Good morning. It is great to be at APRIL, again. I am sure all of us, who are attending the conference, from other parts of the country. Are, quickly, becoming, acclimated. To being, higher, than, usual. Speaking, in terms of, the distance, from, the elevation. Of course.

It is, also, to be great, to be here, in Denver. A catalyst, for so much of what we have, collectively, accomplished. And continue, to accomplish, together. The successful, struggle, for making, public transportation, truly public. By making it accessible to all. The creation of the Atlantis, community. As well as ADAPT, and their its laser, focus. On freeing, our, people. I remember talking to Wade Blank, Mike Awe burger, and Bob Kafka. Just after the ADA was signed. About a concept, they, then, described. as taking money. From your right hand, in to your, left hand. A concept, that evolved, and continues to evolve. Which we, have, all I think, helped shaped. And is, now, known as. Money Follows the Person. And, the wider effort. to re, balance, and shift the focus of. Medicaid. By assuring it invests more in. independent living and community living services and supports.

Nationally, we are making progress. As of, 2016, nearly 6, out of every, 10 dollars. Spent on Medicaid, long term services. Were spent on community living. And, that percentage, has risen by, a point. Or, two, over each of the last 5 years, or so. Over half the States now spend 50 percent, of these Medicaid funds. In the community. But, we also, know. And independent living, consumers, know, far more than, they or we, would like. That there are grave, disparities, and, variations. In what, individuals, can access in the way of services and supports. To live, learn, work and prosper. In the same community, as all others. Barriers, based on, where they live. Their age. Their disability. The State they live in.

The work that you, and other Centers and SILCs do. Is vital, to building on, and spreading. that progress. And, to knocking down, the barriers that prevent. Far too many, of our, brothers and sisters. from being institutionalized, or going without, needed services and supports. From fiscal years, 2015, to 2017. Centers, receiving Subchapter C, funding, from ACL. Assisted individuals that wanted to leave institutions, to achieve. Over 12 thousand goals. that they set as being necessary to make. This quantum, leap. In the same 3 year, period. Consumers, set a half, million. Goals. related to obtaining, accessible, and appropriate. Health care. Transportation. Assistive technology. And other supports. And with the support of CILs, achieved, 75 percent, of them.

Each years, CILs’ consumer controlled, services and supports. Make, the, critical, difference. In enabling, more than a, quarter, million. people with significant disabilities, of every age. Disability. Race. Ethnicity. Sexual identity. And region. To make both, small and mighty, strides. In freedom. Independence. Equality. Education. Careers. In creating real lyves and, real, futures.

We are extremely proud of. And support you in your leadership, and efforts. I want to do three, things, in the next several minutes. First, share some updates on what is happening. And, the work we will be, partnering, with the network, to accomplish in the coming 12, to 24, months. Second, I want to share some thoughts. On what I believe, are some, strategic. Growth opportunities. For strengthening, and extending, the capacity. Reach. And, resources. Available, to independent living. To do the work. That we all know. Can, and, must be, done. Not just by anyone. But, by CILs, and SILCs. Specifically. And, third, I want to create, the time and space, for a give and take, both today, and moving forward.

Let me start off by

During the recent weather events created by Hurricane Florence, ILA actively stayed in contact with CILs and SILCs in NC and SC. Reports indicated most CILs in affected areas were able to maintain business during and shortly after Hurricane Florence passed through their areas. However, disAbililty Resource Center in Wilmington, NC was impacted significantly and has not been able to work from their office since the Hurricane hit due to damage. Their time and effort has been focused on helping our consumers and new individuals with disabilities also impacted by this Hurricane. The landlord is working hard to get them back in the building. It will be at least another week before it is safe for them to return.

Moving on. . .

announcing, some changes, in leadership and staffing. Last week, Julie, Hocker. Was named, and began her role, as the Commissioner of the Administration on Disabilities, in ACL. She has worked at HHS, Vanguard, the American Conservative Union, and the Charles Coke, Foundation. Julie has her M,B,A, from the University of North Carolina. And, significant experience in. business process improvement, risk management, and effectiveness assessment. Notably, Julie, is an alumnus. Of Maryland’s, Youth, Leadership, Forum. And, she has led efforts. to expand, mentoring, opportunities, for kids, with parents. Caught up in, the corrections, system. As well as, alert policy makers, and others, to the real. Concerns, that many in the disability community. Have, regarding, assisted suicide. In the brief time, Julie and I have had, to get know each other. She has impressed me, as having the skills and open spirit. To learn from, work with and, help strengthen independent living. With us all. And, that is what we are going to.

I am also pleased, to announced that. we are bringing on a new Project Officer in the coming weeks. . . .

Elizabeth Akinola, also has recently left ACL to take a position, with the equal employment opportunity, commission. We are exploring, options, for back filling her position as well. Due to these changes, reassigning current Project Officers accordingly. And, posting, the information, on the ACL and the ILRU websites. I know such rotations can cause confusion. We will work to minimize this. Generally, though, we are moving in the right direction, to hopefully grow our resources, to support you better.

I want to now turn to operational issues.

The first of these is ACL reporting. Due to systems, and contractual, issues. ACL, reporting. Is not ready, for either, CIL, or IL S, data entry. We anticipate such, access. will be established, no later than. The first of November. We, strongly urge. All CILs and States. To complete their data gathering during this time. So all data can be entered as soon as the portal enter data as, it is available. The deadline for PPR data submission. will be adjusted as needed.

The plan for PPR revisions moving forward. . .

CIL/ILS reporting -- What is our timeline and process on inviting stakeholder feedback?

A revised CIL PPR is anticipated to begin the clearance process the end of January 2019. After ACL/ILA received public comment on the CIL PPR that went through the clearance process in March 2017, the decision was made to lapse the revised March 2017 CL PPR and continue the revision process.

The clearance process for the newly revised CIL PPR will include a 60 day formal public comment period for additional feedback.

It is anticipated that October 2019 (beginning of FY20) ACL/ILA will begin applying the new CIL PPR. Trainings will occur prior to the implementation of the CIL PPR. December 31, 2020 will be the first PPR due based on the revised CIL PPR.

ILA is focusing on the CIL PPR. The ILS PPR activities will begin shortly after the CIL PPR enters the clearance process in January 2019.

**COMP – Status/Challenges/Success/Timelines (onsites)**

Pilot desktop reviews are underway with 6 CILs (WA, TX, MI, CA, SC, MD). The CILs and POs are working through the new protocol and actively working together to complete State of the CIL webinars, program and fiscal document reviews, CSR reviews, and staff/BOD/consumer interviews. It is anticipated that draft reports will be completed and provided back to the CILs no later than the second week of November. At that time ILA will begin working with the pilot grantees to resolve findings prior to issuing a final report (perk of being in the pilot).

Once desktop review Cohort 1 is complete, we will turn to onsite reviews with additional volunteers. While the onsite reviews launch, we will also be making revisions to the desktop protocol based on grantee and PO feedback. NCIL is also providing feedback.

**SPIL (revisions/new SPIL status)**

ILA has worked with an external workgroup led by ILRU to draft revisions to the SPIL instrument. The workgroup has completed their work and ILA is making final edits in preparation for the clearance process that includes public comment. Anticipating that the clearance process will extend beyond the start of the next SPIL cycle, ILA is developing a process that will allow States to revise their current SPIL if desired, or extend their current SPIL until such time that a new SPIL instrument is available.

ILA will be hosting a network call in early October to discuss the available options.

Appropriations . . . .

ACL priorities and growth opportunities

Lance Robertson, ACL’s Administrator, and I have visited about a dozen Centers, meeting with both their staff and consumers. In August, we joined HHS Deputy Secretary Eric Hargan in visiting with staff and consumers from three D.C.-Metro area CILs.

What we came to better understand that day is the power of independent living to enable people with disabilities to take charge and transform their own lives and futures.

We are committed to working with you to increasingly these kinds of possibilities. And, we want to join with CILs and SILCs to make gains on three, fronts in particular:

Housing. . . .

As you can imagine, a great many that receive these services, come to CILs, with a need to identify, obtain, or continue to be able to retain, housing that best meet their needs. Of the roughly, quarter million, people that received services from Centers for Independent Living, nationwide. In fiscal, 2017. About one, half, received help and supports. Addressing their need for housing, temporary shelter, or making needed accessibility, modifications to where they live.

We also know that CILs are taking innovative steps to meet to these needs. The 11 Centers for Independent Living, in Massachusetts, are able to use the Massachusetts Accessible Housing Registry. Created jointly by the Massachusetts Rehabilitation Commission and HUD. As part of the MFP individuals. Tapping into the registry enables CILs, and individuals with disabilities, to access a range of. up to date information on housing options.

Many CILs across the country, also, have gotten into making, or advising and arranging for. Needed home modifications. Walton Options for Independent Living. The CIL in Augusta, Georgia, for example. Has transitioned, dozens, of people, who had been, in, nursing homes. On average, for more than 30. But less than 90, days. By, informing these individuals and their families, of their options. And by, providing very basic durable medical equipment or simple home modification like a ramp or grab bars. The CIL, knew from experience, that this time frame is crucial. Because, the more days, someone, spends in a facility. The more, they tend, to lose their natural support, housing and everything, else, that goes along with it. The average cost. of these transitions. were under $1200, not including CIL staff time. Far less, than those, who Options. Assists to move out of facilities, after, longer stays. When, individuals’, needs, for community living services, housing and related supports. Tend to be, more, complicated, to meet. And, thus, costlier.

Disability Resource Association serves Jefferson County Missouri. DRA is located just south of St Louis, MO. The county is a combination of both rural and urban. DRA’s housing program began with simple ramp building and home modifications. When a consumer had a need to help them stay in their home we would try to find funding and then complete the project. Our local Developmental Disability Resource Board offers a grant to help pay for these builds. Through the years we have gotten other local grants to help with the materials and we use volunteers to complete the projects.

As affordable accessible housing became more limited we tried to find ways to meet that need. DRA started purchasing foreclosed houses to rehab and them we sold them to lower income families. DRA signed on to the National Community Stabilization Trust. Through this program Wells Fargo donates foreclosed houses to nonprofits that are registered with them. The nonprofit agrees to rent or sell these houses to low income individuals. DRA had received a few of these houses. Our housing contractor rehabs the houses and sells them to lower income families. DRA is always researching properties to find inexpensive foreclosures that can be rehabbed and sold to low income individual.

Since the need for affordable house is so great in our area, DRA formed another 501 C 3 called Access Housing. Under this organization a duplex was purchased, and we lease that out to low income individuals. Through Access Housing we hope to form a foundation that can acquire funds to help individuals with down payments, apartment deposits, or other emergency housing needs.

DRA recently partnered with our local Community Action organization to apply for the HUD Mainstream vouchers grant. We are happy to report that the action agency will be receiving 45 additional housing vouchers and the priority for those vouchers are for individuals transitioning out of institutions and the homeless. DRA will be able to get housing vouchers for the individuals that our staff are working with to transition out of nursing homes.

Affordable, accessible housing in Jefferson County is so very difficult to find. We get daily calls at or office from people that are homeless or at risk of being homeless. DRA is trying to fill the housing gaps as best as we can by thinking outside the box.

In FY2019, the IL-NET will be offering Our Homes: a series of trainings, classes, and resources on accessible, affordable, integrated housing for CILs & SILCs . . . .

Health and wellness. .

The first is that of Secretary Azar’s initiative on transforming our nation’s health care system. Moving it from a system driven by diagnostic codes. to one that pays for real life outcomes that enables us all to lead healthy and independent lives.

The Secretary believes ACL’s network of programs can play an incredible role in making this happen. We agree wholeheartedly!

CILs have led on this front for years.

* Making it possible for people to live in their own community.
* Equipping them with the know how to take control of their own health and independence.
* Providing diversion, institutional transition and community living services
* Promoting the purchase and use of accessible diagnostic equipment
* Offering health and wellness training and peer support
* Reducing need for ER visits, hospitalizations and institutionalization, which are costly both in dollars and staggering human costs.
* Partnering with housing authorities to expand accessible, affordable housing – the foundation for healthy, independent lives

The Independence Center in Colorado Spring – about two and a half hours away from you – is one of several examples of how CILs can and are:

* Increasing access to disability competent health care that enables individuals with disabilities of all ages to lead healthier, more independence, productive live; and,
* Successfully competing and tapping additional funding streams to do vital work.

The Independence Center does this in many ways. I will highlight just two. Working with the VA and ACL, the Colorado Springs CIL’s Veterans in Charge initiative enables veterans with disabilities vets to direct the services they use to live independently. It now serves over ### veterans in rural communities and has plans to expand with VA funding. Nationwide about ## CILs are serving veterans through our joint venture with the VA and we are working to grow these efforts. This past summer it also started using some endowment funds it has to award small grants to physician offices and other health facilities to help purchase accessible medical exam tables, scales and other diagnostic equipment that meet Access Board guidelines.

We believe these and similar initiative can improve the quality of health care while reducing cost costs. And, we are committed to working new CILs and others to find the ways and means to build and them.

Employment:

The second priority of tremendous importance is that of expanding and growing real career path employment opportunities across all sectors of our growing economy.

Employment is at an all-time high. And, the demand for workers has seldom, if ever, been greater in our country.

Now is the time for a full court press to assist employers to recruit, hire, employ and retain employees with disabilities, in good jobs in good career path fields and professions.

We at ACL at the direction of the Secretary are currently meeting and working with 11 other federal agencies on developing a set of strategies aimed at achieving these objectives. And, we hope to have more to report on these efforts soon.

We also know that to be effective in this, we can benefit enormously from learning from and following the leads of both Centers and SILCs that are on the cutting edge of enabling people with significant disabilities to succeed in careers. In the coming weeks, therefore, I along with Bob and other colleagues will host one or more online listening sessions to elicit your best ideas, lessons learned and advice on the topics I have just covered.

Simply put: Success Works! And, with your ideas and innovative drive, we know we can make it work for many more. Thank you for all you do and have a great conference.

Conclusion:

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Bob Williams Comments at the 2018 APRIL Conference in Denver Colorado.

CMS, <https://www.medicaid.gov/medicaid/ltss/downloads/reports-and-evaluations/ltssexpenditures2016.pdf>

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