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ASSOCIATION OF UNIVERSITY CENTERS ON DISABILITIES (AUCD)

PLENARY B

CONVERSATION WITH OUR FEDERAL PARTNERS

PANEL MEMBERS: CLAUDIA GORDON, CINDY MANN,

SHARON LEWIS, MICHAEL LU, SUE SWENSON

RENAISSANCE HOTEL

WASHINGTON, D.C.

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>> LESLIE COHEN: If folks could come in and sit down. We're getting ready to start.

If everyone could please take your seats. We're going to begin in just a moment. If everybody could take their seats, we're ready to begin.

>> LESLIE COHEN: I want to welcome everyone this morning. We have a very special plenary today, and I'm glad that you all are here this morning, early in the morning, after what I know is a late night for many of you to join us for our second plenary. I'm Leslie Cohen. I'm this year's Conference Chair, the President‑Elect of AUCD, and the Director of the Sonoran UCEDD at the University of Arizona. I'm pleased to start today with a presentation from several of the federal agencies whose policies and programs impact the lives of people with disabilities, their families, and our network. We know that what happens at a national level impacts every one of us in the work we do in our states. And so this is a real opportunity for us to hear from our partners and collaborators at the federal level about their work and what they see happening in the next years. Our conference theme, "Promoting inclusion in an increasingly diverse world" speaks to our desire to reflect upon our network's rapidly growing diversity. I can't imagine a more timely way to plan for the future than to hear from those individuals whose policies and programs address those issues at a national level. So I know you will take away valuable information from this plenary to inform your work in your Center, Community, and State. And so without further ado, I'm going to introduce all of the panelists in turn to make it more efficient. And then they will each speak. But I wanted to remind everyone that this session, we're using computer assisted realtime transcription, C.A.R.T., and so it's very important that everyone when you come up to the mic, that everybody speak right into the mic so that we're sure that it's transcribed so that this session is accessible for every one. This morning we welcome several distinguished individuals. Each one will give a brief update on their agency's upcoming priorities, and then we will have time to ask questions. I'll ask a few, and then we'll have a few from our audience. What we want is to have a dialogue with these officials that have a lot of interesting information to share with us. First, I'm going to introduce starting on my left is Claudia Gordon, the White House's new public engagement advisor for the disability community in the Office of Public Engagement. Claudia has worked with the National Association for the Deaf Law and Advocacy Center. She was President of National Black Deaf Advocates Association. She worked as an independent consultant for the National Council on Disability. She later became a senior policy advisor for the U.S. Department of Homeland Security, Office of Civil Rights and Civil Liberties. Her most recent appointment before her present one came as she worked as special assistant to the Assistant Secretary to the office of federal contracts and compliance programs in the U.S. Department of Labor. Then to my left, and to Claudia's left is Cindy Mann. Cindy serves as director of the center for Medicaid and TIP services, CMCS, within the centers for Medicare and Medicaid services, CMS. As CMS deputy administrator and director of CMCS, Cindy is responsible for the development and implementation of national policies governing Medicaid and the children's health insurance program, CHIP, and works closely with the States as they design and administer their Medicaid and CHIP programs. Prior to coming to CMS, Cindy was a research professor at the Georgetown University health policy institute, and was executive director of the institute center for children and families. Her work at Georgetown focused on health coverage, financing, and access issues for low‑income populations. To Cindy's left is Sharon Lewis. Sharon is the newly‑appointed principal deputy Assistant Secretary for the Administration for Community Living within the Department of Health and Human Services.

(Applause).

(Laughter)

I was going to say to hold your applause until the end. Prior to her current post, Sharon served as Commissioner for the Administration on Intellectual and Developmental Disabilities since of March of 2010. Sharon serves as Secretary Sebelius' senior advisor on disability policy. Prior to joining the administration, Sharon spent over a decade working on disability policy at the State and local level, including as a senior disability policy advisor to Chairman George Miller of the U.S. House Committee on Education and Labor. Sharon is the recipient of numerous awards, including the 2010 distinguished leadership in national disability policy award, and the consortium for citizens of disabilities chairman's award. And then to Sharon's left is Michael Lu, who is the associate administrator in the bureau of maternal child health at the U.S. Department of Health and Human Services. Prior to joining HHS, Michael was an associate professor of obstetrics, gynecology, and public health at the University of California, Los Angeles Schools of Medicine and Public Health. While at UCLA, he was best known for his research on racial and ethnic disparities in birth outcomes, and his leadership on life course. Michael brings years of experience on MCH research, practice, and policy to HRSA and MCH. Last but not least is Sue Swenson who is Deputy Assistant Secretary for the U.S. Department of Education Office of Special Education and Rehabilitation Services. She previously served as the CEO of The Arc, the executive director of the Kennedy Foundation, and as Commissioner for the administration of developmental disabilities under the Clinton Administration. Sue is an active systems advocate working to improve management systems in human services. Her diverse background includes working as a disability policy staffer for Senator Bill Frist, and is a grassroots parents leader in her home State of Minnesota. I want to welcome all of you today!

(Applause).

I'd like to start off with Claudia, and then asking each of you in turn to provide a brief overview of the initiatives and the plans of your agency or administration for the next coming year to 18 months. What issues will you focus on? What improvements to our federal system will be implemented? What challenges or successes do you expect in the coming year? Claudia?

>> CLAUDIA GORDON: Good morning, everyone! I wanted to acknowledge AUCD leadership to make this conference such a success today and this week. Also the opportunity to sit alongside such distinguished members of the Community, and hear from them as well. I've been at the White House since July. And in many ways I still feel like I'm new there, but at the same time it feels like it's been a long time. I think that it depends on which day you ask me.

(Laughter)

But I did have the pleasure of seeing several of you on Friday at the White House event, especially with HHS, Sharon Lewis' team, and celebrating and commemorating the anniversary of the DD Act. I was really pleased that we were able to get together and recognize that milestone, and recognize the progress that we've made, but still the work that needs to be done. So just to talk a little bit about my work and my priorities at the White House, I think that it's fair to say that as someone who works in the Office of Public Engagement, the priorities are aligned with our sister agencies, and that's who the individuals sitting alongside me here on this stage are today. My role in the Office of Public Engagement is really just to make sure that your voice, your concerns are made a priority. And that they're taken into consideration. It's important for us to share across leadership with the Domestic Policy Council, and talk about budget issues, and really respond to inquiries related to very specific issues. So I have been engaged in a lot of meetings and in a lot of outreach with groups including AUCD as well as others just making sure that we can continue to keep our fingers on the pulse, and know what issues are coming up in the Community, and to make those a priority, and the issues that are you all concerned about so that we can be readily prepared to answer those and work together to make sure that the administration responds effectively to each of those concerns. First concern is employment. I know that's a big and ongoing issue in our Community as a topic of discussion. We have a lot of data to prove, that employment is a big issue, and it's not acceptable on many levels. And there are still a high percentage of individuals who are unable to find work. So before I came to the White House I was working at OOCP, and we really worked on revising the strategy for our 503. Making sure that federal contractors don't discriminate, and provide equal opportunity and show that in their practices in hiring. And this relates to contractors and sub‑contractors. And we were successfully able to implement that regulation. That was just this past August. Of course, that's going to help many of you to make sure that your voice continues to be heard on this particularly important issue, and I know that it's a priority for the Community. I mean, it took almost three years before we actually got it done and passed. So the next step to make sure that it's effectively implemented. So our work isn't done even though it's been passed. I mean, it stale remain as priority for us at the White House, and the administration, and the Department of Labor as well. So there is a lot of hard work involved in finalizing regulations, and we just really want to make sure that that work is really translated and tangible and that we can see the benefits toe the Community. And so, of course, that requires the involvement of everyone in this room and into the larger disability population as well. We want to make sure that we're not just focusing on outreach for individuals on the contractors, but also the individuals in the Community to make sure that they understand what is composed of in that law. Why is it important for them? How will this affect them? And, of course, the contractors know that it requires at least a minimum of 7% of those with individual disabilities to be hired in their companies. So that affects retention as well. There is a lot of outreach that we're going to have to do going forward in the months and years ahead just to see the results of this regulation being put into practice. So we definitely look partnering with AUCD to make sure that that is successful. EEOC, Department of Justice, Department of Labor, those various agencies have resources as well. We're just trying to make sure that we can work together to make sure that we can integrate those abilities for individuals with disabilities to have gainful employment. We talked about shelter workshops which is really sub‑minimum wage environment that individuals with disabilities have been forced to work in, and DoJ has worked on that as well. Another large priority that we have been focusing on, and you will hear more about it because I am sure that Sharon Lewis will mention that, too our HHS colleague is care. We've seen some of the tangible benefits in the disability community for healthcare and not receiving discrimination based on pre‑existing conditions, so that individuals up to the age of 26, these youths can stay on their parents' healthcare policy. That's really been a huge benefit for the disability community, and it provides protection for them for long‑term care. Also the Department of Labor we signed what's called the companionship rule. Several of you have probably heard of that. So we signed that, among other things. It's to extend overtime protection and minimum wage to those home healthcare workers. We are very aware that the Community is really concerned about that, with that regulation. And the Department of Labor is working very hard and vigorously with the Community to make sure that this doesn't disrupt the continuous service of their healthcare. I think it won't become effective until January 2015, but it gives us a lot of time to dialogue with the Community before that goes into effect. So we're very sensitive to the concerns and issues that have been brought to our attention from the Community. But still that area is something that we're continuing to make a priority. Other issues within the disability community would be the youth population. We haven't really focused a lot on that particular demographic. And my second week at the White House, I was able to recognize 8 individual youths, deaf, autistic, with physical disabilities, and just honor their work and their advocacy even though they were born after the ADA was passed, they are part of the spirit of the ADA, and we were able to recognize their commitment to breaking down barriers and creating opportunities for other youths just like themselves, whether it's advocating to attend college, or whatever the case may be, just to be able to focus on the youth with disabilities and how they are getting prepared for the future because they're going to be taking over as the future leaders of this Community. So we want their voice to be part of this dialogue as well. So that's another priority for us. In fact, last week, thanks to AUCD, for sponsoring Disability Mentorship Day at the White House, we had a fantastic opportunity, and Andy Imparato was there, and we brought in 20 youths from all over D.C., cross‑disabilities, and we had a really full day just hearing from professionals with disabilities, and various fields, and it was just an opportunity to encourage them not to limit themselves. To go ahead and pursue their dreams, and to set goals for themselves. And to see what their future can be. So we're going to continue to do that. We're going to continue to focus on that population. Briefly, another priority for us is CRPD being passed. So I would like to thank those for their involvement in amplifying this message with this Treaty. The U.S. really should become a model. We need to set that standard for accessibility and inclusion. You know, we talk about ADA and the Rehab Act, and we need to make sure that we, too, receive the benefits from that, even when traveling overseas. So we're going to continue to highlight that Treaty. And the second hearing will happen this Thursday. So we're going to have to continue to be energized and build that momentum in the Community, and hopefully it will be passed and done. I'm going to go ahead and pause here, but before I end my thoughts, another area that we've been actively engaged in in making sure that the Disability Community is an integral part of this broader policy agenda, in addition to working on specific issues, another top priority for the administration is passing the Comprehensive Immigration Reform. We need to continue to ensure that that's part of the dialogue for us as well, strengthening the middle‑class, immigration, re‑building the economy. I think disability issues integrate and intersect, so regardless of the President's priorities, we have to also find a way to make those connections and integrate our voice in his agenda as well. So that's part of my everyday task, to take your voice and to integrate those issues and to intersect them into the President's over‑arching agenda. So I want to make sure that I provide effective representation on behalf of all of you. Thank you.

(Applause).

>> Good morning, everybody. It's a pleasure to be here with all of you. There is not too much going on in the world of Medicaid.

(Laughter).

But it's sort of hard to decide what would be the most salient things to address in a few minutes. So I will touch upon a few key issues. Of course, first and foremost is the successful implementation of the Affordable Care Act. And we've had a rocky six weeks in terms of roll out of our website, but as the President continues to remind the nation, the website is not really what the law is about. We'll get the website fixed, and we're very committed to doing that. But as already referenced, the Affordable Care Act has made an enormous amount of difference in people's lives already, and will continue to do so for decades to come. Let me just talk briefly about the coverage aspect. I think one of the most overlooked components of ‑‑ did we just lose the mic? There it is. Okay. One of the most overlooked components of the Medicaid expansion is that it will provide coverage for people with disabilities who are now left out of coverage. So in the Medicaid program right now, we cover people based on categories. When I say "right now" I mean 2013, but not January 2014. We cover people based on categories. They have to be a parent, a child, pregnant, a person with disabilities, a person who is elderly. And, of course, there are very clear definitions of what each of those categories mean, and there are also income levels associated with each of those categories. What happens in January 2014, according to the Affordable Care Act, and we had a little bit of a wrinkle from the Supreme Court, is that all adults with incomes below 133% of the poverty line will be eligible without regard to those categories. And then people, of course, with income over 133% of poverty who don't have affordable healthcare in their workplace will be able to enroll through the marketplace with the benefit of a premium's tax credit and cost‑sharing reductions if they qualify for that financial assistance. So if you look at the Medicaid expansion, the adults under 133% of poverty, I'm not saying you have to be disabled, you have to be non‑disabled, you have to be a parent with a child, it is without regard to any of those categories. It is simply that you are an adult, and your income is below 133% of poverty line. Of course, you have to meet certain citizenship and immigration status requirements. That means that in States that expand coverage, people with disabilities will be eligible for health insurance coverage through Medicaid, and then through the marketplace above that income level. It is a well‑known fact among disability advocates that you can be disabled and still not qualify for Medicaid depending on what your State's income level is. So the minimum income standard in all States is the SSI income level, which is about 74% of poverty line. Some States cover people with disabilities at their option at somewhat higher income levels. Some go to 100% of poverty. A few go to 125% of poverty. But what will happen in January of 2014, if every state were to expand coverage, is that people with disabilities regardless of where their State has set the disability eligibility level, they will still be able to qualify for Medicaid coverage based on their income. So where we are in terms of the little wrinkle from the Supreme Court, the Supreme Court I'm sure as everybody knows upheld the Affordable Care Act, struck down one provision which was that the Secretary didn't have penalty authority to force the State to, in fact, obey the law and to cover all ‑‑ and to adopt the new low‑income adult coverage group. So it in effect becomes voluntary with each State. We now have 25, 26 States, depending on how you count them. A couple of them are pending with us for waivers so they're not certain, but we have about half of the States are planning to go forward. And still even as we speak today, off regular legislative sessions that are a couple of states still considering that, and a lot more states will still be considering the Medicaid expansion in January when their legislatures reconvene. So it's a enormous step forward for coverage for people with disabilities in those states that have expanded, and an enormous opportunity to get the States who have not expanded to come along and to see that we can't leave a gap in coverage if we are really ensuring universal healthcare. So hopefully you are all involved in implementation in those states that are moving forward, as well as looking at the states that have not moved forward and what the implications are, particularly for people with disabilities. Because I think that it really is an untold story. The other area, of course, that we're doing a lot of work on is with respect to moving forward on the provision of long‑term care services and supports, and particularly emphasizing the supports of those services, and supports being available in the Community, home‑ and community‑based settings. So we've had a lot of changes over the last couple of years. Over the last decade, we've really seen a shift in the financing of long‑term services and supports from largely institutional care to care in people's homes and Communities. That's certainly where we think it needs to be. There are some people who will always need services provided in a nursing home, but most people are able to thrive well and to get the care and support if they have the care and support that they need in their home and Community‑based settings. And so that's really an emphasis for us. It's an emphasis for my other colleagues here. There are a lot of new opportunities in the Affordable Care Act that has furthered our collective efforts to ensure that care is provided in home‑ and community‑based settings. There are other provisions in the Affordable Care Act that ensure that once you are in the Community, you get integrated care, you get better care that will enable you to thrive and to be as healthy as possible. There is an extension of the money that follows the person program. There is a new State plan option finally known as 1915i, for those of you that follow sections of the law that provide and community based ‑‑ allows states to provide home‑ and community‑based services. Not going to go through a waiver process. And there is a community first choice which provides enhanced funding for states to provide home and community‑based services as an alternative to institutional settings, and there is the balancing incentive program which is particularly aimed at the states that have the ‑‑ have done the least so far in terms of their very balancing of their long‑term care system, and to provide additional federal support, and some pretty intense technical assistance to be able to bring their programs into more of a re‑balance. So as you might expect, as we focus our attention on home‑ and community‑based services, we can't just, even though we're in the Medicaid business, we can't just think of what's going on in the confines of the health clinic or the Medicaid program. And so we've been doing a lot of work over the last year, and we'll really accelerate our work over the next period of time thinking about other services that are so critical for people to thrive in the community, which includes most notably housing services. We've done a lot of work with HUD. We would like to do more. We would like that there are more resources available, but we've been doing quite a bit in terms of coordinating information in the State and local area, making sure that people understand each other's language, and HUD and HHS is like Mars and Jupiter. So we've been doing a lot of translation for each other and really joining forces to make sure that we all understand how together we can forge a really successful policy. Similarly, we want to do a lot to support employment opportunities for people with disabilities. We issued an informational bulletin in September of 2011 on this, and it represents really a two‑year effort of collaboration across government and certainly with many of you in this audience and others in the disability community to think of how we can foster real employment opportunities. We've had, and this will be a big issue coming up in the next period of time, we've had a multi‑year effort to define what it means to be home and community‑based setting. It sounds logical, sounds obvious. And it is enormously complex. And it has many regulations, and as I have been involved with HHS over the period of time this is probably one of the most difficult ones I have worked on. Affects lots of community ‑‑ lots of people in the disability community in different ways. We had a lot of consultations, and several notice of public rulemakings, many public gatherings, and we really, really appreciate all of the input and support that we've gotten to really tackle some of these difficult questions. So we are poised to issue final rules on what it means to be home‑ and community‑based setting. And that will apply to our 1915(c) waivers which is where most get them through, but the community first choice program to this 1915(i) state option I talked about trying to make the definition cons sis the stand across all authorities. And frankly, we're trying to make it real. We're trying to make sure that when a state draws down, home and community‑based dollars from the Medicaid program under any one of the authorities, that, in fact, it is a true home‑ and community‑based setting. We fully anticipate as you all have told us that there will be some challenging steps that we'll all have to take forward as a Community to make sure that this is a reality, but also not to disrupt current care arrangements that are so important to people without making sure that they're viable arrangements and good choices available for people. So we want to work together as we move forward on implementation with all of you. Finally, I just want to mention that there is a lot of state efforts these days on better integrating care and coordinating care, and focused on people with disabilities. And it's coming about in a lot of different arenas. It's coming about partly through our dual demonstrations where people eligible for both Medicaid and Medicare up to now have been covered, two different programs, two different worlds, two different financing sources that push providers in different directions, and that keep a care team from really coordinating for the best interest of the beneficiary for the individual. We have dual demonstrations going on, or starting to be implemented in many states in the pipeline, and the focus really is on how to provide better integrated care for people. How to get rid of the artificial incentives that are created by two different financing programs to say let's focus on the individual. Let's make sure that we have patient‑centered care, and that we're really moving forward in terms of keeping the person at the center of the service delivery. So there is going to be a lot of implementation of those dual demonstrations over the next period of time. Hopefully many of you are involved in thinking about that implementation, and seeing how well it does in advising us as we go forward. And secondly I just want to mention that you can't help but notice in the Medicaid program a lot of states are moving to long‑term services and supports inside of capitated managed care arrangements. We are really trying to be very attentive to that trend, and to understand the potential benefits for a person‑centered plan of care, to not falsely separate physical health and mental health and long‑term care services, but really trying to bring services together for people, at the same time it's a big shift in finance, and it's a big shift in care arrangements for people. We've been pretty aggressive about saying our expectations are with respect to these managed care arrangements that involve long‑term services and supports. We have a website that focuses on those expectations. We are very much wanting to be in dialogue with all of you about what you are seeing in the Communities, how implementation is unfolding in the Communities, and for new States coming in, what kinds of individual protections and assurances you think is important that we put as part of our agreements with states as they move forward. So a few things going on. Let me stop there and turn it over to my colleague, Sharon, who has been an incredible partner for us with the Medicaid program within HHS.

>> SHARON LEWIS: Well, thanks, Cindy.

(Applause)

So many of you are familiar about 18 months ago we established the first new operating division at the Department of Health and Human Services, the Administration for Community Living, first new operating division within HHS in over 20 years that brought together the components of HHS that are focused on older adults and people with disabilities. And we are the smallest part of HHS, but as I think both Cindy and Michael know, we really try to leverage all of their money to do good things on behalf of people with disabilities and the aging population. And that's really the focus of our work is cross‑cutting, not unlike the work that you do under the DD Act and with the LEND programs in terms of an interdisciplinary approach to people with disabilities, and that's really what ACL is about, and the work that we're doing. One of the most important things that's happening at HHS is that the Secretary acknowledged that the only way that we're going to move an agenda forward around Community living is if we don't just have the Administration for Community Living focused on this, but all of HHS must be focused on how do we move an agenda forward across all of our programs and resources to ensure that all Americans have the opportunity to live, work, and play in their Communities? And so we established the HHS Community Living Council which is co‑chaired by our bosses, or the different levels of our bosses, Kathy Greenly, the administrator for community living, and Jonathan Blum who is the deputy administrator at CMS. And that entity has brought together all of the components of HHS to begin a dialogue around how can we all contribute to this agenda? How can we work forward on an agenda that is consistent across HHS? The priorities of that body are still in the process of being developed in a way that we can talk about them publicly. But really it come downs to three primary pieces that we're focused on, which is how do we ensure that we have a high‑performing person‑centered long‑term service and support system in this country, or at large, both publicly and privately funded, that is, again, articulating or implementing the articulated goals that many of us espouse to around the opportunities for all folks to live in homes that they choose with people that they choose to be supported in the way that they need to be supported in order to live the life that they like.

An important part of the work that we're doing that ACL has been working very, very closely with our colleagues at CMS, as well as AHRQ, is also around the issue of quality. As Cindy referenced, the entry of managed long‑term ‑‑ I mean, managed care into long‑term services and supports, as well as under the umbrella of the Affordable Care Act, quality has become a really, really critical piece of the conversation. What are we paying for? And are we paying for outcomes versus services? And I am sure that many of you heard that conversation. There has been a lot of dialogue in the public around that as it relates to acute care. We also have that need to have that conversation as it relates to long‑term services supports in a way that makes sense and make sure that we're talking about how we might measure a high‑performing system of quality community living services and supports. And so that's another piece that we're trying to take on across HHS. There have been multiple investments across many parts of HHS to move this conversation forward. The Affordable Care Act has really given us a great opportunity in the establishment of a national quality strategy, and the establishment of the national quality forum which is the body that is responsible for endorsing measurement. And we are actively engaged with them in the leadership across HHS to talk about how we can move this quality conversation forward. And the last part of what the Community Living Council is really focused on is the issue of ensuring that we're talking about integration, and that we're operating consistent with Olmstead across all of our programs and services, and how do we do that? There has been a lot of focus on Medicaid, but how do we do that consistently across everything that we're doing so that we're really ensuring that people can live integrated lives in the Community? ACL is really dependent upon these partnerships and collaboration in order to get work done. We've worked with CMS and HUD on a lot of the issues as it relates to how do we make sure that services and Housing align? As Cindy said, it's been fascinating because it is kind of like landing on another planet when we sit down with the Housers who see their clients related to buildings, and bricks and mortar. Whereas we're talking about the human elements, and how do we make sure that affordable, accessible housing is available when someone does have the opportunity to purchase by a waiver, and those two things are aligned. Because as many of you know at the State level sometimes we're not good at sequencing and managing that.

An important part of that collaboration between HHS and HUD was a piece of guidance that came out to the Housing programs earlier this year that we all worked together on that really describes for the Housers what their obligations are under Olmstead, if you are not familiar with that, and you are not working yet with your housing folks this is an important initiative for you all to pick up at the State level and run with. Another important collaboration that ACL is involved with is under the dual demonstration, we have been working with the CMS office that's managing those demonstrations to talk about how and to work with the States to implement an ombudsman program because we know that this is a fundamental shift in service delivery, and we want to make sure that we have the protections in place for individuals who are experiencing those systems change. So ACL has been partnering with CMS, and we actually have a little group now at ACL that are working on providing technical assistance to the States in the standing up of these ombudsman's programs, and to ensure that we know what's happening for the consumers from an independent perspective as these huge system changes roll out. Another important initiative of the Administration for Community Living are aging and disability resource centers. Now, I know that lots of you live in States and live with ADRCs where the "D" has been largely absent. For of you that heard Kathy Greenly talk about this we acknowledge this up front. We are trying very hard to work with our States in change. We changed power funding it this past year in that we moved forward some larger grants for a smaller number of States who are really focused on working with our team and some of our technical assistance folks to determine what is going to be an effective and best practices no‑wrong‑door system. And especially as we talk about the ID DD community, we're not talking about tearing apart the systems that exist in terms of entry, eligibility, and enrollment, but figuring out how to connect everyone so that we truly have a no‑wrong‑door system. That it's person‑centered. Many of you are familiar with the work that the ADRCs have been doing around the construct of options counseling. As our ACL team will acknowledge this is where our bringing together of the aging and disabilities' perspectives has really, really shifted that conversation, as we are moving in how we're talking about options counseling and the staffing of the ADRCs really to be focused on a person‑centered approach across all populations and all payers as opposed to a traditional option counseling, here are the list of services, what do you need model and really building on what I know all of you work on in your systems, which is how do we start with the person, their hopes, their dreams their aspirations, their strengths, their gifts, and not just their deficits? And then how do we connect them to what they need in order to have them live the life that they would like? And that's really where we're trying to take the next generation and the next iteration of the ADRCs. And we're going to need all of you to partner with us on that. This is what happens, again, when we have to move an existing structure, and an existing set of systems forward. Another initiative that ACL is engaged across multiple departments on is the federal partnerships in transition. Sue and I and our colleagues from the Department of Labor and Social Security Administration, as well as all of our staff have, been working together on really developing an agenda around transitioning youth and how do we begin to shift that part of the conversation? We know that we have a lot of work to do when we're talking about transitions in healthcare, and the number of our folks who are stuck in pediatric care for long past the age of 18 because we don't have practitioners who are available and ready and able to work with our folks. We know that certainly our numbers around employment show that we're not doing an adequate job in terms of youth transitioning out of secondary school either into postsecondary options or into work. They are abysmal. We don't have enough of those kids participating in the workforce let alone actually, you know, getting jobs. And we know that our education systems have a lot of work to do to make sure that these kids are college and career‑ready, the same way that we're focusing on college and career‑ready for all students. So we have the principals sitting at a stable together along with all of our staff to think together on how our investments might move that discussion forward. And we are all doing it in different pieces right now, but trying to figure out ways to bring those pieces together. The last thing that I just wanted to mention before I turn it over to Dr. Lu is we know that we're in a period of some pretty important anniversaries for the disability community, right? I mean, many of you were, as Claudia referenced, at the celebration for the 50th Anniversary of what started as both ‑‑ what ultimately became both the DD Act and the Community Mental Health Act, as well as the maternal and child health law, and 50 years of those two pieces of federal legislation. We are a year and a half away from the next big anniversary of the Americans With Disabilities Act, as we prepare for 25 years there, we know that we just celebrated this year 48 years of the Rehabilitation Act. So as we're having these conversations about building on our civil rights' history, part of what I would like to challenge all of you, and engage with all of you on is how do we begin to move that agenda forward? And what should the next decade, five decades, look like? Many of you who were engaged in the conversation at the White House on Friday, that was a large part of our focus. What is our challenge? And what should we be prioritizing as we move forward? How do we begin to crack the nut around these transition issues for our youth and young adults to ensure that people can live in the Community and work and have meaningful days? How do we adequately support families so that they can facilitate those lives for their family members? What changes do we need to our education and employment systems in order to fulfill the promise of the Americans With Disabilities Act? So I look forward to hearing more about how ‑‑ excuse me ‑‑ we can do that together.

(Applause).

>> MICHAEL LU: Good morning. I'm delighted to be here, and very honored to be invited to speak on this panel. So could you bring up the slides for me? Let me start by thanking AUCD for the invitation. I also want to congratulate Andy, and welcome him to his new post. I do have to say that Andy, you are in a pretty enviable position of having to follow my hero and probably everyone's hero here, Dr. George Jesien. You've got some pretty big shoes to fill. But from everything that I've heard, folks are really excited be your leadership, and so we are certainly looking forward to working with you, and continuing the great partnership between AUCD and MCHB. Let me also take a moment to thank my colleagues with me on this stage. There really is nothing like working with ‑‑ side by side with people who believe in what you believe in, and believe in it as strongly as I do. So over the past year I've had the privilege of working with many of your staff on a number of projects, and I am looking forward to continuing to work and grow our partnership in the coming year.

Now, I was asked to come and talk about how we can do better for healthcare in our nation. But the reason that I really wanted to come here and share this morning is to thank you on behalf of HRSA and maternal health child bureau for all of your service, your leadership, and I just want to tell new person how much I appreciate and admire all that you do for children with special healthcare needs and their family in our nation. Now, as to how we can do better. That's the question that I have been asking since I arrived at HRSA almost two years ago now. For us, it's about improving early diagnosis, and early intervention. It's about improving access to family‑centered, medical home, and community system care. Now, as a nation, I think that we're doing better in some of these areas. But we've still got way too many kids with ASD and other developmental disorders, screened and diagnosed way too late. And based on our national survey, we've been stuck for about a decade with less than half the children who are healthcare needs having access to a medical home. We include to have large racial, ethnic, socioeconomic, and geographic problems in screening and diagnosis in access to medical home and the comprehensive community system cares. So how can we do better? Well, we administer over 100 different programs, many of which serve children with special healthcare needs, including the LEND program which really has been the gem among our programs. Now, since my arrival two years ago, we've taken a hard look at each and every single one of our programs to see how we can do better, how we can make a greater difference, how we can get greater return on the investments. Now, we've undertaken major investments, so much so that ‑‑ so much ‑‑ my staff are now calling us the make change happen bureau.

(Laughter).

So let the me just highlight some of the ‑‑

(Applause).

Thank you. Let me just highlight some of the key transformations that are now under way. First is the transformation of this grant. $600 million in federal funding. The state matched and overmatched the title state program. It's one of the biggest levers that we have to move this population. One of the best vehicles that we have to drive improvements in maternal child health in the nation. By statute, 30% of the federal title block grant to the state has to be spent on children with special healthcare needs. Some states use this money as a pair of last resort for the uninsured and underinsured. And a second wheelchair for a child who has outgrown their first wheelchair, or additional therapies that max out on what their insurance will cover for OP and PT. We have to offer that Title V is not the pair of last resort. But it's the public health system for MCH populations in all 59 states and jurisdictions. And that such Title V is responsible for carrying out the core public health functions of assessments, assurance, and policy development. And the 10 essential functions of public health. And Title V needs to be front and center in driving improvements in access of quality, integration, and accountability and equity. And for children with special healthcare needs, I believe that Title V can play a major role in driving early diagnosis, early intervention, and improving access to family‑centered medical home, and community systems care. Now, I know that many of you have worked with your State's Title V programs. Some states are doing great. Other states can do better. Over the past year, we've undertaken the three‑pronged approach to transform the block grant. Perhaps the great transformation of the block grant in the last 30 years. First we convened a internal workgroup to take a fresh look at our mission, values, performance measures, and the block grant guidance applications including the needs assessment and block grant review. Second, we asked Anna Peterson, Dean of the college of public health in Florida, to reach out to some of the best thinkers in our field. Not just supporters, but also critics on how we can improve and integrate and transform the block grant. And who nothing our partnership with the States, we asked AMCHP to convene a workgroup which has recently provided me with a set of recommendations, and during the summer's block grant review, and have solicited input from many State Title V program. So now I have put these ideas into one common working vision, and over the next couple of months, I will bring this vision you to, and I will ask for your input, your ideas, your perspectives through videos, Webinars, virtual Town Halls so that we continue to sharpen this working vision about the block grant of the future. Now, all of this is in preparation for the new guidance that's coming out in 2015, and taking into account OMB prophecies we got writing the new guidance by February 2014 which means that we need to get our entire field to that common vision, that common ground that all of us can stand upon by AMCHP conference next year. And because block grant really touches many parts of MCH and not just the State Title V programs, I am going to be asking you how Title V can do even better for children with special healthcare needs. What outcomes for children with special healthcare needs do we want Title V to meet with and kneel on on the next 5 years? What performance measures for children with special healthcare needs do we want to hold Title V accountable for? And Title V is the public health system for children with special healthcare needs in the state, how can Title V do better to drive improvements in early diagnosis and early intervention? And ensuring access to family‑centered medical homes and community systems. And how do we strengthen that partnership between Title V and the LENDs and the UCEDDs, and the tight many 5 and Medicaid, Title V and special education for assisted living? Now, we talked about this back in May with some of you, and we had follow‑up conversations with some of you. We're going to be asking for your input to Webinars and virtual Town Hall meetings. We've also setup a drop Dropbox at MCH transformation@HRSA.GOV. I might not be able to reply to each and everyone of your e‑mail, but I do read each and every single one of your e‑mails. So please keep the ideas coming. Now, in the interest of time, I am going to go ahead and skip over the home visiting program, but just to assure you that we're asking the same questions about how we can do better. We're looking at home intervention in home diagnosis, and looking at parent and facilitating family‑centered medical home. And in connecting the families to comprehensive, integrated, community systems care including coordination with Part "C" programs. Let me just go ahead and then jump to my last slide here, and just close by saying thank you, all of you, for your service and your leadership! I especially want to give a shout out for the LEND program. Since 2008, the 43 LEND programs along with our 10 programs provide the training to thousands of clinicians around the country in terms of early training, early diagnosis, and early interventions. And between 2008 and 2011 provided over 90,000 evaluations to children for developmental disorders. You being a gem among our programs. But I said to you back had May, going forward, we need to push ourselves even better. How can we move the needle on early screening, early diagnosis, early intervention, and not just for kids who have access to your programs, but for all the kids and families out there in rural communities, in underserved communities who don't have direct access to your programs? How can we do better in driving improvements and an access to family‑centered medical homes, breaking down silos of cross‑sectors, and aligning them with Title V programs, home visiting program, pediatric medical home, early head start and head start and special education? And how can we make most of the opportunities afforded by the ACA to improve parent outcomes for children with special healthcare needs. Already 17 million children with pre‑existing conditions are now protected against discrimination by insurance companies. 3 million previously uninsured young adults between the ages of 18‑26 are now covered by their parents' plan. And children's preventive services, that includes screening and developmental screenings are now covered without copay. But going forward, they get implemented in the states, adequacy of coverage, and access to medical home, or the regionalized care have become issues. What role can all of our programs play so that these don't become issues, so that we can continue to drive improvements in early diagnosis, early intervention, access to family‑centered medical home, and that comprehensive integrated community systems pair? And let me just close with a few of my favorite quotes.

The definition of insanity is doing the same thing over and over and expecting different results. We must become the change we want to see. And then this last one.

(Laughter)

For those of how can't see it in the back it says never ever think outside the box. That might be true if you are a cat. But if we really want to do better for children with special healthcare system in our nation, we really have to start thinking outside of the box. Thank you very much!

(Applause)

>> What time is the hard stop?

>> LESLIE COHEN: We have until 10:15, but we would like to leave time for questions.

>> I'm going to try. I will definitely leave time for questions. I am going to try to maximize. So this is where all of the money is.

(Laughter).

Just so you know.

(Laughter).

No money, no mission. Just so you know. The Department of Education is a small agency. We have worked really hard in OSERS to begin to recognize a really serious problem in civil service. Many of you have heard me say that the American federal bureaucracy is a flower of civilization. It is sometimes difficult to recognize that, if you are on the receiving end of the bureaucracy. But believe me, there are nations around the world that would give anything to have an administration that could distribute money for authorized purposes and track how that money is spent in careful way, and have it not be under the control of one particular person. I mean, even our neighbors who are highly advanced societies who have parliamentary systems find that that puts the Minister in charge of everything. We, instead, have political appointees and three arms, right? Administrative, elective, judicial. It's really makes a difference. It is, I believe, the single fact that underlies the simple reality that the United States invests in research to an extent that no other nation can match. It is the simple fact that makes it possible for us to invest in you because it's known that we're tracking what happens that we don't just give you money and then walk away. So when the bureaucracy seems too bureaucratic, I want you to keep in mind how important that is so that the taxpayer and the public servant in the United States can really know what's happening. Now, the danger of that, as we found when we came in, is that you can end up with an entire civil service that thinks that its job is to stay within the legal bounds of the authorization. And the fact is you really need to balance that. That is the constraint. Right? But the mission is to improve the lives of people with disabilities and their families. Within the limits of the legal authorization. It makes an administration look very different if it's focusing on the mission piece, and then pushing to the point where the constraint is actively being engaged. What we're trying to do in OSERS is really focus everything that we're doing around a mission that's about inclusion of people, students and people and children with disabilities. And equity among all groups. So gender equity, ethnic, race, what part of the country do you live in, these are very difficult things to achieve. And maximize opportunity for people with disabilities. Now, we know that the Secretary of Education has been very clear about the goal being that everyone will graduate from high school, college, and career ready. We thee something like 43 States now I think are putting together college and career‑ready standards for their K‑12 education. And what we're trying to do in OSEP is make sure that IEPs are linked to those college and career‑ready standards, so that grade‑level outcomes are part of every IEP. We did issue recently a Dear Colleague letter that says if a child is bullied at school and is, therefore, denied educational opportunity, that's a denial. And you can no longer move a child to a more restrictive setting to get him away from the bully, but you are supposed to actually deal with the bully. One example of the ways that we're trying to really reach out and say to schools, "You really need to be doing this better."

But I want to engage you on one other thing. I don't know if you noticed, but I came across it recently, empirical evidence, everything thinks I know what empirical evidence means, right? But, a empiricus who is a professional who practice based on their experience. And empirical evidence is that evidence which drives practice. It's inherent. So when we say evidence‑based practice, it's really a very redundant statement. I think that all three speakers ‑‑ all four speakers that we've heard today really point to this network as a driver of practice‑based evidence.

>> Sue, I know that Claudia Gordon has to leave at 10:00, so I wanted to thank her for joining us today.

(Applause).

>> CLAUDIA GORDON: I am really so sorry that I have to take off. I have to head back to the White House. But I have a constituency group waiting for me right now for the 2015 budget, and that's really important, right? So I have to take off for that, and I have to run over to go ahead and leave one of the breakout sessions with the disability group over the budget. So thank you so much! Okay?

(Applause)

>> Claudia is a wonderful breath of fresh air in the White House! Not just a breath of fresh air, but oxygenating, rain‑enhancing kind of air.

(Laughter).

So we really need to be working in all of our systems on how do we collect data that inform practice, but how do we learn from practice? What I keep reminding myself of is that policies also are constraints. You can't write a policy that drives the stuff that really matters to children with developmental disabilities. I mean, yes, if you are designing programs, policies really can design that. But you need a kid who grows up with an expectation that he is going to get a job, grows up with an expectation that he is going to have a family, or be part of a Community. And you can't program that at a later date if the family has been disempowered from raising their child to believe that that's possible.

(Applause).

What that means is that your work in research is really important us to because it informs practice. But your work consulting in your States is really the place where practice can change. And your understanding that when we talk about the evidence of the hierarchy of evidence, that the experts who are the base of the hierarchy of evidence are people with disabilities and their familiar list. It's not other people who publish in peer‑reviewed journals. I hate to tell you that.

(Laughter)

You know that. It's a hard message to carry out into the world, but it's one that we are really deeply dependent on because we need those little kids to have that engine of inclusion and equity, and that expectation of opportunity built into their lives. We work really hard to try to make sure that teachers are prepared. We work really hard to make sure that assistive technology devices are available. We are trying to figure out how to better bridge the Tech Act and the programs that we deliver through OSEP to make sure that assistive technology is out there for kids. We're work hard on transition, on aligning all IEPs to the college and career‑ready standards, as I said to you. We're also participating very, very aggressively in the early education efforts in the Department of Education right now which is, as you know, job one for Secretary Duncan, but also for the President. And we have been working very hard on the President's goal to re‑design high schools so that we have a workforce that really graduates from high school ready participate in employment, and really bring us ‑‑ help us out‑educate all other countries again. Now, higher education in this country is something that people in other countries sometimes will save their whole lives and give everything up just to send one kid to participate in an American college. And we want that same right and benefit for students with disabilities. We want it to be available to them. But that means that they can't have fake IEPs, that, you know ‑‑

(Applause).

You can't be passed on every year and end up with something that says you are a charming and wonderful person. You have to be able to pass a test, and not all children with developmental disabilities will be able to do that. Some of you know I am deeply committed to people with developmental disabilities who never escape from that definition of meetings coordinated around the clock and needing the 24/7 kinds of support. It's very important that we recognize when we talk about diversity that we are not just talking about the kinds of diversity that people usually recognize. Gender, race, poverty, ethnicity. But that we're also talking about diversity of disability. Diversity of the educational backgrounds of the families that are supporting people with disabilities. These diversities are actually ones that the American census and the business community have carefully mapped for us. And some of you know I am a proponent of hooking into those mapping systems and learning better about the segmentation of American society, and what does that mean for the services that we provide? I don't want to take anymore time. I want you guys to be able to ask questions. I am Sue.Swenson@ed.gov. If I can do anything, we work for you. That's important. I want you to keep your eye on NIDRR. NIDRR is in the process of re‑regulating how it will be doing grants in a much more field‑initiated way. NIDRR is putting together for the first time a research advisory board which we have not had. It's been authorized always, but we've never put it in play, and we're about to put it in play. We want to make sure that that evidence base in people who live with disability and people who have their hands directly on people with disabilities everyday, we want to make sure that that's part of our research advisory council, and that it's not just the leader in executing data and creating evidence. Once you create evidence, once you have a statistical sample, once you have a proof that something works in 85% of the cases, when you come to actually educate a child with a disability in a classroom, that's one child. The evidence base is a loose direction for how you might be able ‑‑ some ways that you might be able to interact with that child. What we really need are the teachers that have the heart, and the parents that have the heart. And so anything that you can do to change the culture in your States to help them to understand that we can't make them do a good job at educating children with disabilities. But we he can't stop them either.

(Laughter).

And that the engine of the desire, and the moral commitment to that really has to come from them, and from what you are doing on the ground level in States. So thank you for your time.

(Applause).

>> I want to thank all of the speakers for their insightful comments. They've challenged us to envision the next 50 years, to improve our early identification and intervention strategies, to ensure that home and community‑based services are really home‑ and community‑based services, and to improve our high school graduation rates while we increase the workforce in the Federal Government for people with disabilities as well. So we have marching orders and a large agenda. And I thank you! I also want to thank Merrill Friedman who is here in the room who is the Vice President for Advocacy at the Amerigroup Corporation. We want to thank Amerigroup for their support of this morning's plenary. Merrill, you would please just stand?

(Applause)

Thank you! I want to start off asking a question or two, and then maybe we'll have time for one or two from the audience. But given our theme of this year's conference of diversity, you Sue, you touched on it a little bit. I know, Dr. Lu, you've done work in the area. And I will start with Dr. Lu, and if you could each just talk a minute or two if you would like to address your agencies' plans or initiatives around diversity.

>> MICHAEL LU: So our agency is very committed to continuing to promote diversity, whether we're talking about our workforce development programs, whether we're talking about our programs serving children and families and children with special healthcare needs. Recently we made a difficult decision to continue in our long‑term cooperative agreement with the National Center for Cultural Competency. It was the agency's decision, and a policy to reduce the number of resource and TA centers. Over the last few years we contracted from about 45 down to about 15. So we're looking for a new strategy in terms of how we move forward, and we're as committed as ever to supporting diversity. We just have to figure out a better strategy terms of how we move forward with that so I just want to say that even though we're going through some tough times right now, that we are ‑‑ that we are as much as ever committed to promoting diversity, and inclusion in our nation.

>> You've got to help us with looking at over‑identification in schools. We're trying to take that on in a much bigger way. If you are interested in being an expert, or giving us advice, or helping us figure out some of the parameters, we can never convene people and ask for consensus, but we can often convene and try to explore a topic. So, again, Sue.Swenson@ed.gov. You can expect to see quite a bit coming out from us. On the VR side, one thing that I worry about is a weird kind of problem with diversity. About 35% of the people that we serve are young people in our VR system. And, you know, we're working really hard to make sure in transition, and with federal partners that VR and special ed stick together in a much better and more useful way. But one of the problems that we have are the large number of kids who seem to be coming into VR with a full expectation of being deemed ineligible because they cannot benefit from VR support. So they come in under the rubric of most significantly disabled people, but they ‑‑ their goal is to find a placement in a rehabilitation center. And whether that goal comes from what their teachers told them or what their parents told them, or whether that's really a real goal, we don't know that. But it seems to me to be problematic that we are being pushed into being a front door for a Medicaid program. We would rather see Medicaid figure out who belongs in day‑habilitation first. We want all of the kids to come to us for employment to be knocking on VR's door. But having a goal of two hour as week is not really the kind of thing that's going to and VR piece. And what it means in a diversity world, is that there are many other people with disabilities whose goal is definitely substantial, gainful employment. Who are not being reached because we just can't get out of the box of doing this one piece. So I think that it's something that we haven't even really brought to federal partners to say that it's a problem because we're nervous. There you go. Sustainability has three parts. Right? You need to build a system that is responsive to feedback from the people that ‑‑ that it serves. And those could be anybody. You need to build a system that's diverse, that meets the needs of everyone in the system. So not just the person with the disability, but their family, and their community, and their employer, and all the way up to the federal bureaucrat who is trying to keep track of what is happening. And you need to have ‑‑ you need to build a system that can evidence low with resources. You can make it bigger when you need to, and smaller when you need this. This is very difficult in congressionally‑authorized programs.

>> Thank you. We probably have time for one or two questions from the floor. If anyone has them. If you would like to come up. Yes?

>> AUDIENCE MEMBER: Hi, my name is Katie Arnold, and I am with the Illinois UCEDD. You touched on this a little bit, but I would like to hear more about what you are doing regarding supporting families. As we know, families are the core of what we're talking about with siblings having the longest relationship of their lives with each other. And people with disabilities are interdependent, like all of us. Families are self‑defined. They're traditional, they're non‑traditional, they're not always blood. So how are you supporting families that include people with disabilities, and what can we do to strengthen the support of the whole family?

>> Well, I'm happy to jump in on that. We at ACL will S have a small project that is involving six States at this point that really grew out of an effort three years ago where we brought some of the experts in family support together. We have a long history, as many of you know, within AIDD of struggling and grappling with the issue of family support and we have Title II of the DD Act that's never been funded and has never really moved for. And we've seen with ‑‑ if we use Medicaid as a verb, with the Medicaidizing of States, the loss of creative general revenue fund supports the families. And we know that. You know, we ‑‑ when we look at our family support data, really, a lot of what we're counting as family support right now is actually supports to an individual living in a family home. So we started the conversation three years ago around how do we begin to re‑think this? And we have this great small project involving six states that have really started to develop framework around what does supporting families across the life course look like? Structurally, as opposed to a bucket of funds that is a program that is going to come in and support people in the way that we thought about it in the 1980s. We don't have time here to delve into all of that, but know that certainly it's a project that we're looking at. And then I think that the other thing that we're doing within ACL is we have started a conversation across aging, physical disability, and ID‑DD around the entire structure of what are we doing to support families and family caregivers and, you know, kind of, again, us a described, Katie, the whole group of individuals whose role and responsibility is around facilitating that integrated, interdependent life that we're hoping for for all individuals with disabilities. We think that ACL is in a great role and position to bring those different conversations that are taking place across different populations together along with our federal partners.

>> And just quickly, as you know, when you are in early intervention, you have an individual family support plan. So we do touch families in early stages. Our PTIs are very involved in reaching out to families. But they don't deliver services. And it's "parent training and information" that we are finding they are reaching out a lot more to siblings in that process. So we really think of it as a family training and information center. This year for the first time there is a mention of self‑advocacy in that technical assistance law. So most of the PTIs will be looking for ways to put self‑advocates in ‑‑ on their councils and on their Boards. I think that it's an important piece. The other thing is that I think that anyone, and I know Sharon is working really hard on this, but anyone who is working on supported decision‑making, looking back at CRPD, I really think that supported decision‑making as a family support. It's something that helps families grapple with the moral difficulty of supporting someone who may not be able to make or articulate or stick to their own choices. So that's a piece of what the ‑‑ it's not just the money for respite. It's all of the other information and thinking pieces.

>> I didn't know, Cindy, if you had something briefly. I don't want to miss the last question that we have time for. Please go ahead.

>> AUDIENCE MEMBER: Thank you. I just wanted to thank you, Sue, for bringing up IEPs, and aligning them with college and career‑ready standards. As a parent with a child with disabilities, I set the bar high for my child, and I have to re‑write his IEP every year. Cut and copy and paste IEPs are not acceptable. So I thank you for work on that how will that check and balance with the State school division? Is there a model for that? Because it's really depends on where you live. And what division that you are in. And, you know, what section you are in? How will that trickle down for this to be real for parents?

>> SUE SWENSON: Well, I think that the UCEDDs, and frankly the LEND program could be a significant part of that it's a question of how do you create expectation across the country? We can regulate something, and we will. And we can write Dear Colleague letters if that's necessary, and we will. But the fact that schools across the country are stepping up and doing the college and career‑ready standards, this is an opportunity for us that we have to take. And people in the disability community should be right there at that table, at the state and local level when those discussions are happening. And then inform parents who can make it happen in an IEP.

>> I want to thank our esteemed panel. I know that they gave us lots of food for thought. I want to thank Amerigroup Corporation, and all of you for listening so intently this morning and for being engaged. Have a great conference day, and we'll see you later!

(Applause)