processes take, but we can say that once the state has completed all the requirements necessary for either an amendment or administrative change, we will move as quickly as possible to move the process forward and provide good service.

These are just some of the questions that have been submitted and you may have on your mind. We would like to strongly encourage you to please use the WIOA mailbox to provide us feedback, comments or additional questions that you may have.

We really want to hear from you.

Again, that mailbox is WIOA@acl.hhs.gov.

Thank you all very much for joining the webinar today. Now I will turn it back over to ILRU.

>> PAULA McELWEE: Thank you, Jamie. Thank you, all of you, for the wonderful information that you have provided us. I think we're excited about the changes that are coming and this will give us a way to begin to do what needs to be done at the local level, the state level to make that happen.

For all of you that are on the call, please remember that this presentation will be available on demand online. We don't know what date for sure, but we will send an announcement to the participants when it's available. We are also hoping that that page would be a place where we can post other things that the links to these other ‑‑ this other information that might be useful to you.

Please be sure to fill out an evaluation survey. Before you leave us, click on that link or copy and paste it and it's a very short survey to give your feedback about the training today.

Thank you so much to all of you for participating and we wish you a good rest of the day. Those of you on the East Coast, we wish you well as the snow continues to fall. I hope that everyone has a good rest of this month and we'll continue with our changes. Take care, everybody.