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Disability Integration Act

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>>CART Provider: Standing by.

>> Hi everybody. This is Meghan Parker with the New York Association on Independent Living. Welcome and thank you for joining today's presentation. Today's webinar will be on the Disability Integration Act and our presenter is Stephanie Woodward. Stephanie is the Director of Advocacy for the Center for Disability Rights and a national organizer with ADAPT. In addition Stephanie was integral in the development of this important piece of legislation and will be lending her expertise to us on today's webinar. For today's presentation, everyone will be in listen only mode. However, you can submit a question any time through the questions Payne. Simply type in your

question and click send and we will leave time at the end of the presentation to answer all questions. If for some reason we don't have time to answer questions, we will make sure to get back to you following the webinar. In addition, I will be emailing everybody a copy of the PowerPoint for today's presentation, so look for that in your email following today's presentation. We will also be recording the webinar and posting it to NYAIL's website in the coming days, so look out for that. With that I'm going to turn it over to our presenter Stephanie Woodward.

>> Thanks Meghan and thank you all for joining us today. I'm excited to talk to you about the Disability Integration Act and the basis of it was to create an absolute right for people with disabilities to live in the community. So we're going to go straight to the next slide. To talk about the basics of the Disability Integration Act. It is major disability rights legislation much like the ADA and other disability rights bills that you are familiar with. In the senate it is S910 and it was introduced by Minority Leader Schumer and for us that was a big deal. He was the initial sponsor in our previous Congress back when it was S2427. But now it's S910. When Schumer became minority leader, he did drop a lot of the bills he was leading but chose to keep the Disability Integration Act and for us that speaks volumes as to how much it means to him as a New Yorker and also just how much it means to our disability community across the nation to have a bill that would secure people's right to live in the community. And in the house the bill is HR 2472 and it's led by congressman Sensenbrenner. He was also a big

supporter of the Americans with Disabilities Act so nice to have someone familiar with the disability community being supporters of this act. I do want to point out in the senate we have 21 cosponsors across 16 states and the bill is going through the HELP Committee which is Health, Education, Labor, and Pensions. In the house we have 96 cosponsors as well as the District of Columbia and American Samoa and the communities are the health and commerce and institution civil justice subcommittee of the Judiciary Committee. This slide right here really gives a foundation of where we thought the Disability Integration Act. In 2013 senator Harkin published a report from the HELP Committee entitled separate and unequal and identified that states are failing to fulfill the community living promise of the ADA and this report identified that 25 years after the ADA at that point in 14 years after Olmstead, disabled people were facing far too many barriers and forced into institutional settings. So the next slide goes into a little bit of why we need the Disability Integration Act. The states are not focused on transitioning people back into the community. The report from the HELP Committee stated many states have focused more on rolling people living in community settings into home and community based programs than transitioning individuals living in institutional settings back into the community. That's really important is that we're helping people in the community to stay in the community, but we're not helping people in institutions get into the community. The HELP report also identified states have continued to backfill institutional beds rather than closing them and reallocating those institutional dollars to

support individuals in their own homes and communities. So again states are continuing to put people in institutional settings rather than reallocate those dollars to community based settings. The report also found that when people are transitioned it remains unclear if they're being transitioned into the most integrated settings possible or merely just a less institutional setting. Go from a facility to say a group home rather than from a facility and into your own home in the community. So these are all findings from the 2013 HELP Committee report and that's the foundation of where the Disability Integration Act came from. On the next slide the Senate HELP Committee did one primary recommendation which is that Congress should amend the ADA to clarify and strengthen the laws integration mandate in a manner that accelerates Olmstead implementation and clarifies every individual who is eligible for LTSS has a federally protected right to a real choice in how they receive support and services. So how does the DIA do this? First of all, the DIA amended the ADA suggested in the help report. No, it does not create an amendment to the ADA. Instead, the Disability Integration Act is a separate and new law. This was very intentional. When we talk about amending the ADA we open up the ADA for a lot of changes not just the changes that we like. Sometimes changes that we don't like also get into amendments which is why we felt it was important to keep the Disability Integration Act as a separate law rather than an amendment to the ADA. But it does follow the language of the ADA in that it is structured to be very right spaced and the language used in the ADA is also used in the Disability Integration Act to make sure that

they are congruent with each other. It would be a civil rights legislation not Medicaid. So the HELP report said that people who have Medicaid have the right to real choice and how they choose services and supports. For us we don't believe you just have to be on Medicaid to have a real choice in how you live. We believe that rights follow people and programs can be evaded. What I mean by that is Medicaid is, well it's huge and when we are looking at things like ACA repeal and other things like that what we found is it's very easy to just red line out a few words in Medicaid law. We don't want that to happen for people living with disabilities trying to live in the community. So that's why this would be an entirely separate new law. Because it's a lot harder to get rid of a law as you saw with the ADA and 620 they are already trying to bring down the rights of people with disabilities. It's easy to cross it out in a different piece of legislation then our rights would be at risk far too often. If we create a separate law affirming our rights through a civil rights framework it's a lot harder to get rid of that. And this law would establish the right to choose where you receive your supports and services. So you can choose to get them in the assisted living in a nursing facility, in a community, in a group home. It's about choice. Right now there theoretically may be a choice but reality the structures are not set up to allow the people to live in a community. On the next slide we bring this fact to our very basics of our foundation of our country. The Declaration of Independence, we hold these truths to be self evident. That all men are created equal. That they are endowed by the creator with certain

inalienable rights and that among them are life, liberty and pursuit of happiness. We focus on life and liberty. Life is not just about your ability to breathe, life is your connection with your community, living as all other human live having a full chance to participate in activities. And liberty is that freedom. I don't think anyone is going to argue with me you don't have liberty when you're living in a facility or institution, when you can't choose what day you want to shower, I can't say that that's living in freedom. Moving to the next slide, we have to think about who does the Declaration of Independence, who do all of these rights belong to. All men are created equal. I would argue at this point it's not all men, we would say all people. And we are equal in all rights. Disabled people included. We can't just say that life and liberty is for all Americans and less are disabled in which case we have to look at the price and do a cost analysis on whether or not they can actually live in freedom. That is not what our American foundations are based on. Our American foundations are based on the fact we are all created equal and we all have life, liberty and the pursuit of happiness which means we have to allow disabled people to have those same opportunities. Moving to the next slide. When looking at the Disability Integration Act we call to live in the community right now because it's something that is not listed anywhere because we don't even think about it. People naturally live in the community. People don't think about the fact that they live in the community because it is so inherent and basic. For you to exercise your liberty and pursuit of happiness to live in the community is so basic

that you probably don't know that you're doing it. It's so fundamental that you don't think of it as a right. And for disabled people who have been institutionalized we have a very different framework which is why on the image on the side you'll see a gold fish that says how is the water and our other gold fish saying what the hell is water because it's so inherent to them once you're in they hasn't even thought about it and that's what community living is for most Americans. You may not like the house you live in but you've never actually questioned or thought about the fact that you live in the community, you have not been forced to live in any sort of institutional setting against your will. So moving to the next slide. The right for all people with disabilities to live in the community. If people don't have the right to live in the community, you can't exercise your rights under the ADA. So the Disability Integration Act recognized this and in the very beginning of the Disability Integration Act it stated that the right to live in the community is necessary for the exercise of the civil rights that the ADA was intended to secure for all individuals with disabilities. The lack of adequate community based services and supports has imperiled the civil rights of all individuals with disabilities and has undermined the very promise of the ADA. Therefore, it is necessary to recognize in statute a robust and fully articulated right to live in the community. Essentially what that's saying is if you don't have the right to live in the community a real right with real services that allow you to live in a community, then the ADA means nothing. The ADA doesn't mean a darn thing to someone in a nursing facility who can't get out. They don't

care that they have the right to access through the community with the right to work because they can't get out of the nursing facility to enjoy those rights. We can say Olmstead has created the right to live in the community, it hasn't created the structure that allows it to happen. The Disability Integration Act would recognize in statute this right to community living and have this services and supports built in that structure to make it happen. Moving to the next slide. Talking about how would the Disability Integration Act work. The Disability Integration Act would prohibit Medicaid or any other insurance provider from denying community based services to an individual who is he will just I believe for institutional placement. So for us that means, that's really important. It's not just Medicaid it's any insurance provider because again, we believe this right is for all people, not just Medicaid recipients although Medicaid recipients are the people more likely to be in facilities because Medicaid is the highest payer of long-term services and supports and oftentimes that's an institutional long-term service and support. But we open this up to all insurance companies that would cover the institutional place. So not all insurance companies cover institutional placement but if you have a private insurer that would cover it that would be eligible as well. The exact language used in the bill is that no public entity or LTSS insurance provider and again LTSS being long-term service and support shall deny any individual with an LTSS disability who is eligible for institutional placement or otherwise discriminate against that individual in the provision of community based long-term services

and supports that enable the individual to live in the community and lead an independent life. So you cannot deny a person the ability to live in the community. If you would let them live in an institutional placement and pay for it, you must also allow that individual to live in the community and pay for it. So now we're going to go through the nitty-gritty starting with the next slide. What do we mean by public entity or LTSS insurance provider? Public entity is any entity that funds or provides ADL which is activities of daily living; IADL - instrumental activities of daily living or health related tasks. And it's often state or local government. And LTSS insurance providers would pay for the same things, but operate in interstate commerce. That's essentially any insurance provider that would pay for an institutional setting. So the next slide we get into who is eligible under the Disability Integration Act and those who were eligible are individuals with LTSS disabilities. So it wouldn't be all disabled people are eligible because this law was specifically meant to target the disabled people who have been left behind by the ADA. People who are stuck in nursing facilities or at risk of going to institutions. So it's not just anyone with a disability. It's a person with a disability who needs long-term services and support. We start with the definition of person with disability under the ADA then we add two requirements. First they require assistance with ADL, IADL or health related tasks. And second that they are either in an institution or risk of institutionalization. Because the Disability Integration Act wants to be very clear you shouldn't have to go into an institution in

order to have rights under the Disability Integration Act. Also if you are at risk of institutionalization because we don't want to have to go into an institution just to get into the community. If you're already in the community but you're at risk of institutionalization because you have these long-term service and support needs then you would be an eligible person under the Disability Integration Act. Next slide we're going to get into what does community based mean. So we got really into this because some of you may be familiar with the settings rules where there is a lot of controversy or what is community based and we wanted to be very clear that anything that resembles an institutional setting is not considered community based under the Disability Integration Act so we're very clear that a, what a institution community based includes a dwelling owned by the individual or their family so that could be a house owned by the individual with disability who qualifies under the ADA or would be their wife owns it, daughter owns it, something owned by the person or their family. A dwelling rented under the same terms of an ordinary lease so that means that you can't put additional provisions on that. Simply because the person is disabled. That means you can't require someone to get their services from the same provider that provides the housing. You can't have those additional requirements. It has to be a dwelling rented under the same terms as any ordinary lease. And with group settings it can be up to four people with disabilities who have control of the access of their home which means they can come and go whenever they want, they can eat whenever they want, they have the same terms as an ordinary

lease, they can have and their tendency is not tied to their services. The landlord is not also the service provider. And then we left open in general other settings in the community. But we wanted to be very clear on what community based means. This is not to be the end-all be all but this is to clearly define that some group homes where an individual does not have control of their own home would not count as community based.

Next slide we're getting into long-term services and supports. I'm sure a lot of you are already familiar with this, but the services and supports that would be ADLS for individuals include activity of daily living such as eating bathing, dressing, toileting and transfers. Instrumental activities, housework, meal prep, money management, care of others, things like that. Health related tasks which are nonacute tasks that are often viewed as medical tasks which can include medication administration, ventilator use, colostomy or catheter use as well which are really critical tasks for some individuals with disabilities. And other tasks that are related to the above. Again, we always try to include a catch all because we recognize that as time goes on things can change. We've seen what has happened with 28 years after the ADA and how far our country and our technology and our systems have progressed so we always try to include that catch all language just so it's clear that as our society continues to grow and change, that this would all still apply.

Going into the next slide, the Disability Integration Act has one basic prohibition. If Medicaid or a different insurance provider would pay

for a person to go to a nursing home then they must pay for them to also receive the same services and supports to live in the community. Which means you cannot offer someone nursing facility placement and not also offer them a real choice to live in the community. That is the entire basis of the Disability Integration Act.

The next slide goes into what does that mean. That means it's about choice, it's not about forcing an individual to make any decisions, it's really about making a choice. So the Disability Integration Act would not undercut your ability to choose institutional placement, there are some people who really want to live in a nursing facility, it's not me, I don't know why they choose it but they choose it and this would not in any way undercut that ability. It does not restrict any sort of funding to assisted living or group homes. It simply ensures that people with disabilities have a real choice to live in the community. So the states, through state Medicaid and private insurers are only required to ensure that the person has a real choice to live in the community. And that's all that this is about. So we don't want anyone to be concerned that if you really want them to go to a nursing facility, you certainly could. What we're facing in our country is not a whole bunch of people who want to go who can't get in. We're facing people who don't want to be in facilities who can't get out, which is why the Disability Integration Act forces that choice. So forces the insurance providers to provide the choice for individuals. It on the next slide we're going to get into the 11 specific prohibitions listed in the Disability Integration Act and these were specifically written in based

on what we're seeing people being denied for services currently. So insurance providers cannot screen out people by eligibility. They can't say things like you've got the wrong disability, they cannot impose service or cost caps, they cannot say we'll only pay for X amount and then after that you're on your own. They can't fail to provide a specific service that the individual needs. They cannot screen out eligibility by regulations or requirements. Again, like you must have acquired your disability by age 26 or else you're not eligible for this service. They can't do that. On the next slide we're going into the other prohibitions. Number 5 is a huge one for us. Its imposing waitlists. Insurers cannot put someone on a waiting list and this is something we're seeing all the time and you may think New York is progressive but we're seeing waiting lists everywhere. In Alabama we've got 7 years, Utah four years. People are dying on waiting lists before they can ever get into the community. Number 6 is a huge one we see is incredibly important, insurers cannot provide inadequate payment to support a work force. What that means is insurers cannot pay such low wages that attendants don't want to work in the community. That's what we're seeing right now is attendants receive such low wages they can't afford to be attendants and therefore people are forced into institutions simply because they cannot find attendants to assist them. This was written in a Broadway specifically inadequate payment to support a work force because we recognize that we cannot set a number on what adequate payment is. We have 50 states with different regions and what counts as adequate in one area of California may be more than

adequate in Wisconsin or maybe inadequate in New York City. So it's the provision is that they cannot provide inadequate payment to support a work force and that is based on the region in which people are in. Number 7 cannot fail to provide intermittent supports and services. What that means is there some people who did not need services even on a daily or weekly basis. Some people with episodic needs cannot fail to provide that. One that is specifically important, well they all are important this one hits home it a lot of people, insurance providers cannot require the use of informal supports. Oftentimes this is used as a way to cut hours for an individual or approve lower hours to say they have informal supports that can provide that. And informal supports are welcome and desired by the both the person providing the support and person receiving the support it cannot be required of the insurance provider. If a person does not want their mom helping them, then they should not have to be forced to have that on them. And vice versa if the mother does not want to help their 27-year-old child they shouldn't be forced to do that simply because they are informal support in the eyes of the insurance provider. So that's really critical that they cannot be required. And the last slide of this section about the specific prohibitions, cannot fail to offer community based services before institutionalization. First you go to the institution, then you can try to get in the community. They must offer them both at the same time and make them both viable options. They cannot fail to notify people who are already in institutions of their right to live in the community. Say the Disability Integration Act passes in 2019 and there

are plenty of people in nursing facilities, you have to tell people that hey, this law is the law now and you have the right to live in the community. Do you want to do that. And the last one is you cannot fail to make reasonable accommodations to allow a person to live in the community. So we recognize that everything that was written in the Disability Integration Act may not be exactly what a disabled person needs because every disabled person is different. If you need a specific reasonable accommodation in addition to everything that's listed, in the DIA to allow you to live in the community then the insurance writer must also make that reasonable accommodation as well. On the next slide how does the Disability Integration Act support informal caregivers. First it does. So although the bill focuses on the needs of people with LTSS disabilities, we recognize that informal supports are really important resource. So not to get too nerdy on you section 6 B-2D provides LTSS insurance provider assure the federal government that it supports informal caregivers who provide services for individuals with LTSS. Which means if a person chooses to receive support from an informal support, and that person also volunteers those services, so they both agree that they want it, the insurance companies still must support that informal caregiver. So first, you can't require informal caregivers. But second if that is what is wanted you must support those individuals.

So the next slide are there any other prohibitions. Yeah we love prohibitions apparently. There's a specific prohibition for public entities. Public entities cannot fail to ensure there is a sufficient

a amount of affordable accessible integrated housing. Why is this included. This throws me off where does this housing thing come from. We recognize people cannot transition from facilities and into the community if there is not affordable accessible integrated housing that allows someone to live in a community and choose where they live and where they receive those services. So this simply means that the public entity has to ensure there's enough accessible housing in the community for people with disabilities to live in and that that housing has to be affordable and integrated in the community. It doesn't tell the states how to get it done, doesn't tell the states how they have to provide the affordable accessible integrated housing, they simply have to do it. And this is very intentional because every state is different. While a tax credit to create accessible housing may work well in one state, it may not work well in another. So that is why it gives the direction on what to do but not the specifics on how to get it done because each state can choose that.

So on the next slide we're going to get into how would the Disability Integration Act actually work. Once the Disability Integration Act is passed, there will be 18 months in which regulations would be written. So first the bill is signed into law, and there will be an 18 month period for regulations that go along with the Disability Integration Act to be written. Very much like the Americans with Disabilities Act is the law, there is regulation to go along with it. There will be an 18 month period to allow those regulations to be written.

And then there will be self-assessments which means public entities and

insurance providers that are LTSS insurance providers have to complete a self-assessment of how well they are already providing these services in the community. They have to do that self-assessment within 12 months. This allows them that time to reflect on what they're doing either as a state or insurer to figure out how they need to improve to get people in the community. And then there was going to be a ten year transition period. And some people thought why do they have to wait ten years in the community. I hate to say this but change can't happen in a day and we recognize that this would be a much smoother transition for more progressive states that are already offering a community based supports and services. For states that are far behind the ball, ten years is what's necessary just to create and start transitions fully into that. And for states, the law will make it easier by providing a 5% federal enhanced FMAP for certain costs which are identified in the transition plan. So the FMAP is federal matching for Medicaid dollars very much like New York state has implemented the community first choice option where we get additional FMAP for community based costs, the services, things like that. The Disability Integration Act will offer a 5% enhanced FMAP for these transitions and the sooner the state starts the transition the sooner they can draw down. That would encourage states to start year one. Don't wait until year 3. The sooner you can start the sooner you can get the enhanced matching. 5% may not sound like a lot but it can equate to in New York state's case around 355 million dollars a year. That's just through CFC. So imagine what Disability Integration Act could do for the entire

United States. Next slide we'll get into how it actually works. As I said before about housing all of DIA is the same. The Disability Integration Act specifies what has to be done, not how to do it. States and insurers are going to decide how they're going to get to the end point. The federal government will review those plans and incentivise the states through that additional FMAP but until the end it's really up to the states and insurers to decide how they're going to reach those goals. It's very much like the Americans with Disabilities Act says, restaurants and other public accommodations have to be accessible. It doesn't say and this is how to build your ramp, this is where it must go. There are certainly regulations saying the slope but it doesn't tell you where to put the ramp, what color, things like that. It simply says you've got to let people get in. Perhaps you don't choose a ramp perhaps you choose a business that has no steps and no slope. That's great. The ADA says it has to be accessible but doesn't tell you how to get there. The Disability Integration Act says you have to let people live in the community but it doesn't tell you how to do it because every state is different and will take a different path to get there. Next we're talking about enforcement. So the department of justice under the Disability Integration Act can bring cases against states and insurance companies for discrimination. That is allowed under the Americans with Disabilities Act. In this case individuals can also bring cases just like under the ADA but what's different about the Disability Integration Act is courts would be able to allow punitive damages. Punitive damages are not allowed under the Americans with

Disabilities Act. What we've seen is it takes a lot of teeth out of the ADA. A lot -- oh, I don't know if I'm valid right now.

>> We can hear you.

>> Oh, wonderful. So as I was saying, punitive damages are really important because it incentivises insurance companies or states to really follow the letter of the law from the start because right now with the ADA without punitive damages there's really not any incentive for businesses to comply with the ADA until they are sued and then they can do it. But there's really no big threat which is why punitive damages kind of allow a little bit more of a threat so that it would incentivise states and insurance companies to comply sooner. On the next slide now we're getting into the good stuff. What can you do to help because we want to get the Disability Integration Act passed so more people with disabilities can truly have the right to live in the community. First specifically in New York state you can contact your representatives and I'll get a little bit further into that in the coming slides. You can also let us know about your advocacy on a website called C4CI.org. And I'll get a little bit more into that as well. You can sign your organization or other organizations that want to be a supporter up as a supporter and I'll tell you how to do that. And you can ask other people to do the exact same things that I'm going to get a little bit further into detail with you. Asking your representative to cosponsor. Next two slides are a list the New York state representatives who are not yet cosponsors of the Disability Integration Act and yes I do recognize that we are going to have an

election coming up so these names will change. Notably Crowley likely will not be listed since he did not win that primary election. But some may be the same or different. The point is these districts do not have the representatives on. And so we would really like New Yorkers who do live in these districts to reach out to their representatives and push them to sign the Disability Integration Act. Chris Collins from New York 27, Joe Crowley New York 14, Adriano Espinoza New York 13, John Faso from New York 19, John Katco from New York 22, Nita Lowey Lowey from New York 17, Carolyn Maloney from New York 12, Gregory Meeks New York 5, Tom Reid from New York 23, Elise Stefanick New York 21, Claudia Tenney New York 22 and Lee Zeldin from New York 1. Each of these have not signed on to the disability Integration Act. You could reach out and ask them to sign on but if they are in say an election year, you could also reach out to the other people running for those seats and say hey, if you are elected would you support the Disability Integration Act because it's important for the disability community that you serve to know who supports their right to live in the community. Strategy for us is to reach out to anybody running for a seat to ask them do you support the Disability Integration Act and if elected would you cosponsor because that helps our constituents and consumer be informed who they want to vote for. The next slide gets into how you can tell us about your advocacy. The website is called C4CI.org and I believe that is, stands for something. I wish I could tell you. Something for community integration.org. First C is escaping me. What you would do at C4CI.org you can use the search database function and this is an

entire database that lists every Congress person and you can search that database and find your Congress person and you can click on their name and it will tell you the times they were told about it. Say I've contacted Chris Collins and you search the database you would see something that says Stephanie wood word spoke with them on their legislative breakfast. And you could click add a contact note and tell us about the communication that you had. This allows people from your district who also want to participate in advocacy to see who else is contacted that representative because oftentimes what we'll hear is someone say well this is the first time we've ever heard about this bill. And in fact we can go back to the C4C I website and say actually I know for a fact you've been talked to about this bill three times. I know someone from your district named John contacted you on July 10th by phone and asked you to sign on. This allows us to really have a great tool to use for our advocacy and show the tenacity and also help us identify what may be issues that need to be resolved. So if you contacted your representative and they said I have a question about the bill and you don't know the answer you could also put that into C4C I that someone else may be able to answer that for you. I can tell you I regularly look at this website if someone says they have a question about the fiscal attached to this, I could then reach out and say I know you met with John, my name is Stephanie and I wanted to answer your question about the fiscal. And then if you don't know what to say at all there are tailored talking points for every representative on C4C I and these talking points get into things like if you picked Carolyn Maloney it

may tell you other bills she sponsored that are similar to the Disability Integration Act. It will tell you previous iterations of this bill she may have sponsored. It gives you talking points. Sometimes you really want to help you just don't know what to say and this allows you to really be empowered to know what to say. Every single person in there has tailored talking points specific for that Congress person. Next slide it talks about how you and your organization can have a supporter. This is a great place to get resources. We have a tab or you could use the links in these slides that allows you to sign your agency up as a supporter of the Disability Integration Act. We have tons of disability rights groups and independent living centers. But you can encourage other organizations that simply support civil or human rights. For example the ACLU and human rights commission have both signed on as supporters of the Disability Integration Act. They're not disability specific organizations but they support the right of disabled people to live in the community. We also have really great resources including legislative packets that you could just printout and bring to meetings with your legislator. We tend to give different questions from democrats than republicans. We have created two information packs that essentially provide the exact same information but answer the different questions we've been getting from the democratic versus the republican party. I'm going to printout the democrat packet and go have a meeting with them. This packet provides information such as overview of the bill, who is supporting the bill, including a letter from Olmstead litigator saying the Disability

Integration Act is necessary in order to really support the rights of disabled people to live in the community. And many other resources that help to show how widespread the support is for the Disability Integration Act.

And with that, I think I am doing well on time. Our last slide allows for questions. If you have any questions first I would certainly recommend you start with Disability Integration Act.org. It is a wealth of resources for anyone who wants to advocate for the bill. But you can contact us at dia@cdrnys.org and either myself or anyone on my team can answer questions. I would be happy to answer questions on either the bill or how you can advocate for it.

>> So we have one question from Chanel. She's asking if we can email the slides which of course we will send those out to everyone. I don't see any other questions so far. Does anyone else have a question? So you can raise, click on the hand on your screen to raise your hand to ask a question or type the question in the questions pane and we will read it out. Stephanie while we are waiting for those we looked up what C4C I stands for while you were doing the presentation and it's coalition for community integration.

>> I knew there was a reason there was another C in there. Thank goodness someone was prepared for this.

>> We thought it might help people remember it. Okay. Well Stephanie, I guess you did such an excellent job going through this legislation, you really did, I mean you really hit all the points. But it doesn't appear we have any questions right now. Of course you did provide your

contact information and so if people have questions later, please feel free to reach out to Stephanie to get your question answered. I will be sending out the slides following the presentation and thank you guys all for joining us today and Stephanie thank you so much.

>> Stephanie: Thank you. And thank you all for your support on the Disability Integration Act.

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