»» Good afternoon everybody. Shhh. We're going to get started here in just a minute. So if everybody could please take your seats and don't be afraid of filling in. We've got a couple over here, lots over here. If you could take a moment, please and silence or turn off cell phone, but if you will be tweeting if you could please use the hashtag #olmstead. That will make it so everybody can follow the conversation. We will get started here in just a minute, thank you.

»» Well Good afternoon. On behalf of the Administration on Community Living at the U.S. Department of Health & Human Services. I just wanted to welcome you all here today as celebrate the 20th Anniversary of the Olmstead Decision. My name is Julie Hock and I am The commissioner of the Administration On Disabilities here at ACL. And it is my pleasure to kick off our celebration today.

20 years ago the U.S. Supreme Court ruled in Olmstead vs. L.C. that the unjustified segregation of people with disabilities is a form of unlawful discrimination under the Americans with Disabilities Act. The Olmstead Decision fundamentally changed the way our country approaches disability rights and opened doors for millions of Americans to live the lives we want in our communities, alongside people of all ages, with and without disabilities.

And of course it is one of the cornerstones of the work so many of us in this room do each day. Olmstead unlocked many doors but it took hard work, collaboration, and perseverance, by many people in this room, and to truly knocked open those doors. Today we're going to celebrate all that we have achieved across the last two decades since Olmstead. And there's a lot to celebrate.

We are also going to talk about some of the challenges that remain and the direction forward. We will hear from federal partners at HHS and at the Department of Justice about some of the work we are doing together. Our keynote speaker will share research that reinforces what we all know, community living is the best option for people with disabilities. Most importantly the core principles of Olmstead will be brought to life for us by several people with disabilities who will share their experiences and the vision they have for the future.

To get us started, I am thrilled to welcome our first speaker, my colleague at the U.S. Department of Health & Human Services, Roger Severino. Roger currently serves as the Director of the Office for Civil Rights atHHS. Prior to joining HHS he served as Director of the Debbass Center for Religion and Civil Society in the Institution For Family Community and Opportunity at the Heritage Foundation. Before that he was a trial attorney in the Department of Justice's Civil Rights Division where he enforced the Fair Housing Act, the Religious Land Use and Institutionalized Persons Act Title II and Title VI of the Civil Rights Act of 1964. It has been such a pleasure to work with Roger. He is a advocate for disability rights. And he has been a steadfast supporter for all of the work that we do at the Administration For Community Living to improve the opportunities for community living for all people with disabilities.

Please welcome Roger Severino. (applause)

»» Thank you very much, Julie. Julie, you are a force of nature. I love working with you. So I want to begin with a story about my childhood. When I was a kid growing up in Los Angeles I went to a public elementary school. I really didn't have have much interaction with persons with disabilities. The kids with disabilities were put on separate buss, shipped off to some other facility, I don't know where, and they were not seen. It was never that connection. And this was not by chance. This was a decision to create this celebration and it has an effect on both the children with disabilities and without. And I was realizing that perhaps it was something going on here. Why was the government doing this? It created a sense of "otherness" and part of it came from a misguided sense of paternal. That it would be better for kids on both sides of the equation. But also at root there was something more invidious implicit measuring of a kid's worth and of where resources should be dedicated. Things changed when I got to high school. I had the opportunity to interact with folks who were in my neighborhood because there was a group home for persons with disabilities and just as I was walking through my neighborhood, they would be there enjoying the day, just like me.

That also was not by chance that that group home was there, that it was integrated. And it presented an opportunity to start breaking down barriers and even addressing some preconceived notions that this kid had.

So that's some of the progress that I've noticed in my life. And that's a bit of a my story. In the 1887 Nellie Bly our nation's first investigative journalist posed to get into insane asylum. What she reported shocked the nations. The conditions were filthy. People were abandoned mentally abused restrained physically abused, nonstop screaming. She called it a "house of horrors" reported to a nation who knew nothing about what was going on behind closed doors.

But progress was still slow. In the 1920s we had the infamous decision of Buck vs. Bell our Supreme Court said that the government can force sterilization on persons with disabilities, specifically to limit their ability to have more people with disabilits. The sense of "other" and less than was part of our culture and fortunately part of our law. In the 50s and 60s there was a movement to create large institutionses for persons with disability, this was dramatized of "One Through Over the Cuckoo's Nest" people were in large institutions, they desires to be in the community were ignored. Some had very little chance of getting out. Again, stigma and separation.

Things started to change in the 1970s we had Section 504 and the IDEA, and they said we will not fund. Then we had the landmark decision of the Americans with Disabilities Act in 1990 followed up with what we're celebrating here today the anniversary in 1999 of the Olmstead Supreme Court Decision. So with the Supreme Court took away, it helped to restore a generation and a half later. Olmstead stood for the important principle, that every individual should have the right to live in the place they want to live, and fully integrated in the communities they want to be integrated in.

The default should not be isolation and restraint because of a person's disability, but equal treatment because it recognizes a fundamental common humanity, our equal human dignity, that's the principle of Olmstead. That's the principles of the laws we enforce. That's what we fight for everyday in the Office of Civil Rights and at HHS for broadly.

It is my distinct pleasure, privilege and honor to be part of a team that enforces Section 504 of the Rehabilitation Act, the ADA and Section 1557 of the Affordable Care Act to make sure that persons with disabilities are treated as fully equal under our laws.

We have an initiative currently underway to make sure that life saving care is not denied from any person with a disability based on stereotypes. We had a case a few months ago where a person sought to be put on a transplant waiting list for a new heart, medically indicated, needed the heart. However, was denied a position on that list because the doctor noted he was on the Autism spectrum. We intervened in that case. The policy reversed the decision. We make sure that stereotypes don't affect the practice of method sin, that there is no implicit bias were judgments are made by doctors and professionals evaluated whether one life is worth more than another life because of a presence or absence of a disability.

Those quality of life judgments can turn into discrimination we're dedicated to making sure it has no place in our healthcare system. So I'm encouraged to see all of you here to be partnering with ACL, with CMS, DoJ with advocates in the disability rights community. Just as I have seen progress in my own life and a as we've seen progress in our government there is much work to do. This is just the beginning. But for the moment we can look back with pride in 20 years of progress since the Olmstead Decision that recognizes the common human dignity of all.

I'm going to introduce our next speaker which is our own Deputy Secretary of HHS, Eric Hargan. Deputy Secretary Eric Hargan was sworn into office in October 2017 and served as Acting secretary before Secretary Alex Azar in January 2018. So he was the big cheese for several months at HHS. He served in various capacities from 2003‑2007. He was actually part of the New Freedom Initiative under the Bush Administration which impacted the question of Olmstead during the Bush days. He's head of our Regulatory Policy Office a cum laude from Harvard University, go, Crimsons, a JD from Columbia University Law School he was senior eitor of the Columbia Law Review he also taught at Loyola School of Lae in Chicago. Please welcome Deputy Secretary Eric Hargan. (applause)

»» Thank you, Roger for that introduction. Thank you to everyone who's joined us here by livestream today. Thank you all to everyone at HHS who has helped to make today's gather possible. As we're celebrating a important event today it's an honor for me to help celebrate the to the anniversary of the Supreme Court decision in Olmstead vs. L.C.. Which caused a sea change in how our country thinking about supporting people with today in part to Olmstead. We recognize that community living should be the default position for all people. As you well know that wasn't always the case. As Roger pointed out, Olmstead wasn't the first step on the path to where we are today. But that case allowed us to take a significant leap forward and to accelerate the pace of change. We acknowledge the existence of resource limitations but said states should take "reasonable steps" to provide community‑based alternatives which has significantly increased the quality of services in the community for people with disabilities. I'm the chief operating officer of the Department, the head of budget. So I can see what a shift from looking at the trajectories of HHS's programs.

In 1999 Medicaid spent nearly 3 times more on long‑term services and supports provided in institutions like nursing homes than it did on services in the community. By 2013 a majority of that funding was going towards services and supports in the community. So a dramatic shift in a relatively short period of time, especially for such a large institution like HHS to see a change in that is really a seachange in how the Department deals with funding services. Olmstead also helped spark innovation and research. This morning I visited Gallaudet University to learn about the Rehabilitation Engineering Research Center or RBRC for the accessibility, usability and technology for individuals who are deaf and hard of hearing. This is funded by a research institution within HHS's Administration for Community Living. It is the National Institute on Disability, Independent Living and Rehabilitation Research or NIDILRR, if you don't want to use that giant mouth full of words.

Through advanced research and development work the RERC at Gallaudet provides people who are deaf or hard of hearing with the knowledge and tool to take control of their communication and hearing technologies adapt those technology to their needs in real‑world environments and achieve greater autonomy and satisfaction in their use of technology. It can be quite dramatic, I saw a couple of interesting demonstrations this morning at Gallaudet about the new research that they've done, partially using HHS money. But it's just intriguing to see a mission of a place like this that is focused not only on providing the services now and providing teaching. A good friend of mine is actually an alum of Gallaudet, but also the future technology. It's actually very, very interesting, a very interesting time visiting there. This kind of work happens at universities across the country, it happens in part because Olmstead creating those expectations.

Before Olmstead, those born with significant disabilities sometimes had no choice but to grow up in a institution. But because of Olmstead, and legislation supporting the rights of people with disabilities, children with disabilities, increasingly have the opportunity to attend school alongside peers with and without disabilities.

As those children become young adults, they have many of the same decisions to make as their peers without disabilities, whether to go to college, an important related questions like, whether it's acceptable to come home from college to make your mom do your laundry. (Laughter) How often are you really are supposed to talk to your parents, et cetera, where to live what, kind of career to pursue, these benefits extend throughout a person's life. Before Olmstead, adults who needed help with many physical tasks had few options. They could continue living with their family, or they could live in an institution. Olmstead has greatly increased the availability of these kinds of services ‑‑ availability of these services increasing the opportunity for people with disabilities to live independently. Around the country States and communities are adopting a employment‑first philosophy which starts with the belief that people with all abilities should have the opportunity to work in integrated workplaces, individual, family, nonprofits and state.are stepping up and working together to provide the supports necessary to make this work and to change the assumptions that people make about the capabilities of people with disabilities.

I also saw this work going on at HHS after President George W. Bush when we lead the New Freedom Initiative to outline a blueprint for new community integration. Olmstead helped create the environment for that kind of change. Remember when was there before it was a new decision. I've been around a long time now to tell. (Laughter) but, it was a relatively new decision at that time. So putting together the New Freedom Initiative and trying to articulate within the Department how to bring some of those principles into reality was a big challenge. Olmstead has changed the world for older adults as well providing some help with getting addressed or assistance with household tasks of developing new incentive technologies is often crucial to allow older adult to continue living in their own homes.

What all these changes have in common is they put people with disabilities as well as older adults in control of their own lives with help with their families if they need it. Despite the great progress of the last two decade, and it has been great, we still have a lot of work to do to make Olmstead's vision of options and integration a reality for all Americans. Far too many people who could be and want to be living independently in the community face barriers that lead to them living in institutions. That's why we're committed to making home and community‑based services more available, improve access to healthcare and improving quality, coordination of these services. In fact I think my first trip as Acting Secretary was dealing with home and community‑based services with ACL. That was my very first visit outside the Department. This is a piece of broader work going on across HHS.we've all now reck needed that it's foolish to pay for patients to stay in the hospital but not to pay for the preventative care that could keep them out of the hospital in the first place. We want to allow people to stay in their homes to stay in their community, and out of institutional settings.

Its the best thing for everyone. Its the best for everyone in the community of caregivers, people themselves, the government, the payers. Everyone benefits from this all together. This change in mindset has also been apart of the shift towards value‑based healthcare one of Secretary Azar's top priorities where we look at the continuum of care, everything from prevention, to treatment, and other services.

But as you know we need to think even more broadly. The continuum needs to include more than just "care" we need to think more in terms of a continuum of support and care. This means incorporating a greater amount of coordination between the health and the human services sides of HHS. As I like to say the most important word in our Department's name is "and" in health and human services. The intergration between these two sides if the house in HHS we are working on it. Its proceeds by fits and starts, it a definite part of this Administration's drive to put these things across the line. We're actively working across the Department to accomplish this.

All Americans, including those who are older, who have a disability are best off when they can live their lives integrated and included in their communities alongside people of all ages with and without disabilities. And our communities and our country are stronger when we harness everyone's talents and everyone's contributions. We made a lot of progress on this goal in the last 20 years in America since the Olmstead Decision and it's my hope and our hope that over the next 20 years. We'll see even more progress. So thanks to all of you for all the work you've done to make that progress possible. Thank you for your ongoing commitment to the support and cause. And last, thank you for having me here, hosting me to join in the celebration and to recognize all of your work here today. Thank you. (applause)

»» Thank you Deputy Secretary Hargan. It's always a honor to have you join our events. Thank you so much. Next I want to introduce everyone to our keynote speaker, Dr. Amy Hewitt who will share what research tells us about the benefits of community living. Dr. Hewitt has extensive experience in the field of intellectual and developmental disabilities. For more than 30 years she has worked to improve community inclusion and quality of life for children and adults with disabilities and their families.

As the Director of the Institution on Community Integration at the University of Minnesota, Dr. Hewitt directs several federal and State research, evaluation and demonstration projects focused on community‑based long‑term services and supports for children and adults with ID/DD. Her current projects focus on community living, Autism, outcome measurement, direct support workforce development, person‑centerness and positive behavior support.

Dr. Hewitt has authored and co‑authored numerous journal articles, curricula, technical reports and books. She serves on the editorial board on the Journal Inclusion and is a Associate Editor of intellectual and developmental disabilities. She's the past President of the American Association on Intellectual and Developmental Disability. Currently serves as the Vice President of the Board of Directors for the Association of University Centers On Disabilities. Please welcome Dr. Amy Hewitt. (applause)

»» Thank you Julie. Good afternoon. Thanks everyone for inviting me here this afternoon and a special thank to ACL and HHS for recognizing the importance of the Olmstead Decision and its effect on long‑term services and supports for people with disabilities in the United States. While I didn't know Lois Curtis or Elaine Wilson. I wasn't involved at all in the case, I do remember exactly where I was standing when the Olmstead Decision came down because I knew how important it was and the difference it would make in our future.

The Olmstead Decision as you've heard was the result of a case brought forward by Lois and Elaine based on discrimination and under the protections of the Americans with Disabilities Act because they were unjustifiably segregated in an institutipn. These two women wanted the right to be freed and have the opportunity to live in their community. I think often of Elaine and Lois and their families and I wonder if they could ever imagine what a significant and long‑term and lasting effect that their brave and unwavering advocacy and fight for freedom and choice would have on so many people. This decision and the legal precedent that it set led to new opportunities for people with disabilities including people with complex needs to live and be participating members of their communities in their neighborhoods, workplaces, and educational institutions.

Over the past 20 years, the right to be participating members of community has fundamentally changed the types of services provided to people and the outcomes that we expect. Certainly additional cases that have come since Olmstead the enforcement of the Americans with Disabilities Act, and actions of the Civil Rights Division of the Department of Justice have led to several Olmstead settlements that target a wide variety of populations and a variety of systems and communities. We have a lot to celebrate. And I appreciate the Administration on Community Living for recognizing the need to pause, to reflect, and to celebrate the importance this legal decision has had on many people's lives.

Lois Curtis and Elaine Wilson stood up for the rights they knew what they wanted, they knew what they did not want, and they spoke up. They used their power, the court's listened and they made history. As a result they raised expectations of our systems and of our communities and many more people with disabilities and their families are speaking up and advocating for themselves.

Since the time of the Olmstead Decision we really have changed how we think about community living, and what participation in the community means to people. Even when the Olmstead decision was decided, community living was somewhat defined as simply not living in an institution, or in a nursing home. We were focused on where a person lived and how many people they lived with. Over the past 20 years, we've evolved really how we think about community living and what it means to be living in the community. Its no longer enough to be living in the community, its a matter of being "of" the community.

And being of the community means a lot of things. It means having the right to practice the faith of your choice, it means simple things like being able to choose where you live and with whom you live, working in a real wage in a real job, it means being able to learn new things the rest of your life and to do the things that you really like and enjoy doing.

All of these are new ways of thinking about life in the community for people with disabilities. There are also a number of key aspects or key components of living in the community. And these are things like engagement, reciprocity, life‑long learning. I'm struggling here just a little bit with this computer. I apologize, it's catching me a little bit off guard. I'm a Mac user ‑‑ (Laughter) ‑‑ I get put in front of a PC. I really struggle. So I'm going to go back to my written notes so that I can be a little bit more comfortable the set up. So engagement, vaulted social role, expectations ‑‑ valued social rule, expectations, connectedness, self direction, all of these things are components of community living and participation that we expect in our communities now.

Olmstead really in the many states.

There were plans that were developed throughout the country brought about important systems collaboration, where advocates and people with disabilities and families, researchers, providers and State systems are all working together to improve community supports. And as well as sustain longitudinal data that is helping us to stay on the pulse of how well we're doing with regard to meeting the intent of Olmstead and the decision that was made.

Also continued Department of Justice enforcement has been incredibly important to realizing the intent of the Olmstead decision. One of the things that Olmstead has done is develop new public policies that are designed to align with the intent of Olmstead by providing direction, and in some cases incentive to States to shift towards community living and participation. You probably recognize some of these. money follows the person, home and community‑based Service, the Workforce Innovation and Opportunities Act. There are a number of proposed pieces of legislation too that will further the intent of Olmstead and further community living such as the Disability Integration Act, the Transformation to Competitive Employment Act about the access to free speech. I often say that systems change takes the decades. So we're only at two decades and we've seen a lot of change already.

If you look at this trend line it really shows the institutional population of people with intellectual and developmental disabilities. And if you look at it by decade you can see the introduction of the Medicaid Intermediate Care Program that started in 1967, followed by Medicaid Home and Community‑Based Services and then, the Americans with Disabilities Act and Olmstead. You can clearly see that since the time that Olmstead Decision was made, we have seen significant deinstitutionalization of people with intellectual and developmental disabilities who were freed from institutional settings.

Since 1960 in fact, 248 institutions have already closed with another 2 projected to close in 2019. Of those, 99 or 40% of them closed since the Olmstead Decision was made. Institutional closures are certainly not the only data point to look at for us to celebrate. Since Olmstead, there's a clear trend towards the increase in people with disabilities living in their own home that they rent or that they own. And in smaller group homes in which fewer than 6 people live. Equally obvious is the trend away from group homes where 7 or more people live. Important policies such as money follows the person have resulted in 90,000 people with disabilities transitioning from congregate living situation to community living, that is something that we should really celebrate. That's really effective policy.

Well not nearly as obvious ‑‑ while not nearly as obvious or as quick, there have been some small trends in the increase in the number of employment for people with intellectual/developmental disabilities to have jobs in their community. It's a small uptick but it's progress that we really should be celebrating especially when you look at how these programs are funded, and there are clear imbalances in where are investments are made.

We continue to make much more investment in segregated day kinds of programs than we do real work and we're still making some progress. Without question, since the Olmstead Decision we see State systems investing more in community supports. You heard that just a bit ago. And much less in community programs. We're nearign intellectual and developmental disability supports, we're nearing $70 billion. And that's a investment when I think back to what the lives were like in the institution they were living in and I read about their lives once they were freed from the institution and I think about what we know about outcomes for people with intellectual and developmental disabilities as well as other disabilities today. I know we've made progress.

So let's look at a little bit of that progress. Today over half people with intellectual and developmental disabilities choose or have input into where they live. 40% have input into who they have as roommates. The overwhelming majority choose their schedule each day or have input into it. And they decide or have input into how they spend their money. And I'm certainly certain that Lois and Elaine didn't have those outcomes. Since 2013 roughly 10% if you look across the years of people with intellectual and developmental disabilities self‑direct their services, meaning they make decisions about how the money is spent and what services they're going to purchase.

And if we look at people with physical disabilities, and people who are receiving long‑term services and supports due to aging, 70% can choose the service that they receive or modify it. 65% choose the actual type of service ‑‑ 65% choose the actual type of service they is get. 60% choose their roommate. And 95% determine when they get up. And 80% choose where they eat ‑‑ when they eat their meals.

Additionally 90% have transportation to medical appointments. And 70% have transportation to get to to the places they want to government again I certainly expect that none of these outcomes were present for Lois and Elaine when they were living in an institution.

So I think the data I just showed you gives you just a tiny glimpse of the progress that we've made since the Olmstead Decision research consistently shows that people have better lives when they live and work in their communities. And while there's much to celebrate, we have a lot of opportunities ahead of us.

We need to continue to make progress as we move forward in the next 20 years post‑Olmstead. Programs when of the greatest challenges that we face related to community living for people with disabilities is the disparity based on State.

One of the most significant contributions to the ability to achieve individual outcomes of community living and participation in the United States is that we have 50 States, District of Columbia, and 369 countries.

Time and time again in the studies that we've done at the Research and Training Center on Community Living the single biggest predictor of outcomes for people with disabilities is the State in which they live. As you know in the United States, its very uncommon for us to have a law that says, here's the program and you shall implement it in exactly the same way in every single State and community in the United States.

Services vary tremendously across states. And that means outcomes for people with disabilities vary tremendously across States. Another area in which disparity exists is in the area of, ethnic and linguistic diversity, we know that there's an underutilization of home and community‑based services by some groups. We as know that there's a disproportional use of more congregate care options by some groups. Making sure that State systems are ensuring that community living and participation is available to, known by and most importantly used by people across racial/ethnic and linguistic diverse communities is critical to ending disparities in community living for citizens in the United States. As I said before, deinstitutionalization is certainly something we should celebrate, but I would say we should celebrate it with some caution.

We still have nearly 20,000 people with intellectual developmental living in institutions or lingering in nursing homes. But what about people with disability whose are still in nursing homes or in hospital units, or in institutions for people with mental illness, in child welfare treatment programs and private institutions?

Yes. We've made a lot of progress in the United States, but we've got a long way to go to truly realizing the intent of Olmstead. One of the things that I know for sure is that institution isn't about size. Its not about just the place. As much as anything, institutionalization is about attitude, and. And what we've done in the United States is create a lot of little tiny, miniinstitutions. Many of the smaller group homes that people live in are just as controlling of environments. People have just as much difficulty in making their own choices and choosing their own destiny in life. And we have to address that attitude. Until we can change the attitudes of people who are running services and the people who are supporting individuals with disabilities, we'll still have institutions they may just not be big places.

An area that we haven't explored enough at all is the reality that overwhelmingly the most ‑‑ the majority of people of children with the most significant disabilities are not experiencing inclusion in schools. Community living is about learning too, and these children aren't being included. So it's an area of much opportunity as we move forward.

As I said, certainly, State certainly vary in how they deliver services, and as a major predictor of outcomes. If you look across States, there's variation in the percentage of people with intellectual and developmental disabilities who have legal guardians. This number ranges from 5.5% in some states to 89% in others.

In some states, it's almost an automatic process that when you turn 18 you have a legal guardian assigned to you. Yet we know people with disabilities including intellectual and developmental disabilities have rights and are perfectly capable of making most decisions in their lives. So supportdecision making is certainly an area ‑‑ supported decision making is certainly a area that we have a lot of opportunity moving forward. If people aren't allowed to make their own decisions, if they don't have rights, they're not going to fully embrace participation in their communities.

Perhapses the greatest challenge we face is the workforce, and one that there's been virtually no policy, broadly, to address, and very little State policy to address is the workforce of direct support professionals that choose careers in supporting people with disabilities.

We've built community on the backs and out of the pocket books of these worker, and yet we know that they're the key to quality. This systemic flaw is that we've sustained turnover rates that approach 50%, vacancy rates near 20 and wages that no one can make a living yet alone support a family. These numbers have remained the same for the past 25 years and to date we have no systemic approach in finding and implementing solutions.

We though that these direct support workers ‑‑ we know these direct support workers have disciplinary workers are not recognized celebrated or valued by our systems of supports or our communities for what they do. Most people in our communities don't even know they exist. And the profession is not recognized by our Bureau of Labor Statistics in order to sustain the promises of Olmstead we have to find solutions to the workforce challenges. Lastly, we also need to continue to improve our ability to measure progress through a person‑centered lens, developing effective measures and holding States accountable for measures that are specific to home and community service outcomes identified in the National Quality Forum framework is a important step as we move forward in trying to improve quality of community living. Thank you so much for the opportunity to talk to you today. I hope you gear up and are ready for the challenges of the next 20 years Post‑olmstead. (applause)

»» Thank you, so much, Amy. And thank you for joining us all the way from Minnesota. We are so grateful to have you here in Washington. Our next speaker is Melissa Harris. Melissa has been with CMS since the summer of 1995 and is currently the Acting Deputy Director for Disabled and Elderly Health Programs. She was a Senior Policy Advisor in DPHDP developing a number of policies to advance home and community‑based services as an alternative to institutional place. As the Director of the Division of Benefits and Coverage from 2012 to 2015 she was responsible for overseeing implementation of most Medicaid benefits including benefits provided to individuals in the Medicaid Expansion population, and the establishment of National Benefit Policy please help me welcome Melissa Harris. (applause)

»» Thank you. And it is really such an honor for me to be here today. I am from the Centers for Medicare, and I'm going to be talking to you a little bit about the provision of Medicaid‑funded home and community‑based services and the cues that we took from the Olmstead Decision. Because Olmstead really set the stage for many federal entity including Health and Human Services to re‑examine whether and how the dissemination of federal funds were advancing the aims of community living to more self‑sufficiency and socioeconomic advance. For people with disabilities.

This paved way for the release ‑‑ paved the way for the release in 2014 of the Final Regulation on Medicaid‑funded home and community‑based services and the settings in which those services are to be provided. This Regulation is designed to achieve two aims, first its to ensure that individuals receiving long‑term services and supports through home and community‑based services have full access to the benefits of community living and the opportunity to receive services in the most integrated setting appropriate.

You'll recognize that language from Olmstead. And second is to enhance the quality of the home and community‑based services provided to HCBS resilients. It's important for me to acknowledge that Medicaid is an important resource for States in satisfying their responsibilities under Olmstead. But compliance with federal Medicaid requirements will not necessarily wholly satisfy State's Olmstead requirements. We take other cues from Title 19 in the Social Security Act. Sometimes that's a great fit for the tenants of Olmstead, sometimes not. Accordingly we encourage states to regularly review their policies an operations to ensure that they are really facilitating persons with disabilities to be served in the most appropriate or the most integrated setting appropriate to their needs irrespective of whether their services are being funded by Medicaid or from another public funding source. But that being said, the federal regulation on Medicaid‑funded home and community‑based services is a really strong opportunity for states to engage in the type of systems change to significantly increase the potential for individuals to be supported and receive services in the most integrated setting appropriate.

There is a transition period associated with compliance with the tenants of the Home and Community‑Based Settings Provisions. It was initially running through March of 2019. It was extended until March of 2022 this was in recognition that time would be necessary for States, providers, time would be necessary for States, providers, beneficiaries and other stakeholders to understand the actions that would be needed to ensure not only compliance the regulatory criteria, but to further the system's change that would improve the overall quality and the provision of home and community‑based services.

The criteria for settings in which home and community‑based services are to be provided include things like optimizing individual autonomy and making life choices, providing opportunity to seek competitive integrated employment, providing access to the greater community, ensuring control over personal resources, and ensuring the rights of dignity, respect, and freedom from coercion and restraint.

In addition settings have to ensure that beneficiaries can receive services if their broader community to the same degree as individuals not receiving Medicaid funded home and community‑based services. There are some additional criteria for individuals receiving services in the location in which they live. These are called "provider‑owned and controlled residences." And those extra criteria are the ability to access food at anytime, the ability to have visitors at anytime, the ability to choose a roommate if a private room is not available, the ability to lock their doors, protection from eviction under tenancy laws or other laws of that jurisdiction.

In some ways those criteria are very basic, and they afford those receiving services those decisions that many of us mke on a daily basis and take for granted. Yet the implementation discussions that CMS has had with States and provider, beneficiaries and other stakeholders speak to the degree of changes. Some individuals who were not previously receiving Medicaid home and community‑based services in settings that reflected these basic criteria. So if many of us, the provision of home and community‑based services and the receipt of those services is a personal matter. We have family members, friends, loved ones who need services and supports authorized under the umbrella of home and community‑based services. While the criteria in this Medicaid regulation represent a standardization that had been missing from the construct of service provision, the regulation also contains key flexibilities in how that criteria is to be implemented to individuals and it all boils down to the concept of person‑centered planning. I can't stress enough the importance of that concept. It is the backbone of the Regulation and more importantly, the linchpin to the provision of good services and supports.

The provision of Medicaid home and community‑based services is not a required entitlement to individuals who meet an institutional level of care. These are all optional services in the Medicaid program. And this can mean that there are waiting lists and a large demand for a relatively small pool of resources. And the criteria in the regulation help to ensure the integrity of how Medicaid home and community‑based services funding are used.

I do want to spend a moment talking about States. You heard from Amy a minute ago that one State is not like the other in terms of the services it offers, and that's very true if the Medicaid program. States have a fair amount of discretion in implementing Medicaid in general, and in implementing the home and community‑based settings rule. And it's important for stakeholders to understand how their State is approaching implementation of the various components of the home and community‑based services, including the scope of providers. The State want to continue offering home and community‑based services.

But we are seeing major progress since our work really got going in 2014. We are constantly talking with States, and providers, and stakeholders. And we see progress being made in five key areas. The first is that States are taking major steps to invest in the capacity of provider to offer more integrated home and community‑based services options as well as building a competent qualified direct support workforce.

Second, States are focusing more attention on what they're paying for, how they are paying for it and ultimately how to best assess the quality of the home and community‑based services being provided. States are engaging with their providers to become proactive in making organizational changes necessary to reflect the Regulations' intent to assure that individuals have full access to benefits of community living, and the opportunity to receive services in the most appropriate setting ‑‑ I keep saying that services in the most integrated setting. That's kind of important.

Fourth, we've seen a major push across States to redesign their approach to person‑centered planning. And through the work that CMS is embarking on with our partners in the Administration for Community Living, we have launched the National Center for the Advancement of Person‑Centered Practices and Systems that is to support states and HCBS systems to ensure practices, processes and policies. We have seen a number of States come up with innovative methods of engaging stakeholders in the implementationwork of the regulation with a particular emphasis on individuals with disabilitieses and their families. There needs to be great attention paid to creating creative option to ensure individuals with disabilities have a say in how States are operationalizing so many of these requirements and to make sure their interests and concerns are at the forefront of policy implementation.

So, to wrap up, the field of home and community‑based services provision is involving ‑‑ evolving in exciting ways, new provider models are coming on to the scene with multiincome, multiability, generational housing, customized employment opportunities in the general workforce and control over one's resource, schedule and lifestyle choices.

Individuals who once only would have had an option of being institutionalized are now supported in living meaningful lives in their communities. CMS and our HHS partners including the Administration for Community Living are developing promising practices for ways that the Regulation can further advance State's systems change efforts, to improve the quality of home and community‑based services as well as ensuring that individuals again have full access to community living and the opportunity to search services in the most integrated setting appropriate. Thank you so much for having me today. (applause)

»» All right. Thank you so much Melissa and thank you for being here. We are always grateful for our partnership across ACL and CMS. So thank you for join us today. You have heard today from leaders across HHS and from our expert. And now we get to hear from individuals themselves whose have been impacted by the Olmstead Decision. We have seen as people with disabilities that Olmstead does not just respect a decision, but it is a promise. It is a commitment, not just a construct. Its a reality, not just a dream. And for many of us, our lives are not just better because of Olmstead. We are happier and healthier because of Olmstead. We are not just in houses and apartments instead of institutions. We are living and thriving in communities. And importantly today, we are going to hear from a panel of individual leaders in their communities, their offices, their state capitols and right here in Washington, and I am so proud to call each of them my friends. They have been such an asset to me in my role as Commissioner.

And without further adieu I am going to give some nice quick introductions because I think that we are going to hear so many wonderful things from these three individuals. To my immediate left is Kayla McKenon. She's the manager of grass Root. She does advocacy for the National Down Syndrome Society. She resides in Sarycuse New York. She is the 2016 recipient of the National Down Syndrome Society self advocate Of The Year Award and a member of the National Down Syndrome Self Advocacy Advisory Panel. She is best known for becoming the very first registered lobbyist with Down Syndrome. Welcome, Kayla. Next is, Elizabeth Weintraub. Liz has a long history of leadership in self advocacy and has held countless board and leadership and advisory positions at the State and national level. She is a full‑time member of AUCD's policy team and she is well‑known for her Tuesdays with Liz, Disability Policy For All where she attempts and is successful as you would say as making policy accessible to all. Prior to coming to AUCD Liz worked for the Council on Quality and Leadership. She's an alum of the Wind Training Program for the Center for Training and Leadership Disability at the Georgia State University. She's received numerous awards recognitions and accommodations. One of her favorite things to do is to mentor other people with disabilities. To my left is Kimberly Tissot. She's the CEO of Able, South Carolina, a Center for Independent Living located in Columbia, South Carolina. Beautiful town, thanks for inviting me. I loved my visit down there. Under her leadership she continues to push innovative cutting edge approach to community living and disability rights programs. And I got to see this firsthand, it's great. This year Kimberly chaired the South Carolina Employment First Initiative Study Committee and she is getting great traction across her State with this work. Kimberly mentors other Centers for Independent Living across the nation, and other non‑profit leaders right in her home state of South Carolina. She has been appointed by the governor to the state‑wide Independent Living Council and currently chairs the State's Advisory Council on the education of students with disabilities. She is a true leader across programs and across her State. And I am going to turn this over. Kayla we'll put you on the hot seat first. So Kayla can you ‑‑ then we'll go right to Liz and right to Kimberly. Can you tell us a little bit more about yourself, and specifically, what has community living meant to you? And what does community living look like today in your life?

» What is community living, to me? It means making my own decisions. Where do I want to live ‑‑ sorry. Now can everybody hear me? Perfect! What is community living? To me, it means making my own decisions where do I want to live, how much is it going to cost me, who do I want to live with, being the adult, house maintenance, budgeting, shopping, living on your own is never easy. I know because I have friends who live in a apartment together, and they support each other through ups and downs. Think about it, its not one‑side. It is also two‑sided. And community living is about making your own choice, your on choice. And having a support system at the same time community living works for me because I have a voice that allows me to be independent. Being independent lets me work on my life goals. Like grocery shopping, going to the bank, being able to walk in and deposit money or cashing a check, finding recipes allows me to maintain a healthy lifestyle and making a meal for my family. Independence is definitely a huge key to a successful live. Community living is so crucial in today's society. I want my message to be heard and not someone else's! This is why community living is so impactful to us today. Thank you so much. (applause)

»» Thank you, Kayla. (Laughter)

»» Thank you, Julie. I am really excited and honored to be on this panel to help celebrate the 20th Anniversary of the Olmstead Decision which allows us to live in the real community. The reason why I said the real community is because when my parents sent me to an institution it was called the "community," I will have to admit that when I first saw it, I thought it looked like a community because it had ten or twelve little cottages where I lived with one other person and a phone booth in the middle. There was a little driveway to get down to this community. Also there was a long rectangular building in the front. I called it a fake community. I don't know about you, but its not the kind of community I live in today. Today I have a wonderful life living in the real community with my husband. I would like to tell you a little bit about it.

We live in the regular apartment building with other people without disabilities. And there are stores around that we can shop and enjoy everything that the community has to offer just like everyone else. We would not be able to live in the community independently without some help from an Agency. Someone comes in and helps us manage our money, or helps me with my diabetes, or helps me shop for my clothes.

Our story isn't unlike a lot of our friends. If the Olmstead Decision wasn't here, we would not be able to live in the community. Community is for ALL! I want to thank Lois and Elaine for the bravery fighting for community living. Thank you.(applause).

»» Community living for me is quite simple, it's about having freedom and it about having the support notice place so that we can live independently. I have the privilege of serving as the executive director of an organization that is run and operatedded by people with disabilities. We understand and what we don't ‑‑ I don't think we get too much credit for is we help implement Olmstead every single day by the programs that we implement, the programs that we design, and by living it every single day with our staff and our Board of Directors.

We are proving everyday how easy it is to be in the community and to live when there's there are supports in place. And in a nutshell that's what community living means to me.

»» Thank you, ladies. (applause)

»» So much of what we've talked about today is how far we've come since the Olmstead Decision answered how far we've come in the last 20 years. I want to take a second, I want to look forward. I want to think about 20 years from now. You might have little more gray hair, might be a little more, all right ‑‑ so we'll be a little bit older. But in 20 years, if we come back and we fill this room with individuals again, and we bring back this great panel, and I'm going the start with Kimberly this time, we'll go in the opposite order, how about that? Kimberly what, are we going to be celebrating? What are we going to have achieved 20 years from now? What are you hoping that this panel is focused on?

»» I'm hoping that there will be no segregated programs. There will ‑‑ people with disabilities will be heard in every single program and that disability rights are truly at the forefront of what we're doing. There's a lot of programs right now that are existing that are going into that direction, but there's also new segregations starting. There's new institutions, even in our school settings that are popping up daily. And we've got to bring disability rights back at the forefront of every single thing we do. We also have to have people with disabilities at the table making these decisions. I think that we have learned in the past 20 years that sometimes when programs are designed without the input of individuals with disabilities they fail. And we've got to do something about that and change that today. (applause)

»» Thank you, Kimberly, I can certainly attest to the fact that I have seen that living and thriving in your organization, down in Columbia, South Carolina. Liz, 20 years from now, what are you going to be talking about on Tuesdays with Liz and taking to us about at this event?

»» I have to agree with Kimberly. 20 years from now I want to see people with disabilities, all kinds of disabilities as leaders in all jobs and careers. I want to see more people with disabilities in elected office. I want to see more people with disabilities leading federal Agencies like you, Julie. I want to see more people with disabilities leading businesses. (applause)

»» Awesome. Thank you, Liz. All right, Kayla. Where are we going to be in 20 years?

»» My hope is to be on a panel 20 years from now. I will not be on a panel because we have reach equality those of who who are differently abled. If we have not reached quality that we are at least on a higher level of expectations. Thank you, Julie.

»» Thank you. I want to hit on a topic that I know is near and dear to everyone in this room and on this panel. And something that I talked to each of you about. And Kimberly I'm going to start with you on this one again because, I got to come down and spend time with your team and with all of your partners across the State and with the the Governor to talk about this, employment. A loft folks say it's one ‑‑ a lot of folks say it's the last frontier to push the envelope on. I got to tour your Center for Independent Living, I got to come to your employment conference.

But as we're looking out and looking towards the future when it come to employment, where is your Center going and where do you believe that so many of our work in the disability space is going around employment to find finally move that number of individuals who are employed in competitive and integrated segments?

»» Absolutely. Yeah. It's all about changing perceptions. I think there is a perception out there that people with disabilities cannot work, they cannot work everyday, they cannot work in the community. And there's a protection against the disability community. And we've got to change that. And I think the voices again of individuals with disabilities can bring that. But we values to make sure that people with disabilities ‑‑ we have to make sure that people with disabilities are working and have the opportunity to be the model in our communities. I think we do have to close down sheltered workshops. (applause)

It is appalling that after 20 years of Olmstead we're approaching 30 years of the ADA that sheltered workshops are still existing. That is not a choice. A lot of people with disabilities who are placed into these environments, they've never had that choice to be in there. And so, I think that we've got the start with that. We've got to do some provider transformation, helping a system who is providing services in segregated settings and assisting them with going into the the community direction.

»» Great. Thank you.

»» All right, Liz I'm going to come to you off of that. Because I know that you've had both experiences. You've worked ‑‑ not in competitive and integrated settings and you have the right joy of being apart of the team at AUCD today. Can you tell us what's one significant difference for you in your life living in the community now that you're working in a fully competitive and integrated setting.

»» I wake up in the morning and I'm proud to go to my job. When I think about a job as my job at the AUCD, I don't think of it as just a job. I think of it as a disability career. I'm in a career. I don't work, I don't have a job at AUCD. I have a career. And yes, for the last 20 years, 30 years, whatever, we have been talking about jobs. And yes, we can work in a job and hope for a job and at Walmart or wherever, but we don't often talk about careers. And if people without disabilities can talk about careers, why can't I have a career.

»» That's a great question. And as a perfect Liz to Kayla as she's just starting her career. Kayla as you're just starting your career, out doing advocate educating people, what's the number one thing you help clear up and make meaningful for the people that you get to speak to about people with disabilities having meaningful careers like Liz just talked about?

»» Thank you Liz for the segway I really appreciate it. And I just started my career as a volunteer for the National Down Syndrome Society we go to meetings on Capitol Hill. I lobby for independent living, for supports tailored to individual's need, I lobby for laws that people are able to work and not lose benefits, I lobby for careers with equal wages and ending sub minimum wage. My personal goals are individual living, having access to supports that are needed to enable me to live on my own. My goals is to have that support system to help me along the lessons that I need to be apart of this community and to further educate, and advocate for not just me, but for me and others differently disabilities with persons with Down Syndrome. All of us need to be helpedly not stop here and now. I will continue the great fight and take speak to lawmaker, members of Congress. I want these ‑‑ it used to be face forward and forward thinking. I want them to be forward thinking. Like I said, keep up with me, because I am not done yet! (applause)

»» I mean, I don't know about you guys, but sometimes around 2 :00, 2:30 in the afternoon I get a little lull but I've been quite awake for this panel. I really want to thank you all. I want to highlight a few things as we reflect back. And I think what is so important is, as we take everything that we heard from Roger and our Office for Civil Rights, our Deputy Secretary talked about, Amy and Melissa have all talked about is really the feed to think comprehensively. To think across the lifespan and to go back to the really fundamental idea as Roger talked about earlier this afternoon and the fundamental idea that each of us is given dignity and talent to share. And I think what's so incredible and what voice each of you three young ladies bring to this voice is really your own path, and your own experiences.

And Liz, you know, what I loved about you is you highlighted what it make to make it all happen, right, what it take to run a live that you enjoy with a career that you're building and continue to challenge yourself in at AUCD and. And Kayla we see your energy. We are going to be keeping an you're on you, do not worry. You know I have your number!

»» Oh, I know. (Laughter)

»» And Kimberly, we know that it's going to take leaders just like you in the trenches, all across the nation, not just here in Washington, but in state capitols like Columbia and in communities fully bringing the services and resources to bear for the future. And so, I want to thank you all for joining us. I know Kayla's had a busy travel schedule. We flew Kimberly in last evening as well. I want to thank you all for joining us and sharing your experiences and your knowledge and continuing to inform this conversation. So thank you so much for being here. (applause)

»» Thank you.

»» We are going to give these ladies a second to kind of maneuver off the stage. And while I get the great opportunity to bring up our last two speakers this afternoon and I think we have two great individuals for them to share with you. Our very next speaker is Eric Dreiband, who currently serves as the Assistant Attorney General for the Civil Rights Division at the U.S. Department of Justice. In earlier roles he was a partner at a major international law firm. He also served as the general counsel of the U.S. Equal Employment Opportunity Commission where he directed the federal government's litigation of Title VII of the Civil Rights Act of 1964. He also issued the regional attorney's manual which accomplished policies of EEOC's litigation program.

Prior to his EEO service he served as Department Administrator for the U.S. Department of Labor's Wage and Hour Division directed the federal government's enforcement of the Fair Labor Standards Act, the family and Medical Leave Act and other laws. He received his law degree with honors from Northwestern University of Law, a Master of Theological Studies from Harvard Divinity School and his undergraduate degree from Princeton University.

Ladies and gentlemen, please give a welcome to Mr. Eric Dreiband. (applause)

»» Thank you. Thank you for that introduction and for the opportunity to participate in today's celebration. As you know today we commemorate the 20th Anniversary of the landmark Supreme Court case called Olmstead vs. L.C.. The Court in that case found that the Americans with Disabilities Act makes unlawful the unjustified institutionlization of people with disabilities.

I think it's important to say in the outset, a very fundamental premise both of the Americans with Disabilities Act and the Supreme Court's decision and that is that disability rights are civil rights. And it is critically important that individuals with disabilities enjoy the privileges and freedoms available to all Americans. (applause ) Congress enacted the Americans with Disabilities Act in 1990 just before he signed the Bill into law President George H.W. Bush explained it's importance them is what he said in part. "our success with this Act proves that we are keeping faith with the spirit of our yours you forefathers who wrote the Declaration of Independence we hold these truths to be self‑evident that all men are created equal endowed by their creator with uninailable rights" President Bush continued "these words have been our guide for more than two centuries as we've labored to form a more perfect union". But tragically for too many Americans with blessings of liberty have been limited or even denighed. The Civil Rights Act of 1964 took a bold step towards righting that wrong but the stark fact remains that people with disabilities were still victims of segregation, and discrimination and this was intolerable. Today's legislation brings us close tore that day when no American will ever begin be deprived for their basic guarantee of life, liberty and the pursuant of happiness." I think President Bush really summed up the purposes of the Act well, it's something we continue to strive for at the U.S. Department of Justice and the Department of Health and Human and Services throughout our country. In the Olmstead case the determine that the Act's prohibition against discrimination may require placement of persons with disabilities in done inty settings rather than institutions.

The Court determined "such action is in order when the state's treatment professionals have determined that community placement is appropriate, the transfer from institution fall care to a less restrictive setting is not opposed by the affected individual, and the placement can be reasonably accommodated, taking into account the resources available to the State and the needs of others with mental disabilities." At the Department of Justice, we continue the work to fulfill the promise promise of the Americans with Disabilities Act. Our Olmstead efforts incorporate issues that are critical to the full participation of people with disabilities in all aspects of community life, such as and including living in the community when appropriate and the right to competitive integrated employment.

The Department currently enforces 11 statewide Olmstead settlements. Last month we announced a oh comprehensive settlement with the state of West Virginia their agreed to expand community‑based services for children with serious he is children ‑‑ it show that the state was sending many of it's children to segregated residential care rather than allowing these children when possible and appropriate to remain in their communities and live with their families or foster families.

During our investigation, we spoke with family whose were unable to obtain community‑based care for their children. For example, one 14‑year‑old and her mother would not find treatment in the community so the child spent several months in a segregated facility in another State. She was four hours away from her family had to sleep oh on an air mattress on the floor and take cold showers everyday. Another family had a ten year old who had been institutionalized four times yet was unable to obtain intensive community based service to prevent additional hospital stays.

Under our agreement, West Virginia will make available mental health service to children in their homes and communities in the intensity and for the duration of time that they need them. West Virginia will also expand mental health services across the State. The state is also working with the Centers for Medicare to leverage available Medicaid authority to help pay for necessary and appropriate home and community‑based services.

The settlement would give all the affected children the best chance to grow and thrive. I member the state of Virginia for working with us at the Department of Justice to fund this resolution. Another case just over one year ago the Department also entered into a settlement with the State of Louisiana to resolve allegations that they unnecessarily relied on nursing facility to treat adults with serious mental I'llness who were appropriate for and did not oppose receiving community‑based supports.

The state is working collaboratively with an independent expert and with the Department of Justice to implement reforms that will better screen and divert people with mental illness from unnecessary placement, use person‑centered planning to identify needed supports, improve transition planning from nursing facilities and expand needed community‑based services for people transitioned or diverted from nursing facilities. The expanded services include crises services, intensive case management services, assertive community treatment, integrated day services, housing and tenancy supports and quality monitoring for all community‑based services. Of.

Now we all know that work can provide so much more of than a paychecks, a sense of purpose, dignity, independence, value, self worth and d belonging. We are working to ensure that people with disabilities have equal access to the tangible and intangible competitive integrated employment. The department's settlement agreements with the state of road Rhode Island to design services to prepare them for competitive integrated employment. Individuals have obtained employment. In Oregon another agreement has produced similar results. Over 5,000 persons have received new employment services and over 600 former sheltered workshopworkers have flewly obtained competitive integrated employment. When we cannot reach resolution, of course sometimes, we can't, we try but we can't at times, but with the Department of Justice does not shy away from using it's litigation authority. Pea have tried two Olmstead matters in this past year. Last fall we challenged Texas, the State of Texas alleged institutionalization of people with intellectual and developmental disabilities in nursing homes. Where the institutionalization was unnecessary.

We are in ongoing litigation even as we speak today in Mississippi where we allege that the state's failure to provide needed community‑based services has resulted in the unnecessary segregation of adults with serious mental illnesses in state hospitals.

In that case is on trial right now. As President Bush reminded us when he signed the bill into law. The Americans with Disabilities Act seek to extend the blesses of liberty to all persons with disabilities in our nation. The Department of Justice will continue our Americans with Disabilities Act enforcement to ensure that individuals with disabilities can lead lives free from discrimination. I thank you again for inviting me here to share the department's work and the collaborative work of our colleague at the Department of Health & Human Services and Olmstead and the Americans with Disabilities Act enforcement. Together our disability rights work continues to address the vast array of barriers that individuals with disabilities face everyday. We have worked hard as a nation to realize a future where people with disabilities can live and work as integrated members of their chosen communities.

We have made much progress, and of course more work remains.

We look forward to continuing to work alongside all of you in furthering these objectives. Thank you. (applause)

»» Thank you so much, much Assistant Attorney General.

»» Finally, I get the distinct honor and privilege to introduce someone who most everyone in this room knows, Lance Robertson. He the assistant secretary on aging and the Administrator of the Administration for Community Living here at HHS.

He was appointed to serve as Assistant Secretary on August 11, 2017. Lance's vision for ACL focuses on what we call the five pillars. These are key areas of focus that are critically important across both aging and disability and are areas in which we make a real difference for the people we serve. These colors ‑‑ these are supporting family and caregiver, supporting ‑‑ preventing abuse, connecting people to resources, strengthening the aging and disability networks and expanding employment opportunities.

As we've heard today, that last one is particularly important to people with disabilities. Lance's leadership in the field of aging and disability began in okay la ho May where he served for ten years as the director of aging services within the state's kept of human services. Prior he spent 12 years at Oklahoma state university, I finally got that one right. All of us at ACL are so very involved in his leadership and in his support from all of our programs that are make ago difference for people all across our nation with disabilities.

Please help me welcome Lance Robertson.(applause).

Aawe very kind of you but I know you've looked at your watch, you recognize we're 10 minutes over I'll wrap us up quickly. I really can't stress how valuable I have found this afternoon to be. I hope likewise you have taken good notesful. I thought all of the speakers were outstanding. Why they had to be brief I hope they Hoyt on some good point, it was great to have Roger, the partnership we have with OCR our Deputy Secretary here, that's a wonderful nod of support for the work we do at ACL to September Secretary Amy, great job, I loved the overview, the data points, the call out.

NCI, the workforce all the things you covered really wonderful and timely points. Of course Melissa, just the support that CMS continues to provide, CMS particularly around home and community‑based services we're honored at ACL to work very closely. Those of you who may not be aware of what CMS more broadly and DDHPG specifically a around how we can continue to support home and community based services. What a great panel Jaulie that you put together. I really want ‑‑ Julie I want to thank you the three, Kayla, Liiz and Kimberly, thank you for coming and shiring your own personal insights and opinions, and being the champion of the conversation.

Thank you very much for the commit. Of your time. Always great to have DoJ in the room, unless they're coming to serve you. (Laughter) so we're glad for the partnership with DoJ. I'm glad Eric was able to come by and say a few words. Let me then ask of you to give a round of applause to Julie.(applause).

Because Julie... and her team put this event together. And we all know it take as lot of work. But certainly worthy to do for such a great celebration. We also want to thank the Kaiser family foundation for offering their facility fortous use, what a great facility ‑‑ for us to use, what a great facility. I think I'll close by reinforcing what we all heard today. Its a great mess average around the criticality of community supports, certainly celebrating the 20th Anniversary of the Olmstead Decision, as you certainly would know within the mission of ACL and also by our anytime. We are about community living. Now question make sure that folks are offered every support needed to live if the community and inclusive meaningful way that is person‑centered. All of those things are the hallmark of what we do, woven within every comment is the day‑to‑day work that we get to do and are honored to do at ACL. And of course we as I looked across the room, we're so thrilled to be working with just so many partners. And there are several different associations here that represent States, I know that Amy and other have called out the importance of really what States are enabled, equipped and powered to do when it comes to decision making and supporting this conversation. So thanks to all of you that again, everyday champion this conversation. So against it's an honor to work with you. Thank you for taking part of your Tuesday to be with us. And we wish you a wonderful rest of the week. Thanks for your time.(applause).