Please stand by for realtime captions. >> Thank you for holding, your conference will begin shortly. Again, thank you for your patience.

>> Welcome to the 12th employment initiative call, The Employment Imperative. My name is John, I am the operator for the call. All participants are in this and only mode. Later, we will conduct a question and answer session. I will now turn the call over to Ms. Cheryl P Ter. You may begin. >> Thank you very much. Thank you for joining us this afternoon. This is, I think as the operator indicated, our 12th Employment Initiative call. We are now going into our third year of these calls, and we try to bring the speakers and information that will help encourage all of you to work with us to move people into competitive employment. So, today's speaker is Allan Bergman. We did include his bio with the materials, but in case you have not had time to read it at all, I would like to just kind of gave Allan a brief introduction. He is well known to those of us in Washington DC. He is currently the CEO of high impact consulting , a national firm that he established in 2010. He is a nationally recognized spot later in influencing the development of federal and state policies reflecting best practices, support and services for people with disabilities. He is also a national expert in Medicaid policy and practice regarding children and adults with disabilities and their families. He has extensive knowledge about all components of the affordable care act, including health exchanges.

Prior to beginning high impact, Allan served as the president and CEO of [Indiscernible] Center, one of Chicago's largest community agencies supporting more than 5000 individuals living with disabilities through four other employees, 72 programs and multiple sites. His earlier positions in Washington DC included President. and CEO of the brain injury Association of America , and he also worked in significant leadership capacity with United cerebral palsy Association.

Allan brings a personal perspective of his work. He is the father of two adult children, a daughter and stepdaughter, one who is competitively employed in lives in her own apartment with support in the Chicago suburb and has mild intellectual disabilities . His stepdaughter is living in a two-bedroom apartment with full-time support and is participating in integrated day supports and supported employment in Chicago. So, to steal a line from an old Judy Collins song, he has seen it from both sides. So, I want to thank you for taking time with us today and we are looking forward to your presentation. >> Great, thank you very much, Cheryl, for the kind introduction. Judy Collins, at least for me is a name that I would know. If you were to use a more contemporary one, I might say, what are you talking about? Good afternoon, everyone. I am very pleased to be here and to have learned from Cheryl a few months ago that you have been really working to expand the employment agenda. My intent this afternoon is to cover a lot of territory, and yet at the same time same time at the end for questions because this is a complicated issue. As you can see, I have named the issue the employment first initiative, with the paraphrase of Mr. Shakespeare first, sued the actions to the words. I suspect those of you on the National Disability Rights Network, perhaps more than some of our colleagues, understand the gap between practice, and I do mean best practice, I just mean everyday practice, and what laws and regulations tell us is supposed to be happening. On the front line for people with disabilities, including people with the most significant disabilities.

So, where I came up with the title was back Elizabeth in history to the paper called the community imperative put out by the center of human policy a long time ago, 1979 . I am not going to read everything to you. I hope that you are familiar with this. If not, I would urge you to go and get the whole thing. But we are talking about people's moral and constitutional rights, and the right to community living was the call at the time. And the end line was that in fulfillment of fundamental human rights and securing optimum developmental opportunities all people, regardless of the severity of disabilities are entitled to community living. We have not achieved that, yes. That was written 34 years ago at a progressive ideological think tanks. We have some states that are close to that, perhaps, in some respects, and others where it is a very distant goal, including, unfortunately, my current resident home state of Illinois , although I don't spend a lot of time here, unfortunately.

So let's talk about why employment is important. Well, it gets people out of poverty, either all the way or part of the way. And, people get to pay taxes. Most importantly, and I suggest we only need to remember this, when we meet somebody, the first or second, and out of our mouth is ask their name and what do you do. Big gap for a lot of people with disabilities. Where do you work? Well, I sort code hangers on a rack and I worked in the ABC sheltered workshop. Great. Or, I don't work at all. I do puzzles at the center. Or as Ellen Gillespie would say from the ADEP center, a wasting program.

Increased independence, economic self-sufficiency, making friends and expanding relationships. We know lots of people with disabilities are lonely and isolated . Nice way to make friends and get other social relationships before our workplace. Have a valued role in the community. That is some of Wilson's burgers social roles of validation that is important for us and is a chance to learn new things. Self-employment is a multicomponent. What is an imperative? I went to look it up in the dictionary. Something that demands intention or action, absolutely necessary or required of demand. I come up with my employment first imperative, used it initially at the [Indiscernible] conference in June, and it is there. All people, regardless of severity or disabilities are entitled to integrated employment with the correct job match and appropriate supports. And I would add to that, for this group, to challenge you , all people have a responsibility to works.

We talk a lot about people's rights. We don't talk enough about responsibilities. We talked about your right to vote. Maybe a lot to go vote. But I think part of this is that people have to give back and make a contribution. So, let's talk about the compelling features that are driving this agenda. They may not be the right ones but it helps. We've got a money problem. This is Dave Braddock's data, adjusted for inflation on all the DB money in the country. Now at [Indiscernible] billion dollars. All 52 state budgets. You can see in 2010 adjusted for inflation we were down 2/10 of a percent. This new data is out for 2012, we are up 2/10 of a percent. He doesn't think, I don't think, and I don't believe anybody thinks we are going to see three, four or 5% adjusted for inflation in DB system budgets or for that matter, any other budget any other time soon. A new study out about two months ago from the Government accountability office, better known as GAO said we are not going to get to 2007 prerecession income and revenue at the state and local level. Hang on to your seats. This is not me, this is day, until 2016 -- 2060. So, we are going to have to make do with what we've got and added more wisely and better. If you look at these charts, there are a couple of them here. From the Center on budget and policy priorities, a liberal leaning think take in DC, I hope you know their work. But, everything is based on CBO Congressional Budget Office. They just put it out there anyway that is easier to understand and very well respected on both sides of the aisle for the content. So, what you see is a red herring we have been hearing about called Social Security is not real.

On the other hand, Medicare and Medicaid are growing and part of that is demographics. And pretty soon, the interest on the debt is going to start to grow again and that is a fixed cost. These data come from our friends at Atlantic. Published in health affairs, they peer-reviewed a journal, well read on Capitol Hill. And, this is 2008 staff, because I know some of you here, and maybe you say the only problem is, we need more money. Well, I think not. This is working age adults with disabilities in 2008 were responsible for federal spending, one out of every eight dollars. And when you look and see where most of the money is spent, it is on Medicare and Medicaid, SSI, SSD I, very little spent on education employment and training. That is a very frightening set of statistics. But here is the end result. We win. 10 years in a row now, people with disabilities are the single largest property group in the country. 27.9, 28%, if you will. And, there is no reason to believe that is going to change anytime soon. And, it is projected by 2023, SSI and SSDI , just a dependency cash assistance is going to be $1 trillion. I don't know how much money that is, I just know that even in Washington DC, when you start talking mega billions and trillions, that is on everybody's screen, liberal and conservative.

Let's look at the folks on SSI. This is from the most recent data set from SSA. And it has gotten worse. It has actually gotten worse. Only 5% of SSI beneficiaries of working age reported earned income. With an average of $286 per year. Other than folks who are blind, they got a walking for a 68 year. Once you are on, you've got a lifetime sentence. And, it is pretty bad stuff. So, if a dead end street which is why I think maybe some of these promise grants that are about to be awarded might help. The work incentives and Medicaid buy-in have been used a great deal. Nobody uses PASS plants, we will get to that in a little bit.

I want you to think about that $286 a year figure, the next time you look at your state budget, look at what the costs are for dayhab, sheltered work, psychosocial rehab, clubhouses for folks with TBI , the non-substantive work stuff, and how much money is been spent per day, per month, per year, per person in any of those diagnostic silos so somebody has their average cash privilege to earn a whopping $600 a week. Pretty scary.

Here is another way to slice it. This is the American survey stuff, complement of our friends at University of Massachusetts Boston, [Indiscernible name] from National Data Set. 50% of folks with disabilities live below poverty. You can read it. I don't need to read it for you. Twice as high for any disability and if we go to cognitive disability and SSI, there is your endgame. Half the folks are living in poverty, and I know that we have some esteemed special ed advocates on the phone and transition advocates, and for those who don't know me, I find hard. That is a crappy outcome. That is a crappy outcome and we spend a lot of money on early intervention, preschool and special ed so that folks can live in poverty. Something is wrong with that picture.

There is worker, SSI, SSDI and Medicaid/Medicare because this has got it all. The production was by 2000, probably 18, we are going to be there given that SSD I enrollment, we may get there sooner. So, what are we going to do about this? What are we going to do about it? Well, we better from our values. This is my suit the actions to the words. Or maybe we need to appeal all of the nice words if they are nothing more than hollow promises. I start first with the national voluntary organizations, and here is the ARC.

These come from their websites and I'm sure people have crafted the time to make them say what they want to say. Active support, full inclusion in the community throughout their lifetime. I don't see any weasel words in there. That is pretty clear. Now, to people's actions fulfill those words? You will have to decide that state by state, local by local, or nationally. Here is UCP . Advance the independent productivity and full citizenship. Life without limits, says Stephen Bennett. Pretty consistent, a little bit different words from the ARC.Here are our friends at ASA, vision, meaningful participation and self-determination, all aspects of life. Inclusion, participation, self-determination, all aspects of life. Individuals on the spectrum and their families. Pretty consistent. Nobody is saying except for, nobody is saying segregation is okay, nobody is saying that regimentation is okay. Going back now, a chunk of time ago, we started down a road called self-determination. Tom [Indiscernible last name] and Don Chumley were both at New Hampshire at the time it got money from the Robert Wood Johnson foundation and did some substantive work. And, there were four components to the pillars of self-determination. Freedom to play in a life, authority to control money , individual budgets have started to show up in a number of the states. Support to build a life in one's community and responsibility to give back. And here, we can argue whether that is volunteer work and or paid work. But, it means you don't get a free ride. You've got to have something going on and confirmation came later, which is the validation for the self-esteem of a person. And, a little drill down on the self-determination. Again, you will be able to get these slides. I'm not going to read them to you. But basically, people don't have to give up their rights to get support and self-determination, this is critical, is an approach. It is not a type of service, it's not a model and it's not a cookie-cutter. Same with person centered planning. Everybody wants the recipe book now when we come up with a new approach. Here is what the self advocates told us at their first national meeting in Novi. -- In 2005.

We don't belong in segregated institutions, sheltered workshops. Places must close and we can work worthwhile jobs. Just ask a customer. We finally made it on the list in mental health and recovery in 2011 . A lot of stuff about peer support. And then the four domains. Health, home, purpose and community. And when I go to the next slide here, purpose. Meaningful daily activity such as a job. Oh my God. People ought to work. School, volunteerism, go down the list. But, this is the first time in my knowledge that employment, jobs were a major component of the recovery model in mental health. And so, again, we are getting. Consistent messages across the traditional disability silos or categories or diagnoses in voluntary associations that it is all the same. Here is our friends in the independent living movement. Self-help, peer role models, consumer control . And then let's look at some of the data. >> [Indiscernible] affiliated with the folks in Boston. This is a little old but my guess is we could do this today. He survey people in a group of sheltered workshops and asked how many would like to work outside? Well, it looks to me like two thirds said yes and a small number said no, and then there were some folks who were unsure and baby. -- And maybe. But that is what the customer said. That is what people with disabilities in children workshops say. Now let's look at the cognitive dissonance of what the staff said. I know that does not appear in any of the states on the webinar today. It is only the states that are not here. This is very scary to me. This is very scary that we have a major dissonance and difference of expectation between the people paid to do sheltered workshops, kind of training , and the people who are working their allegedly to get training. Well, I think we all know that people don't leave, but that is what we say. But here is the problem. I found this about two months ago from President. Kennedy. The great enemy of the truth is very often not the lie, but the myth. Persistent, persuasive and unrealistic. We are loaded with methodology and perceptions that are incorrect about the incompetency and the incapacity of individuals with disabilities, particularly individuals with the most significant disabilities in whenever diagnostic groups want to put them. And then we take another look at it again in terms of the data and where the staff spend their time when they are doing this work?

You'll see that most of it is workshop support. I got this message many , many years ago when Mark Gold was going around, some of you may remember that name, and Mark was doing his try another way technology using the [Indiscernible] bicycle brake. I have come out to be ARC of San Francisco when I was an executive there in 1980, 1981. I was just out of kindergarten. And Mike did the bicycle brake was about three. My staff got to choose, so you can imagine we were all supposed to be the losers. Well, they all excelled in did multiple trials and did exceptionally well.

The next day we sat down at the administrative office with the senior management team and Mark said, okay, you're serious about getting people jobs, right? I said, absolutely. So I said, take out your budget. And he said, all right, identify the staff who dedicate any real-time to doing employment development and support in the community.

Was running at that point was about a $7 million agency in 1981. We were a pretty good size. Identified a less than one FTE total doing that works to which Mark said, you're full of it. You don't really put your money where your mouth is. And so, the ultimate test, I think for most of us now, when we look at agency budgets, when you look at state budget, how much money is being put in to customized implemented? Supported employment? Job development, creative entrepreneurship. Small businesses, all of that kind of stuff. And in many states, the number is very, very tiny. And yet, we say that is what we want. So, I have given you the context from a private sector. Let's now take a look at what we say in government in our laws, in the courts.

This one started out in 1992 in the rehab act and now appears in the rehab act, IDEA , the technology assistance act, and I am blanking one other, for federal laws. Very rare that we get this. Natural part of the expansion does not diminish the right of individuals to pursue meaningful careers. Again, keyword here, does not say job placement. Careers. Just like all of us. We have a career path. We don't take the job and say we're stuck in that job for 50 years. Enjoy full inclusion and integration, etc.

So, this is a fundamental construct that has now been around for over 20 years. That is a fair amount of time. Developmental disabilities , assistance, Bill of Rights act. Health, determination, independent, integrity in all facets of community life. Built out of resources, priorities, concerns, abilities and capabilities. That I fax -- that affect the councils on the disabilities and the [Indiscernible]. Not at all inconsistent with the vision and mission of ARC, autism society, UCP or frankly the self advocates.

So far, we are still on the same page. Technology. Something that I think we are not using sufficiently. But again, now defined in the tech act and DD act and IDEA. Increase, maintain or improve functional capabilities and include accessibility, adaptation to the workplace and special equipment to help people work. That is in the definition. I can't tell you, the places I have been in the last five years where when I asked about assistive tech budget, they either say what or who pays for it or why is it important? It's very important in the stuff that is available in the market today , including some of the new apps for people with cognitive disabilities is terrific and cheap. And it can be paid for. And Medicaid I'm sure you know is paying for iPAQ, and they should. >> Transitions. 2004. So, these are now nine years old. This was substantive, statutory things. Adding the word functional and putting the results oriented in on somebody who has spent 18 years working Capitol Hill. Was not easy to come by. But what is in there now and it's there, and is moving from school to post school, and then we have a list, post secondary education. Vocational education, integrated employment including supported employment. Continuing education, independent living, etc. I don't see here sheltered workshop. I don't see. Day habilitation. I don't see here couch potato. I don't see any of those as valued outcomes . And based on the child's needs, taking strengths, preferences and interests, no different from any other rest of us. Not by your diagnosis, not by relabel, not by your disability. What are the things that you like to do and what excites you? What turns you on or off. I can assure you if I were to go apply for a job today, I would not be fighting the fact that I don't do XL spreadsheet, and I don't. Hopefully that will not come up. I'm going to brag about all of the things I can do. And that has not been traditionally how we have approached people with disabilities, either in education or employment. In fact, I have had this discussion with my good friend and colleague Rhonda [Indiscernible last name] in the past, that the original IDEA was a medical model about fixing the broken tiles and was deficit oriented. It was not until the late 80s, after early intervention got rolling, that we begin to talk about strengths, preferences and interests of students with disabilities and now here in transition. So these are major paradigm shifts. I do a lot of major conferences around the country and have a cross-section of audiences, as well as on-site training that I do. And I have several documents I hold up. We will come to some others in a few minutes.

I hold up the transition a moment when I get to this slide, sometimes I do it at the beginning of this slide. I am sorry to tell you that if I get 5-10% of the hands who have read it to know what I am talking about, it is a loss. That was nine years ago. Last year it was eight years ago. I'm not pointing fingers. I don't know where the dissemination problem is. I raise this with the senior leaders at OCERS and ODEP on employment first. And they were a bit dumbfounded, but not defensive. Well, we sent them out. Well, okay, send them out again in thing to put a cover note and tell them to send it to the local education agencies and shared with the teachers. I've met high school special ed teachers in the last year, a major suburban communities who have never seen this language. Never seen the language.

And then we teach. To go in and fight for it and the teachers do not know what they're talking about. So, you've got the rest of it here and I suspect that some of you live and breathe this almost as much as I do but that is what we say we are spending money for. In special education in the 21st century. And yet, that is not where kids end up. And, thanks to the disability rights folks in Wisconsin, not only would have ideally liked and it did not attach this because I presume you all have a guidance letter from January 2012 from Melody Musgrove back to DRN Wisconsin about transition and least restrictive environment.

By the way, another concern I have is special educators know very little about Olmstead and most integrated settings and they and many other people think that LRE and most integrated settings are identical. I do believe they are based on what I know and I suspect most of you do not. The people flipped the two around as if they are the same thing. But, what special ed had to write back his work placement can be an appropriate transition service if it is in the IEP by the team, a placement has to be on the LRE principal and effect make sure that is being hammered out at the table because we still have too many folks now , not in any of your states but in many states I have been in recently, including what got shut down by Justice in Rhode Island, where the pathway to sheltered work starts sophomore, junior year in high school, even with a satellite in the school or the kids getting three days a week at four hours, three hours a day. For their IEP initial third workshop to learn how to work and then they never leave.

I'm working with a young man in a major suburb of a major state that I will not name with down syndrome, 20 years old. For three years he has spent 5/2 days a week in the sheltered workshop and unfortunately, he was so bored and upset that he became a bigger issue and they have to bring in the behavioral mod team and as a result they have determined he is not feasible for employment. We are sitting down with attorneys and are going to be doing complaint for compensatory, this young man has every capacity easily to the gainful employment in the community but you got to see him differently and not the way they have made him at this point. >> Our problem starts with the school. These are the employment data for kids with and without disabilities and we are already better than 50% behind between when kids are 16 to 19. All of the good transition dated today says one of the best indicators of employment disposed -- post school is kids working while they are in school and having a job before they graduate.

This is not rocket science but fortunately now thanks to Rob [Indiscernible last name] at the University of Akron -- I'm sorry I don't have it yet, where he can. Kids who started at 16 with kids who started at 14 and low and behold, if there was employment component in those two groups, there was a much higher probability of the kid having a job by the time they left school if they started at 14, rather than 16.

From my perspective, the transition issue is probably the supreme issue, if I have to pick one. Because this is the kids of the future. They are the kids who if we don't fix it are going to blow out that projection for SSI, SSDI, Medicaid and Medicare , and I don't know that we will ever see an end to waiting lists. We've got to make it seamless, we've got to blend [Indiscernible], there are plenty of ways to do this but everybody says we can't, we won't. We have can do all kinds of stuff when kids are at school, afterschool and summer school, and I suspect I'm preaching to the choir. The American jobs centers can do some paperwork, they can help with internships. We have certainly has got to be there, and from my perspective, we too easily try to jump on the Medicaid long-term services staff to quickly and that ought to be there when the others have played out, although we can do some wraparound if it needs to. But, we have so many kids who leave schools with skills and go home and sit on a waitlist for 5 to 10 years. The answer isn't solving a waitlist. The answer is having the competency when we leave school so that they will get the support they need to sustain their jobs that they already have before leaving school.

Again, I having a plane to go around for everybody. These amendments were put in rehab act in 1992. Cheryl, I don't remember if you were there at the time. But, this was one of those wonderfully orchestrated hearings where prior to the change in the law, there were three requirements to get rehab services.

One, you have to have a physical or psychological disability. Two, that disability has to constitute a significant barrier to employment, and three, there had to be a reasonable likelihood that the provisions of vocational rehab services would result in SGA or substantial gainful activity. Well, there were a lot of people who got knocked out on that criteria based on the diagnosis , a test score, they did not look good to the counselor, whatever the excuse was. And we knew that that was a bogus criteria .

A number of us orchestrated the hearing in the Senate and looked at the membership of the committee and went to each of the states, Democrat and Republican, and we found many but we got one person to come in from each state with his or her rejection letter from the state VR agency and their current paycheck at SGA. By the time of third witness, we were down and did not need to do any more. Congress realized we have created an artificial barrier to employment that had no validity and these are people who persevered after being told by rehab they cannot work through impact were working in and around the system.

Now the law says, we presume gainful employment. There is a perception of employability and it has to be provided in integrated settings. That's pretty clear to me. I don't have any [Indiscernible] programs. We don't appeal this stuff in my opinion, enough. We don't fight it enough. People get rejected. We also have and are documenting this now in some of the Department of Labor projects, practice. Where in order to expeditiously get on the state DD waiver for supported employment , you just call up the rehab office and ask for a rejection letter which then meets the know some plantation required of Medicaid and low and behold, we have gets off the hook. I find that immoral, unethical, probably illegal. But, people are doing it every day because they want the service and I think it is time that we [Indiscernible] a belly up and they've got to on their part of the action, no different from special ed in the American jobs centers. >> Allan, we would agree with you on that.

I'm sorry?

I said, we would agree with you on that.

Oh, good. Thank you. And here is data of what has happened over time in DD. And we do have unfortunately better data sets than we do in other diagnostic groups. Supported employment or integrated employment, customized employment came on in the late 80s and its order fractionated it up. You can see that in about 2001, some of you may remember the name Bob Gettings, the former Association of the national and state DD directors, I had the opportunity to work closely with him in DC. And when we first got supported employment on the books in the late 80s, thanks to the work of Evelyn will, when he was the assistant secretary for [Indiscernible] and Thomas MX oceanfront and from Oregon to to this because he has the research, he said, I know this is supposed to be replacing sheltered work. I bet you if we are going to see, it is going to be another notch in the continuing. Bob was unfortunately very right. What happened, you can see here in the last decade, all of the growth in day supports in DD is not integrated employment. We sort of peaked. We burned out. We are not creative, the systems are lazy. We can define whatever we want as a problem. But, that is certainly not the expectation that many people had about where we were going to go with integrated implemented in the 21st century.

This is taking ICI's stated a report from 2011. This was actually crafted by serene about and some of the folks over at ODEP , but it did not have an icon on it so I will just tell you that. You can look and see what has happened on the numbers aside over a six-year time frame, from 2004 two 2010. And, the waiting list.

The waiting list is up 33% in six years, because there is no room. Waivers are full. Okay? And yet, if we look at the number of people in integrated employment, we are down 1%. In terms of the total. That is a bad report card. That is an indicting report card, in my opinion, based on what we know how to do. And then, this comes out of UCP's case for inclusion, another way to slice the data. Look at the Masters. He -- look at the math disparity between Washington state, Arkansas, Missouri and Alabama. And I looked a little bit at who is on here but I don't know which states are on. But it does not really matter. It doesn't really matter. Are there people with different strains of disability in the state? I don't think so. That is a line I used to get interviews with the unions here in Illinois when you're fighting the state operated institutions, the kept saying, you don't understand, you don't understand. I said, I don't understand. John [Indiscernible last name] [Indiscernible]. I said I don't understand because union -- Illinois has unique constraints of disabilities that don't -- and the conversation, he walked away because he did not want to hear that. Well, the same as here. I don't think Washington has a unique strain of individuals with intellectual and developmental disabilities, North Connecticut compared to Arkansas or in Alabama. This is about leadership, this is about goodwill, this is about aligning our reimbursement methodology with our policy and practice to pay for the stuff that we say is important, and then counted. Because if you don't count it, it is not important, and I think we learned that a long time ago from Mr. [Indiscernible name] in terms of quality improvement in the factories.
>> And now let's look again at some disparaging data about participation in the workforce. This one gets a lot of play in the newspapers, along with the employment rate. Okay, so approximately 70 people without disabilities participate in paid implement. Just about 30% that don't. If we look at all. Disabilities, we are at less than half. And as Bill Kiernan was a when he presents this data, I do not -- I agree we don't need to get to one. Let's get to 70% for people with disabilities. Then we start going down to mental and cognitive disabilities and we are packing into people not participating in the labor force . And those numbers seem to be growing in the last 3 to 5 years.

So, I showed you people, now we will look at money. Same data set, ICI also done with the help of the staff at ODEP.We are spending 6% last, and by the way, this is adjusted for inflation, so it is even worse, on integrated employment for people with development disabilities. I know, you want to go throw something at me now. You're tired of hearing all of the bad news. Well, don't shoot the messenger, I do not creative. So, let's look at this terrible place called Washington state. Linda [Indiscernible last name], now the retired state DD director who has been carrying this issue a chunk of time, because of her personal belief and leadership that employment, like the second or third I showed you , is important to self-esteem , self belonging and purpose in the community. These are actual earnings reported by people with developmental disabilities getting Medicaid waivers services in the state of Washington, and we can see that the recession has had an impact. I would love to see some of these states members, about how many people had an aggregate total of 36, $37 million in wages. This is paid wages, documented into the state system.

Employment security division. We know these numbers are real. And then you can see what is going on with people with DD. These are real numbers, pressure that I just got these with [Indiscernible name], doing a webinar with last week for the community of practice. And the average person, $7018. That sure beats 236. It is not enough, it's a lot better than 236. And, it is an average. Therapy will earn more in people who earn less, but, there are 5259 people earning wages, and none of this is in sheltered work. This is all in real integrated child in the community , in the state of Washington, across states. And here is some drill down on it. And why she is not satisfied and we are not satisfied. We have not yet gotten to the federal poverty level. Or certainly not to the median wage in Washington state. But, it is better than it is in most other places. By far. And there is contact information if you want to follow-up from Linda, her personal e-mail, Jane Bloom, the data consultant, plus you can talk to John Butterworth at ICI because he maintains the website where all of this data is collected. Here is the one that both Kiernan, Charlie Lincoln, Nancy [Indiscernible last name] and I suspect myself quickly jumped on. We're doing this in residential as well as you might have seen this. We are used to thinking in terms of annual budgets for a system. Somebody's in the Cox for residential -- Cemex costs was essential today, to support transportation, whatever, brick with his abilities and hopefully now people with mental wellness you'll have access to affordable care on the healthcare system and won't die 25 years short. That people are going to live longer and they're going to be getting support longer. And, the question becomes, are we going to keep doing the same stuff over and over and over ? And perpetuating lifelong dependency on a very expensive cost ? Or are we going to be able to use, and this is our term, a business model return on investment now for all human services what is the product? And if you can get there, and we talk about front and investment, which two do customize in supported employment and the right job carving lunch on the match and technology and supports include creating natural supports. I'm not going to dispute that but over time we are going to see the cost [Indiscernible] in terms of lifelong support, let alone all of the benefit to the individual and society. So I think this has got to go into our calculations down. Our legislators are working about an annual or biannual budget, we've got to talk this way because we can't sustain the numbers if people are going to be in day rehabilitation and sheltered work for the rest of their life and we have a certain number of kids coming out of school every year waiting to get in.

All right, now let's talk about how our federal friends want to help us. I hope all of you have seen the CMS guidance on employment services . Again, a little two years old. This is one of those documents I hold up when I'm out around the country. And again, sorry to tell you, less than 5% of the people know what I'm talking about. And these include agency directors. They sometimes include deputy directors and state DD agencies and on occasion, major senior policy people in a single state Medicaid agency and in the mental health agency. If we go down the list. There is enough to go around.

This is from the opening page of the document and a quote. Emphasizing the importance of employment in the lives of people with disabilities. We are here to help you. This is not like the IRS. Support state efforts to include employment African meaningful communication for waiver participants. Sound like a little bit of Olmsted weed in there? You are right. CMS is anyplace today that I never would have believed 10 years ago as somebody who has been dealing with them since 1981 or for the mature people on the phone, we used to call it the health care financing administration. And it was an insurance company making payments.

This document is attached as a file here. If you don't have it, you can pull it down, download it and share it. I encourage you to read it if you're not familiar with it. It is really good stuff. We have split supported individuals into supported in small groups. Career planning, career -- peer support, all of that stuff and a major, fraught issue that some of us were worried about, they have clarified the ticket to work out, and milestone. Those are not in conflict with Medicaid services rendered payments. Some of us used to think they were. So now this whole thing and what we talk about called blending and braiding, they have authorized it as perfectly legal for somebody who is in unemployment and using a ticket and getting milestone payments. You can, in addition, use Medicaid waiver services for job coaching, support transportation's and other kinds of support including technology. All right? And we have defined a pre-vote in what is in and what is not. Again, you can read this.

Volunteer work and other stuff. Not paid integrated employment. They are not an endpoint time limit, and I continue, CMS will time the sound in 24 months, they do not have the statutory authority and some of Sheryl's best friends in Washington would have been pounding all over as they already are about, how dare you tell us that people can't have [Indiscernible] for life. There are people in DC to make that point. >>, To shift to to the aggressive role of CMS in the state of New York. Again, I don't know if we have anybody on from the evolving new disability rights program in New York. This is negotiated special terms and conditions between New York State office of persons with developmental disabilities, Department of Health is the Medicaid agency, around their getting money this current fiscal year that started April 1. I have attached this document so that you can read the entire document because I focused on work. They are focused on institutions in there, and if you did not know better integrate the language without seeing the headings, I think you might say, this is part of a agreement with the civil rights commission and Department of Justice and Olmsted [Indiscernible]. >> Transformation, next week. And, a work plan for students exiting and systems, moving directly into competitive employment. So, you can't CMS leveraging our largest Medicaid ED program in country, and the largest Medicaid program in the country and sang, it is now about performance and outcomes and it isn't just how much money you can suck into the [Indiscernible], which is how it has been.

Timeline for closing sheltered workshops, not just closing the front door, closing them in collaboration with the special ed system and New York public schools. This is long-term work that the groundwork has been made and New York signed it.

Most recently, in May, CMS put on guidance to states on managed long-term services and supports. Again, I don't know which states are on. I am spending probably close to half of my time working in this arena now. This train has long left the station. All the best prognoses are that by 2016, 24 states will have all or most of long-term services and supports in some kind of a managed care arrangement, capitated arrangement , whether China is publicly operated or private nonprofit or private for-profit and we are seeing a mix of all three. >> They laid out 10 elements at CMS that will be required for an 1115, that is the research and demonstration waiver, or 1915 B , the waiver of the freedom of choice which is coupled with what you are more familiar with, 1915 C HCVS waivers across populations. Adequate planning. Some states are planning slowly, Alabama is in a two-year planning process now. Some states have taken the plan but the plan was as phony as a three dollar bill. There were focus groups, meetings and committees and task forces but at the end of the day, five. In a closed room and wrote what they wanted to write and did not really engaged any of the input.

Stakeholder engagement. This is now coming from them so this is good because it is going to have to be documented and hopefully the responses will be. And here, this is their stuff. Enhanced provision of HCVS , consistent with ADA and most Olmsted integrated settings. This is coming from CMS. He saw the precursor in April commissions from New York. Some of us beliefs, maybe we hoped, this is going to be the kind of template that dates are going to be put through when they come up with the next waiver renewal or significant amendments. It isn't going to be, we just want to add this and change our rates. We think there's going to be a lot more going on at EMS.

You can read this. I have given you the entire document as an attachment. How to do supports for people with working with personal assistance, supported employment, peer support, and making reference to all of the self-determination self-direction stuff. That is already out in other states [Indiscernible] thesis. So, this is a big shift from CMS thing, here are all of the things you can do, pick and choose, we will pay the bill, to now beginning to describe how they want you to spend the money. How they are going to measure performance. This will vary from state to state, based on where they are. Fourth criteria. Aligning payment structures and roles. They are going to start to look at rates because -- almost the entire group of the staff will work with Bob Edwards on Monday called the federal elderly and disabled programs, all of the folks that do the renewals. And they are beginning to figure out intermittent templates they want to use is asked for some help on what is an adequate rate. What is a rate differential between the incentive to keep somebody and they have and provide enough money for the system and the provider to do discovery and prevocational and move toward job developers, job carving and customized employment. They are going to be putting a different lens on states that Teheran to pay x for this, Y for this and Z for that. They're going to be putting incentives in and consistent with the overall goals. Support for beneficiaries. You can read this. I am strongly recommending everyone of these in the future have benefits planning in there, since we don't know the future of WIPA and all of the other funding streams. They will pay. They will gladly allow benefits planning for Medicaid -- to be a reimbursable service. Here again, the self-direction. Self being encouraged. This is number six of the 10. Comprehensive package. They want to see now. These are some states are doing. Capitation for physical health, behavioral health and long-term services and support, whether that is DD, whether that is physical disability, shamanic brain injury, they are looking at the integration and coordination of all of this stuff. >> And, they're going to have to justify this card out. That is where they are headed. Provider network. The new is in it. What is it going to take? The stuff that some of you rightfully are interested in. Individual rights, critical [Indiscernible] reporting, who does what to whom. And, eventually, maybe, something that we are really going to call quality and how to measure it and the transparency. This seems to me we are moving toward like what Medicare has done with nursing homes and hospitals and Eric went to the radar screens where you can find out how providers can you and performance outcomes and supported living, etc.

Okay, so who is helping get this work done? The supported employment network has been around for seven years and it's [Indiscernible] for the national Association of the directors and the Institute on community inclusion at the University of Massachusetts Boston, someone who stayed I have shown you earlier. States seem to ebb and flow, as with two months ago, this is the current list. These folks are doing good work. They share, they collaborate, they disseminate among each other. I forgot what the [Indiscernible] is, for a state agency to join. That is chump change in the state DD budget. So the question would be, is your estate in? And if so, do you know what they're doing and are you part of it? And if you are not, why not? If you have been in, why did they drop out? I am not saying this is the panacea, but this becomes a support network of sharing strategies, definitions, rules, regulations and reimbursement methodologies across a variety of states that have a lot in common.

ODEP

is doing work in this area. The employment for state leadership mentoring project is in Iowa, Oregon and Tennessee with Washington state as a mentor and more states will be added probably within the next four weeks to six weeks. I think that possibly another 12 from the information we were given last week in DC. And they will come from folks who have been in the community of practice webinars. There are currently 33 states participating. You need to find out if your state agency is participating .

To be in a community of practice, there has to be collaborations between six state agencies. The job centers, Medicaid , special ed, rehab , DD and behavioral health. And then, the state can do the community of practice, which allows people access to some pretty substantial webinars , including the one I showed you some of the data from a few slides ago from Washington state. We had a whole hour and a half with Linda and Jane on the evolution of the Washington system. [Indiscernible] has also put money into employment. So, one would think that the message is getting clear that integrated competitive employment and the real jobs at minimum wage or above is not something people want to talk about anymore. We need to get on and do it. And suit the actions to the words. Again, you can look and see if any of the states in which you work are part of what is called the pie system of change. Partnerships and employment. These are different from state to state. Tennessee and Iowa happen to have both the ODEP implement first state leadership as well as pie, that has created some interesting jumps around, sedition, the SELN network. We are having to learn and be sure that we are not stepping on each other's toes and not getting mixed fortunately, we are not. And then there are these guys. Social Security. Talking about mixed messages. We've got work incentive and the ticket and Medicaid buy-in, but we've got this thing called, well, we tell you, proved to us that you can work in order to get the letter.

And again, some of you on the webinar, I know, are in the weeds of this regularly. And it is very disheartening. When I was running the Anixter center, we did a lot of work with families in the suburbs in one night, I get a phone call from a mom whose husband is an attorney who happened to have been my board, falling about her experience with her son that day at the regional SSA office. And I said , I won't use her name, what's the problem? And she said, I was in there writing about all of my son's accomplishments. He was in a very good transition program, aspirations , he was going to have a job, live in his own apartment, whatever. She bragged about all of this stuff that her son could do. Shut the diagnostic papers, medical staff and all of that. And she said, 15 min. in the intake worker said to her, I really don't want to know any of that. I need to know all of the things your son can't do , or we can end this and he will never see an SSI check. That's real. We don't need folklore, we don't need any other kind of stuff, we certainly don't need fiction. This happened, it happened in suburban Chicago, the family happens to live in Highland Park . Smart, but nobody prepped them and I did not. I did not know they were going or I would have said, okay, it is playacting time. So, just go in there and do that, ain't it awful kind of stuff? But think about that. Here is a mom ecstatic about the achievements in the complement of her son , having to go and belittle him in order to get him on SSI so he could get a ticket and could get access to Medicaid.

I'm not going to say that we'll get that fixed anytime soon, but we've got to do a better job of helping people figure out how to work through this, and on the Medicaid buy-in and what 42 states now and how do we solve the work incentives? Again, if you have not looked at first it go to the ICI website and look at the pathetic number of PASS plans. I was doing work in Connecticut. 36 PASS plans in 2011. Not 136, 36 out of thousands of people on SSI.

These grants are doing review literally now, I think. To deflect payment on SSI before they get trapped in dependency. And the feds are even talking about lambasting the models. Not before service. That'll be real interesting to see how providers behavior changes, just as it is starting to change in healthcare, from billable units of service to benchmarks and performance outcomes. I strongly support this and believe that is where it has to go. I think it is the only way for providers to change the paradigm of their own business models.

Then, we have got NGAs peace. If not we go to the website. Governor. [Indiscernible name] from Delaware launched it last year. His term is over. It was not just unemployment, it was on employment of people with intellectual and significant disabilities and some major products have come out of that. And, he have focused on individuals with disabilities are heavily reliant on government benefits. And people with disabilities are employed, live more independently, they are less reliant on government payments and contribute to the economy. Oh my. Rocket science. Yeah, we probably need a five-year longitudinal study to prove that. But, this is the kind of that we have got to pay attention to. Governors are looking at the Medicaid, but the Senate Finance Committee, House committee energy of commerce , they are all looking at the growth in Medicaid , Medicare, SSI SSDI . And if we can't bend the cost curve, I'm wondering what they will do to bend the cost curve. But I can't save, it won't be anything that we like. So we've got to get with the program. That poverty and dependency are very expensive and limited a partial way out, not total weight . Folks, we will contention need assistance and support for the rest of their lives, but perhaps we can reduce significantly the magnitude and kind of what that looks like.

And let's go to the ADA. Again, we've got four goals. They have been around 23 years. These goals have nothing to do with diagnosis. It does not say, and for those of you who were part of this [Indiscernible], you remember the call of the late Justin [Indiscernible last name]. Either everybody is in or nobody is in. So, there is no, yes, but except people with IQs of less than 15. Yes, but somebody with a traumatic brain injury , no, everybody but somebody with 15 years of history of turn on schizophrenia. We went down the list. There were no yeah, but. These articles for and every individual in a country living with what this characteristically called disability. We need to remember this and if I were sorry for a day, I would put this in red old on every ISV. Every IEP. Every transition plan and every adult support plan. This is why we are spending money. It is not to string beads. It is not to sit into puzzles or watch television. And it is not to sit in a simulated classroom of a grocery store in a school, not in any of your states where we have the little cardboard containers that look like grocery stores and a cash register with play money teaching people how to do budget. It does not work. Never has, never will. Particularly for people with intellectual and cognitive disabilities. Because the definition of those two, according to all of the clinical literature, is those folks don't do a good job of transfer and generalization. So we can simulate all day long , that is part to work with sheltered work. None of the working children were a real jobs that anybody is hiring anybody to do in the labor force. So, ADA goals, right here, consistent with everything else we have looked at.

And then we got this little goodie from Olmstead. In spite of certain people has always said, all programs and services and most integrated settings. It just took a while to get to the workshops and employment because the Olmstead case, as you know, was based on a living situation. But that just happen to be the circumstances of that case. But this particular federal regulation which has been on the books since 1991, one year after ADA was enacted, is very clear and for the advocates we love, shall administer. Most integrated settings. And I know the weasel word, appropriate to the needs of qualifying. We have enough best practice in this country than most integrated settings apply to everybody . If we do the job of getting the right supports in the right job match with the right other kinds of assistance. And if not, as Michael Callahan, the groove of customized employment, of Terry Griffin, another person in this arena would tell you, we don't blame the victim. We have not yet figured out how to do it. There is nobody employable -- we just have to do a better job of strategizing.

I am sure, again, I did not attach it, that you all have the two-year-old guidance from DOJ on Olmstead. It's magnificent. When I first got it, I had to pinch myself, sort of like some of the CMS stuff, because I said this might be coming out of Syracuse again. And then I saw, no, it was civil rights, DOJ. Read it if you have not. And I want to pass on an impression I had, and you can all disagree with me in that is fine. I believe one of the reasons ADA has not really taken in lots of our community, other than perhaps the [Indiscernible] crowd in some of the independent living crowd, but not in the IDD, mental health, certainly not in the TBI world is we are so close to program law and funding bills that we don't get it in our belly and got. That the ADA is about civil rights and about discrimination and about integration and segregation. And so, what I have started to do now when I pass it out and reference people is I say, every time you see the word disability, take it out and replace it with person of color. See if it helps. People Tommy a month or two later, hey, that really a difference. So I have passed that on to you. If it is a problem getting people to put a different lens on it. But, my belief is , 13 years into the ADA, there are still many people in the disability community who have not got that got understanding about civil rights. So, here we go to the lawsuit around sheltered work in the great state of Oregon. And, I am sure that you have seen the pleading and complaint. I have not put it up here. Unnecessarily segregating, discriminating, and these are their words. Sheltered workshops in segregated facilities. [Indiscernible] besides paid staff, which is well below minimum wage. Don't you know that? Okay, and again, we've got the automatic stipend and scholarships to go from school to sheltered work. It happens in a lot of places we are finding out now. Okay? And then we got the settlement with Rhode Island, and I'm sure that you got all of the formal settlement papers. But I just pulled out a couple of the key points. Again, unnecessarily aggregated, in particular created -- segregated activity. To see how the envelope has gotten bigger? It's not just sheltered work. It's anything that is segregated. Segregation is discrimination. If isolation. It is a civil rights violation. Separate is not equal. Separate is not equal.

And, you could regress and we've even got wage and [Indiscernible] payback of wages. And I love the last one. The state and city will provide robust and person centered career development , and transitional services, supported employment and subsequent [Indiscernible]. My understanding is the state agency people have made a policy decision . They are closing all of the sheltered workshops in the state of Rhode Island in three years, all because of this. Now, Rhode Island is small. It is kind of like what Vermont. Vermont took five years to get it done, they said they will do it in three. I am not suggesting that by the way, as a strategy in big states. There will be way too many casualties. It takes way longer. I thought a New York State, they are going to need 10 years to get it right. Here is Eve Hill's a statement in Rhode Island. Again, Supreme Court made clear, you all know this but it's nice to see the words repeated, unnecessary sucker nation of people with disabilities is discriminatory, and permits and any state government or local program and I think her ending sentence says it all. The type of segregation that we have found is all too common in the states allow lower expectations to shape their disability programs. That I believe is the one common denominator of the vast majority of the states. We have low expectations.

Kathy Martinez chimed in from ODEP. Again, you can read her entire statement. So, is to shift, folks. The current programs and models are not sustainable financially. I hope I have made that case. Every state where I talked to the governor's office budget people, they want efficiency, effectiveness, equity and fairness. There is a big fight going on in New York State called the great rationalization as they transform the system. CMS is adamant that they are going to get to a level playing field and that just because one provider was able to build up their cost, they are getting twice as much money as another provider doing the same service for somebody with the same level of support needs because they did not know how to game the system. We've got a lot of tools on how to do this. We have [Indiscernible] competency and employability and we can't blame the person. Yeah, but not this one, not that one. So, this is what I want pictures to start looking like in your state, my state, for all of the people we know. And now it is measurement and accountability. It's got to be transformational across state agencies. This is hard work. This is some of the hardest work. We have done systems change before. We put it into silos. We can't do employment first without X or more state agencies are working together, sharing, rating and blending resources and accepting collective is building. What are we going to do about it? I love this Einstein quote. I gave it a new header. This is the expectation shift has got to happen. Everybody is aging judge a fish by its ability to entry, it will live it like it is stupid. We can't pay people by their disability or disability category or where there is a job that they don't want to be or don't have the skills to be.

Everybody is an playful. Hervé has strength, gives, interest and competencies. The job of the employment system is to figure out where those are and how to match it with the needs of employment. That is what employment first is all about. And, it is about policy. It's about aligning resources. Again, you have seen the definitions before. I want to leave room for a few questions. We've got about 20 min. left. We are talking integrated stuff. We are talking full-time, whenever possible. We are talking minimum work feeling wage. This is some of the older data . Id., it is a good deal. It is a good deal. [Indiscernible] employment versus sheltered work. Supported employment is cheaper. [Indiscernible] per dollar and, it's cheaper. This is good stuff. It is clean. Better

ROI for the taxpayer. Regardless of disability and severity, supported employment cost less than Schultz reports. He is a dispassionate worker. Okay, again . Sheltered work is funny steppingstone to implement the data confirms that. It does not work. Well, you can just see it. The cost is less, to go directly to work community earnings are higher. So, I hope you folks are engaged in systems change is inevitable, one way or the other. It is on a fast track toward employment first and on a fast track towards managed long-term services and support. Here is what we know. Most states have passed something. A lot of the words on a piece of paper are hollow. But, you can look to see where your state is if I know some of you are involved. And, this is a bunch of tests. Hollow promises abound. If we better start student actions to the words and getting the outcomes with the intent. And I say this is somewhat tongue-in-cheek. If we can't keep doing this pretty soon, I am really worried we are going to see regression in the field like we don't even want to talk at, where we are down to glorify daycare babysitting. And we can do the right violation whenever, but we are not delivering on the goods. In this is not stuff you need [Indiscernible] -- and a better use of the money. This is the hardest working stuff as well across six or more state agencies. It makes the internal one silo systems change look like kindergarten but we've got to do it. And Martin Luther King gave us the punchline. There comes a time when you've got to take the position that does not save, or popular, but because it is right. It is right that we do employment first.

Here are the folks that are arty playing in this. The significant roles in the federal cover. -- Federal government. And there is my imperative. Again, all people , regardless of disabilities are entitled to integrated employment with the current job match and appropriate sports, nonnegotiable, not not for discussion, time to do it, and the time is absolutely now.

And by my [NULL], we've got about 12 min. for questions , comments. Cheryl? I put it back to you. Hello? >> It looks like Sheryl has actually dropped off of the line. Hold on just a moment.

Okay.

[Pause]

Hello?

Okay, Cheryl is back on the line. >> Sorry, I got disconnected switching from a handset to speakerphone. I apologize. Allan, thank you very much. I think this is a good presentation. I don't think a lot of this was new to people who have heard me talk before. But, I think it is always good for them to hear it from somebody else. So, operator, while you open it up for questions, Allan, there was a question that came in on a chat. That was, you mentioned a website where people could find out about the PASS plans in their state. Can you tell us that website?

Yes, it is an actual massive volume. I think it is ICI.org, it is that Kiernan Butterworth site on institution and inclusion at the University of Massachusetts, Boston. And it is the 2011 report that has state-by-state , all of the data you'll ever want to see and then some. And on each state profile, how many PASS plans were written and approved in a year which I believe is 2011.

Okay, I will send that link out to everyone so they can get that. So, operator, can we open up the lines for questions , please?

Thank you. Now begin the question and answer session. If you have a question, please press star one . She was to be removed from the queue, please press the #or ask. If using a speakerphone, you may need to pick up the handset first before pressing the number. One second, if you have a question, please press star then one on your touch tone phone. Standing by for questions.

[Pause]

Once again, if you have a question star then one on your touch tone phone.

Well , it might be answered all of their questions or give them so much food for thought that the questions are going to come in later.

Or their frustration is such that their blood pressure is over the top.

P&As drive on frustration. That is the driving impetus for what we do. We never hear about the good things. We only hear about the bad things.

I understand.

I am showing that we have a question from Margie [Indiscernible last name]. Please go ahead.

This is hard to put into words. But, as a P&A, we are not allowed to lie. And everyone may have noticed that West Virginia is not even on the map for , it looks like, any of the good things that Allan listed. Other than providing great services to folks who contacted us for PAVS, TAP, advocacy. What are some things we can do to get started Western Mark >> Let me take this question because we started off by saying, you're not allowed to lobby. That is correct. But, a lot of this is not operating. It is about educating our policymakers on how the money should be spent. And, the kinds of outcomes that they should be looking for. For instance, let me give you a classic example. Last week, I was looking at the RSA real diamond mission which is Camino, all of the state VR isn't -- agencies unable to draw down and or spend their federal dollars on title I. And so a lot of it got real audit to other states. What surprised me about that is, A , I honestly don't get every VR agency has enough money to meet disease of all cudgel the -- Buchheit and applicants, and you have heard me say this, it's I think all VR agencies should be on order of selection because there simply is not enough money to meet the needs.

The clients that Allan is talking about are the very same client should be getting the services from the state VR agencies. And yet, they are being funneled off the top, directly from the school system, often times directly into sheltered workshops or some other settings. So the fact that the VR agencies are not spending their money indicates to me that we need to be educating the legislature that appropriates the state match of the need for that money so that they can not only meet your needs of the people in their states that require services, but also focus on the population that they are mandated to. And that is individuals with the most significant disabilities.

I think the difference between what you are saying, just because you talk about the need to develop an outcome based system, or the fact that the first service dollars should go towards providing -- or, the first dollar of services should go towards providing employment services for -- first in something else later does not must surely mean that you are not lobbying, it means that you are educating people to the gradients that are out there.

And I will just do a PS. I agree wholeheartedly and certainly, your partners called the Council on develop mental disabilities have a very descriptive statutory responsibility to educate policymakers pay but I want to take it outside of policymakers. Certainly as a protection and advocacy system, you can do public education. You can do self advocate education. You can do parent education and awareness and consciousness raising. Call it what you want around what this stuff is. And, to that in collaboration with some other folks so that they can get it. I know that in Illinois, one of the attorneys who did a lot of the benefits work about two years ago did a major parent education meaning about Medicaid buy-in and all of the work incentives in North Shore suburb in Illinois. There were about 75 -- they asked me to do because I knew about the Brian and I want to use this as a good point of reference. And I may have made a comment earlier, and I apologize if it is redundant. 15 min. into Allen's presentation, Alan Goldstein, I know he think is up in Washington state.

California, close enough.

Okay, close enough. 20 min. in, Allen was being attacked by several of the families in terms of being told my kid cannot work, they're going to lose the benefits, your line, my kid is going to get hurt if you do what you tell us to do. We got past that. But, part of what he was doing was myth busting and helping families understand that employment is achievable, it does not have to be punitive if you know how to put the right pieces together. So, I think you can do tons of that kind of work and certainly a lot of the material and charts that I have shown you and if you go to the website, that is just raising awareness of legislators in state agency people about how other states are doing differently and what the results are. Let them draw their own visions.

And, Alan Berkman, just so you know, Alan Goldstein is one of the participants on the line. He will probably be pleased to hear what you have to say.

Okay.

Do you have any other questions from the participants?

Our next question comes from [Indiscernible name]. Please go ahead.
>> This question is about long-term care waiver. I found out yesterday that the Department of Health Services has determined that prompting is no longer going to be a nursing home level of care. I hope I have set up correctly. So what that translates to is that if you require prompting to do something, it is not something that reaches that level that they believe they are required to provide. And what is job coaching? Other than prompting. So, this leaves them out of the whole supported employment end of things, and our sheltered workshop placement are going up because of their desire to do it that way. I don't understand it because it seems to me to the fullest, cost wise, and certainly personalize. That's it.

Okay.

And Alan, Cathy is from Wisconsin in case you are wondering where she is from.

Okay, that helps. I find it almost preposterous that the states and Medicaid agencies do some silly things and without having all of the facts, I would be happy to talk with you off-line. But, my sense is this is the kind of thing that is being done by somebody in a Medicaid agency who knows as much about DD, health DSS as I know about taking the next rocket ship to Mars. And this is what we see happening in a number of states now. The DD agency, behavioral health agency, the aging and physical, the programmatic agencies, if you will, that use Medicaid, are often excluded from the rewriting of roles or waivers or amendment, because they want to figure out how they think they should do cost containment. And they end up doing a lot of that stuff. So, that is where this sound like this could be coming from and she does not even understand the unintended consequences. But I would be happy to talk with you about it. And I think that this calls for that eternal vigilance and stakeholder engagement and not just the protection and advocacy folks. When states are [Indiscernible] with level of care criteria or writing new Medicaid waivers or amending Money follows the person or the managed long-term care stuff because the people who are responsible, legally, either single state Medicaid agency and you folks know that.

At the same time, they don't have the content.

Great.

So, Cathy, we can talk about ways to help you , and Allan is willing to be part of that conversation. I heard him say that.

Yes, absolutely.

Thank you.

Operator, do we have any other questions?

We have no further questions at this time.

Wow, I am impressed. While again, Allan, I would like to thank you. I think this is an excellent presentation and it kind of draws the multiple references of why the time is -- now is the time if the issue is right. And, I appreciate you taking the time to share this information with us. I'm sure the participants all appreciate hearing it from a refreshing viewpoint instead of me, because I feel like I have been beating the drum for a long, long time. So, I want to thank everybody for spending time with us this afternoon. If you think of questions afterwards, like, you know, keeps you awake or wakes you up at 2 AM or something does not make sense, go ahead and e-mail the question to me, and I will consult with Alan to get you the correct answer. And I look forward to working with all of you so that we can continue to get full employment for all people with disabilities in real jobs with real wages.

Thank you for the opportunity, Cheryl. Good luck, everybody.

Thanks, everyone. Have a good afternoon. Goodbye.

Thank you, ladies and gentlemen. This concludes today's conference. Thank you for participating. You may now disconnect. >> [Event concluded]